
What Happens to Victims?

A Research Guide for Disaster-Response Studies

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Data Needs for Studies of Emergency Services Responses to Disasters: A Research Guide^{*}

Purpose

Evaluators and others studying what happens to victims of major disasters—such as earthquakes, floods, September 11-type incidents, or Hurricane Katrina-like catastrophes—must begin with a comprehensive understanding of victim services needs under such extraordinary circumstances. Based on that understanding, desired service outcomes and associated indicators will need to be constructed. To assist in the development of such research, this guide provides a series of starting, generic checklists of outcome indicators and related information considered pertinent to studying emergency services responses. The indicators cross a range of critical service areas and cover a wide array of conditions likely to be important to disaster victims, allowing for assessment of the extent to which victim services needs are met during and following disasters.

Studies of services responses are likely to address questions about the type, timing, and adequacy of the responses, as well as about who delivered (or failed to deliver) various services. Thus, included here are both a starter set of indicators relating to the quality of service provision and a start at identifying information on the characteristics of the various service interventions. Because outcome findings will be considerably more useful if broken out by key victim demographic characteristics, we have also provided a starter-set of such characteristics.

Together, the respective sets of outcome indicators, responding services characteristics, and demographic characteristics are intended to serve as a guide and checklist for future evaluations and other studies that

- provide feedback on how successful the responses are to major emergencies;
- provide a baseline against which responses to various emergencies can be compared;
- help identify improvements needed by service-providing organizations and the government in responding to major emergencies; and
- help identify the types of service responses likely to be most helpful to particular demographical subgroups.

^{*} Sources for this material include a review of the emerging information on Hurricane Katrina, the Urban Institute's recent work in evaluating 9/11, and the authors' previous experience in evaluating a variety of human services programs at federal, state and local levels of government. Our colleagues Carol DeVita, Olivia Golden, Elaine Morley, Nancy Pindus, and Sue Popkin provided useful suggestions.

Each evaluation or other study of services responses to disasters will need to be tailored to the unique, special coverage characteristics and scope of a particular emergency. Hence, each would likely (a) require only some of the outcome indicators, demographic and situational characteristics data, and responding services characteristics data listed here; (b) need additional detail; or (c) necessitate unique indicators or data not yet identified. An example of the latter would involve a terrorist attack using biological agents, which might call for provision to the public of gasmasks, protective pharmaceuticals, and the like, and require indicators of the extent to which these were provided in a timely and correct manner. That notwithstanding, this guide is intended to be helpful in the initial stages of designing any assessment of the quality or effects of services responses by identifying information needs that are reasonably common and basic across major emergency situations.

The intended audiences for the guide include private emergency responding organizations such as the American Red Cross, other NGOs, faith-based institutions, or private businesses; public emergency management organizations at any level of government, such as the federal Department of Homeland Security or state or local governments or agencies; and researchers and evaluators looking to assess the outcomes of responses to major emergencies or to help prepare for future responses.

Scope/Coverage

The focus of the guide is on individuals or households considered to be direct victims of a disaster (including, possibly, responders who may themselves be victims) but not on businesses or institutions or those indirectly affected (such as relatives of those directly affected or persons living away from the emergency). It is inclusive of all service-delivery entities, and spans immediate, “short-term,” and “longer-term” time periods and effects on victims. The outcomes that need to be measured to assess services responses can be linked to any such category.

The guide contains the following segments:

1. A checklist of *basic categories of services* (such as food, water, shelter, and health services) that victims are likely to need after a major emergency has occurred.
2. A checklist of potential *victim demographic characteristics* for which separate tabulations of outcomes may be needed. In any study of emergency response and emergency preparedness, it is likely to be important to distinguish outcomes for particular victim subgroups, such as the elderly, the poor, the handicapped, or residents versus visitors.
3. A checklist of *service category characteristics*, such as whether assistance was provided by a government agency, informal support network (e.g., family/good Samaritans), a private nonprofit organization, or a religious organization.

