Resource Allocation and Effects on Crisis Response Team Service Delivery

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Public Administration in Nonprofit Sector Management

By
Karen Estrada

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The graduate project of Karen Estrada is approved:

_________________________________    _____________________
Dr. Philip Nufrio       Date

_________________________________    ______________________
Dr. Maurice Franklin       Date

_________________________________    ______________________
Dr. Kay Kei-ho Pih, Chair       Date

California State University, Northridge
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Abstract

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Victim advocates provide the community with emotional support, resources, and assistance in navigating the various institutions involved during victimization. It is recognized as an emotionally difficult position, as it requires great emotional intelligence to provide service during individual or mass crisis situations. Most victim advocates serve in traditional settings such as courtrooms, prosecutor’s office’s, domestic violence shelters, and hospital. However, within the last decade, victim service agencies throughout the country have implemented victim advocate crisis response teams (CRT), to respond to mass victimization incidents and work remotely to provide local resources to the affected community.

This study explores what sort of organizational support and resources are available for victim advocates prior to, during, and post response, and how the quality, accessibility, and use of resources affects service delivery.
Section 1: Introduction

The broadness and frequency of victimization continue transforming the demand for victim services and addressing victim needs. In addressing mass victimization, victim service agencies across the country have implemented victim advocate crisis response teams (CRT) to deliver immediate emergency services such as counseling and grief support, emergency food and shelter, property return, and assistance with medical expenses and funeral costs (DiLeo et al., 2018; Naturale et al., 2017). Typically, victims of individual incidents can seek assistance from agencies in traditional settings such as nonprofit community organizations, hospitals and community clinics, law enforcement agencies, and government facilities. For example, a domestic violence survivor may visit their local domestic violence shelter for assistance, and a robbery victim may visit a court-based advocate. However, a crisis response team are frontline workers deployed as second responders to provide services within the community in a locally established assistance center immediately following the mass victimization event (Crepeau-Hobson et al., 2012; Ayub, 2021). This study will focus on crisis response teams employed through local prosecutor’s offices and implemented as part of the victim services unit. This study argues that victim advocate crisis response teams deserve quality evaluation to assist in best practices for organizational support and effective service delivery. Specifically, how does allocation of resources affect the effectiveness of service delivery in Southern California victim advocate crisis response teams?

Gaines and Wells (2017) note that criminal justice professionals, such as prosecutors and investigators, expect properly trained victim advocates to provide an adequate supporting role in assisting crime victims. For example, maintaining emotional boundaries with victims is essential for court-based advocates to build rapport and trust to assist in case prosecutions (Gaines &
Wells, 2017). In family violence assignments, Goodman et al. (2019) discuss how advocates must subdue personal feelings of stress and guilt when delivering difficult news to clients. In assessing a mental health crisis response team, Crepeau-Hobson et al. (2012) found that providers subdued symptoms of secondary trauma when assisting direct victims of a school shooting. However, this constant exposure to victimization results in burnout, compassion fatigue, and secondary traumatic stress, often leading to decreased work satisfaction (Babin et al., 2012; Cieslak et al., 2014).

Houson-Kolnik et al. (2021) argue that a lack of organizational support contributes to burnout, compassion fatigue, and secondary traumatic stress. These adverse effects on victim advocates may interfere with their ability or desire to provide quality services to crime victims (Benuto et al., 2019; Taylor et al., 2019). Organizational support for victim advocates may include resources enforced by labor laws, while others may be vetted and coordinated by managers (Armstrong & Mitchell, 2019). Resources may range from motivating pay and benefits, onboarding and training, supervision, and mentorship (Armstrong & Mitchell, 2019) to external practices such as peer support, counseling, and independent self-care practices (Houston-Kolnik et al., 2021). The quality and accessibility to support resources also depend on managerial competency and efforts to arrange support services for staff (Kellner et al., 2019). For victim advocates, utilizing employee assistance programs may help regulate work-related stress and trauma (Benuto et al., 2019). However, Benuto et al. (2019) and Cummings et al. (2021) also acknowledge that with victim services being a vast field, there is currently no research that provides inclusive or complete knowledge of the relationship between the allocation of resources, use of resources, and effects on advocates’ abilities to provide victim services.
Crisis management considers a comprehensive victim-centered approach in preparation for response. For example, in assessing the response during the 2013 Boston Marathon Bombings, Hu et al. (2014) found that pre-planning assists in maintaining continuity of services and coordinating agency collaboration to cover exhausted capacities. Victim advocates require similar efforts in organizational support to best develop their capacities. Mentorship from managers and formal peer support groups can help reinforce camaraderie and create healthy outlets for advocates to debrief after challenging assignments (Houston-Kolnik et al., 2021). Competent and reassuring leadership develops confidence in frontline training and crisis preparedness (Guthrie, 2012). Christensen et al. (2016) argue that multiple elements of crisis management may affect service delivery, such as organizational capacity and public perception. Evidence-based findings may promote further program evaluation to improve implementation at the frontline level (Sullivan, 2018).

