

ASSESSING CRIME VICTIMS' COPING NEEDS

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ABSTRACT

There is mounting evidence that psychological reactions to criminal victimization can be far more severe, much longerlasting, and recovery less complete than had been originally thought. The plight of crime victims is often compounded by a susceptibility to a 'second wound', or aggravation of their distress, arising from the neglect or mistreatment by those whom victims rely on for support. There is, at the same time, evidence that both the criminal justice system and the mental health profession have often been ill-equipped to adequately tend to the needs of this population. Despite a growing research interest in victimization (e.g., social psychology, counselling psychology, psychiatry, criminology), there is a lack of integration of victimization-related research both across and within these disciplines. As a result, those counselling crime victims and their families find insufficient guidance in the literature for intervening with this population.

In the aftermath of their misfortune, victims need to regain what was abruptly taken from them (i.e., a sense of safety, trust, agency, self-esteem, intimacy, a sense of the world as meaningful). To facilitate post-trauma counselling, an assessment of crime victims' coping needs is presented in the context of an interventive framework. The framework distinguishes victims' identified needs according to (1) victims' intermediate vs. long-term coping needs, (2) what

victims need from others vs. what they can do for themselves, and (3) what victims need from whom. These distinctions serve to operationalize crime victims' adjustment processes. Furthermore, these distinctions require an integration of an otherwise diverse victimization literature.

TABLE OF CONTENTS

ABSTRACT	ii
CHAPTER 1	1
INTRODUCTION TO THE STUDY	1
The emergence of victimization studies	5
Statement of the problem	6
Objectives of the study	8
Contributions of the study	10
Definitions of terms	12
Limitations of the study	17
CHAPTER II	19
REVIEW OF THE LITERATURE	19
THE PLIGHT OF CRIME VICTIMS	19
Society's response to victims of crime	20
Reasons for concern, what the research shows	24
Crime victims and the mental health profession	25
Experiencing criminal victimization	32
Symptomology of criminal victimization	34
Post-traumatic stress disorder	38
'Victim stress disorder'	40
What it means to be the victim of a crime	41
Common experiences of crime victims	42
Victims' responses to different crimes	49
Vulnerability factors	52
Individual vulnerability factors	52
Vulnerable populations	54

The interpersonal reverberations of crime	55
The process of adjustment	60
The adjustment trajectory	61
Defining successful coping	63
Coping with victimization	66
Cognitive adaptation	66
Social support	75
Explaining reactions to criminal victimization	83
CHAPTER III	93
A CONCEPTUAL FRAMEWORK FOR ASSESSING CRIME VICTIMS'	
COPING NEEDS	93
Crime victims' coping needs	97
A need for personal safety	99
A need to trust	103
A need for esteem	106
A need for intimacy	109
A need for agency	112
A need to perceive the world as meaningful	116
Other related needs	118
Directions for future research	119
Conclusion	122
Appendix I	126
Appendix II	127
REFERENCES	128

CHAPTER 1

INTRODUCTION TO THE STUDY

Introduction

Human functioning often depends on conditions that are not readily apparent. In fact, the role of these conditions in sustaining everyday life may only come to light after they have been disrupted by abnormal events and the consequences known. Our knowledge of normal brain functioning has, for example, been considerably advanced by the study of performance deficits of brain damaged individuals (e.g., left hemisphere language specialization) (see Springer & Deutsch, 1981). The critical role of attachment in infant development was only made apparent after this process was impeded and the adverse effects observed (Damon, 1983). Extremely negative life experiences such as being the victim of a crime can profoundly disrupt one's life. A study of victims' reactions to such events can elaborate our knowledge of ordinarily 'invisible' psychological processes that support daily functioning. Specifically, it can provide insights into certain unquestioned assumptions or beliefs individuals hold about themselves and their world that are often shattered or activated by crises such as criminal victimization (Janoff-Bulman, 1989; McCann et al., 1988). An understanding of the role of these assumptions in daily life can, in turn, help

to facilitate the adjustment of those who have suffered such harmful experiences.

Being the victim of a crime can be among the most traumatic life events (Bard & Sangrey, 1986; Davis & Friedman, 1985; Fischer & Wertz, 1979; Greenberg, Ruback & Westcott, 1983; Reiff, 1979). Crime confronts its victims with circumstances that can be extraordinarily stressful. Crime victims may lose treasured possessions. They may discover that their homes are not safe against hostile intrusion. Victims can face a threat to their lives, and realize they are unable to defend themselves nor a loved one against attack. Some may be physically assaulted and seriously injured. Violent crime, in particular, can brutally confront its victims and their loved ones with the fragility of life, with one's limited control, and the arbitrariness of victimizing events (Downing, 1988).

In the aftermath of the crime, victims often fail to receive needed support and assistance (Rieff, 1979). Once in the offense and offender-oriented criminal justice system, victims often feel reduced to objects by which the system pursues a conviction. In the wake of such experiences, crime victims can suffer acutely impaired psychosocial functioning for an extended period of time and face coping tasks of major proportions (Janoff-Bulman, Madden & Timko, 1983).

There is an insidiousness to the experience of violent crime that is uniquely disturbing. Unlike one who has been involved in a natural disaster or accident, the crime victim

is confronted by the fact that someone intends them deliberate harm (Janoff-Bulman, 1985a)--the dimensions of which may be circumscribed only by the victim's worse imaginings. In the aftermath of human-induced violence, previously held assumptions about the self, others, community, justice, and one's future are often no longer tenable (Janoff-Bulman & Frieze, 1983). According to Fischer and Wertz (1979), the crime victim is, as a result, compelled:

"...despite personal resistance, to face one's fellow as predator and oneself as prey, even when all the while anticipating consequences, planning, acting and looking to others for assistance. These efforts to little avail, one experiences separateness, helplessness in the face of the callous, insensitive, often anonymous enemy"

Profound disruptions to one's self-concept, to one's relationships with others, and in one's life in general typically ensue in the wake of human-induced victimization. According to McCann, Sakheim and Abrahamson (1988), one who has been victimized will never again experience the innocence of the person who has not been the object of violence.

Psychological reactions of crime victims point to the potentially disruptive nature of criminal victimization as well as to its complex psychology. A seemingly minor crime can bring on intense distress to its victims (Bard & Sangrey, 1986). After a violent assault, some victims continue to relive the crime through recurrent, intrusive flashbacks (Frederick, 1987). In hostage-taking situations,

some victims identify with their captors and react with hostility towards potential rescuers (i.e., Stockholm Syndrome) (Ochberg, 1988).

The psychological impact of crime often extends beyond the victim and can reverberate through his/her social milieu as well as the community at large. This is evident in the intense reactions crime victims can evoke in others. Witnesses to a crime and the loved ones of victims can themselves be profoundly traumatized (Frederick, 1987). Also, others are often uncomfortable in the presence of crime victims and frequently avoid them or blame them for having contributed to their own misfortune (Coates, Wortman, & Abbey, 1979). Mental health professionals, whom victims have turned to for help, have themselves often reacted similarly to this population (Downing, 1988; Symonds, 1980).

The metaphor 'invisible' has been used in various contexts to characterize the plight of crime victims (e.g., Rieff, 1979). On one hand, it was to emphasize victims' disenfranchised status: the historic disregard of crime victims by society (American Psychological Association, 1984). On the other hand, it was to highlight the frequently overlooked psychological injury of crime, the sense of violation crime victims endure (Bard & Sangrey, 1986). Also, many crime victims have struggled to remain socially 'invisible', often at great psychological cost, in efforts to conceal their traumatic experience out of guilt and

shame, and to avoid as well the social derogation that crime victims must often endure (Coates et al., 1979).

The emergence of victimization studies

The last decade has witnessed a heightened concern for the plight of a host of victimized populations (e.g., combat veterans, incest survivors, rape victims). This has been particularly evident in the increase in research on specific victim groups, as well as on the psychology of victimization. Interest in the experience of victims is also reflected in a growing literature and theoretical development on topics related to victimization (i.e., social support, stress and coping, cognitive adaptation) (see Janoff-Bulman & Frieze, 1983; Kessler, Price, & Wortman, 1985b; Silver & Wortman, 1980).

A survey of the literature reveals a host of theoretical interests in the study of victimization. Social psychology has focused on issues such as common psychological reactions of victims across a diversity of harmful life events (e.g., major illness, crime, natural disasters, accidents) (see Janoff-Bulman & Frieze, 1983; Taylor, Wood & Lichtman, 1983), the attributions others make about victims and their implications for victims' coping (Coates et al., 1979), the role of social support in alleviating the distress of unfortunate life-events (Wortman & Lehman, 1985), and circumstances under which victims seek help (Fisher, Goff, Nadler & Chinsky, 1988). The field of psychiatry has concerned itself with the psychological and

physiological symptoms of trauma and the development of related therapies. The American Psychiatric Association (1980) has, in the last decade, formulated a new diagnostic category, the 'post-traumatic stress disorder' to encompass the constellation of symptoms of distress that follow unusually traumatic life experiences. A subsequent revision of this original formulation (APA, 1987; Frederick, 1987) shows a trend toward expanded diagnostic and inclusion criteria. Criminology has, in recent years, spawned a distinct sub-discipline, victimology, whose focus is the study of individuals harmed by illegal acts (Karmen, 1984). Initially victimology limited itself to the somewhat controversial inquiry into how crime victims may inadvertently contribute to their own victimization. More recently, victimology has committed itself to the study of crime victims' readjustment. In this sense, the field of criminology has joined with other disciplines in both the social and medical sciences in a common goal of ameliorating crime victims' suffering.

Statement of the problem

There is mounting evidence that psychological reactions to criminal victimization can be far more severe, much longer lasting, and recovery less complete than had been originally thought (Meyer & Taylor, 1986; Sales et al., 1984; Silver & Wortman, 1980). These difficulties are compounded by crime victims' susceptibility to a revictimization arising from the neglect or maltreatment by

those victims rely on for support, as well as a social stigma toward this population (Coates et al., 1979; Symonds, 1980). The suffering of many crime victims has been exacerbated as well by the fact that professions and institutions victims have historically turned to for help or redress (e.g., mental health practitioners, social agencies, the criminal justice system) have frequently been ill-equipped to adequately tend to their needs (APA, 1984; Reiff, 1979; Ochberg, 1988; Young, 1988). The American Psychological Association's Task Force on the Victims of Crime and Violence (APA, 1984) found a general lack of knowledge of victimization among mental health professionals, and has called for the development of identifiable clinical expertise in working with victims based on research.

The development of suitable counselling approaches for crime victims has been hindered to an extent by insufficient theoretical integration of existing research findings both across and within the varied disciplines related to victimization. Despite a growing research interest in victimization, there has been limited dialogue across (as well as within) the various disciplines studying aspects of the victimization experience. For instance, some researchers unequivocally stress the importance of social support for victims (Figley, 1986; Sales et al., 1984), while others have found that many support attempts of well-intended providers are often perceived by victims as unhelpful

(Lehman, Ellard, & Wortman, 1986). This lack of integration has limited the scope of inquiry. As a result, issues critical to the adjustment of crime victims and other victim populations have not been sufficiently researched. This has had implications for those intervening with crime victims. Downing (1988) found that crime victim services generally lack conceptual frameworks from which to define goals and organize interventions.