4. A brief discussion of the advisability of distinguishing among *needs at different time periods* (such as immediately, short term, and over longer time frames) after an emergency.
5. A discussion of likely *data sources and data collection procedures* needed to obtain the above information, including whether reasonably accurate information can be obtained and in a practical way.
6. A list of *candidate outcome indicators* related to each of these service categories, the core of the paper. Data collected on such indicators should provide a sound basis for both (a) assessing the successfulness of responses and (b) helping emergency-response preparations by identifying problems and issues that need to be addressed.
7. A list of *candidate quality-of-service indicators* (such as the timeliness, accessibility, and sensitivity of the service) likely to be (a) a key concern to victims when they receive service and (b) of interest to provider organizations intent on improving the responsiveness of their service delivery.

1. Basic Categories of Services

Following is a list of services likely to be needed by victims of major emergencies:

- Health/medical care services, both in response to illness or injuries caused by the emergency/disaster and in response to ongoing health needs
- Mental health care services—crisis and ongoing—both in response to events of the emergency/disaster and in response to ongoing needs
- Family reunification services
- Safety/crime and fire protection services
- Drinking water, food, and clothing provision services
- Housing-related services—including shelter, temporary and permanent housing, utilities restoration, clean-up and repair, rebuilding, and sanitation
- Employment training and referral services.
- Financial services (e.g., money, credit, rent or mortgage deferrals, etc.)
- Transportation services
- Communications services (especially with family, friends, and service providers)
- Education (K–12) and early childhood and child care services
- Disability/special elder services

2. Victim Pre-Emergency Demographic Characteristics

Demographic information is vital for assessing the outcomes and service needs of different portions of a victim population. Outcome information usually should be broken out by such pre-emergency characteristics of disaster victims as the following:

- **Geographical location**, which may include where victims were living immediately prior to an emergency or, in some instances, where they were located at the time of an emergency. The 9/11 incident, for example, affected many people at or near their workplace as opposed to their residence, and Hurricane Katrina caught some victims who were tourists and struck when some local residents were hospitalized or in other institutional settings away from their residences.
- **Age**, which is important because some groups (such as children or the elderly) may not only have special needs but also represent special circumstances (e.g., physical frailty) that affect service outcomes.
- **Race/ethnicity**, which is important in determining if service needs are disproportionately available across racial/ethnic groups as well as whether poor outcomes are disproportionately experienced by particular subpopulations.
- **Pre-emergency housing tenure**—whether victims were owners, renters, guests, etc.
- **Pre-emergency disability status**
- **Gender**
- **Marital status**
- **Pre-emergency household composition**
- **Access to personal records and key forms of identification/documentation** (e.g., birth certificates, Social Security numbers, bank account information and credit reports, medical insurance, and medical/pharmaceutical records)
- **Pre-emergency employment status**
- **Pre-emergency income**
- **Pre-emergency financial situation**—including savings, credit lines, liquidity and physical assets (such as a house, condominium, mobile home, car, boat, etc.)
- **Pre-emergency social assets**, such as family, relatives, friends, neighbors, employers, etc.
- **Immigration status**
- **Foreign national status**, such as tourists

Characteristics such as pre-emergency income and financial situation, as well as social assets, may be important measures of the extent to which victims are likely to be able to fend for themselves, with little or no assistance from formal service-providing networks. Similarly, the final three characteristics will likely be important mediators of victims' eligibility and ability to access services in a meaningful and timely fashion.

Some victim characteristics are valuable to know in order to understand victims' services needs or to assess the extent to which those needs are met. Other characteristics or attributes are important to know, however, because changes in them following a disaster constitute outcomes of either the disasters or of service experiences. Examples are:

- An employed person prior to a disaster who becomes unemployed either as a direct consequence of the disaster or of the lack of availability of comparable employment opportunities, child care, or transportation services.
- Households with members living together prior to a disaster whose members become separated following the disaster, either because they were not in proximity when it occurred, services were not available to locate or unite the various members, or services or facilities were not available or sufficient to accommodate them as units.

3. Service Category Characteristics

Most evaluators or researchers will want to relate outcomes to particular interventions used (and their costs) in order to produce information on the effectiveness of those service responses. Of course, multiple services and multiple outcomes can be expected to be involved. Evaluators will also want to document services needed but not provided. As noted below, it is advisable to seek explanatory information that sheds light on why needed services were not delivered.