Currently, there is a gap in the literature that does not address victim advocate-based crisis response teams and how resource allocation affects service delivery. Existing research pertains to advocates in family violence, first responders such as medical personnel, and supporting agencies such as mental health providers. The scarce research on crisis response teams focuses on victim advocate mental health effects and coordination improvements among multi-disciplinary teams. This paper proposes to study how resource allocation affects the effectiveness of service delivery in Los Angeles, Riverside, San Bernardino, and Ventura county’s CRTs. These effects may be positive or negative as advocates evaluate the organizational structure, personal skills, impact on the community, and how CRT partners and service beneficiaries perceive victim advocate assistance. Results will help CRT managers understand the impact that resources have on advocates’ abilities to provide emergency services
and how to best coordinate and encourage support efforts for their victim advocate crisis response team.
Section 2: Background

Victim advocates on crisis response teams work outside the usual government and community-based victim resource centers as they provide on-scene services during emergency response. For example, in 2017, survivors and families of the Las Vegas Route 91 Harvest Festival mass shooting received support services at the Las Vegas Convention Center (Biennial Report, 2017). Similarly, after the 2018 Borderline Bar and Grill mass shooting in Thousand Oaks, a local county office established a victim assistance center where advocates met daily with the community (Ayub, 2021). In providing advocacy in unfamiliar settings, advocate exposure to community grief and secondary trauma magnifies.

The county district attorney offices of Los Angeles, Riverside, San Bernardino, and Ventura have established crisis response teams and have responded to at least one mass victimization incident within the last five years (Biennial Report, 2017; Emerson, 2018; Ayub, 2021; Keeble, 2022). Mass victimization includes any “incident that generates a sufficiently large number of casualties whereby the available healthcare resources, or their management systems, are severely challenged” (Public Health Emergency, 2012). It may also include any “incident that primarily affects the ability of an organization to continue its normal operations” (Public Health Emergency, 2012).

Deployments from these four agencies include response to the 2015 mass shooting in San Bernardino at the Inland Regional Center, 2017 mass shooting in Las Vegas at Route 91 Harvest Music Festival, 2018 mass shooting in Thousand Oaks at the Borderline Bar and Grill, and 2022 Robb Elementary school shooting in Uvalde, TX. Additional deployments include mass victimization incidents that did not receive mass media attention, such as natural disasters or accidental yet violent activity. Depending on the incident and victim needs, crisis response team
advocates provide varied services such as delivering death notifications, crisis intervention, emergency financial assistance to general stores and gas stations, hotel and flight vouchers, assistance with property recovery for lost or damaged items, and referrals to additional support agencies (CalOES, 2022).

The victim advocate crisis response teams of Los Angeles, Riverside, San Bernardino, and Ventura are all funded by state and federal funds through the Victims of Crime Act Supplemental Fund and the Victims of Crime Act Victim Assistance Formula Grant Program, respectively (CalOES, 2022). The California Governor’s Office of Emergency Services (2022) oversees funding distribution, program, and training curriculum development, and needs assessment to further improve state support of local CRT programs.

