

Sociology 4099: Victimology

Lecture Notes Week 5: Victim Subcultures

Last class, in examining the social reactions to victims of crime, we noted how lack of social support from family, friends, and the community at large could be reflected in more difficult adjustments, on the one hand, and involvement in support groups and counseling, on the other. This week we will look at one of these possible responses: self-help and victim advocacy groups. To begin, we will examine the general characteristics of these victim subcultures, and their variations. Next, we will review theoretical and empirical work more squarely dealing with their impact on victim, including some of my own research findings on support/advocacy groups for victims of crime.

I. Frank J. Weed (1995) Community Based Victim Service and Advocacy Organizations:

In this piece, Weed argues that the crime victims' movement seems to have developed with an organizational format that embraces both political advocacy and social service. Both of these modes reinforce each other in relation to government: forming advocacy groups to promote legislative change gets government attention; but to receive government funding, services have to be provided. Then further advocacy can help accentuate a group's position in the competition for public and community support. While some groups fit more at one end of this continuum than others, this advocacy/service strategy is typical among those who have brought the problems of crime victims to prominence in the past few decades.

Weed essentially presents an analysis focusing on small, community-based organizations and those who work in them. This is supported by the analysis of a 1990-91 national survey of 301 U.S. organizations that serve crime victims in one way or another. In particular, this survey sheds light on types of organizations, their service programs, and the beliefs of staff members about victims.

(1) Agency for Victims:

Weed argues that victim organizations can be classified in a number of ways. For example, *public vs. private*: Most victim/witness programs would fall into the first category (located as they often are in prosecutors' offices and police departments), while crisis centres, shelters, and advocacy centres would fall more squarely into the private, nonprofit category. This distinction reveals a difference in how these two types of organization operate internally, and in relation to their key constituency. For example, the public victim-witness programs are more bureaucratic, and serve the interests of a larger organization by serving crime victims (the CJS). Combining publicly budgeted funding, detailed policies and internal procedures, they have a heavy (and potentially heavier) caseload, despite often shaky support from cost-cutting governments. The private, non-profit organizations, in contrast, rely on a different organizational form. Not near as bureaucratic (but with some associated features such as formal procedures and job descriptions), these have porous boundaries that encourage outsiders to participate in their operation. This more participatory structure is characterized by their presence on boards of directors, advisory boards, standing committees, and the extensive use of volunteers. Such

organizations cannot so readily be run on an autocratic fashion, as a degree of consensus is needed from those who continue to participate, particularly among important people in the community. Nevertheless, in comparison to public organizations, the whole agency may still represent a small social circle of employees, advocates, supporters and interested persons.

These private, formal-participatory agencies (e.g. crisis centres, shelters and victim advocacy groups) pretty well fit the model of other non-profit agencies found in American communities. They have a Board of Directors and elected President, are relatively new, rely on (and recruit) volunteers, and use committees to address basic problems of the organization (e.g. fund raising from government, business, and private donations based on articulation of a “good cause”). All such agencies are required to keep statistics to show that they are serving victims, but so long as they can maintain the importance of serving crime victims as a political issue, and respectable numbers are achieved to legitimate their work, funding is largely assured.

It is important to note that these private, non-profit groups can emerge and take root quickly, about a third spinning off other organizations where they can find experienced staff, expertise, resources, and legitimacy from the beginning. Nevertheless, many such organizations remain small (most have less than 15 paid employees). What they lack in size, they may make up for in adaptability - relying on community contacts and multiple sources of funding to support themselves. On the other hand, they can be slaves to convention - holding on to concepts of service delivery or victim needs in spite of changing circumstances. In such cases, the organizational structure may be more flexible than the people in it.

(2) The Shaping of Victim Services:

Weed argues that the concept of victim largely lacks descriptive content, in the sense that a great variety of events and subjective judgments can lead to the perception of an individual as a victim. Indeed, being a victim is often more a point of view than a substantive position. Hence, organizations that design service programs have a tendency to conceive of victims in a manner that fits their preexisting goals and functions (e.g. for the CJS, the victim is seen as a witness, and services are built around that function irrespective of the victims’ wishes or needs; for private organizations the organizational context may tend toward counseling or support group services). The actions taken toward the victim vary greatly depending on what aspects of the “victim problem” are most relevant to the program and goals of the agency. This represents the *organizational shaping of the victim’s problem* irrespective of victims’ own system of priorities.

In this process, the way the victim’s problem is defined influences the actions taken, and, conversely, the program actions of an organization can define the parameters of the victim’s problems. There are three basic approaches here:

(1) The problem is seen as the tendency of victims to be unwilling, fearful, or disinterested in being a witness against the offender on behalf of the prosecution. Thus, the role of the organization is to assist the victim to the extent that their cooperation in the prosecution of the accused can be assured. Here, the victim serves in the role of a witness.

(2) The problem is seen in terms of the emotional harm done to the victim. The problem is seen as located within the individual victim, who is suffering as a result of the crime. The organizational role is to provide services designed to help restore the victim's sense of well-being. Here, the victim serves in the role of a client.

(3) The problem is seen as one which requires public action because of the magnitude of the harm done. The organizational role is to present victim's interests and advocate for changes in how victims are treated by institutions. This can include political action to influence legislation and promote victim's rights. Here the victim serves in the role of advocate.

It is important to recognize that these three approaches are not mutually exclusive, and frequently overlap in practice within and between various organizations. Nevertheless, a particular emphasis on one approach will necessarily limit the time and resources available for involvement in the others. Most organizations tend to have one of these approaches as a dominant frame of reference that shapes their programming and guides the use of their energies.