Here is a menu of information likely to be important for particular services that *are provided* to individual victims:

- **Type(s) of intervention(s).**
- **Service provider type.**

There are a number of dimensions to consider within this general category. One issue is whether assistance is delivered by formal service providers (e.g., trained personnel, paraprofessionals, trained volunteers) or by informal supports/safety networks such as family, friends, or citizen activists and good Samaritans. The scale/scope of some emergencies, such as Hurricane Katrina, may undermine the ability of informal networks to provide the kinds of support they might have offered in more delimited disasters. For example, if an emergency befalls a circumscribed neighborhood, it is entirely likely that the residents of that small area could call upon family members living nearby but outside the affected terrain to provide short-term shelter and other subsistence supports. However, Katrina simultaneously victimized many extended family members who were rendered incapable of offering assistance to one another.

A related issue for service delivery by formal providers is whether the assistance is delivered by a pre-existing, private nonprofit service organization; a private foundation; a government agency (and which level of government); or a new organization (e.g., private, nonprofit) formed specifically to respond to a particular emergency.

Similarly, it is important to capture whether services are provided by the organization or level of government perceived as primarily responsible for responding to such emergency situations, or whether assistance is provided by another organization because the primary responder is unable to deliver needed services. If the latter, it is likely advisable to document why a primary responder was unequal to the task, and what characteristics of the situation or the responding organization facilitated its ability to fill the gap(s). For example, under some emergencies, providers are unable to meet the huge demand for services using only their own resources and, therefore, they seek assistance from providers in nearby catchment areas (e.g., it is not unusual for extraordinarily large fires to trigger calls for firefighters and equipment from departments in neighboring

jurisdictions). Likewise, Hurricane Katrina gave rise to some circumstances in which responsibility for services expected to be provided by local or state government were reassigned to federal providers.

- **Service provider size.**
- **Eligibility criteria.**
- **Where a service/intervention took place** (e.g., medical services in health care environment or in makeshift setting such as parking lot).

It is important to document the geographical/jurisdictional location in which service delivery takes place—within a disaster area or another area to which victims are relocated. The relocation of victims from one geographic area to another may shift the burden for service delivery from the jurisdiction in which the disaster occurred to other, possibly distant locale(s) that are untouched by the original event. For example, many Louisiana residents were relocated to Texas as well as many other states in the aftermath of Katrina, and those states and its local providers were now confronted with unanticipated demands for services.

- **The amount of service applied**—i.e., some indicator of the service intensity/dosage.
- **Service elapsed time**—between the need for service, application for service (if different than time need started), and its receipt.
- **Service duration**—the start and end dates of the service provision.
- **Request for service applications denied**, and reasons for denial.

4. Needs at Different Time Periods

The consequences of disasters on victims will vary in magnitude, severity, and duration, depending on the nature of the disaster. Emergency services provided in response will vary accordingly. Across different types and scales of disasters, however, it seems reasonable to divide the emergency and post-emergency periods into time segments and, where appropriate, use distinct performance measures to assess the response for each segment. Both the services required and victim expectations about them are likely to be different for the various segments. Reasonable time segments are

- **during and immediately after the emergency**—generally measured in hours or days;
- **a stabilization period**, beginning once the emergency event(s) are over/have subsided—generally measured in weeks following an emergency;
- **the near-term period**—likely to be multiple months following an emergency; and
- **the longer term**—measured in months or years, depending on the magnitude and severity of the emergency, during which services of one sort or another related to the need occasioned by the emergency are still required or delivered.

Another issue relating to the time dimension involves when evaluations or other studies are undertaken and over how long a time period they extend. Some studies may be conducted and completed in the near term, during or immediately following a disaster, while others may be done later or over a longer period of time. Those conducting studies during the later stages might want to identify victims' conditions as of earlier time segments, as well as during the later stage.

These timing issues might affect somewhat which outcomes and outcome indicators are needed. They also may have a bearing on the issues of interest—depending on the nature of the disaster and what transpired since it occurred with respect to victims and services. Finally, timing may affect the availability of data, the quality of data available, and the feasibility of various data-collection methods. Nevertheless, most of the outcome indicators and other information elements identified in this guide are likely to remain the same (or at least be quite similar) regardless of the time period(s) the study is addressing or over which it is extending.

5. Data Sources and Data Collection Procedures

Well-designed administrative databases can provide some key data elements for studies of victim outcomes and services responses, but they will likely not capture important victim experiences and service-satisfaction measurements. Because this guide focuses on evaluations of service responses and what happens to victims, surveys of (representative) samples of victims and their families are likely to be primary data sources and the preferred method of data collection.