The prevalence of mass victimization incidents in or near Southern California allows for a concentrated sample size of local government victim service agencies with similar crisis response experiences. These agencies may provide different perspectives on leadership, internal policies, funding, evaluation, and implementation processes that may affect resource allocation for crisis response team personnel.
Section 3: Literature Review

This research project will explore how service delivery in victim advocate crisis response teams is affected due by the allocation of resources. A literature gap reveals insufficient research on victim advocate crisis response teams and how the availability of personnel resources affects service delivery. Currently, literature on victim advocacy excludes victim advocates as crisis responders, and literature on crisis response is limited to first responders such as law enforcement and medical personnel. Victim advocate CRTs may face challenges or innovations in service delivery that can contribute to the collective victim services field. Findings will contribute to and promote further studies on how victim advocate crisis response teams can best prepare to deliver effective emergency services.

Crisis Response Preparedness

Various crisis service fields, such as medical and law enforcement, include crisis response teams to help manage small- or large-scale emergency responses. For example, medical crisis response teams provide medical intervention (Guthrie, 2012), while a mental health crisis response team may assist with family notifications, crisis intervention, and critical links to other emergency needs (DiLeo et al., 2018). The Sacramento Victim Advocate CRT provided similar services while responding to the 2017 Las Vegas mass shooting. Advocates aided with ID documentation replacement, emergency housing, hospital accompaniment services for injured survivors, and accompaniment during death notifications (Sacramento County District Attorney’s Office, 2018).

Aside from emergency medical care, crisis response calls for trauma workers to assist with mental health resources (Guthrie, 2012) and immediate aftercare needs such as family reunification, hospital accompaniment, and crisis intervention (DiLeo et al., 2018). In assessing
federal response to natural disasters and national security, Waugh & Streib (2006) found that executing these duties requires extensive planning and coordination to create effective networks of support agencies and reliable leadership structures. Christensen et al. (2016) argue that coordination capacity is the most influential on agency performance in federal crisis response. However, this may be a broad approach as other studies are more specific about how organizational capacity may affect service delivery. Waugh & Streib (2006) focus on collaborations and a decentralized structure as a more efficient way for all involved agencies to work together without delays or interference in emergency response. Using the case study of Hurricane Katrina, Curtis (2018) also found that a lack of collaboration leads to an overlook of essential support agencies, detachment from the response network, and little to no reach to persons in need.

A decentralized and collaborative approach maintains channels of accountability while expanding services and victim reach (Waugh & Streib, 2006). In reviewing a school shooting response plan, Jenkins & Goodman (2015) highlight the importance of discussing decision-making authority during the planning stage for everyone’s understanding of implementation and delegation. Some crises may require a combination of a decentralized and centralized decision-making structure. A centralized structure allows top officials with authority for sole decision-making, and decentralization prepares frontline personnel to make decisions that can impact service recipients immediately, such as providing emergency food and shelter (Jenkins & Goodman, 2015). In another study of national security, Brown et al. (2021) note similar findings in that a decentralized approach is more commonly taken during the second and third phases, the immediate recovery and long-term recovery, respectively. Non-authority staff from support agencies benefit from decentralization as they create subnetworks to share resources and support
each other in delivering public services (Brown et al., 2021). When approaching crisis response from a general perspective, studies show that frontline workers advocate for the early integration of support services into the response plan to help avoid doubts or faults in delivery roles (Brown et al., 2021; Guthrie, 2012).

In assessing the crisis response of a Swedish CRT during a tsunami emergency, Lundberg & Rankin (2013) found that frontline workers are overwhelmed with various roles to fill in assisting civilians. Lundberg & Rankin (2013) explain that personnel often provides emergency coverage without the appropriate cross-training for each role. This may result in lower support team resilience and less service quality (Lundberg & Rankin, 2013). This aligns with the findings of Curtis (2018), who also notes neglected needs and unfulfilled response areas of crisis response teams during the 2005 natural disaster of Hurricane Katrina.

In a study regarding high-speed chases by law enforcement, Schakel & Wolbers (2021) argue that management can properly adapt to any crisis by preparing and anticipating the need to transition between strategies and action depending on the progress of an incident. Multi-team responders made a similar observation during a simulated terrorist attack, noting that different action is needed depending on the ongoing or recovery phase of the incident (Brown et al., 2021).

