VICTIM INDEX (VI)

Orientation and Training Manual

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PRODUCT DESCRIPTION

The **Victim Index (VI)** is an automated (computer scored) self-assessment instrument or test designed specifically for victim assessment. A victim is defined as a person who suffers from a destructive and/or injurious act. This is a broad definition because many people have been victimized. Clients or patients have been deceived, cheated, robbed, beaten and assaulted. Domestic violence shows the spectrum of victimization in that it can be verbal (swearing), mental (intimidation and threats) and physical (beatings).

The **Victim Index (VI)** contains 127 items and takes 20 to 25 minutes to complete. The Victim Index incorporates eight measures (scales): **1.** Truthfulness Scale, **2.** Distress Scale, **3.** Morale Scale, **4.** Self-Esteem Scale, **5.** Resistance Scale, **6.** Suicide Ideation Scale, **7.** Substance (alcohol and other drugs) Abuse Screen, and **8.** Stress Coping Abilities Scale. **These eight scales represent major barriers to self-actualization -- not to mention peace of mind, happiness and success in life.**

EIGHT VI MEASURES

1. Truthfulness Scale: measures how truthful the client was while completing the Victim Index. This scale identifies minimization of problems, defensiveness and faking.

2. Distress Scale: measures experienced physical and/or mental pain, hurt and suffering. Distress is narrowly interpreted to avoid general expressions of unhappiness.

3. Morale Scale: measures a person's outlook which is characterized by feelings of happiness, satisfaction, self-confidence, enthusiasm and belonging. Morale is broadly interpreted so that it represents a person's outlook.

4. Self-Esteem Scale: measures a client's explicit valuing and appraisal of self. This scale incorporates an attitude of acceptance-approval versus rejection-disapproval of self.

5. Resistance Scale: measures client defensiveness, non-compliance and oppositional behaviors. This scale varies directly with the client's attitudes, feelings and outlook.

6. Suicide Ideation Scale: measures a client's probability of committing suicide. Any elevated (70^{th} percentile and higher) Suicidal Ideation Scale score should be taken seriously.

7. Substance (alcohol and drugs) Abuse Screen: measures substance abuse and related problems. Alcohol includes beer, wine or liquor. Drugs include marijuana, cocaine, crack, amphetamines, barbiturates and heroin.

8. Stress Coping Abilities Scale: measures the client's ability to cope effectively with stress. High scores (90th percentile and above) are indicative of identifiable emotional or mental health problems.

When working with people who have been victimized timely problem identification is important. The Victim Index is a direct approach to victim assessment. It asks the questions that are important to client well-being, e.g., "I think about suicide a lot." Consequently the Victim Index evaluates important behaviors missed by other tests.

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RISK LEVEL CLASSIFICATION

Each Victim Index scale score is classified in terms of the risk it represents. These risk level classifications are individually calculated for each of the eight empirically based scales each time a Victim Index is scored.

RISK LEVEL CLASSIFICATION

PERCENTILE RANGE	RISK RANGE
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
70 to 89th percentile	**Problem Risk**
90 to 100th percentile	**Severe Risk**

A problem is not identified until a scale score (percentile) is at (or above) the 70th percentile. Percentile scores are obtained from a database of victim score distributions**. Scores in the 70 to 89th percentile range represent problems for which specific intervention and/or treatment recommendations (or referrals) are made. Severe problems are identified with scale scores in the 90 to 100th percentile range**. Recommendations are intensified for severe problem scale scores.

Alcohol, Drug, Suicide Ideation and Stress Coping Scale scores in the 90 to 100th percentile range (severe problem) are frequently accompanied with a recommendation for a comprehensive psychological (or psychiatric) evaluation. Such a recommendation results in a licensed or certified health care provider conducting an evaluation and including a DSM-IV diagnoses, treatment plan and prognosis in their reports. With elevated scores (at or above the 90th percentile) it is very likely that formal DSM-IV diagnoses will apply to the victims being evaluated.

TRUTHFULNESS SCALE

A Truthfulness Scale score is considered necessary, if not essential, in any objective assessment instrument or test. In most intake, referral and treatment settings clients are cooperative. However, it would be naive to assume all clients answer all questions truthfully. All interview and self-report test procedures are subject to the dangers of untrue answers, whether due to guardedness, defensiveness or deliberate faking. The Truthfulness Scale measures how truthful the client was while completing the Victim Index.

