Police Reporting and Professional Help Seeking for Child Crime Victims: A Review

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Most crimes with child victims are not reported to police, nor do child victims access other professional victim services, despite evidence that these yield positive outcomes. This article develops a conceptual framework about the barriers to such access: (a) the reluctance to define the crime episodes or their consequences as serious, criminal, harmful, or warranting intervention; (b) the extra authorities, including parents and schools, who mediate between victims and police or services; (c) developmental issues, such as concerns about autonomy; (d) attitudinal and emotional obstacles; and (e) time and expense factors. This article suggests the need for initiatives to stimulate reporting and help seeking, such as more publicity about the seriousness of juvenile victimization, more justice-system involvement with schools, more child and family friendly police services, and an emphasis on attractive outcomes such as justice and empowerment.

Most crimes with child victims are not reported to the police. Most child victims also do not receive any kind of other professional help. Does this mean that society is failing to provide adequate justice and support to its youngest crime victims? This article reviews what is known about both of these processes—police reporting and professional help seeking—among child crime victims. Although they are very different processes involving different institutions with different outcomes, they are also linked, and many of the factors that predict one also tend to predict the other. Therefore, this article will discuss both. First, it will review what is known about police reporting, in regard to adult and child victims. Then, it will look at how child crime victims get treatment for psychological problems resulting from victimization, including which victims are most likely to be treated, and what factors commonly facilitate or stand in the way of treatment. Finally, it proposes a simple conceptual model to help analyze and research the factors that promote and hinder police reporting and help seeking among child victims.

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MOST CRIME IS NOT REPORTED

Children are not alone in their failure to report crimes. Among the general population, more than half of all violent crimes—rape, sexual and physical assault, robbery—are never reported to the police. The National Crime Victimization Survey (NCVS) provides the main source of data about reporting of violent crime for persons ages 12 and older, excluding homicide. Across all age groups covered by the NCVS, only 41% of violent crimes are reported to the police. Completed robberies involving injury are the most

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reported of violent crimes (66%), and attempted rapes are the least reported (19%).

Several factors are known to influence whether a crime is reported to the police. The most obvious determinant of crime reporting is seriousness. Violent crimes are more likely to be reported than are crimes against property, and violent crimes are more likely to be reported when they are completed, rather than attempted, and when they involve an injury, particularly a serious injury (Harlow, 1985). Rapes are more likely to be reported when the victim sustains an injury in addition to the rape or when a weapon is used (Bachman, 1998).

Aside from the severity of the crime, victim attitudes toward police and the influence of the victim's family and friends may be important factors in whether a violent crime is reported to the police. Victims who had previous positive experiences with the police after reporting a crime (Conaway & Lohr, 1994), and rape victims who were advised by friends and family to report (Greenberg & Ruback, 1992) were more likely to report. Demographic characteristics have only slight predictive value in terms of whether violent crimes are reported. Analyses of the NCVS suggest that crimes are somewhat more likely to be reported when victims are women or African American (Bachman, 1998; Harlow, 1985).

UNDERREPORTING OF JUVENILE VICTIMS

But if all crime is underreported, crimes against children are even more so. Only 28% of the violent crimes suffered by youth were reported to the police, compared to 48% of those suffered by adults (Finkelhor & Ormrod, 2000). This is not a matter of juvenile victimization being systematically less serious. The underreporting of violent victimization to juveniles compared to adults holds across most categories of crime victimization, including crimes committed with weapons (40% of juveniles reported vs. 62% of adults), crimes resulting in injury (42% of juveniles reported vs. 62% of adults), and crimes committed by all categories of perpetrators including strangers (32% of juveniles reported vs. 49% of adults). Violent crimes committed by juveniles against juveniles are particularly underreported (2% of juvenile victims reported vs. 41% of adult victims). The one crime domain in which juvenile victims in the NCVS do not systematically report less to police compared to adults is the crime of sexual assault, and this is not because of increased reporting by juveniles but rather because of particular low levels of adult reporting, approximately 30% in each case (Finkelhor & Ormrod, 2000).

Other general population surveys confirm the generally low levels of police reporting. In a national survey of 2,000 10- to 16-year-olds, only 6% of violent victimizations were reported to the police, including only 3% of the sexual abuse (Finkelhor & Dziuba-Leatherman, 1994). Another national sample of 4,023 adolescents found that less than 15% of sexual assault cases and 35% of physical assault cases were reported to police or other authorities (Kilpatrick & Saunders, 1999). Only 42% of cases of sexually abused children that were known to parents in a general household survey in Boston had been reported to the police (Finkelhor, 1984).

FACTORS IN UNDERREPORTING OF JUVENILE VICTIMIZATION

The reasons why crimes with child victims may be underreported to the police can be usefully categorized as follows: definitional, jurisdictional, developmental, emotional/attitudinal, and material (see Table 1). These are not mutually exclusive categories, but they do convey the range of factors that may be relevant. The first three factors apply differentially to the situation of juveniles, whereas the last two apply to the underreporting of adults as well, although some of the specifics relating to children may differ.

Definitional factors. Definitional factors concern whether acts of misbehavior are seen as crimes, serious normative violations, or anything that would be of potential interest to police. Many juvenile victimizations are not defined by victims, parents, or police as crimes that fall within police jurisdiction. Assaults, robberies, and thefts involving young people sometimes are viewed as a "normal" part of youth, "learning experiences" rather than crimes. Juvenile-on-juvenile victimizations, especially, are apt to be defined as fights, where responsibility is shared, rather than perpetrator-victim crimes. In addition, when juveniles are victimized by other juveniles, the cases are handled by a different branch of the justice system (juvenile and family courts), which has emphasized rehabilitation rather than punishment. This may foster a perception that police and courts are less concerned about youthful criminal behavior or likely to take it less seriously. Finally, juveniles are victimized disproportionately by family and acquaintances, and acquaintance victimizations, even between adults, have been more difficult to define as crimes.

