

Sociology 4099: Victimology

Lecture Notes Week 3: The Impact of Victimization:

Now that we have had a general overview of victimology, including its various theoretical positions and methodological concerns, it is appropriate to begin examining the impact of victimization. This week, we will examine

- (1) The “official position” presented by crime victim advocates.
- (2) The general social science research on the impact of victimization.
- (3) A processual model centred around claiming victim identity and status

Following this, I will then present the results of two pieces of original, qualitative research which, taken together, raise some difficult questions about the impact of victimization.

(1) The “official position” presented by crime victim advocates:

Bard and Sangrey (1986) have formulated an influential perspective on the impact of victimization that has been adopted by many crime victim advocates. They argue that victims in crisis have remarkably similar reactions, and that these are related to a violation of the self. Of course, factors such as the severity of the crime, the person’s ability to deal with stress, and support from others influence the intensity and duration of these reactions. Nevertheless, Bard and Sangrey point to three general stages that emerge over time in a victims’ reaction: (1) Impact; (2) Recoil; and (3) Recovery. These represent initial disorganization of the self, a period of struggle, and the eventual readjustment of the self. These are not always neat and orderly progression, as victims often relapse to prior stages and later bounce back. But eventually recoil patterns occur with less frequency until finally, in a good recovery, reactions will subside altogether.

In the *first stage*, Bard and Sangrey argue that the victim falls apart inside. His or her sense of personal intactness and integrity has been shattered. The self responds to violation by becoming disorganized, and victims often feel they are in shock. Some victims become numb and disoriented, either moving about aimlessly or feeling physically immobilized. Physiological disturbances such as inability to sleep or eat are common. Many feel: “this can’t be happening to me.” This disbelief frequently alternates with feelings of vulnerability and helplessness, sometimes accompanied by a sense that they are “all alone in this.” Some become confused, unable to make even the simplest decision, and depend on others for help and direction. The difficulties experienced by victims at this stage can be greatly helped - or hindered - by others trying to help.

In the *second stage*, victims recoil. They begin to struggle to adapt to the violation and to reintegrate their fragmented selves. This requires them to deal with a number of distressing emotions including fear, anger, sadness, self-pity, and guilt. While sometimes contradictory, these feelings may be so intense and painful that the victim cannot face them all at once. Hence, victims often go through a sense of defensive maneuvers to buy time so they can admit their feelings in tolerable doses. Victims thus sometimes are able to feel and work on their painful

emotions by confronting or replaying the events; other times they defend against them by denying or avoiding them. During this time they may experience intense fear, anger, phobias, and fantasize about revenge. Some want to talk about it constantly; others refuse to. Some, unfortunately, may turn anger inward, at themselves, or outward on undeserving others. Many have good days and bad days, and some experience wild mood swings. Most, however, eventually get beyond this point as they continue to struggle with their experience. Some chronic reactions, however, may require professional help.

The *third stage* involves the violated self becoming reorganized over time as the victim assimilates the painful experience. Feelings of fear and rage diminish in intensity and the victim begins to have emotional energy left over to invest in other experiences. The victim's level of activity becomes more balanced as the need to deny the victimization ebbs. Victims think less about the crime, become less interested in talking about it, and, when it comes up, the conversation is less emotionally upsetting. Gradually victims are able to put the experience into perspective and commit their energies to other things. Of course, how fast this happens depends on the seriousness of the crime and the kind of support received. Moreover, many victims can never fully forget what happened, and different reminders they encounter can still trigger occasional feelings of upset.

It is important to note that Bard and Sangrey's model has been very influential since its publication - particularly among crime victim advocates. For example, Kate Reidel (1990) in The Victims Guide to the Canadian Criminal Justice System repeated it in terms of stages called "impact, recoil and recovery." A well-known victim and advocate, she also pointed out victims needs in relation to these stages.

She argues that victims will have different needs depending on the stage that they are at. She also indicates that these needs vary from individual to individual, and from crime to crime. Generally, the more violent the crime, the more need the individual will have for ongoing support. Thus, victims' needs will depend on the victim, the crime, the crisis reaction stage, and the surrounding circumstances. Keeping this in mind, Riedel suggests that victims' needs generally fall into five general areas: (1) the need for safety; (2) the need for someone to listen; (3) the need for direction; (4) the need for assistance; and (5) the need for information.

