

EVALUATING THE GEORGIA STATE OFFICE OF MOTHERS AGAINST DRUNK
DRIVING: VICTIM SERVICES

by

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(Under the Direction of Alan Stewart)

ABSTRACT

The primary purpose of this study was to evaluate the Victim Services provided by the Georgia State Office of Mothers Against Drunk Driving to victims of drunk driving crashes. In order to attain this objective, a survey was developed to assess the utilization and perceived efficacy of MADD Georgia Victim Services as well as to elicit input regarding changes which could enhance the current format or delivery of services. Results reveal high familiarity with and utilization of MADD Georgia services. Satisfaction ratings indicate that the victims served by this organization had generally positive evaluations of the services they utilized. Respondents expressed a need for more expansive and varied services and provided suggestions for the improvement of current services offered. Limitations of the study and implications for practice and research are discussed. Overall, the results of this study suggest that MADD Georgia Victim Services play an important role in meeting the needs of the victims of drunk driving crashes.

INDEX WORDS: Bereavement, Complicated Grief, Crime Victims, Drunk Driving, Drunk Driving Crash, Grief, Loss, Mothers Against Drunk Driving, Motor Vehicle Crash, Trauma, Traumatic Grief, Traumatic Loss, Victim Services

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CHAPTER 1

INTRODUCTION

A traumatic loss is defined as a death characterized by traumatic circumstances (such as a loss resulting from homicide, suicide, or a mutilating crash) or a death which defies the natural progression of life (such as the untimely death of a child or young adult) (Neimeyer, 2002). Often this type of loss will violate the person's assumptions about the world by challenging the individual's sense of stability, security, and hope for the future. Individuals who experience a traumatic loss are more likely to exhibit symptoms of Complicated Grief Disorder, Major Depressive Disorder, Acute Stress Disorder, and Posttraumatic Stress Disorder compared to individuals who are bereaved by expected, gradual losses, or anticipated losses (Neimeyer, 2002; Prigerson et al., 1997; Barry, Kasl, & Prigerson, 2001; Harvey & Bryant, 1999).

This study focused on a specific category of traumatic loss, alcohol-related motor vehicle crashes. The literature regarding the tragic impact of this type of trauma on the bereaved will be discussed. This study highlights the potential for early intervention with these victims through organizations such as Mothers Against Drunk Driving (MADD) and the preventative role that supportive MADD services may play in averting the development of psychological dysfunction.

Statement of the Problem

Motor vehicle crashes represent a distinct category of traumatic loss. In the United States, 43,443 people were killed in the estimated 6,159,000 police-reported motor vehicle traffic crashes in 2005 (National Highway Transportation Safety Administration [NHTSA], 2005). According to NHTSA, motor vehicle crashes are the leading cause of death for people from age 4 to 34 (NHTSA, 2008). Due to the significant emotional impact of motor vehicle fatalities, it is essential to consider this distinct category of traumatic loss as it might affect the bereavement process. Stewart (1999) reviewed how a high proportion of car crash fatalities are characterized by a sudden, untimely, preventable, or violent death which could negatively influence the bereaved individual's efforts to cope with their loss. Due to the traumatic nature of this type of loss, individuals bereaved by motor vehicle crashes are at a higher risk for experiencing a complicated grief reaction (Prigerson et al., 1997; Neimeyer, 2002).

Approximately 39% (16,885 of 43,443) of the total traffic fatalities in 2005 were alcohol-related (NHTSA, 2005). It is estimated that about three in every ten Americans will be involved in an alcohol-related crash at some point in their lives (NHTSA, 2001). Children are frequently the victims of this type of crash. In 2005, 23% of the children under 14 who were killed in motor vehicle crashes were killed in alcohol-related crashes (NHTSA, 2006). Due to the frequency of alcohol-related fatalities, it is essential to consider the grieving process of individuals bereaved by this particular type of motor vehicle crash, including the most appropriate support for these individuals immediately following the loss.

Theoretical Framework

Consultation

Organizational consultation is a core method of intervention for the counseling psychologist. Counseling psychology's involvement in organizations and business began with Frank Parsons and the vocational guidance movement in the early 1900's (Shullman, 2002). The role of the counseling psychologist as a consultant has been stressed throughout the profession's history. The consultant role was emphasized in the 1956 Report on Counseling Psychology as a Specialty, at the 1964 Greystone Conference, and in the establishment of the *Journal of Vocational Psychology* in 1971 (Shullman). The counseling psychologist's role in organizations was more recently reiterated in the Committee for the Recognition of Proficiencies and Specialties in Professional Psychology petition. This petition defines counseling psychology as a specialty which encompasses the facilitation of "personal and interpersonal functioning across the life span with a focus on... typical as well as atypical or dysfunctional development as it applies to human experience from individual, family, group, systems, and organizational perspectives" (Stone, Walsh, Neville, & Lent, 1997, p. 31).

One of the five historically unifying themes of counseling psychology delineated by Gelso and Fretz (1992) is particularly consistent with the consultant role. This theme is the attention to person-environment interactions, rather than an exclusive emphasis on the person or the environment. Although many of the roles of counseling psychologists focus primarily on the individual (i.e. psychotherapy, assessment), consultation emphasizes the interaction between the person and the context in which he or she functions.

In addition to the profession's strong endorsement of the importance of consultation and the consistency of this activity with the principles of counseling psychology, consultation has remained a significant component of many counseling psychologists' professional activities. In a survey sent to the members of APA Division 17, 60.9% of counseling psychologists reported some level of involvement in consultation activities, surpassed only by the facilitation of psychotherapy (Watkins, Lopez, Campbell & Himmell, 1986). Consultation continues to be an integral component of the field of counseling psychology and the professional activities of the counseling psychologist.

Kurpius (1978) outlines an integrated model of consultation that includes four distinct approaches to consultation and nine stages of the consultation process. The four approaches are referred to by Kurpius as "consulting modalities" and consist of the provision, prescriptive, collaboration, and mediation mode. The provision mode is utilized when the consultant is asked to provide direct services to the organization with limited intervention by the consultee. This approach is often employed when the consultee is faced with an issue that surpasses his or her proficiency or resources. In the prescriptive mode, the consultant's role is to serve as a resource to the consultee. The consultant may assist by providing input about an intervention plan developed by the consultee or guidance regarding implementing the strategy. In the collaboration mode, the consultant's function is to facilitate change within the organization by empowering consultees to rely on their own resources and capacity for self-direction. The consultant encourages the consultee to share perspectives on the organization's functioning and ideas for problem solving and innovation. The consultant challenges those integrally

involved to examine the constructive and detrimental forces that are enhancing and hindering the objectives of the organization. In this mode, the consultant assists the consultee in gathering and analyzing information to make data-driven decisions to address issues and implement strategies to facilitate change. The consultant emphasizes the importance of making decisions based on data and developing interventions consistent with the research to most effectively address organizational issues. The final mode of consultation outlined by Kurpius is the mediation mode in which the consultant identifies a persisting issue in an organization or group. The consultant proceeds in defining the problem, gathering and analyzing data, and determining the most appropriate intervention. This role is distinct from the first three modes of consultation in that the consultant is assuming the sole responsibility for identifying, assessing, and determining an intervention for the issue and then directing the actions of other professionals to address the problem.

Kurpius outlined nine stages of the consultation process: Pre-entry, Entry, Information Gathering, Problem Definition, Identifying and Selecting Alternative Solutions, Stating Objectives, Implementing the Plan, Evaluation, and Termination. Most consultation will include all nine stages. However, the relative emphasis on each stage varies with the nature of the consultation. The stages, with their operational definitions, will be delineated and described.

Pre-Entry is defined as “Clarifying the consultant’s values, needs assumptions and goals about people and organizations, specifying an operational definition of consultation and assessing the consultant’s skills for performing as a consultant” (p. 337). During this stage the consultant reflects on personal factors and assesses skills and

competencies which may impact the consultation process. The Entry stage involves “Defining and establishing the consultation relationship, roles, ground rules, and contract” (p. 337). This stage includes an initial meeting where the consultant and consultee define their working relationship, determine their roles in the consultation process, openly discuss the presenting problem, and develop a working contract. During the Information Gathering stage the focus is on “Gathering additional information as an aid to clarifying the presenting problem” (p. 337). Information may be gathered through a variety of means including observation, questionnaires, interviews, and group meetings. The next stage is Problem Definition in which consists of “Utilizing the assessment information in order to determine goals for change” (p.337). Identifying goals for change is critical to clarifying objectives and providing direction for the consultation process.

The Determination of the Problem Solution involves the “Analyzing and synthesizing of information in search of the best solution to the problem as presently stated” (p. 338). Generating options for intervention and evaluating the anticipated results of each intervention is essential to determining the most appropriate interventions to address the problem. The consultation process then proceeds to the Stating Objectives stage which involves “Stating the desired outcome that can be accomplished and measured within a stated period of time and within specified conditions” (p. 338). Once the objectives are determined the interventions can then be employed. The Implementation of the Plan stage involves “Implementing the intervention following the guidelines clarified in the proceeding steps” (p. 338). Evaluating the efficacy of the interventions is crucial to allow for adjustments as necessary. During the Evaluation stage there is “monitoring of the ongoing activities (process evaluation) culminating with the

measuring of the final outcomes (outcome evaluation)” (p. 338). Process evaluation functions to inform alterations in the plan, while outcome evaluation is intended to assess the achievement of identified objectives. The final consultation stage is Termination which consists of “Agreeing to discontinue direct contact with the consultant, keeping in mind the effects of the consulting process are expected to continue” (p. 338). Termination frequently occurs when objectives have been partially or completely achieved, however, it may also occur when objectives are not met for a variety of reasons.

This study involved a consultation with MADD Georgia designed to improve the interaction between the victims of drunk driving crashes and the organization that aspires to assist them in the wake of their trauma. A collaboration approach was employed, gathering and analyzing data for the purpose of empowering MADD to design interventions to enhance the services they offer. By assessing the utilization and efficacy of these services, feedback and recommendations can be offered to MADD regarding ways to improve victim services to better meet the needs of the victims of drunk driving crashes.

Prevention

Providing support and utilizing effective interventions for individuals who have lost a loved one in an alcohol-related crash raises questions about the most beneficial points and modalities of intervention to help people who have been effected by the tragic impact of a crash. In this regard, counseling psychology has consistently espoused prevention as a unique component of the psychologist’s identity and emphasized its role in promoting the mental health of society. Tipton (1983) found that counseling and clinical psychologists held the perspective that preventative interventions were most

consistent with one of the main purposes of counseling psychology. In addition to congruence with the field, Howard (1983) revealed that counseling psychologists were in strong agreement that preventative interventions were preferable to remedial treatment.

Prevention in the domain of mental and physical health is often conceptualized in the context of the tripartite public health model of prevention (O'Byrne, Brammer, Davidson, and Poston, 2002). Caplan (1964) modified the public health model into a preventative psychiatry model. This model identifies three distinct types of prevention: primary, secondary, and tertiary. Caplan defines primary prevention as decreasing the incidence of a condition in a population by impeding the occurrence of mental illness or psychosocial dysfunction before it manifests. Secondary prevention encompasses the early recognition and treatment of existing disorders or psychosocial dysfunction with the objective of decreasing the incidence and duration of illness among existent cases. Tertiary prevention is defined as any intervention that attempts to reduce the distress and disability emanating from the presence of a disorder. Tertiary prevention would include therapy for individuals already manifesting pathology, rehabilitation interventions, and relapse prevention.

The support provided for individuals bereaved by alcohol-related crashes would often be classified as tertiary prevention. Frequently, bereaved individuals will present for therapy only when their grief reaction begins to significantly interfere with their ability to function. These individuals may present for therapy months or years after the tragedy and often express feeling unsupported and alone in their grief process.

Organizations, such as Mothers Against Drunk Driving (MADD), seek to provide support for persons bereaved by alcohol-related motor vehicle fatalities in the wake of the

tragedy. These supportive services would be classified as secondary prevention interventions as they are intended to decrease the severity and duration of the grief process by the early provision of support services to victims. Support services, such as those provided by MADD (e.g. support groups, crisis intervention, home visits, referrals to other resources in the community) may serve to decrease the risk of complicated grief reactions or psychological trauma in this particularly vulnerable population.

Despite the prevalence of alcohol-related traffic fatalities, few organizations exist which offer services to victims in the wake of the tragedy. Often victims will suppress their grief in an attempt to attend to the difficult task of addressing the logistical, legal, and financial aspects of losing a loved one in an alcohol-related crash (Lord, 2006). Organizations such as MADD strive to provide support to victims immediately following the tragedy. These services serve a preventative function as they may facilitate the expression of intense emotions, provide a context in which the victim can tell the story of loss, and offer the support of others who have experienced this type of tragedy. Given the emergent availability of services, such as those provided by MADD, it is important to increase our knowledge of the most beneficial methods and modalities to support victims in their grieving process.

However, despite the function of these services, there is insufficient research regarding the utilization and efficacy of the victim services provided by MADD. There is minimal research concerning modifications that might serve to enhance the perceived benefits of receiving victim services. In particular, no research exists regarding the victim services provided by MADD to crash victims living in the state of Georgia.

The pervasive and traumatic nature of alcohol-related crash fatalities necessitates support for the victims of this type of tragedy. MADD seeks to provide secondary prevention interventions to the victims of drunk driving crashes through various support services. While more than 400 MADD offices exist in the United States, research concerning the need for and utilization of MADD victim support services is minimal. This study sought to assess the utilization and reported efficacy of Victim Services provided by the Georgia State Office of MADD, which provides services to people within all 159 counties in the state of Georgia.

Social Justice

Social justice has frequently been defined as a “fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical ability, or sexual orientation status groups” (Constantine, Hage, Kindaichi & Bryant, 2007). However, some psychologists have asserted that social justice can be conceptualized broadly to encompass “addressing the needs of the most vulnerable (e.g. children, youth, people living in poverty, older adults)” (Hage, 2003, p. 562). In this sense, social justice would include advocating for the victims of drunk driving crashes, who as a result of their trauma, can be classified as a highly vulnerable population. Particularly relevant to this population, Kiselica (2004) asserts social justice advocacy is critical in instances where individuals are “so overwhelmed...that they are unable to advocate for themselves” (p. 848). Kroeker and Taub (1994) explain that crash victims often experience extreme emotional distress, significant medical issues, and financial hardship. In addition, they may experience

secondary victimization as a result of injustices in the criminal and civil justice system. The combination of these factors may make it difficult for the victims of drunk driving crashes to advocate for themselves.

The core values of counseling psychology are in harmony with a social justice agenda. The Fourth National Counseling Psychology Conference espoused the consistency of social justice with the field of counseling psychology and set an agenda for social advocacy in research, practice, and training (Goodman, Liang, Helms, Latta, Sparks & Weintraub, 2004). A commitment to social justice necessitates involvement in community outreach and advocacy. However, this is often a neglected component of the counseling psychologist's professional activities due to the dominance of individual interventions in the traditional psychotherapy setting (Constantine et. al, 2007). Hage (2003) asserts that counseling psychologists should recommit to the social justice agenda, noting that collaboration with governmental agencies, community organizations, and schools is critical in promoting systemic change.

The Victim Services offered by MADD are consistent with the principles of social justice. By evaluating the utilization and efficacy of MADD Georgia's Victim Services, the researchers can provide feedback and recommendations to the organization to enhance the quality and range of the services they offer to victims. The research may also serve to provide MADD with data concerning the efficacy of their services which can be used to petition for additional resources and funding to increase the organization's capacity to meet the needs of victims. Through collaboration with MADD, the researchers hope to advocate for services designed to support the victims of drunk driving crashes.

Purpose

Considering the magnitude of the impact of alcohol-related crash fatalities, it is crucial to evaluate the utilization and efficacy of the services offered to the victims of this type of trauma. MADD Georgia offers services to victims impacted by drunk driving crashes in the entire state of Georgia. MADD strives to serve a diverse range of clientele. The demographic composition of the victims served by MADD is roughly consistent with the demographic composition of the state of Georgia (US Census Bureau Data, 2008). However, the Caucasian representation is slightly higher than would be expected and the African American, Asian/Pacific Islander, and Hispanic population are all moderately lower than would be expected. Another exception is the discrepancy between the gender representation in the state of Georgia and the gender composition of the victims served by MADD.

Between March 2003 to March 2009, MADD Georgia has served 2,622 victims. Demographic information is not available for the 1,346 victims whose initial service date preceded March 2003 who continued to receive services during this time period. However, demographic information is available for 671 of the 1,276 new victims served. Of these victims, 171 self-designate as African American, 10 as Asian/Pacific Islander, 459 as Caucasian, and 31 as Hispanic. Racial/Ethnic demographic information is unknown for the remaining 605 victims. The representation of Caucasian victims (68.4%) served by MADD is slightly higher than the US Census Data (2008) for the state of Georgia (65.4%). However, the percentage of African American (25.5%), Hispanic (4.6%), and Asian/Pacific Islander (1.4%) victims served are lower than would be predicted (30%, 8% and 2.9% respectively). The gender composition of victims served

includes 802 women (63.3%) and 463 men (36.7%) indicating that MADD serves a higher percentage of women and lower percentage of men than are represented in demographics of the state of Georgia. The U.S. Census Data for the state of Georgia is 50.8% female and 49.2% male. The gender of the remaining 11 new victims served during this time period is unknown.

According to the National Highway Traffic Safety Administration (NHTSA) data for 2008, 416 of the 1,493 of total fatalities in Georgia involved alcohol impairment. The percentage of alcohol-related fatalities in Georgia (28%) was slightly lower than the national average (32%). However, this statistic does not adequately illustrate the extensive impact of alcohol related crashes on the lives of Georgians as the total crash fatalities in Georgia (15.41/100,000 people) is significantly higher than the national average (12.25/100,000 people). The Georgia Department of Transportation Crash Analysis, Statistics and Information Report (2008) revealed that alcohol and drug impairment was the fourth Fatal Crash Contributing Factor in 2006 for drivers under the age of 65. The driver losing control of the vehicle, driving an unsafe or illegal speed, and driving on the wrong side of the road were the only contributing factors that surpassed the risk of alcohol and drug impairment. The pervasive nature and extensive impact of drunk driving related crashes in the state of Georgia necessitates supportive services for the victims of these tragedies.

MADD Georgia seeks to offer support and assistance to these victims. The divisions of services offered include Youth Programs, Awareness Programs, Enforcement Programs, and Victim Services (<http://www.maddga.org/>). This study will focus exclusively on the provision of Victim Services. This domain encompasses a 24-hour

Victim Assistance Hotline, support groups, court accompaniment, assistance in preparation of the Victim Impact Statement, representation of family with statements to the media, and assistance applying for financial support available through Georgia's Crime Victims Compensation Fund. Victim Services also sponsors an annual Candlelight Vigil of Remembrance and Hope to honor family members, loved ones, and friends who have been killed or injured by drunk or impaired drivers. The purpose of this study is to examine the use of Victim Services at MADD Georgia and the perceived efficacy of the services provided, as reported by the victims served through the state chapter.

