
Chapter 2

The Impact of Crime on Victims

Definitions

It is a complex task to identify who is a victim of crime. Recorded crime statistics only take into account primary or direct victims—those who suffer directly as a result of the crime. It is not difficult to describe people who have experienced a house burglary, car theft, assault or murder as “victims of crime”, but this description should also include people who were witnesses to the crime, family members, friends, neighbours and whole communities—secondary or indirect victims—who may suffer trauma as a result of crime (VCCAV 1994, p. 10). We do not have any statistics that provide an estimate of the extent to which crime affects individuals, families, friends and their relationships.

The United Nations *Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power*, which was endorsed by the United Nations General Assembly in 1985, defined victims as:

Persons who, individually or collectively, have suffered harm, including physical or mental injury,

emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws operative within member states, including those laws proscribing criminal abuse of power... The term 'victim' also includes, where appropriate, the immediate family or dependants of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prevent victimisation.

While crime is one of the most important problems facing any society, relatively little is known about the impact of crime and the consequences of victimisation. More information needs to be gathered, in particular first-hand accounts from those who have been victimised, as it is the “...extent of victim reporting, as well as the reasons for non reporting, [which] can reveal critical information relating to victims, the police, and the criminal justice system at large” (Laub 1997, p. 19).

However, post-crime trauma, experienced by a significant number of victims, may often impair their ability and willingness to cooperate. At every

key stage of the criminal justice process—from contemplating making a report to police to attending a parole hearing—interaction with the system is stressful for victims and often exacerbates their trauma.

Consequently, many victims do not report crimes to police out of fear of further suffering. This makes it extremely difficult to achieve a full understanding of the consequences of victimisation.

Much research suggests that the impacts of crime victimisation can be long-lasting and diverse. The consequences of crime can involve financial loss, property damage, physical injury and death. Less obvious, but sometimes more devastating, are the psychological and emotional wounds left in the wake of victimisation (Newburn 1993, Skogan, Lurigio & Davis 1990, p. 7).

Few studies have attempted to estimate the prevalence of physical injury, especially serious physical injury, as a result of crime, and the results of those that do exist differ markedly. By contrast, there is a considerable body of literature that explores the psychological and emotional effects of certain crimes, in particular rape, sexual assault and child sexual abuse. According to Newburn (1993), depression, shame and fear are the most commonly identified long-term effects, both amongst *direct* and *indirect* victims (Newburn 1993, p. iv).

Reactions to criminal victimisation often extend beyond thoughts and feelings to affect everyday behaviours. The research evidence suggests that a proportion of victims of rape or childhood sexual abuse suffer significant and long-lasting behavioural consequences, especially in the area of sexuality, as well as a number of behaviours associated with fear, anxiety and depression. The majority of these effects do not appear to diminish quickly after the incident, and some are particularly durable (Newburn 1993, p. iv). Other studies have shown that, in the aftermath of the crime, victims usually engage in various preventative or avoidance measures, such as buying a gun, participating in self-defence courses, putting new locks on doors, installing alarms, changing their phone number or job, moving, restricting their night time activities or reducing their social contacts (Bard & Sangrey 1979; Bard & Johnson 1974; Conklin 1975; Krupnick 1980; Lejeune & Alex 1973; Maguire 1980; Skogan & Maxfield 1981, all cited in Lurigio 1987).

Finally, while financial difficulties are generally not the most prominent of the problems faced by crime victims, research suggests that a significant proportion of victims may experience particular financial problems as a result of the offence. For example, there may be costs associated with leaving home or relocating, and with fitting security systems to feel safe; or expenses

associated with missing work due to attendance at court proceedings (Bard & Sangrey 1986; Newburn 1993; VCCA 1994; United Nations 1998).

Research on the impact of crime, the needs of victims and their patterns of recovery has been dominated by studies of rape, sexual assault and child sexual abuse. According to Newburn (1993), only when other more common forms of victimisation, such as burglary and assault, are studied in similar detail will a broader and more reliable picture emerge of the impact of crime and the necessity for specific services (Newburn 1993, p. v).

Researchers have found that victims of “less serious” offences, such as burglary and robbery, may also suffer adverse reactions as a result of the crime (see Davis, Taylor & Lurigio 1996). The next section of the report will discuss the physical, psychological and financial consequences of crime victimisation.

Physical Impact of Victimisation

At the time of the crime, or upon discovering that a crime has occurred, victims are likely to experience a number of physical reactions to the event. These may include an increase in the adrenalin in the body, increased heart rate, hyperventilation, shaking, tears, numbness, a feeling of being

frozen or experiencing events in slow motion, dryness of the mouth, enhancement of particular senses such as a smell, and a “fight or flight” response. Some of these physical reactions may not occur immediately, but after the danger has passed. They may also recur at a later stage, when memories of the crime return (Burnley et al. 1998b; United Nations 1998, p. 6).

After the crime, victims may suffer a range of physical effects including insomnia, loss of appetite, lethargy and body fatigue, headaches, muscle tension, nausea and vomiting and decreased libido. Such reactions may persist for some time after the crime has occurred (Bard & Sangrey 1986, p. 36; Lurigio 1987, p. 463; United Nations 1998, p. 6).

For years I used to become physically sick, throw up, whenever I heard of a case like mine. Victim of child sexual abuse (Giuliano 1998, p. 60)

My health has suffered badly, my weight has dropped by 10 kilos. Victim of armed robbery (Giuliano 1998, p. 70)

Physical injuries arising from victimisation may not always be immediately apparent. The most frequent injuries experienced in assault cases are facial. Victims may suffer a range of physical damage, including: abrasions and bruises; broken nose, cheekbone and jawbone; and damage to, or loss of, teeth. Other injuries will be associated with assaults involving

knives or firearms (United Nations 1998, p. 6). Assault by arson, in particular, is very physically damaging.

Physical injuries may be a permanent effect of the crime, and there is evidence that this has a negative effect on long-term psychological recovery, since the physical scars serve as a constant reminder of the crime (United Nations 1998, p. 6).

Wherever I go I will always have the face you cannot forget. I still have my fragile moments when I not only wallow, but also roll around in self-pity.
Victim set alight by her partner
(Giuliano 1998, p. 57)

For victims of sexual assault, the immediate physical impact may or may not include physical injury, including the threat of unwanted pregnancy and sexually transmitted diseases. Physical injury, however, is frequently not a result of sexual violence. In a study conducted by doctors working with victims of sexual assault in Perth, data were analysed to ascertain the level of physical and genital injury sustained by the victims of sexual assault seen by hospital staff during a 12-month period. The study found that 83 per cent of these victims had minor or no physical injuries at all (Lincoln 1996). Although many of these cases were seen in the emergency department, only one person had injuries severe enough to require hospital admission. The author notes that the overall incidence of physical and genital injuries in people

who have been sexually assaulted is actually quite low (Lincoln 1996). These findings are consistent with the findings of other studies of victims of sexual assault (Bargen & Fyshwick 1995, p. 31).