Objectives of the study

The study concerns itself with what it means to be the victim of a crime and how one copes in the aftermath of such an event. It is undertaken for the purpose of informing interventions with this population. These interventions refer to either direct counselling with this population, or consulting to those who interact with crime victims. An interventive framework for assessing crime victims' coping needs is developed which delineates victims' adjustment goals and how they may be achieved. For the purposes of counselling, this framework orders victims' coping needs into process and outcome counselling goals. For example, a long-term need (or outcome goal) of a restored faith in the trustworthiness of others, shattered in the course of one's victimization, may be met, in part, by an intermediate need (or process goal) of an empathic, non-judgmental therapeutic alliance. In other words, the framework goes beyond the identification of victims' needs in the abstract to the delineation of concrete ways to meet them.

This study is intended to provide a knowledge base for counsellors to facilitate the generation of informed clinical hypotheses about criminally victimized clients, and to elaborate counsellors' empathic understanding of the criminal victimization experience. Various theorists (e.g., Kohut, 1971; Rogers, 1961) have argued that the conveying of empathy to the client is critical to the therapeutic process. Given the psychological complexity of reactions to criminal victimization, a needs assessment would hopefully facilitate the accuracy and depth of counsellors' empathic understanding.

In its literature review, this study draws on a range of topics that bear on the experience of criminal victimization and subsequent adjustment. In doing so, issues that are ordinarily addressed independently in the literature are considered in relation to each other. For example, this study surveys victims' own coping resources and their role in adjustment--a topic conspicuously absent in the post-trauma therapy literature. This issue is subsequently discussed in the context of interventions with victims that accommodate victims' indigenous coping strategies. In this respect, the study intends to contribute to needed theoretical integration in an otherwise diverse victimization literature.

Following the assessment of crime victims' needs, directions for future research are considered. Given the need for greater theoretical integration of victimization

research, this study identifies certain integrative research questions that could elaborate our understanding of victims' coping. Areas of potentially fruitful investigation have been alluded to in the literature.

Contributions of the study

This study provides a comprehensive assessment of crime victims' coping needs to assist mental health practitioners in identifying intervention goals for crime victims as well as a means of achieving them. Furthermore, this study accommodates the wide variability of victims' reactions, and hence the variance in coping needs. To achieve this, a framework is developed to organize victims' coping needs. This framework is also integrative as it draws from various disciplines whose findings bear on the experience of criminal victimization. As Downing (1988) points out, such frameworks are notably lacking in victim services.

The framework used to delineate crime victims' coping needs is interventive in scope, with developmental implications. Its focus is not merely the return of victimized individuals to a previous state of functioning. Rather it emphasizes individual growth in the face of misfortune. It defines victims' adjustment process as a range of experiences that facilitate the development of more differentiated experiences of oneself and the world (see Guidano, 1988; Melito, 1988). Relatively undifferentiated views of the self and one's world are challenged or affirmed

by the victimization experience. Coping, as delineated in the assessment framework, often involves the elaboration of one's basic conceptual system to integrate the traumatic event in an adaptive manner.

This study pulls together a rather diverse literature in a field that is as yet somewhat fragmentary in its consideration of the victimization experience and the coping process. In doing so, the study helps to capture the experience of criminal victimization in its multiple dimensions (e.g., its phenomenology, symptomology, social implications). Various disciplines that have contributed to our understanding of criminal victimization are identified in this study. In drawing from these disciplines, the study underscores the need for a multi-disciplinary approach to the study and treatment of crime victims and for greater integration in theory and research.

In this study, attention is drawn to the critical need for informed intervention with crime victims and their families, given the high risk to victims from neglect or inadequate treatment by mental health professionals. This is in accord with concerns expressed in the The American Psychological Association's Task Force on the Victims of Crime and Violence (APA, 1984).

In studying the psychological injuries of crime, we learn of the impact of violence not only to the body but to the human spirit. Crime can strip away the essence of what individuals need to function in their daily lives (e.g., a

sense of personal security, a control over one's body, a faith in the predictability of one's environment, as well as a belief in the trustworthiness of others). Knowledge of the psychological impact of crime can help us understand the sense of violation that ensues from other forms of human-induced victimization, including seemingly 'lesser' offenses (e.g., wrongful dismissal, sexual harrassment). It is hoped that this study will encourage consideration of 'victim counselling' as a needed specialty in the field of Counselling Psychology. Douce (1988) argues that victims of harmful life events are counsellors' "hidden clients", constituting a vastly greater proportion of existing clientele than may be realized. According to Douce, their 'invisibility' stems from both clients' and counsellors' tendency to discount victimizing experiences as sources of current problems. Due to lack of knowledge, counsellors may not recognize signs of victimization, nor fail to include a victimization history in their assessment. The American Psychological Association's Task Force on the Victims of Crime and Violence (APA, 1984) has recommended that training to work with victims be a part of the graduate and post-graduate curricula in psychology.

Definitions of terms

Although concise definitions of principal terms are needed to convey meaning with clarity and precision, they do not always suffice. Some extended definitions are therefore presented to offer a fuller sense of important concepts.

The term 'crime victim', in this study, refers to one who has suffered directly as a result of the intentional and illegal acts of another. Increasing evidence of the severe trauma suffered by witnesses to crime and loved ones of victims effectively expands the definition of who, in fact, is victimized by crime (e.g., Bard & Sangrey, 1986; Frederick, 1987; Greenberg & Ruback, 1984). For the purposes of this study, however, 'crime victim' refers only to the primary or direct victim of a crime. Others are considered secondary victims.

In this study, 'victim' refers to one who has suffered harm in circumstances largely beyond his/her control. There is, however, a certain discomfort with the term 'victim' among some researchers (e.g., Karmen, 1984; McCann et al., 1988). A euphemism, 'survivor', is often preferred for its connotation of optimism and transcendence; whereas 'victim' can denote helplessness and submission. The term 'victim' is deliberately used here to emphasize the suffering of the individual as well as the uncontrollability of the victimizing event. Also, the term 'victim' unequivocally relieves the individual of the responsibility for his/her victimization. This is a needed distinction given the prevalence of a social stigma towards crime victims. This stigma often manifests itself in others blaming victims' for their misfortune by challenging the crime's uncontrollability or avoidability. While a crime may, under certain circumstances, be facilitated by a victim's poor

judgement (e.g., hitchhiking), this does not negate the fact that a victim subsequently loses control to the another during the commission of a crime. Brickman et al. (1982) have appropriately distinguished between responsibility for the onset of victimization and responsibility one's subsequent adjustment. While individuals may be helpless in preventing their victimization, they may be very active in the process of their recovery (see Silver & Wortman, 1980; Taylor, 1983). Thus, the term 'victim' need not connote a perpetual helplessness.

A distinction must be made between the use of terms for rhetorical and for explanatory purposes. Terms such as 'survivor' may be therapeutically useful in exhorting 'victims' to appreciate heroic aspects of their struggle. But terms that possess rhetorical utility (e.g., for counselling) may lack explanatory power for the purposes of research. Counsellors should be wary of their own susceptibility to victim-stigmatizing beliefs prevalent in the larger society, possibly expressed in an aversion to terms such as 'victim' that convey the full negative import of certain extreme life events.

In the victimization literature, a crime victim is typically portrayed as an 'innocent by-stander' whose life is suddenly disrupted as a result of contact with an otherwise alien criminal sub-culture (e.g., Bard & Sangrey, 1986; Janoff-Bulman, 1983; Lerner & Miller, 1978). This characterization is noteworthy, as certain theories of

psychological reactions to negative life events (e.g., crime) explain trauma as a shattering of an apparent 'innocence' (e.g., Janoff-Bulman, 1983). This stereotypic view of crime victims as middle-class, earnest, naive and law-abiding belies the fact that a substantial number of crime victims do not necessarily fall in this category. It is reasonable therefore to ask to what extent theories explaining reactions to victimization reflect the particular subjects that have been accessible to researchers.

A 'second wound' or 'second injury' refers to a revictimization that results from the perceived rejection by and lack of expected support from the very people and institutions victims depend on for help and support. This revictimization is thought to cause an exacerbation and prolonging of symptoms of distress (Symonds, 1980).

Readjustment or adjustment refers to the process of gradually establishing a state of normal psychosocial functioning, relatively free of the psychological symptoms of distress. The term 'adjustment' must be distinguished from 'recovery' which is the end point of an adjustment process. In a state of 'recovery', the traumatic experience is completely integrated and event-related symptoms of distress are no longer experienced. From a developmental perspective, adjustment may result in a more differentiated view of oneself and one's world.

Some crime categories such as 'burglary' and 'robbery' require definition as the distinction between them may not

always be clear. Robbery refers to the "unlawful taking or attempted taking of property that is in the immediate possession of another, by force or threat of force."

Burglary, on the other hand, refers to an "unlawful entry of any fixed structure...with or without force, with intent to commit a felony, or a larceny". In a burglary, the victim is not present; whereas in a robbery, the victim is present (Bard & Sangrey, 1986).

The term 'need' in the context of this study refers to crime victims' coping needs: that is, what victims of crime need to facilitate their psychological readjustment in the aftermath of a traumatic life event. This conception of need fits York's (1982) definition (i.e., [that which is] "...required to insure that.. [crime victims] are able to function at an acceptable level in [their] various domains of living").

The term 'needs assessment' is derived from the field of human service planning and is ordinarily concerned with the prevalence of a certain social problem in the community, as well as the identification of targets of action (York, 1984). However, the extent of criminal victimization in the community is not at issue here. This study concerns itself rather with the qualitative identification or assessment of crime victims' coping needs. Logically, a determination of what these needs are must precede any quantitative assessment of their pervasiveness.

Limitations of the study

This study provides no original empirical data, but relies on the use of anecdotal reports of crime victims derived from secondary sources. As a result, no independent claims can be made for their validity or generalizability.

This study restricts itself to a discussion of 'stranger-to-stranger' crime, although issues addressed no doubt have relevance for circumstances where the victim and offender have been previously acquainted (e.g., domestic assault, sexual abuse).

This study focuses primarily on the psychological coping needs of crime victims. Consequently, it excludes direct consideration of other non-psychological coping necessities (e.g., restitution, medical rehabilitation). The study, in this sense, does not provide an exhaustive compilation of what victims need in order to cope in the aftermath of being criminally victimized.

Many review articles cited in this study rely largely on studies of rape victims in their discussions of the effects of violent crime. Conclusions in this study are therefore limited to the extent to which the reactions to sexual assault are generalizable to the effects of other crimes. A major impetus to the emerging concern for victims of crime has been the feminist movement and its raising to public awareness the incident of violence toward women (Sales et al., 1984). This has spawned an array of support and advocacy services for rape victims and battered wives,

as well as considerable research on these populations. Reactions and adjustment to other forms of crime have, on the other hand, received relatively little research attention (Sorenson & Golding, 1990). More recently, however, research on crime victims has extended somewhat to the effects of various offenses. For example, Sorenson & Golding (1990) found that criminal victimization of all types, frequencies and targets are likely to place people at higher risk for depression and suicide.

CHAPTER II

REVIEW OF THE LITERATURE

THE PLIGHT OF CRIME VICTIMS

Being the victim of a crime can constitute a sudden and profound disruption of everyday life, often producing a negative psychological response that is both intense and enduring (Figley, 1986; McCann et al., 1988; Sales et al., 1984). In Figley's view, an event is troubling to the degree that it is sudden, dangerous and overwhelming--attributes that often typify criminal victimization. The perception of being in danger, that is, a fear of injury to or destruction of oneself or a loved one, is the most trauma-producing element of a crisis (Figely, 1986). When an event is both sudden in onset and dangerous, it is almost invariably overwhelming. The inability to manage such a threat is itself highly distressing, which often reduces victims to a temporary state of helplessness and immobility.