**Exposure to Mass Victimization**

Due to the public nature and media exposure of mass victimization incidents, the number of victims goes beyond direct victims of injury and fatalities. Victims also include derivative victims such as families and friends of direct victims, local and surrounding communities, and crisis responders. Responders who are derivative victims may also experience different levels of post-traumatic stress disorder (PTSD), such as grief, panic and anxiety disorder, and triggers of
overactive alertness and emotion (Lowe and Galea, 2017). While the severity of PTSD and reactions to triggers may lessen over time, Lowe and Galea (2017) stress that responders to mass shootings are likely to experience various forms of trauma during and after crisis response. In addition, Nuttman-Schwartz (2015) notes that emergency responders are at risk of multiple levels of trauma as they receive exposure to trauma from interacting with direct victims and self-identifying as derivative victims.

Various levels of victimization may occur through direct victim contact when providing minimal assistance such as intake or needs assessments or extensive assistance such as accompaniment during death notification and crisis intervention. As part of the community, responders may be affected by media coverage, political action, family and community reactions, and personal values. This indirect exposure to mass victimization leads to similar mental health issues as those directly victimized, such as challenges with depression, PTSD, and anxiety (Lowe and Galea, 2017). Kulkarni et al. (2013) find that negative effects of secondary trauma are well documented across different victim advocate assignments in family violence, along with care strategies to help lessen the effects, such as workplace support with competent supervision and training, realistic caseloads, and a constructive work environment. The findings on exposure to mass victimization supplement the study in exploring its effects on victim advocacy well-being and competency to continue providing services to direct victims.

**Organizational Support for Crisis Responders**

Brown et al. (2021) argue that organizational support influences personnel and crisis team performance. Organizational support may include preventative measures to mitigate trauma and crisis-related stressors in the field (Houston-Kolnik et al., 2021). A study limited to first responders in the ambulance field notes that peer support, reassurance from supervisors, and
reassignments can help staff feel more confident in their occupational work as they progress in their recovery (Kellner et al., 2019). These are similar strategies to the formal support systems of mentorship, peer emotional support, and debriefings found among victim advocates across multiple disciplines (Benuto et al., 2019; Houston-Kolnik et al., 2021). However, interviews with a small sample of domestic violence advocates found that advocates received little training in self-identification of risk factors and stressors which may affect their ability to work with a large caseload (Taylor et al., 2019).

Brown (2018) notes that crisis team preparation against a school shooting must include leaders with an established plan and the ability to communicate it at all levels of crisis responders. In this school shooting case study, a lead teacher reflected feeling overwhelmed during the emergency, as they did not have advanced knowledge of the specific roles and responsibilities that different crisis personnel serves to provide better synchronized and timely services (Brown, 2018). Uhr (2017) explains that during a crisis event, the leader must be able to oversee and guide their direct team while maintaining flexibility to work with collaborators effectively. A leader’s traits and approach to a crisis directly influence the behaviors and preparedness of a crisis response team (Uhr, 2017). Brown et al. (2021) also highlight the importance of communication and coordination between multi-team crisis responses for effective service delivery during terrorist incidents. Brown et al. (2021) explain that the assessment of the Manchester Arena terrorist attack in 2017 showed that there was a failure in inter-communication of law enforcement and fire crisis response teams, leading to a slow response from fire personnel. Mann (2014) argues that human resources (HR) should play a role in multi-team systems for disaster response. Human resources can help coordinate appropriate funding and post-responses resources to maintain reliable public services (Mann, 2014). Excluding HR from
crisis planning may delay employee wellness and weaken employees’ faith in organizational support (Mann, 2014).

In a review of social support for disaster crisis response teams, Guilaran et al. (2018) found that the effects of support resources depend on the organization’s cultural and economic positions. Sliter et al. (2014) note a similar finding among firefighters, who adopt informal peer support strategies such as humor to relieve tense situations, build camaraderie, and lessen trauma stressors. A study of sexual assault victim advocates noted that advocates felt supported in their advocacy skills with mentorship and regular evaluations, leading to a decrease in work-related stress (Houston-Kolnik et al., 2021). Dworkin et al. (2016) found that rape crisis centers are more likely to struggle with victim advocate retention rates when advocates struggle with secondary traumatic stress (STS). However, advocates who experience smaller caseloads and supportive supervision are less likely to experience STS symptoms (Dworkin et al., 2016).