The Women's Safety Survey estimated that about 48 per cent of women who were physically assaulted by a man, and 46 per cent of women who were physically assaulted by another woman, sustained physical injuries in the last incident. The most common injuries in both types of assault were bruises, cuts and scratches. Twenty-two per cent of women who were sexually assaulted were also physically injured in the attack, with bruising the most common injury (ABS 1996). The Crime and Safety Survey found that only 29 per cent of male and female victims of assault were physically injured in the last incident (ABS 1994).

Overseas, a survey of victims of domestic violence found that over 96 per cent had sustained black eyes or other forms of bruising, almost two-thirds had been scratched, just under half had suffered cuts and almost one-tenth had bones broken. Permanent disfigurement and persistent poor health as a result of the abuse were also not unusual (cited in Newburn 1993, p. 6).

A study of robbery in New South Wales (New South Wales Bureau of Crime Statistics and Research 1987) found that, of the 90 per cent of personal

robberies where some form of violence was involved, most (65%) involved a punch, a kick, a push or a pull. Only 12 per cent of victims of personal robbery were seriously injured. However, serious injuries were most commonly inflicted in cases where there was no weapon and no physical resistance by the victim.

Research suggests that, in the aftermath of the crime, it is common for victims to demonstrate physiological reactions such as insomnia, loss of appetite, lethargy and headaches, but they do not often suffer serious physical injury. This does not mean, however, that the victim will not suffer other adverse reactions to the crime, such as psychological injury.

Psychological Impact of Crime on the Victims

The experience of being the victim of crime affects different people in different ways. What may seem disastrous to one person is not necessarily so to another. While some people are less resilient than others and, when exposed to traumatic events may develop Post-traumatic Stress Disorder (PTSD), others do not. People vary widely in their ability to cope with becoming a victim, as they do with all crises (Grabosky 1989, p. 9; Goldney 1998, p. 154).

People have widely different personality attributes, social skills and other resources, all of which may bear on their ability to cope in the aftermath of victimisation (Grabosky 1989, p. 23). Some of the factors which may affect a victim's resilience and coping ability are: age, gender, financial and social resources, cognitive and emotional development, perceptions of the world, pre-victimisation adjustment and previous coping experiences. Features of the crime incident, aspects of the physical and social environment and a victim's own interpersonal skills may also influence their ability to recover (Ball 1983; Grabosky 1989, p. 9; Davis et al. 1996).

In the aftermath of traumatic experience, the degree and quality of social support received by the victim is of particular importance to their subsequent adjustment. Family and friends of the traumatised victim can help their loved ones, not by judging their response to what has happened, but by being there for them and with them in their torment (Grabosky 1989, p. 9; Lieutenant Colonel Donald Woodland OAM in Giuliano 1998, p. 184).

Although most victims of serious crime suffer emotional turmoil, some victims have more difficulty coping with the chaos than others. Some victims may take longer to restructure their lives, while others seem unable to resume a functional life. There is a need for research to identify victims in the high-

risk category and to devise early and intensive interventions to lower their risk of long-term debilitation (Young 1988, p. 348).

Research on the effects of criminal victimisation has generally found that younger victims of crime experience fewer adverse effects than older victims; women are generally more traumatised than men; and victims with little formal education and low income are traumatised more than victims from higher socioeconomic and educational groups. Victims who have been injured or whose lives have been threatened during the crime also tend to be significantly more disturbed in the long term than those who have not been injured or threatened (see Davis et al. 1996).

Crime victims' pre-victimisation adjustment is strongly predictive of their post-crime functioning. Some studies have demonstrated that prior life stress has an untoward impact on post-crime adjustment, while others suggest a curvilinear or qualified relationship between life stress and psychological reactions to it. Burgess and Holstrom (1978) reported that rape victims who had persistent economic difficulties, such as limited income and employment, displayed lengthier and more serious reactions to the crime. On the other hand Ruch, Chandler and Harter (1980) found that women who had experienced a moderate number of recent life changes showed fewer

effects of rape than women who had experienced many or none.

Pre-crime Beliefs and Assumptions About the World

According to Janoff-Bulman (1985b), we all function from day to day on the basis of assumptions and personal theories that allow us to set goals, plan activities and order our behaviour. These conceptual systems develop over time and provide us with viable expectations about ourselves and our environment. Individuals' views of reality constitute their "assumptive world", a strongly held set of assumptions about the world and the self which is continually maintained and used as a means of recognising, planning and acting. Assumptions such as these are learned and confirmed by experience.

There appear to be three highly related types of assumptions that are shared by most people:

- the belief in personal invulnerability;
- the perception of the world as meaningful and comprehensible; and
- the view of ourselves in a positive light (positive self-perceptions).

According to Janoff-Bulman, we all seem to recognise that crimes are common. However, we simultaneously believe that "it can't happen to me". In our day-to-day existence we operate

on the basis of an illusion of invulnerability, overestimating the likelihood of experiencing positive outcomes in life and underestimating the likelihood of experiencing negative events. Janoff-Bulman suggests we make sense of our world by regarding what happens as controllable. We believe we can prevent misfortune by engaging in sufficiently cautious behaviours, and that we are protected against misfortune by being good and worthy people. According to Lerner's just world theory, we believe that people deserve what they get and get what they deserve. It is a meaningful world because we know what to expect and why negative events occur. People generally maintain a relatively high level of self-esteem and operate under the assumption that they are worthy, decent people (Janoff-Bulman 1985b, pp. 19-20).

Similarly, Bard and Sangrey (1986) suggest that all people have their own normal state of "equilibrium" or psychological balance, based on trust and autonomy. People tend to carry on their lives as if the world is basically a trustworthy place and to some extent controllable by our own actions. This sense of trust and autonomy fosters the conviction that the world is a reasonably predictable and manageable place, and also a sense of invulnerability in a familiar and essentially harmless environment. When the self is in a state of equilibrium, everything "works".

According to Bard and Sangrey (1986), this normal state of equilibrium is influenced by everyday stressors such as illness, moving, changes in employment and family issues. When any one of these changes occurs, equilibrium will be altered, but should eventually return to normal. Generally, people are able to adjust and change in the needed ways so that they regain their equilibrium (Bard & Sangrey 1986, p. 17).