The need for safety means not only shelter and protection, but also an assurance that no further harm will be done to the victim. The former can be provided by various friends, family, and agencies; the latter, at least in part by taking security measures and getting counselling (but there are never any guarantees).

The need for someone to listen flows from the anger, guilt, and need to lay the blame for the crime somewhere emerging out of the recoil stage. Victims often need someone confidential and non-judgmental to listen, sympathize and facilitate the expression of the emotions that result. "The victim comes to terms with the effects of the crime by talking about it and reliving it."

The need for direction arises as, in the "impact stage it is often difficult for the victim to think, let alone act." Until s/he recovers from the first shock of the crisis, s/he may need someone to help take care of vital concerns and temporarily make decisions (i.e. to cope for them).

However, in many cases someone may simply be needed to draw the victim out and suggest alternatives without taking their decision making away.

The need for assistance goes hand in hand with direction, and includes such things as running errands, providing food, taking care of paperwork, providing financial assistance, babysitting, providing transportation, helping to make funeral arrangements, handling reporters, etc.

Finally, the need for information is significant, and varies over time. The first concern is usually the police investigation, but this evolves throughout the criminal justice process. Policy on this has not been consistent, but is improving as more jurisdictions institute Victims Services Programs. The victim may also need the help of various government and community services such as welfare, family and childrens' services, womens' shelters, crisis lines, and public health facilities, just to name a few. It is an important component of victims' recovery to have access to information on the services that are available.

In the end, Riedel wisely sums up her advice to caregivers attempting to satisfy these needs:

“The key word in all of the above is ‘help.’ Help; do not take over the victim’s life. That is good for neither you nor the victim. Remember that most victims are functioning human beings who, under normal circumstances, are well able to look after their own needs. Right now the victim may not be able to do so, but the time will come, whether in a few hours or a few weeks, when he or she will want and need to take charge once more. Your job is not just to provide the help the victim wants and needs, but also to help him or her reach the point where your help is no longer needed.”

Bard and Sangrey’s approach also strongly influenced Marlene Young (1991), a well known victim advocate in the U.S., who refers to three stages termed: (1) the acute crisis stage, involving shock and sometimes immediate rage or terror; (2) the emotional effort to survive, involving anger, depression, illness and grief; and finally (3) a stage she terms “living after death,” where victims become survivors and learn to live around what has happened.

In the end, all of these writers share a fairly similar message. Following the impact of victimization, the reaction unfolds in temporal, stage-like fashion. Yet, questions can be - and have been raised about this. For example, does everybody follow exactly the same stages in the same order? If not, can they really be called stages? What is the empirical status of denial? Are victim activists really “survivors” - as they state - or still living under the shadow of the crime? Do these only apply to violent crimes, or do these stages apply equally to all? These are important questions worthy of consideration.

(2) The general social science research on the impact of victimization

Now that we have examined the “official” position taken by many crime victim advocates, we will look at the more general social science research on the victimization experience. Kennedy and Sacco (1998) argue that victimization calls into question three

fundamental assumptions which we use to operate in our daily lives: (1) that we are invulnerable to crime experiences; (2) that the world is a meaningful place; and (3) that we view ourselves and our actions in a positive light.

Victimization makes victims reassess their lives and the things that they can do protect themselves and their property. Part of this involves self-blame for not preventing the incident, avoidance of situations or people that they perceive as dangerous, and beefing up security measures (in some cases self-blame can be characterological, involving attributions to one's enduring personality traits: this is maladaptive, related to depression, helplessness, and inability to cope).

During this reassessment process, victims may also deal with crime through a form of cognitive restructuring whereby the crime experience is recreated in a way that the negative events are counteracted. This may take a variety of forms, including attempts to find meaning in the episode, attempts to compare oneself with others who have been similarly victimized (e.g. better or worse off).

Reconstruction and coping may also be affected by the social support that individuals receive, including things like advice, information, emotional, material and tangible support. However, victims do not always receive the support they need, and, in many cases, perceive the support they are offered as unhelpful.

