



Victim Index



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Scale Interpretation Victim Index

Scale Description

Scale Interpretation

Test Features

Applications

- Assessment of victims of physical and mental abuse.
- Victim assessment in clinics, court settings and service provider offices.
- Adult evaluation, counseling and treatment agencies.

The Victim Index (VI) is designed for victims of physical and mental cruelty. The VI evaluates distress, measures morale, quantifies self-esteem, screens resistance, identifies substance abuse, measures suicide potential and evaluates a person's stress coping abilities. The VI has 127 items and takes 20 to 25 minutes to complete. The Victim Index has eight scales (measures): 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 Scale and 8. Stress Coping Abilities Scale. The VI is different. It screens victims of physical and mental abuse for problems, aftereffects and other issues.

Eight Scales (Measures)

The eight Victim Index (VI) scales are described as follows:

- 1. Truthfulness Scale:** measures how truthful the client was while completing the test. It identifies denial, problem minimization and faking. It identifies attempts to “fake good.”
- 2. Distress Scale:** measures misery, pain and suffering. Distress incorporates pain imposed by physical and mental abuse. Distress also includes anguish, anxiety and depression.
- 3. Morale Scale:** measures the client’s mental outlook with respect to enthusiasm, confidence and willingness to work through hardships.
- 4. Self-Esteem Scale:** reflects a client’s explicit valuing and appraisal of self. Self-Esteem incorporates an attitude of acceptance-approval versus rejection-disapproval. It is a person’s perception of himself or herself.
- 5. Resistance Scale:** measures defensiveness, resistance to help and uncooperativeness. This scale varies directly with the client’s attitude and outlook. Some people resist help whereas others accept it.
- 6. Suicide Ideation Scale:** measures a client’s probability of committing suicide. Suicidal persons give many warnings regarding their intentions. Any elevated (70th percentile and higher) Suicidal Ideation Scale score should be taken seriously.
- 7. Substance Abuse Scale:** sometimes it is important to determine whether or not the victim is involved with substance (alcohol or other drugs) use or abuse.
- 8. Stress Coping Abilities Scale:** measures how well the client handles stress. This is a non-introversive way of screening identifiable (diagnosable) emotional and mental health problems.

The VI assesses attitudes and behaviors yielding a victim profile. Paper-Pencil test administration takes 20 to 25 minutes or less. VI tests are computer scored on-site. Reports are printed within 2½ minutes of data entry.

The VI was developed specifically for victim evaluation. It is much more than just another alcohol or drug test, consequently it measures important behaviors missed by other tests.

SCALE INTERPRETATION

1. **Truthfulness Scale:** Measures how truthful the client was while completing the test. It identifies guarded and defensive people who attempt to minimize their problems. Scores at or below the 89th percentile mean that all VI scales are accurate. Scale scores in the 70th to 89th percentile range are accurate because they have been Truth-Corrected. Scores at or above the 90th percentile mean that all VI scales are inaccurate (invalid) because the client was overly guarded, read things into test items that aren’t there, or was minimizing problems. Clients with

reading impairments might also score in this 90th to 100th percentile scoring range. If not consciously deceptive, clients with elevated Truthfulness Scale scores are uncooperative or have a need to appear in a good light.

The Truthfulness Scale score is important because it shows whether or not the client answered VI test items honestly. Truthfulness Scale scores at or below the 89th percentile indicate that all other VI scale scores are accurate. One of the first things to do when reviewing a VI report is to check the Truthfulness Scale score. The Truthfulness Scale can be interpreted independently. Truthfulness Scale scores override all other VI scale scores.

2. **Distress Scale:** Measures distress, which is defined as "great pain, anxiety or sorrow and acute physical or mental suffering." Distress is the emotional reaction to extreme misfortune that causes pain, suffering, extreme discomfort or misery. At lower levels of intensity, it may be described as discomfort; whereas, at high levels of intensity, it is described as extreme or intense pain or suffering.

An elevated (70th to 89th percentile) Distress Scale score identifies a person with problematic distress (pain, suffering). This level of distress is problematic in that it interferes with this person's adjustment and lifestyle. A Distress Scale score in the Severe Problem (90th to 100th percentile) range identifies severe pain, suffering and distress. Severe distress can be incapacitating and result in extreme emotionality, conflict and confusion. Reactions to extreme distress are diverse. Depression may vary from mild down heartedness to despair; whereas, anxiety can contribute to a persistent feeling of dread, apprehension and impending disaster. Other reactions include emotional withdrawal, emotional over reactivity and escape behaviors. At the extreme, there may be a pervasive and distressing feeling of estrangement, which may involve feelings of unreality. These extreme distress reactions can occur in normal persons -- particularly after shock.