There are, however, events in our lives that can have a dramatic impact on our equilibrium and force us to recognise, objectify and examine our basic assumptions. Events which include victimisation, such as disasters, serious diseases, criminal acts and accidents, produce tremendous stress and anxiety as the victim's experience cannot be readily assimilated, and the assumptive world developed and confirmed over many years cannot account for these extreme events. The assumptions and theories are shattered, producing psychological upheaval (Janoff-Bulman 1985b, p. 18).

No-one ever expects to become a victim of crime, or that the actions of another person can change their life and the lives of those close to them forever—that they can no longer feel safe or secure in the world. In the few seconds that it takes for a crime to occur, the person's assumptions about the world are shattered (Muir 1998, p. 179).

There are not enough descriptive words in the English language for me to be able to convey the gut-wrenching devastation, disbelief, anger, fear, frustration and all-consuming grief that have become part of my life since the horrific death of my daughter. My whole life has changed, yet I am forced to live in a world which seems 'normal' to others, while my world holds nothing but distress, Father of a murder victim (Giuliano 1998, p. 113).

The emotional responses of victims are generally immediate, intense and often long-lived. There are common psychological experiences shared by a wide variety of victims—emotional reactions that appear to cross a wide range of victimisation—including shock, confusion, helplessness, anxiety, fear and depression. Even relatively “minor” victimisation, such as burglary or robbery, can result in a great deal of suffering and disruption (Janoff-Bulman 1985b, p. 16).

According to Janoff-Bulman, much of the psychological trauma produced by victimisation derives from the shattering of very basic assumptions that victims have held about the operation of the world. Victimisation calls into question these assumptions, and by doing so destroys the stability necessary for normal functioning. Victims experience a “loss of equilibrium”—the world is suddenly not what it used to be (Bard & Sangrey 1986, p. 14). Victims feel deprived of

their personal sense of order and control and feel helpless. Their perceptions are now marked by threat, danger, insecurity and self-questioning (Janoff-Bulman 1985b, p. 18).

Each person has his or her own level of stress tolerance. Something that upsets one person severely may feel quite unimportant to another, but for every person there is a point of stress beyond which the self cannot make the necessary accommodation easily and quickly. When we lose the ability to regain our balance, our lives become seriously disrupted. Being the victim of a crime is extremely stressful, well beyond the tolerance level of most, if not all, people (Bard & Sangrey 1986, p. 17).

Personal crimes—crimes that violate the victim—span a broad continuum from pick-pocketing and burglary at one extreme to rape and murder at the other. Although the injury to the self intensifies as the crime becomes more serious, the degree of violation experienced by an individual victim depends on the meaning of the crime in that person’s life (a minor incident to one victim may be a personal catastrophe for another). But crimes against people can be differentiated according to the degree of violation inherent in the crime. Rape, for example is universally experienced as a more serious violation than burglary (Bard & Sangrey 1986, p. 17).

The assumption of invulnerability

The experience of victimisation shatters the assumption of invulnerability, and one is no longer able to say that: “It can’t happen to me”. Victims may experience a sense of helplessness, and feel apprehensive that anything may now happen to them. Feelings of intense anxiety and helplessness accompany the victim’s lost sense of safety and security. The victim’s new perception of vulnerability frequently manifests itself, in part, in their preoccupation with the fear of recurrence (Janoff-Bulman 1985b, p. 19).

If you think ‘it won’t happen to me’, you need to think again. Father of a murder victim (Giuliano 1998, p. 119).

Victims no longer perceive themselves as safe and secure in a benign environment. In human induced victimisation, such as criminal assaults, this is particularly distressing as the victim is no longer able to feel secure in a world of other people. The criminal act of violation compromises the victim’s sense of trust—it is a clear demonstration that the environment is not predictable and that it can, in fact, be harmful. Because crime is an interpersonal event, the victim’s feeling of security in the world of other people is seriously upset. The crime victim has been deliberately violated by another person. The victim’s injury is

not an accident, it is the direct result of the conscious, malicious intention of another human being (Janoff-Bulman 1985b, p. 20; Bard & Sangrey 1986, p. 15).

The assumption that the world is meaningful

After victimisation, the world does not appear meaningful to victims who feel they have been cautious and good people. The victimisation simply does not make sense. It does not fit with the “social laws” the victim has held about the operation of the world.

In the case of serious crimes, the problem of loss of meaning often seems to focus on the question: “Why did this happen to me?”. It is the selective incidence of the victimisation that appears to warrant explanation. If victims regard themselves as decent people who take good care of themselves and are appropriately cautious, they are apt to find themselves at a loss to explain why they, in particular, were victimised (Janoff-Bulman 1985b, p. 21).

It is very difficult for many people to accept the notion that “bad things happen to good people”. For them, it seems that there must be a cause and effect when unforeseen events occur. Victims will often blame themselves for the crime. They often point to something they did before the crime that made it possible for the offender to succeed, for example “the short skirt

incited the rapist”, or they may associate the crime with some previous and seemingly unrelated bad behaviour. Victims who feel guilty about something they have done may connect the guilt with the crime. Victims often see their own behaviour as the deciding factor because then they feel they are back in control of their lives (Bard & Sangrey 1986, pp. 55-6).

She said I was trying to make sense of the senseless, to allocate blame, and that I was trying to control things that were way beyond my control. Victim of domestic violence (Giuliano 1998, p. 39).

In their need to determine where the “blame” for the offence should be assigned, others may also, consciously or unconsciously, blame the victim. Blaming the victim is one way we can maintain our belief that people get what they deserve. Many victims receive censure instead of sympathy. When a person has been mugged, for example, friends, family and the police frequently interrogate the person relentlessly about why he or she was in such an unfortunate situation. “Why were you walking in that neighbourhood alone?” “Why didn’t you scream?” “Why were you carrying so much money?” Such reactions reflect our pervasive need to find rational explanations for apparently senseless events (Deaux et al. 1993, p. 111).

I did not speak of my secret for 35 years. I’m an adult now, but I still cannot tell my story. The general public can’t handle it. How many people would say ‘Why didn’t you tell someone?’... How many would ask, ‘Why didn’t you stop it?’ Victim of child abuse (Giuliano 1998, p. 59)

Positive self-perceptions

The experience of being victimised leads victims to question their positive perceptions of themselves. The trauma of victimisation activates negative self-images in the victim—they tend to see themselves as weak, helpless, needy, frightened and out of control. In addition to weakness and powerlessness, victims are apt to experience a sense of deviance. They tend to feel different from other people (Janoff-Bulman 1985b, p. 22; Bard & Sangrey 1986, p. 16).