In addition, it is important to note that victim organizations have developed historically in such a manner that they can be classified into four ideal types representing combinations of the three above approaches:

(1) Victim/Witness programs: These are usually public, and are set up primarily to gain the victim's cooperation in prosecution;

(2) Victim Advocacy organizations: These primarily deal with putting pressure on the justice system on behalf of specific victims, or victims of crime generally. While they may also provide support groups or limited counseling to victims, their primary focus is on advocacy;

(3) Women's Centres and Domestic Violence Shelters: These are primarily concerned with crisis intervention services directed to the emotional and physical needs of female victims of domestic violence or sexual assault. However, since victims are often seen as having to become more independent and self-reliant through resocialization in peer support groups, such organizations secondarily will encourage clients to take legal action;

(4) Rape Crisis Centres and Sexual Assault Agencies: These deal with women and children who have experienced inappropriate sexual acts. Clients are seen as suffering emotional trauma with long-term consequences, and. While encouraged to report their case to the authorities, services are provided with or without legal action being taken.

It is clear that the concept of what victims *are*, and what they *need*, is readily shaped by the varying organizational aims of these agencies. When organizations were asked to rate the emphasis they give to various types of service programs, the survey results largely coalesce around these four types. For example, victim-witness programs most strongly emphasized "orienting victims to the criminal justice system," "assisting with VIS," and "assisting with

CICB claims.” Women’s centres most strongly emphasized support groups, counseling, and a mental health approach, while victim advocacy organizations were the most likely to emphasize self-help, the promotion of advocacy, and activism by victims to prevent “secondary victimization” by the CJS. Rape crisis centres also rated crisis intervention, counseling and victim support groups highly, but added an emphasis on personal safety and prevention programs.

(3) The Perception of a Needy Victim:

Services to victims of crime are based on the idea that the victim (or their family) has suffered harm at the hands of an offender, and has suffered further problems at the hands of the CJS. While this could be seen as a personal problem, a private matter that the victim will have to deal with on their own (and many who don’t report crimes, apply for compensation, or file VIS evidently do), this is not how those in victim’s organizations and the victim movement see things. To have a social reform movement, by definition, people’s troubles must be seen as requiring outside help. Victims must be seen as needy, dependent, and unable to solve these problems alone without the aid of services and/or an advocate. This acts as the *raison d’etre* for the role of advocates and service providers.

When advocates and service providers were questioned about the needs and treatment of crime victims, their answers generally supported this position. They evidenced belief that crime victims need assistance in dealing with the police and courts, need counseling or involvement in support groups to recover from traumatic stress, and that their services have changed the way that victims are treated by the CJS. These beliefs stand in sharp contrast to studies that have shown that crime victims recover as well without services as they do with services (Davis, 1987; Amick-McMullin et.al., 1991).

(4) Victim Rights, Retribution, and the Courts:

Despite the generally agreed notion of the “needy victim,” the belief system of service providers is characterized by a number of less broadly accepted viewpoints. These generally coalesce around the roles played by officials or the procedures followed by the CJS. While the ideal of victim’s rights is broadly accepted, implying a claim to increased status for victims in the CJS (“balancing the scales of justice”), this is not uniformly expressed in policy preferences such as mandatory sentencing ideals, preferred CJS roles and procedures, views on which parties in the system were most supportive, and the utility of rehabilitation vs. the idea that crime would be reduced if criminals were kept locked up. The victim-status issue expressed in the concept of victim rights is the overarching issue that helps unite the disparate parts of this movement. There is less evidence that this movement finds consensus in common targets for reform.

(5) Crime Victim Work: Characteristics of a New Occupation:

Weed contends that providing services to victims has become a new career, supported by the growth of relatively stable funding for “professional” agencies. While there is no formal training to be a crime victim advocate, there is socialization that leads to the development of a

“program professional’s” knowledge base, along with a shared belief system.

Demographically, the individuals in question represent a skilled occupational group consisting mainly of middle-aged women who have worked in the movement for an average of 6.5 years. Working slightly longer than a 40 hour week, two thirds are college graduates, and almost 37% have some graduate or professional education. These people have the experience and education to make up a new breed of “professional activists.” Indeed, victim organizations seeking staff feel that they can ask for highly skilled, experienced, and versatile individuals in their job advertisements.

Yet, what really sets this new occupational group apart from many other able, middle-class occupational groups is their relatively high incidence of prior victimization. While most don’t claim victim status, the presence of a plurality of those who do, in varying degrees, makes this a unique occupational group. Those claiming victim status are highest in client-centered service organizations such as women’s shelters and rape crisis centres. They may be drawn to such work out of their own experiences, and feel that this helps them identify and sensitively help others in such situations. Conversely, employees that claim a family member as a victim are most notable in victim advocacy groups, such as POMC, where the loss of a loved one is exacerbated by the way the CJS handled their case. In either case, the presence of victims gives this new occupational group a claim to direct experience, a special empathy, and a moral authority to speak for victims that other service professionals do not have. The non-victim service workers can also vicariously benefit from their victim status in that this becomes a legitimating factor for the work of the entire organization.

(6) The Loose Linkage to National Centres:

Weed contends that there is a political advantage for independent grassroots organizations to have their grievances and issues promoted on a national level through the media. However, the potential for success in this regard is limited by the day to day problems of running an organization. This is why membership in national umbrella organizations is so helpful. While a few organizations exist nationwide in the U.S. such as MADD and POMC, many others find national influence through participation in umbrella organization such as NOVA, the NVC (National Victim Centre), and the NCADV (National Coalition Against Sexual Assault).