To some extent, this definitional problem is revealed in the NCVS data. In the NCVS reports for 12- through 17-year-olds, 31% of juvenile victimizations, compared to 21% of adult victimizations, were

TABLE 1: A Taxonomy of Factors in Juvenile Underreporting to Police

Factor	*Description*
Definitional	Episodes are seen as less criminal because of normative expectations that victimization is part of childhood
	Image of shared culpability, "fighting"
	Juvenile offenders are not seen as criminals
	High proportion of child victimizations involve acquaintance offenders
Jurisdictional	Nonpolice resolutions: parents, schools, child protection agencies
Developmental	For younger children, parents are gatekeepers to police
	For adolescents, youth subculture discourages police reporting
Emotional	Embarrassment and shame
	Avoiding blame or mistreatment by system
	Powerlessness, cynicism
	Avoiding negative reminders
	Loyalty to or protection of offender
	Fear of retaliation from offender
Material	Time
	Financial costs

not reported to police because of reasons coded by interviewers under the heading "not important enough to report" (Hashima & Finkelhor, 1999). Almost half of the Boston parents who did not report the sexual abuse incidents involving their children said they thought the incidents were not serious (Finkelhor, 1984).

It is interesting that in spite of the perception that youth victimization is less serious and criminal, there is relatively little indication within what gets reported to the NCVS that juvenile victimizations are systematically less serious than adult victimizations. Assaults against juveniles are just as likely to result in injury and just as likely to involve a weapon.

Another definitional issue that can influence reporting concerns how victims and families define their needs. Police and the justice system are agencies that have certain potential resources to dispense, such as justice and protection. But to the extent that victims and families define their salient needs in the wake of victimization as something other than what police provide, they may direct their attention to other things. Thus, victims' salient need may be to get their vandalized bikes repaired or their CD players replaced, and police are deemed irrelevant. Other research on adult crime victims has pointed out to what extent victim needs are beyond the scope of services that law enforcement is perceived to provide (Davis, Lurigio, & Skogan, 1999).

Jurisdictional factors. Jurisdictional factors have to do with what authority—such as parent, school, police, child protection agency—may initially take charge of the handling of an episode. A major factor in underreporting of juvenile victimization to the police may be that children have many authorities built into their lives, including parents and schools, who routinely deal with victimizations. The most common childhood victimizations, assaults perpetrated by siblings and peers, are ordinarily investigated by parents, who then dispense justice to the offending parties. Even in the case of sexual assaults, parents often want to handle matters on their own. Ninety percent of the parents of nonreported sexually abused children in a Boston sample cited the desire to handle the situation by themselves (Finkelhor, 1984).

Similarly, crimes against children may be handled directly by teachers or other school authorities, or referred to a child protection agency, instead of being passed on to the police. School officials, an especially common authority in the lives of children, can mete out justice for physical assaults, thefts, and robberies more swiftly than any law enforcement agency by punishing, suspending, or expelling offending students, although they do not always do so. Their informal operation may also be seen as more victim friendly. This may make schools a more popular avenue of redress for victims than the police. Schools for a variety of reasons, including ones of reputation, are often reluctant to pass along knowledge of crimes to police.

The child welfare system is another form of authority that receives reports of child victimizations and often handles them outside of police jurisdiction. Child protection agencies are akin to police in that they are formal governmental agencies that investigate and present cases to a court system, which provides due process to accused abusers. However, most instances of physical assault by family members, except when extremely serious, are handled by providing services rather than labeling and processing them as crimes. Parents, schools, and child protection

agencies all refer some victimizations to police but handle others internally.

The NCVS data confirm the existence of important alternative jurisdictions for crimes against children. According to the NCVS, about 39% of violent crimes against children that are not reported to police are "dealt with another way," that is, reported to another authority or handled informally between families. Another national survey found that violent victimizations of 10- to 16-year-olds were three times more likely to be reported to schools than to police (21% vs. 6%), the disproportion being greatest for nonfamily physical assault (33% vs. 7%) and least for sexual assault (5% vs. 3%) or family assault (5% vs. 4%) (Finkelhor & Dziuba-Leatherman, 1994). Kidnapping was the only crime for which reports were more likely to go to police than to schools.

Developmental factors. Developmental factors highlight the different relationships that children of different ages have to social institutions, and both the cultural and legal structures that govern those relationships. These developmental factors can be barriers to reporting. First, young children in particular cannot access police directly but must do so through the intercession of adults. Adult victims generally, although not always, determine whether their victimization will be revealed to the police. For a child victimization to be reported, generally the child has to disclose to an adult and an adult has to make a report. Parents in turn have their own possible reasons for nonreporting, including personal interests that may be antithetical to those of a child victim, for example, fear that police investigation might lead to complaints of neglect against the parents. So there are two opportunities for the report to be squelched.

Developmental issues for adolescents also create barriers to police reporting. The developmental tasks of adolescence put emphasis on developing autonomy and weaning oneself from reliance on adults, and this independence from adult norms and adult institutions gets exaggerated in many youth subcultures. Youth who report violations may be subject to teasing, stigmatization, or social ostracization by peers, which for adolescents, may be a greater price to pay than being victimized. Therefore, victims may not want adults and adult authorities such as police to be involved, even when they have been victimized.