When handed a Victim Index report staff should check the Truthfulness Scale score. If the Truthfulness Scale score is at or below the 89th percentile -- test results are valid and accurate. However, if the Truthfulness Scale score is at or above the 90th percentile -- test results are not accurate and the report is invalid. Truthfulness Scale scores in the 70 to 89th percentile range are accurate due in part to Truth-Correction, but should be used cautiously and verified (corroborated) whenever possible.

Summary: Truthfulness Scale scores at or below the 89th percentile indicate that the Victim Index report (and scale scores contained therein) is accurate and valid. Truthfulness Scale scores at or above the 90th percentile mean the client was overly guarded, defensive, minimizing problems or faking -- to the extent that the Victim Index report is inaccurate and not valid.

When you have an inaccurate or invalid Victim Index you might consider reviewing the oral instructions with the client before retesting. This is discussed on page 4 under the heading "Oral Instructions." Approximately 10 percent of the people tested will provide Truthfulness Scale scores at or above the 90th percentile, i.e., an inaccurate or invalid Victim Index report.

TRUTH-CORRECTED SCORES

A sophisticated psychometric technique involves "Truth-Corrected" scores which are individually calculated for each of the eight Victim Index scales each time a test is scored. The Truthfulness Scale establishes how truthful the client was while completing the Victim Index. Correlations between the Truthfulness Scale and all other scales have been statistically determined. This score correcting procedure enables the Victim Index to identify error variance associated with untruthfulness and then apply it to scale scores -- resulting in Truth-Corrected scores. **Raw scores may reflect what the client wants you to know. Truth-Corrected scores reveal what the respondent is trying to hide. Truth-Corrected scores are more accurate than raw scores.** Truth-Corrected scores are similar to Minnesota Multiphasic Personality Inventory (MMPI) T-scores. The MMPI correlates the K scale with selected clinical scales. The clinical scales are then weighted with the K scale correlation equation. The MMPI L (fake good) scale and the F (almost everyone agrees with) scale correlate significantly (.001 level) with the Victim Index Truthfulness Scale.

Professionals across the country have endorsed the benefits of Truthfulness Scales and Truth-Corrected scores. This methodology is easy to use because the computer does all the work, actually calculating Truth-Corrected scores every time a test is scored. In the past many evaluators "turned off" on self-report tests because they were too easy to fake. Truthfulness Scales and Truth-Corrected scores have addressed this problem. And they are considered by many as very important to any self-report test.

ALCOHOL SCALE

The Alcohol Scale measures the respondent's alcohol use, abuse and proneness. Alcoholism is a significant problem in our society. Woolfolk and Richardson noted in "Stress, Sanity and Survival" that alcoholism costs industry over 15.6 billion annually due to absenteeism and medical expenses. And today's estimates are much higher. The harm associated with alcohol abuse -- mental, emotional and physical -- is well documented. The cost and pain associated with alcohol problems are staggering.

The Alcohol Scale measures the client's alcohol use and abuse. It measures the severity of alcohol (beer, wine and other liquor) abuse. Alcohol abuse, alcohol proneness and alcohol-related problems are identified.

DRUG SCALE

The burgeoning awareness of the impact of illicit drugs (marijuana, crack, cocaine, LSD, amphetamines, barbiturates and heroin) emphasizes the need to differentiate between licit and illicit drugs. The Drug Scale is an independent measure of the client's drug abuse, drug proneness and drug-related problems. Without this type of scale many drug abusers would remain undetected. The Victim Index differentiates between "alcohol" and "drug" use and abuse.

The national outcry in the late 1980's concerning cocaine momentarily obscured the fact that a number of other substances are also being abused. These "drugs" include marijuana, crack, LSD, amphetamines, barbiturates and heroin. The Drug Scale measures illicit drug use, drug abuse severity and drug-related problems.

MORALE SCALE

The Morale Scale measures a person's outlook in terms of satisfaction, self-confidence, enthusiasm and happiness. Morale is broadly interpreted to reflect a more general expression of happiness and wellbeing. Many believe that a person's morale or outlook is reflected in their behavior. Negative morale has been related to introversion and even maladjustment. In contrast, positive morale has been related to achievement and mental health. The theory, in an over simplification, is "how one feels about himself/herself is manifest in their outlook – which in turn is manifest in their behavior.

SELF-ESTEEM SCALE

The Self-Esteem Scale consists of terms which are rated to describe victim self-esteem. This is a rapid procedure of self-rating wherein the victim describes his or her own self-esteem in commonly used everyday vocabulary.