In contrast, Anderson et al. (2020) found insubstantial evidence for the effectiveness of organization-led resources such as peer support and team debriefing protocols. Anderson et al. (2020) cite no significant positive effect on crisis-related stress or work performance among frontline crisis personnel. Houston-Kolnik et al. (2021) also found that sexual assault victim advocates did not find many benefits from peer support groups, noting that the organization did not consider the inconveniences of meeting times or the reliability of supervisors to conduct meetings. Anderson et al. (2020) call for additional research to examine the effectiveness of peer support, its relationship with worker resiliency, and its impact on work performance.

Kellner et al. (2019) argue that major barriers to organizational support come from underinformed or underprepared leadership. This includes managers with limited capacity due to a lack of skills or knowledge and those who are apathetic to providing employee support
services. Barriers among frontline paramedic managers include limited time to complete trauma-informed training, personal coaching for individual staff, and routine duties (Kellner et al., 2019). Janka et al. (2015) note a different perspective, citing a study in Austria that found frontline crisis response managers are not facing significantly higher pressures than non-crisis managers. The study noted that social support systems seem to influence managing stress levels and call for additional studies of managers’ stressors and their effects on frontline personnel (Janka et al., 2015).

**Mental Health and Effects on Service Delivery**

Ellis and Knight (2020) note that there is a high prevalence of negative mental health effects among victim service providers, such as advocates and child protection social workers, noting experiences of an exaggerated sense of untrustworthiness, jaded worldviews, and unpredictable emotion. Dworkin et al. (2016) found similar risks of secondary traumatic stress among rape crisis advocates, linking the prevalence to constant victim interaction and exposure to crime facts such as crime photographs, videos, and interview statements. Earthquake first responders experience similar post-traumatic stress with exposure to witnessing injured or dead bodies, witnessing damaged property, and witnessing grief from the victim’s family and friends (Shepherd et al., 2017).

Coddington (2017) notes that victim advocates are susceptible to “contagious trauma,” which spreads with an unintentional combining of work-related traumas and personal traumas. As advocates struggle with the effects, their commitment to advocacy can decline (Coddington, 2017). The effects of multiple traumas also appear in humanitarian aid workers, who struggle with their work-life balance when returning home from a mission and experience post-response depression and exhaustion (Visser et al., 2016). This work is similar to a victim advocate crisis
Mental health stressors also exist among medical personnel who provide emergency or crisis response and exist at a higher rate than medical personnel in non-emergency units (Khashaba et al., 2014; Crowe et al., 2020). These stressors contribute to lower staff retention rates among emergency medical personnel (Crowe et al., 2020). However, Crowe et al. (2020) also note that symptoms of burnout and stress are not always related to exposure to trauma but also to job demands such as time constraints in completing tasks and physical demands such as insufficient sleep and exercise.

Nuttman-Shwartz (2015) notes that helping professionals also experience positive effects from secondary trauma, such as resilience and post-traumatic growth. Frey et al. (2017) found that among sexual assault and domestic violence advocates, resiliency manifests under the same circumstances as stressors via exposure to victimization. In receiving appropriate support, advocates develop resiliency that allows them to remain satisfied and committed to providing victim services (Frey et al., 2017). Leadership can nurture positive effects with employee motivation, preventing complications, and addressing concerns as they arise (Sommer et al., 2016).

Lee (2018) notes that public service occupations take an emotional toll on employees, regardless of their role, as they help citizens obtain necessary services during mass victimization emergencies. Lee (2018) argues that employees are likely to experience grief, anxiety, and other stressors that may affect employees’ attitudes towards helping citizens. Eldor (2018) explains that public service managers can be an effective support system by being compassionate to employees. Eldor’s (2018) study showed that when employees receive compassion from supervisors, they are more likely to perform tasks better by being compassionate towards the
public. Eldor (2018) and Lee (2018) note that training prepares personnel to learn how to regulate self emotions and observe and understand others’ emotions. Regulating emotions allows workers to separate personal feelings and not allow hostile service towards the public. In providing a positive experience to the public, employees are more likely to experience job satisfaction and better work performance (Lee, 2018).