From an individual standpoint, then, these factors play a large role in the extent to which victims are able to come to grips with their experience.

However, beyond individual assessments, the impact of victimization may be measured by reference to *objective* and *subjective* criteria. The former concentrate on material losses (e.g. valuables taken, lost days at work, medical costs of physical injuries). Such measures have been used by researchers to calculate harm in terms of actual monetary cost to the victim and society. *Subjective* measures, on the other hand, focus more on the psychological impact of crime, particularly long-term and recurring emotional symptoms that may be traced back to the victimization experience. Today we will first outline the *objective, monetary impact* of victimization, and then go on to discuss the *subjective, psychological consequences*.

One estimate of the annual cost of personal crime in the U.S. is \$105 Billion (1996), and this probably underestimates the real cost by far. If we include pain, suffering, and lost quality of life, the actual costs of victimization is likely closer to \$450 Billion. Of this, violent crime accounts for \$426 Billion and property crime for \$24 Billion. Further details can be seen in the following table (Chart, p. 168).

Calculation of these costs includes a valuation of losses in productivity, costs of medical care, and police and fire costs. A further breakdown is shown in the following table (Chart, p. 169). Interestingly, violent crime causes 3 % of U.S. medical spending and 14% of injury-related medical spending. It also results in wage losses equivalent to 1% of American earnings.

In calculating these figures, we have to look beyond the actual physical harm done to

victims to consider the emotional and behavioral costs of crime (e.g. loss of productivity, reliance on helping agencies, drop in quality of life, costs incurred in changes in lifestyle to avoid future victimization, etc.)

Moreover, we have to look to the impacts on third parties other than the direct victims. Secondary victims ranging from victims' families, emergency service personnel, and the increasingly fearful public all add to the bottom line in terms of services required (e.g. counselling, increased policing). Moreover, crime can have a direct impact on such things as property values and taxes. It is also important to note that victims are not always individuals, but businesses. Fear of crime can result in a drop in business, difficulty keeping employees, additional costs for security and insurance, and higher prices as these costs are passed on to consumers. Indeed, some businesses may close in particularly dangerous areas, adding increased costs for residents to travel to buy necessities.

While it may seem callous to place a dollar figure on victimization, it must be realized that some victims tacitly collaborate in this practice by suing for damages, and juries have to come up with a dollar amount (e.g. Goldman's award of \$8.5 Million against O.J. Simpson). Such actuarial calculations are also made by insurance companies and compensation tribunals. Costing out all aspects of victimization provides important insights about its overall effect on many parts of society (not just the victims), as well as the expenses that we incur in responding to it. The relative importance of victimization is underlined by statistics that show the staggering expenses incurred by individuals, communities, institutions, and businesses as a result of such events.

We turn now to consider *subjective, emotional and behavioral measures* of victimization. Crime has real, qualitative consequences for victims' quality of life, particularly with regard to mental health. Weed (1995) has described victims' loss of emotional well-being as deprivation of an emotional property right. One consequence of this deprivation may be long-term trauma, including guilt, rage, alienation or depression. It may also include behavioral consequences, such as avoiding public places, loss of work productivity, and attention deficits. While the extreme forms of these reactions are rare, victimization does impose some emotional costs that must be considered.

While we have discussed some ways that victims may attempt to cope with this impact (e.g. cognitive restructuring, comparing themselves with others, seeking support), it is important to recognize that not everyone who attempts these is successful. Some are subject to depression and obsessive fears. While in the past such people were accused of personality defects and treated poorly, more recently agencies have come to focus on crime as the cause of such persistent (but understandable) psychological distress, and to consider that normal recovery should be expected with treatment. This shift in philosophy has led to the identification of new psychological symptoms resulting from victimization experience. Two of these will be discussed here: (1) Post-traumatic stress syndrome (PTSD); and (2) Battered woman syndrome (BWS).

PTSD is defined in the DSM as a psychiatric disorder following an event outside the range of usual human experiences, which sufferers re-experience as a traumatic event (e.g. intrusive thoughts, nightmares, flashbacks). The victim may also report symptoms of emotional

numbing and avoidance (e.g. loss of interest in activities), and increased physiological arousal (e.g. difficulty in sleeping). This disorder was first documented in combat soldiers who had fought in the Vietnam War, but has been generalized since then to other traumatic experiences.