Emotional and attitudinal factors. Emotional and attitudinal factors are individual reactions that inhibit or motivate victims and their families to report child victimizations to authorities when an incident is defined as a victimization. In adult studies, victims' concerns about reporting have ranged from fear of embarrassment to fear of retaliation by the perpetrator (Greenberg & Ruback, 1992; Kilpatrick, Best, Saunders, & Veronen, 1988) and concerns about being revictimized by the system. Rape victims often are concerned about not being believed or being blamed (Bachman, 1993; Kidd & Chayet, 1984), and battered women may fear retaliation and loss of financial support or may have mixed feelings about the offender (Coulter & Chez, 1997; Fleury, Sullivan, Bybee, & Davidson, 1998). Finally, the adult crime victim's sense of powerlessness and related perception of the police as unable to intervene effectively may contribute to the decision not to file a police report (Kidd & Chayet, 1984).

Many of the same factors might apply when parents decide not to involve police when children have been victimized. Parents may fear involvement in the criminal justice system will make a bad situation worse by upsetting and embarrassing their child and family. Among nonreporting Boston parents, 45% did not want friends or neighbors to find out (Finkelhor, 1984). Moreover, although parents or children themselves may wish for the satisfaction of seeing justice done, many may regard justice as an uncertain outcome and fear the children will be doubly traumatized if they are not believed by a judge or jury. They may distrust the police or believe the children will be treated insensitively, not believed, or even blamed. They may want to put the episode in the past to avoid reminders of the negative event.

Parents may have their own emotional reasons for not wanting the involvement of legal authorities. The offender may be a spouse, child, relative, or family friend. This may create divided loyalties or fear of the loss of valued relationships, and victims or families may not want the offender to suffer criminal sanctions. Half the nonreporting Boston parents of sexually abused children said they felt sorry for the abuser and did not want to get him in trouble (Finkelhor, 1984).

The emotional and attitudinal barriers to police reporting are well illustrated by the large percentage of child victims who do not disclose to anyone at all, let alone police. In self-report studies, as many as a third of all victimized children do not disclose to anyone (Finkelhor & Dziuba-Leatherman, 1994). Even among studies of clinical samples of children already known to authorities, it is interesting how much of the victimization—45% in the case of one group of sexually abused participants—was revealed not through self-disclosure but through other avenues such as direct adult observation or medical evidence (Sauzier, 1989).

Another emotional barrier is the fear of retaliation from offenders, an especially important consideration among children who may not be confident that police or other authorities can protect them from their offenders. Underreporting of juvenile victimization is particularly high for weapons crimes, possibly for this reason (Finkelhor & Ormrod, 2000). Fear also seems to be a prominent reason for nondisclosure among those sexually abused children with the most serious kinds of abuse (Sauzier, 1989). In addition, children are also particularly sensitive to stigma among peers. Reporting may be seen as an acknowledgment of weakness or an act that will only encourage the dissemination of shameful or embarrassing information to a wider audience. Children, who are disproportionately victimized by friends, neighbors, or family, may avoid or be encouraged to avoid reporting to protect the offender.

Material factors. In studies of adult crime victims, some of the barriers voiced by victims were about the time and financial losses that might be incurred (Freedy, Resnick, Kilpatrick, Dansky, & Tidwell, 1994; Kidd & Chayet, 1984). There has been little examination of this factor in regard to juvenile victims. Because they are less likely to be employed, loss of income from time taken up with the justice system may be less of a consideration for children, but to the extent that parents need to chaperone children in their encounters with the justice system, it may be a motivating factor for parents.

DOES REPORTING SERVE JUSTICE AND VICTIMS?

Implicit in the failure of citizens to report crime is the perception that reporting does not promote their own interests or even those of the larger community. This idea should not be presumed to be irrational. Reporting to police, in addition to creating personal inconvenience and distress, might actually create burdens for law enforcement (investigations and paperwork concerning minor crimes) that might be better handled privately or by some other authority. It is not clear that even in an ideal world, 100% reporting of crimes would be a desirable outcome.

But it is clear that some increased level of reporting would indeed both serve the community and benefit victims themselves. The community is clearly appalled when serious crimes fail to come to justice. Although there have been charges of overreaction, there is a large consensus that the historically recent flushings out of child abuse, domestic violence, and acquaintance rape—crimes that were previously rarely disclosed—have been, on the whole, major advances for justice in our society. Data from the NCVS and other methodologies (Sedlak & Broadhurst, 1996) show that large amounts of such serious child victimization are still not being disclosed. Even those concerned about overreporting in general acknowledge that we need to increase efforts to identify the large quantity of serious child victimization that is still hidden (Besharov, 1990; Besharov, 1993).

On the crucial question of benefit to victims themselves, unfortunately, there has been far too little research on whether victims who do report feel well served by the justice system. Many in the past have clearly not. In an early study, prior to most of the justice system reforms in the handling of sexual abuse, for example, almost half of families with a sexually abused child felt the criminal justice experience had been harmful (Sauzier, 1989). They cited police insensitivity and the stress of testifying as key concerns. But, by contrast, in more recent studies of sexually abused children (Berliner & Conte, 1995), children's views of the justice process were found to be generally positive, all but one child saying that reporting had been beneficial to them, and 100% recommending reporting to other children. Similarly, three fourths of a sample of 126 Canadian child victims (Sas, Hurley, Hatch, Malla, & Dick, 1993) said that after their experience, they would call the police again in the future. The weight of the current evidence does not confirm the view that reporting is a negative experience for victims and families and supports on balance a policy of encouraging more police reporting among juvenile crime victims.