Survey responses from different types of victim advocacy and service organizations reveal some important differences. Local staff, when asked to identify the national centres they had contacted in the past year, most frequently mentioned the prominent national umbrella organizations for victims of crime. Those centres that dealt with a specific type of crime were mentioned less frequently. Victim/witness programs have a fairly high rate of contacts with national centres, particularly NOVA (which is instrumental in training public service providers). Victim advocacy groups were most apt to mention national centres, and make up the largest part of the NVC grassroots base (reflecting the more prominent victims-rights orientation of the NVC). Local agencies that provide service for specific crimes such as domestic abuse and sexual assault reported a lower rate of contact with such generalized national centres in favor of national

umbrella organizations dealing with their specific type of victims.

These linkages between local and national groups, and their variations, are important in mobilizing resources, demonstrations, and social movements that go a long way towards affecting changes - both locally and nationally.

(6) Conclusion:

Weed's article ultimately argues that the differential organization of victim service groups, and their occupational subcultures, shape the way that victims' problems are conceptualized. There is a clear relationship between such varying identifications of victims' "problems" and the programs offered by these organizations. Hence, the same person could be treated as if his or her victimization meant three different things, depending on the organization contacted.

Yet, despite these differences, there are also areas of consensus, such as the perception of the "needy" victim requiring some form of help. It is the self-justifying position of various service providers to supply that help as a general community service that prevents these programs being controlled by victim's assessment of their own needs.

The moral-political character of the movement is also shown in the general consensus shown toward the ideal of victim's rights, and the widespread ideal of elevating the status of crime victims in the justice system. However, there is less widespread consensus on many specific policy issues.

There is evidence that many people, particularly well-educated, middle-class women, making their careers working in this movement. However, unlike many other skilled, competent employees, a significant number have been victims of violent crime themselves. This is even more significant when we consider that middle class individuals do not as frequently suffer such crimes. In this context, the victim-activist or victim-counselor are new roles that claim a special empathy with other victims, and confer legitimacy on their attempts to act on behalf of crime victims.

Finally, it is important to recognize the link between various, local types of victim subculture to wider networks. The more politically oriented victim/witness and advocacy organizations are more in contact with NOVA and the NVC than the service-oriented agencies concerned with domestic violence and sexual assault. However, even under the best circumstances this relationship is a loose linkage, based as much on common good-will as common interests. Yet, it can be the basis for creating politically effective coalitions through the mobilization of even a small proportion of grass-roots groups.

II. Coates and Winston (1983): “Counteracting the Deviance of Depression: Peer Support Groups for Victims”

Coates and Winston begin by asserting that people under stress generally want to know if they are responding in an appropriate and “normal” way. To the extent that victimization prompts intense, negative feelings, victims may be particularly inclined to wonder about the appropriateness of their emotional reactions - and risk coming to view themselves as inordinately and inappropriately depressed. Since past research bears out the fact that victims do indeed experience fairly intense negative emotions, how can they determine whether their experiences are “normal” - to be expected - or “deviant?”

Coates and Winston argue that if they could compare their emotional reactions with those of other victims, they would likely discover that their sadness, anxiety, and related distress are actually quite common and typical. However, as similarly affected others are not usually easily accessible, victims may turn to other standards that do not compare their emotional state so favorably (e.g. in our society, there seems a definite bias toward condemnation of any more than minimal, short-lived unhappiness, with an expectation of a rapid return to “normal” functioning). Moreover, while some in their social networks may attempt to “normalize” and validate their feelings, many will simultaneously attempt to reduce their distress (e.g. trying to be helpful by telling them not to dwell on their sorrow). This implies that victims are more upset than they should be, and indicates that victims behavior is disturbing to others. Indeed, over time, even helpful others frequently begin to avoid victims, providing further evidence to victims that they are indeed strange. Thus, without an alternative, if victims use cultural standards to evaluate the appropriateness of their reactions, many will conclude that they are responding in an abnormal and undesirable way.

Coates and Winston argue that this implication of deviance and abnormality could play a role in turning the initial, “normal” unhappiness of victims into a more complicated and intractable clinical depression. They review studies indicating that while many victims experience considerable sadness at first, many do not develop serious, prolonged depression. Indeed, one study indicated that life events only seem to account for about 10% of the variance in depression rates. Since victimization thus does not inevitably cause clinical depression, Coates and Winston turn their attention to variations in social support. By making victims feel weird just because they are sad and anxious, cultural norms and social reactions could contribute to the development of depression by making them feel isolated, lonely, guilty, anxious, and afraid. Without the validation of similarly affected others, what begins as simple sadness could eventually become a more severe condition complicated with feelings of isolation, guilt, and low self-esteem.

Coates and Winston argue that if perceived self-deviance does contribute to the development of depression among victims, letting them know that they are responding in an appropriate and “normal” way could help reduce this depression. Theoretically, *peer support groups* would seem ideal settings to provide such validation, and perhaps ease victims

depression. *But will they actually do so?* That is the major question they set out to examine by discussing a variety of factors noted in the literature, as well as presenting some of their own pilot data.

Coates and Winston note a variety of factors could affect victims' experiences in support groups. First, will they feel comfortable sharing their feelings, or keep giving the socially appropriate responses? ("How are you? Fine.") It will be difficult to provide mutual validation if they do not reveal those feelings. Some research has shown that people who share a common affliction are disinhibited from such social niceties, and, once they share their depressive feelings, seem to like each other more. However, it is difficult to say at this point the extent to which this effect plays itself out in practice.