Normative life transitions usually allow some time for a psychological preparation of new values, attitudes and strategies. But non-normative events can occur very suddenly, with little or no warning, offering insufficient time for preparedness. Furthermore, criminal victimization is a novel experience for most individuals, who would ordinarily have little in their coping repertoire to manage such a situation (Sales et al., 1984). Bard and Sangrey (1986) have argued that being the victim of a crime is

always a shock despite any measure of psychological preparation, as one cannot maintain a constant state of vigilance. According to some researchers (e.g., Janoff-Bulman & Frieze, 1983; Perloff, 1983), individuals who have not been victimized tend to hold a protective illusion of being less vulnerable to victimization than others. As a result, an experience of victimization can shatter this illusion often evoking a new and unfamiliar sense of vulnerability that can be profoundly distressing.

"I never thought it could happen to me. I was very comfortable living on this street. I figured it was safe here--my friends are here and this is my home. And you just don't think that someone's going to come in like that and take your things. It may happen on some other street, but not in my house, not on my street."

Victim of a burglary (Bard & Sangrey, 1986)

Society's response to victims of crime

In recent years, the plight of crime victims has become of increasing concern, as part of a generally heightened public sensitivity to the fate of a host of victimized populations (e.g., incest, wife-battering) (Karmen, 1984). The 'discovery' of crime victims has helped raise to awareness the psychological injuries suffered by this population, as well as their neglect and maltreatment, often at the hands of the very institutions and professionals they have turned to for help (APA, 1984; Herrington, 1985; Karmen, 1984; Sales et al., 1984; Weiler & Desgagne, 1984; Young, 1988).

This attention to crime victims has also brought to light society's vastly disproportionate interest in and allocation of resources for criminals, in contrast to their victims (APA, 1984; Kahn, 1985). In comparison to monies devoted to the apprehension, prosecution, incarceration, rehabilitation and study of criminals, funds allocated to the compensation, rehabilitation and study of crime victims has been relatively miniscule (APA, 1984). Within the mental health profession, Kahn (1985) found that practitioners not only lack the training to work with crime victims, but are more likely to provide services to criminals. Of the numerous crime-related specializations in psychology (i.e., forensic psychology, correctional psychology, legal psychology), the interest in crime victims as evidenced by existing literature has been quite sparse (APA, 1984). The topics of aggression and violence have received considerable research interest in psychology, but their targets, in the form of crime victims, have not. In this sense, psychology has mirrored society's preoccupation and fascination with the perpetrators of crime.

The Departments of Justice of both Canada and the United States have formally acknowledged that the criminal justice systems in North America have been largely remiss in their response to the needs of crime victims (Herrington, 1985; Weiler & Desgagne, 1984). The U.S. Department of Justice, President's Task Force on Victims of Crime (Herrington, 1985) concluded that victims, in the course of

trying to rebuild their lives and secure legal redress, have all too often encountered a system that is insensitive to their needs.

Once in the criminal justice system, victims were often compelled to relive their traumatic experience through repeated police questioning and numerous court appearances, often without support. Crime victims were frequently kept uninformed of the progress of their case, while expected to be continually available to give evidence at the court's convenience. In addition, many victims suffered loss of property and wages.

According to Bard and Sangrey (1986), police officers and prosecutors often have difficulty empathizing with crime victims' sense of helplessness and vulnerability. Given police and prosecutors' responsibility to prevent crime, and to apprehend and punish criminals, the notion of feeling helpless in the face of crime is antithetical to their reason for being, and hence emotionally threatening. It may thus be easier to find the victim somehow culpable. Also, those working in the criminal justice system often develop an expertise in identifying persons who feel guilty. Crime victims who are experiencing self-blame and guilt may be misperceived as having some responsibility for the crime. Bard and Sangrey argue that the opposite is typically the case, that victims feel guilty for having, in fact, "surrendered responsibility".

After the initial impact of the crime itself, victims often find themselves in a system in which they feel demeaned, isolated, and mere impliments of an impersonal judicial process (Herrington, 1985). Although, victim services have been in existence for some time, their primary purpose has been to prepare crime victims to provide testimony for the prosecution of criminals. Only recently have these services begun to consider victims' needs in their own right (Downing, 1988). Greenberg and Ruback (1984) have suggested that many victims may fail to report crimes to police for fear of incurring additional harm from an involvement in the criminal justice system, a fear the authors consider well founded.

Society's inadequate response to crime victims is reflected in and perpetuated by the media's portrayal of crime. These depictions tend to focus on the dramatic aspects of crime and policework, with relatively little emphasis on victims' experience (Bard & Sangrey, 1986). Media coverage typically highlights the more sensational violent crimes, whose effects are often described in terms of the more observable physical injuries and property loss. Bard and Sangrey argue that this creates a misperception that crime is, by definition, violent, whose effects are essentially external. As a result, the public may underestimate the psychological toll to victims from non-violent crime and seemingly 'minor' offenses.

Reasons for concern, what the research shows

Research on the impact of crime on its victims as led to disturbing conclusions. Criminal victimization has been found to produce severe psychological consequences, both immediate and in the long-term (APA, 1984; Burgess & Holmstrom, 1979; Davis & Friedman, 1985). Also, the psychological injuries sustained by crime victims can be far more serious and enduring than bodily injury or property loss, the more visible and more easily recognized consequences of crime (APA, 1984; Frieze, 1987; Herrington, 1985). Longitudinal research with victims of violent crime (e.g., rape), suggests that assumptions about eventual recovery have been overly optimistic. Wirtz and Harrell (1987), in their review, noted the persistence of a "core of distress" in victims of sexual assault, despite earlier claims of eventual recovery. Burgess and Holmstrom (1979) found that a substantial minority of rape victims continued to experience distress 4 to 6 years after the assault. Some theorists (e.g., Sales et al., 1984) have, as a result, begun to speak instead of 'readjustment' that for some may perhaps span a life time . Among catastrophic life-events, those of deliberate human design (e.g., rape, assault), incur psychological injuries that "..(seem to be) more severe and longer lasting" (APA, 1980; Frederick, 1980; Janoff-Bulman, 1985a). There is also evidence to suggest current research findings may underrepresent the severity of psychological reactions to crime. According to Meyer and

Taylor (1986), repeated assessment and participation in research may lessen adverse psychological reactions to sexual assault.

Crime victims and the mental health profession

There is a general acknowledgement in the literature that crime victims have not been well-served by the mental health community, and, at times, adversely affected by the treatment received from both untrained and professional helpers (APA, 1984; Coates et al., 1979; Ochberg, 1988; Young, 1988). Reports by crime victims indicate that their contact with various mental health practitioners has often been counterproductive, where victims have recalled feeling mistreated and misunderstood (Young, 1988). Ochberg (1988) criticizes the mental health field for patronizing and stigmatizing its clients. In Ochberg's view, many crime victims have wisely avoided traditional mental health professionals to spare themselves the possibility of a revictimization, or exacerbation of their symptoms of distress. In addition, there has been a resistance within the mental health field to provide services to victims (APA, 1984; Downing, 1988).

The poor treatment received by crime victims at the hands of mental health practitioners, as well as a reluctance to treat them, has been attributed, in part, to limited knowledge of the psychology of criminal victimization, as well as to certain harmful ideological biases within the field (Downing, 1988). Young (1988) found

mental health professionals to be largely ignorant of the impact of trauma, particularly "criminally-induced trauma", on the lives of its victims. Recently, several researchers (e.g., Frederick, 1987; Karmen, 1984; Ochberg, 1988) have criticized the mental health community for tending to misattribute crime victims' intense psychological distress to pre-trauma maladaptation. These researchers have argued that victims' symptoms of distress are normal and understandable responses to extraordinarily stressful events. According to (Frederick, 1987):

"The pervasive and continuing worry and discouragement the victim may frequently display are not symptoms of clinical depression or a borderline state but are normal emotional expressions under the existing conditions."

Coates et al., (1979) found 'victim-blaming' biases among mental health professionals in their treatment of victims. According to Coates et al., mental health practitioners have tended to over-emphasize victims' responsibility for their difficulties. In their view, helpers have often found it more expedient to focus on victims' contribution to their problems because of their accessibility, than to address the role of more important but less controllable external factors. Crime victims have, as a result, felt blamed for their plight, at a particular time when they felt powerless, vulnerable, and were amenable to manipulation. Greenberg and Ruback (1984) consider crime victims particularly susceptible to social influence shortly after the crime when they are very distressed and confused.

Some theorists (e.g., Bowlby, 1988; Prilleltensky, 1989) have argued that mental health professionals tend to be ideologically biased toward 'pathologizing' interpretations of clients' reactions to real life events. Prilleltensky has criticized psychology for its "person-blaming" conceptions of human difficulties. This arises, in his view, from psychology's *a priori* commitment to an 'acontextual' view of the individual, where human behaviour is examined without sufficient consideration of external factors (i.e., social and historical influences). According to Prilleltensky, this leads to a 'defect' model in which distress arising from unfortunate life experiences are considered signs of preexisting vulnerability within the individual. Bowlby views psychiatry as greatly remiss in its traditional reluctance to attribute psychopathology to real-life events, particularly violence. Bowlby traces the historical roots of this bias to Freud's (mis) attribution of childhood seduction to his patients' imagination rather than to actual abuse by others. The extent to which ideological biases contribute to a misconception and mistreatment of crime victims has implications for the development of clinical expertise in this area, as ideology itself can define and constrain the scope of alternate theoretical considerations.

The inappropriate responses of mental health practitioners to victimized clients are attributable as well to the unique countertransference reactions evoked in

counsellors by victims of human-induced trauma (Janoff-Bulman & Timko, 1985; McCann et al., 1988; Wilson, 1989). Counsellors who tend to this population are vicariously exposed to events that are profoundly unjust, degrading, brutal, deliberately cruel and life-threatening. In listening empathically to such experiences, counsellors are themselves unavoidably faced with the reality that life is not always controllable and that all humans are vulnerable and mortal. As a result, those counselling victims of human-induced trauma are susceptible to a secondary traumatization (Downing, 1988; McCann et al., 1988). In efforts to shield themselves from this painful experience, counsellors may blame their victim-clients, inappropriately insulate themselves from their clients' experience, or avoid them (Downing, 1988). Alternately, a counsellor may over-identify with a traumatized client and inappropriately assume a rescuer role. Various researchers (e.g., McCann et al., 1988; Wilson, 1989) have argued that countertransference issues interfere with the creation of strong therapeutic alliance critical to effective work with trauma victims. Wilson (1989) considers the recognition and resolution of countertransference the cornerstone of post-trauma therapy.

Revictimization, the 'second wound'

There can be negative social consequences to being a crime victim arising from reactions of others, often those victims may count on for support. Crime victims frequently encounter indifference, hostility, derogation and rejection

following their initial victimization. Victims must, as a result, often cope simultaneously with their trauma and the aversive reactions of others. This issue is critical for those who have been criminally victimized, given this population's vulnerability to a 'second wounding' or revictimization that results from the perceived rejection, or callous treatment, particularly by those whom victims turn to for help and support (i.e., police, the crime justice system, mental health professionals) (Karmen, 1984; Ochberg, 1988; Symonds, 1980). In Symonds' (1980) view, this 'second injury' contributes significantly to delayed and persistent distress responses. Karmen (1984), for example, regards the periodic callous treatment of crime victims by police officers--often the first to arrive at a crime scene--as a form of police 'brutality'. In Karmen's opinion, the manner in which police officers respond to victims in distress can have a critical impact on victims' rate of adjustment.