Surveys can provide information on most, if not all, the outcome indicators identified in section 6, below, as well as provide information on services received, services needed but not received, types of service providers (though victims may not be able to provide much detail on individual service providers), and victims' demographic and situational characteristics. Development of survey instruments will be a major task for any victim-outcome and services-responses study. The data elements listed in the sections above and in the following section should be useful in developing such instruments.

Assembling lists of victims so that reasonably representative samples can be drawn, and locating them so questionnaires can be administered, are obviously crucial to carrying out an evaluation or other type of study, as contemplated here. Obtaining lists may involve working with telephone directories, property or real estate records, rental or institutional (e.g., university, hospital, or nursing home) records, or records of health departments, schools, national or state-equivalent FEMAs, state unemployment offices, nonprofit organizations, and the like. This could be especially challenging and complicated following Katrina-like catastrophes where victims are displaced far and wide and where it is not always clear-cut as to who are the victims. Finally, confidentiality concerns may limit access to victim or service-recipient lists, and privacy and data-security issues have to be taken into account as samples are devised and data are collected and reported.

Survey timing is also important, given that the accuracy of victim-provided information can be affected by memory and the amount of elapsed time between an emergency and when victims are surveyed. To compensate for some of these problems in assembling and surveying victims, survey data that are collected can be complemented or checked against records of agencies, such as those identified above—to the extent these can be accessed.

Though not the subject of this guide, it is also likely to be highly useful to survey responders, as well as victims. They may have much to offer in identifying what worked, what didn't, where they were well prepared, and where they needed additional training, resources, or other assistance—e.g., where they needed food and water, a back-up team to give them some time to rest and recharge, and assurance that their own families were being adequately protected and cared for in order to be responsive. For large-scale emergencies, many responders may never have experienced such huge or intense demand or the need to interact effectively with other responders across institutional boundaries.

6. Candidate Outcome Indicators

As outlined under “Basic Categories Services,” the following is a menu of candidate outcome indicators. The indicators are grouped by basic service category, those listed in section 1.

This list is very long. To keep their studies manageable, study designers will likely need to select those indicators that are most relevant and that are feasible to collect within available study resources.

6.1. Health/Medical Care Services—Both in Response to Illness or Injuries Caused by the Emergency/Disaster and in Response to Ongoing Health Needs—Performance Outcome Indicators¹

- Number and percent requiring health care, by type of care; by type of setting (outpatient/inpatient)
- Access to health care, including access to treatment in the very first settings that family lived in:
 - Number and percent with unmet health care needs: At the time of evacuation, such as chronic health needs (e.g., diabetes exacerbated by evacuation because no insulin was available); injuries/disease occurring during the emergency; and health problems thereafter.
 - Number and percent with shortage of medicine or reduced use of medication (e.g., to make it stretch for longer time frame).
 - Number and percent of victims with “significant” delay days until treatment.
 - Number and percent of victims without adequate health care financial coverage.
 - Number and percent reporting having a health care provider (doctor or facility) they feel they can go to when needed.
 - Number and percent of patients separated from families (relocated) in order to receive needed treatment.

¹ It may be important for some studies to distinguish diseases from injuries and, within diseases, distinguish acute versus chronic illnesses. Depending on the nature of the emergency, the emergency could create acute air- or water-borne illnesses or could exacerbate existing chronic conditions.

- Physical health condition
 - Number and percent whose physical health was “significantly” harmed by the emergency.
 - Number and percent whose physical health has degenerated/improved since the emergency.
 - Number and percent of hospital/residential patients evacuated whose health problems worsened.

6.2. Mental Health Care Services—Crisis and Ongoing, Both in Response to Events of the Emergency/Disaster and in Response to Ongoing Needs²—Performance Outcome Indicators

- Number and percent whose mental health was “significantly” harmed by the emergency.
- Number and percent whose mental health has degenerated/improved since the emergency.
- Number and percent needing mental health counseling/treatment, but unable to obtain the help.
- Number and percent experiencing “significant distress or dysfunction.”
- Number and percent in counseling for mental health problems.
- Suicide rate/attempted suicide rate among victims.

6.3. Family Reunification Services Performance Outcome Indicators

- Number and percent of families/households separated.
- Number and percent of families/households separated that have been reunified.
- Number of hours/days/weeks (a) children (b) adults were separated from their families/household members.
- Number and percent of individuals/families affected by loss/death of family/household member due to disaster.