Elevated Distress Scale scores can be associated with emotional and mental health symptomatology. For that reason we would check the Stress Coping Abilities Scale score. When both scale scores (Distress and Stress Coping Abilities) are elevated, the probability of an identifiable (diagnosable) mental health problem increases. The higher their elevations, the greater the probability of a diagnosable mental health problem. In these instances, referral to a certified/licensed mental health professional is often warranted to obtain a diagnosis, prognosis and treatment plan.

Other elevated VI scale scores in conjunction with a Severe Problem (90th to 100th percentile) Distress Scale score can provide insight into the victim's situation while identifying important areas for subsequent inquiry. For example, a Severe Problem Self-Esteem Scale score in conjunction with an elevated Distress Scale score identifies an unhappy person. This person is not only lonely or distressed, but manifests a negative and disapproving rejection of themselves. Suicidal ideation is very possible. And, if there is also an elevated Morale Scale score, the probability of suicidal acting out is even further increased. We also know that substance (alcohol and other drugs) abuse can exacerbate symptomatology; consequently, an elevated Substance Abuse Scale score would make this person's VI profile even more problematic.

The Distress Scale score can be interpreted individually or in combination with other VI scale scores. It is likely that an elevated Distress Scale score will be accompanied with other elevated VI scale scores.

3. **Morale Scale:** Measures a person's emotional or mental condition with respect to their self-assurance, enthusiasm and confidence in the face of adversity. The term "morale" has been loosely defined in psychological literature. For some people, the term refers to the interacting reaction of a group of people, such as the *esprit de corps* or team spirit of a football team, military unit, family, friends or work group. In the VI, we are referring to the person (or victim's) emotional or mental condition. This condition is then manifested in a person's confidence, enthusiasm and morale.

An elevated (70th to 89th percentile) Morale Scale score indicates impaired self-assurance and confidence. The person being evaluated now doubts themselves, their abilities and is not enthusiastic or ebullient anymore. A Severe Problem (90th to 100th percentile) Morale Scale score depicts a rather reticent, inhibited and self-doubting person. The lack of enthusiasm and withdrawal when faced with adversity is common and can be pronounced.

An elevated (70th to 89th percentile) Morale Scale score in conjunction with an elevated Self-Esteem Scale score reinforces the client's self-doubt. This person has impaired morale and self-esteem, which is a malignant sign. The higher these scale elevations, the more apparent the symptomatology. Scores in the Severe Problem (90th to 100th percentile) range represent very serious symptomatology and are suggestive of suicidal ideation. Add in an elevated Distress Scale score, and the prognosis deteriorates even further.

An elevated Morale Scale score with an elevated Resistance Scale score provides some insight regarding a withdrawn and non-compliant or even resistant attitude. These people are difficult to work with because their behavior can have self-fulfilling features. The isolation feeds resistance and vice versa.

An elevated Stress Coping Abilities Scale score in conjunction with an elevated Morale Scale score is suggestive of mental health symptomatology. And, Severe Problem range (90th to 100th percentile) scorers should be referred to a certified/licensed mental health professional for a more comprehensive evaluation and diagnosis, as warranted.

In addition, an elevated Substance Abuse Scale score is problematic as it is indicative of substance (alcohol or other drugs) abuse problems overlapping mental/emotional problems and concerns. And, a Severe Problem Substance Abuse Scale score can make the client's situation more complex. The substance abuse would likely take precedence over the Morale Scale score. One of the many problems with substance dependency is its ubiquitous presence impacting on other symptomatology. These individuals should be referred to a certified/licensed mental health professional for a diagnosis, treatment plan and prognosis.

4. **Self-Esteem Scale:** Measures the client's explicit valuing and appraisal of self. Self-Esteem incorporates an attitude of acceptance - approval versus rejection - disapproval. Self-Esteem typically refers to an attitude of self-acceptance and self-approval.

Self-acceptance refers to recognition of personal abilities and achievements, together with acknowledgement and acceptance of personal limitations. Lack of self-acceptance is generally considered a major characteristic of the emotionally disturbed. Self-respect is similar to self-esteem. It reflects feelings of self-worth and self-esteem.