The 'secondary wounding' of crime victims can arise from an interaction of characteristics of both the victim and those whom victims rely on for help. According to Symonds (1980), the vulnerability of crime victims to a 'second wound' is rooted in the victim's having been rendered powerless by the criminal. In the aftermath of the crime, victims often expect others (e.g., police), to reduce these feelings of helplessness. Immediately following the crime, victims may harbour such expectations but are often

too submissive to express them openly. The failure of others (e.g., police, hospital personnel), to respond to these unspoken expectations may exacerbate victims' sense of helplessness, which, in Symonds' view, often precipitates the 'second injuries'. The overwhelming fear often experienced by victims of crime may lead to a clinging dependency on professional helpers. As a result, victims may become overly-sensitized to interpersonal distance and misperceive ordinary professional conduct as indifference or rejection.

Police officers, emergency response workers, hospital personnel and others who are involved in crisis work inevitably develop a measure of emotional insulation so as to function without distress (Symonds, 1980). While some are able to respond to victims with the nurturing and comforting they need, others who are unusually detached and impersonal in their manner can be experienced quite negatively by victims. Those involved in crisis work, notably police officers, are frequently demoralized and emotionally depleted by the indifference of the institutions they work for and societal attitudes toward them. As a result, they may themselves feel victimized and thus have little left to offer crime victims.

According to Symonds (1980), a principal contributing factor to a 'second injury' is some crime victims' misdirected pursuit of a symbolic reparation for their injured pride. Some victims feel let down by society for

having failed to protect them both from danger and from the ensuing humiliation of the experience. Hostility rooted in feelings of betrayal may then be directed to those seen as representating society (e.g., police). Such inordinate expectations of others are unlikely to be met, thus compounding victims' sense of injustice and demoralization.

The negative reactions toward crime victims are not limited to those in certain human-service professions. Rather it is an interpersonal dimension of victimization. Various researchers (e.g., Coates et al., 1979; Lerner & Miller, 1978; Taylor et al., 1983) maintain that observers' reactions to victims are usually ambivalent and often hostile and rejecting.

"I remember feeling badly for a long time that I would look at her and I would think..that's the woman I know who's been raped. I felt it was a real injustice to her that she had to carry this burden...There's still that certain aura of being..I think of it as tarnished. Your'e not quite whole and pure anymore and people remember that. And its so unjust...But I found those feelings in myself."

Close friend of a rape victim (Bard & Sangrey, 1986).

Lerner and Miller (1978) propose that observers tend to find victims threatening if the source of the victimization appears random--especially if its effects are severe and unrelenting. This apparent randomness may evoke in observers a fear of susceptibility to a similar fate. As a result, they are motivated to explain the victimizing event so as to minimize their own vulnerability. If observers can somehow blame victims' particular behaviour or

character flaws for their fate, the victimizing event can be linked to a controllable cause, and its randomness reduced. By blaming the victim, observers can maintain a belief in a 'just-world' where misfortune is seen as only befalling the careless or the 'unvirtuous', that is, where bad things do not happen to good people.

Experiencing criminal victimization

The varied theoretical explanations of reactions to victimization to an extent reflect the conflicting philosophical assumptions that have been recurrent in psychology throughout its brief history. Certain theorists, holding the view of the empiricist Locke (1623-1704), see individuals as passively shaped by external forces. Such theorists (e.g., Frederick, 1987; Ochberg, 1988) have emphasized the impact of external stimuli in the victimization experience, and have argued that intense psychological reactions of crime victims are normal responses to abnormal events. Others, in the tradition of Kant (1724-1804), have taken the view of humans as capable of creating order and meaning in their experience. Such theorists (e.g., Bard & Sangrey, 1986; Fischer & Wertz, 1979; Janoff-Bulman, 1983; McCann et al., 1988) have emphasized the personal meaning given to the event by the victim in accounting for the trauma it evokes.

According to Buss (1978), the field of psychology has tended to oscillate between two basic paradigms: (a) that 'the person constructs reality' (Kant), and (b) that 'reality

constructs the person' (Locke). Buss attributes this oscillation to a continual reaction against the inadequacy of either position. Overemphasis of one has led to a reassertion of the other (e.g., from structuralism to behaviourism to cognitive psychology). This oscillation has been evident in theoretical explanations of the victimization experience. Some theorists (e.g., Frederick, 1987; Ochberg, 1988), reacting against clinicians' overemphasis of the predisposing characteristics of the victim to distress have argued that the experience of being the victim of a crime is sufficient in itself to produce intense and enduring distress. At the same time, others (e.g., Silver & Wortman, 1980) have noted the wide variability in victim reactions, suggesting that the impact of the external event is mediated by other factors.

Buss (1978) argues that psychology must liberate itself from this repeated theoretical oscillation. He proposes a 'dialectical revolution' to transcend the limited, encapsulated views that result from a mere transformation of the subject-object relationship. A full understanding of the victimization experience requires a theoretical synthesis as proposed by Buss.

Criminal victimization is in a category of extraordinarily negative life events capable by themselves of evoking extreme distress. External aspects of the crime shape victims' reactions (e.g., rape is universally experienced as traumatic). At the same time, the crime is

experienced subjectively and meaning is imposed on the event by the victim. The experience of criminal victimization can be seen as determined by an interaction of internal and external factors. To understand the psychological impact of crime, we must consider:

- (1) reactions to being criminally victimized crime and symptoms of distress,
- (2) the personal or symbolic meaning of the crime for the victim,
- (3) characteristics of the crime that exacerbate victims' distress,
- (4) the impact of the crime on victims' social relationships and its consequences for victims' adjustment,
- (5) individual and population vulnerability factors for a higher risk for criminal victimization and/or a more severe psychological aftermath
- (6) the process of adjustment.

Symptomology of criminal victimization

Victims' initial reactions to crime, primarily violent crime, are usually immediate and intense (Janoff-Bulman & Frieze, 1983). At first, victims are typically overcome with shock, heightened anxiety and fear, particularly of being victimized again (Davis & Friedman, 1985; Frederick, 1980). Depression, sadness, vulnerability, helplessness are commonly reported as initial responses to being criminally victimized (McCann et al., 1988). Among robbery and burglary victims, such reactions have been found to last up to 4

months after the event (Bard & Sangrey, 1986). Loss of self-respect and self-identity are often immediate effects of criminal victimization, usually as a result of victims suddenly finding themselves powerless and out of control (McCann et al., 1988). Disturbed sleep or nightmares, poor concentration, nervousness, disorganization, crying spells, irritability and feeling dazed are also common. These reactions are more evident in but not exclusive to victims of violent crime. Criminal victimization can also immediately impact social functioning, often resulting in victims becoming more socially isolated and fearful of leaving home (Bard & Sangrey, 1986).

After the initial crisis, fear reactions of crime victims generally decrease over time, but precautionary behaviours persist (Davis & Friedman, 1985). However, feelings of vulnerability and helplessness can remain and often become intensified (Krupnick & Horowitz, 1980). An anxiety often persists, and is usually evident in victims' fears of being alone or in the dark, as well as in paranoid thoughts and a suspicion of strangers. Among victims of violence, a fear of a recurrence of crime frequently remains. Depression and sadness can persist, especially among rape victims (McCann et al., 1988). Although some rape victims gradually become less depressed, fatigue, decreased vigour and suicidal thoughts may endure (Ellis, 1983). Common responses that last beyond the crisis period include eating difficulties, a low threshold for crying, inability

to handle anger, hopelessness, guilt, shame and feelings of low self-worth. Among rape victims, decreased self-esteem often takes the form of self-blame (Kilpatrick, Veronen, & Best, 1985). Disturbed sleep frequently continues, as may recurring nightmares. Among victims of violence, frequent themes to nightmares are powerlessness and feelings of being trapped. Mood swings, from sadness to elation or from guilt and self-pity to a desire for retaliation are often evident in crime victims following the initial crisis (Bard & Sangrey, 1986).

Outrage is a common reaction to being the victim of a violent crime. Rape victims, for example, reported an increased anger and hostility up to a year following the assault (McCann et al., 1988). This outrage can turn into an 'impotent rage', with the object of one's anger usually no longer accessible. As a result, it may initially be displaced onto emergency response personnel (e.g., police officers). Those whom victims depend on for care and protection (e.g., friends and family) may also become targets of this intense anger. Bard and Sangrey (1986) view the victim's tendency to ascribe blame as an attempt to find a meaningful explanation for the event, and hence, adaptive. However, intense anger directed at loved ones can seriously erode victims' primary relationships and potential sources of support. For victims who have difficulty expressing anger, outrage may be inwardly directed and turned into self-blame, or become repressed (Krupnick & Horowitz, 1980).

The impaired social functioning of crime victims often persists beyond the initial crisis. A reduced or withdrawal from social contact is common among rape victims, whose life-style and activities become quite restricted (McCann et al., 1988). In one study of rape victims, almost half lost their jobs in the year following the assault because of the severity of their reactions (Ellis, 1983). Rape victims also experience difficulty in intimate relationships. They frequently report a diminished trust in men and a reluctance to get close to both men and women. Not surprisingly, impaired sexual functioning is very common among rape victims. This often manifests itself in a fear of sex or arousal, decreased sexual responsivity and satisfaction with current sexual relations (McCann et al., 1988).

Less common and more acute reactions to criminal victimization include disorientation evidenced by memory loss and confusion, hysteria manifested by screaming and uncontrollable crying or feelings of numbness that are not explainable neurologically. In some extreme cases, psychosis may occur where the victim's thinking becomes highly irrational, or where there is a temporary loss of contact with reality. Among crime victims, only victims of attempted and completed rape have reported a higher incidence of self-defined 'nervous breakdowns', and of suicidal thoughts and suicide attempts than non-victims (Frieze, 1987; Kilpatrick et al., 1985; McCann, 1988).

The symptoms of distress that ensue from criminal victimization can be of such severity that they have, at times, mimicked clinical profiles of major psychiatric disorders, and have led to victims being misdiagnosed and inappropriately treated (Frederick, 1987). According to Frederick, particularly acute traumatic reactions have resembled borderline psychoses, while the persistent phobias and avoidance have resembled paranoid reactions. The lingering feelings of anger, resentment and impulsiveness exhibited by some victims have, at times, suggested to clinicians the presence of a personality disorder.

In the continuum of psychological responses to criminal victimization, there is a particularly severe though uncommon stress reaction. This is characterized by either the inability to proceed beyond the initial crisis phase, or by being suddenly cast back into the acute symptomatic phase of the crisis response. Such individuals have been found to suffer more acute and more chronic reactions for a considerably longer period of time. These individuals are now considered to have a 'Post-Traumatic Stress Disorder' (APA, 1980; Bard & Sangrey, 1986).

Post-traumatic stress disorder

In last decade, the American Psychiatric Association (1980; 1987), has formulated a "Post-traumatic stress disorder" (PTSD) to describe the psychological trauma that can ensue in the wake of events that are unusually disruptive and life-threatening (see Appendix I). Though the

conception of the disorder was originally based on populations other than crime victims (e.g., combat veterans), it has since been found to describe certain acute reactions to criminal victimization (Frederick, 1987). In a survey of female victims of violent crime, Saunders, Arata and Kilpatrick (1990) found that 27.8% met the diagnostic criteria for PTSD.