Research in this area is essential to the field of counseling psychology because prevention plays an integral role in the profession. As counseling psychologists, we advocate for the importance of prevention, yet often do not interact with clients who have experienced traumatic loss until they present in private practice or community-based agencies already manifesting the symptoms associated with complicated grief. MADD Georgia seeks to provide secondary prevention interventions for those bereaved or traumatized by alcohol-related crashes. It is vital to assess the utilization and efficacy of these services if, as a profession, we intend to advocate for secondary prevention interventions for the traumatically bereaved. It is also essential that feedback is given to this organization in order to improve the services already provided to best meet the needs of the victims they seek to serve. In addition, victim services offered by MADD and related agencies may benefit from the theory, research, and practice that are part of counseling psychology.

This was an exploratory study designed to elicit information regarding the aspects of services that need improvement and the means by which to enhance the current

assistance provided to victims. The author's intent is to provide valuable information to MADD Georgia regarding the utilization and perceived efficacy of their services to promote the secondary prevention efforts of this organization. In addition, the study aimed to provide MADD Georgia with feedback from the survey that will enable the organization to address the deficits identified. The feedback includes a summary of the suggestions offered by the victims served by MADD Georgia. The underlying hope is that identifying the strengths and weaknesses of service provision will facilitate the enhancement of MADD Georgia's Victim Services.

General Hypotheses

It is hypothesized that the victims who have received Victim Services from MADD Georgia will report generally positive evaluations of the services utilized. It is anticipated the victims surveyed will reference the crucial role of these services in navigating the grief process. It is further hypothesized, that the victims will express a need for more expansive and varied services. It is likely the respondents will offer suggestions for the enhancement of the current services offered.

Delimitations

This study assessed the utilization and perceived effectiveness of the services offered by the Georgia chapter of MADD. Comments and suggestions regarding the improvement of services were obtained. Surveys were sent to victims who have previously utilized MADD Georgia services in order to acquire this information. This study aimed only to assess the Victim Services offered by this division of MADD. It did not evaluate the Youth Programs, Awareness Programs, or Enforcement Programs also facilitated by MADD Georgia. The survey was only available in English due to research

constraints, principally limited access to translating services. As the survey was not available in other languages, individuals who were not fluent in English were not able to participate.

Definitions and Operational Terms

It is essential to define a few important terms in the domain of grief and loss research before reviewing the literature. In the section that follows, key terms that are utilized throughout the course of this study are defined.

Bereavement: The experience of losing a person to whom one is attached (Zhang, El-Jawahri & Prigerson, 2006).

Grief: The emotional distress related to the loss of a person to whom one is attached (Zhang et. al).

Traumatic loss: A death characterized by objectively traumatic circumstances or a death that defies the natural progression of life (Neimeyer, 2002).

Victim: An individual who has experienced the traumatic loss of a loved one that could have been prevented (e.g. an alcohol-related death).

Alcohol-related motor crash fatalities: A distinct category of traumatic loss (Stewart, 1999). The research suggests that individuals who experience a traumatic loss are more likely to exhibit symptoms of complicated bereavement (Neimeyer; Prigerson et al., 1997).

Complicated Grief Disorder: A proposed syndrome including symptoms of separation distress (e.g. yearning, excessive loneliness resulting from the loss, and searching for the deceased) and traumatic distress (e.g. numbness, disbelief, intrusive thoughts about the deceased, mistrust, anger, and insecurity) (Jacobs & Prigerson, 2000; Prigerson et al.,

2002). Individuals who experience objectively traumatic loss are at an elevated risk for experiencing complicated bereavement symptoms (Neimeyer, 2002).

Throughout this study the term *motor vehicle crash* will be used rather than the term *motor vehicle accident* which is seen in some of the earlier literature. Stewart (1999) delineates the reasons for this shift in terminology including the limitations of *motor vehicle accident* as a correct representation of the trauma, the “non-accidental nature of most vehicular crashes” (p. 333), and the additional complications this term may present for the victims striving to cope with the traumatic loss. The term *motor vehicle crash* is especially salient in this study because of the focus on those bereaved of alcohol-related motor vehicle fatalities. The word *accident* tends to absolve the intoxicated driver. Through the use of the term *motor vehicle crash* in this study, the writer hopes to leave room to acknowledge the reality that these losses were the result of another person’s decision to drive under the influence.

Research Questions

Alcohol-related motor vehicle crashes impact the lives of a large number of Americans each year, yet research assessing the utilization and efficacy of the services offered to these victims is scarce. The primary purpose of this study is to evaluate the Victim Services provided by the Georgia State Office of Mothers Against Drunk Driving to victims of this category of traumatic loss. Through a survey designed to assess Victim Services, this study attempted to analyze the use and perceived efficacy of MADD Georgia services. In addition, the survey was designed to elicit input regarding changes which could enhance the current format or delivery of services. By evaluating these services, MADD Georgia and other MADD offices will be able to offer victim services

which will better facilitate the healing process and serve as a preventative factor in the development of psychological dysfunction in individuals bereaved of this type of tragedy.

The following questions were explored in this study:

Question 1

How were the victims made aware of MADD Georgia services in the aftermath of the drunk driving crash? What is the level of familiarity with the Victim Services offered? To what extent do the victims served by MADD Georgia utilize the services offered by this organization? What specific Victim Services are most frequently utilized?

Question 2

What is the perceived effectiveness of the MADD Georgia Victim Services utilized? Did the services offered adequately meet the specific needs of the victims? What is the level of victim satisfaction with the assistance received?

Question 3

What suggestions do the victims served by MADD Georgia have regarding improving the Victim Support Services offered?

Question 4

What additional aspects specific to the individual including details of the crash, legal processes, previous life stressors, and spirituality affect the perceived effectiveness of and satisfaction with Victim Services?

CHAPTER 2

REVIEW OF RELEVANT LITERATURE

Introduction

Life narratives are not only a way in which individuals describe their lives, but a means by which to organize the experiences and information they encounter throughout existence (Bruner, 1990). This narrative provides structure for the circumstances people experience, offering order in the midst of disorder and providing meaning to that which appears meaningless (Gilbert, 2002). Loss and trauma have the potential to present experiences that are fundamentally incoherent with the plot of an individual's life narrative and to invalidate the narrative's principle emotional themes and objectives (Neimeyer, 2006). The death of loved one is an experience which for many people undermines the basic life narrative the individual has created.

A traumatic loss is defined as a death characterized by traumatic circumstances or a death which defies the natural progression of life. This type of loss poses additional difficulties for the survivor who is attempting to fit this event into the meaningful plot structure of the life narrative (Neimeyer, 2002). As losing an intimate attachment results in a disruption to the life narrative; grief therapy, support groups, and other bereavement interventions have begun to focus on helping people reconstruct their narrative in order to accommodate this experience.

A search for meaning is often a critical component of restructuring one's life narrative and can promote healing and adjustment following the loss. This quest can

include consideration of the significance of the loss in the life of the survivor as well as in the death of the loved one. Several studies have reported that individuals coping with loss, particularly losses that are sudden and traumatic, typically engage in an enduring pursuit for some explanation or meaning in their loss (Helmrich & Steinitz, 1978; Parkes & Weiss, 1983). Davis, Wortman, Lehman, & Silver (2000) found that a majority (70-85%) of individuals experiencing sudden, potentially traumatizing grief search for meaning about their loved one's death. This study also revealed that bereaved individuals who found a degree of meaning in the loss had superior adjustment when compared to individuals who never considered these existential questions.

Motor Vehicle Crashes

Motor vehicle crashes represent a distinct category of traumatic loss which has an extensive influence on the lives of Americans. In 2005, 43,443 people were killed in the estimated 6,159,000 police-reported motor vehicle traffic crashes in the United States (National Highway Transportation Safety Administration [NHTSA], 2005). An average of 119 people died each day in motor vehicle crashes in 2005, which is about one death every twelve minutes (NHTSA, 2005). According to data gathered prior to 2003, motor vehicle crashes are the leading cause of death for every age from 3 through 33 (NHTSA, 2003). As a result of number of young lives lost, motor vehicle crashes rank third overall in the number of years of life lost (the remaining years that a person is expected to live if they had not died), trailing only cancer and heart disease (NHTSA, 2003).

Due to the tragic psychological effects of motor vehicle fatalities, it is essential to consider this distinct category of traumatic loss in regards to its impact on the bereavement process. Stewart (1999) reviewed how a high proportion of car crash

fatalities are characterized by a sudden, untimely, preventable, or violent death which could negatively influence the bereaved individual's efforts to cope with their loss. Lehman, Wortman, & Williams (1987) revealed that the sudden, unexpected loss of a spouse or child in a motor vehicle crash is commonly associated with long-term distress. This study indicated that this enduring sorrow is not a sign of an individual's failure to cope, but rather a frequent reaction to a loss of this nature. When the respondents were surveyed four to seven years following their loss, 59% of bereaved parents and 68% of bereaved spouses indicated that they had not yet found any meaning in the death of their loved one. Of these individuals, 81% of bereaved parents and 73% of the bereaved spouses stated that it was painful to have not found any meaning in the death (Lehman et. al). A significant percentage of respondents (between 30% and 85% depending on the question) continued to ruminate about how the crash might have been prevented and seemed to be unable to resolve, come to terms with, or find meaning in their loss.

Neimeyer (2000) highlights the Lehman et al. (1987) finding that bereaved individuals who find a degree of meaning in their loss have an enhanced ability to cope when compared with individuals who do not seek meaning in their loss. However, it is important to note that bereaved individuals who seek and are unable to find meaning, report intense suffering on numerous outcome measures (Neimeyer, 2000). It is also essential to recognize that even once an individual discovers a sense of meaning in their loss, he or she may re-examine these existential questions in the future.

Research indicates that motor vehicle deaths involving sudden, untimely, preventable, or violent deaths increase the bereaved individual's probability of psychological difficulties as a result of the loss (Cleiren, 1993; Stewart, 1999). Thus, it is

important to consider the function grief therapy may serve for individuals bereaved as a result of motor vehicle crashes. As persons who find a measure of meaning in their loss have a heightened ability to cope with bereavement than those who do not, grief therapy can be an invaluable resource for those people who are struggling in their search for meaning or revisiting the meaning they previously attributed to their loss. The support groups and other supportive services provided by MADD may facilitate and provide support in the victim's search for meaning.

Traumatic Loss as a Risk Factor for Psychological Dysfunction

The research suggests that individuals who experience a traumatic loss are more likely to exhibit symptoms of Complicated Grief Disorder (Neimeyer, 2002; Prigerson et al., 1997), Major Depressive Disorder (Barry, Kasl, & Prigerson, 2001), Acute Stress Disorder (Harvey & Bryant, 1999), and Posttraumatic Stress Disorder (Barry et al., 2001). Stewart (1999) discusses the characteristics of traumatic loss, particularly loss as a result of motor vehicle crashes, which complicate the bereavement process. According to Stewart, the degree of suddenness or lack of preparation before the death; the untimely or premature nature of the death; the preventability of the death; and the violent, mutilating injuries the loved one may have incurred are all likely to adversely affect the bereavement process. The literature suggests it is these characteristics of traumatic loss which increase the risk of Acute Stress Disorder, Posttraumatic Stress Disorder, Complicated Grief Disorder, and Major Depressive Disorder for individuals who are traumatically bereaved.

Complicated Grief Disorder

Complicated Grief Disorder is a proposed syndrome including symptoms of separation distress (e.g. yearning, excessive loneliness resulting from the loss, and searching for the deceased) and traumatic distress (e.g. numbness, disbelief, intrusive thoughts about the deceased, mistrust, anger, and insecurity) (Jacobs & Priegeron, 2000; Priegeron et al., 2002). It has also been referred to as atypical grief, pathologic mourning, abnormal grief, pathologic grief, and Traumatic Grief (Zhang et al, 2006; Schnider, Elhai, & Gray, 2007). While these terms have been used interchangeably, the construct is a distinct clinical phenomenon which is not synonymous with the Bereavement V code as delineated in the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR)* (2004).

Zhang et. al (2006) states that individuals with Complicated Grief Disorder can be conceptually distinguished from bereaved individuals with uncomplicated grief, as “essentially frozen or stuck in a state of chronic mourning” (p. 1191). To meet criteria for this proposed diagnosis, the bereaved individual must have unrelenting and disrupting pining, yearning, and longing for the deceased. The person must also meet an additional four of the subsequent eight criteria at least several times a day and/or to a severely distressing and disruptive degree. Zhang et. al have proposed criteria including:

- 1.) trouble accepting the death;
- 2.) inability to trust others since the death;
- 3.) excessive bitterness related to the death;
- 4.) feeling uneasy about moving on (e.g. difficulty forming new relationships);
- 5.) feeling emotionally numb or detached from others since the death
- 6.) feeling life is meaningless without the deceased;
- 7.)believing that the future holds no prospect for the fulfillment without the deceased;
- 8.) feeling agitated since the death.

The

diagnostic criteria proposed for inclusion in the *DSM V* include that these particular symptoms must persist for at least six months; it is irrelevant when the six months occur in relation to the death. The justification for necessitating a six-month duration is that individuals with uncomplicated grief may manifest the same symptoms, but their severity and presence abate over time.

Individuals who experience an objectively traumatic loss are at an elevated risk for experiencing complicated bereavement symptoms. The perception of lack of preparedness, characteristic of a traumatic loss, is correlated with the manifestations of Complicated Grief Disorder at four and nine months post loss (Zhang et al., 2006). In addition to the suffering inherent in complicated grief, a continuation of this traumatic grief response has been shown to predict vulnerability to serious health risks in the future such as cardiac disorders, increased substance abuse, suicidal ideation, and certain forms of cancer (Prigerson et al., 1997). However, it is crucial to emphasize that individuals experiencing normative losses (e.g. the death of a parent during mid-life) may also experience these symptoms. Prigerson and colleagues (1997) found that 85% of survivors of seemingly traumatic loss do not develop complicated bereavement symptoms, while about 15% of people who have experienced a nontraumatic loss develop complicated grief symptomatology.

Individuals who are bereaved by traumatic circumstances are significantly more likely to exhibit specific symptoms of complicated grief as a result of this type of loss. Prigerson and colleagues (2002) studied the rates of complicated grief among psychiatric clinic patients in Pakistan to assess the difference in symptoms for individuals who lost a loved one under violent circumstances compared with those whose loss was not

characterized by violence. This study revealed that those bereaved by deaths resulting from violent circumstances manifested elevated separation distress symptoms and were more likely to experience anger/bitterness and loss of sense of security, trust, and control in the traumatic distress symptom cluster (Prigerson et. al, 2002).

Raphael and Martinek (1997) also discovered that individuals who suffer the loss of a loved one due to sudden, violent, or accidental means are more likely to manifest complicated grief symptoms. The researchers purport that the victims of traumatic loss have the additional burden of coping with the trauma and any resulting stress in addition to the grief process. Kersting, Kroker, Steinhard, Ludorff, Wesselmann, Ohrmann, Arolt, and Suslow (2007) revealed similar results in their study of the prevalence of Complicated Grief Disorder in women who experienced the traumatic loss of their unborn child as a result of a termination of pregnancy (TOP) due to fetal malformation or severe chromosomal disorders. The researchers discovered that 13.7% of women who had undergone TOP met criteria for Complicated Grief Disorder 14 months after the loss.

Various risk and protective factors have been identified which influence the likelihood an individual will develop Complicated Grief Disorder. Schnider, Elhai & Gray (2007) discovered that problem-focused and avoidant emotional coping were associated with increased severity of complicated grief symptoms. Zhang et. al (2006) revealed risk factors for the development of Complicated Grief Disorder including lack of a strong support network, inadequate preparation for the death, and attachment disturbance during childhood. Conversely, a strong support network is cited as a protective factor which may avert the development of a complicated grief reaction.

Major Depressive Disorder

Major Depressive Disorder is a diagnosis characterized by either depressed mood or a loss of interest or pleasure in nearly every activity. In order to meet criteria for the disorder, the individual must meet five or more of the delineated criteria during the same two-week period and the symptoms must represent a change from previous functioning (*DSM-IV-TR*, 2004). The *DSM-IV-TR* states that episodes of Major Depressive Disorder frequently follow a “severe psychosocial stressor such as the death of a loved one” (p. 373). It is essential to note that the *DSM-IV-TR* states that a diagnosis of Major Depressive Disorder is “generally not given unless symptoms are present two months after the loss” (p. 741). This is important because many reactions that may be present in functional bereavement closely resemble the symptoms of depression. The *DSM-IV-TR* further asserts that psychosocial stressors may play a more substantial role in precipitating a first or second episode of Major Depressive Disorder. The number of previous episodes is associated with the likelihood of developing a subsequent Major Depressive Episode. Thus, prevention of an initial episode following the loss of a loved one is of particular significance given the increased possibility of recurrent episodes once criteria have been met.

The research regarding the prevalence of Major Depressive Disorder (MDD) in the bereaved consistently indicates that grief is a risk factor in the development of MDD. In addition, the research suggests that motor crash survivors are at an increased risk for developing MDD (Blanchard, Hickling, Friedenberg, Malta, Kuhn, & Sykes, 2004). Thus, those bereaved from alcohol-related crashes are at a heightened risk for developing MDD both as a result of both their loss and the traumatic circumstances of their loss.

Bereavement has been identified as one of the most frequently observed precipitating factors in onset of a depressive episode (Kendler, Karkowski, and Prescott, 1999). Several studies have reported high prevalence rates of depression in bereaved populations. Zisook and Shuchter (1991) explored the frequency of depressive disorders during the first 13 months following the death of a spouse. The authors revealed that 24% of the participants met symptom criteria for a depressive episode two months after the loss. After seven months, 23% of the participants met criteria. Assessment at one-year post loss, revealed that 16% of individuals in the study who lost a spouse still met criteria for a depressive episode. The authors cited several additional findings beyond the high prevalence rate of depression including that depressive episodes frequently occur not only in the initial stages of bereavement, but a year post loss. The study also revealed that young age and past depressive episodes are risk factors for bereavement-related depression.

In an article reviewing the treatment of bereaved individual who meet criteria for a depressive disorder, Zisook and Shuchter (2001) reported that, between two months and two years, bereaved individuals had a higher prevalence rate for depressive episodes than demographically matched non-bereaved populations. Hensley (2006) discovered in a review of the literature that approximately 15% of bereaved individuals meet the criteria for Major Depressive Disorder within a year of the death. About 7% of the bereaved individuals met criteria for MDD at two years following the loss. Hensley (2006) further summarized that the collective literature suggests that approximately 10 to 15% of individuals develop chronic depression as a result of the experience of bereavement.