During those first few weeks, I could not understand, nor cope with what was happening to me. I truly believed I was going crazy. It was frightening. I was becoming a completely different person – someone I didn’t know!... This woman [a social worker] explained to me that what I was going through were the normal responses of a normal person to an abnormal event. What a relief to discover I was normal! This reassurance allowed me to begin the recovery process. Victim of armed robbery (Giuliano 1998, pp. 97-8, parentheses added)

As a result of their victimisation, victims' views of the world and of themselves are seriously challenged, and the assumptions that formerly enabled them to function effectively no longer serve as guides for behaviour. The former world, where one expected only good things to happen, no longer exists. The world that they counted on to be fair is gone. Their inherent belief in their personal safety and security has been demolished. Their innocence and trust in the world has been lost—they only know that they and their family are no longer safe. The state of disequilibrium that results is marked by intense stress and anxiety. They are left feeling vulnerable, confused, ashamed, humiliated, anxious and exposed—and fearful that the crime may happen again (Janoff-Bulman 1985b, p. 22; Muir 1998, p. 179).

The extent to which victims' assumptions about the world are shattered determines the extent of their distress. A study by Davis, Taylor and Lurigio (1996) demonstrates the importance of perceptions in explaining reactions to criminal victimisation. Victims' perceptions were strongly related to psychological distress. The degree to which crimes disturb victims' assumptions about the world—especially their views of the world as a safe, controllable and meaningful place—was found to predict both short- and intermediate-term emotional distress. These findings lend support to Janoff-Bulman's model, suggesting

that victimisation can exert a powerful influence on people by challenging their fundamental assumptions about the world. Victims' perceptions of the meaningfulness of the world were, in fact, the best predictor of psychological adjustment.

According to Janoff-Bulman, to a great extent, coping with victimisation involves coming to terms with these shattered assumptions and re-establishing a conceptual system that will allow the victim to once again function effectively. The coping process will involve coming to terms with a world in which bad things can and do happen—and to them—and they learn that they are not invulnerable. The victim also faces the tasks of re-establishing a view of the world as meaningful, in which events once again make sense, and of regaining a positive self-image, including perceptions of worth, strength and autonomy. The coping process following victimisation entails the establishment of an assumptive world that incorporates one's experiences as a victim (Janoff-Bulman 1985b, p. 22).

I now recognise my part in contributing to the civilisation of our society—using the skills from my past to make a difference to someone's life today. If I had not suffered the crime that caused those nightmares, I wouldn't have had the opportunity. Victim of domestic violence (Giuliano 1998, p. 40)

It has, in fact, been argued that crime in its usual form does not have dire emotional consequences for its victims (see Mayhew 1984, cited in Lurigio 1987). However, understandably there have been many objections against such a claim. The large majority of research supports the notion that crime victims do suffer from adverse psychological consequences. For example, Lurigio (1987) has shown that, when compared to non-victims, crime victims reported higher levels of vulnerability and fear as well as varying manifestations of distressing symptomatology (e.g. anxiety, unpleasant thoughts, upset stomach) and a diminished sense of self-worth.

The psychological responses to victimisation are best seen in terms of short- and long-term responses.

Short-term Trauma and Crisis Reactions

“Short-term responses” refers to an immediate sense of shock and of disbelief (thinking “this can’t be happening to me”) and feelings of disorientation, confusion, shame, guilt, grief and anger. Many victims also suffer emotional swings and outbursts of tears and feel estranged and isolated from loved ones. Studies have shown high levels of fear, anxiety and general distress also disrupt the individual’s ability to concentrate on simple mental activities (see Kilpatrick et al. 1979).

Although most individuals have the ability to cope with ordinary stress, their adaptive capacities are likely to be overwhelmed when confronted by a traumatic stressor, such as victimisation by a crime (United Nations 1998, p. 10). Intense feelings are very normal reactions to trauma—they are an attempt to adjust to what has happened. It is unusual for people not to have such reactions for some time after the event (Giuliano 1998, p. 184).

According to Bard and Sangrey, the crime victim’s experience can never be reduced to a formula. Victimisation disrupts the self in as many ways as there are victims. At the same time, most victims experience at least some of the feelings and behaviours associated with a crisis reaction and, generally, people’s reactions to crisis have a pattern (Bard & Sangrey 1986, p. 35). Frequent responses to criminal victimisation include, but are not limited to, shock, numbness, denial, disbelief and anger (NCVC 1997c, p. 1).

I couldn’t think. I was numb... Things still seemed untrue. Brother of a murder victim (Giuliano 1998, p. 73)

Post-crime trauma typically begins with crisis reactions. Crime victims in crisis can be expected to suffer from a wide range of difficulties which can manifest

- *physically*, including a loss of appetite, vomiting, excessive sleeping, body fatigue, crying, abuse of drugs, rapid heart rate and hyperventilation;

- *emotionally*, including mood swings, guilt, loneliness and fear; and
- *socially*, including missing work, withdrawing from social situations and sexual disruption.

Each victim responds in his or her own way, but every victim seems to suffer some disruption (Bard & Sangrey 1986, pp. 33-4).

A crisis reaction develops in three stages—from initial disorganisation of the self, through a period of struggle to the eventual readjustment of the self. Each step is an essential part of the emotional repair process (Berglas 1985; Bard & Sangrey 1986, p. 35).

The three stages of a crisis reaction are:

1. impact,
2. adjustment or recoil, and
3. reorganisation, integration or resolution.

Impact phase

The initial impact phase occurs in the immediate hours or days after a crime and is characterised by a disintegration of normal functioning. The victim's first response is usually a combination of shock, numbness, disbelief and disorientation that can become physically immobilising. The initial response to victimisation may also involve massive disbelief and denial, the sense of "this can't be happening

to me" (Berglas 1985; Bard & Sangrey 1986, pp. 36-7; NCVS 1997c, pp. 1-2).

I kept on crying and repeating over and over again that it couldn't be true.

Sister of a murder victim (Giuliano 1998, p. 134).

The impact phase is often marked by feelings of a lack of control, vulnerability and helplessness, and victims sometimes feel that they are alone. In many instances the victim is unable to make rational decisions such as reporting the incident to police or obtaining medical attention. They may become dependent on others for help (Bard & Sangrey 1986, p. 36, NCVS 1997c, p. 2).

Adjustment or recoil phase

In the second phase of the crisis reaction, victims begin to struggle to adapt to the violation and to reintegrate their fragmented selves. Victims attempt to recapture their sense of self, memory and behavioural control. The work of recovery requires the victim to deal with a number of distressing emotions including fear, anger, sadness, self-pity and guilt (Berglas 1985, p. 2; Bard & Sangrey 1986, p. 41).