While some researchers question the extent to which this syndrome appears in any serious form, various tests have been devised to provide aggregate measures of the extent to which this syndrome is evident in sufferers. For example, the Symptom Checklist-90-R involves 90 self-report questions rated on 9 sub scales, which are tallied in a total score called the “Global Severity Index.” This was used by Riggs et. al. (1992) to compare female rape victims with a control group of women who had not been raped. The victim group scored significantly higher than the comparison group on 5 of the 9 scales (psychosis, paranoid ideation, hostility, depression, and obsessive/compulsive tendencies), as well as on the Global Severity Index. Considering that the victims averaged 13 years after their assault, Riggs et. al. concluded that for many women the psychological aftereffects of criminal victimization may last for years after the crime.

PTSD has also been used in the legal context of intimate violence, including expert testimony on behalf of women accused of killing their partners, and in civil actions brought by women against their batterers. It has also been used to great effect in child custody proceedings of people who have been involved in battering relationships.

Nevertheless, the application of this diagnosis was long delayed in this context as: (1) domestic violence was not considered “a phenomenon outside the range of usual human experience;” (2) battered women were often considered (in legal terms) to be as violent, or as much to blame, as their partners; and (3) the psychological problems experienced were often attributed to causes other than violence. All of these inhibited for some time the recognition that these symptoms in the context of domestic violence could be attributed to a form of PTSD directly connected to victimization.

Recently, courts have come to accept the view that there may be an acceptable defence that the ongoing violence directed against women creates a “battered woman syndrome” which may be seen as a specific case of PTSD. This can involve changes in womens’ cognition surrounding perceptions of safety or vulnerability, expectations of future violence, views of oneself, perceptions of one’s ability to control the violence, and the availability of alternatives. The idea is that women develop a sense of helplessness, coming to believe that they can neither leave the abusive relationship nor effectively act to reduce the violence: hence violence is their only recourse. This may result in their homicidal actions when the abuser is asleep or otherwise vulnerable - making it look premeditated. Up until the early 1980's, such women were routinely convicted of murder or manslaughter, but after that expert testimony became more and more accepted regarding how BWS may affect the accused’s sense of immanent danger when pleading self-defence. Indeed, the Supreme Court of Canada has officially recognized BWS as a special type of self-defence plea.

Along with the psychological aftereffects of violent crime, we must consider that there are often similar significant effects following property crime. Such victims may feel guilty, blaming themselves for not taking sufficient care to prevent the crime. As well some victims of

burglaries also feel threatened, as there could have been violence. But when we consider that our personal possessions are often seen as an extension of our self, loss of personal possessions can dramatically and emotionally highlight the relationships between ourselves, our home and property, and the social order. In some cases, this can leave uncertain our spatial boundaries, normal social contacts, and increase closedness, distrust, and preventative security measures. The suspicion and distrust that accompanies loss of personal control of one's environment can have a strongly negative effect on how one pursues daily activities. Of course, the recent media hype about home invasions has further heightened the fear that people have of being subject to attack in their own dwellings.

Lejeune and Alex (1973) refer to such psychological aftereffects as a "vulnerability conversion." Here, victims develop a sudden understanding that they are more susceptible to the dangers of life than they thought. When one's privacy is invaded, and objects of sentimental value are lost or damaged, the emotional response may be severe.

In addition, white collar criminals can cause significant losses (e.g. entire fortunes), and these may result in intense emotional consequences, compounded by lengthy legal wrangling. These spread beyond the immediate victims, to increased suspiciousness and distrust of economic and political institutions in our society. This is particularly so when actions may be technically legal, and official institutions are unwilling or unable to protect victims, or to help them achieve compensation.

The final psychological effect of victimization relates to the relationship between victimization and subsequent victimizing behaviors. In a nutshell, do victims become offenders? Some suggest that individuals who have been victims of abuse or neglect as children themselves become violent offenders. A concept referred to as the "cycle of violence" addresses not only the idea that experiencing violence leads one more prone to offend, but also that violence can be learned through observation - suggesting an intergenerational transmission of violence. This argues that when children view abusive patterns in parents towards one another and their children, they frequently use the same techniques in dealing with their own intimates.