Next, even if victims are willing to share their feelings, this doesn't guarantee that they will always find validation for those feelings in the group. Indeed, there may be a wide variety of emotional reactions going on at the same time, some may dislike others who do not express feelings similar to their own, or majority coalitions may form against group deviants. Hence, some participants could come to feel more strange and peculiar than ever before.

Indeed, even victims who find validation in these groups may discover that they are only trading one kind of deviant identity for another. They may feel that they are responding in an appropriate way, but come to see themselves as part of an oppressed minority or deviant subculture. Many sociological theories of deviance consider that an individual's deviant identity and behaviors will be strengthened by extended contact with fellow deviants. While this can be the basis for positive and effective social action, it can also carry considerable emotional costs - solidifying victims' view of themselves as outsiders to most of society.

Coates and Winston note that studies investigating the effects of support groups on members have, up to that point, been rare. However, while the evidence cited is very limited, they argue that it is consistent with the hypothesis that victims will feel more normal when they interact with similar others. Support group members feel less unusual and unique after they have had the opportunity to meet and compare with similarly afflicted others. Yet, since no one had, to that point, ever directly measured perceived self-deviance among victims in support groups, they caution that conclusions based on these limited studies must be very tentative.

To remedy this dearth of empirical data, Coates and Winston conducted their own study. In cooperation with a local rape crisis centre, they began support groups for victims of sexual assault, and distributed surveys to other crisis centres throughout the United States. 63 centres returning their survey indicated that they had run support groups for victims of sexual assault, and 92.5% of these reported that the groups had been an overall success. Only 20% reported that any participants had been negatively affected - a similar proportion to those for more professionally directed therapy groups.

However, Coates and Winston still wanted to find out how the victims themselves

reported being affected by support groups. Thus, they had 2 social work students run support groups, administer surveys, and make observations generally. Included in the questionnaire was a measure of perceived self-deviance, consisting of 10 items that asked women to rate the extent to which they felt deviant, felt normal, experienced feelings that others did not, and so on. 15 women participated in 3 separate groups, and gave a response rate of 60% on the questionnaire.

Coates and Winston discovered that, of the 9 women who completed both the program and the questionnaire, there was a drop in perceived self-deviance. Not only that, but, consistent with the hypothesis that feelings of deviance may contribute to victims' depression, the women also tended to report some alleviation of this clinical condition. However, they caution that these preliminary results are limited by the fact that 3 women did not fill out a questionnaire, and 3 more did not find the sessions helpful enough to continue attending. Moreover, since there was no control group in the study, they have no idea how participants would have felt had they not attended group meetings. Finally, the overall drop in respondents' reported depression was not statistically significant.

Given these ambiguous results, Coates and Winston then go on to discuss the other side of this issue: whether there is something about peer support groups that may actually increase participants' distress and unhappiness. Theoretically, they assert that although peer support group members may come to feel that their sadness and anxiety is quite appropriate and normal, they may also experience a considerable increase in such unpleasant feelings. The underlying process could be considered a downward spiral, in which people become more comfortable talking about their depression, realize how depressed they are, start describing even deeper depression, feel more depressed, etc. Victims may also come to feel more depressed as they act more depressed. Simultaneously, to the extent that people are somewhat uncertain of how they feel about the victimization, expressions of depression by others may lead them to view their own feelings more in those terms.

Coates and Winston note that there is some indirect empirical evidence that something like a depressive downward spiral will occur in peer support groups. For example, they point to a study by Golin et.al. (1977) noting that depressed individuals identified more with sad others, arguing that such a tendency on the part of the depressed may lead them to consistently adopt other depressed people as behavioral models, which could in turn reinforce their related symptoms. Along with feeling less unique and isolated, support group participants may also come to see their victimization as more devastating and a depressed behavioral style more attractive. Ultimately, participants will come to feel more rather than less depressed.

However, a variety of qualitative studies have been done indicating that people participating in support groups were better able to cope. Similarly, some studies measuring standardized measures of psychological symptoms before and after talking with other victims show a drop in negative reactions. While such studies do not employ a control group - leaving them open to the question regarding what would happen had they not participated at all - there have also been studies adhering to this more rigorous procedure. These found that group

participants were able to overcome their depression more rapidly than the controls. However, these results can only be generalized to support groups with professional leaders. Indeed, it has been argued that this may be one of the reasons that some support groups could have negative effects on members, or have been shown to offer no special advantage in reducing depression relative to individuals simply recovering over time anyway.

Ultimately, Coates and Winston conclude that these studies provide no evidence that most participants in support groups get more depressed by interacting with other victims - so the hypothesized downward depressive spiral does not seem to operate in these groups. Secondly, support groups with mental health professionals as facilitators appear to promote significant improvements in victims' mental health, indicating that victims can substantially contribute to easing each others' emotional pain with professional guidance and direction. Yet, studies that have both measured depression or related variables among participants in support groups have consistently produced null results. This is often difficult to interpret, and leads to methodological second-guessing. However, they assert that "these findings do at least lead to the tentative conclusion that participation in "peer" support groups offers no special advantage (or disadvantage) to victims in helping them to overcome their depression.

Coates and Winston sum up by claiming, on the limited, available evidence, that participation in peer support groups helps victims feel less deviant, but studies indicate that this confers no special advantage in helping them overcome their depression. They do not appear to be harmful for most participants, but neither are they particularly helpful (except when lead by a professional). Coates and Winston speculate that what could be happening is that many of the positive functions that support groups serve for members may have *simultaneous negative effects*. For example, they may learn that their sadness and anxiety are appropriate and normal, but lead them to the view that their common problems are more horrible than they realized since others are so devastated. Similarly, while they may compare themselves favorably with others who are more seriously affected, they could fear that their own condition could get worse. Another possibility is that support groups may actually increase depression levels for a time, but lead to better coping and adjustment in the long run by preparing them for typical problems, or enabling them to join together in collective action to effectively combat their problem.