This phase involves two kinds of activity: sometimes the victim will be able to feel and work through the painful emotions aroused by the experience, and at other times he or she will defend him/herself against the

feelings by denying them. Defending against the feelings may take a hyperactive form; some victims throw themselves into their work or some other structured activity. They become very “busy”, bustling with projects and plans that are totally unrelated to the crime. For others, the crime itself may provide activity through which they can distract themselves. Contacting agencies, filling out forms, phoning the police for information about the progress of the investigation, and so on may help victims to protect themselves from the feelings the crime has aroused (Bard & Sangrey 1986, pp. 41-2).

Many victims go through a period of direct denial—they feel emotionally detached and unable to respond with much feeling to anything. Between these periods of denial, victims begin to deal with their feelings about the crime.

The range of emotions is vast: loneliness, helplessness, concern, anger, despair, to name but a few. Father of a victim of driving causing death (Giuliano 1998, p. 169)

The work of facing these emotions includes remembering the events of the crime and permitting oneself to re-experience the feelings that have been aroused by the violation. Some victims “play back” the crime repeatedly in their imaginations. They want to talk about it endlessly, reviewing the events in minute detail, or they will mentally

replay the traumatic event through fantasies, dreams or nightmares. Replaying the event allows the victim to attempt to master the trauma (Berglas 1985; Bard & Sangrey 1986, p. 43).

I began to have flashbacks of the gunman, and nightmares, where I'd break out in cold sweats, and wake up screaming. I even started dreaming of different scenarios, but with the same man. I went through about 7 months of insomnia; I was lucky if I could sleep through a night once a week. Regina, victim of armed robbery (Sydney City Mission Victim Support Service 1999, p. 63)

Fear is one of the most difficult emotions victims must come to terms with. Reliving the experience some time after the crime, the victim may be able to feel the intensity of the terror for the first time. Often the victim can only allow the full force of the emotion after the immediate threat is gone. Victims often experience fears about specific details of the crime, and phobic reactions to particular places or times of day or kinds of people (Bard & Sangrey 1986, pp. 43-4).

I am not a racist person. But now I find it hard to sell tickets to Asian families, even little children (the offenders were Asian). I find it hard walking through Chinatown, which I used to love doing, because I love Market City and all the restaurants. I find myself distancing myself from Asian men and women,

when I know I shouldn't. I hope this effect I have suffered will soon subside. Regina, victim of armed robbery (Sydney City Mission Victim Support Service 1999, p. 64)

The best way to handle fear is to allow the victim to express it. Often crime victims will engage in preventative or avoidance measures, such as buying a gun, participating in self-defence courses, putting new locks on doors, installing alarms, changing their phone number or job, moving, restricting their night time activities, or reducing their social contacts. Given adequate ventilation, however, these feelings of fear will eventually diminish, along with the other intense emotions aroused by the crime (Bard & Sangrey 1986, p. 45).

Another common and sometimes overwhelming feeling after the crime is an intense anger, especially toward the criminal. Feelings of rage can be especially difficult because victims usually have no means to vent their anger on the criminal. The absence of the criminal creates an emotional vacuum; the victim has no way to confront the person who has made them so angry. Often the way victims release these feelings of anger is through fantasy. Fantasies and dreams about revenge are not uncommon; the wish for revenge is natural, and its expression in fantasy can be helpful. When victims allow themselves to imagine vengeance, their fantasies provide an important outlet for their

frustrated anger and help to dispel it (Berglas 1985; Bard & Sangrey 1986, pp. 45-6). Restorative justice and diversionary conferencing, in which the victim can confront the offender and explain the effect the crime has had on their life, may provide another positive way for victims to express their anger.

Some victims express their anger in another way, by turning it on people other than the criminal who they blame for the violation in some way. Victims who find it difficult to express anger may turn the anger inward and blame themselves instead. Crime victims have an almost universal need to construct a reason for their violation, to find an answer to the question: "Why did this happen to me?". A great deal of time and energy will be devoted to this task during the adjustment or recoil stage. It is central to the healing process (Berglas 1985; Bard & Sangrey 1986, p. 46).

I had bought the car for Shannon just over a year ago... I couldn't help but think that in buying it I had purchased her death warrant and I blamed myself for her death. When something like this happens you cannot help treading the 'what ifs' roads – but these lead you to nowhere but despair. Father of a victim of driving causing death (Giuliano 1998, 21)

Berglas (1985) suggests that self-blame may pose a significant threat to a victim's long-term emotional adjustment if they tend to view their

responses to the crime as evidence of their own incompetence or stupidity. This may ultimately undermine or even shatter the victim's self-image.

Among the most distressing aspects of the recoil phase is the great shift in mood that victims often experience as the stage progresses. Victims' moods may fluctuate between feelings of competence and helplessness, apathy and anger, resignation and rage, calmness and anxiety (Berglas 1985). These mood swings are a normal part of the victim's recovery, but they can make the victim feel as though they are never going to really recover from their experience (Bard & Sangrey 1986, pp. 46-7).

Reorganisation, integration or resolution phase

In the normal course of a crisis reaction, the adjustment or recoil phase will eventually give way to the final phase—reorganisation. The violated self becomes reorganised over time as the victim assimilates the painful experience. The best possible outcome is for victims in the aftermath of crime victimisation to put the experience into some kind of perspective, enabling them to commit their mental and physical energies elsewhere (Berglas 1985).

With the help of strong social support and pre-existing lifetime coping skills, the intensity of traumatic reactions is likely to decrease over time. It is not

unusual for reactions to continue until individuals feel that their lives have stabilised and that they have regained a sense of safety and security.

However, the more serious the violation, the longer a full reorganisation will take. It is impossible to give accurate timeframes for various crimes because individuals vary so much, but the full recovery often takes longer than people expect (Bard & Sangrey 1986, p. 48). Crisis reactions can also appear at later times in their lives, when another event triggers their memory of the original trauma.

All crime victims experience uneven progress through the stages of recovery. Crime-related psychological trauma is not limited to a few days or weeks after a crime (Burnley et al. 1998b). Some victims may experience the reverberations of their crisis for a significant period of time. Long-term psychological effects of victimisation may continue for months or even years. If victims have difficulty rebuilding or finding a new equilibrium, they may suffer from the long-term crisis reaction known as Post-traumatic Stress Disorder (PTSD) (Bard & Sangrey 1986, p. 47; NCVC 1995, p. 1; NCVC 1997c, p. 2).