There is also the issue of the potential impact of increased reporting on perpetrators. Some commentators have the perception that the criminal justice system is often unfair and inept in the handling of many types of perpetrators and has limited options to offer them, so that increased reporting, particularly of crimes committed by young offenders or family members, will increase injustice and disrupt less formal and perhaps more effective means of handling offenses (Harshbarger, 1987). Discomfort with the tools available in the criminal justice system is in part what prompted the creation and sustains the existence of a separate intervention system—child protection agencies—to deal with certain offenses against children. Debate about what belongs in the purview of the justice system is one of the central policy issues of our current era, as evidenced by discussions about arrest policies in domestic violence (Sherman, 1992) and whether to turn child welfare investigations over to the police (Wilson, Vincent, & Lake, 1996). It is beyond the scope of this article to outline all the issues

in this debate. This article does make an assumption that some degree of increased police reporting appears justified based on (a) research indicating that some serious and patently criminal forms of child victimization are still not reported and (b) the recent historical experience with increased police reporting of child abuse and domestic violence and its generally favorable reception by professional communities and the public at large. However, the issue of whether increased police reporting of juvenile victims truly results in a net social benefit is a policy issue that is in clear need of much more research.

HELP SEEKING BY CRIME VICTIMS

If most crime victims fail to report to police, still fewer seek or receive help from any other formal institution. The existence of victim services is a relatively recent innovation, dating from the early 1980s. Although these programs have substantially expanded since they were first started, evidence from across the country is that only 2% to 15% of victims access these services (Davis & Henley, 1990; Friedman, Bischoff, Davis, & Person, 1982; Skogan, Davis, & Lurigio, 1990) and less than 4% receive any financial compensation (McCormack, 1991).

Nonetheless, it is clear that a need exists. One study found that more than half of victims of violent crimes had experienced symptoms of post-traumatic stress disorder (PTSD), but only one third of the symptomatic victims had received any mental health services (Freedy et al., 1994). Almost a third of youth victims in the National Youth Victimization Prevention Study were depressed during the year subsequent to their victimization (Boney-McCoy & Finkelhor, 1995).

HELP SEEKING BY CHILD CRIME VICTIMS

Very little information is available on help seeking by juvenile crime victims. Most of it concerns mental health services, recognized as one of the major needs of the child victim population. A National Institute of Justice review suggested that 25% to 50% of reported child abuse victims receive some mental health treatment (Miller, Cohen, & Wiersema, 1996). Two recent studies of child protective caseloads found 20% referred for mental health treatment in Pennsylvania (Kolko, Selelyo, & Brown, 1999) and 58% in Massachusetts (Kinard, 1999). Sexual abuse victims tend to be referred more: estimates range from 35% to 77% (Garland, Landsverk, Hough, & Ellis-MacLeod, 1996; Oates, O'Toole, Lynch, Stern, & Cooney, 1994; Sauzier, 1989; Trupin, Tarico, Low, Jemelka, & McClellan, 1993). Little is known about the receipt of mental health services by victims of other offenses beside child abuse, but it is presumed (but without much evidence) to be uncommon.

Even among those receiving treatment, the average duration and number of sessions is, according to available evidence, relatively modest. Oates et al. (1994) reported the average length of treatment as 9 months and the mean number of sessions as 26 (range 4-87) for sexually abused children. Horowitz, Putnam, Noll, and Trickett (1997) found a mean of between 9 and 25 sessions, with 20% receiving 8 or fewer sessions. In a comparative study of adult and child crime victims receiving mental health benefits from a Crime Victims Compensation Program, children used significantly more sessions than adult victims ($M = 36.6$, $Mdn = 23$ vs. $M = 31.5$, $Mdn = 15$) (New & Berliner, 1997).

FACTORS ASSOCIATED WITH MENTAL HEALTH HELP SEEKING

Although there has been little study of which juvenile victims get mental health services, the predictors of which juveniles in general get services are much better understood. According to mental health surveys, in any given year, approximately 20% of young people suffer from diagnosable mental disorders, with only a small percentage getting any specific mental health treatment for their problems (Burns et al., 1995; Cunningham & Freiman, 1996; Leaf et al., 1996; Offord et al., 1987). Given that disorders put youth at risk for victimization (Boney-McCoy & Finkelhor, 1996) and vice versa, there is certainly a large overlap between the population of youth with mental health problems and those who are victims, so the examination of this literature is very relevant. For the remainder of this section, we will discuss access to mental health services, rather than victim services in general, recognizing that mental health services are among the most important services that victims need and the only ones with much research.

We have identified a number of factors from the literature that have been found or hypothesized to influence help seeking for children with mental health problems. Many of these factors are similar to those that affect crime reporting for juvenile victims, so we have sorted them into parallel categories: definitional, jurisdictional, developmental, emotional/attitudinal, and material (see Table 2).