An elevated Self-Esteem Scale (70th to 89th percentile) score indicates a self-rejection-disapproving attitude. The client has a poor or negative attitude toward self. A Severe Problem (90th to 100th percentile) Self-Esteem Scale score reflects extreme self-alienation, psychic pain and, in some cases, psychopathology.

An elevated Self-Esteem Scale and a concurrently elevated Morale Scale reflect the breadth of this person's depressive symptomatology. As with all VI scales, the higher the score, the more problematic or severe the problems. A concurrently elevated Distress Scale score is suggestive of suicidal ideation. Whereas, a concurrently elevated Resistance Scale score suggests more of an interpersonal, social adjustment or externalized (as opposed to internalized) focus.

A concurrently elevated Substance (alcohol and other drugs) Abuse Scale score is a malignant sign. With an alcohol or drug abuse problem overlaying impaired self-esteem, the question becomes "Where to begin?" Many clinicians stabilize the substance abuse hoping that as the person comes to terms with the substance abuse their self-esteem will also improve. Other mental health practitioners believe that self-esteem can be worked within counseling when the client at least accepts the realities of their substance abuse problems. Both the Truthfulness Scale score and the Resistance Scale score provide some insight into the client's characterological armor.

And, a concurrently elevated Stress Coping Abilities Scale score is indicative of stress management problems (70th to 89th percentile) or identifiable emotional and mental health problems (90th to 100th percentile).

The Self-Esteem Scale score can be interpreted individually or in combination with other VI scale scores.

5. **Resistance Scale:** Measures client uncooperativeness, defensiveness or their resistance to help. This scale score varies directly with the client's attitude. Some people resist help from others whereas others accept it.

In counseling or psychotherapy, a conscious or unconscious decision is sometimes made not to cooperate in some respects with the counselor, therapist or other professionals. Conscious resistance is the withholding of information due to embarrassment or fear. Unconscious resistance has been studied from several theoretical positions, e.g., in psychoanalysis unconscious resistance emerges in the ego's struggle to maintain repression. The VI Resistance

Scale measures client resistance. It leaves the theoretical distinctions between conscious and unconscious resistance to others.

An elevated (70th to 89th percentile) Resistance Scale score identifies defensive non-compliant or oppositional attitudes and behavior. These uncooperative people respond best to structure and clarification of expectations and consequences. They can be faultfinding and critical. A Severe Problem (90th to 100th percentile) Resistance Scale score reflects extreme non-compliance, resistance and even defiance. These clients are usually hostile, cooperate grudgingly and can be antagonistic. They tend to be unfriendly, alienated and spiteful.

The Resistance Scale measures client defensiveness and uncooperativeness. They resist authority, help and being told what to do. They tend to be contrarian and are very protective of personal information. This resistance impacts relationships, particularly authoritarian relationships.

Resistance is a character trait. In other words, a persistent personality pattern characterized by uncooperative behavior with immaturity and rebelliousness as components. This is a behavior pattern in which inappropriate non-compliance is dominant. Character traits are enduring aspects of a person's personality. As such, the Resistance Scale is not greatly influenced by other VI scales. However, one could expect an elevated Truthfulness Scale score in some resistant people's VI profile. These individuals may not like being told to complete the VI. The Resistance Scale can be interpreted independently of other VI scales.

6. **Substance Abuse Scale:** Measures substance (alcohol and other drugs) use or abuse. Alcohol refers to beer, wine and other liquors. Drugs refer to illicit drugs like marijuana, crack, cocaine, amphetamines, barbiturates, LSD, hallucinogens and heroin.

This is a delicate area of inquiry because most mental health professionals become the victim's advocate. To even imply that the victim has a substance abuse problem would be viewed by many as inappropriate. In contrast, other professionals would consider substance abuse screening as appropriate in that they want to understand the victim's strengths and weaknesses. And, there is the possibility that the victim's substance use may be problematic. The VI Substance Abuse Scale screens alcohol and drug use because such involvement may (or may not) help in understanding the client's situation.

An elevated (70th to 89th percentile) Substance Abuse Scale score indicates problematic substance (alcohol or drugs) use or abuse. It identifies emerging substance abuse problems. Clients scoring in the problematic range should be asked about their substance (alcohol and/or other drugs) using history, pattern of use and recent (within the last twelve months) substance use history.

A Substance Abuse Scale score in the Severe Problem (90th to 100th percentile) range indicates that the client has serious problems or the client may be a "recovering" substance abuser. If the client states they are "recovering," establish how long they have been recovering. An elevated Substance Abuse Scale score does not occur by chance. A score on the Substance Abuse Scale

at or above the 70th percentile requires a definite pattern of negative (or deviant) answers. And, the higher the score, the more definite the use or abuse pattern.