Although this idea of a cycle of violence has been around for a long time, up until recently there has been little solid empirical evidence for its existence. Much of the research has been methodologically flawed, suffering from definitional problems, retrospective analysis, and no use of control groups. In sum, we don't know if the effects that we see are due to abuse or to some other problems encountered by a high risk group (e.g. poverty/ lack of education). Indeed, the various studies have inconsistent results, with some finding support for this hypothesis; others none or even the opposite conclusions. To combat these problems, Widom (1989) conducted a rigorous study of all cases of physical and sexual abuse processed in a county juvenile court between 1967-71, and followed them over time. They were matched with a control group of similar individuals with no such history. She found that the abused and neglected children have a higher likelihood of arrest for delinquency, adult criminality, and violent behavior than the matched control group.

This research on the cycle of violence supports the idea that people learn antisocial behavior even through negative experiences where they themselves are harmed. While

rhetorically dismissed as the “abuse excuse” by many commentators, this research provides important support for the view that we must look at what people learn from interactions to help guide their behavior. This makes it even more important that we learn to effectively intervene to break this cycle. The suggestion that some victims bring to interactions routines that are confrontational and aggressive does not assign blame or offer excuses, but reinforces the view that interaction is a dynamic process based on learned actions.

(3) A Processual Model Centred around Claiming Victim Identity and Status:

Viano (1989) presents a processual outline of four different and complementary stages in the definition of victimization, centred around claims to victim status. These examine how this experience is defined by victims and by others. Viano’s stages relate to a process whereby "real" victim status is assigned. At each of these stages, people will have different perceptions of their status as "victims," and this will affect their behavior and likelihood of moving on to the next stage.

The four stages are as follows:

- (1) The experience of harm, injury, or suffering caused by another (or institution);
- (2) Perception of this harm by some people as undeserved, unfair, and unjust, hence perception of themselves as victims;
- (3) Attempts by such individuals to get someone else to recognize the harm and to validate the claim that they have been victimized;
- (4) Receipt by some of these individuals of validation of their claim to victim status, thereby becoming "official" victims, and possibly benefitting from various types of support (depending on various factors).

For Viano's purposes, a *victim* is any individual harmed or damaged by another who perceives him or herself as harmed, shares the experience, seeks assistance and redress, and who is recognized as such and possibly assisted by public, private or community agencies. In other words, such individuals (or organizations) must pass through all of these stages before they can be defined as victims.

In *stage 1*, harm, suffering, or injury is caused by a crime. Of course, how one is harmed is irrelevant so long as it is illegal. However, it is important to point out that people can experience harm without defining themselves as victims. Indeed, many people experience considerable harm or suffering, often harm clearly caused by other individuals, without defining themselves as victims. For example, cultural, traditional, or religious beliefs may supply rationalizations leading them to consider themselves responsible. Domestic violence, sexual assault, and sexual harassment offer classic examples of these rationalizations. The question, of course, is whether to seek out people who don't see themselves as victims (e.g. intervene and seek to help them beforehand), or to wait until victims actually see themselves as such.

In *stage 2*, some individuals move from suffering harm to actually seeing themselves as victims. Of course, many are prevented from this change in perception due to systems of belief, values, mores, and laws that traditionally support, justify and legitimize victimization (e.g. the silent tolerance encouraged by patriarchy). This can result in a "non-conscious ideology" where victimization remains outside of conscious awareness because of prevailing stereotypes (e.g. "the way things are"). The few who speak up may be simply ridiculed or silenced.

However, drastic social changes can sometimes open up lifestyle alternatives and different ways of seeing the world. This helps educate victims about their victimization, heightens their awareness, encourages a quest for change, and, most of all, may lead them to see themselves as victims of an unjust system. All the same, the realization that "this shouldn't have happened to me" must go up against still well ingrained beliefs, values, and social systems with no guarantee of success - and a possible backlash.

On top of this, the experience of being victimized is often novel, threatening and shattering, and something we are not used to in our lives with their routine expectations of safety and social harmony. Being victimized is a new configuration of meaning, and is often confusing, disbelieved, and little understood at first. When the familiar world is torn away, it often takes a while for the subsequent void to be filled with understanding.