Coates and Winston feel that such speculation is fruitless until we can empirically identify the functions that peer support groups serve for participants. In order to maximize the positive outcomes of peer support groups, or evaluate their effectiveness, the important task for researchers is to develop a better understanding of how victims can help each other without hurting each other.

III. J. S. Kenney: (2000) Observations on a Victim Support/ Advocacy Organization:

During 1999-2000 I was involved in a study of selected public and private victims groups. Today I will outline my observations of the dynamics of a private victim's group, with particular reference to the issue of their impact on subject's sense of victim identity.

This group had the following characteristics:

- (1) It was privately run;
- (2) It focused on a particular type of victimization;
- (3) It combined both support and advocacy functions;
- (4) It operated largely through the use of volunteers rather than professional employees.

This suggests the likelihood of different dynamics than would be found, for example, in public victim-witness programs.

At the outset, it must be noted that there was a tension in this organization between attempts to avoid increasing client's sense of victim identity, and the various inadvertent ways that this occurred all the same.

For example, while clients had dealings with both victims and non-victim volunteers, not all of these had taken a training program on how to appropriately deal with victims. While those who have taken this training have been sensitized to the issue of inadvertently inculcating the victim identity (e.g. by not soliciting for membership, maintaining boundaries, being a good listener, and not emphasizing their experience would be the same), many volunteers have not. Thus, the organization was faced with the sensitive issue of "screening out" support volunteers that "fed off other's tragedy" and "made them dependent." Indeed, there was sometimes controversy whether certain individuals were "suited" for support work, or should even be allowed to take the training.

But beyond uneven training in dealing with victims, there were even more problems with consistently applying this support philosophy. For example, some supporters admitted to asking leading questions, making suggestions, and using their own experiences as examples. There were also difficulties in practice in placing limits on the implicit characterization of clients as victims (e.g. passing out and discussing pamphlets about victims, PTSD, grief, etc., which some clients felt "brought them down even more.") But perhaps most importantly, providing information on common problems clients face, such as with the courts or their grieving process, often resulted in self-fulfilling prophecies (e.g. "12 months will be the worst"; "expect the worst").

All of this illustrates that, despite attempts to train support volunteers to deal with victims, there are numerous ways that client's sense of victimization may be encouraged all the same. Naturally, some staff may argue that individuals who become involved with the organization already saw themselves as victims, so there is no additional harm done. Yet, it was clear from many clients that they did not see themselves as victims until becoming involved with the organization.

But the comments thus far largely apply to those support volunteers who have taken victim support training. What about the impact of those who have not? While there is potentially

more danger here of individuals passing their experiences off on others, to be fair, there were two sides to this issue.

On the one hand, such individuals were perceived by clients as providing much more personal, understanding contact than, for example, public victim services, enabled clients to compare their experiences favorably, and helped instill a sense of purpose. Such individuals were felt to have good insight into client's feelings, facilitated learning of successful coping strategies, and encouraged a sense of "taking control."

However, there was also a downside to client's encounters with such untrained volunteers. For example, an extensive focus on the offender and the negative aspects of one's case, or upset over seeing others suffering the same thing. But most importantly, many clients commented on how frequently encountering others' emotional upset and continual recounting of their experiences could "set them off" (e.g. "immobilizing" impact of candlelight vigil; finding it hard to separate one's own pain from others; taking other's experiences personally and "spiraling out of control"). This could be exacerbated when untrained individuals gave well-meaning but inappropriate advice. This increases and prolongs client's sense of victimization (e.g. "the sad part is we are still having to be victims all the time"). For these reasons, several victims who had become support workers left, or scaled back their involvement with the organization after a while (e.g. "At some point it's healthy to make a break or it just keeps the wound open").

But, aside from these issues, there was another, unexpected dynamic in this group that strongly encouraged feelings of victimization: conflict. This was related in part to the fact that both victims and non-victims were involved in this organization, often in overlapping roles. While useful in some respects (e.g. in providing "balance" and a more "objective" stance), there was a clear problem with status differentiation based on victim status. There was reportedly a "hierarchy of victims" that encouraged individuals to claim victim status - and compete over victim status - in order to gain influence and control in the organization. Sometimes this was encouraged by outside contacts (e.g. with the media, who favor comments from victims), but there was clearly a normatively deferential treatment of victims within this organization. Indeed, some non-victims derisively referred to such individuals as "professional victims," and this tag also elicited controversy among victim members (some who found it a "learning experience" and a "good motivator"; others who dismissed such unidimensional "wallowing" as a "nobody's claim to fame").

Not surprisingly, such differing perspectives quickly led to disagreements and problems within the group. For example, there was a clear split between victim and non-victim members over "professional victims" in leadership roles, office politics, and, in one instance, a member being kicked out over overzealous behavior (e.g. referred to as "pathologically inept"). Between victim members themselves, there were problems over perceived favoritism in access to programs, training, committee positions, doing the dirty work vs. the awarding of perks. Many people felt that such interactions "revictimized" them, and this all fed back into the hierarchical dynamic of "who is the biggest victim" (e.g. many non-victims are claiming to be "victims by

association"). This vicious cycle is clearly an example of what Holstein and Miller (1990) refer to as "victim contests," and does nothing to inhibit the inculcation of the victim identity.

