Victims of Crime: A Psychiatric Perspective

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To be a victim of crime is an unsettling experience. It may be more than that. It may be distressing, and it may provoke anger or even an intense wish for retribution. A number of other emotional symptoms may also emerge, and if these are of sufficient range and severity a psychiatric syndrome may be diagnosed. The extent and nature of the psychiatric condition depend on a number of issues. These include the victim's previous functioning; the nature of the insult; the relationship of the offender to the victim; the issue of compensation; the effect of treatment; and the victim's perception of the legal process, a perception which is influenced by well publicised legal determinations, to the extent that an Australian editorial commented of the legal system that in some areas it "has proven to be a strange animal".

To be a victim of crime is an unsettling experience. However, it does not necessarily mean that one will develop a psychiatric illness. Being a victim may provoke anger or even an intense wish for retribution. There may be a sense of helplessness and despair associated with the feeling of lack of control of the situation. There may be ruminations about what has occurred and there may be associated dreams or nightmares. The situation where the crime occurred may be avoided and other symptoms such as loss of appetite and weight and increased vigilance are not uncommon.

Having noted the above, it is also normal for most such symptomatology to gradually ameliorate with the passage of time. For example, it is unusual for nightmares to continue with the same intensity over a period of years and more often than not they gradually fade. Similarly, more often than not intrusive memories gradually fade. However, they may be perpetuated by ongoing physical injuries, and there may be a skewing of family dynamics with role changes which are difficult to tolerate, such as one partner no longer being the predominant bread winner. There may then be court proceedings in regards to the actual event, with the inevitable exacerbation of feelings, and often there is the belief that penalties are manifestly inadequate. Following that there may be litigation in regard to being a Victim of Crime and that involves its own stressors.

This paper does not intend providing a comprehensive review of the effects of crime on victims. Rather, it refers briefly to a number of issues which appear to be related to whether or not a significant clinical psychiatric syndrome evolves, and which need to be considered carefully in each individual, before offering comment on what appear to be impediments to the adequate and prompt resolution of emotions.
that are aroused in what can be termed the victimology process.

The Nature of the Insult
In general terms the more severe the insult the more likely there will be some form of psychiatric sequelae. However, that is not invariable and one must invoke the "eggshell skull" concept in regard to psychological decompensation, just as one does in terms of physical injuries. Thus some people are less resilient than others and more likely to experience prolonged distress.

Often there is something special or unusual about the insult. For example, if a victim is assaulted by a person who has a record of similar assaults, but who has received what may appear to be lenient penalties in the past, stronger feelings will be aroused. Other examples are if injuries in a motor vehicle accident are caused by drivers with a history of previous accidents and/or alcohol abuse; or when injuries are caused by those with psychiatric illness when it appears that the offender has not had appropriate treatment beforehand.

The Victim's Previous Functioning
Naturally those who have had previous long standing emotional difficulties will continue to experience them. However, in the assessment of people for Victims of Crime Compensation one is almost invariably confronted with how well their functioning had been before the particular stressor occurred in that person's life. It is human nature to attempt to seek meaning and blame an external event for one's difficulties, but sometimes that is done to the exclusion of any other difficulties in one's life at all. Indeed, sometimes the assertion of previous wellbeing is held despite the grudging acknowledgment of other events having occurred, events which to most people would be quite distressing, although to the victim they may be passed off as inconsequential.

The presence of previous difficulties can be used in one of two ways. First it can be used to suggest a certain lack of introspection and special pleading on the part of the victim, or second, it can be used to indicate that the victim was a particularly vulnerable person prior to the stressful event and therefore that event will have even more of an impact upon that person.

Relation of the Offender to the Victim
This is always important, but sometimes not elucidated adequately. Contrary to popular perceptions, violence is very much a family matter and concerns about unexpected and random attacks are usually misplaced. Often such family violence is long-standing, and again this raises the issue of how one teases out the relative importance of different traumatic events, as usually one is expected to comment on the impact of one specific event.