Several risk and protective factors have been identified for Major Depressive Disorder in individuals who have been traumatically bereaved or experienced the trauma of a crash. Ehring, Frank, and Ehlers (2007) discovered that rumination assessed two weeks after a motor vehicle crash predicted a diagnosis of Major Depressive Disorder at six months. These results suggest that trauma-related rumination is correlated with depressive rumination and, thus, poses a risk factor for those who have experienced trauma. Untimely loss (e.g. loss of a child), traumatic circumstances surrounding the death, or multiple losses have been recognized as risk factors for depressive disorders (Zisook & Shuchter, 2001). Stroebe, Stroebe, and Domittner (1988) determined that bereaved individuals with an external locus of control who experienced an unexpected loss exhibited more depressive symptoms and somatic complaints than those who anticipated the loss. This research suggests that a perception of control may serve as a moderating factor, influencing the effect of expectedness of the loss on the bereavement process. Consistent with protective factors for Complicated Grief Disorder, a strong support system is correlated with better adjustment to the loss and decreased severity of depressive symptoms (Zhang et. al, 2006).

Acute Stress Disorder

Acute Stress Disorder (ASD) is a diagnosis included in the *DSM-IV-TR* which was developed to describe stress reactions occurring in the first month after a traumatic experience (Harvey & Bryant, 2002). To meet criteria for a diagnosis of ASD, an individual must manifest symptoms during the period of two days to four weeks post-trauma. The diagnosis requires that the individual manifest at least three of the following symptoms of dissociation: a subjective sense of numbing or detachment, reduced

awareness of one's surroundings, derealization, depersonalization, or dissociative amnesia. In addition to the dissociative symptom criteria, the individual must meet the remaining criteria which, with the exception of duration, parallel the symptoms of Posttraumatic Stress Disorder (PTSD).

ASD was introduced to address the period of time that an individual may experience a traumatic stress reaction prior to the one-month time period required for a diagnosis of PTSD (Harvey & Bryant, 2002). In addition to the time of onset, an ASD diagnosis can be differentiated from PTSD based on an emphasis on dissociative reactions to the trauma. These dissociative reactions are required for a diagnosis of ASD, but are not needed for a PTSD diagnosis.

There is little research specific to the manifestation of ASD symptoms in the surviving family members of crashes. However, some of these individuals were present when the loved one was killed and, thus, the literature pertaining to those who have experienced a motor vehicle crash would apply. Of those individuals not involved in the actual crash, many have been traumatized by viewing the scene of the accident and disfigured body of the loved one, or through listening to the details of the trauma. It is speculated that individuals who have experienced the trauma associated with losing a loved one in a crash, would likely respond similarly to those who were physically involved in the incident.

Jones, Harvey, and Brewin (2007) conducted a study in which they asked the participant to retell the story of their crash during three interviews in order to examine the content and organization of trauma narratives. The researchers revealed that individuals previously involved in crashes who met criteria for ASD and PTSD constructed

narratives which were less coherent and exhibited more repetition and non-consecutive chunks during the interviews. The participants diagnosed with ASD and PTSD also retold narratives which demonstrated more dissociative symptoms compared with those narratives told by participants without these diagnoses.

Posttraumatic Stress Disorder

Posttraumatic Stress Disorder involves the manifestation of symptoms of re-experiencing the event, avoidance and emotional numbing, and hyper arousal in response to a trauma. These symptoms must be present for at least one month and cause significant impairments in social and occupational functioning. The *DSM-IV-TR* (2004) acknowledges that “learning about the sudden, unexpected death of a family member or close friend” (p. 466) may constitute experiencing a traumatic event for the purposes of a PTSD diagnosis.

Green (2000) and Green, Krupnick, Stockton, Goodman, Corcoran, and Petty (2001) contended that loss by traumatic means should be considered a traumatic stressor which can lead to the manifestation of PTSD. Green et. al (2001) discovered in a study of individuals who had experienced a traumatic loss that 16% met the criteria for PTSD and 22% met criteria for PTSD in their lifetime. Green, Grace, Lindy, Gleser, and Leonard (1990) also found an elevated rate of PTSD in Vietnam War veterans who reported the loss of a “buddy” in addition to experiencing direct trauma. The researchers found that 70% of veterans who had lost a fellow veteran by traumatic means met criteria for PTSD, while only 29% of veterans without this type of loss met criteria. This study suggests that traumatic loss may compound the experience of direct trauma and heighten risk for the development of PTSD symptoms.

Although there is minimal research on the specific connection between PTSD and traumatic bereavement, there is considerable research evidence that motor vehicle crashes pose a risk factor for PTSD. A percentage of individuals bereaved of a drunk driving crash, were present in the car during the trauma. For those victims who were not actually in the vehicle, it can be argued that the experience of the traumatic crash is suffered vicariously in hearing the horrific details of the crash and viewing the often disfigured, mutilated body of their loved one. Thus, the research regarding the association between motor vehicle crash survivors and PTSD will be reviewed, due to the likelihood that it generalizes to those who are bereaved of a motor vehicle crash.

The research suggests that a substantial proportion of motor vehicle crash survivors will develop Posttraumatic Stress Disorder, with evidence that percentages range from 4.7% to as high as 34.4% (Blanchard & Hickling, 2004). Various predictors of psychological dysfunction have been identified as risk factors for PTSD. Most pertinent to those bereaved through a drunk driving crash is the lack of personal responsibility for the crash (Delahanty, Herberman, Craig, Hayward, Fullerton, Ursano & Baum, 1997; Ho, Davidson, Van Dyke & Agar-Wilson, 2000) and involvement in litigation related to the crash (Ehlers, Mayou & Bryant, 1998).

Delahanty et al. (1997) highlighted the impact that attributions of responsibility for a traumatic event may have upon the coping process. This study assessed the intrusive thoughts and distress of crash victims responsible and not responsible for the incident (as determined by the agreement of the police and the participant). Those not responsible for the crash were defined as individuals who were involved in an incident in which the driver of another vehicle was responsible for the crash. The study revealed that the

victims who were not responsible for the crash reported more symptoms of long-term distress and were slightly more likely to meet criteria for a diagnosis of PTSD than participants who were responsible for the occurrence. Individuals not responsible for the crash also were more likely to describe feeling threatened by the crash and endorsed heightened apprehension that they would be the victim of a similar incident in the future. Other-responsible participants continued to report higher levels of intrusive thought than self-responsible and control participants at both six months and one year after the crash. This study suggests that lack of responsibility may be a risk factor in the development of PTSD symptoms.

Research studies suggest various risk and protective factors, characteristic of the individual's response to the trauma, that influence that probability an individual will develop PTSD. Rumination and reduced concreteness have been identified as individual risk factors for the onset of PTSD (Ehring, Frank & Ehlers, 2007). In Ehring et. al's study, self-reported rumination about the trauma was significantly correlated with the severity of manifested PTSD symptoms. Rumination was predictive of subsequent symptoms at six months and was more predictive of symptom severity than initial symptom level following the trauma. Coping strategies and self-evaluative appraisals of these strategies have been found to serve as protective factors averting the development of PTSD following motor vehicle crashes (Dorfel, Fabe & Karl, 2008; Benight, Cieslak, Molton & Johnson, 2008). Dorfel et. al (2008) revealed that coping strategies (e.g. Search for Self-Affirmation, Response Control, Positive Self-Instructions, and Distraction) influence the development and maintenance of PTSD symptoms. Specifically, they discovered that lack of situation control and avoidance were predictive

of the severity of PTSD symptoms. Benight et. al (2008) discovered that the individual's appraisal of these coping mechanisms, coping self-efficacy, is a protective factor for the development of PTSD.

Co-morbidity of Disorders

Experiencing the traumatic loss of a loved one and the trauma of a crash both pose risk factors for the development of Complicated Grief Disorder, Major Depressive Disorder, Acute Stress Disorder, and Posttraumatic Stress Disorder. The results of several studies suggest co-morbidity of these disorders is unusually elevated in these populations. Blanchard, Hickling, Friedenber, Malta, Kuhn, and Sykes (2004) discovered that co-morbidity rates of individuals who were diagnosed with PTSD were alarmingly high. Of those diagnosed with PTSD in their two studies, 52.9% (Study 1) and 52.6% (Study 2) also met criteria for Major Depressive Disorder.

Prevention for the Traumatically Bereaved

Counseling psychology as a profession advocates for prevention in promoting the mental health and well being of society. Tipton (1983) revealed that counseling psychologists believe that preventative interventions are in harmony with the aspirations of the profession. Howard's (1983) study further exposed that counseling psychologists favored preventative interventions over remedial treatment. Albee (1995) states that prevention efforts can be viewed within the public health model of the prevention of disease. This model involves three strategies: removing or neutralizing the noxious agent (i.e. disease or pathology), strengthening the resistance of the host (i.e. an epidemiological term for the individual at risk for contracting the illness), and preventing transmission of the noxious agent to the host. Albee (1995) further asserts that, in the

domain of psychopathology, the noxious agent is frequently uncontrolled stress. In his conceptualization, strengthening the host might include providing support groups and teaching coping strategies and stress management skills.

O'Byrne et. al (2002) describe the historical context of prevention in the tripartite public health model of prevention. This model was modified by Caplan (1964) to create a preventative psychiatry model. This model delineates primary prevention as proactive interventions designed to lower the incidence of a condition by averting the occurrence of psychopathology before it manifests. These interventions are intended to offset the deleterious events before they take place. Secondary prevention involves early identification and immediate intervention with the objective to diminish the duration of existing cases and lower the frequency of new cases. Frequently, the work of counseling psychologists is in the realm of tertiary prevention. This domain encompasses interventions designed to alleviate the distress and dysfunction which emanate from existing psychological dysfunction or mental illness.

Although primary prevention efforts are not possible with those who have already been traumatically bereaved, secondary prevention efforts may be crucial in promoting the well being of individuals who have experienced this type of loss. Secondary prevention with traumatically bereaved individuals would involve identifying and providing services immediately following the loss, before the manifestation of symptoms which meet the criteria for psychological dysfunction. Secondary prevention interventions with the traumatically bereaved might include the provision of grief support groups; crisis counseling; individual, family, and couples counseling; and rituals which connect these individuals to a support system (e.g. vigils to honor surviving family

members). The characteristic which distinguishes these services as secondary rather than tertiary prevention, is the provision of services following the loss prior to the development of symptoms which would indicate psychological dysfunction or even the presence of a disorder. Tertiary prevention efforts would involve the individual presenting for services some time in the future due to increasing severity of symptoms and the disturbance of these symptoms with their ability to function. Frequently, traumatically bereaved individuals will already meet the diagnostic criteria for Complicated Grief Disorder, Major Depressive Disorder, Acute Stress Disorder, or Posttraumatic Stress Disorder by the time they reach out for mental health or support services.

Providing secondary prevention interventions may serve to provide the support and resources necessary to avert the development of psychopathology or Complicated Grief Disorder. Zhang et. al (2006) stated that having a good support network is associated with a decreased risk for bereavement-related complications. These intervention services, especially those which facilitate connections with others who have lost loved ones due to traumatic circumstances, may serve to fortify the individual's support system following the loss. Ogrodniczuk, Joyce, and Piper (2003) revealed that bereaved individuals experienced a reduction in depression symptom severity after group therapy due to heightened perceptions and experiences of social support.

Therapy and Support Services as a Way to Facilitate Meaning Making

While many individuals are able to cope effectively during the grieving process without psychotherapy; grief counseling, support groups, and other bereavement interventions can be extremely beneficial for people who are experiencing complicated

grief reactions. Neimeyer (2000) revealed that while therapy for individuals experiencing uncomplicated bereavement had no significant positive effect; grief therapy for individuals suffering from complicated grief reactions showed a reliable positive effect. In addition to demonstrating the efficacy of therapy with this population, Neimeyer reported that deterioration effects, reports of increased bereavement distress as a result of therapy, were substantially lower (about 17%) for traumatized clients than for those experiencing a normal grief reaction. These findings indicate that therapy is often beneficial in the healing process for individuals suffering from complicated grief symptoms.

Therapy can serve numerous functions for the traumatically bereaved individual. In the initial phase of treatment, the therapist's role is often simply to listen to and validate the survivor's intense and distressing emotions (Davis et. al, 2000). This allows the client to become more capable of enduring these painful thoughts and feelings and assists the individual in beginning the process of making meaning. Therapy provides a safe context in which the individual can tell their story of loss to a therapist who is able to listen and affirm the client's intense emotions and thoughts, without resorting to the simple reassurance the individual is likely to receive from others in his or her support system (Neimeyer, 2001). The client's retelling of the story, with validation from the therapist, may facilitate the creation of a more coherent narrative of the trauma. As research (Jones, Harvey & Bryant, 2007) suggests that individuals with diagnoses of ASD and PTSD exhibit more narrative disorganization, creating a coherent narrative as part of therapy may reduce the risk for the onset of these disorders. The therapist is able to facilitate the client's search for meaning through the use of a variety of techniques.

These include tasks to assist the client in creating a narrative structure that encompasses the death and the use of rituals to encourage the bereaved to process the meaning of their loss (Davis et. al). Therapy can also assist the client in searching for meaning in his or her own life and considering how the individual's identity has been influenced by the loss (Neimeyer, 1998).

The research suggests that group therapy or social support groups are extremely beneficial in reducing the risk factors of bereavement-related dysfunction (Ogrodniczuk et. al, 2003). Group therapy and support groups can provide an enhanced sense of social support. This increased perception and experience of social support is associated with a decreased risk of Complicated Grief Disorder and a reduction in the severity of depression symptoms (Ogrodniczuk et. al, 2003, Zhang et. al, 2006).

Ogrodniczuk et. al (2003) investigated changes in perceived social support after participation in group therapy for individuals manifesting symptoms of a complicated grief reaction. The participants were asked to rate their perceptions of social support from family, friends, and a special person at treatment onset, after treatment completion, and six months after treatment termination. The study revealed that participants reported only minimal change in perception of social support from the three sources during treatment, but cited significant increases following the completion of group therapy. The researchers found that perceived social support was correlated with a reduction in depressive symptoms rather than grief symptoms. Ogrodniczuk et. al (2003) state that it is difficult to determine whether it is the reduction of depressive symptoms which leads to a heightened ability to improve social relationships or whether the social support facilitates improvements in the depressive symptoms. Regardless of the direction of the

relationship, it appears that the group format is beneficial in increasing the perceptions and experiences of social support in individuals who are experiencing a complicated grief reaction.

Stroebe and Schut (2001) propose that social support is significant for two reasons. The authors state that this support provides a means for the individual to process his or her emotions and reduces the additional stress which results from planning ceremonies for the deceased and coping with the tasks of daily living. Social support can also diminish the considerable emotional loneliness which is often associated with the death of a loved one. Neria and Litz (2003) also contend that social support is crucial to the bereaved person's ability to cope with the loss. Support groups, such as those offered by MADD, can provide encouragement and nurturance for traumatically bereaved individuals who have a limited social network and enhance the support system of those who already have adequate support. These groups provide a distinct type of support as the individuals in the group have also experienced a similar loss and, thus, may be better able to empathize with individual than others in his or her support network.

Mothers Against Drunk Driving

Alcohol-related fatalities compose a significant portion of all traffic fatalities. In 2005, approximately 39% (16,885 of 43,443) of the total traffic fatalities were alcohol-related (NHTSA, 2005). Due to the frequency of alcohol-related fatalities, it is essential to consider the grieving process of individuals affected by this particular type of loss. It is also vital to increase awareness of the most beneficial ways in which to support people suffering from alcohol-related loss in their grieving process.

Individuals who experience the loss of a loved one as a result of the alcohol-impaired driving of another person encounter unique challenges in the grieving process. These survivors tend to experience difficulties with "...general functioning, including depression and other psychiatric symptoms, social functioning, psychological well-being, reactivity to good events, and future worries and concerns" (Lehman et. al, 1987, p. 218). Victim service providers (e.g. Mothers Against Drunk Driving) have found that the already extensive and complicated grief of the victim may be even more challenging in circumstances when multiple losses arise from the incident or when the victim is already coping with other types of loss (Mercer & Evans, 2006). These individuals may also feel the need to express their anger, state their allegations against the alcohol-impaired driver, and have their emotions and perspective validated given their experience of victimization (Stewart, 1999).

Mothers Against Drunk Driving (MADD) was established in 1980 in order "to stop drunk driving, support the victims of this violent crime, and prevent underage drinking" (<http://www.madd.org>, 2006). Candy Lightner and Cindi Lamb, were the impetus behind the foundation of MADD (Fell & Voas, 2006). Candy Lightner had lost her 13-year-old daughter when a drunk driver struck her while walking in the bike lane with a friend. Lamb's five-year-old daughter was paralyzed from the neck down after being hit in a car crash by a drunk driver. In both incidents, the drunk driver was a repeat offender. A newspaper reporter, Sandy Golden, brought Lightner and Lamb together for a news conference with Maryland Congressman, Michael Barnes. This conference resulted in Lamb founding the first chapter of MADD in Maryland. After numerous press conferences and the subsequent involvement of the Nation Highway Traffic Safety

Administration (NHTSA), several other MADD chapters were established in California and Maryland. In September of 1980, MADD was incorporated as a California corporation and attained IRS tax-free status. The organization received more than \$100,000 in private funding and \$60,000 from NHTSA to nurture the development of additional MADD chapters.

Providing assistance for the victims of drunk driving is a crucial aspect of MADD's mission. Due to the efficacy of its victim services, MADD has received consistent and substantial support from the Department of Justice, Office for Victims of Crime (Fell & Voas, 2006). MADD developed a Victim Assistance Program, a distinct 21-hour training program to provide preparation for members in providing services to victims of drunk driving crashes and supporting these individual in navigating the court system. MADD currently has over 1,200 victim advocates who have received this training, 1,100 of these individuals are volunteers. MADD's services to victims have been cited as contributing to the development of the organization's membership (McCarthy & Wolfson, 1996).

MADD chapters provided services to over 31,0000 victims in 2004 (Fell & Voas, 2006). The organization has established a goal of striving to increase the number of victims served by at least 20% per year through 2008. MADD victim services have been described as "filling a cultural void and providing a way for people to manage and channel their grief in ways that are psychologically healthy and socially constructive" (Marshall & Oleson, 1996, p. 6). Victim services include crisis counseling; ongoing counseling; support groups; court accompaniment; bereavement related rituals, such as vigils for individuals bereaved of drunk driving crashes; and couples and family

counseling. However, different MADD chapters across the United States offer distinct constellations of services (<http://www.madd.org>).