Summing up, then, despite an attempt through training to limit the inculcation of the victim identity in clients, this organization does so all the same in several ways:

- (1) Training of some support volunteers, but not others;
- (2) Inconsistent application of training by those who have taken workshops;
- (3) Passing of personal experiences/inappropriate advice to clients by untrained volunteers;
- (4) Others' upset and negative experiences triggering client's reactions;
- (5) Victim/ non-victim conflict rooted in professional/ hierarchy of victims;
- (6) Victim contests rooted in hierarchy of victims;

Needless to say, new clients encountering - and being drawn into - such dynamics have a great deal of difficulty finding support that helps them avoid the victim identity.

IV. Dennis Klass (1988): "Rage and Political Resolution: Parents of Murdered Children"

Dennis Klass is a psychotherapist who has written a seminal book on parental grief. In this reading, Klass discusses his observations of a well-known American support group for those who have suffered the murder of a loved one: Parents of Murdered Children (POMC).

Klass begins by noting that when the death is caused by murder, parental grief is complicated by special factors. While there are similarities with other types of parental grief, he indicates, first, that "the narcissistic wound" that is a part of all parental grief is exaggerated and focused when the death is by murder, with parents experiencing an overwhelming anger and drive for revenge. Secondly, he has observed that parental grief in these circumstances is prolonged by the criminal justice system, where victims have few rights and no legal standing (while the accused has many). Indeed, he has observed that until the trial has been completed (several years after the death) such parents seem unable to begin to resolve their grief, as the system keeps reopening their wounds in a variety of ways. Third, Klass notes that survivors' fears of an unsafe world are stronger because the act of murder reduces life to predator and prey - bringing them back to the basic fears from which civilization is supposed to protect them and members of their family. Indeed, it takes away their basic sense of power over their lives and the lives of their children.

Klass notes that all of these impacts are exacerbated by the fact that parents of a murdered child find themselves in a new and unknown social role: "They search for a way to cope and survive without the benefit of role models. The taboo character of the death cuts off usual support systems. While the search for role models and the loss of support systems is part of all parental grief, it seems to be exaggerated in the case of murder."

Klass suggests that this provides a need and an opportunity for self-help organizations such as POMC. He indicates that, much like more general bereavement support organizations, POMC exhibits an *experiential* dimension where “solutions to problems of living in the new world of parental bereavement are shared.” It also shows an *interpsychic* dimension where “the emotional attachment formerly invested in the child is transferred to the group in a way that allows the inner representation of the child to be transformed.” However, he notes that with POMC there is a third, *political* dimension present: “The powerlessness, the drive for revenge, and the mazelike justice system produce anger and rage that is far greater and more specific than the anger associated with bereaved parents in (other circumstances). Further, the survivor after homicide is still involved in the process - the ongoing police and court activity is a continuation of the process of the death...The drive for revenge that grows from the radical sense of powerlessness and from the sense of being caught in the legal system that is supposed to bring vengeance forms the basis for a third, (political) dimension of the self-help process in POMC.”

Klass asserts that this *political* dimension is characterized by victims’ anger and rage being channeled into action. Two kinds of action are important here: (1) Members help each other with their ongoing problems within the criminal justice system; and (2) the group works toward reform in the criminal justice system. Meetings often involve members commenting on what’s going on in their case and how this is affecting them. About half the meeting topics involve education about the legal system, and the group maintains a close relationship with the prosecutor’s office and some police officials so that, on occasion, political pressures can be exerted to gain members their rights. By identification with each other, and a conscious effort to transcend some rather obvious social barriers (“everyone is equal in the face of the murder of their child”), this enables the group to deal with the dynamics of vengeance pragmatically by directing their anger and rage outward toward their rightful object rather than displaced onto each other. Moreover, while the individuals within the group may have little power, as an organized group they can demonstrate a great deal of power working for reform (e.g. state legislators have been invited to meetings, and POMC representatives have lobbied, testified - and succeeded - in passing laws giving victims more rights in the legal process. Ultimately, Klass asserts that this political dimension of POMC is about the restoration of power in the face of the overwhelming powerlessness that the parent of a murdered child experiences.

“When the parent experiences a sense of power, the vengeance can be freed from the hatred that made it so useless before...The parent can incorporate the sense of vengeance into the power to set the world aright. The parent can demonstrate competence by keeping pressure on the police and prosecutors to press their child’s case fully. The group aids the parent in that mission by giving information about the system, supporting actions the members have taken, and helping members mobilize the needed political power. The parents also transcend their individual need for power as they act on behalf of the group to restore rights within the system....Parents of murdered children are finding resolution of their grief within the sense of competence and self-esteem that comes from being a

citizen whose voice is heard.”

The second dimension Klass has identified in POMC, as he has in his observations of other bereavement support groups, is the *experiential* dimension. In learning to deal with their grief, members share experiences and learn from each other. However, the difference here is that the experiential sharing is often as much about legal issues as it is about grief issues.

Finally, Klass talks of the *interpsychic* dimension. He asserts that members of POMC share the bonds with the dead children as a way of bonding with each other. For example, periodically pictures of the dead children are brought and passed around as lovingly remembered stories are recounted. The solace and transformation introjected through such identifications are similar to those of all bereaved parents. However, in POMC the shared desire for revenge and the shared experience with the criminal justice system provide further opportunity for identification with each other in the present (e.g. in shared anger).