PTSD is characterized by the persistence of acute symptoms of distress, or its delayed emergence at some period after the crime (APA, 1980; Bard & Sangrey, 1986). Crime victims who suffer from PTSD may continue to relive the crime either through persistent, intrusive recollections or recurrent nightmares of the incident. Some victims are suddenly overcome with the feeling that the crime is actually recurring. Victims may feel estranged from loved ones or from themselves, or may lose interest in activities that were once important to them. They may also show constricted affect. Disturbed sleep and difficulties in concentrating may persist in acute form, or reemerge unexpectedly sometime after the crime. Memory impairment can occur as well. An exaggerated startle response may also be evident. Daily activities can evoke memories of the crime, resulting in a heightening of fear, anxiety or anger. The victim may, as a result, have to deliberately avoid stimuli that recall the crime.

The formulation of the PTSD by the psychiatric community gave formal recognition to the adverse

psychological impact of real-life events. This was a significant development given the mental health community's history of mis-attributing intense and prolonged reactions to stressful life events to pre-trauma personality deficits (Ochberg, 1988; Young, 1988). With the category of PTSD and its diagnostic criteria, victims of highly disruptive and uncontrollable life events could be distinguished from other distressed individuals with overlapping symptomology.

'Victim stress disorder'

While the formulation of the Post-traumatic stress disorder is a major development in understanding the psychological impact of traumatic events, it is still of limited utility in describing the experience of criminal victimization. PTSD does not as yet encompass the full range of psychological reactions suffered by most crime victims, nor accurately reflect the degree of severity of their symptoms of distress. A psychiatric diagnosis of PTSD, despite a recent revision (Frederick, 1987), as currently formulated, applies only to the more severely traumatized. Ochberg (1988) has proposed a sub-category of the PTSD, that describes less extreme forms of traumatization and the particular symptoms of distress experienced by victims of crime. Ochberg's 'Victim stress disorder' (see Appendix II) describes the constellation of psychological responses to criminal victimization that "may or may not (necessarily) reach the threshold of PTSD".

What it means to be the victim of a crime

Various researchers (e.g., Bard & Sangrey, 1986; Fischer & Wertz, 1979; Janoff-Bulman, 1985; Janoff-Bulman & Frieze, 1983; Karmen, 1984; Krupnick & Horowitz, 1980; McCann et al., 1988; Wertz, 1985) have called attention to the subjective experience of criminal victimization as a principal factor in understanding victims' trauma. The personal meaning of being victimized may explain not only acute emotional reactions to violent crime, but also the intense distress often evoked by apparently 'minor' offenses.

The experience of criminal victimization can initially depend on whether one considers oneself a crime victim. To be the victim of a crime, one must label the event in question a criminal act. Greenberg et al. (1983) found that individuals tend to rely on highly personal definitions of situations rather than legal categories to ascertain whether they are, in fact, crime victims. For example, attempted but incompleated auto thefts or burglaries are often not viewed as crimes by individuals, even though they fit the legal definition of a criminal act. As a result, some who are, by law, crime victims may perceive themselves as actually having eluded victimization.

The personal meaning given to the crime can be critical in shaping it's emotional aftermath for the victim. For example, one whose car is stolen may, in fact, be relieved to be rid of a 'lemon', while, at the same time,

compensated for its 'loss' by an insurance company. Such casual reactions to crime are however untypical (Karmen, 1984). To another, the theft of one's auto can create a major disruption of routine and evoke a deep sense of loss.

"We really loved the car, you know. It was our first car, the one we got right after we were married, and it had taken us everywhere--to school, to work, on our vacations, everywhere. And then suddenly it was gone. We had to ask people to take us to the grocery store...There was no way to get to one of my jobs without a car, so I was getting rides from friends, but I would have to quit that job if they hadn't found the car."

Victim of an auto theft (Bard & Sangrey, 1986)

Researchers have been particularly struck by the extent to which property loss can emotionally impact crime victims (Davis & Friedman, 1985).

The notion that individuals' experience of external events is mediated by attributions of meaning would suggest a variability of response to similar stimuli. However, much of our current knowledge of individuals' reactions to victimizing events focuses on common responses among victims. This is due, in part, to the nomothetic research tradition in psychology which focuses on discovering general laws from the study of group differences (McCann et al., 1988). At the same time, evidence of common responses among victims suggests that such negative events impact common psychological processes.

Common experiences of crime victims

To many victims, the impact of crime is felt as a personal violation (Bard & Sangrey, 1986; Karmen, 1984). A

sense of violation is, in Bard and Sangrey's view, the underlying psychological injury common to most crimes. It constitutes a desecration of the self, in which victims are "wounded in the very essence of themselves, the centre from which every person integrates life" . Karmen (1984) considers the severity of the crime victim's initial crisis reaction to be in direct proportion to "the degree to which the self was violated".

"You feel stripped naked. You feel as if someone has exposed you totally... You're powerless... Violation is an adult way to explain that, but it isn't an adult response. It's reminiscent of the kind of helplessness that goes back to early childhood. And I think that's what makes it so crucially painful. Because you can't fight back."

Victim of a purse snatching (Bard & Sangrey, 1986)

The more violent crimes typically evoke a greater sense of personal violation and a corresponding intensity of symptoms of distress (APA, 1984). An experience of personal violation is implied in the categories of victim responses that comprise Ochberg's (1988) proposed 'Victim stress disorder' (i.e., profound humiliation, feeling dehumanized, a sense of defilement, self-loathing, despair, and obsession with vengeance)'. Such reactions are suggest an 'assault' against one's most inner self.

Being the victim of a crime can be a shocking reminder of one's vulnerability, and of one's mortality. Although most are certainly aware of the prevalence of crime in their community, individuals typically maintain a protective 'illusion of personal invulnerability', by minimizing the

probability of themselves being victimized (Janoff-Bulman & Frieze, 1983). The prevalence of an illusion of invulnerability in which individuals underestimate the likelihood of their experiencing harmful events (e.g., accidents, disease, natural disasters), has been widely recognized (Janoff-Bulman & Lang-Gunn, in press; Lehman & Taylor, 1987; Perloff, 1983; Taylor & Brown, 1988). It is exemplified by the commonly-held (usually implicit) belief that "it can't happen to me".

An 'illusion of invulnerability' is considered adaptive as it protects one against the stress and anxiety associated with potential threats (Taylor & Brown, 1988). While such illusions can promote a sense of mastery and well-being, Greenberg et al. (1983) have argued that one may consequently be unprepared for the experience of being criminally victimized.

"...I always thought it happened to everybody else... that it just happened on television. In a way you feel that it's never going to happen to you, your house. In one way you think that your house can be robbed any time but in the back of your mind it's vice versa--my house won't be robbed; it's somebody else's house that's going to be broken into."

Victim of a burglary (Fischer & Wertz, 1979).

After becoming the victim of a crime, one's environment is no longer perceived as predictable, controllable, or safe. As a result, victims are often overcome with feelings of vulnerability and fear of a recurrence of the crime (Janoff-Bulman & Frieze, 1983). Crime victims are confronted not only with the reality of

crime itself, but also with its frightening implications--that of a hostile world in which malevolent others are prepared to inflict deliberate harm. According to (Fischer & Wertz, 1979):

"As life goes on, the victim finds him/herself pervasively attuned to the possibility of victimization--through a continued sense of reduced agency, of the predatory other..."

An illusion of invulnerability, according to Janoff-Bulman and Frieze (1983), is rooted in a self-protective assumption that events in one's world are essentially understandable, orderly, and, to a fair degree, controllable. Such beliefs presuppose that one can prevent negative occurrences (e.g., through being sufficiently cautious). Lerner and Miller (1978) have proposed a 'just-world' hypothesis in which individuals maintain a faith in a world where justice ultimately prevails, where one's virtue (through the exercise of sound judgement) will protect them against misfortune. Faith in a 'just-world', according to Lerner and Miller, enables one "to confront the physical and environment as if it were orderly". Events like criminal victimization can be profoundly distressing in that they challenge one with the frightening reality that the world may not be just nor ordered after all, where 'bad things can happen to good people', and that evil may not be controllable.

"I think if you grow up the way I did--in very middle class circumstances--no matter what you read it's very hard to believe someone wants to do anything bad to to you. Especially since your'e a good person and you go to all the right concerts and read all the right books. You don't deserve it."

Victim of a pickpocket (Bard & Sangrey, 1986)

The belief that justice will prevail is basic to perceiving one's world as meaningful. A personal violation can seriously challenge one's perception of the world as ordered on meaningful principles, and therefore be profoundly demoralizing. Victims of crime often experience an intense indignation at the very injustice of a crime, when actual monetary loss may, in fact, be quite small.

"It's really unfair that you work for something, like this lawn mower was nothing of value really, but you work hard for it and somebody takes it away from you when you're about to enjoy it or continue to enjoy it."

Victim of a burglary (Greenberg et al. 1983)

Crime victims' outrage at the inequity of the criminal act is consistent with research that has shown the importance of individuals' need to perceive fair outcomes in their transactions with others, and the distress that ensues from experiences of inequitable treatment (Greenberg et al., 1983). Revenge fantasies among crime victims often suggest an intense desire to rectify the perceived injustice.

"I had fantasies for weeks afterward of running into one of them on the street and their not seeing me and just killing them...Grabbing one of them from behind and choking him...and making *him* feel helpless...."

Victim of a robbery (Bard & Sangrey, 1986)

The experience of being the criminally victimized frequently compels one to try to make sense of the event, to

"reorganize and understand the world that has become chaotic" (Janoff-Bulman & Frieze, 1983). Often victims feel a need to explain not merely why the unfortunate event happened, but why it happened to them in particular (Janoff-Bulman & Lang-Gunn, in press). "Why me?" is a frequently asked question in an attempt to attribute the crime to some understandable reason, to render the world comprehensible and predictable again.

Most individuals prior to victimization function under assumptions that they are basically worthy, decent and autonomous (Bard & Sangrey, 1986; Janoff-Bulman & Frieze, 1983). The experience of being the victim of a crime can profoundly challenge such assumptions. Crime victims are faced with the reality of their helplessness and powerlessness when confronted by forces beyond their control (Peterson & Seligman, 1983). During a crime and its aftermath, victims frequently experience themselves as weak, helpless, needy, frightened and out of control. According to Bard and Sangrey (1986), one's sense of autonomy is essential to psychological functioning, and it is this very sense of autonomy that is profoundly threatened during criminal victimization.

The challenge to crime victims' self-esteem is frequently exacerbated by feelings of guilt and shame, common among victims of crime, particularly violent crime. Victims often feel guilty for having neither prevented the crime, nor having made more effort to do so. Feelings of

guilt often extend to the fate of others who were victimized at the same time. On the other hand, intense feelings of solidarity may develop among fellow victims.

Being the victim of a crime can be deeply humiliating. Victims have, by definition, been unsuccessful in protecting themselves against being victimized, and have, in effect, been 'defeated' by the criminal. Often such feelings are reinforced by social perceptions of the crime victim as a 'loser' (Bard & Sangrey, 1986).

"I just hate to think of myself as a victim. It's like when I lost my job--I hadn't done anything wrong. But it was so embarrassing to have to tell people that I had lost my job. and when this happened, I felt the same way. It was like a guilty secret. I didn't want to talk about it."

Victim of a robbery (Bard & Sangrey, 1986)

Among victims of certain crimes, feeling of shame are likely to be quite pronounced. Rape victims often experience a sense of defilement, often a revulsion towards the self that may manifest itself in a desire to be separated from one's own body (Bard & Sangrey, 1986; Ochberg, 1988).