There is generous literature on crisis response and the needs of response teams, including medical teams, law enforcement, public safety, mental health providers, and other crisis responders. Research provides evidence-based information on how these teams can better prepare themselves and serve the community with appropriate leadership, materials, and post-response recovery protocols. However, crisis response advocates rarely appear in the discourse. Literature concerning victim advocates is outside of crisis response, primarily focused on sexual assault and domestic violence advocates. The available research on victim advocates helps understand advocate roles and difficulties they encounter in service delivery.

Mass victimization responders must include crisis response advocates in pre-planning discussions and deployment executions. Currently, there is no research on the issues and successes of victim advocate CRTs and how the allocation of resources addresses both areas. While this project focuses on four crisis response teams in Southern California, it may serve as helpful to victim advocate CRTs in diverse areas. This project aims to explore how the allocation of resources affects the effectiveness of CRT service delivery.
Section 4: Methodology

How does allocation of resources affect the effectiveness of service delivery in Southern California victim advocate crisis response teams? With a qualitative method, a study can gather individual perspectives from personal experience within a specified field (Hendren et al., 2022). Qualitative methods can include different styles of interviews that can help provide context to other areas of the field (Hendren et al., 2022). A qualitative approach is best suited for this study to examine different perspectives, not numerical rankings. This is because the effectiveness of advocacy is a subjective experience and may vary between services provided and service recipients. Qualitative methods of gathering information allow the respondents have an open space to provide information on what they believe are the most effective or ineffective resources for service delivery. Respondents will be free to explain how they determine effectiveness using their own criteria and terms to best describe their experience accessing resources and providing service delivery.

This study proposes a purposive sampling of respondents from southern California crisis response teams that have responded to at least one mass victimization incident. Purposive sampling provides an opportunity to receive internal information based on the respondent’s knowledge of the subject matter (Van Thiel, 2014). Purposive sampling is included in this study because respondents are intentionally selected because they have first-hand knowledge of victim advocacy and crisis response. The purposive sampling in this study will be the victim advocate and managers of crisis response teams of Los Angeles County, Riverside County, San Bernardino County, and Ventura County. Advocates from these teams have background knowledge on advocate duties, recent experience as a crisis response team member, and insight on utilizing resources for managing work stressors and building advocacy skills for service
Selected managers have knowledge of crisis response, advocate supervision, gathering and coordinating resources, and community feedback.

Specifications include semi-structured interviews with victim advocates (see Appendix A) and victim services managers (see Appendix B). Interviews will include five advocate interviews from each CRT and two managers from each CRT, the Victim Services Director, and the crisis response team direct supervisor, for a total of 28 interviews.

The semi-structured interview provides space for an open conversation with pre-prepared questions to guide the interview and the opportunity to ask follow-up questions depending on the respondent’s answers (Van Thiel, 2014). The semi-structured format benefits this study because respondents include advocates and managers with similar experiences but from different agencies. Pre-prepared questions structure the interview with main topics that apply to all respondents. In this study, the Victim Advocate Interview Questions, Appendix A, the main topics include advocate responsibilities, training curriculum, leadership, victim interaction, and utilization of resources. The main topics in the Victim Services Managers Interview Questions, Appendix B, include manager responsibilities, resource types, program evaluation, and others. Follow-up questions may vary as they will be constructed depending on individual responses. For example, agencies with simulation training may receive different follow-up questions from agencies who do workshop training, advocates who seek therapy as a support system may receive different follow-up questions from those who seek recreational or self-care practices as a support system, and managers who deploy with their crisis response team may receive different follow-up questions from those who do not. The semi-structured interview encourages the researcher to inquire as much as needed regarding a specific topic per respondent.

Interviews will be one-on-one between the interviewer and the respondent to allow for a
confidential space to contribute to in-depth responses. With the semi-structured interview, the respondent can also guide the conversation and decrease the possibility of the respondent’s hesitation to speak freely.