Being in crisis does not mean victims will develop PTSD, but if victims do not have the opportunity to work through their crises and begin to heal, the chances of developing PTSD are increased (NCVC 1995, p. 1). A recent

article in *New Scientist* reports that between 10 and 15 per cent of people experiencing traumatic events experience acute stress disorder, and many of these people go on to develop PTSD (Anderson 1999, p. 15). If victims receive appropriate crisis intervention and counselling the chances of developing PTSD are reduced (NCVC 1995, p. 1). It is suggested that identifying those with acute stress disorder is important because this is the group that needs the most help (Anderson 1999, p. 15).

Long-term Crime-related Trauma

Crime has both an immediate and long-term psychological impact. Considerable scientific evidence is emerging that indicates many victims of crime suffer severe psychological trauma that is long-term in nature, thus placing them at a relatively high risk of developing Post-traumatic Stress Disorder as a result of their victimisation (NCVC 1995).

Post-traumatic Stress Disorder (PTSD)

Post-traumatic Stress Disorder (PTSD) is one of the major types of long-term crime related trauma (Burnley et al. 1998b). PTSD reflects a dynamic process by which the victim attempts to integrate a traumatic event into his or her self-structure. It is not strictly limited to cases of criminal victimisation. The Diagnostic and Statistical Manual of Mental Disorders

(DSM-IV) diagnosis of PTSD refers to a characteristic set of symptoms that develop after exposure to an extreme stressor, such as natural disasters, accidents, war and crime victimisation (APA 1994; APA 1999a; APA 1999b).

In particular, the crimes of sexual assault, physical assault, robbery, mugging, kidnapping and child sexual assault—or observing the serious injury or death of another person due to violent assault or learning about the violent personal assault or death of a family member or close friend—have been identified as the types of stressors that are capable of producing PTSD (APA 1994).

According to the American Psychiatric Association (APA), PTSD usually appears within three months of the trauma, and is characterised by symptoms of intrusion, avoidance and hyperarousal (APA 1999a). For a diagnosis of PTSD *both* of the following conditions must be present:

1. The person directly experienced an event or events that involved actual or threatened death or serious injury, or other threat to one's physical integrity; or the person witnessed an event or events that involved death, injury, or a threat to the physical integrity of another person; or the person learned about unexpected or violent death, serious harm, or threat of death of injury experienced by a family member or other close associate.

2. The person's response to the event or events must involve intense fear, helplessness or horror, or in children, involve disorganised or agitated behaviour.

The symptoms of PTSD fall into the following three categories (APA 1999a):

Intrusion In people with PTSD, the traumatic event tends to be persistently re-experienced through recurrent and intrusive distressing recollections of the event, including: images, thoughts or perceptions; distressing dreams of the event during which the event is replayed; acting or feeling as if the traumatic event were recurring, including a sense of reliving the experience; illusions, hallucinations and dissociative flashback episodes; and/or intense psychological distress or physiological reactivity upon exposure to internal or external cues (triggers) that symbolise or resemble an aspect of the traumatic event, including anniversaries of the trauma (APA 1994).

Avoidance PTSD sufferers also tend to exhibit persistent avoidance of stimuli associated with the trauma, as indicated by efforts to avoid thoughts, feelings or conversations associated with the trauma and activities, places or people that arouse recollections of the trauma. Additionally, the victim may be unable to recall important aspects of the trauma; may feel numb; experience a loss of normal affect and

emotional responsiveness; and exhibit less interest and involvement in work and interpersonal relationships. These avoidance symptoms affect relationships with others, as the victim avoids close emotional ties with family and friends. Depression is also a common symptom (APA 1994; APA 1999a).

The saga continued for almost four years. I had three breakdowns. I could not face the world. I tried to keep going to work, but couldn't handle my normal roster (evenings). I was jumpy, I scared easily and became paranoid about people watching me. I was continually crying and would burst into tears at the least little thing. Victim of armed robbery (Giuliano 1998, p. 93)

Hyperarousal PTSD involves persistent symptoms of increased arousal which were not present before the trauma. Such symptoms include those of difficulty falling or staying asleep due to terrifying nightmares; irritability or outbursts of anger; difficulty concentrating or completing tasks and remembering current information; hypervigilance; and an exaggerated startle response due to the constant feeling that danger is near. PTSD can cause those who have it to act as if they are constantly threatened by the original trauma (APA 1994; APA 1999a).

For a clinical diagnosis of PTSD to be made, symptoms in all three of these areas must be present for at least one

month after the crime, and must cause the individual clinically significant distress or impairment in social, occupational or other important areas of functioning (APA 1994).

Many victims continue to re-experience crisis reactions over long periods of time, and these can be “triggered” by certain events which remind them of their victimisation. Most victims eventually recover from PTSD and their symptoms gradually diminish and disappear. However, certain situations, sights, sounds and/or smells may trigger an unwanted memory of the traumatic event or an actual flashback experience. Birthdays, holidays or the anniversary of the crime can also act as triggers. Triggers may be internal or external and may be different for different people (NCVC 1995, p. 3; NCVC 1997c, pp. 2-3).

Being a victim of crime, however, does not automatically mean one will suffer from PTSD, and just because a victim presents symptoms of PTSD does not necessarily mean they have it, since the symptomatic behaviour, once relieved, may not develop into a confirmed long-term diagnosis of PTSD. All victims will present the symptoms at the time of the crisis incident, but if the psychological trauma is dealt with as soon as possible, then the severity, duration and frequency of the victim’s emotional reactions may be ameliorated and the long-term risk of developing a diagnosis of PTSD diminished

(Williams 1987). Similarly Zilberg, Weiss and Horowitz (1982) have argued that the process of the stress response itself is a natural one, which can only be labelled pathological when it is prolonged, blocked or exceeds a tolerable quality. Whether or not a victim of crime will suffer PTSD must be attributed to the level of personal violation experienced by the victim, as well as their state of personal equilibrium at the time of the trauma (Bard & Sangrey 1986).

The individual’s subjective interpretation of the stress is very important. In fact, the predisposing features of the victim (i.e. individual psychopathology, including a prior history of depression or anxiety, or prior trauma) have been recognised as one of the main factors that contribute to the severity of the trauma response, and thus the development of PTSD. According to the American Psychiatric Association, the individual’s prior history of psychiatric problems is the strongest predictor of whether problems will develop after trauma. It has similarly been found that those victims of crimes that threatened to, or actually did result in, physical injuries are more likely to suffer from PTSD than victims whose crimes did not involve life threat (Davis et al. 1996, p. 32).

A 1987 National Institute of Justice study about lifetime criminal victimisation experience, crime reporting and the psychological impact

of crime victimisation found that 28 per cent of all crime victims subsequently developed crime-related PTSD and 7.5 per cent still suffered from PTSD at the time of assessment (Kilpatrick et al. 1987). This was particularly noteworthy given that, for the victims involved in this study, the mean length of time post-victimisation for all crimes was 15 years and these victims were not actively seeking treatment.