Yet, victimization strikes the victim's sphere of ownness, their lifeworld. This is because: (1) victims' ability to control their lives is lost; (2) cooperative and helpful social support systems have receded; and (3) a predator has invaded their life and damaged their well-being. Of course, the extent to which this is true depends on what happened. Nevertheless, coming to see oneself as a victim helps overcome the shock and confusion and can be the beginning of the recovery process.

Questions may be raised here about the circumstances in which people are most likely to self-label themselves as victims, about systematic vs. individual victimization in our hierarchal culture, the need for consciousness raising and education, and the role of helping agents in perpetuating injustices or the sense of victimization.

The *third stage* is where individuals potentially move beyond perceiving themselves as victims to making claims to the status and role of victim. Essentially, this relates to the question: once someone recognizes an experience as victimization, what are they going to do about it?

There are several formal and informal avenues open to the victim at this point. Many attempt to validate their experience and conclusions with someone they trust (e.g. family, friends, doctors or clergy). The outcome of this strongly influences whether they will ultimately notify official agencies such as the police. Other factors influencing this decision include the odds of the police catching the offender, the amount of damage or harm suffered, any relationship with the offender, the expense and time involved, the complexities of bureauacracy, the lack of privacy involved, the fear of being ridiculed, and the potential for revenge. As well, social, cultural and psychological factors may prevent public claims to victim status (e.g. being seen as a "whiner" or a "loser"; being punished as a "fornicator" in some traditional societies). Similarly, some corporations will not report victimizations (e.g. breaches in computer security)

to prevent bad press or drops in stock values, and many small businesses will put up with corrupt, extortative practices from police and organized crime.

Questions at this stage include what society can do to increase the level of victim reporting. What can be done to increase victim satisfaction? Is claiming the victim role a way of taking control: an important step toward recovery, or a slippery slope towards more problems in both unofficial and official contexts?

Finally, *stage 4* involves some victims receiving society's recognition and possible support. Viano writes that "overcoming victimization is an exact reversal of its meaning and cannot be taken for granted. If the social world causing or supporting victimization does not change or continues to be detrimental, if the victim does nothing about his or her misfortune, or if others remain indifferent and unavailable, victimization deepens. Society and others play a crucial role in the victim's overcoming victimization and forming a newly constituted world." The active help of others restores a sense of trust and harmony, and helps the victim make the tough transition into a new world "after" victimization.

Viano argues that every victim's task at this point is to reestablish the world as he or she prefers it. This involves rising out of immobility and seizing the initiative, ending isolation, and establishing contacts and networks. This process involves three interrelated elements: (1) active effort; (2) the world's assertion of predictable safety; and (3) active help from others.

Society's reaction and awareness is greatly affected by who victims are, and how they claim victim status. More and more victims coming out often reinforces and intensifies public awareness and sympathy (e.g. runaways were once "delinquents," but are now more often seen as neglected and abused). Coming out also provides firsthand information on the dynamics and needs of victims, and further contributes to the development of services and official responses (e.g. victim-witness programs, justice system reforms). Others, such as stigmatized groups, or those culturally blamed for their victimization, may not be so lucky. Moreover, it is important to be critical of policy responses, enunciated by politicians, that promise more than they deliver. These may actually revictimize victims.

Important questions at this stage are many. What are the consequences of denying victim status? Conversely, once a victim's claim is recognized by an official agency, does that recognition keep the person locked into the victim role? If not, how is the "victim" moved back to being "normal?" And what is "normal" after a serious victimization? What treatment is appropriate (or harmful)? How do we distinguish valid victim claims in a "victim" society? What is the best way to meet valid claims (public or private?) Should support be self-help or professionally directed? These are only a few of the policy questions that arise in response to victim claims.

Summing up, Viano's framework represents a dynamic, processual approach to victimization, and helps us frame many important questions surrounding our understanding of the impact of victimization, and its possible policy consequences.

We will now turn to pieces from my own research, that approach the question of

victimization and its impact on self-identity question from very different angles, but raise some significant questions about whether the above formulations get at the whole picture - or are merely tidy oversimplifications of a much more complex phenomenon.