“It is difficult to know the degree that such bonding in anger normalizes the feeling as a part of the ongoing life of the parent or to what extent bonding in anger holds the members within the rage and prevents them from working towards a resolution...(e.g. some hold onto it; others give up anger in an act of self-preservation)... In our observations, it appears that when parents can understand themselves as having power to effect real change in the criminal justice system, their functioning in the rest of their lives is enhanced...Parents of murdered children are also bonded in their struggles with the criminal justice system...allowing them to share victories and defeats and to remain united in their political action. Those who have not had an arrest or who have not been able to get a conviction can take satisfaction that some people do. Those who get arrest and conviction can know that others don't. Thus, the energy of the members can remain focused on the political dimension and not be dissipated by jealousy on the part of some members or self-righteousness on the part of others.”

In conclusion, Klass reiterates that “every death of a child is a narcissistic wound to the parent. In POMC, the rage and sense of powerlessness brought on by that wound are focused because the death was caused by someone. The rage becomes a drive for revenge, but the criminal justice system is a poor vehicle for the psychological satisfaction of vengeance. Rather than empower the bereaved parent, the criminal justice system contributes to the parent's sense of powerlessness and impotence. In addition to the dynamics of experiential sharing and intrapsychic identification found in the social support of other self-help groups, POMC offers a political dimension. By learning to cope with the criminal justice system and by working to change the laws and rules of criminal proceedings, POMC members gain the power of citizens whose voices are heard.”

V. Guffens and Aertsen (2000) “Avenues to Redress Within a Parents of Murdered Children Mutual Support Group: Respect for Autonomy Versus Need of Guidance”

In this paper, which was presented last summer at the X International Symposium on Victimology, Guffens and Aertsen address the topic of providing guidance to parents of murdered children. These are victims who not only suffered the unthinkable at the hands of another, but who suffer the alienating impact of the justice system, social isolation, and a feeling that no one understands them.

Guffens and Aertsen conducted a study of a Belgian POMC group, which receives professional advice and support. It was created in 1989, and has since assisted more than 60 families. The group holds regular “discussion evenings” where members can express their sorrow, and receive understanding, comfort and friendship. These also serve as a forum where information can be exchanged regarding the legal process, legal assistance, insurance, dealing with the press, possibilities for social assistance, psychotherapy, the process of grieving, etc. The group also provides support and assistance during the different phases of the criminal trial, where they supported and guided by fellow sufferers. Publishing its own newsletter, the group works hard for the recognition of the victim in general.

Guffens and Aertsen’s paper focuses largely on the relationship between this group and the professionals who support it: (i) a social worker; and (ii) a researcher/psychologist/lawyer. During the many years that these individuals (the authors) have witnessed this group, they have noted a tension - a need for balance - between the group’s need for autonomy, on the one hand, and their need for guidance on the other. They decided to discuss this theme at three levels:

- (1) The internal functioning of the group (suffering together);
- (2) The focus on the criminal justice system (alliance);
- (3) Involvement with the wider society.

Guffens and Aertsen’s methodology derives from their practice of guiding this group. Information from members was systematically gathered by (a) a written survey conducted in 1996-97; and (b) a focused oral questioning of the group in the spring of 2000.

(1) The internal functioning of the group (suffering together): With regard to the first theme, Guffens and Aertsen address self-help and fellow suffering, and the idea that healing can occur through both commonality and differences between members. In this regard, they identify the following “*healing factors*” as applicable to the effectiveness of a self-help group:

Arousing Hope: The expectation of improvement and the belief that progress is possible have a healing effect in themselves. Bringing people together in a group can stimulate this hope considerably, and seeing others who are confronted with the same problems offers an important perspective upon possible paths to redress. This is particularly so with sufferers who encounter others much farther along in their process of dealing with the loss.

Universality: This refers to the opportunity the group provides to share their experience with others - an experience that makes them feel unique and isolated from others. Since no one around them has undergone anything similar and is capable of sharing the experience with them, seeing fellow sufferers means an opportunity to see similarities, and to experience the same concerns and problems. This leads to the discovery that they are not alone - which frequently comes as a great relief.

Providing Information: This refers primarily to the learning process in the area of mental health. In group therapy, members learn much about functioning, the meaning of symptoms, the therapeutic process, and the like. Much good information is exchanged that is not easily obtainable in everyday social circles, and the experiential expertise of fellow sufferers can have a healing and structuring effect by eliminating the uncertainty and powerlessness that comes with being a victim.

Altruism: In a self-help group, the comfort, understanding and sympathy that one gives to another is also received. The healing power of the group flows from the process whereby the acceptance of the individual by the group increases the self-esteem of each member (e.g. "By helping others, you help yourself").

Developing Social Skills: By participating in the group process, members gradually learn how to react to other people's questions, how to approach their feelings, how to appropriately show sympathy, etc.

All of these healing factors presuppose a good balance between the commonality of the experience, on the one hand, and the existence of individual differences, on the other. Without this balance, these factors would not be healing, but degenerate into confrontation and isolation - for behind the commonality of the experience lie many factual and personal differences (e.g. class, circumstances of the murder, experience with the justice system, etc). This raises the role of professional counselors in mediating potential problems, or ensuring that all present have an opportunity to be heard. Guffens and Aertsen indicate that their questioning of the group yielded a very clear picture in this regard. Many victims state that the intervention of professionals was necessary for two reasons: (1) their neutrality; and (2) their expertise. These positive comments also had much to do with the authors' longstanding presence in, and familiarity with the group, tempered by their professional distance. Taken together, this made possible their guiding the internal group functioning when required.