² Mental health needs unrelated to the emergency but exacerbated by it might be distinguished from needs relating to effects from the emergency, such as post-traumatic stress and grief counseling.

- Number and percent of families/households with missing/lost/dead pets. (Many people emphasize the importance of pets to household emotional well-being.)

6.4. Safety/Crime and Fire Protection Services Performance Outcome Indicators

- Number and percent of victims/families who were the victims of crime directly or indirectly resulting from the emergency. (Crimes can be grouped into various classifications, such as violent crimes and property crimes.)
- Number and percent of victims/families who feared becoming the victims of crime directly or indirectly resulting from the emergency—(a) violent crimes; (b) nonviolent crimes (property crimes).
- Number of homes damaged severely by fire resulting from the emergency.
- Number and percent of people/households that purchased guns post-disaster for self-protection.

6.5. Drinking Water, Food, and Clothing Provision Services Performance Outcome Indicators

- Number and percent of victims who had purchased/stored/stockpiled water in advance of the emergency.
- Number and percent of victims reporting gaps of X or more hours without adequate drinking water.
- Number and percent of victims estimated by water supply “records” as having been without drinking water for X or more hours.
- Number and percent reporting significant problems they and their families have had obtaining an adequate supply of drinking water.
- Number and percent victims who had purchased/stored/stockpiled food in advance of the emergency.
- Number and percent of victims reporting gaps of X or more days without adequate food.
- Number and percent of victims estimated by agency “records” as having been without food for X or more days.
- Number and percent reporting significant problems they and their families have had obtaining an adequate supply of food.

- Number and percent reporting significant problems they and their families have had obtaining adequate replacement clothing.

6.6. Housing-Related Services—Including Shelter, Temporary and Permanent Housing, Utilities Restoration, Clean-Up and Repair, Rebuilding, and Sanitation—Performance Outcome Indicators

- Number and percent of families/persons whose homes were severely damaged as a direct or indirect result of the emergency (whether damaged by water, wind, terrorist activity, or whatever).
- Number of families/persons with more than one/two different (temporary) living arrangements before long-term (“permanent”) resolution.
- Percent of victims rating the quality of their living arrangements, including such conditions as crowdedness, sanitation, physical conditions, and safety, as excellent, good, fair, or poor.
- Average time until displaced families/households found a living arrangement considered to be permanent.
- Number and percent of families/households now in an alternative housing situation they view as permanent.
- Number and percent viewing permanent alternative housing as acceptable or reasonably the same as pre-disaster housing.
- Number and percent believing their housing location is compatible with their employment, child care, school, transportation, and other needs and/or is contributing to their recovery/well-being (i.e., return to pre-disaster situation or improvement over pre-disaster situation).
- Number and percent of persons without adequate (a) sanitation services (such as working toilets and garbage collection) and (b) utilities (such as electricity and gas).
- Number and percent of victims who have returned to their original home area.
- Number and percent of victims who (a) plan to return to their original home area within X months, (b) never want to return, and (c) who do not know whether they will return.
- Number and percent of victims who identify various conditions/incentives that it would take for them to return.

6.7. Employment Training and Referral Services Performance Outcome Indicators

- Number and percent of households without an employed person, but seeking employment—and compared with the figures for those victims prior to the emergency.
- Unemployment rate for victims—and compared with the rate for those victims prior to the emergency.
- Number and percent receiving unemployment benefits—and compared with the rate for those victims prior to the emergency.
- Number and percent receiving job training or job referral/placement as disaster benefit.
- Number and percent of victims looking for employment who had been employed at the time of the emergency who were, or have been, unemployed for at least X weeks (or average length of unemployment).

6.8. Financial Services—e.g., money, credit, rent or mortgage deferrals, etc.—Performance Outcome Indicators

- Number and percent of families with family income at or below the poverty level (or X percent of area median income)—both (a) including and (b) excluding emergency benefits financial assistance.
- Number and percent of families whose family income at the time of the emergency was above and now is below the poverty level (or X percent of area median income), excluding emergency benefits financial assistance.
- Number and percent with/without adequate “property” insurance coverage to cover their losses due to the emergency.
- Number and percent of families whose assets were depleted because of the effects of the emergency (including home, vehicles, and other items with non-trivial monetary value).