The research concerning the need for and the utilization of MADD victim support services is minimal. Kroeker & Taub (1994) found, when interviewing members of the Windsor, Canada MADD chapter, a majority of the respondents evidenced clinical treatment needs. This chapter chose to create a victim support group with a therapist to meet the needs of these members. The treatment focused on “the essential fact that the persons sorrowing [needed] to be enabled to speak of their sorrow” (p.29). It also sought to insure members that there was genuine support and that it was both safe and relevant to voice their frustration concerning the injustices of society. The group also encouraged the victims to talk about the anger they felt as a result of not seeing many fundamental changes in social values related to drinking and driving (Kroeker & Taub). Mercer & Evans (2006) found in their research with individuals who had suffered multiple losses that the bereaved participants reported that MADD, other support groups, and conventional therapy offered the most assistance in their grieving process.

CHAPTER 3

RESEARCH METHODOLOGY

The following study was undertaken at the Georgia State Office of Mothers Against Drunk Driving (MADD) located in Atlanta, Georgia. This organization provides victim support services including crisis intervention, support groups, and court accompaniment for a large proportion of the victims of drunk driving crashes in the state of Georgia. The study serves as both a contribution to the research literature and a program evaluation intended to inform the provision and enhancement of services to the victims served by this organization. IRB approval was obtained from the University of Georgia. A meeting was initiated with the Georgia State Office of MADD to discuss the needs of the organization, the design of the survey, the logistics of data collection, and the intentions of the research initiative. As a result of this meeting and through subsequent communication, MADD Georgia contributed to collaborative revisions of the survey and the data collection methodology. The survey and data collection procedures were approved with the MADD National Office.

The Setting

The survey was administered to current and immediate-past recipients of MADD Georgia victim services. MADD Georgia provides services to victims of all 159 counties in the state of Georgia. The services provided include informational brochures, crisis intervention, support groups, home visits, a Candlelight Vigil of Remembrance and Hope, and family supportive services. MADD Georgia also provides advocacy services

including court accompaniment, assistance in preparation of the Victim Impact Statement, representation of family with statements to the media, and assistance in application for Georgia's Crime Victims Compensation fund.

Development of the Instrument

The survey was developed by collaboratively revising a previous survey used to assess Victim Services provided by MADD Metroplex (Dallas/Fortworth). This survey was designed based on Larsen, Attkisson, Hargreaves, and Nguyen's (1979) *Client Satisfaction Questionnaire* which was created to measure client satisfaction with services. The survey's items were chosen on the basis of ratings by mental health professionals of various factors that could be correlated with client satisfaction. The *Client Satisfaction Questionnaire* was chosen as a model as it has high internal consistency and strong concurrent validity. For the present sample, the *Client Satisfaction Questionnaire* coefficient alpha for the eight Victim Services items was .93. It has been utilized with a variety of populations, including inpatient and outpatient clients, and across numerous ethnic groups including Mexican Americans, Hispanics, and African Americans.

Numerous items were removed from the survey utilized for the MADD Metroplex evaluation due to the length of the previous survey. Items were eliminated in order to maximize the participant response rate. Items were also adapted to fit the unique services offered by MADD Georgia and reflect the expressed evaluation needs of this chapter. Survey revisions incorporated the feedback of the State Executive Director and Victim Advocate from MADD Georgia and a representative from the MADD National Office.

The survey included open and closed-ended questions organized into sections. Demographic questions were developed to obtain data about the victims served by MADD Georgia including racial heritage, educational and employment status, and information about the victim's affiliation with MADD Georgia. The survey questions were designed to elicit information about the respondent, their evaluation of MADD Georgia's programs and services, information about the drunk driving crash, legal processes related to the crash, and previous life stressors. The survey contained Likert scale questions regarding the perceived efficacy of and satisfaction with victim services. The respondents were asked questions concerning the possible benefits they experienced as a result of the services they utilized and the aspects of these services which they believed need improvement.

Questions regarding the crash details were created to elicit information about perception of responsibility and control in relation to the crash and to gain a better understanding of the victim's experience and current perspective of the incident. The survey also contained items which were intended to obtain information about the criminal proceeding related to the case. The final two sections contained questions designed to elicit data about other stressors the individual may have experienced such as history of mental illness or previous vehicular crashes and to examine the role spirituality may have played in the coping process. Questions about the circumstances of the crash, previous stressors, and spirituality were intended to provide valuable information about the factors which may moderate the ways in which victims both receive and benefit from the services provided by MADD Georgia.

Interview questions were designed to elicit additional information about service utilization and satisfaction, particularly feedback related to how MADD Georgia can enhance services to better meet the needs of victims. One question was designed to obtain more information about factors contributing to the low survey response rate and suggested modifications to improve response rates in this field of research. This question was intended to provide additional information regarding the participant recruitment difficulties encountered in this study. A final question encouraged participants to share any advice or guidance they might offer to someone who has recently lost a loved one in a drunk driving crash.

Sample

A total of 87 surveys were completed and 10 interviews were conducted. The sample consisted of adults, 18 years or older, who sought services from MADD Georgia after experiencing an alcohol-related crash or the loss of family member or friend from a drunk driving crash. MADD Georgia maintains a database which contains the postal mailing addresses and other contact information for all of the victims who have been served by the organization. The address and email lists were utilized to distribute the surveys to victims who have been served by MADD Georgia.

Survey completion was both voluntary and anonymous, with the exception of the participants who chose to provide their contact information to the researchers in order to participate in a telephone interview. Individuals who are current recipients of MADD Georgia were assured their responses would not affect the services they receive. Only summary statistical information will be reported to MADD Georgia and all information

that could identify a respondent to staff will be removed or disguised when reporting the data to the organization.

Procedure

MADD Georgia distributed the survey to all individuals in the database of victims who have been served by the organization. A cover letter describing the evaluation project, a survey packet, and an addressed stamped envelope was sent to every individual in the database. The completed surveys were returned to the primary investigator in order to facilitate data analysis and to assure participants of the anonymity of their responses.

Upon receipt of the packet, participants who chose to participate in the study read the cover letter which described the anonymous nature of the survey, the potential risks and benefits of participation, and the purpose of the study. The letter informed the participant that their participation or responses would not influence the services they receive. The participant was informed that returning the survey constituted their consent to participate in the research study. The letter explained that the overall summary statistics of the results will eventually be posted on the MADD Georgia website or included in an edition of the newsletter which all service recipients receive.

The survey began with a brief demographic section which elicited information about age, race, gender, employment or educational status, crash information, and their affiliation with MADD Georgia. Descriptive statistics were conducted across all of the demographic variables. The participant proceeded through each section of the survey. It is estimated that the survey took approximately 10 minutes to complete. However, time required to take the survey may have been longer for participants who chose to compose

more elaborate responses to the open-ended questions. Finally, the participants returned the survey to the principal investigator for data analysis.

Reminder postcards were sent to all individuals included in the MADD database two to three weeks after the initial surveys were mailed. A subsequent round of postcards was sent again after four to five weeks. All individuals received the postcards and the wording of these reminders was not intrusive or coercive.

Due to low response rate, after obtaining IRB approval, the survey was replicated in an online format in Survey Monkey (with SSL encryption for secure electronic transmission of data). One additional question was added asking participants to include their contact information if they were willing to provide further information about their responses to the researchers via telephone interview. This question was clearly designated as optional. No other content changes were made. MADD Georgia distributed the survey link to all victims in the database who provided the organization with their email addresses and the link was also posted on the MADD Georgia website.

Of the 20 individuals who expressed willingness to be contacted for a telephone interview, only 10 participants could be reached for interview. The researchers limited initial contact to three phone calls, with messages explaining the interview and providing the researcher's contact information. If the three phone messages were not returned, no additional contact was made in order to avoid undue intrusion or perceived pressure to respond. Informed consent was obtained from all participants and confidentiality of responses was explained. Participants were provided with the opportunity to ask questions prior to consent.

Statistical Analysis

The author primarily utilized descriptive statistics to address the research questions. With respect to the ways in which victims learned of MADD services and were familiar with them (Research Question 1), descriptive statistics and frequency tables were used to analyze and depict the data. Rating scales in the questionnaire pertaining to utilization of MADD services were examined by calculating the mean and standard deviation along with an interpretation of the location of these statistics on the rating scales.

The analyses for the Research Question 2 was similar to those reported above in that descriptive summary statistics were calculated regarding the respondents' ratings of utilization of services and the extent to which the services met their needs. The ratings for the eight satisfaction questions were summed to provide a score representative of the participant's overall satisfaction with services received. Descriptive statistics for this variable were also computed. A one-way repeated-measures ANOVA was performed to compare relative levels of satisfaction with MADD services with satisfaction with criminal justice services (the victim advocate from the police department, the victim advocate from the prosecutor's office, and the prosecuting attorney).

Research Question 3 involved an examination of suggestions that victims using MADD services would like to make to the organization. In this regard, the analyses for this question involved tabling the responses and grouping them according to similar thematic content. The general themes that emerged from the suggestions were reported and summarized. No other formal qualitative analyses of this research question were undertaken.

Research Question 4 examined the relationships of the details of the crash, legal processes, previous life stressors, and spirituality with the respondents' reported effectiveness of and satisfaction with Victim Services. Descriptive statistics (mean and standard deviation) of these qualifying demographic and crash variables were reported. In addition, correlational analyses via Pearson coefficients were conducted to assess the relationship of these variables with program-outcome related variables that were examined in the first three research questions. Bonferroni corrections were applied when appropriate. However, due to the exploratory nature of this study, it is possible that some correlations may be due to chance.

CHAPTER 4

RESULTS

Of the 90 questionnaires that were completed, 2.23% (n=2) were excluded from the sample due to clear indication that their responses were an evaluation of another state office of MADD. One additional survey was excluded (1.12%, n=1) on the basis of the participant's age (<18 years old). These exclusions were consistent with the scope of the IRB proposal and delineated procedures. Thus, the total research sample consisted of 87 participants.

Descriptive Statistics for All Participants

Of the 87 participants included in the study, 55 (63.2%) completed the survey sent via postal mail and 32 (36.8%) completed the online version of the survey. The mean age of participants across the samples was 51.63 years ($SD= 12.25$) with a range of 26 to 80. With respect to gender, significantly more women (n= 69, 79.3%) than men (n= 17, 19.5%) participated in the study. One participant did not respond to this question (n=1, 1.1%). The mean age for male participants was 52.94 ($SD= 15.3$) and for female participants 51.27 ($SD= 11.61$). By age group, the greatest proportion of the sample was comprised of individuals between 46 and 55 years old (n=27, 31%), followed by the 56 to 65 (n=20, 23%), 36 to 45 (n=15, 17.2%), 26 to 35 and 66 to 75 (both n=10, 11.5%), and 76 to 80 (n=2, 2.3%) age groups. Three participants (3.5%) failed to report their age, but were included in the sample due to clarification in the consent form that participants must be at least 18 years of age.

Of the 159 counties in the state of Georgia, 36 were represented in this sample. Gwinnett (8%, n= 7), Cobb (6.9%, n=6), Cherokee (4.6%, n= 4), Forsyth (4.6%, n=4), and Paulding (4.6%, n=4) had the highest percentages of participants.

Regarding racial demographics of the sample, 81.6% described themselves as Caucasian (n=71), 11.5% as African American (n=10), 3.4% as Other (n=3), 1.1% as Hispanic (n=1), and 1.1% as Indian (n=1). Those who self-designated as Other listed two to three racial categories on the follow-up question (African American and Caribbean Islander; Caucasian and Hispanic; African American, Caribbean Islander, and Hispanic). One participant (1.1%) did not report a racial category. Sample demographics will be compared to demographics of the population MADD Georgia serves based on the organization's records from March 2003 to March 2009. Caucasians were well represented in the sample. The percentage of participants who described themselves as African American (11.5%) is lower than would be expected based on the demographics of the population MADD Georgia serves (25.5% African American according to MADD records). This percentage is lower than expected even when including those participants who identified as Other, but designated African American as one of their racial categories (13.7%). The percentage of Hispanic participants is slightly lower than expected based on the demographics of the population MADD Georgia serves (4.6%) when including those in the Other category who endorsed Hispanic as one of their racial categories (3.4%). Other racial groups were not well represented in the sample.

Compared to data from the US Census Bureau for the state of Georgia (2008), all racial groups with the exception of Caucasians were underrepresented in this sample. Demographics of the state of Georgia and the Atlanta Metropolitan Statistical Area

(MSA) (28 counties as defined by the Office of Management and Budget) will be presented due to the high number of participants from the Atlanta metropolitan area. As census data for the Atlanta MSA has not been computed since 2000 when this area consisted of 20 counties, racial demographic data from each county was compiled and means computed for the four racial groups represented in this sample. These means do not take into account the population of each county. Caucasians (not of Hispanic origin) represented 65.4% of the state of Georgia and 73.7% of the Atlanta MSA. However, Caucasians represented 81.6% of this sample. The percentages of African American in the state of Georgia (30%) and the Atlanta MSA (23.1%) were substantially higher than the 11.1% represented in this sample. Persons of Hispanic origin (3.4%) were also poorly represented in this sample compared to 8% for the state of Georgia and 5.4% for the Atlanta MSA. Individuals of Asian descent (1.1%) were also underrepresented in this sample compared with the state of Georgia (2.9%) and the Atlanta MSA (2%). Other racial groups listed on the US Census (Native American and Alaskan Native, Native Hawaiian and Other Pacific Islander) were not represented in this sample.

Concerning employment status, 48 respondents (55.2%) reported being a full-time employee, student or volunteer; 21 (24.1%) endorsed the Other category; 6 (6.9%) reported being a part-time employee, student or volunteer; and 6 (6.9%) reported their employment status as homemaker. One respondent (1.1%) reported temporary unemployment, while 3 respondents (3.4%) reported unemployment without expectation of a change in status. Two respondents (2.3%) did not disclose their employment status.

Descriptive Statistics for Crash Details

Descriptive statistics were computed for participant specific variables related to details of the crash. Concerning the number of family members or friends injured in the crash, 40.2% (n=35) reported one, 20.7% (n=18) reported two, 20.7% (n=18) reported zero, 8% (n=7) reported three, and 2.3% (n=2) reported four injured individuals. Seven participants (8%) did not respond to this question. Regarding number of family members or friends killed, the highest percentage of participants (60.9%, n=53) reported one loss. While 21.8% (n=19) reported no losses, 13.8% (n=12) two losses, 1.1% (n=1) three losses, and 2.3% (n=2) four losses. Concerning their role in the crash, the majority of participants (n=61, 70.1%) reported they were not in the vehicle when the crash occurred. Twelve participants (13.8%) stated they were driving the vehicle, while four participants (4.6%) reported riding as a passenger when the crash occurred. A small number (n=2, 2.3%) of participants reported pedestrian status. Eight participants (9.2%) did not respond to this question.

Questions regarding the crash details were asked to elicit information about the participant's perception of responsibility and control in relation to the crash. As many of these questions pertained only if the participant was in the vehicle at the time of the crash, valid percentages rather than actual percentages will be reported. These questions were presented using a 10-point Likert scale format, with 1 representing the lowest level of responsibility and 10 representing the highest level of responsibility. Qualitative descriptors were listed under the questions to clarify the rating scale (1=None, 5=Some, 10=Much). The mean rating for this question was 9.77 ($SD= 1.43$). An overwhelming majority (n=76, 97.4%) endorsed 10, attributing "Much" of the responsibility for the

crash to other persons. Only a small percentage (2.6 %, $n=2$), endorsed 1, attributing “None” of the responsibility to the driver of the other vehicle. It is interesting to note the there were no ratings between 2 and 9, suggesting that most participants had clear attributions regarding the responsibility of others in the crash. Regarding the extent to which the participant believes his or her friend or family member was responsible for the crash, the mean rating was 1.51 ($SD=2.04$). The majority of participants ($n=53$, 93%) endorsed 1, indicating they view their friend or relative as having no responsibility for the crash. This is an expected finding as MADD only serves people who were the victims of drunk driving accidents, in other words people who were not intoxicated while driving or who lost family members or friends who were not intoxicated while driving at the time of the crash. Only a few participants indicated they believe their friend or relative was to some extent responsible for the crash ($n=4$, 7%). There were 30 missing responses for this question, likely because this question was only applicable if the relative or friend was driving the vehicle when the crash occurred.

All participants ($n=24$, 100%) who answered the question related to their personal role, indicated they had no responsibility in causing the crash. The remaining 63 participants did not answer this question, most likely because they were not driving during the crash. The majority of the participants reported that the weather played no role in causing the crash ($n=75$, 96.2%); while a small number ($n=3$, 3.9%) indicated the weather played a minimal to moderate role. The mean rating for weather role was 1.12 ($SD= .64$) indicating that most participants believed the weather played a minimal role in contributing to the crash. The final question in this category asked the participant to rate to what extent they felt control over the events of the crash as it was occurring. This

question only applied to participants who were driving or riding in the vehicle during the crash. The mean rating for this question was 1.41 ($SD= 1.37$), indicating that the participants generally perceived minimal control over the events of the crash as it was occurring. Of those participants who answered this question, 88.9% ($n=24$) reported they perceived no control over the crash while it occurred. Approximately 11.1% of participants ($n=3$) who answered this question reported they perceived a minimal to moderate sense of control over the crash events as they occurred.

Several questions were asked related to the participant's description of the crash and his or her current level of anger toward the drunk driver. Regarding the extent to which participants would describe the drunk driving crash as an "accident", the mean rating was 2.09 ($SD= 2.55$) indicating most participants did not feel that this description was consistent with the nature of the crash. The majority of participants who answered this question ($n=58$, 77.3%) reported that descriptor "accident" was "Not at All" consistent with their perception of the crash. Concerning the extent to which participants would be offended or upset if the crash were referred to as an "accident", the mean rating was an 8.25 ($SD= 2.78$) reflecting a qualitative rating between "Some" and "Very". The mean for current extent of anger toward the drunk driver was a 7.58 ($SD= 3.02$) indicating that many participants endorsed currently experiencing significant anger toward the drunk driver. Analysis of the frequency of responses reveals the highest number of participants ($n= 38$, 48.7%) endorsed a 10 indicating "Much" anger. However, there is there is substantial variation among the remaining responses with 12.9% ($n=10$) rating their level of anger between a 1 and 3, 21.8% ($n= 17$) between a 4 and 6, and 16.7% ($n=13$) between a 7 and 9.

Descriptive Statistics for Legal Proceedings

Various questions were asked regarding the legal proceedings of the drunk driving crash. Descriptive statistics for these questions will be discussed in this section. Most participants ($n=63$, 72.4%) reported that criminal justice proceedings were finished at the time they responded to the survey; while 13 participants (17.1%) reported criminal proceedings were still in progress. The majority of participants ($n=67$, 77%) reported the defendant was criminally charged with drunk driving. However, 7 participants (8%) reported the drunk driver was not criminally charged and 4 (4.6%) reported the drunk driver was killed in the crash. Nine participants (10.3%) did not respond to this question; it is likely that some of these participants did not respond because criminal justice proceedings have not been concluded. Regarding the verdict of the defendant, 69% ($n=60$) reported a “guilty” verdict while only 3.4% ($n=3$) cited a “not guilty” verdict. Approximately 9.2% ($n=8$) reported their case was not yet settled and 18.4% ($n=16$) did not respond to the question.