Self-Esteem refers to a person's perception of self. It reflects an explicit valuing and appraisal of oneself. Self-Esteem incorporates an attitude of acceptance-approval versus rejection-disapproval of oneself. The Self-Esteem Scale score is descriptive of the person one believes oneself to be. Many believe that a person's behavior is a reflection or expression of their self-concept. Negative self-esteem has been related to maladjustment and victim self-concepts. The theory goes, "the client sees himself/herself as bad or worthless and acts accordingly."

DISTRESS SCALE

The Distress Scale consists of items symptomatic of experienced physical and/or mental pain, hurt and suffering. Distress is narrowly interpreted to avoid the general expression of unhappiness or worry. The Distress Scale provides a quantitative score that varies directly with the victim's self-reported symptoms. This definition of distress incorporates clients with medical problems, chronic pain and suffering as well as people experiencing mental anguish and pain.

RESISTANCE SCALE

The Resistance Scale measures client defensiveness and uncooperativeness. This scale varies directly with the client's attitude. The Resistance Scale is a measure of the client's resistance to authority and staff help. Resistance to others influences relationships in the therapeutic setting itself. For example, staff – client relationships are important to treatment involvement, compliance and relationships.

SUICIDE IDEATION SCALE

Suicide Ideation Scale is important because suicide has ranked tenth as a leading cause of death among adults and third among college students. Victims of emotional, mental and physical abuse react in different ways. No single group (age, gender, ethnicity or socioeconomic status) is free from self-inflicted death.

Studies have shown that suicidal persons give many clues and warnings regarding their intentions. **Almost no one commits suicide without letting others know how they are feeling.** Sometimes these warnings are broad hints, sometimes subtle changes in behavior and sometimes verbal statements of intent. All verbal indications of potential suicide should be taken seriously. The suicidal decision is usually not impulsive. Most often, it is premeditated. Although it might be done impulsively and appear capricious, it is in fact a decision that is given long consideration. And once a person decides to kill

themselves they begin to act differently, e.g., withdrawal, preoccupied, changed eating or sleeping patterns, give gifts, etc.

A client scoring at or above the 70th percentile on the Suicidal Ideation Scale is a suicidal risk. A client scoring at or above the 90th percentile is a severe suicidal risk. And should be seen by a certified/licensed mental health professional. This important area of inquiry is missed by many tests used to screen victims.

STRESS COPING ABILITIES SCALE

How effectively one copes with stress determines whether or not stress negatively affects one's recovery and overall adjustment. Stress exacerbates other symptoms of emotional, substance abuse and adjustment problems. Markedly impaired (90th percentile or above) stress coping abilities are significantly correlated with identifiable mental health problems. The Stress Coping Abilities Scale facilitates evaluation of this important area of inquiry (mental health problems) in a non-offensive and non-introversive manner.

A Stress Coping Abilities Scale score at or above the 90th percentile warrants consideration of referral for a comprehensive psychological evaluation. It is very likely that the client with a Stress Coping Abilities Scale score at the 90th percentile or higher manifests a diagnosable (identifiable) emotional or mental health problem. Since many evaluators are not licensed or certified healthcare providers they should not diagnose DSM-IV problems. Consequently, referral for a psychological or psychiatric evaluation should include a request for a DSM-IV diagnosis.

The Stress Coping Abilities Scale correlates significantly (.001 level of significance) in predicted directions with the following Minnesota Multiphasic Personality Inventory (MMPI) scales: Psychopathic Deviate (Pd), Psychasthenia (Pt), Anxiety (A), Manifest Anxiety (MAS), Ego Strength (ES), Social Responsibility (RE), Social Alienation (PD 4A), Social Alienation (SCIA), Social Maladjustment (SOC), Manifest Hostility (HOS), Suspiciousness/Mistrust (TSC-VI), Authority Conflict (AUT), Resentment-Aggression (TSC-V), and Tension/Worry (TSC-III). Stress coping abilities correlate significantly with stress exacerbated symptoms of emotional problems.

ORAL INSTRUCTIONS

Many clients tend to minimize their problems by under-reporting their substance (alcohol and other drugs) abuse and other problems. This emphasizes the importance of oral instructions to the client before beginning the Victim Index. A straightforward approach is recommended. For example:

"This test contains a truthfulness measure to determine how cooperative and truthful you are while completing it. It is also important that you do not read anything into the questions that is not there. **There are no trick questions or "hidden meanings."** Your records may be checked to verify the accuracy of your answers. Just answer each question truthfully."

Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience, and intent. Your example should be individualized to your situation and needs. The following example is presented for clarification as to how an example might be included in your oral instructions to the client.

Last week a client told me while taking the MMPI that he could not answer this true-false question, "I am attracted to members of the opposite sex." When asked why, the client replied, "If I answer True, you will think I am a sex maniac. If I answer False, you will think I am a homosexual." I told the client that "this test item does not ask you about being a sex maniac or a homosexual. It simply asked if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals, you were answering a different question**. Do not read anything into these questions that isn't there,**

because if you do, you will invalidate the test and may have to take it over. Simply answer the questions True or False. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test."

Oral instructions are important. Do not just give the test to the client without providing some guidance as to how the client should proceed. We have found that when you treat clients with respect, and provide some direction or guidance as to what they are to do -- they cooperate positively. It's usually when a client feels he/she is not being dealt with respectfully or they are simply being told what to do -- that they become resistant, passive-aggressive or non-compliant.

PRESENT, PAST OR FUTURE TENSE

Clients should answer test items as the questions are stated -- in present, past or future tense. Questions are to be answered exactly as stated. There are no trick questions. If an item inquires about the past -- it will be stated in past tense. If the item inquires about the present -- it will be stated in present tense. And if an item asks about the future -- it will be stated in future tense.

STAFF MEMBERS SHOULD NOT TAKE THE VI

Sometimes a staff member wants to simulate the client and take the Victim Index. **It is strongly recommended that staff do not take the Victim Index.** The Victim Index is not standardized on staff. And staff do not have the same mental set as a client. Staff would likely invalidate, distort or otherwise compromise their Victim Index profile.

CONTROL OF VI REPORTS

Victim Index reports contain sensitive and confidential information. And some of the terms used in the report may be misunderstood by the respondent and others. For these reasons clients should not be given his/her Victim Index report to read. Instead it is recommended that staff review Victim Index results with the respondent, but does not give the Victim Index report to the client to read. Victim Index test booklets and reports are privileged, highly sensitive and confidential. **No Victim Index-related materials should be allowed to be removed from your office.**

CHECK ANSWER SHEETS FOR COMPLETENESS

Check the client's answer sheet to be sure it has been filled out correctly when it is turned in and before the client leaves. No items should be skipped and both true and false should not be answered for the same question. The client should be informed that each question must be answered in accordance with the instructions. And if necessary, be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, as it is assumed that an item is omitted or skipped to avoid admitting a "negative" answer**.

HOW DOES THE VI PROTECT AGAINST RESPONSE SETS?

Response "sets" are relatively rare and encountered when the clients answers all items true or false. Such "sets" can occur when the client doesn't care about test results, or in very rare cases the response set may reflect psychopathology. The Victim Index is designed to guard against response sets. When 95 percent of Victim Index answers are all true (or all false), the Truthfulness Scale score is automatically set at the 99th percentile. This is to alert the evaluator that something unusual (like a response set) has occurred. A negative response set would result in an elevated (90th percentile or higher) Truthfulness Scale score, whereas a positive response set would result in all scale scores being elevated (90th percentile or higher). Also the type of items are deliberately varied (True-False, Ratings and Multiple Choice). Different types of items and responses help avoid response sets.

DELETE CLIENT NAMES (CONFIDENTIALITY)

You have the option to delete client names, Professional Online Testing Solutions, Inc. does not perform this function, and you delete your client names when you are ready. Once you delete client names -- they are gone and can not be retrieved. Deleting client names does not delete demographic information or test data. Deleting client names protects client's confidentiality. T

TEST DATA INPUT VERIFICATION

You have the option of verifying the accuracy of test data input into the computer. In brief, the test data input verification procedure involves entering the test data twice. If the test data entry is the same the first and second (verification) time, then the test data was accurately entered. If there is a discrepancy between the first and second (verification) time the test data is entered, each discrepancy (or inconsistent answer) will be highlighted until corrected. You can't proceed until all entries from the first and second data entries match. Test data entry takes less than two minutes. This verification procedure is discussed in the Victim Index Computer Operating Guide or manual.

Please distribute this manual to all staff involved with the Victim Index

It is very important that all staff having any involvement with the Victim Index and clients read this manual. Please distribute this Victim Index Orientation and Training Manual to staff.