(2) The focus on the criminal justice system (alliance): With regard to this second factor, Guffens and Aertsen indicate that victims' realization that they are not alone provides an important opportunity for collectively recovering from the feeling of powerlessness. By supporting each other and treating each other as equals, members recover power and control over their own lives.

Guffens and Aertsen argue that this collective power constitutes the basis of the common

battle for justice that sometimes occupies a self-help group. By sharing the same fate, one discovers a common enemy both in the form of the murderer and in the form of the criminal justice system as a whole. In this way a new dimension of redress develops from the fellow suffering: the alliance. Here individual members discover that their personal struggle is part of a more general and permanent struggle, which helps them to distance themselves from the merely personal aspects and the isolation they entail. There are two levels of this alliance: (1) the struggle against injustice, particularly as represented by various aspects of the criminal justice system; and (2) the struggle for justice, particularly the principle of social justice that connects the fate of others with one's own fate, and focuses attention on what needs to be redressed in the social order.

Guffens and Aertsen state that both of these dimensions give rise to a new field of tension: between *emotion and cognition*. On the one hand there is the ongoing, pervading experience of loss and powerlessness in the face of the murderer and the legal system; on the other are attempts to gain insight and understanding into the entire affair. In the middle of this are counselors attempting to guide parents in letting go and to provide them with the opportunity to link feeling with understanding. This is one of the most difficult aspects of their counseling work as, in clarifying the principles of the justice system and the interests of society - including the offender - often means taking standpoints and addressing challenging questions to members. It frequently endangers the existing trust that has been built up based on solidarity and compassion, as it requires a fundamentally open and critical attitude with respect to the counselors' own conceptions and ideals. Nevertheless, members of the group indicate that obtaining such information from professionals helps to make their situation more realistic, easier to understand, and enables them to transcend the level of the purely emotional. When undertaken with a balanced orientation between the individual and society, and conducted with sufficient sensitivity, such professional support can be a possible contribution to redress and justice. Indeed, this is particularly so when tasked by the authorities to make their expertise and experience available to the group in such a way that such professionals are seen as in solidarity with the parents.

(3) Involvement with the wider society: With regard to the "double value" of self-help and social action, Guffens and Aertsen note that POMC has been active from the beginning in the area of social action and defending interests. This has been in two ways: (1) directly influencing policy; and (2) sensitizing public opinion.

At the earliest meetings professionals took detailed notes of what members said, leading to a search for information, support and recognition. This culminated in a book being published three years after the group began, which discussed the multifaceted experiences of the parents loss, their experiences with the police, courts, lawyers, social workers, the press, etc. In each of these instances, they not only describe what sometimes went wrong and how it affected them, but give tips and recommendations on how such encounters could be avoided in the future. These parents sent a strong message concerning secondary victimization (i.e. by other people and institutions), and had a number of direct and indirect effects on policy (e.g. at each court one or

more social workers have been hired to organize victim assistance).

In 1996, the group met with three other associations and united to form “the Parents’ Platform,” a group dedicated to the critical follow up of new policy developments such as pending legislation and revision of the code of criminal procedure. Direct consequences included a new article in the code of criminal procedure dealing with the formal right of survivors to pay their respects when an autopsy on the body has been ordered.

A second book soon appeared with a specific focus on dealing with crime. Again a critical investigation was supplemented with constructive proposals and alternatives.

In addition to these clearly focused initiatives, members of the group speak to groups and associations, participate in study days, participate in the training of magistrates, hold discussions with staff at the Justice Ministry, etc. They also deal with the press, following careful preparation.

Social action and sensitizing through these concrete activities are high priority objectives for POMC, which broaden the traditional definition of self-help group. Yet, this view is not held uniformly among members, with a discrepancy apparent between the high score that this objective attained on a 1996 survey and the time and attention members spend on it. There was a difference between the importance attributed in general to social action and the fact that they themselves do not or cannot engage in such concrete activities. Of course, there are differences between the members in the areas of strategies to grieving and paths to redress. Not everyone follows the same path, and while some sufferers find in social action the opportunity to transform their personal experience of loss into something positive for everyone, others deal with their loss within the borders of their own life and do not feel called to take upon themselves a social task. Still others only do this when they feel they are ready. All the same, the authors impression is that the perspective of social action - even when this does not coincide with personal engagement - provides meaning and significance to members. This involves a double value: the personal process of grieving is enhanced and social development is genuinely stimulated.

With regard to the role of professional counselors in all of this, their influence can be considerable. First, this is due to their legal and policy know-how and experience. Yet, they also have a certain vision and attempt to make a social contribution based on this. In the first sense counselors must correctly estimate the possibilities and limits of a self-help group; in the second they must ensure that the standpoints taken sufficiently reflect those extant within the group.

In the end, Guffens and Aertsen indicate that they, as professional counselors, must clearly make explicit their vision that the social and the individual are inseparably connected with one another. One cannot talk with victims without referring to the murderer or to societal reaction, so they feel it their responsibility to adopt an attitude that makes possible the reintegration into society of both the victim and the offender - not an easy task when dealing with such a traumatized group with its calls for stricter punishment. On the one hand

understanding must always be shown for the rigid positions within the group, but social responsibility also requires moving towards interpretation, nuance, discussion, and possibly action in solidarity.

“For professional counselors it is a difficult but not impossible task to achieve a good balance in this area between the respect for autonomy and the requirement to guide the group. This collaboration remains a constant challenge (but) survivors, experts and professionals can work reflectively to distance themselves from their own life-worlds; they can listen to one another at first or second hand; they can change selves and attitudes as the politics of homicide unwind.”