Definitional factors. Whether a child gets to services involves whether a child is perceived as having a problem and, if so, whether that problem is viewed as a

TABLE 2: A Taxonomy of Factors in Juvenile Access to Mental Health Services

Factor	*Description*
Definitional	Symptoms seen as normal to childhood
	Problems seen as transient
	Defined as school problems
	Internalizing problems not motivating to family
Jurisdictional	Doctors, teachers, more accessible sources of assistance
Developmental	For younger children, parental concerns inhibit help seeking
	For adolescents, issues of autonomy and self-image inhibit help seeking
Emotional	Embarrassment and shame
	Powerlessness, cynicism
	Avoiding of negative reminders
Material	Time
	Financial costs

mental health problem or as some other issue, such as behavior or academic problem. Most children with psychological problems, even children who are functionally impaired by diagnosable mental disorders, are not perceived by their parents as having mental health problems (Angold, Messer, Stangl, & Burns, 1998; Hoberman, 1992). Parents often view symptomatic behaviors, such as aggressiveness in boys, as normal. They tend to view school conduct problems as school related and not mental health related. And even when they recognize behaviors as problematic, they often treat them as transient concerns that will ease as the child gains maturity.

Naturally, more serious symptoms are more likely to get a child to mental health services (Burns et al., 1995; Garralda & Bailey, 1988), a finding confirmed even among the few studies of juvenile crime victims (Horowitz et al., 1997; Oates et al., 1994; Sauzier, 1989). More serious victimization episodes (e.g., sexual assault involving penetration or a family perpetrator), independent of symptoms, are also more likely to warrant treatment.

But seriousness is not the entire story. Problems that cause difficulty for parents are more likely to be defined as requiring treatment than are problems that do not (Angold et al., 1998; Dulcan et al., 1990; Garralda & Bailey, 1988; Jensen, Bloedau, & Davis, 1990). Thus, children with externalizing disorders characterized by defiance and aggression are more likely to be treated for mental disorders than are children with internalizing disorders such as depression and anxiety, who although quite distressed, may be quiet and withdrawn and not cause trouble at home or school (Angold et al., 1998; Cohen, Kasen, Brook, & Struening, 1991). However, one study of juvenile crime victims did find higher rates of service among those suffering from PTSD than among those with other symptoms (New & Berliner, 1997).

It is interesting that parents who have their own mental health problems or who have used professional mental health care are more likely to arrange treatment for their children (Cunningham & Freiman, 1996; Dulcan et al., 1990; Garralda & Bailey, 1988; Jensen et al., 1990). Parents with their own psychological problems may feel more burdened by their children's problems, or because of their experiences, these parents may be more likely to attribute a child's behavioral or other difficulties to psychological distress.

Jurisdictional factors. Jurisdictional factors have to do with which person or group defines the child's problem and makes decisions about how it will be treated. Children clearly face jurisdictional complexities that others do not. Children's access to services is mediated not only by parents but also by schools, child protection agencies, and criminal justice authorities. These jurisdictional factors can facilitate and impede access.

For example, research has found that child sexual abuse victims who are involved in the justice system due to prosecution of their offenders are more likely to receive mental health services (Tingus, Heger, Foy, & Leskin, 1996). This may be in part because such children get referred to services by their criminal justice contacts, but it also may be because the justice system sees it in the interest of the case for the child to get support or to have a professional with ongoing contact with the child. It also may be that such children are more likely to be eligible for victim compensation funds.

Another jurisdictional issue flagged by the research on children is that parents are more inclined to turn to physicians and teachers for help with their children's problems than to mental health care providers such as therapists, psychologists, and psychiatrists (Burns et al., 1995; Dulcan et al., 1990; Glied, Hoven, Moore, Garrett, & Regier, 1997; Horwitz, Leaf, Leventhal, Forsyth, & Speechley, 1992; Leaf et al., 1996). It makes sense that parents who have established relationships with physicians or teachers who know their children would turn to those professionals first for help. But researchers have found that although pediatricians are responsive when parents raise concerns about children's psychological problems, physicians often fail to diagnose such problems in young patients unless parents bring them up (Dulcan et al., 1990). This may be particularly true

when physicians treat adolescents (Cohen et al., 1990; Hoberman, 1992). On the other hand, physicians report that they often manage psychological problems of young patients within their practices, referring only the most severe problems to specialists (Horwitz et al., 1992). There is little information about what physicians do with victimization reports.

Although physicians can be seen as responding to parents' concerns, teachers and schools have a more complicated relationship to parents whose children exhibit problems. Schools are the major providers of mental health care to children and adolescents in the United States. In some areas of the country, as many as 80% of children who are receiving mental health services are seen by providers affiliated with schools, mostly guidance counselors and school psychologists (Burns et al., 1995; Glied et al., 1997; Zahner, Pawelkiewicz, DeFrancesco, & Adnopoz, 1992). Parents probably consult with teachers about their children's behavioral and emotional problems more than with any other source of assistance (Cohen et al., 1991; Pottick, Lerman, & Micchelli, 1992). At the same time, teachers and other school personnel play major roles on their own in identifying and referring children for mental health problems (Leaf et al., 1996; Pottick et al., 1992; Zahner et al., 1992). But it is likely that school referrals tend to be governed primarily by issues of academic performance or disruptive school behavior. When victimization does not impinge on these factors, it is doubtful that school personnel take much initiative in referring victims for treatment.

In summary, jurisdictional issues overall seem to have a complex relationship to mental health help seeking, and contact with other institutional spheres is perhaps as likely to facilitate as inhibit service access for child crime victims.