Sometimes quite complex interpersonal relationships are elicited, and examples include continuing contact from estranged spouses; conflict with ex-best friends who have assumed conjugal rights; and the perpetuation in Australia of long held enmity between different groups such as Croatians and Serbians, or Irish protestants and catholics.

Unless one has some appreciation of such longitudinal interpersonal issues, one cannot understand the depth of feeling which is sometimes aroused. However, it is important to note that such feelings are not necessarily synonymous with psychiatric illness. Indeed, it is quite evident that our health and legal systems are in an invidious situation when confronted with elucidating such challenges, particularly in teasing out what may be readily understood anger and feelings of revenge, as opposed to clinically significant psychiatric illness.

The Reaction of Others
Victims of crime have to deal not only with their own fantasies and difficulties in coming to terms with their trauma, but also with the reaction of other people, as it is apparent that those reactions are not always helpful. For example, sometimes victims of violent crimes are assumed to have provoked or stimulated the attack, and victims are often isolated by their previously presumed friends. This is particularly so in cases of sexual crimes where innuendo surrounding the victim's alleged provocation is frequently alluded to.

Others find it difficult, and at times impossible, to comprehend and accept the appalling experiences that some victims endure and, rather than be taxed psychologically and share such experiences in coming to terms with the fact that that may have happened to themselves, it is less anxiety provoking to
preclude those experiences from consciousness, thereby isolating the victims even more.

The Medico-legal/Victimology Process

There are a number of "gatekeeping" points at which decisions are made in regard to the victimology process. For example, following the reporting of crime it appears that police personnel advise victims of their rights, in the sense that they can approach a Victims of Crimes Service and pursue litigation, and sometimes therapy.

The next barrier is referral to a lawyer. It would be of interest to know how many people are filtered out at this point. We do not know the answer to this question, or to questions such as whether or not the pursuit of such litigation is related to the number of legal practitioners, the advertising of legal services, the provision of contingency payments for legal services, or to other as yet undefined issues.

With emotional sequelae, the next step is referral to a psychiatrist or psychologist for a medico-legal assessment. It is worth re-iterating that it is important that such practitioners have a longitudinal view of each person assessed, and avoid the temptation to become an advocate in relation to one specific incident to the exclusion of considering other possible factors contributing to an emotional reaction. There are at least two issues which are important in this context.

The first is in relation to the general prevalence and cause of psychiatric illness in the community. At any one time about 15 to 20% of the community have sufficient symptoms to warrant a psychiatric diagnosis, and, more often than not, there are a number of factors which contribute to a person's emotional distress. However, sometimes medico-legal reports seem to ignore this fact. Selective reporting of events, with an uncritical total focus on one event, even if it has been dramatic and has resulted in apparent severe physical and emotional trauma, is usually not helpful to victims as they will unwittingly be encouraged to attribute all their problems to the external event, with an abdication of personal responsibility for other areas of their life. Such a focus can become overwhelming and self-defeating, and can be very challenging to overcome in therapy.

The second issue is in relation to the diagnosis "post-traumatic stress disorder" or PTSD. Few doubt the importance of such a diagnosis in those who have experienced extreme traumatic events, and who, at the very least, fulfil the first criterion for such a diagnosis. Indeed, it is pertinent to reflect on that criterion, which states (APA, 1994):

- The person has been exposed to a traumatic event in which both of the following were present:
  1. The person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
  2. The person's response involved intense fear, helplessness, or horror.

It must be emphasised that no one would feel anything but concern for those who have been subjected to such an experience. However, it is difficult to avoid a certain degree of scepticism when the PTSD diagnosis is attributed to those who may have been involved in an assault where the predominant affect evoked has been anger, or, in the motor vehicle accident context, when a plaintiff has been involved in a modest rear end motor vehicle accident. It is also sometimes used exclusively for an event which has been but one of a series of traumatic events in a victim's life, often with the non-reporting of those other events, or if reported they are noted to be of no consequence. Unfortunately, at times the diagnosis appears to be used in such a broad manner that it lacks specificity and loses its value.