Victims may, as a result, try to avoid situations that can evoke such feelings. Krupnick and Horowitz (1980) attribute the difficulties researchers often report in having rape victims consent to interviews, or even in engaging rape victims for therapy to this sense of profound shame. Even among victims of lesser offences, some feelings of guilt and shame are present as well, and this may result in a diffuse sense of embarrassment or unease.

Criminal victimization frequently evokes feelings of being somehow deviant. Victims of crime often feel singled out for misfortune, and thereby set apart from others. They may attribute their victimization to particular character flaws (Janoff-Bulman & Frieze, 1983). Such feelings of deviancy, according to Taylor et al. (1983), usually leads to loss of self-esteem and the categorization of oneself with other stigmatized individuals. The aversion and pity these individuals may have previously felt for other victim groups, they may now associate with their own victimization.

Victims' responses to different crimes

Generally, crimes that are more life-threatening and those that impact more suddenly incur the most severe trauma (Figely, 1986; Frederick, 1987; Frieze, 1987). Also, victims who sustain physical injuries usually suffer more adverse psychological effects (Davis & Friedman, 1985; Sales et al., 1984). At the same time, victims' reactions can vary with the personal sense of violation evoked by the crime, independent of physical injury (Karmen, 1984).

The meaning of being criminally victimized is often related to the type of crime and its circumstances. Those whose homes have been burglarized tend to report feeling personally invaded and very fearful at the loss of security, often independent of the amount actually taken. Most had considered their homes to be "places of refuge and safety, shelters from the dangerous outside" (Bard & Sangrey, 1986), and felt acutely this threat to their sanctuary.

"I feel like they know about me. They picked through my whole life. When I saw (my personal) papers thrown all over, I thought: 'Who's been rummaging around in my life?'....You think your house is impregnable, ...and you find that it isn't like that at all. Someone can easily get in if they want to."

Victim of a break-in (Bard & Sangrey, 1986).

One's home is typically perceived as an extension of the self (Karmen, 1984), and a break-in can be experienced as a violation of one's personal boundaries.

Victims of purse snatching are often stuck by the realization that they can be victimized in broad daylight in public places, settings in which they had previously felt secure. Greenberg et al. (1983) suggest that such experiences alert victims to their vulnerability to more serious crimes.

"It was an awareness of my vulnerability. If those 15-year olds could look me in the eyes and steal my wallet, could my life be next?"

Victim of a purse snatching (Greenberg et al., 1983)

Robbery involves an actual confrontation with the criminal in which victims are directly threatened with violence. In a robbery, victims are forced to relinquish their sense of personal autonomy and control to others whose intentions are predatory, and possibly destructive (Bard & Sangrey, 1986; Karmen, 1984). Robbery victims typically experience an utter helplessness in the face of a direct threat to their body, their personal integrity and their valued possessions. If a weapon is used, their sense of impotence is felt more acutely. If assaulted, the victim

fears losing his/her life. If injured, the victim can be left with a more enduring reminder of his/her powerlessness and vulnerability in the face of threat by another. Some robbery victims, in the aftermath of the crime, suffer the humiliation of having been unable to defend themselves (Bard & Sangrey, 1986).

Rape is an experience of terrifying dimension throughout which the victim fears for her life, in which survivors are then only set free after having been sexually brutalized and degraded. The rape victim is effectively robbed of a sense of control over her own body (Feinauer, 1982). In Bard and Sangrey's (1986) view, rape constitutes a violation of the self of a magnitude that is exceeded only by actual loss of life. The rape victim is deprived not only of control and autonomy but suffers an "intrusion of inner (body) space, the most sacred and most private repository of the self" (Bard & Sangrey, 1986). In rape, sexual activity, previously associated with intimacy and love, is brutally transformed into a means of subjugating and degrading the victim. An unspeakable shame often ensues, where victims often find it too painful to disclose the extent of their sense of violation, and frequently too difficult to even report the crime itself. Rape victims are often reluctant to disclose the assault for fear of being accused of actually seducing the rapist. Despite the fact that the intent of the rapist is to violate and degrade, there is an enduring cultural association between sexual activity and

gratification (Bard & Sangrey, 1986). Rape victims' fears of being blamed for encouraging the assault are unfortunately well founded (Coates et al., 1979; Frieze, 1987).

Those who have lost a loved one through homicide, or even witnessed it, experience a sense of shock and violation, with profound psychological repercussions (Bard & Sangrey, 1986). The survivors are themselves confronted with their own mortality, and the real possibility of suddenly having their life extinguished without warning. The unexpected loss of a loved one, difficult in itself to cope with, is further aggravated by the very willful and malicious nature of the act

"My mother said, "If he had been sick or hit by a car, then maybe I could accept it. But they stole him from me." And I felt that she hit it right on the head. Because it's not so much that he's dead--it's how he died. Someone took him, with no more thought than if they were taking a pack of cigarettes. If a person dies of a heart attack, or whatever, you grieve, but in time it heals. You remember the good things. But here the last thing you remember is that he was killed by someone who didn't even know him".

Survivor of a homicide victim (Bard & Sangrey, 1986).

Vulnerability factors

Individual vulnerability factors

The wide variance in reactions to being criminally victimized is due, in part, to characteristics of the victim that predate the crime. Sales et al. (1984) found that variables measuring pre-rape functioning were strong predictors of post-rape reactions. Also, a history of psychiatric difficulties predisposed crime victims to a more

severe psychological aftermath (APA, 1980; Meyer & Taylor, 1986; Sales et al., 1984). Sales et al. (1984) also found that sexual assault victims with severe preexisting 'biosocial' problems (e.g., drug abuse, alcoholism, psychosis), were likely to experience symptoms of distress for an extended period of time after an assault. Physical illness as well as prior victimizations were also found to aggravate women's reactions to sexual assault (Meyer & Taylor, 1986). Silver and Wortman (1980), in their review, found the presence of other life stressors to generally limit victims' coping abilities.

Personality variables have been found to affect crime victims' trauma (APA, 1984). According to Krupnick and Horowitz (1980), victims with pre-existing neurosis and developmental problems are subject to more severe reactions. Hymer (1984) considers the adequacy of the victim's development of a sense of self prior to the crime the basis for one's resiliency to its adverse effects. Hymer has also identified as vulnerability factors unresolved inner conflicts with respect to feelings of powerlessness and frustration that are evoked by being the victim of a crime. Also, those with low self-esteem often maintain a compensatory unconscious expectation of "omnipotence and control" (APA, 1984). Such crime victims are, as a result, extremely distressed by a confrontation with their actual vulnerability. This experience frequently leads to an even lowered self-image after the crime as they are unable to

justify their failure to prevent the crime. One's experience of subjugation to another person during a crime may also be particularly difficult for one with fears of dependency (Krupnick & Horowitz, 1980).

Vulnerable populations

Certain groups are especially vulnerable to the effects of criminal victimization. The poor, the ill-educated, the unemployed, ethnic and racial minorities, and inner city dwellers seem the most adversely affected by crime (Karmen, 1984; Sales et al., 1984). The psychological consequences of crime such as anxiety, self-blame, nervousness, anger, shame and sleep difficulties were found to be more severe and more enduring for these populations. Davis and Freeman (1985) have suggested that women are more negatively affected by criminal victimization than men.

Some populations are especially vulnerable to being criminally victimized (i.e., the physically and mentally handicapped, the elderly, children, and socially stigmatized groups such as homosexuals) (Karmen, 1984). The blind, the deaf, and those confined to wheelchairs are less able to defend themselves against attack. Young children are vulnerable because of their relative fearlessness, inexperience and innocence, which exposes them to exploitation (Bard & Sangrey, 1986).

The elderly, whose physical capacities are reduced, suffer the effects of physical attacks more, and are slower to heal when injured. Awareness of their limited

capabilities adds considerably to the fear experienced by the elderly. The elderly are also more likely to suffer enduring trauma if victimized. Sales et al. (1984) found that elderly rape victims were likely be traumatized for much longer period relative to younger victims.

Some vulnerable groups such as the physically and mentally handicapped, children and the elderly are able to garner considerable public sympathy if criminally victimized. Crimes against such groups are generally regarded as especially heinous. As a result, police officers and others may be unusually forthcoming in both support and assistance for members of these groups (Bard & Sangrey, 1986). Generous expression of public compassion in the wake of a traumatic experience may help to lessen the victim's sense of demoralization and violation.

Other groups such as homosexuals are doubly vulnerable, to both criminal victimization and its effects (Bard & Sangrey, 1986; Sales et al., 1984). Homosexuals are often the objects of harrassment, threats, assault and even homicide. As a stigmitized group, they are also less likely to receive needed support through the criminal-justice system or from the larger community. Such disregard for their plight only deepens their sense of isolation and experience of violation (Bard & Sangrey, 1986).

The interpersonal reverberations of crime

It has been suggested that an assault on an individual is, in effect, an assault on his/her family (Feinauer,

1982). Most victims of crime do not live in isolation, but are part of family and social relationships. The trauma of criminal victimization can, as a result, extend beyond the primary victim and reverberate through his/her social network. The families and friends of crime victims can themselves be severely traumatized by the victimization of a loved one--and, at times, even more adversely than the primary victim (Figley, 1986; Frederick, 1987; Greenberg & Ruback, 1984). Figley (1986) considers the love and empathy between family members, their critical attribute and strength, to also be their "achilles heel", as it renders them vulnerable to the suffering of loved ones. Even with minor crimes, those having someone in their social network criminally victimized are themselves more likely to feel vulnerable to being victimized themselves (APA, 1984).

Frederick (1987), in a proposed revision to the inclusion criteria for a diagnosis of PTSD, has now added those 'secondary' victims who have experienced a

"serious threat or harm to one's children, spouse, or other close relatives and friends...or (witnessed) another person who has recently been, or is being seriously injured or killed as the result of an accident or physical violence".

Primary crime victims may, therefore, have to endure not only the emotional aftermath of the crime itself, but also witness its psychological toll on loved ones--which often intensifies the victim's suffering (Herrington, 1985).

Some family therapists, in recognizing the potentially adverse effect of undesirable life events on families, have

attempted to identify particular vulnerability factors. Bowen (1976), in an analysis of family reaction to death, has coined the term "emotional shock wave" to refer to an network of emotional 'aftershocks' of serious life events that can occur in the extended family. 'Aftershocks' are, in Bowen's view, evidenced by the emergence of physical and/or psychological difficulties in family members in the wake of a highly disruptive experience. Bowen emphasized the pervasive and enduring character of such 'aftershocks' and argued that they can emerge months and years later, and effect anyone in the family system. In Bowen's view, dysfunctional families, who tend to deny the extent of their emotional interdependency were particularly vulnerable to such 'aftershocks'.

The criminal victimization of an individual can adversely effect family functioning and family relationships may, in fact, deteriorate under the strain (Feinauer, 1982; Herrington, 1985). This can negatively effect victims' ability to cope as the quality of family relationships play a critical role in crime victims' long-term adjustment (Sales et al., 1984.) Certain crimes, by their very nature, notably sexual assault, present major coping difficulties for both victims and their families, where the victimization of a family member can raise conflicting emotions in other family members, impeding their ability to offer support to the victim.