Developmental factors. Age does not appear to be a strong influence on the absolute likelihood of receiving services. Teenagers may be somewhat more likely to get services (Roghmann, Babigian, Goldberg, & Zastowny, 1982; Zahner & Daskalakis, 1997), possibly because the kinds of problems that older children have are seen as more serious, disruptive, or threatening. But once level of symptoms is controlled, age has not been found to make much of a difference (Offord et al., 1987). Although that may mean that barriers to service are not substantially greater at any age, the nature of the barriers probably does change with age. For younger children, the reticence of parents to define a problem as meriting mental health consultation may be a major factor. For older children, their own resistance, concerns about stigma, or their personal autonomy may be more salient. Research has found that many teens find it intrusive to have to get parental permission and may forgo medical or mental health care visits for problems relating to sexuality, substance abuse, or emotional upset if they are required to tell their parents (Marks, Malizio, Hoch, Brody, & Fisher, 1983). Adolescents who have access to age-appropriate, confidential services through school-based clinics are more likely to get help for psychological problems than other teens (Balassone, Bell, & Peterfreund, 1991; Kaplan, Calonge, Guernsey, & Hanrahan, 1998).

Emotional and attitudinal factors. Emotional and attitudinal factors are individual reactions that inhibit or motivate victims and their families to seek services for children. Among these may be attitudes toward service providers, the desire to avoid embarrassment or blame, feelings of powerlessness or cynicism, and not wanting to acknowledge weakness or compromise personal autonomy. The role of autonomy is highlighted in one study of adolescents that found that the central barriers to seeking help were their beliefs that they, their family, and their friends were sufficient to deal with their problems (Kuhl, Jarkon-Horlick, & Morrissey, 1997). A study of preschool-aged children found that the most common perceived barriers to help seeking were (in this order) the belief that the problems would resolve on their own, the belief that parents should be strong enough to handle children's problems on their own, and lack of knowledge as to where to go for help (Pavuluri, Luk, & McGee, 1996).

Material factors. Material factors are practical resources such as money, medical insurance, time and transportation, and knowledge, which can inhibit or promote access to mental health services. However, it is interesting that general research on access to mental health services does *not* show lower utilization by the poor. In fact, poverty in some research is associated with the receipt of more mental health care for juveniles (Burns et al., 1995). Part of this is certainly the higher incidence of juvenile mental health problems among the poor, but part is the availability of subsidized payment systems, such as Medicaid (Burns et al., 1995; Cunningham & Freiman, 1996; Glied et al., 1997), and the targeting of community mental health services at vulnerable groups. Some have postulated a curvilinear relationship between SES and mental health services (Srebnik, Cauce, & Baydar, 1996). Having private health insurance, however, is not itself associated with access to mental health services, partly because so many mental health services are provided in public schools and clinics and partly because private health insurance is associated with higher in-

come and thus lower incidence of mental health disorders (Cunningham & Freiman, 1996; Glied et al., 1997).

This seemingly rosy picture about access for lower income children is undercut by findings from the sexual abuse victim research, showing, for example, that victims without phones or those referred to public mental health services were actually less likely to follow up on referrals to treatment or to actually get services (Haskett, Nowlan, Hutcheson, & Whitworth, 1991). So low income may still be a barrier to child victims receiving services.

UTILITY OF MENTAL HEALTH SERVICES

As was the case in our discussion of police reporting, it is not clear that failure to seek or obtain mental health or other victim services is necessarily a problem. Often, such a choice may be quite appropriate. Studies have found, for example, that even as many as 40% of child sexual abuse victims are not suffering from symptoms and perhaps do not need treatment (Finkelhor & Berliner, 1995; Kendall-Tackett, Williams, & Finkelhor, 1993). There is also some reasonable doubt about whether mental health services in general are predictably helpful (Weisz & Weiss, 1995). One study has compared child sexual abuse victims in the community who received treatment (of whatever sort) with those who did not and found no long-term advantages for the treated group (Oates et al., 1994; Tebbutt, Swanston, Oates, & O'Toole, 1997), but the study contained no control for initial levels of distress or length of treatment. For most children, levels of distress drop over time, regardless of whether treatment is given or not(Kendall-Tackett et al., 1993). Many victims may get adequate help from family, friends, and other informal sources.

Nonetheless, there is evidence that treatment can be effective for crime victims in general and child victims in particular. For example, Deblinger, Lippman, and Steer (1996) conducted a randomized trial comparing a cognitive behavioral intervention with routine community service (little or no treatment) for sexually abused children and their families. Children receiving the abuse-specific treatment had significantly greater reductions in behavior problems, anxiety, and PTSD symptoms, some of the kinds of symptoms most associated with crime victimization. This study reinforces other emerging evidence for the effectiveness of treatment of childhood PTSD (March, Amaya-Jackson, Murray, & Schulte, 1998). Thus, given interventions with demonstrated efficacy, it would seem that the promotion of mental health help seeking among the population of juvenile crime victims has some clear empirical justification.

SUMMARY OF EMPIRICAL FINDINGS

In this article, we have identified a variety of factors that might be seen as barriers to or facilitators of police reporting and mental health help seeking. Overall, there has been little research on these factors, but a few have some empirical support. Police reporting is more likely when crimes are more serious (entail injuries or weapons), but reporting is less likely when crimes involve family members, juvenile perpetrators, and sexual assaults. There is evidence that juvenile victimizations are particularly unreported because the offenses are not seen as criminal in nature, the offenders are often other juveniles, and reporting to other authorities, school officials in particular, is seen as a sufficient and appropriate response. Issues of privacy and autonomy are particularly salient when victims and families cite reasons for nonreporting.