Conducting multiple interviews will provide sufficient information to identify similar themes and conflicting perspectives to compile a general idea of how available resources provide support or weaken service delivery capabilities. Themes will surround the use of resources and perceived impact on the target population, including organizational support, employee barriers, victim interaction, and community feedback. These themes will help emerge strengths and weaknesses to provide insight into what specific resources contribute to an effective crisis response team, how managers can best encourage quality and accessible resources, and the impact on advocates utilizing available resources.

Research Limitations

A qualitative approach provides insight into multiple areas of the study, including CRT frontline and managerial personnel. However, the strategy falls short as the study only explores a few crisis response teams in one area. Van Thiel (2014) explains that this can be a challenge for qualitative studies as small sample sizes do not provide sufficient information for representative data that can be generally applied to other theories in the same field. The small sample size of CRT advocates and managers may result in little general knowledge or representative data, providing limited benefit to other crisis response teams in victim services and other fields.

While interviews provide a setting for in-depth conversations, responses may contain little objectivity as responses depend on the recollection of the personal experience. The insight will rely on respondents’ abilities to describe their experiences and observations in preparing and
executing service as part of their crisis response team. Participants provide information based on personal experience and from a sole role within the crisis response team. For example, victim advocates may have limited knowledge of the coordination of formal support systems within the organization, while managers may have limited knowledge of exposure to trauma via victim interaction.

**Ethical Considerations**

This study considers the sensitivity of mass victimization incidents. It remains committed to preserving anonymity and confidentiality as collected data will include personal recollection of advocates' inmate moments with victims and victims’ recollections of death and injury. A strict and transparent privacy policy aims to create a trustworthy relationship between interviewer and respondent and eliminates potential fears of victim exploitation. Semi-structured interviews also help the interviewer consider the direction of the conversation to minimize stressors and triggers for re-victimization. To legitimize the study, respondents must provide voluntary informed consent to participate in any part of the project (Van Thiel, 2014).
Section 5: Policy Recommendations and Conclusion

This study aims to explore how resource allocation affects the effectiveness of victim advocate crisis response teams. The direct approach of this project allows for replicability and transferability to additional studies and provides supplementary information for other professions within crisis response and victim services. Additional studies may include a mixed-method approach where quantitative strategies measure victim interaction, the number of services provided per victim type, and measurement comparisons between agencies.

There is significant literature that notes organizational support for various professions in the crisis response field. Much of the same literature notes how crisis responders and helping professionals experience high stressors due to constant exposure to victimization. This study will contribute to recognizing victim advocates as significant players in crisis response and launch discourse on how resource allocation may affect service delivery.
References


DiLeo, P., Rowe, M., Bugella, B., Siembab, L., Siemianowski, J., Black, J., Rehmer, P., Baker,


https://doi.org/10.1007/s10615-017-0624-7


https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter1/Pages/implications.aspx


https://doi.org/10.1177/0018726719893450


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Appendix A: Victim Advocate Interview Questions

1. How long have you served on the victim advocate crisis response team?
2. How mass victimization events have you responded to?
3. What are your duties as a CRT member?
4. In your opinion, what are some positives and negatives experiences of a CRT member?
5. How do you prepare for deployment?
6. How are support resources made aware to you?
7. Who are your direct supervisors during a deployment?
8. What is your supervisor’s role during deployment?
9. How would you describe your supervisor’s leadership style?
10. How are you not supported during, before, or after deployment?
11. What does CRT training consist of?
12. What does your average day look like during a response?
13. What do pre and post-response briefs consist of?
14. What resources have you utilized to assist in your CRT role?
15. What resources do you seek outside of agency-sponsored resources?
16. What are some of your ideas to improve the CRT?
Appendix B: Victim Services Manager’s Interview Questions

1. What are your duties as coordinator of a victim advocate crisis response team?

2. What are your duties during deployment?

3. What resources are available for victim advocates through the agency?

4. What is the process to secure funding for arranged resources?

5. What is the process like in evaluating resources? Availability and Accessibility?

6. How do you encourage staff to access resources?

7. What is the evaluation process for advocate skill and preparedness prior to deployment?