Satisfaction with criminal justice proceedings was assessed with three Likert Scale questions. Ratings ranged from 1 to 10, with one being the least satisfied and 10 being the most satisfied. The first question asked participants to rate their overall satisfaction with the performance of the victim advocate from the police or sheriff’s department. The mean rating was a 4.86 ($SD= 3.64$), which is closest to the qualitative rating of “Mixed” satisfaction. Satisfaction with the performance of the victim advocate from the prosecuting attorney’s office was slightly higher at 5.65 ($SD= 3.62$). The mean rating for the prosecuting attorney, 6.28 ($SD= 3.7$), was the highest of the three. However, this mean still reflects a qualitative rating of “Mixed” satisfaction.

Approximately half of participants (n=47, 54%) reported that they were given the opportunity to prepare a written Victim Impact Statement. While 26.4% (n=23) stated they were not given this opportunity. Seventeen participants (19.5%) did not respond to this question. Approximately 41.4% of participants (n=36) were given an opportunity to read their Victim Impact Statement in court; while 34.5% (n=30) reported they were not provided with this opportunity. About one quarter of the sample (24.1%, n=21) did not respond to this question. Of those who rated the importance of the Victim Impact Statement, 94.4% (n=17) endorsed a 10 indicating the opportunity to prepare a Victim Impact Statement was of “Much” importance. Only one participant (5.6%) endorsed a rating of 1 indicating the Victim Impact Statement was of minimal importance.

Participants were asked to rate their satisfaction with the defendant’s sentence on a scale from 1 to 10, with 1 being the lowest level of satisfaction and 10 being the highest level of satisfaction. The mean satisfaction rating was a 3.66 ($SD= 3.02$), reflecting an overall qualitative satisfaction rating between “Dissatisfied” and “Mixed” satisfaction.

Previous Life Stressors and Spirituality

Participants were asked questions about previous life stressors in order to assess the impact of these stressors on a variety of outcome variables. Descriptive statistics were computed for these variables and will be discussed in this section. Participants were asked whether they were diagnosed or treated for any psychiatric conditions prior to the crash. Their responses reflect self-report of prior diagnoses. The majority of participants (n=74, 85.1%) reported no previous mental health diagnosis. The most frequently reported diagnosis was Panic/Anxiety disorder (n=4, 4.6%), followed by Major

Depressive Disorder (n=2, 2.3%), and Bipolar Disorder (n=1, 1.1%). Three participants (3.4%) did not respond to this question.

A high percentage of participants reported prior crashes. Approximately one third of the sample (n=27, 31%) reported two prior crashes, while 21.8% (n=19) reported one prior crash. A smaller percentage of the sample reported three or more crashes 11.4% (n=10). Nineteen participants (21.8%) reported no prior crash history. Twelve participants (13.8%) did not respond to this question.

Regarding the extent to which religion or spirituality helped participants to cope with the effects of the crash, the mean rating was an 8.18 ($SD=2.61$) indicating spirituality played a significant role for many participants.

Familiarity and Utilization of Victims Services

Concerning Research Question 1 which addresses how participants were made aware of MADD Georgia services in the aftermath of the drunk driving crash, 40.2% (n=35) of victims reported they already were aware of MADD services. Referrals were also cited as a source of information by many participants; with 14.9% (n=13) reporting a referral by the district attorney or court victim witness, 12.6% (n=11) a referral by an acquaintance, 3.4% (n=3) a referral by law enforcement, and 1.1% (n=1) a referral by a counseling professional. Only 3.4% (n=3) reported that they learned about MADD services through printed material. A high percentage (20.7%, n= 18) endorsed the Other category. Review of the follow-up question reveals that phone calls and letters from the MADD office also provided victims with important information about the services available. Three participants (3.4%) did not respond to this question. Table 4.1 depicts the ways in which victims learned of MADD Victim Services.

Table 4.1

Referral Source

Source	Percent of Sample
Already aware of MADD services	40.2%
Other	20.7%
Referred by District Attorney or Court Victim Witness	14.9%
Referred by an acquaintance	12.6%
Printed material	3.4%
Referred by law enforcement	3.4%
Referred by a counseling professional	1.1%
Referred by funeral home	—
Did not respond	3.4%

The majority of participants (77%, n=67) reported they were both familiar with and received MADD Georgia services. While 8% (n=7) reported they were familiar with, but never received services. Only 4% (n=4.6) reported they were unfamiliar with services. Two participants endorsed Other (2.3%) and seven (8%) did not respond to this question. Table 4.2 depicts participants' reported familiarity with MADD Georgia's Victim Services.

Table 4.2

Familiarity and Utilization

Familiarity/Utilization	Percent of Sample
Familiar and received services	77.0%
Familiar and did not receive services	8.0%
Not familiar	4.0%
Other	2.3%
Did not respond	8.0%

Concerning Victim Service utilization, the most frequently received service was informational brochures or other printed materials from MADD Georgia. Of the 87 participants, 71 (81.6%) reported they received brochures or other printed materials. The second most frequently utilized service was requesting information about working with the legal system in drunk driving cases. Thirty-eight participants (43.7%) acknowledged that they received legal information from MADD Georgia. Ongoing emotional support was the next most frequently cited service received (n=31, 35.6%). Assistance in preparing a Victim Impact Statement was also a commonly utilized service, with 22 participants (25.2%) receiving help from MADD with this task. Court accompaniment and assistance in completing an application for Georgia Crime Victims Compensation were both utilized by 18.3 % of participants (n=16). Other Services was a frequently endorsed category, with 16% (n=14) reporting they received services not listed on the survey. Review of the follow-up question reveals that several participants received assistance with the Pardons and Parole Board and other legal assistance. Thirteen

participants (14.9%) reported that MADD provided assistance in interfacing with the prosecutor's office.

Twelve participants (13.8%) acknowledged they received assistance in applying for the Georgia DUI Memorial. The Georgia DUI Memorial is program facilitated by the Georgia Criminal Justice Coordinating Council. Upon request from the deceased victim's next of kin, this Department of Transportation will place a memorial sign at the crash site for the duration of five years. Crisis intervention and home visits were both received by 11 participants (12.6%). Eleven participants (12.6%) also reported they received referrals to support groups run by organizations other than MADD Georgia. Eight participants (9.1%) received referrals to other programs for assistance. Seven participants (8%) reported they received assistance in making statements to the media in the aftermath of the crash. Only 6.9% (n=6) of respondents stated that they participated in support groups facilitated by MADD Georgia. Referrals to civil attorneys (n=6, 6.9%), financial assistance programs other than Crime Victims Compensation (n=4, 4.6%), and legal aid programs (n=2, 2.3%) comprised a small percentage of Victim Service utilization. Table 4.3 depicts participants' utilization of Victim Services.

Regarding the question addressing participation in Victim Service Programs, the highest number of respondents (n=30, 34.5%) endorsed participating in the Annual MADD Candlelight Vigil. The second highest participation rate was serving on the Victim Impact Panels. Twenty-two participants (25.3%) reported that they shared their stories as part of a Victim Impact Panel. Twenty participants (23%) reported they participated in the Online Candlelight Vigil. Eighteen respondents (20.7%) reported participation in the MADD Walk. The same number of participants endorsed using the

Online Wall of Honor to memorialize their loved ones. Participation in the Speakers Bureau (n=9, 10.3%), Other Programs (n=8, 9.2%), and Online Chat (n=2, 2.3%) comprised a small portion of the participation in Victim Service Programs. The follow-up question for Other Programs reveals an array of other activities including MADD Advocate Training, signing petitions, participating in a crash reenactment at a high school, and advocacy work with the police department. Table 4.4 illustrates participants' participation in Victim Service Programs.

Table 4.3

Utilization of Specific Victim Services

Service	Percent of Sample
Brochures or other printed materials	81.6%
Information about legal system	43.7%
Ongoing emotional support	35.6%
Assistance with Victim Impact Statement	25.2%
Assistance with Georgia Crime Victims Compensation	18.3%
Court accompaniment	18.3%
Other services	16.0%
Assistance with Georgia DUI Memorial	13.8%
Crisis intervention	12.6%
Home visits	12.6%
Referrals to other support programs	12.6%
Referral to other programs	9.1%

Table Continues

Table 4.3, continued

Service	Percent of Sample
Assistance with statements to media	8.0%
Referral to civil attorneys	6.9%
Support groups	6.9%
Referral to other financial assistance	4.6%
Referral to other legal aid programs	2.3%

Table 4.4**Participation in Victim Service Programs**

Program	Percent of Sample
Annual Candlelight Vigil	34.5%
Victim Impact Panels	25.3%
Online Candlelight Vigil	23.0%
MADD Georgia Walk	20.7%
Online Wall of Honor	20.7%
Speakers Bureau	10.3%
Other programs	9.2%
Online Victim & Survivor Chat	2.3%

Participants were asked if they sought therapy in addition to MADD Georgia services to assist them in coping with the aftermath of the crash. Of those who answered

this question, approximately half ($n=41$, 50.6%) reported they received therapy.

Regarding the efficacy of therapy compared with MADD Georgia services, the mean rating was a 6.41 ($SD= 2.71$) reflecting an overall qualitative rating between “As Helpful” and “More Helpful”. This rating indicates that, in general, participants who received therapy found it as beneficial or more beneficial than MADD Georgia services in helping them cope. This suggests that MADD services may serve to complement traditional therapy, but are not functionally identical to therapeutic services.

Satisfaction with and Perceived Efficacy of Victim Services

In order to address Research Question 2, outcome variable ratings were summed to provide data about overall satisfaction and perceived efficacy of MADD Victim Services. There were eight questions that were presented using a Likert Scale format, with responses ranging from 1 to 4, with 4 representing the highest level of satisfaction with services and 1 representing the lowest level. As mentioned in Chapter 3, these eight items were adapted from the *Client Satisfaction Questionnaire* (Larsen, Attkisson, Hargreaves & Nguyen, 1979). Totaling participant ratings to the eight questions yields a maximum score of 32 and a minimum score of 8, reflecting the participant’s overall level of satisfaction with the services received. This score was not computed for participants who did not respond to all eight questions ($n=8$, 9.2%). The mean sum of the 79 respondents’ scores was 26.43 ($SD =6.27$), indicating a high level of satisfaction with the Victim Services received.

Analysis of the distribution of scores reveals the highest percentage of scores falls in the 28 to 32 range (55.7%, $n=44$). The second highest percentage of scores falls in the 23 to 27 range (21.5%, $n=17$). The remaining scores were distributed as follows: 12.7%

($n=10$) rated their satisfaction with Victim Services in the 18 to 22 range, 6.3% ($n=5$) in the 13 to 17 range, and only 3.8% ($n=3$) in the 8 to 12 range.

Descriptive analysis of the specific items also revealed high overall levels of satisfaction with and perceived efficacy of Victim Services. The mean rating for quality of services received was a 3.43 ($SD = .83$), reflecting an overall qualitative rating between “Good” and “Excellent”. For satisfaction with the kind of services received, the mean score was a 3.38 ($SD = .87$) which represents an overall qualitative rating between the “Yes, Generally” and “Yes, Definitely” responses. Regarding the extent to which the Victim Services programs met participants’ needs, the mean score was a 3.32 ($SD = .92$), reflecting an overall qualitative rating between “Somewhat” and “Completely”.

Regarding satisfaction with the amount of help received, the mean score was a 3.24 ($SD = .94$). This mean score reflects an overall qualitative rating between the “Mostly Satisfied” and “Very Satisfied” responses. For the question in which the participant was asked to rate general satisfaction with services, the mean score was 3.24 ($SD = .99$), indicating an overall qualitative rating between “Mostly Satisfied” and “Very Satisfied”.

The mean score for perceived efficacy of the services in helping the participants cope with their problems was 3.14 ($SD = .99$). This score, while the lowest of the outcome variable means, reflects an overall qualitative rating between the responses of “Yes, I Think So” and “Yes, Definitely”. The mean rating for whether the participant would recommend Victim Services to a friend in need of similar assistance was a 3.68 ($SD = .61$), indicating that many participants would be inclined to recommend Victim Services. The mean for this question falls between a qualitative rating of “Yes, I Think So” and “Yes, Definitely”. Regarding whether the participant would return for services if

additional assistance was desired in the future, the mean score was a 3.56 ($SD = .66$). This score reflects an overall qualitative rating between “Yes, I Think So” and “Yes, Definitely”; indicating that most participants would utilize Victim Services from MADD Georgia if they were to seek help again.

A one-way within-subjects ANOVA was conducted to evaluate relative levels of satisfaction with MADD Victim Services, the performance of the prosecuting attorney, the performance of the victim advocate from the police department, and the performance of the victim advocate from the prosecutor’s office. The within-subjects factor was the type of service and the dependent variable was the level of satisfaction associated with each service. The overall MADD Victim Services satisfaction score (maximum score of 32) was converted to a 10-point Likert scale to create a metric scale equivalent to the three criminal justice proceeding satisfaction scores. Ratings ranged from 1 to 10, with 1 being the least satisfied and 10 being the most satisfied with the service received. The means and standard deviations for satisfaction scores are presented in Table 4.5.

Table 4.5

Means and Standard Deviations for Satisfaction Scores

Type of service	<i>M</i>	<i>SD</i>
MADD Victim Services	8.12	1.98
Prosecuting Attorney	6.09	3.72
Victim Advocate Prosecutor’s Office	5.76	3.63
Victim Advocate Police Department	5.17	3.60

The results for the ANOVA indicated a significant satisfaction effect, Wilks' $\Lambda = .57$, $F(3, 55) = 13.90$, $p = .00$, multivariate $\eta^2 = .43$. These results support the hypothesis that participants have different levels of satisfaction associated with the different types of services (MADD Victim Services, prosecuting attorney, victim advocate from the police department, victim advocate from the prosecutor's office).

Simple contrasts were conducted to evaluate the differences between the mean for satisfaction with MADD Victim Services and the mean for each of the criminal justice services. The results indicated that the participants report a significantly higher level of satisfaction with MADD Victim Services than with any of the three criminal justice services (prosecuting attorney, victim advocate from the police department, and victim advocate from the prosecutor's office).

Correlations of Participant Specific Variables with Overall Satisfaction Score

Correlational analyses were conducted to assess the relationship of participant specific variables with program-outcome related variables. Cohen's (1988) conventions will be used to interpret effect size. A correlation coefficient of .10 is thought to represent a weak association; a correlation coefficient of .30 is considered a moderate correlation; and a correlation coefficient of .50 or larger is considered a strong correlation. Table 4.6 reports the correlations that emerged from the participant specific variables and overall satisfaction score.

Table 4.6

Correlations of Participant Specific Variables with Overall Satisfaction Score

Participant Specific Variable	Pearson Correlation (<i>r</i>)
Satisfaction with Prosecuting Attorney	.44**
Satisfaction with Victim Advocate Police Department	.36**
Satisfaction with Victim Advocate from Prosecutor's Office	.36**
Satisfaction with sentence given	.35**
Extent to which participant felt control over crash	-.33
Given opportunity to read Victim Impact Statement	.24
Importance of preparing a Victim Impact Statement	.24
Number killed in crash	.18
Extent to which the weather played a role in the crash	.17
Current level of anger toward drunk driver	-.13
Number of previous crashes	-.13
Extent to which spirituality has helped with coping process	.13
Extent to which others were responsible	.10
Extent to which relatives were responsible	-.07
Gender	-.01
Number injured in crash	.01
Extent to which participant was responsible	---
Note: * significant at $p < .05$; ** significant at $p < .01$	

There were moderate positive correlations between satisfaction with the performance of the victim advocate from the police or sheriff's department ($r = .36, p < .01$), satisfaction with the victim advocate from the prosecuting attorney's office ($r = .36, p < .01$) and overall satisfaction with MADD Georgia Victim Services. There was also a moderate positive correlation between satisfaction with the defendant's sentence ($r = .35, p < .01$) with overall satisfaction with MADD services. A moderate correlation was present between satisfaction with the performance of the prosecuting attorney and overall satisfaction with MADD services ($r = .44, p < .01$). The relationships between other participant specific variables and overall satisfaction with MADD services were not significant.

Correlations Between Anger and Satisfaction with MADD Services, Satisfaction with Criminal Justice System Services, and Spirituality

Additional correlational analyses were conducted to assess the relationship between participants' rating of their current level of anger toward the drunk driver and their response to specific satisfaction questions related to MADD services. Table 4.7 reports the correlations that emerged from the participants' current level of anger and specific questions related to satisfaction with MADD Victim Services.

Table 4.7

Correlations of Participants' Current Level of Anger with Specific MADD**Satisfaction Questions**

Question	Pearson Correlation (r)
Extent to which Victim Services met victim's needs	-.25*
Overall satisfaction with Victim Services	-.20
Quality of Victim Services	-.12
Satisfaction with the amount of help received	-.11
Received the type of services desired	.05
Return for services in the future	-.04
Extent to which services helped with coping	-.02
Recommend Victim Services to a friend	.00
Note: *Significant at $p < .05$	

Current level of anger was weakly, but negatively correlated ($r = -.25, p < .05$) with participant ratings related to the extent Victim Services met his or her needs. This indicates that as level of current anger increases, ratings of the extent to which MADD services met the participant's needs decrease. The relationships between current level of anger and other specific MADD satisfaction questions were not significant.

Table 4.8

**Correlations of Participants' Current Level of Anger with Satisfaction with
Criminal Justice Services and Spirituality**

Question	Pearson Correlation (r)
Extent to which spirituality has helped with coping process	-.25*
Satisfaction with Victim Advocate from the Prosecutor's Office	.05
Satisfaction with Victim Advocate Police Department	-.01
Satisfaction with Prosecuting Attorney	.00
Note: *Significant at $p < .05$	

Correlational analyses were conducted to assess the relationship between participants' rating of their current level of anger toward the drunk driver and their satisfaction with criminal justice system services (i.e. victim advocate from police department, victim advocate from prosecuting attorney's office, and prosecuting attorney). The relationships between current level of anger and specific criminal justice system services were not significant.

The correlation was calculated between current level of anger and participants' rating of the extent to which spirituality has helped them to cope with the effects of the crash. Current level of anger was weakly, but negatively correlated ($r = -.25, p < .05$) with the extent to which participants rated their spirituality as beneficial in the coping process. This indicates that as participant level of anger increased, participant rating of the extent to which spirituality has assisted them in coping decreased.

A multiple regression analysis was conducted to evaluate how well criminal justice satisfaction scores predicted the overall satisfaction score for MADD Victim Services. The predictors used were the four criminal justice satisfaction scores which were significantly correlated with the overall MADD Victim Services satisfaction score (satisfaction with prosecuting attorney, satisfaction with the victim advocate from the police department, satisfaction with victim advocate from the prosecutor's office, and satisfaction with sentence given). The four criminal justice satisfaction scores were added to the regression equation beginning with the most highly correlated variable. No linear combination of these variables was significantly related to the overall satisfaction score. Gender, age, and race variables were also added in various combinations with the criminal justice satisfaction scores. No linear combination significantly predicted the overall satisfaction score.