Substance abuse is an important area of inquiry for many reasons. One of the reasons is that substance abuse can exacerbate psychological and behavioral symptomatology. Thus, an elevated Substance Abuse Scale score along with any other VI scale score elevation can mask, confuse or magnify the client's profile or symptomatology. The effects of substance abuse are well known and include emotionality, impaired judgment and even memory loss.

Several VI items are printed in the "Significant Items" section of the VI report and again in the "Structured Interview" section of the report for quick reference. Alcohol admission items include: #24 (I have a drinking problem), #60 (My drinking is more than a little or mild problem) and #129 (How would you describe your drinking?). With regard to drug admission, items #35 (I have a drug problem) and #131 (How would you describe your drug use) are noteworthy.

Recovering substance abusers would likely score on the Alcohol or Drug Scale items; whereas, polysubstance abusers would score on both. This is an important area of inquiry. Item #133 asks if the client is a "recovering" alcoholic, drug abuser or both (alcoholic and drug abuser).

The Substance Abuse Scale screens alcohol and drug abuse. As noted earlier, substance abuse can exacerbate or magnify other VI scale scores. It is an important area of inquiry that needs to be explored. Elevated Substance Abuse Scale (70th percentile or higher) scores indicate that a problem exists, and history as well as pattern of substance abuse should be reviewed carefully in subsequent client interviews.

The Substance Abuse Scale score can be interpreted individually or in combination with other VI scale scores.

7. **Suicide Ideation Scale:** Measures the client's probability of committing suicide. At one time or another, almost everyone contemplates suicide. However, the suicidal act is complex and multi-faceted. Consequently, debate regarding the causes of suicide is left to the academicians, theologians and philosophers. Suffice it to say that suicide has been among the ten leading causes of death in the United States. And, the Victim Index's Suicide Ideation Scale is designed to help identify suicidal individuals before they commit suicide.

When the Suicide Ideation Scale score is in the Problem Risk (70th to 89th percentile) range, that client should be talked to about their life situation. Such a discussion would inquire as to the client's wellbeing while exploring suicide and suicide prevention.

When the Suicide Ideation Scale score is in the Severe Problem (90th to 100th percentile) range, the client should be considered suicidal. In these instances, referral to a certified/ licensed mental health professional should be made for a more comprehensive evaluation, diagnosis and treatment plan.

An elevated Suicide Ideation Scale score and a concurrently elevated Distress Scale, Morale Scale, Self-Esteem Scale, Substance (alcohol and other drugs) Abuse Scale or Stress Coping Abilities Scale would be a malignant sign. In these instances, the probability of suicide is increased. Suicidal behavior is influenced by distress, morale, self-esteem, substance abuse and stress coping abilities.

An elevated Suicide Ideation Scale score does not occur by chance. A definite pattern of suicidal thoughts is necessary to attain an elevated scale score. Up to three-quarters of those who take their lives have communicated their intent beforehand. The Suicide Ideation Scale can be interpreted independently or in combination with other VI scales.

8. **Stress Coping Abilities Scale:** Measures the client's ability to cope effectively with stress, tension and pressure. It is now accepted that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Coping Abilities Scale score in conjunction with other elevated VI scale scores can help in understanding the client's situation. Such problem augmentation applies to substance (alcohol and other drugs) abuse, attitudinal problems and even acting-out behavior.

When the Stress Coping Abilities Scale score is in the Problem Risk (70th to 89th percentile) range, that client would likely benefit from completing a stress management program.

When the Stress Coping Abilities Scale score is in the Severe Problem (90th to 100th percentile) range, it is very likely that the client has a diagnosable mental health problem. In these instances, referral to a certified/licensed mental health professional should be considered for a more comprehensive evaluation, diagnosis and treatment plan.

The Stress Coping Abilities Scale is a non-introversive way to screen emotional and mental health problems. Elevated scores also provide considerable insight into how the client handles distress, poor morale, impaired self-esteem, substance abuse and perceived threat. The Stress Coping Abilities Scale score can be interpreted independently or in combination with other VI scales.

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In conclusion, it was noted that there are several "levels" of VI interpretation ranging from viewing the VI as a self-report to interpreting scale elevations and interrelationships. Staff can then put VI test report findings within the context of the victim's life situation.