The rape of a family member can bring about profound disruptions in interpersonal relationships and family functioning at a time when mutual support and empathy is most needed (Feinauer, 1982; Miller, Williams, & Bernstein, 1982). Sexual assault evokes such intense fear in the victim and rage in loved ones that it can greatly hinder their ability to be empathic to the other. In the aftermath of a sexual assault, female victims are primarily concerned with safety, security, and emotional support; whereas male family members and lovers may become obsessed with revenge and retribution (Frieze, 1987).

According to Feinauer (1982), fathers and brothers of female rape victims may find themselves in a state of conflict identifying both with the victim and the perpetrator. Fathers often react to the rape of a daughter by becoming overly-protective, partially out of guilt for not having prevented the assault, and out of anger both at the attacker and at the daughter for finding themselves in a position of inadequacy. The rape of a daughter may also stir up in the father a complexity of feelings about his own sexuality that can impede him from being adequately supportive to his daughter after the rape. According to Feinauer, lack of support from an important male figure, such as a father, can seriously impede a rape victim's adjustment.

For adult rape victims in marital relationships, a host of marital conflicts and sexual problems often emerge

and may persist for long periods of time (Miller et al., 1982). Communication between marital partners is often impaired in the aftermath of rape. The victim often indicates a strong desire to not discuss nor even think about the assault. The spouse is then left uncertain about how the victim is feeling or as to what she needs from him. Spouses are, as a result, left confused and laden with guilt, knowing their partner is distressed yet reluctant to burden the victim with their own feelings (Miller et al., 1982). Over time, the victim may feel increasingly dependent on her partner and the spouse may try to be as supportive as possible.

The spouse's ability to continue to tend to the needs of the victim may be gradually eroded by his own emotion trauma, the pressures of external commitments and the on-going severity of the victim's emotional reactions. His anger may surface impeding his ability to respond empathically to the victim. The spouse's desire for revenge or retribution may cause the victim to be fearful for her spouse. His anger may also recall the violence of the rape itself. In time, the lack of communication and the victim's increased dependency on her partner can lead to a mutual resentment (Miller et al., 1982). It may also be particularly difficult for a spouse or lover to be supportive if the victim is expressing negative feelings toward men in general and showing disinterest in sex (Frieze, 1987).

The process of adjustment

Challenging traditional views of adjustment

Two major findings have framed our emerging knowledge of crime victims' adjustment process. These are accumulating evidence of the potentially severe and enduring character of the psychological injuries suffered by crime victims (APA, 1984; Sales et al., 1984; Meyer & Taylor, 1986), as well as the considerable variability in how individuals cope with a diversity of threatening life-events, including criminal victimization (Bard & Sangrey, 1986; Sales et al., 1984; Silver & Wortman, 1980). This suggests that the adjustment process of crime victims can be more arduous and somewhat more idiosyncratic than had been originally thought.

These findings have challenged previously held theoretical assumptions that adjustment is both inevitable and characterized by progressive steps, as proposed by various stage models of coping (e.g., Kubler-Ross, 1969). Such models have typically described an orderly sequence of stages leading to eventual recovery or acceptance (Sales et al., 1984; Silver & Wortman, 1980; Wirtz & Harrell, 1987). Silver & Wortman (1980), in their extensive review, found extreme variability of response to life crises and no clear evidence of successive stages of coping. This variance in response has generated considerable research interest into factors that influence victims' coping.

The adjustment trajectory

Traditionally, theoretical models of response to life crises have described an acute but short-lived initial crisis phase characterized by anxiety, phobias, and mental and social disorganization, with the intensity of victims' reactions in proportion to the novelty and magnitude of the stressor (Sales et al., 1984). After the initial crisis, a problem-solving or resolution phase was thought to emerge, to be followed by eventual and complete recovery, usually within several months. Longitudinal research, notably with victims of sexual assault, has challenged both the time-frame and adjustment trajectory proposed by these models. Various researchers (e.g., Sales et al., 1984; Wirtz & Harrell, 1987) found that a substantial minority of victims did not achieve complete recovery and continued to exhibit symptoms of distress years after the assault. Furthermore, the process of adjustment did not appear to be a straightforward progression toward a relatively symptom-free state.

Sales et al. (1984), on the basis of their own longitudinal data, have proposed a more complex trajectory of rape victims' adjustment than have previous models of coping. Like other researchers, Sales et al. found evidence of an initial crisis phase of limited duration followed by a gradual diminishing of symptoms, giving the impression of a progressive return to normalcy. However, a reactivation of symptoms of distress was found beyond the six-month period,

though less severe than before. Sales et al. also found that symptom reactivation typically coincided with victims' resumption of a previous level of social functioning. Sales et al. suggest that behavioural 'normalization' may often occur before the victim is emotionally ready. As a result, this 'normalization' may come about at the expense of symptom elevation.

Some researchers (e.g., Bard & Sangrey, 1986) have come to view some form of regression as an inevitable part of rape victims' adjustment. After periods of feeling confident about their abilities to cope, rape victims often find themselves suddenly overcome by feelings of helplessness and anxiety (Frieze, 1987). Although these shifts may be part of victims' normal readjustment, the apparent setback can be particularly discouraging and frightening to victims, who begin to doubt whether they will ever recover.

Coates et al. (1979) suggest that this oscillating adjustment pattern may not be intrinsic to the victim but a response to being negatively received by others. According to Coates et al., victims often face a conflict between personal and social adjustment. Actions that may enable victims to cope more effectively (e.g., the expression of negative affect), frequently result in their rejection by others. In their review, Coates et al. found that victims who show their emotional pain are likely to be perceived by others as maladjusted and hence avoided; whereas victims who

seem to be coping well (i.e., 'heroic' victims), are more likely to receive sympathy and offers of help. Various theorists (e.g., Coates et al., 1979; Lerner & Miller, 1978; Silver & Wortman, 1980) have argued that observers often feel threatened in the presence of victims, as the reality of victimization often evokes observers' sense of their own vulnerability. As a result, observers often avoid or even blame victims for their fate. Coates et al. concluded that those victims who most need support may be least likely to receive it. As a result, victims may try to increase their social acceptance by concealing their distress, at a cost to their emotional adjustment. Victims may therefore be caught between the emotional costs of premature behavioural normalization and the often worse alternative of social isolation. Some researchers (e.g., Meyer & Taylor, 1986; Wirtz & Harrell, 1987) found that crime victims who remained at home and withdrew from others as a means of coping were the most poorly adjusted.

Defining successful coping

As conventional assumptions about the coping process have been increasingly challenged by research findings (see APA, 1984; Kessler et al., 1985b; Silver & Wortman, 1980), a notion of what constitutes effective coping has become less self-evident. The research suggests that coping processes may be more complex than had been previously thought. Maintaining a tolerable level of stress had been considered fundamental to adjustment. However, intense distress in the

short-term has been found to be more effective in mobilizing the victim to initiate coping efforts (APA, 1984). In addition, those maintaining a positive self-concept in the midst of a crisis--previously deemed a hallmark of successful coping--were found less likely to engage in needed coping efforts than those who felt their self-esteem threatened (Silver & Wortman, 1980).

Kessler et al. (1985b) have questioned the validity of measures of adjustment that fail to consider interactional aspects of adjustment. They argue that some individuals cope with a life crisis by adopting strategies that reduce their own distress or maintain their self-concept at the expense of others. As a result, conventional measures of coping that assess only the primary victim may not reveal the broader social costs incurred by such coping strategies.

Resumption of social functioning had also been considered an indicator of successful coping. Sales et al. (1984) found however that rape victims who resumed a prior level of social activity within six months after the assault and who appeared to be doing well were more likely to have adjustment difficulties in the long-term than those who had delayed their return to normal functioning.

The notion of a realistic view of oneself and of one's world (i.e., reality-testing) has been central to traditional conceptions of mental health and adjustment. It would follow that a realistic evaluation of one's victimization would facilitate coping. Some researchers have

argued however that certain appraisals about one's victimization may, in fact, be more adaptive than a 'realistic' view of the crime. Scheppele and Bart (1983) found that rape victims who attributed their assault to having found themselves in a situation they had known beforehand to be dangerous experienced less intense distress than those who thought they had been in otherwise safe circumstances. Scheppele and Bart stress the largely subjective nature of these appraisals (e.g., whereas one victim had previously considered hitchhiking 'safe', another had initially perceived it as potentially hazardous). Victims who were assaulted in a place they had previously considered dangerous may therefore believe that future victimizations can be avoided by restricting oneself to safe situations. Those who suffered an assault in circumstances they had previously viewed as safe (e.g., at home) may feel more vulnerable to future attacks, as their notion of what constitutes a secure environment has been shattered.

A principal difficulty in defining effective coping following criminal victimization has been the lack of normative data on how individuals ordinarily respond to such events (APA, 1984; Silver & Wortman, 1980). This has led to misconceptions about what constitutes effective coping. Specifically, it has led to frequent underestimations of the trauma evoked by events such as criminal victimization. Victims with unrelenting distress were often considered by

observers and mental health professionals to be inherently maladaptive (Coates et al., 1979). With emerging data on the psychological aftermath of criminal victimization, victims may be viewed more positively, and their enduring difficulties as more normal.

Coping with victimization

Research with those who have suffered catastrophic life events shows that a substantial majority effectively overcome their distress, and do so without professional intervention (Kessler et al., 1985b; Silver & Wortman, 1980; Taylor et al., 1983). This, and evidence of the wide variability in how individuals cope, have led to research into victims' own adaptive processes. Cognitive adaptation and the provision of social support have been consistently identified as critical post-event variables in victims' ability to withstand the adverse effects of unfortunate life events (APA, 1984; Kessler et al., 1985b; Silver & Wortman, 1980). The identification of factors that appear to protect one from the full impact of harmful events, or ameliorate its deleterious effects, have held the promise of a basis for interventions with traumatized populations.

Cognitive adaptation

The 'self-healing' capabilities or inner coping resources of many individuals who have suffered extremely harmful events can be quite formidable. According to Silver and Wortman (1980), a majority of victims of life crises eventually report a quality of life equal to, or even

exceeding that of their pre-victimization state (e.g., increased self-knowledge, reordering of priorities, and a reevaluation of one's life). Burgess and Holstrom (1979), in a follow-up study of rape victims, found that those who had used cognitive coping strategies such as finding a meaningful explanation for the event, or minimizing it, were the fastest to recover; whereas those who had not used such strategies were unrecovered 4-6 years after the assault. Numerous theorists (e.g., Figley, 1986; Janoff-Bulman & Lang-Gunn, in press; Taylor, 1983; Taylor et al., 1983; Taylor & Brown, 1988) have identified cognitive 'self-help' strategies used by victims. Taylor (1983), in particular, has proposed a theory of cognitive adaptation to threatening events that involves three principal themes: (1) a search for meaning in the experience, (2) an attempt to regain mastery over the event in particular and over one's life more generally, and (3) an effort to restore self-esteem through self-enhancing evaluations. Similarly, Figley (1986) has proposed that victims of catastrophic life events engage in a cognitive struggle to attempt to answer four basic questions, (1) What happened to me? (2) How did it happen? (3) Why did I act as I did? (4) What will I do in another catastrophe? In the Figley's view, victims' ability to meaningfully answer these questions will lessen their distress.

The search for meaning in one's misfortune is particularly relevant to crime victims. According to Bard and Sangrey (1986), humans have, throughout their history,

confronted evil and felt a need to explain it. Individuals have accordingly developed beliefs to account for harmful forces and constructed rituals to appease them. Such explanations re-established one's sense of control by providing a reason for one's trauma. It may be argued that a need to explain the suffering of the innocent gave impetus to the development of religion; where human suffering could be meaningfully explained. Frankl (1963) has argued that humans' need for meaning is more basic than the need to maximize pleasure and to avoid pain. In a secular society, however, crime victims are less likely to be find religious explanations intellectually acceptable. Also, secular societies have no underlying traditions to explain suffering (Bard & Sangrey, 1986). As a result, the burden of making sense of threatening events tends to fall on the individual victim.