Analysis of Open-Ended Victim Service Improvement Comments

To address Research Question 3, the 71 open-ended responses were analyzed by identifying a 13-category scheme of requests and comments related to the improvement of Victim Support Services (see Appendix A). Improvement comments from the survey and interviews were compiled in a document and participant comments containing multiple distinct suggestions were separated for clear analysis. The researcher reviewed the individual comments searching for underlying themes. Categories were developed to reflect these themes. Then comments were grouped under the respective categories according to similar thematic content. Most comments were explicit and well defined which facilitated the creation of distinct, self-evident categories. The comments provided

were relatively short and objective, limiting the need for interpretation or judgment when categorizing the responses.

The categories for improvement comments were as follows: Connection with Other Victims; Financial/Victim Compensation Assistance; Format of Services; Immediate Contact; Legal Information/Advocacy; Legislative Advocacy; More Staff/Support for Volunteers; Network of Physicians, Psychologists, and Attorneys; Overall Negative Comments; Overall Positive Comments; Personal Contact/Assistance; Positive Staff Comments; and Support Groups/Therapy. Comments were typically 1 to 4 sentences of about 30-50 words in length. The open-ended responses of 15 participants were selected at random (approximately 20% of the data) for a crosscheck by an independent rater. A simple percent agreement of 93% (14 out of 15) was obtained for the sample. The frequency of responses in each category is listed in Table 4.9.

Table 4.9

Categories of Comments Made to MADD Victim Services

Category	Percentage of Responses
Overall Positive Comments	18.3%
Immediate Contact	15.5%
Legal Information/Advocacy	12.7%
Positive Staff Comments	8.5%
Legislative Advocacy	7.0%
Connection with Other Victims	5.6%

Table Continues

Table 4.9, continued

Category	Percentage of Responses
Financial/Victim Compensation Assistance	5.6%
Personal Contact/Assistance	5.6%
Support Groups/Therapy	5.6%
More Staff/Support for Volunteers	4.2%
Network of Physicians, Psychologists, and Attorneys	4.2%
Overall Negative Comments	4.2%
Format of Services	2.8%

A significant portion of responses provided overall positive and negative feedback and positive comments about MADD staff. These comments will be discussed separately as they did not provide suggestions for the improvement of MADD services, rather offered general positive or negative feedback about the services received. Refer to Appendix A to view all open-ended comments in their respective categories. The highest percentages of responses (18.3%) were categorized as Overall Positive Comments about MADD Georgia Victim Services. An example of a response in this category is “MADD is a great resource with incredibly caring people as well as informative brochures and literature to help during such a difficult time.” Positive comments about MADD staff were also frequent, with approximately 8.5% of all responses falling in this category. These responses all made reference to specific assistance they received from the MADD Georgia Victim Service Coordinator. Overall Negative Comments comprised only 4.2%

of responses. These responses provided negative feedback, without offering suggestions for ways services could be improved. For example, “I had only one telephone call where the person gave me some legal info and asked if I would help with the passing of some state laws.”

A substantial percentage of responses (15.5%) related to the suggestion that MADD should contact victims immediately following the crash, citing the need for more support in the wake of the loss. One participant stated, “I would have liked more support early on, more information about services and resources immediately after the crash.” Participants suggested this contact be made unsolicited, as a gesture of support to victims. Requests for additional legal information and enhanced legal advocacy comprised 12.7% of all responses. An example of this type of response is, “I needed more help understanding the legal process. More direct legal assistance and legal counseling would be beneficial.” Approximately 7% of responses suggested MADD become more involved in legislative advocacy, emphasizing the importance of more stringent drunk driving laws to promote justice for victims. One participant asserted, “MADD needs to take a more serious stand with legislation. They should use the stories of victims who are willing to share to drive legislation. This would help MADD have more of an impact.” Financial assistance and more guidance applying for Victim Compensation comprised 5.6% of responses. One response illustrates the salient nature of financial concerns for many victims; “I was not working and had a small child. It seems that financial assistance could have been given. Also help if rent or food was needed.” Requests for increased opportunities to connect with and receive guidance from other victims comprised 5.6% of the responses. For example one participant suggested, “... A network of victims who you

could speak to would be good. It would be helpful to have a list of people to talk to who have been there and are willing to talk to you.” Requests for more personal contact and guidance from MADD also comprised 5.6% of responses. An example of this type of request is, “To better serve people, more one-on-one communication would mean a lot. I wish there was more personal contact. A home visit would have been helpful.” Several requests (5.6%) were made for support groups or therapy to provide emotional support for victims and their families. One participant’s response illustrates the need for more therapy services, “Couples and family therapy would be helpful- it is going to affect your family (I was lucky that my marriage survived). People need therapy after something like this- you can’t deal with it on your own.”

Approximately 4.2% of responses related to the need for a referral network of physicians, psychologists, and attorneys who are familiar with the needs of drunk driving victims. One participant explained, “A network of doctors and attorneys would be very helpful. Victims need medical and legal help. Currently MADD is mostly about legislation, but they forget about the individual people in the process.” Several comments (4.2%) complained of limited staff and insufficient support for volunteers, noting that additional staff members or more substantial resources for volunteers would enhance MADD Georgia’s ability to meet the needs of victims. One participant posed this concern stating, “How can one person help so many victims?” Only a couple of requests (2.8%) were related to altering the format of existing MADD Victim Services. An example of this type of request is, “I think the lives of love ones should be celebrated instead of mourned. The Candlelight Vigil is an excellent program, but I feel it needs an overhaul”.

CHAPTER 5

DISCUSSION

This study involved a consultation with MADD Georgia designed to enhance Victim Services to better meet the needs of the victims served. A collaboration approach was employed, with the researcher collecting and analyzing data for the purpose of providing data-driven recommendations to MADD Georgia. Consistent with counseling psychology's emphasis on prevention, the consultation consisted of evaluating the Victim Services of MADD Georgia which would be classified as secondary prevention interventions. These services are intended to decrease the severity and duration of the grief process and the risk of complicated grief reactions or psychological dysfunction in the victims of drunk driving crashes. Consistent with the social justice agenda espoused by the field of counseling psychology, this intent of this study was to advocate for the victims of drunk driving crashes.

The primary purpose of this study was to evaluate the Victim Services provided by the Georgia State Office of Mothers Against Drunk Driving to victims of drunk driving crashes. In order to attain this objective, a survey was developed to assess the utilization and perceived efficacy of MADD Georgia services. This survey was adapted from a survey used to assess Victim Services provided by MADD Metroplex (Dallas/Fortworth). Items were eliminated and modified based on input from MADD Georgia. The survey included questions intended to elicit input regarding changes that MADD Georgia could implement to better meet the needs of the victims that they serve.

It was hypothesized that victims who have received Victim Services from MADD Georgia would report generally positive evaluations of the services utilized. It was further hypothesized, that victims would express a need for more expansive and varied services to assist them in navigating the grief process.

The survey was distributed to current and immediate-past recipients of MADD Georgia Victim Services listed in the database of victims maintained by the organization. Data was analyzed primarily through descriptive and correlational analyses to address the research questions. Descriptive analyses were utilized to depict familiarity and utilization of services as well as ratings of satisfaction with these services. Relationships between respondents' reported satisfaction with Victim Services and details of the crash, legal processes, previous life stressors, and spirituality were assessed with correlational analyses. Open-ended comments regarding suggestions for enhancing service format and delivery were tabled and grouped according to similar thematic content. In the following sections, the most salient results of these analyses and their implications for practice and research will be discussed.

Familiarity and Utilization

Descriptive statistics revealed that a substantial percentage of victims were aware of MADD Georgia services prior to the drunk driving crash. For those who were informed of services in the aftermath of the crash, referrals from a variety of sources (district attorney, court victim witness, acquaintance, and law enforcement) were frequently endorsed as a means for learning about the services MADD offers. Telephone calls and letters from MADD were also cited as an important source of information.

Survey results reveal high familiarity with and utilization of MADD Georgia services. Only a small percentage of participants were unfamiliar with services. Analysis of the utilization of specific Victim Services illustrates that brochures were the most frequently received form of assistance from MADD. Services related to navigating the legal system including legal consultation, court accompaniment, and assistance preparing a Victim Impact Statement were utilized by a high percentage of victims. Ongoing emotional support was frequently cited as a utilized resource. Many victims also endorsed seeking assistance in filing for Georgia Crime Victims Compensation. In contrast, utilization of support groups and other therapeutic services (crisis intervention, home visits) was relatively low. However, based on the improvement comments, it appears that there is limited availability of these types of services. Thus, it is more likely that the low utilization rates reflect insufficient access to these services rather than minimal demand. Referrals for other supportive services (legal aid, support programs, and financial assistance other than Georgia Crime Victims Compensation) were also less frequent.

Involvement in Victim Service Programs was extensive with over one third of all respondents reporting participation in the Annual Candlelight Vigil. Approximately one in four respondents reported sharing their story as part of a Victim Impact Panel. Participation rates were also high for the Online Candlelight Vigil, MADD Georgia Walk, and Online Wall of Honor.

Approximately half of participants indicated that they had received therapy in addition to receiving MADD services. The mean rating of therapy compared to MADD services indicates that, overall, participants perceived that their participation in therapy

was as beneficial as or slightly more beneficial than MADD services in assisting them in the coping process. This indicates that MADD services may complement, but are not functionally equivalent to traditional therapy services.

Satisfaction with and Perceived Effectiveness of Victim Services

Descriptive analysis of respondent satisfaction ratings indicates that the victims served by this organization had generally positive evaluations of the services they utilize, confirming the initial research hypothesis. The mean sum of the eight satisfaction items was a 26.43 out of a maximum score of 32, reflecting a high degree of satisfaction with services. There was a high coefficient alpha among the eight Victim Service items indicating consistency between ratings on the eight items.

Analysis of the eight satisfaction items reveals the highest mean ratings for willingness to recommend MADD Victim Services to a friend and to return for services in the future if needed. This indicates that the average respondent endorsed a high likelihood that they would refer a friend or seek assistance again, suggesting respondents perceived value in the services received. The lowest satisfaction rating was for efficacy of the services in helping the participants cope with their problems. However, while this rating may indicate a level of respondent uncertainty regarding the extent to which the services assisted in the coping process, the mean rating still reflects a qualitative rating between “Yes, I Think So” and “Yes, Definitely”. Ratings for quality and type of service received were high. It is also important to note that the mean rating for extent to which the Victim Services programs met the participants’ needs reflects an overall qualitative rating between “Somewhat” and “Completely”. This suggests that for many participants

Victim Services, alone or in combination with other resources, was able to provide support and assistance that partially or completely addressed presenting needs.

A one-way-within-subjects ANOVA revealed that the mean satisfaction rating for MADD Victim Services was significantly higher than the mean satisfaction ratings for any of the three criminal justice services (prosecuting attorney, victim advocate from the police department, and victim advocate from the prosecutor's office). This indicates that MADD Victim Services met some of the needs of victims that are not fulfilled by criminal justice system services. This data provides evidence for the distinct role of MADD Victim Services in supporting the victims of drunk driving crashes. As MADD Victim Services are functionally different from the services offered by the criminal justice system, the higher satisfaction ratings suggest that these services augment criminal justice services and play a critical role in meeting the needs of victims.

Interpretation of the Relationships Observed

Significant correlations were discovered via Pearson correlation analyses between the participants overall satisfaction score related to MADD services and all three criminal justice service satisfaction ratings. As this is an exploratory study, it is possible that some correlations are due to chance. A moderate, positive correlation was present between satisfaction with the prosecuting attorney and overall satisfaction with MADD services. Satisfaction with the victim advocate from the police department and the victim advocate from the prosecutor's office were also moderately and positively correlated with the overall satisfaction score. These correlations indicate that as satisfaction with each of the criminal justice services increases, overall satisfaction with MADD services also increases. A moderate positive correlation was also observed between participant

satisfaction with sentence and the overall satisfaction score. This suggests that a perceived sense of justice is correlated with higher satisfaction with MADD services.

Correlational analyses were also conducted to examine the relationship between anger, satisfaction with services, and other participant specific variables. Anger was weakly, but negatively correlated with participants' ratings of the extent to which Victim Services met their needs. This indicates that as current level of anger increased, ratings of the extent to which the participant perceived his or her needs were met by MADD services decreased. A weak, negative correlation was also present between anger and participant ratings of the extent to which spirituality assisted in the coping process. This is an intriguing finding, but will be discussed in the Implications section as the explanation for the association between these variables is speculative.

Qualitative Improvement Comments

Consistent with ratings of perceived satisfaction, the highest percentage of qualitative improvement comments was general positive comments about MADD services. Immediate contact following the crash was the most frequently cited request. Many of these comments emphasized the importance of MADD reaching out to victims when they are most vulnerable, rather than waiting for the victims to seek services. Requests for MADD to provide more extensive legal information and advocacy services were abundant. Several suggestions pertained to MADD becoming more involved in legislative advocacy, citing the importance of more stringent laws to decrease the incidence of drunk driving crashes and to promote justice in the prosecution of these cases. Comments related to the need for more assistance with Georgia Crime Victim

Compensation and financial concerns also comprised a significant percentage of the qualitative comments.

It is interesting that a significant portion of suggestions related to the need for more intimate connection with other victims and supportive services that would serve to promote a greater sense of community. Therapy was also requested by several participants as a needed resource, noting the toll a drunk driving crash has on the emotional well being of the individual and the quality of relationships. Several victims suggested that a network of physicians, psychologists, and attorneys would provide direction when seeking additional services to address physical, psychological, and legal issues in the aftermath of the crash.

Several requests were made for additional staff and more support for volunteers. Participants asserted that there are too few staff members to address the needs of all the victims and that volunteers are not provided with sufficient training and resources to assist in filling the void.

Only a small percentage of comments were general negative statements without accompanying constructive feedback. Consistent with the hypothesis that participants would request more extensive and varied services, only a few comments pertained to altering the format of current services. As anticipated, the overwhelming majority of comments related to the need for additional or more expansive services.

Implications for Practice

There are numerous implications of the results of this study for the provision of Victim Services. It is clear from this study that MADD Georgia services are well utilized and participant satisfaction with these services is high. Overall, respondents report that

these services were effective in meeting their needs in the aftermath of the drunk driving crash. Their ratings on satisfaction items indicate perceived benefit from the services they received. Based on the significant value and function of these services as reported by respondents to this survey, it is imperative that Victim Services continue to be made available to the victims of drunk driving crashes in the state of Georgia. Additional resources and financial support for these services will be necessary to for MADD Georgia to continue to provide the level of support that is currently offered. Participant satisfaction ratings with MADD Georgia services are significantly higher than satisfaction ratings with services offered by the criminal justice system (victim advocate from police department, victim advocate from the prosecuting attorney's office, and prosecuting attorney). This suggests that MADD Georgia services serve a unique function in assisting victims in the coping process. Superior satisfaction ratings for MADD Victim Services compared with ratings for the prosecuting attorney, victim advocate from the police department, and victim advocate from the prosecutor's office; suggest that victims perceive greater support and assistance from MADD staff and volunteers than from the criminal justice system services.

Respondent familiarity with MADD Georgia services prior to the crash suggests that MADD is a visible organization in the community. It is essential that MADD continue to heighten awareness of Victim Services in the community in order to reach as many victims as possible. Community outreach should continue to remain a principle objective of MADD Georgia. Referrals were another significant source of information about MADD services. This further strengthens the importance of MADD's involvement in the community. It is essential that MADD strive to educate law enforcement, legal

professionals, physicians, and mental health professionals who may interact with the victim and be able to inform them of the services available. As many participants cited receiving phone calls and letters from MADD following the crash as a means for learning about the services offered, it would be beneficial for MADD to make every effort to enhance this method of outreach. The most frequently cited suggestion for improvement was related to MADD reaching out to victims immediately following the crash. Respondents noted the importance of feeling supported and knowing the services that are available for them. Based on these suggestions, it appears likely that many victims perceive an immediate phone call or letter from MADD as a gesture of support rather than an intrusion.

Services related to navigating the legal system, applying for Georgia Crime Victims Compensation, and emotional support appear to be the most frequently utilized services. However, support groups and other therapeutic services were less frequently utilized. Referrals for other supportive services (legal aid, support programs, and financial assistance other than Georgia Crime Victims Compensation) were also less frequent. Based on qualitative suggestions for improvement, it is reasonable to assume that these utilization rates only partially reflect the perceived value of the services. A high percentage of qualitative comments related to the need for more services that would foster connections with other victims and promote a greater sense of community. Several comments also related to the need for therapeutic services. Although it is likely that the highly utilized services play a prominent role in assisting with the coping process for many victims, it is probable that lower utilization rates of support groups and therapeutic services are a reflection of limited availability of these types of services.

Referrals for other supportive services were also less frequently cited. This is interesting as numerous qualitative improvement comments related to the need for a referral network which would help guide victims in seeking out additional resources to assist them in coping and addressing their physical, financial, and emotional concerns. It is assumed from the qualitative comments that many victims desire referrals for other supportive resources, but that this type of information is less frequently provided.

Involvement in Victim Services Programs was high suggesting that victims perceive value and benefit in participating in these activities. It is likely that these programs, particularly those that promote a sense of advocacy or perceived social support, play a critical role in the coping process for many victims. Weed (1990) explains that the role of victim-advocate can serve to meet the emotional needs of the bereaved victim and increase self-concept. Weed (2005) also states that for many victims, advocacy increases the victim's perceived self-efficacy by facilitating the shift between identification as a dependent victim needing assistance to identification as an activist. Participation in Victim Service Programs also likely increases participants' perceived social support. Research suggests that an increased perception and experience of social support is associated with a decreased risk of Complicated Grief Disorder and a reduction in the severity of depression symptoms (Ogrodniczuck et. al, 2003, Zhang et. al, 2006). As it is highly likely that Victim Service Programs play an important role for many victims in the coping process, it would be beneficial for MADD to continue to provide resources and support for these programs. It is recommended that MADD periodically request victim feedback for how to enhance Victim Service Programs to increase participation and satisfaction with these programs.