A variety of parallel factors can be conceptualized as barriers to and facilitators of professional help seeking for juvenile crime victims. Although there has been little research on these factors in regard to juvenile crime victims specifically, the research on mental health help seeking for juveniles in general has yielded some conclusions. Professional help seeking is more likely when children's symptoms are more severe and particularly when they involve aggressive, disruptive, and acting-out behavior. Help seeking is also more likely when parents are distressed themselves and have experience with or current involvement in the mental health system. Reliance on alternative, nonprofessional help sources can be associated with non–help seeking, and some professional help sources fail to refer. Schools play a very important role in the process, with juveniles getting more mental health services when these are provided through schools. Concerns about autonomy and wanting to handle things on their own stand out among the reasons people give for bypassing services.

In contrast to these barriers, a small body of research does point to the potential advantages of reporting and mental health help seeking. Victims and families report relatively high levels of satisfaction with having reported, and randomized studies do show victims benefiting from treatment.

IMPLICATIONS FROM THE REVIEW

Several implications can be drawn from these findings for efforts to stimulate reporting and help seek-

ing. First, because perceptions of seriousness play a role in both police reporting and help seeking, a program of education and public awareness about the seriousness of crime and abuse victimization and its potential impact might obviously be an important priority. Recent examples where this may have worked include awareness about juvenile and adolescent sex offenses, for which police reports have greatly increased in recent years (Federal Bureau of Investigations, 1996; Ryan, Muyoshi, Metzner, Krugman, & Freyer, 1996; Sciarra, 1999). Information about victimization, victimization-related symptoms, and the seriousness of both need to be conveyed not only to victims but to parents and others who work with children and who have a great deal of influence on how situations are defined and what gets referred.

The research also makes clear the important role that schools play in access to both justice and mental health services. In the case of mental health services, it seems clear that the schools play a facilitative role. In the case of justice, it is not clear whether schools are a barrier to the more formal justice system or the dispenser of alternative justice that may be better suited to the needs of parties involved. But obviously, those concerned about the response to juvenile crime victims need to work with schools to make sure that the justice and mental health needs of victims are satisfied. Educators may need more training about youth victimization and more formal protocols for making referrals. The move toward assigning mental health and law enforcement officials (School Resource Officers) to schools and giving them office space in school facilities seems a warranted step to facilitate communication and referral among these institutions. But even other steps short of full co-location that would make police and mental health professionals more accessible to school children should promote reporting and help seeking for crime victims.

The literature also suggests that there are prejudices about and stigmas attached to both police reporting and mental health help seeking that could potentially be broken down. Procedures for accessing both institutions could be made more user friendly, as the Community Policing Initiative has proved. For example, specially trained juvenile victimization officers may make reporting to police a more pleasant experience for families and children. Mental health services might improve child victim receptivity by providing more immediate and emergency consultations, reducing waiting times, and providing home visits (something that police often are willing to do). Both institutions could probably produce public education materials that give a more accurate and positive image of the kind of reception and attention that victims might expect to receive.

Special efforts in particular may need to be made to undercut the prejudices among teenagers about police and mental health institutions. Both institutions are seen as compromising teenagers' claims to self-sufficiency, autonomy, and independence, and as antagonistic to youth values and aspirations. But there are ways both institutions could try to align themselves with youth aspirations as well—particularly around victim services, for example—helping young people achieve justice, respect, and independence. To the extent that both police and mental health services can redefine what they offer, not as help to those who cannot help themselves but in terms of enhancing options, achieving justice or power, they may circumvent one of the bigger attitudinal obstacles.

The research is unclear about the degree to which financial factors are barriers to police reporting and help seeking. However, there are steps that could be taken to enhance the material incentives that might improve the situation. Victim compensation systems in many areas are not well publicized and are slow. Police are not active in publicizing such benefits. Beyond money, there are other incentives that youth might respond to. For example, youth might respond positively (both reporting to police and consulting mental health services) if they knew they could receive valuable help and information for protecting themselves and their friends. It does seem as though there are many avenues that could be tried to enhance reporting if a concerted campaign were inaugurated toward this goal.

A CONCEPTUAL FRAMEWORK FOR ANALYZING BARRIERS TO REPORTING AND HELP SEEKING

Another use for the foregoing review is to suggest a conceptual framework to help analyze and improve the police-reporting and help-seeking process. Here again, there are parallels to the two processes that suggest that a common conceptual framework might be applied. In this framework, the barriers to both reporting and help seeking might be usefully broken into two types: (a) those that inhibit the recognition of a problem for which a social agency would be relevant and (b) those that inhibit or discourage the accessing of the services, even after some possible need or relevance is recognized. This has led us to propose the following two-stage conceptual model to think about the problems of police reporting and victim service help seeking, a model illustrated in Figure 1.