Davis and Friedman (1985) studied the effects of crime on 274 victims of burglary, robbery and assault. After interviewing victims twice—once several weeks after the crime and again four months after the crime—they found that, while victims did show substantial improvement, four months after the crime some evidence of trauma still appeared. These included aspects of PTSD, such as recurrent recollections of the incident, feelings of alienation from others, sleep disturbances, affective changes and avoidance of situations and places.

Rape victims are the group on which most research has been conducted. Findings concur that rape causes severe emotional trauma. Sutherland and Scherl (1970) noted anxiety and fear immediately after the assault; Burgess and Holstrom (1974) reported disorganisation and disruption followed by nightmares, phobias and constriction in life patterns; Frank, Turner and Duffy (1979) mention depression; and Kilpatrick, Veronen and Resick (1979) found that victims were

significantly more anxious, fearful, suspicious and confused than non-victims for at least a year after the assault. The national women's study *Rape in America* (National Centre for Victims of Crime & Crime Victims Research & Treatment Centre 1992), found that nearly 31 per cent of women who had been victims of forcible rape had developed rape-related PTSD.

Studies of families of homicide victims suggest that they may be particularly at risk for developing Post-traumatic Stress Disorder (Amick-McMullan et al. 1991). When a family member is murdered, the survivors often react with intense feelings of helplessness, fear and horror. Symptoms including disturbed sleeping patterns, headaches, chest pains and gastrointestinal problems. It has been suggested that almost one in four people develop homicide-related PTSD after the death of their loved one (Riggs & Kilpatrick 1990), and they may present symptomatic behaviours characteristic of PTSD for up to five years following the death.

Studies also demonstrate that rates of PTSD appear to be higher among victims who report crimes to the criminal justice system than among non-reporting victims (Freedy et al. 1994). Kilpatrick and Tidwell found that PTSD levels were much higher among victims and families who had high exposure to the criminal justice system: 51 per cent of all crime victims assessed had developed crime-related

PTSD and 24 per cent still suffered from PTSD at the time of assessment. Results of this study also indicated that, of all the victims surveyed, victims of sexual assault and aggravated assault and family members of homicide victims were the most likely to develop crime-related PTSD (cited in NCVC 1995).

Thus, a considerable amount of evidence has accumulated from researchers and practitioners suggesting that serious violent crimes produce a major, and sometimes lasting, psychological impact on victims. The common thread running across all victimisations is the psychological loss following the experience (Janoff-Bulman 1985a, p. 499). This loss, due to the shattering of assumptions and theories we generally hold about ourselves and our world, accounts for the victim's emotional upheaval following victimisation. In the case of criminal victimisation generally, compared to other types of victimisation, chance is not as likely to be invoked as a causal attribution. As a result of the human induced nature of the trauma, it is the crime victim who is more likely to experience a greater decrease in self-esteem and self-respect than victims of accidents, disease and natural disasters. It is also this which causes the increased stress and psychological dysfunctions, such as PTSD.

Other long-term effects of crime

Long-term, crime-related psychological trauma is not limited to PTSD (Burnley et al. 1998b).

According to the American Psychiatric Association, Post-traumatic Stress Disorder and Acute Stress Disorder are the best known psychiatric disorders following a traumatic event. However, PTSD often occurs with—or leads to—other psychiatric illnesses (APA 1999a). Survivors of trauma have reported a wide range of other psychiatric problems including depression, alcohol and drug abuse, lingering symptoms of fear and anxiety that make it hard to go to work or school, family stress and marital conflicts. A person with PTSD may show poor control over his or her impulses and may be at risk of suicide.

Many people with PTSD attempt to rid themselves of their painful re-experiences, loneliness, and panic attacks by abusing alcohol or other drugs as a “self medication” that helps them to blunt their pain and forget the trauma temporarily. This substance abuse can develop into an addiction (APA 1999a).

Compared to people without a history of criminal victimisation, people who have been victimised by crime have been found to have significantly higher rates of major depression, thoughts of suicide, suicide attempts, alcohol or

other drug abuse problems and anxiety disorders such as panic disorder and obsessive compulsive disorder (Burnley et al. 1998b).

Victims will never entirely forget the crime. The suffering lessens, but other effects of the experience remain as part of the self. Their view of themselves and the world will be permanently altered in some way, depending on the severity of the crime and the degree of its impact. The violation of the self can hardly be called a positive experience, but it does present an opportunity for change. Bard and Sangrey suggest that one of two things will happen: either victims become stronger than they were before the crime, or their experiences during the crisis will promote further disorder with long-term negative consequences (Bard & Sangrey 1986, p. 48).

I have found that although things are bad, something good can come even from the most distressing and painful happening. My own experience of tragedy has made me a stronger, more sensitive person, which has enabled me to help and comfort many people. Wife and mother of driving causing death victims (Giuliano 1998, p. 131)

Although your life will never be the same, nor will you ever forget, it is possible to recover, not to live daily with the trauma. It is also possible to discover latent courage, strengths and abilities that you didn't know existed. Mother of a murder victim (Giuliano 1998, p. 174).

A great deal depends on the kind of help the victim receives in the aftermath of the crime. Appropriate support for victims of crime will be discussed in the next chapter.

Gradually life got back to as normal as it could be, but it took four years to achieve this. I was given lots of understanding, and of course, it helped to realise I was not alone in the way I felt. Victim of armed robbery (Giuliano 1998, p. 66).

Financial Impact of Victimisation

Victims may suffer both direct and indirect financial costs from the crime. For example, although an assault may also involve a robbery, the indirect costs associated with the investigation, court proceedings and any medical or hospital care that may be necessary, may also place substantial financial burdens on the victim (Newburn 1993, p. 17).

Many victims need money to help them repair the damages done by the crime. Compensation for stolen or damaged property is usually only available if the property was insured. Burglary victims and people whose keys were stolen often need to replace locks. The victim may also want to purchase other hardware such as window locks or burglar alarms for crime prevention (Bard & Sangrey 1986, 148). These

items may also provide a sense of security for the victim and help them feel safer. In relation to rape and sexual assault, for example, many victims may move house subsequent to victimisation, and this and other changes in lifestyle are usually costly and generally borne entirely by the victim (Newburn 1993, p. 18).

Victims who have been physically injured need money to pay their medical expenses. If a victim requires psychological counselling, he or she will also need the money to pay for it. When the physical or emotional injury is serious and the victim loses time from work, he or she may need extra money to recover lost wages. Some victims may need long-term financial assistance if they are permanently disabled as a result of the crime (Bard & Sangrey 1986, p. 148). Where there is a death resulting from the crime there are also funeral expenses to be considered.