Qualitative suggestions for the improvement of MADD Georgia services reveal several valuable recommendations for enhancing the services provided to better meet the needs of victims. The requests for more immediate contact have already been discussed in the previous section. Numerous suggestions were made related to the importance of MADD becoming more involved in legal and legislative advocacy. Correlational analyses suggest that satisfaction with sentence is related to satisfaction with MADD services. This indicates that a sense of justice in the legal proceedings increases satisfaction with MADD services, likely because perceived justice is a critical component of the coping process for many victims. While there is no literature regarding the relationship between satisfaction with criminal sentence and satisfaction with MADD services, Parsons and Bergin (2010) report in their review of the literature that a sense of procedural justice is associated with improvements in emotional well-being for crime victims. It is likely that improvements in emotional well being contribute to higher levels of satisfaction with MADD services, while victims with greater emotional distress may require more extensive therapeutic services and report lower satisfaction with MADD services due to unmet needs. It is probable that heightened involvement by MADD in legislative and legal advocacy could lead to more stringent prosecution of drunk driving cases in state of Georgia, indirectly aiding in the coping process of the victims served by the organization. Inclusion of victims in this process functions to promote the search for meaning in the loss and empowerment to promote justice for other victims of drunk driving crashes which exemplifies the original principles of the organization's founder.

Requests for more assistance with financial concerns and filing for Georgia Crime Victim Compensation suggests that many victims experience considerable stress

addressing the logistical aspects of a drunk driving crash (e.g. paying medical bills). Consistent with this study, Kroeker and Taub (1994) state that many crash victims experience significant financial hardship and often attempt to suppress their grief in order to address this salient issue. It would likely be beneficial for MADD to provide more concrete assistance with financial issues by connecting victims to community resources or providing seminars related to filing for Victim Compensation. One suggestion was made for MADD to collect donations or organize fundraising efforts to provide direct financial assistance to those in significant need.

Many respondents suggested that providing additional opportunities to connect with other victims would serve to better meet the needs of victims. Several specific ideas were delineated including adding a range of support groups, providing classes on salient issues, and creating a “network” of victims who are willing to provide support. A suggestion was made for MADD to “match” victims who are willing to serve as mentors with victims who are seeking support and guidance. The research indicates that social support can play an important role in helping victims cope with the bereavement process and reduce the risk of bereavement related dysfunction (Ogrodniczuk et. al, 2003; Zhang et. al, 2006; Stroebe & Schut, 2001; and Neria & Litz, 2003). Based on participant requests for additional opportunities to connect with other victims and the strong research evidence for social support as a protective factor, it is recommended that MADD Georgia offer a range of opportunities for victims to connect such creating additional support groups and educational classes. It would also likely be beneficial for MADD to create a mentoring program where victims could volunteer to serve as mentors for victims who are new to the organization or who are seeking guidance and support.

Another frequently cited suggestion was for MADD to hire additional staff members or provide more extensive support and training for volunteers. Several comments related to the imbalance between the number of staff/volunteers and the number of victims seeking support. It is probable that adding staff members or providing more resources and training for volunteers would enhance the organization's ability to meet the needs of victims across the state of Georgia. Comments indicate that the workload for current staff and volunteers is unmanageable. However, it is important to note there was a high frequency of positive comments about MADD staff. This suggests that it is not the quality of work of current staff and volunteers that is a concern, but rather the limited number of staff and volunteers attempting to carry out the mission of the organization.

Several comments were made suggesting that MADD Georgia compile a list of names of physicians, psychologists, and attorneys who have experience with victims of drunk driving crashes. One participant requested that MADD identify attorneys who might be willing to provide pro-bono counsel to victims in need. It is likely that creating a network of professionals would provide guidance for victims seeking medical, psychological, and legal assistance.

The correlation between anger and the extent to which the victim perceived MADD services meet his or her needs also suggests implications for practice. The results of this study suggest that a high level of anger are associated with a decreased perception of the efficacy of MADD services in meeting the victim's needs. While it is impossible to definitively explain the relationship between these two variables from the data collected in this survey, it is probable that victims with higher levels of anger would benefit from

more extensive supportive services to assist in their coping process. Excessive anger or bitterness (traumatic distress symptom cluster) that persists for longer than 6 months is one of the symptoms of Complicated Grief Disorder (Zhang et. al, 2006). Therapy and support groups can serve numerous functions for individuals suffering from complicated grief symptoms (Davis et. al, 2000; Ogrodniczuk et. al, 2003), including providing a context for processing the anger and promoting the acceptance process. It is recommended that MADD Georgia consider offering therapy services or providing referrals for victims whose desire more extensive support. It would also be beneficial to offer more support groups in a variety of formats to provide a validating environment for victims to share their emotional distress.

There was also a significant correlation between anger and the extent to which the respondent rated spirituality as an important factor in the coping process. Again, the relationship between these two variables cannot be definitively explained. It is possible that spirituality provides a framework for acceptance and forgiveness. However, it is also possible that individuals who experience higher levels of anger as a result of the loss are more likely to reject their spiritual belief system due to the inconsistency between the trauma and their prior beliefs. Numerous other hypotheses could be generated. While research is inconclusive regarding the role of spirituality in the grieving process, Wortmann and Park (2008) conclude in their review of the literature that religion/spirituality has a generally positive relationship with the bereavement process on all dimensions assessed, with the exception of religious affiliation. These dimensions include religious service attendance, general religiousness, beliefs, intrinsic/extrinsic motivations, coping, social support, and spiritual experiences. As significant anger

persisting for longer than 6 months is a symptom of a complicated grief reaction, it would be beneficial for MADD to provide referrals for additional services consistent with the victim's expressed needs. It is recommended that MADD comprise a list of support groups offered by religious institutions or local religious leaders or chaplains who are willing to provide spiritual guidance and support for victims. Table 5.1 provides an overview of recommendations made to MADD Georgia.

Table 5.1

Overview of Recommendations for MADD Georgia

1. Increase visibility of the organization through community outreach and education.
 2. Contact victims by phone or mail immediately after notification of the crash.
 3. Periodically request victim feedback regarding how to increase participation and satisfaction with Victim Service Programs.
 4. Increase opportunities for victims to be involved in legal and legislative advocacy.
 5. Provide more concrete financial assistance (e.g. offer seminars on filing for Victim Compensation, organize fundraising efforts for direct financial assistance).
 6. Offer additional support groups in a variety of formats.
 7. Provide educational classes on salient issues for victims and solicit professionals to present (e.g. have a psychologist present on traumatic loss and bereavement).
 8. Create a mentoring program for victims.
 9. Hire additional staff/provide more extensive training and support for volunteers.
 10. Create a referral list of physicians, mental health professionals, and attorneys who have experience with victims of drunk driving crashes.
 11. Determine whether it would be possible to offer therapy services, if not feasible, compile a list of agencies or practitioners who offer sliding-scale services.
 12. Develop a referral list for victims seeking spiritual guidance.
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Limitations of the Study

The most salient limitations of this study will be discussed in the following section and recommendations for future research will be made. To begin, the primary limitations to this study are the size and demographics of the sample. Despite numerous efforts to increase participation (posting an online version of the survey on the MADD Georgia website, interviewing participants by phone), the sample size was significantly smaller than desired at 14% of the 620 surveys that were distributed originally by mail. The size of the sample necessitates that the results of this study be interpreted with caution and that additional research be conducted to corroborate (or disconfirm) these results. It is interesting to note that the return rate for the MADD Metroplex survey was similar to the current study (13%). The low return rates for both of these studies suggest that there are inherent obstacles in conducting research with this population. It is likely that many victims choose not to respond to the survey in order to avoid the pain associated with recalling their trauma. This hypothesis is supported by the interview responses of several participants who suggested that many victims struggle with revisiting their loss and prefer to avoid anything that evokes memories of their trauma. It is also probable that many of the addresses maintained in the database were inaccurate as crash victims frequently make life transitions following their trauma (i.e. moving to avoid memories of the loved one associated with the home, divorce, remarriage).

The demographics of the sample size poses a threat to the ability to generalize the results of the study beyond the racial groups comprising the sample of this study. African American, Hispanic, and Asian participants were underrepresented in this sample relative to MADD demographic data and US Census Bureau data. It is probable that the

absence of a Spanish version of the study was a contributing factor to the low response rate of the Hispanic population. However, it is unclear why there was also a lower response rate for African American and Asian participants. This is a significant limitation to the study, particularly considering the significantly higher rates of African American, Hispanic, and Asian participants documented as served by the organization compared with those who responded to the survey. The percentage of men who responded to this survey was also lower than MADD records of the percentage of men served and considerably lower than population data for the state of Georgia. The reason for the low male response rate is unknown. The overall return rate for the survey was low and the return rates for diverse racial groups and males were considerably lower than would be predicted based on MADD demographic and Census Bureau data.

Recommendations for Mental Health Professionals

Despite their emotional distress and higher risk for psychological dysfunction, crime victims seek mental health services at relatively low rates (McCart, Smith & Sawyer, 2010). Two commonly cited barriers to crime victims seeking mental health services are financial hardship (Davis, Ressler, Schwartz, Stephens, & Bradley, 2008; Smith, Kilpatrick, Falsetti & Best, 2002) and limited awareness of available services (Smith et. al). In this study, numerous requests were made for MADD to offer more extensive therapeutic services or to provide referrals to mental health professionals with expertise in working with victims. Several requests were also made for more concrete financial assistance, reflecting the financial hardship victims frequently experience following a loss. Based on the results of this study and the research, it is likely that both financial difficulties and limited awareness of available services decrease accessibility to

mental health services for the victims served by MADD Georgia. Consistent with social justice principles, it is recommended that mental health professionals engage in outreach activities to address the needs of the victims of drunk driving crashes. For example, a psychologist might volunteer to lead a therapy or support group at MADD or to provide a psychoeducational lecture at a MADD event. It is also recommended that mental health professionals with expertise in trauma consider offering pro-bono or sliding scale services to drunk driving victims who are experiencing financial hardship. Mental health professionals can play a critical role in reducing barriers to psychological services for crime victims by increasing awareness of their services and reducing the costs of services for victims experiencing financial difficulties.

Recommendations for Further Research

Based on the generally positive evaluations of MADD Georgia services and respondents' endorsement of the critical role these services play in the coping process, it is imperative that more research be conducted periodically to assess the utilization and efficacy of these services.

Significant difficulties were encountered recruiting participants for this study. The research suggests that recruitment difficulties are frequently encountered in victimology research. Campbell & Adams (2009) explain that recruitment of participants is a significant obstacle when conducting research with crime victims as participants tend to use a cost-benefit framework when deciding to participate and the potential costs for victims are substantial. Costs can include emotional distress, loss of anonymity, stigma, shame, and safety (Rosenbaum & Langhinrichsen-Rohling, 2006). However, victims also report numerous benefits from research participation including the psychological benefits

of sharing their story (Campbell, Sefl, Wasco & Ahrens, 2004), the potential to help others in a similar situation (Newman, Kaloupek, Keane & Folstein, 1997), and a desire to advocate for social change (Baker, Lavender & Tincello, 2005). Research suggests that the method of data collection may influence rates of participation (Rosenbaum & Langhinrichsen-Rohling, 2006). However, research on the various methodologies is inconclusive and does not indicate that one method of data collection is superior to another (Campbell & Adams, 2009).

The most salient hypothesis to explain the recruitment difficulties encountered in this study, supported by individual interviews of participants and the research, pertains to the emotional distress elicited by thinking about the loss. Numerous participants who were interviewed reported the perception that it is difficult for victims to speak about the event because of the pain inherent in recalling the experience. During interviews, there were various recommendations for increasing response rate. There was inconsistent feedback regarding whether the postal mail or online survey was superior for enhancing participation rates. Participants favoring the online version cited convenience and efficiency as positive factors, while proponents of the mailed survey stated that this version was more personal and more likely to reach the recipient (one respondent stated the online link was filtered as junk mail). Several respondents suggested that MADD make efforts to update their database more frequently. One participant recommended that small, in-person interview groups would provide a more comfortable environment in which to provide feedback. This appears to be a feasible and valuable recommendation, particularly if the researcher was granted permission to attend a support group or victim event.

The recruitment difficulties encountered in this study and the feedback of participants during interviews suggest the following strategies may be useful for future researchers in increasing participation rates. Focus groups are recommended as a potential tool to increase participation rates for future research with this population. There are several possible advantages to this format. One advantage is that the group format would provide the respondent with more tangible support for emotional or psychological distress experienced as a result recalling the loss. Focus groups would also offer participants the opportunity to interact with other victims which would likely increase the therapeutic value of sharing their story. Another advantage is that focus groups would facilitate a more diverse sample as these groups could be held in a variety of formats at a range of MADD programs and events. It is also possible that researchers fluent in other languages, particularly Spanish, could facilitate focus groups for victims in this language. It is recommended that if a survey methodology is used, that researchers distribute the survey at MADD events for completion on site. Neither postal mail nor email was effective in recruiting sufficient participants and participant feedback was inconclusive regarding which modality was preferable.

The gender and racial demographics of this study were a significant limitation. It is recommended that research be conducted to determine the gender and racial demographics of the population MADD serves. As the database maintained by MADD only included racial demographic information for 47% of the victims served between March 2003 to March 2009, it is unclear whether service rates are consistent with the population data for the state of Georgia or the Atlanta MSA. It is recommended that service rates be examined in order to determine if there is a disparity in service. If a

disparity in service rates is discovered, research could then examine means to increase access to MADD services and explore ways to alter these services to better meet the needs of various racial groups. If a disparity is not discovered, it is imperative that future researchers take deliberate steps to increase the response rates for these groups (e.g. including a Spanish version of the survey, distributing the survey at a variety of MADD events). Regarding the low male response rate, it is recommended that future research examine the low rate of service utilization. Although there is a low survey response rate, men seek MADD services at half the rate of women. Research regarding altering services to better meet the needs of male victims (e.g. offering male support groups) would be beneficial.

Based on the high frequency of comments related to MADD contacting victims immediately following the loss, it appears that research regarding the optimal point of intervention would likely be beneficial. If the results of this study are any indication, it seems probable that immediate contact might function to provide an enhanced sense of support and guidance that may contribute to improved efficacy of services. Research regarding the optimal point of intervention and its relationship to victim satisfaction and perceived efficacy of services would be valuable.

Additional research on the role of support groups, home visits, or therapeutic services would be beneficial. At this point in time, MADD Georgia offers a limited range of support groups and no therapy services. However, respondent suggestions indicated that these are desired services. If MADD chooses to add support groups or other therapeutic services, research to assess their efficacy in facilitating the coping process is

imperative. In order for MADD to solicit funding and resources to provide new or more expansive services, efficacy research for these and other services will be necessary.

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Appendix A

Open-Ended Victim Service Improvement Comments

Immediate Contact

“Wish we had gone to you earlier.”

“Earlier involvement with MADD could have been very helpful.”

“The state office needs to let people know when a crash occurs in their area and let them work with the victim.”

“I was not contacted until approximately 4 months after the crash.”

“When someone contacts MADD- first send the brochures & printed material then a follow-up call to explain the services MADD offers and a timeline of when each service would be most helpful to the family.”

“I think the program is a good one, but it needs to be more personal and more diverse. I don't know what the point of contact is for victims, but it needs to be sooner than later. I was not aware that a lot of the services were available until it was too late in some instances.”

“Victim Services has been a little help however I was not contacted early enough.”

“MADD needs to contact the victims immediately after the accident.”

“I would have liked more support early on, more information about services and resources immediately after the crash.”

“Initially I did not get much support. I wish they provided more support right after the crash.”

“There needs to be more outreach to victims to make MADD Georgia more visible.

Marketing is important, but I am not sure the best way to do this. I had to call MADD to get services, many people either don’t know about MADD or have difficulty reaching out for help.”

Format of Services

“I think the lives of love ones should be celebrated instead of mourned. The Candlelight Vigil is an excellent program, but I feel it needs an overhaul.”

“Ummm... maybe have walks closer to my county hahaha.”

Legal Advocacy

“I am not sure if it was my fault that I may have not taken full advantage of MADD services due to my shock, grief, and not fully realizing what services were being offered. I sure could have used their experience and support through the criminal court trial.”

“Always provide court accompaniment when requested.”

“Court accompaniment. I was told someone would go to court with me in 1994. That never happened. I was informed the person would get time. I did not see that happen.”

“There was no victim services support person present during the trial. I believe communication is key and needs to be open between MADD & law enforcement/prosecutors office.”

“I don't think I understand; what services? Brochures are good, but you need to tell everyone to get an attorney and that you are on your own to fight for prosecution. GSP let the drunk driver be released after a trip to the hospital for a bloody nose. The solicitor's office recommended the case be tried as a felony- still no word from the D.A.”

“I would like MADD to provide more information on what is suppose to happen with the judicial system. Unfortunately, the Fulton County prosecutor/solicitor failed to notify any of the survivors of the court date. Had it not been for MADD, I would still be waiting to hear from the court. It was MADD who urged me to follow-up with the city and county.”

“I think MADD should offer more information about navigating the legal system. For example, I didn’t know that I could order my car title online. Instead my elderly parents drove from NY to FL to pick up my car title. This information could have saved us a lot of money and stress. Also, MADD could better serve victims by providing more legal advocacy. Although they offered information initially, they should see you through to the end of the legal process.”

“I needed more help understanding the legal process. More direct legal assistance and legal counseling would be beneficial.”

“I was hoping to get more information about what to expect with the legal proceedings. The only information I got from MADD was to be wary that the attorneys might try to reduce the charge from DUI to reckless driving. I was disappointed with the scope and depth of what they had available. They kept saying they could not be “held liable” for dispensing legal information. I thought MADD was more organized and influential. I felt like it was more about what I could do for them, rather than what they could do for me.”

More Personal Contact/Assistance

“More one-on-one involvement regarding assistance with Memorials and Victim Compensation.”

“To better serve people, more one-on-one communication would mean a lot. I wish there was more personal contact. A home visit would have been helpful.”

“Maybe there can be a little more communication and follow-up from the program.”

“MADD offers nothing for the true victims- the survivors of the crash, only to the family members of victims. We need financial/medical/legal assistance- not pamphlets!”

Support Groups/Therapy

“My sister, niece and nephews were not offered much in the way of support groups in their area. More should be known about grief support groups, particularly free ones.”

“Couples and family therapy would be helpful- it is going to affect your family (I was lucky that my marriage survived). People need therapy after something like this- you can’t deal with it on your own.”

“I also think therapy is needed. That is really missing. People need emotional help after something like this.”

“A house visit or a class or support group to exchange information with other victims would be helpful.”

Network of Physicians, Psychologists, and Attorneys

“Not sure MADD can do that much more because of financial issues. If they had the resources, I think more networking with psychologists or doctors would be helpful. Victims want someone who has been down that road. A network of psychologists that have been there would be useful.”

“A network of doctors and attorneys would be very helpful. Victims need medical and legal help. Currently MADD is mostly about legislation, but they forget about the individual people in the process.”

“MADD should be able to provide people with a list of attorneys who are well informed. They shouldn’t feel that they are under restriction when giving legal information as long as they are only citing the law. Maybe solicit attorneys who are willing to provide pro-bono counsel.”

Financial/Victim Compensation Assistance

“Help with the paperwork. I had already filed everything thru the D.A.’s office, but since I did not know how, it had to be corrected several times. I did not know that I had to file two separate claims for my daughter and mother so my paperwork was wrong. I took too long and ultimately was denied.”