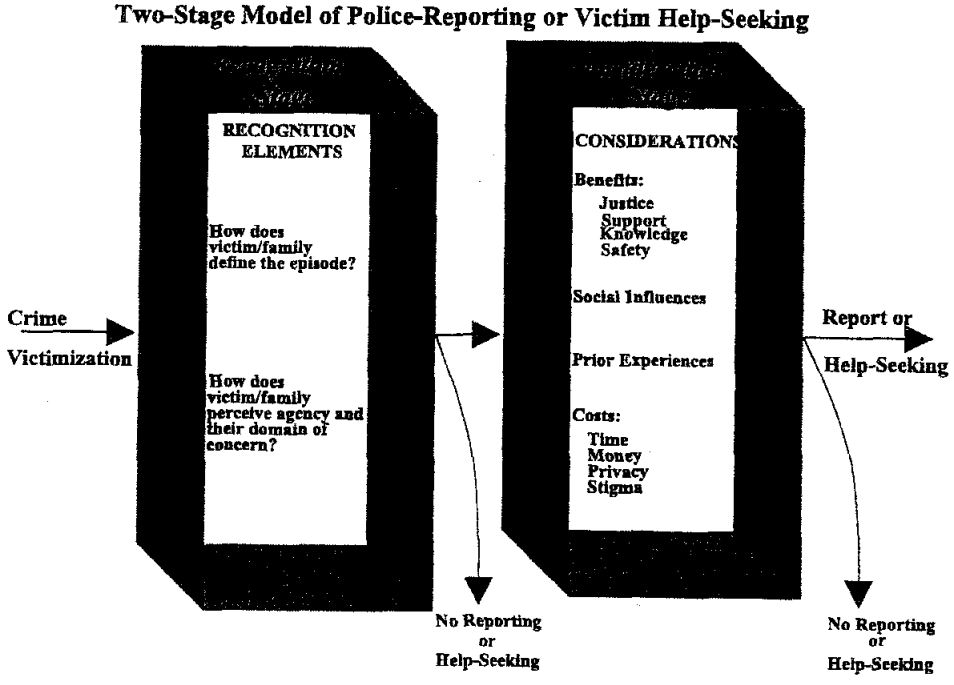

FIGURE 1: Two-Stage Model of Police Reporting or Victim Help Seeking

The first stage of this model is called the Recognition Stage. It posits that before police reporting or help seeking can occur in the wake of an episode of violence or victimization, the victim or victim's family needs to recognize the relevance of the events to some external social agency. In the case of the police, this would mean recognizing that the police would be potentially concerned about the event. In the case of a mental health agency, this would mean recognizing that a mental health agency would have a service to offer someone who had such an experience.

Barriers to recognition of this relevance can occur at a number of levels:

1. The victim or victim's family may not know about the existence of that class of agency or service. This is more likely to be true in the case of mental health than police.
2. The victim or victim's family may know of the agency but not the range of events that fall within their purview (e.g., they may know that mental health agencies exist but may think that they are only for psychiatrically disturbed people or may think that police are strictly concerned with crimes committed against adults).
3. The victim or victim's family may know of the service but may believe that the episode in question does not qualify to the level of concern of that agency. Thus, they may think that the crime is too minor or that the harm to the victim does not qualify as serious trauma.
4. The victim or victim's family may fail to conceptualize the event as a crime or a victimization. Therefore, if a person sees a physical assault as a fight, then the idea that police or mental health services might be relevant would never enter their minds.

Obviously, factors that affect recognition include such things as the seriousness of the offense, the degree of injury, the victim's or victim's family's prior experience with similar kinds of victimizations, and the amount of knowledge the victim or victim's family has about agencies.

The second stage of the model is called the Consideration Stage. It is the stage in which the victim or victim's family weighs the benefits of accessing or invoking the service, police, or help they have recognized as relevant; assesses any costs or risks connected to such access; and is open to the influence of their social network or prior experience. Barriers to access occur when costs are seen to outweigh the potential benefits or when members of a social network discourage such reporting. Temporally, the Consideration Stage occurs subsequent to the Recognition Stage, once the relevance to an agency has been established, but in practice, these evaluations may occur simultaneously, and some of the factors that affect Recognition also affect Consideration Stage decision making.

These are some of the generic benefits that victims and families consider may be available from taking action: justice, support, knowledge, or safety. Therefore, in the case of police, the victim or victim's family may consider it a benefit of reporting that (a) the police will catch and punish the offender, or return the stolen property, (b) the police will help them understand what happened or gather information about the crime, or (c) the police will help protect them or other people from this happening again. In the case of mental health services, the victim or victim's family may consider benefits to include (a) sympathy, (b) protection against negative effects of the crime, or (c) understanding about what happened.

On the other hand, these are some of the generic costs that victims and families will consider in getting involved with an agency: time, money, privacy, stigma, or the risk of revictimization. In the case of police, specific concerns that fall into the cost category are such things as (a) retaliation by the offender or (b) getting caught up in the machinery of the legal system and the time and energy that it will require. In the case of victim service agencies, the costs that the victim or victim's family may consider include such things as (a) the stigma of being seen as mentally ill, (b) the expense involved in paying for services, or (c) time taken away from other activities.

There are also other conceptual frameworks that have been used to understand help-seeking behavior, particularly in the health care field, such as the Health Belief Model (Rosenstock, 1966), the health care access model of Andersen and Aday (Aday & Andersen, 1974; Aday, Andersen, & Fleming, 1980), the Transtheoretical Model of Change (Prochaska & Velicer, 1997), and the Social Organization Strategy model (Pescosolido, 1992). All these models have elements potentially useful in understanding the process of police reporting and crime victim help seeking and in the identification of important potential variables. But for the most part, their level of generality, as in the case of the Transtheoretical Model, or their specificity to health care as in the health care access model, make them less useful than the model proposed here, which captures some of the unique concerns operating within the context of crime victimization decision making.

CONCLUSION

In the public health arena, the topic of health care utilization has become a major area of research and conceptualization. There is an obvious parallel field of justice system resource utilization, but it has been much less well developed. Clearly, if there is any population that warrants analysis from this perspective, it would be child victims of crimes. As society struggles to provide some measure of justice and healing to this group, it is hard to think of any topic in which new research and analysis would have more immediate policy and practice applications.

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