For more information on how the VI works, users are encouraged to read the "VI: Orientation and Training Manual." Each VI scale's scoring methodology is explained, unique assessment features are discussed and more detailed information on the VI assessment system is presented. And, if you have any questions, contact Behavior Data Systems so we can help.

Test Features

Truthfulness Scale measures how truthful and open the juvenile was while completing the Victim Index. This scale identifies denial, problem minimization and faking. Many troubled

clients attempt to minimize their problems. A Truthfulness Scale is a necessary component in contemporary juvenile assessment. The Victim Index Truthfulness Scale has been validated with other tests, truthfulness studies and the Minnesota Multiphasic Personality Inventory (MMPI) L and F scales. It consists of a number of items that most clients agree or disagree with. This important scale has been demonstrated to be reliable, valid and accurate. Much of this normative research is reported in the document titled “VI: An Inventory of Scientific Findings.”

Truth-Corrected Scores have proven to be very important in enhancing assessment accuracy. This proprietary truth-correction program is comparable to the MMPI K-Scale correction methodology. The Victim Index Truthfulness Scale has been correlated with the other six Version II scales. The Truth-Corrected equation then converts raw scores to truth-corrected scores. Truth-Correction scores are more accurate than raw scores. Raw scores reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide.

Stress Coping Abilities Scale measures how well the juvenile handles stress, tension and pressure. This scale goes beyond establishing whether-or-not a juvenile is experiencing stress. It determines how well the client handles or copes with stress. How well a person handles stress can effect their adjustment and mental health. Stress exacerbates emotional and mental health symptomatology. Consequently, this scale is a non-introversive way to screen established (diagnosable) mental health problems. A client scoring at or above the 90th percentile on the Stress Coping Abilities Scale could be referred for a more comprehensive evaluation and diagnosis as warranted. This important area of inquiry is missed by many other screening instruments.

More than just another alcohol or drug test. In addition to alcohol and drugs the Victim Index assesses other important areas of inquiry like truthfulness, suicide, distress, morale and stress coping abilities. The Victim Index is designed specifically for victim (male and female) assessment. It provides the information needed for understanding attitudes and behavior.

Advantages of Screening

Screening or assessment instruments filter out individuals with serious problems that may require referral for a more comprehensive evaluation and/or treatment. This filtering system works as follows:

Victim Index		
Risk Category	Risk Range Percentile	Total Percentile
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 - 100%	11%

Reference to the above Risk Range table shows that a problem is not identified until a scale score is at the 70th percentile or higher. These risk range percentiles are based upon the

thousands of victims that have taken the Victim Index. This procedure is eminently fair and it avoids extremes, i.e., over-identification and under-identification of problems and risk.

Budgetary savings (dollars) would be large with no compromises in clients receiving appropriate evaluation and/or treatment services. Indeed, client's youth would receive help. Without a screening program there is usually more risk of over or under utilization of additional professional services.

Confidentiality: Users are strongly encouraged to delete client names from after they have completed a client assessment. This proprietary "name deletion" procedure involves a few keystrokes and insures client confidentiality. Once clients' names are deleted, they are gone and cannot be retrieved. Deleting client names does not delete demographics or test data, which is downloaded into the tests database for subsequent analysis. This "name deletion" procedure insures confidentiality and compliance with **HIPAA (federal regulation 45 C.F.R. 164.501) requirements.**

Test Data Input Verification: This proprietary program allows the person that inputs the test data from the answer sheet into the computer to verify the accuracy of their data input. In brief, test data is input twice and any inconsistencies between the first and second data entry are highlighted until corrected. When the first and second data entry match or are the same the staff person may continue. Use of this data entry verification procedure is optional, yet it is strongly recommended.

Database

The Victim Index system contains a proprietary built-in database. All of the test data is downloaded into the Victim Index database. This expanding database allows ongoing research and test program summary features that were not readily available before. Ongoing research insures quality control. Testing program summaries provide for program self-evaluation.

Built-in database. The Victim Index permits ongoing research and annual program summary -- at no additional cost. Advantages of this proprietary database are many and include database (research) analysis and annual testing program summary reports. Annual summary reports provide information that permit testing program review.

For more information

Some evaluators want more test-related information than others. If you want more in depth Victim Index information visit **www.bdsltd.com**. Upon entering this site there are navigational links in the left margin. Click on "Tests Alphabetically Listed" and scroll down to the Victim Index. Click on the tests name and you will go directly to its webpage, which contains a lot of test-related (description, unique features, research, example report and more) information.

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