6.9. Transportation Services Performance Outcome Indicators

- Number and percent of families reporting having had major difficulties (a) getting away from the emergency and (b) subsequently, losing any reasonable form of transportation to places such as employment, grocery stores, health care facilities, etc.
- Number and percent of families reporting losing their vehicles because of the emergency and not being able to replace it as of X days afterwards.

- Number and percent reporting having had temporary difficulties, such as gas pumps not working, jammed roadways, impassible roads, and impaired safety due to downed lines or non-working street lights or traffic signals.

6.10. Communications Services (Especially with Family, Friends, and Service Providers) Performance Outcome Indicators

- Number and percent of families reporting having had major difficulties communicating with family, friends, or service providers (a) during the emergency and (b) subsequently.
- Number and percent reporting inability to get adequate emergency response information/directives pre-, during, and post-emergency (whether by phone, radio, TV, etc.).

6.11. Education (K–12) and Early Childhood and Child Care Services Performance Outcome Indicators

- Number and percent of families that had some form of child care arrangement at the time of the emergency, lost it because of the emergency, and have gone at least X months/weeks without it.
- Number and percent of families that had some form of child care arrangement at the time of the emergency and have had some form of child care since, but the quality of the care was considerably worse than before the emergency.
- Number and percent children in school and at appropriate grade level.
- Average amount of absenteeism.
- Number and percent of children with worsened grades or test scores attributable to the emergency.
- Number and percent of children with apparent emotional/social development attributable to the emergency.

6.12. Disability/Special Elder Services Performance Outcome Indicators

This category of service is distinguished because of the special problems and attention victims who were handicapped by a disability or old age at the time of the emergency are likely to have. While the outcome indicators are essentially the same, the nature of the service provision is likely to be quite different for special-needs victims.

7. Candidate Quality-of-Service Indicators

This final group of indicators is intended to measure the quality with which services were provided, not the outcomes of those services.³ These service-quality considerations are likely to be important to victims regardless of the particular services they seek or receive, and regardless of service provider. Thus, this list identifies performance indicators that can be applied to most, if not all, services.

Performance Measure Considerations	Performance Indicators
<i>Timeliness of service provision</i> —both of initial services and of subsequent services; and <i>timeliness of obtaining a permanent setting</i> —such as short a time as possible spent in bad or very temporary alternatives	<ul style="list-style-type: none"> • Number of hours/days/weeks before the service was received. • Percent rating the service timeliness as at least adequate.
<i>Accessibility/convenience of service provision</i> —including physical proximity of services, ability to get through to aid offices, and ability to get help when needed.	<ul style="list-style-type: none"> • Percent rating service as at least adequately accessible. • Percent rating service as at least adequately convenient.
<i>Service information adequacy</i> —including accuracy of information, how often it changes, how available it is to the people who need to get it.	<ul style="list-style-type: none"> • Percent reporting knowing how to get the service, knowing what the rules are, and perhaps some measure of how many times the rules have changed.
<i>Sensitivity and civility of service provision.</i>	<ul style="list-style-type: none"> • Percent reporting the service provided in a sensitive and courteous way.
<i>Receipt of needed service.</i>	<ul style="list-style-type: none"> • Number and percent reporting that they sought help from various categories of providers and received it.
<i>Unmet needs</i> —for any of the needs areas, with information, where possible, as to why needs have not been met.	<ul style="list-style-type: none"> • Number and percent reporting they needed help and did not receive it or only received part of the help needed. • Number and percent reporting they sought help from various categories of providers and did not receive it.
<i>Equity of service delivery</i> —among victims (needing the assistance) [Another dimension may be equity between victims and other needy persons/households in the receiving cities]. ⁴	<ul style="list-style-type: none"> • Number and percentage points difference in service receipt among: gender, races/ethnicities, household incomes, geography (what receiving city, state).
<i>Overall satisfaction with service delivery.</i>	<ul style="list-style-type: none"> • Percent rating service at least “good.”

³ Outcome indicators for the helpfulness and effectiveness of the service are covered under the previous needs area.

⁴ Data collection procedures involving equity of service delivery will likely involve disaggregating outcome indicator by demographic characteristics, possibly supplemented by direct questions asking victim-survey respondents for their perceptions of fairness of service delivery.