“More help with the hearing to make the decision. I felt my son was definitely eligible to receive assistance- they didn't.”

“I was not working and had a small child. It seems that financial assistance could have been given. Also help if rent or food was needed.”

“Needed help with health insurance and financial assistance with medical bills. I had to file bankruptcy because of my medical bills. No financial assistance to help family- can’t get student loans for son because had to file bankruptcy. It would help if MADD could raise money for scholarships and other means of financial assistance for victims.”

More Staff/Support for Volunteers

“Make sure all the positions are fully funded so the workers could not worry about anything but working.”

“How can one person help so many victims?”

“MADD wants victims to do everything. They want to train volunteers with a 2 to 3 hour class and want them to go out and help (counsel people)- not enough training. They expect too much from volunteers (time delay with reimbursement, limited reimbursement for MADD related expenses). Need more volunteer training, better reimbursement procedures for expenses related to volunteer costs.”

Connection with Other Victims

“Need more help in this area from people who have been victims of DUI's. These people are more effective.”

“I feel Victim Services has such important work to be done thru the legal system. Once contact has been made with a victim/family, if I could have been matched-up with other "veteran" victims, this could help to continue the support once trial/sentencing has passed and the immediate need of Victim Services is over.”

“It would have been helpful if my surviving children could have bonded with other youth and teens with a similar experience. They might have been able to cope in a different manner with peers as opposed to parents and adults.”

“Victims need to be more a part of MADD. More victim involvement is necessary. A network of victims who you could speak to would be good. It would be helpful to have a list of people to talk to who have been there and are willing to talk to you.”

Legislative Advocacy

“Hard to say. I haven't been involved in years. Overall, I like and respect MADD. Tried to help with a new chapter in Cherokee County in 1995 or 1996. I felt there was too much turnover of MADD top brass and politics in the group leaders. Yes, help the victims through all the steps, because we needed that, but put out more verbal and physical demonstrations to show how lame DUI laws are. There should not be tolerance and multiple chances for offenders. Word has been out a long time.”

“To see drunk drivers off the road. We lost a son in the accident and the lady was drunk. The hurt never goes away.”

“MADD needs to be publishing stories of how these drunk drivers have changed our lives- every case! My arm was broken, and clavicle; I could barely hold the brochures to read them.”

“MADD needs to take a more serious stand with legislation. They should use the stories of victims who are willing to share to drive legislation. This would help MADD have more of an impact.”

“Need to provide more publicity about what is happening in DUI legislation. MADD needs to publicize the extent of the impact of drunk driving- look directly at the wrecks and encourage publicity about the frequency of drunk driving crashes. Wrecks need to be published in the newspaper, not people’s names and information, but to show how often it happens and how big of a problem it is.”

Overall Negative Comments

“Let's see how this can be put diplomatically. Personally speaking- we have never been so disappointed in an organization in our lives- who knows. Maybe it was all part of the "small town" syndrome and who we spoke with (I believe they were in Waycross GA- or thereabouts). But extremely, extremely hurt and disappointed by their actions.”

“I had only one telephone call where the person gave me some legal info and asked if I would help with the passing of some state laws.”

“I never knew there were services offered. My sister is the one in pain the most and she lives in Alabama. I do not believe she received any help from anyone. The drunk driver went free and she is not able to talk about it, now.”

Overall Positive Comments

“Doing good work for people. [My child] passed, 6 years old. I'm the father. Thanks for all your help. Wish y'all would help me when time comes for accused parole in 5 years.”

“Everything is fine.”

“They do a great job!”

“Thanks for the support!”

“We greatly benefit from connecting with and supporting other families in similar situations, so keep the family activities coming (walk, vigil, etc.).”

“MADD is a great resource with incredibly caring people as well as informative brochures and literature to help during such a difficult time.”

“Keep doing what you're doing...NOTHING helps the hurt, but knowing help is available is comforting.”

“No, they do a great job with the means that they have. Unfortunately, they have a lot of people to serve.”

“I really can't think of anything. MADD stepped in and helped when I needed it most.”

“Yes, I didn't realize MADD Georgia would help because the crash was in Alabama, but they did. MADD Alabama was just starting up, and wasn't very helpful. MADD Georgia met my needs.”

“My mother said they were great- very supportive and good with follow-up.”

“I didn't expect the continued support. Even 15 years later, MADD has made a continuing commitment to helping us. I can't think of anything they could do differently.”

“I received more phone calls and follow up than expected. MADD was there for me.”

Positive Comments About Staff

“MADD really did help me. Cynthia Hagain was wonderful.”

“Cynthia Hagain was very helpful and nice.”

“I worked with Cynthia Hagain and cannot say enough about how wonderful she was. Together we fought the Glynn County District Attorney to force him to prosecute the drunk driver who killed my husband and severely injured me. Cynthia was kind, smart, supportive and not afraid to confront the District Attorney. I miss her!”

“I am a resident of Indiana and that is where the crash occurred. I have a daughter in Georgia who introduced me to Cynthia. When I could not get help from local chapter, I turned to Cynthia and she was caring enough to help me out. My answers deal with Georgia MADD, not Indiana.”

“Cynthia Hagain is a very good Victim’s Coordinator due to her being a victim herself.”

“Cynthia was a God sent for me during that devastating time. She was the only one in Georgia who cared about our feelings and trying to get some sort of justice for us.”

Appendix B

Telephone Interview Responses Grouped According to Question

Question 1: *Please tell me how you have been doing since the drunk-driving crash in which you were injured or your family member died.*

“It has been tough, a day-by-day thing. I lost my only child to a drunk driver. It does not get easier. For me, it has gotten worse. In the beginning you are in shock, then the reality sinks in. I am in law enforcement and was involved in drunk driving investigations before this happened. About 2.5 years after I lost my child, I had to stop speaking at MADD Victim Impact Panels. I just couldn’t speak anymore. The loss affected my job and my marriage. At about the 3-year point, I had to seek medical help for issues. I sought therapy through both my church and a psychologist.”

“I just take it one day at a time, quite difficult. It is something that affects your life forever.”

“This May will be 20 years. I have osteoarthritis, but I am doing okay. My ex-girlfriend was diagnosed with Epilepsy and has a shunt in her brain. She has a husband and kids though and is happy. I am still more cautious when driving and am careful to not drink or designate a driver. I was a pedestrian when hit by the drunk driver.”

“I am doing as well as can be expected. I lost my son. I have more good days now than bad days. My faith is the main thing that got me through this.”

“Okay, just had my 12th surgery. Emotionally I am doing fine. Financially I am having difficulty.”

“Not well. I have extensive medical difficulties. I live in Atlanta, but am in New York to get better medical care and surgery. I am not doing well emotionally either. I was involved in a 5-car accident. The drunk driver t-boned me. I now have an issue with space. I am jumpy and jittery if a car or another person invades my space. I have difficulty driving because I am so jittery and fearful.”

“I have survived. Every day is hard- I just miss them. They were just so important to us, but their daughter is still alive and that gives us hope.”

“My entire life has changed. The structure of the legal system is just not there and is not helpful. As soon as I was hit, the officer charged the man with a DUI, but did not arrest him and release him to the hospital. My grandson had to be airlifted to the hospital and I had obvious broken bones, but the officer released him anyway. It feels like you have to “sell” your case to the DA’s office to get it prosecuted. We need more strict DUI laws. I expect justice even though I have forgiven the driver.”

“I am really just trying to keep going and stay focused. I don’t really want to say anymore.”

“As a result of the wreck I had infections because my arm was sliced open, the antibiotics I took caused numerous health complications including heart trouble which required four bypass surgeries. I was able to cope well emotionally because I felt like I did the best I could to avoid the wreck.”

Question 2: *Please tell me what services you have received from MADD Georgia. Please describe how these services have helped you.*

“I knew about MADD years ago. Back then, people used to be afraid of the presence of MADD in court. MADD used to make sure things happened- that the drunk-drivers were justly prosecuted. When I contacted MADD, I wondered if there was anything they could do to help me. Cynthia knew what I was going through. She provided emotional support. She made contact about the hearing and came for the court appearance. She called the media and had them at the back of the courtroom. I started speaking for MADD on the Victim Impact Panels.”

“The services I received from MADD Georgia were fantastic. Cynthia Hagain is a great employee. I speak on Victim Impact Panels and participate in the MADD Walk. I am quite involved. Being involved has helped me.”

“I didn’t utilize MADD services immediately, but my mother did. Years later, when I saw a story on Oprah about a drunk driver it prompted me to get involved. I spoke on the Victim Impact Panels a few times. I would like to be more involved, but I have kids which makes it hard.”

“MADD sent me No Time for Goodbyes by Janice Lord. The book has been very helpful to me in my grief process. I also attend the Candlelight Vigil. It is good to have the support of other victims. They gave me a pin with a picture of my son at the Vigil- this meant a lot to me. My daughter did a school presentation on MADD; Cynthia Hagain went above and beyond to send her information to include in her presentation. They have offered to help me with a memorial marker for my son which would be meaningful.”

“Very little help, MADD didn’t offer me many services because they consider me a “survivor”- the person who was injured in the car crash is not considered the “victim” the family members of the deceased are considered “victims”, few services are available if you are the person who is injured or disabled. I do volunteer and help run the Victim Impact Panel.”

“MADD has been very helpful in providing technical and legal assistance. They provided me with legal information. That is the only service I have taken advantage of. I don’t think I have taken advantages of the services as I could.”

“The main help was legal support- I didn’t feel alone. They were there for the trial and asked questions and made comments during the legal proceedings. I felt in the dark. MADD made me feel I had help- they would stand up for me. I also volunteered for MADD, speaking in the schools and on the Victim Impact Panels. It helped me because it gave me the chance to give back.”

“I contacted MADD immediately after, but they offered little help, just a package of brochures in the mail. They stated that they don’t have the support services or resources that they use to have. They provided no legal help.”

“My children got pamphlets from MADD and we participate in the MADD Walk. The Walk is helpful because I feel like I am involved in the cause.”

“I made one phone call to MADD. They never called me. They gave me pointers about legal issues. Then they asked me to write a letter to the state about legislation. The phone call was only 7-8 minutes. It was pretty limited help.”

Question 3: *What did you get from MADD Georgia that you did not expect? Were there things you wanted from MADD Georgia but did not receive? (If yes, please describe what services or modifications to the current services would have been beneficial).*

“I was surprised that MADD could not be represented as MADD in the courtroom. I was also surprised they had to be silent. The image of MADD has changed in the legal

system. People now say, “You ain’t got to worry about MADD”. They are perceived as less influential in the legal system than they use to be. I received more phone calls and follow up than expected. MADD was there for me.”

“Yes, I didn’t realize MADD Georgia would help because the crash was in Alabama, but they did. MADD Alabama was just starting up, and wasn’t very helpful. MADD Georgia met my needs.”

“My mother said they were great- very supportive and good with follow-up.”

“I got everything I expected because I didn’t know what to expect.”

“MADD wants victims to do everything. They want to train volunteers with a 2-3 hour class and want them to go out and help counsel people- not enough training. They expect too much from volunteers (time delay with reimbursement, limited reimbursement for MADD related expenses). Need more volunteer training, better reimbursement procedures for expenses related to volunteer costs. Needed help with health insurance and financial assistance with medical bills. I had to file bankruptcy because of my medical bills. No financial assistance to help family- can’t get student loans for son because had to file bankruptcy. It would help if MADD could raise money for scholarships and other means of financial assistance for victims.”

“No, I knew what to expect from MADD.”

“I wish there was more personal contact. A home visit would have been helpful. I also think therapy is needed. That is really missing. People need emotional help after something like this. I also needed more help understanding the legal process. More direct legal assistance and legal counseling would be beneficial.”

“I didn’t expect the continued support. Even 15 years later, MADD has made a continuing commitment to helping us. I can’t think of anything they could do differently.”

“Initially, I did not get much support. I wish they provided more support right after the crash.”

“I was hoping to get more information about what to expect with the legal proceedings. The only information I got from MADD was to be wary that the attorneys might try to reduce the charge from DUI to reckless driving. I was disappointed with the scope and depth of what they had available. They kept saying they could not be “held liable” for dispensing legal information. I thought MADD was more organized and influential. I felt like it was more about what I could do for them, rather than what they could do for me.”

Question 4: *What might MADD Georgia do differently to better serve people who have been affected by a drunk driving crash?*

“Not sure MADD can do that much more because of financial issues. If they had the resources, I think more networking with psychologists or doctors would be helpful.

Victims want someone who has been down that road. A network of psychologists that have been there would be useful. Couples and family therapy would be helpful- it is going to affect your family (I was lucky that my marriage survived). People need therapy after something like this- you can't deal with it on your own. Victims need to be more a part of MADD. More victim involvement is necessary. A network of victims who you could speak to would be good. It would be helpful to have a list of people to talk to who have been there and are willing to talk to you.”

“No, they do a great job with the means that they have. Unfortunately, they have a lot of people to serve.”

“There needs to be more outreach to victims to make MADD Georgia more visible.

Marketing is important, but I am not sure the best way to do this. I had to call MADD to get services. Many people either don't know about MADD or have difficulty reaching out for help.”

“A network of doctors and attorneys would be very helpful. Victims need medical and legal help. Currently MADD is mostly about legislation, but they forget about the individual people in the process.”

“To better serve, people, more one-on-one communication would mean a lot. A house visit or a class or support group to exchange information with other victims would be helpful. I think MADD should offer more information about navigating the legal system. For example, I didn’t know that I could order my car title online. Instead my elderly parents drove from New York to Florida to pick up my car title. This information could have save us a lot of money and stress. Also, MADD could better serve victims by providing more legal advocacy. Although they offered information initially, they should see you through to the end of the legal process. MADD also needs to take a more serious stand with legislation. They should use the stories of victims who are willing to share to drive legislation. This would help MADD have more of an impact.”

“I really can’t think of anything. MADD stepped in and helped when I needed it most.”

“MADD needs to contact the victims immediately after the accident. Needs to provide more publicity about what is happening in DUI legislation. MADD needs to publicize the extent of the impact of drunk driving- look directly at the wrecks and encourage publicity about the frequency of drunk driving crashes. Wrecks need to be published in the newspaper, not people’s names and information, but to show how often it happens and how big of a problem it is.”

“I would have liked more support early on, more information about services and resources immediately after the crash.”

“MADD should be able to provide people with a list of attorneys who are well informed. They shouldn’t feel that they are under restriction when giving legal information as long as they are only citing the law. Maybe solicit attorneys who are willing to provide pro-bono counsel.”

Question 5: *What do you think makes it difficult for people like yourself to respond to a survey such as the questionnaire we sent asking you to evaluate MADD services? What could be done to make completing surveys such as this (online and on the phone) easier for people who have experienced the effects of a drunk driving crash?*

“It is what it is. I don’t know if there is anything that could make it easier. Preferred the email survey, the only problem is that other people might not know how to use the computer or be afraid of it.”

“No, I preferred the online version because it is quicker and more easily accessible.”

“The further and further you get away from it, the easier it is to talk about. It takes awhile to come to grips with the gravity of what could have happened or did happen. People are reticent to talk until they are in a good place. The online survey is easiest. Anonymity is important for many people, so not requiring a name is likely helpful in getting more responses.”

“I don’t know how to increase response to this type of survey. I responded because MADD services have been so helpful for me and I wanted to help.”

“I never received the survey in the mail. Mail is preferable to email because email is often regarded as junkmail. MADD should update their database, especially their database of volunteers, so that everyone is reached when surveys are sent out.”

“I think having small interview groups in person would encourage more people to participate and would feel safer and more personal. If people were involved in support groups or classes, a researcher could come to group and ask if people feel comfortable answering a survey or sharing their story. People want to tell their stories.”

“No, the survey was good. I really wanted to help because MADD was there for me. However, I think some people just don’t want to go over it again. I don’t think there is anything you can do if people feel that way.”

“Not sure what would make it easier for people to respond.”

“No feedback, the survey seemed good. It will always be difficult to get people to respond because of the sensitive nature of the subject. A lot of people just choose not to revisit it.”

“A letter explaining how the feedback will be used might be helpful and make people more comfortable answering the survey.”

Question 6: *What might you tell someone who has just experienced a drunk driving crash about how to get along in spite of the effects of what happened in the crash (i.e., are there "words of wisdom" that you could pass along)?*

“Basically about the only thing is that it is not going to be easy. The biggest thing I have found is that talking to someone else for support is helpful. Please reach out to someone. You hear a lot of people say, ‘I understand’ or ‘It is God’s will’ - this is hurtful because they don’t understand. It is better if people just say, ‘I am there for you if you want or need anything.’ Also, I would tell them ‘don’t make any rash decisions- you will regret it.’”

“I believe in God, he is the only one who can help someone get through this. Your faith will either get stronger or you will lose your faith. I was angry at God, but he loved me anyways. My faith has gotten stronger.”

“I would tell people ‘take it day by day, it will get better’, ‘you are alive’, ‘surround yourself with loved ones.’ A friend of mine came to visit me at the hospital and looked at me and said ‘we could just have easily been coming to your funeral today’ - it was helpful for me to realize that I was lucky to be alive. I would also tell people that ‘everyone goes through it in their own way.’”

“I would tell them that forgiveness is really important. Drunk driving fatalities are terrible accidents, but it is also important for people to accept any responsibility they or there loved ones had. My son got into the car with a drunk driver. I had to forgive him for that. Acceptance is key. It is all about forgiveness. Forgiveness was crucial to my healing process.”

“If they haven’t been through the court process I would tell them to ‘stay on top of the legal proceedings’ also, ‘stay on top of the insurance company’, ‘come to a Victim Impact Panel- but only if they are at a point where they have been able to find some acceptance and forgiveness.’ ‘When you are feeling a lot of anger and distress you need to get help or it will eat you up inside’ - whatever works best for the person- either therapy or just talking to a supportive person. I would tell them ‘you will need someone to help you deal with the pain, everyone has bad days, even after years of dealing with it.’”

“I felt isolated and alone. I would tell them to ‘reach out for support’, but I do think MADD needs to do more reaching out. Victims have enough to worry about (legal, financial, health) and are vulnerable after the crash.”

“I would say, ‘don’t lose hope- there is help available both physically and emotionally.’ ‘You can’t change what happened, but you can influence people with your story- tell them what can happen if they continue to drink and drive or use drugs and drive.’”

“My spiritual beliefs have been really important. I would tell people ‘you can’t do this without an attorney because you do not have a voice without an attorney.’ I would tell them ‘lawyers will get the job done and help you fill out the medical forms and pursue your insurance company when they do not pay.’ I would also tell victims ‘you will have to sell your case to the DA’s office- it is the unfortunate reality.’”

“My spirituality has been really helpful- reading my Bible and reaching out to my church family. I would tell people to ‘seek comfort in your faith.’”