This has been referred to in recent literature. For example, Freckelton (1998) has commented that "Public awareness of the disorder, the unavoidable dependence of psychiatrists and psychologists on patients' self-reports, and the loose use of assessment procedures by some clinicians have raised concern about the susceptibility of the diagnosis to fabrication and exaggeration which cannot readily be identified by mental health practitioners". Such observations are hardly unexpected when, in a symposium on the psychological aspects of trauma (quoted by Brown, 1997), Ball even posed the question: "Does PTSD exist, or is it a normal response to life's adversities?" Ball also "drew attention to previous pandemics of masturbatory insanity, repetitive strain injury, and chronic fatigue syndrome. He quoted Ivan Illich from Medical Nemesis, who described the invention rather
than elimination of disease. Ball advocated diagnostic caution, particularly with regard to debriefing. He cautioned clinicians not to take the disease model too far."

It is germane to take Ball’s comments further in relation to caution about debriefing. It is sobering to note that there have been no adequately controlled studies which demonstrate the efficacy of psychological debriefing after acute stress or trauma. In fact, there have been at least three recent methodologically sound randomised controlled studies which have reported detrimental effects of debriefing (Bisson et al., 1997; Hobbs et al., 1996; Lee et al., 1996). When one appreciates that some organisations, for example banks, feel obliged to provide debriefing for those who may have been involved in hold-ups, it can be seen that we may be creating problems rather than solving them. Such findings are consistent with the report that there is increased health care utilisation in those who participate in trauma research (Sansone et al., 1997).

It has also been suggested (Turner and Raphael, 1997) that some stress reduction techniques can “undermine the capacity of individuals to deal with difficulty, establishing instead a sense of anger and helplessness”, and it could be added that they may also instil a sense of entitlement and recompense in terms of blaming others for one’s difficulties.

Society’s View of the Legal Process

There is no doubt that society’s views are shaped by the media and vice versa. Not surprisingly members of the media are only too willing to report legal decisions which appear to be of public interest. Inevitably these attain a considerable degree of influence, at the very least for those who are involved in litigation. Indeed, it is evident in clinical psychiatric practice that plaintiffs read reports of the outcome of litigation with considerable interest in estimating the potential value of their own suffering.

It is not difficult to perceive how that could be so when considering several recent judgements. For example, a cricketer in Sydney received $25,000 compensation after having been injured when he asserted that he had felt under moral pressure to play on a sub-standard cricket pitch (Lane, 1998); and, following a Queensland Judge finding a driver partly responsible for injuries to a drunk who fell or jumped into her path, and an ACT Magistrate finding a footballer not guilty of assault because of alcohol intoxication, an Australian Editorial commented that “the law has proven to be a strange animal” (Editorial, 1998).

How can victims of crime, for example those who have been assaulted or raped accept such judgements with equanimity? One could give other examples, not only of so called average persons, but of persons who one might consider to be in positions of social responsibility as role models, who have been the beneficiaries of similar decisions. It is inevitable that those judgements will have a powerful impact on the average person’s perception of their sense of entitlement if they should have the misfortune to be the victim of crime.

Conclusion

Victims of crime are in a difficult situation, not only because of the initial insult itself, but also because of the above-noted sequelae, sequelae which are influenced by a number of competing pressures. There is a delicate balance in these competing pressures: none would deny that those who are genuinely distressed and disabled should receive appropriate compensation. However, from a psychiatric perspective it is evident that at times the medico-legal process, and in particular societal pressures which are inevitably evoked, are sometimes antithetical to a victim’s recovery.

Indeed, it is difficult to avoid the conclusion that at times with enthusiastic legal practitioners, in collaboration with uncritical psychiatric opinion, made in a societal climate with role models inculcating a sense of entitlement, there is a perpetuation of illness behaviour with an unrealistic expectation of compensation.

Such a view may be perceived as somewhat provocative and not shared by all. However, unless these issues are addressed, those who are truly suffering as a result of crime will become ignored in a general disenchantment with the victimology process.

References


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