Longer-term employment prospects are often adversely affected. It may be impossible for the victim to return to work, or their work performance may be adversely affected, resulting in demotion, loss of pay and possibly dismissal. This is particularly likely where the crime occurred at work, as it may be difficult for the victim to avoid people or situations that led to their initial victimisation (United Nations 1998, p. 7).

The worst blow of all came from the club when they fired me. On top of everything else, that was the last straw! My work was keeping me in touch with the public and with normality. But most importantly, the club was not just a 'job' to me, I loved it there – the people, the activity, the atmosphere. Suddenly all of that was gone. Victim of armed robbery at work (Giuliano 1998, p. 96).

Cooperating with the criminal justice system can also cost the victim money. He or she may lose time from work during court appearances and incur childcare and transportation expenses.

Expenses incurred by being victimised may place an extra burden on people who may already be in a position of financial hardship. The effects of victimisation fall particularly hard on the poor, the powerless and the socially isolated. Those people who are socially disadvantaged are more likely to be victimised by crime and also more likely to be unable to meet the resulting expenses. Research shows that those already touched by victimisation are particularly susceptible to subsequent victimisation by the same and other forms of crime. These repeat victims often reside in high-crime communities (Bard & Sangrey 1986, p. 148; United Nations 1998, p. 7).

According to Newburn, it is quite possible that those victims who are relatively well-off financially, and who

consequently can afford to make their homes feel more safe, alter their lifestyle, and perhaps even move house, have a greater chance of coming to terms comparatively quickly with what has happened to them. Those with few resources, who are effectively trapped in an area or lifestyle that they feel to be unsafe, are more likely to remain feeling insecure and to be more lastingly affected (Newburn 1993, p. 18). In fact, a study by Friedman et al. (1982) found that victims who occupy higher income brackets recover relatively quickly following crime victimisation, whereas those who are less affluent continue to experience distress even months after the episode (cited in Davis et al. 1996, p. 24). Other studies have also demonstrated that socioeconomic factors play a role in recovery from victimisation. Davis, Taylor and Lurigio (1996) found that victims from lower socioeconomic groups were more traumatised by crime.

A survey of crime victims, conducted in Victoria in 1993–94 by the Victorian Community Council Against Violence (VCCAV), revealed that almost 50 per cent of respondents reported financial loss as a consequence of their victimisation. The loss was experienced mainly by victims of attempted murder and burglary. For assault, robbery and other assault victims, financial loss was experienced by about half of the victims, while rape victims did not report that they

experienced financial loss (VCCAV 1994, p. 53).

According to the survey, the most frequently reported financial loss was from lost income and this was experienced by nearly half (49.7%) the victims. Other losses experienced included travelling expenses, needing to move house, changing jobs to a lower salary, replacement of clothing, and selling their business (VCCAV 1994, p. 53).

Secondary Victims

It is not only those who have been directly victimised who may suffer both in the short- and long-term, but also those who have been indirectly affected by crime—people such as partners of assault victims, children who witness an attack on a parent, or the families and others close to murder victims (Newburn 1993, p. 10). Little empirical data are available to assess the impact of crime upon “secondary victims”. However, it is suggested that those close to the victims may suffer some of the same distress that victims experience (Davis et al. 1995, pp. 73–4).

Reactions among romantic partners of rape victims may range from guilt to shame to anger. Romantic partners are often very upset about the rape, but channel guilt and anger in inappropriate ways, by turning their anger against the victim, blaming the victim,

or becoming overly protective (Holstrom & Burgess 1979; Silverman 1978; White & Rollins 1981, cited in Davis et al. 1995). Partners of victims may themselves require counselling and support. Partners go through an initial phase of anger, followed by a protective phase in which avoidance activity occurs, and is usually accompanied by anxiety. This is followed by a depressive phase that is associated with guilt and sexual problems (Bateman 1986). Partners feel that they have failed to protect their partners, and guilt over this failure appears to lead to withdrawal from the victimised partner (Stone 1980, cited in Riggs & Kilpatrick 1990, p. 125).

Other studies have shown psychological effects of crimes other than rape on the significant others of victims. A study of 152 persons who lent support to victims of robbery, assault and burglary found that four in five supporters experienced some symptoms of heightened fear of crime, including feeling more nervous or frightened than usual; feeling less safe in their home or neighbourhood; and harbouring a greater suspicion of people. Two in 10 supporters installed new locks or took other measures to protect their residences from break-in, and one in ten reported venturing out less often at night. Fear and precautionary behaviour increased as much as twofold when victims and supporters lived in the same neighbourhood or were family

members. Moreover, these associations were even more pronounced when supporters had been previous victims themselves (Friedman et al. 1982).

Children who are “indirectly” victimised by crime also report substantial and continuing distress. The speed of a parent’s recovery appears to be crucial in determining the child’s ability to put the experience behind them. In cases in which it was particularly hard for parents to conceal their distress (such as in cases in which the mother had been sexually assaulted), this was communicated to the children, who were often themselves upset for many months after the event (see Morgan & Zedner 1992).

A more recent study by Davis, Taylor and Bench (1995) found that female family and friends of victims of sexual and non-sexual assault experienced greater distress than either male romantic partners or male family and friends. Distress tended to be experienced as a greater fear of crime following the victimisation. Although high levels of distress in family and friends did not interfere with their ability to lend supportive actions, it was associated with higher levels of unsupportive behaviour, including egocentric behaviour, emotional withdrawal and blaming the victim. Higher levels of unsupportive behaviour were more likely among friends and family of sexual assault

victims than victims of non-sexual assault, and among romantic partners of victims than among other family members or friends (Davis et al 1995, p. 81).

People close to victims can, indeed, suffer distress or “secondary victimisation”, especially fear of crime. Davis, Taylor and Bench suggest that clinicians working with rape victims ought to be aware that there is a strong probability that a victims’ female family and friends especially may be experiencing elevated fear of crime and may benefit from counselling and/or crime prevention education. This empirical data also shows that some categories of significant others act in ways that appear to be detrimental to the recovery of crime victims, without being aware that their behaviour is potentially harmful to those they care most about (Davis et al. 1995, p. 81).

Conclusion

Much research suggests that the impact of crime victimisation can be long lasting and diverse. The consequences of crime can in some cases include physical injuries or death; many involve financial loss or property damage; and, less obvious but sometimes more devastating, psychological and emotional wounds. These consequences may be felt not only by the primary victims—those who

have directly suffered the crime—but also by people close to the victim, such as family members and friends.