Criminal victimization, by its unpredictable and uncontrollable nature, can abruptly reduce the victims's world to chaos. One's view of the world and the self may be severely challenged. This provides a great impetus for victims to understand and reorganize their world so that it is once again comprehensible and orderly, so as to regain a sense of control over the event and one's life (Janoff-Bulman & Lang-Gunn, in press). At the same time, crime victims' search for meaning can be an attempt to reintegrate the violated self, to reduce the dissonance that results from a fragmented self (Bard & Sangrey, 1986). This search

for meaning involves specifically an effort to understand the event: why it happened and what impact it has had? (Figley, 1986; Taylor, 1983).

The search for meaning in the aftermath of one's misfortune is often expressed by the attributional question, what caused the event to happen?, or "why me?", as victims often feel singled out (Coates & Winston, 1983; Janoff-Bulman & Lang-Gunn, in press). Despite a general awareness that crime occurs, victims must account for the fact they it occurred to them and not others. It is the apparent randomness of the event that can be most troubling, as the inability to predict or control threatening events evokes helplessness and fear. The results of this search for an explanation ultimately address a much deeper question, what does my life mean now? (Taylor, 1983).

The search for a causal attribution for the crime is at the heart of an desire to gain a sense of mastery over the event, and over one's life generally. Foremost, the victim must contend with the blunt awareness of his/her vulnerability. Perceptions or illusions of personal invulnerability (i.e., "it won't happen to me") are often deeply shaken by the experience of criminal victimization (Janoff-Bulman & Lang-Gunn, in press). Victims are therefore motivated to find ways of restoring a sense of their own invulnerability. Efforts at mastery center on the questions, How can I keep this or a similar event from happening again? and what can I do to manage it now? The victim seeks to

assert control and overcome feelings of helplessness and fear by trying to understand the event so as to recapture a sense of the predictability of one's environment (Bard & Sangrey, 1986).

Various researchers (e.g., Bard & Sangrey, 1986; Frazier, 1990; Janoff-Bulman & Lang-Gunn, in press; Janoff-Bulman, 1979; Meyer & Taylor, 1986; Miller & Porter, 1983; Ochberg, 1988) have noted a common tendency among victims of crime--as well as of other negative life events--to exaggerate their own responsibility through self-blame. Some theorists (e.g., Janoff-Bulman & Lang-Gunn, in press; Janoff-Bulman, 1979) have challenged the traditional notion that self-blame among victims is necessarily harmful and inappropriate. They have suggested that, under certain circumstances, self-blame attributions by victims may be adaptive. Clearly, the criminal is the cause of the crime, but this explanation may not be sufficient or satisfactory for crime victims (Bard & Sangrey, 1986). Self-blame among victims may be seen as attempts to explain why the event occurred to them in particular by examining their own role in the victimizing event. Such explanations, in Bard and Sangrey's (1986) view, are intended to restore a sense of order to the world, and can reflect a desire to minimize one's future vulnerability. In blaming one's behaviour for a negative outcome, one can maintain preexisting beliefs about the controllability of events.

Janoff-Bulman and Lang-Gunn (in press), in a review of the literature on self-blame attributions and their relationship to coping across various victim groups, found inconsistent results. The authors have attempted to reconcile this inconsistency by distinguishing between characterological and behavioural self-blame.

Characterological self-blame refers to the blaming of perceived deficient and enduring aspects of the self for the negative outcome (e.g., "I'm a poor judge of character"). Behavioural self-blame, on the other hand, refers to blaming one's own behaviour.

"...I was not careful enough because I had in fact left the window open...I hadn't bothered to put locks on the windows. That was something I didn't think was necessary to do right away. My guess is that [the unlocked window] was a pretty open invitation to this guy....I take responsibility for that."

Burglary victim (Bard & Sangrey, 1986)

Janoff-Bulman (1979) proposes that each type of self-blame has different implications for victims' appraisal of their future vulnerability and personal control over events. Behavioural self-blame is considered adaptive as it implies a belief in future control by focusing on changeable aspects of the self. One may prevent a crime from recurring by altering one's behaviour, (e.g., not walk alone at night). Characterological self-blame is, on the other hand, viewed as maladaptive as it is associated with harsh self-criticism, low self-esteem and perceptions of helplessness (Peterson & Seligman, 1984). Unlike behavioural self-blame,

characterological self-blame tends to focus on the past and one's deservedness (or rather the lack thereof).

Characterological self-blame implies a pessimistic inevitability about future events and precludes a sense of invulnerability and control (Janoff-Bulman & Lang-Gunn, in press; Meyer & Taylor, 1986).

Other researchers (e.g., Frazier, 1990; Meyer and Taylor, 1986) have challenged the proposed adaptive value of behavioural self-blame. In studies of rape victims, they found that both behavioural and characterological self-blame were associated with poor post-rape adjustment. Only societal blame was not associated with adjustment (Meyer and Taylor, 1986). Frazier (1990) found that behavioural self-blame was related to past avoidability but not with future avoidability (as had been argued by Janoff-Bulman). Meyer and Taylor suggest that the impact of self-blame on adjustment may depend on the nature of the threatening event and the characteristics of the victim. Acceptance of blame must be understood in the context of the meaning it has for the individual, and may be differentially affected by such factors as gender, social power and culture. A rape victim who accepts blame for her misfortune, albeit behavioural, may also be yielding to societal beliefs about rape as a 'victim-induced' phenomenon and concomitant beliefs about women's powerlessness. Frazier (1990) found that most rape victims who blamed their behaviour usually blamed their character as well. Consequently, behavioural self-blame

among male burglary victims and among female rape victims may have different implications for adjustment. Considerations of the adaptive role of self-blame should also be placed in some historical context. Frazier (1990) found that although many victims blame themselves to some degree, they seem to blame other factors more. In the intervening decade between the formulation of Janoff-Bulman's (1979) self-blame hypothesis and Frazier's (1990) findings, traditional views of rape have been subject to considerable challenges, particularly from the feminist movement. No doubt, shifting societal attitudes would have influenced the casual attributions of rape victims from internal to more external factors.

Cognitive adaptation in the aftermath of a crisis is often oriented toward self-enhancement (Gibbons, 1986; Taylor, 1983; Taylor et al., 1983). Victimization tends to erode self-esteem even when the individual bears no conceivable responsibility for the victimizing event (Janoff-Bulman & Frieze, 1983). Many intrapsychic coping efforts involve finding ways to restore one's self-esteem. Specifically, they often include ways to minimize the perception of oneself as a victim. Taylor et al. argue that experiencing oneself as a victim and believing that others consider one to be a victim are both aversive. Victimization, particularly criminal victimization, can produce loss of self-esteem, control, status, and property as well as emotional trauma and physical injury. Labelling

oneself a victim can evoke the suffering and sense of loss associated with victimization. Also, having been victimized compels one to identify with stigmatized populations. Individuals may react to the self with a similar aversion they may have previously felt for other victims. Victims are thus motivated to construe their situation so as to 'de-victimize' themselves.

Taylor et al., (1983) have identified five processes of selective evaluation of oneself and one's situation by which individuals try to minimize their victim status. These include: (1) downward comparisons (i.e., viewing oneself more favourably when compared with less fortunate others), (2) selectively focusing on attributes that make one feel advantaged, (3) creating hypothetical, worse worlds (i.e., "It could have been worse"), (4) construing benefit from the victimizing experience, and (5) manufacturing normative standards of adjustment that make one's adjustment seem exceptional.

Self-enhancing cognitions in the wake of one's misfortune, though they can provide a sense of meaning, and/or increase one's sense of mastery, can be considered 'illusions', as they need not correspond to reality. In the process of downward comparison, for example, victims often assume they are coping better than imagined similar others, when such others are typically not accessible for actual comparison (Taylor, 1983). To victims, the truthfulness of these self-enhancing cognitions is subordinated to their

adaptive function. The notion that illusions are beneficial to psychological functioning runs counter to traditional conceptions of mental health which favour accurate reality testing over self-deception. In recent years, however, some researchers (e.g., Taylor, 1983; Taylor & Brown, 1988) have argued for the adaptive value of certain positive illusions, or unrealistic positive self-evaluations in the face of threatening events, insofar as they enhance self-esteem, support beliefs in one's efficacy and permit an optimistic view of the future. Taylor and Brown acknowledge certain potential liabilities of such illusions (e.g., their vulnerability to disconfirmation, ignoring of legitimate risks). They argue however that the ability of individuals to develop and maintain positive illusions is a valuable human resource that should not be discounted.

Social support

When individuals are in distress they tend to show a particular need for the solace of human relationships. Furthermore, there is considerable evidence that close social ties seem to lessen the adverse effects of a range of distressing life events (Coates et al., 1979; Figley, 1986; Holahan & Moos, 1986; Kessler et al., 1985b; Silver & Wortman, 1980). In longitudinal studies of those who have suffered particular misfortunes (e.g., unemployment, widowhood), the availability of social support was found to be an important predictor of adaptation (Kessler et al., 1985b). Social isolation and separation, on the other hand,

were associated with an increased likelihood of illness and deterioration (Coates et al., 1979). With respect to victims of crime, there is accumulating evidence that support from family, friends, the helping and legal professions, the criminal justice system and the community at large are vital to the long-term adjustment of this population (Bard & Sangrey, 1986; Janoff-Bulman & Frieze, 1983; Krupnick & Horowitz, 1980; Sales et al., 1984; Symonds, 1980). Such findings have led to considerable interest in the therapeutic potential in mobilizing support for victimized populations within their social networks (see Figley, 1986; Gottlieb, 1988).

Social support is thought to help victims by enhancing their self-esteem through feelings of being cared for and valued (Janoff-Bulman & Frieze, 1983). Supportive others can provide opportunities to talk about the event or to vent emotions. Social support can include not only emotional support but also companionship, advice, informational assistance, help with problem-solving, and tangible aid (Figley, 1986; Janoff-Bulman & Frieze, 1983; Thoits, 1986).

Despite indications that social support can facilitate the coping process, an intervention strategy based merely on urging members of victims' social networks to be supportive may in certain circumstances prove simplistic and ill-conceived. There is evidence that the causal relationship between social support and coping is complex and reciprocal, and as yet insufficiently understood. Various researchers

(e.g., Monroe & Steiner, 1986; Silver & Wortman, 1980) maintain that the correlational nature of the research on social support and coping renders it vulnerable to alternate explanations. It can be argued that the positive correlation between social support and coping is, to some degree, spurious. There are indications that the association between social support and coping may also be a function of a third variable, the personality of the victim, which appears to influence one's ability to benefit from support. Sandler and Lakey (1982) found that individuals with external locus of control beliefs received greater support, but the stress-buffering benefits of support were significant only for internal locus individuals. Also, Henderson et al. (1981), in a large-scale study on the interactions of several support dimensions (e.g., personality, psychological disorder), found that neuroticism predicted 69% of the variance in psychological disorder, while the perception of support adequacy played a minor role. They concluded that personality rather than support was the significant underlying dimension.

Silver and Wortman (1980) suggest that the poorly adjusted may lack social competence and may alienate others by engaging in socially inappropriate actions. According to Coyne and DeLongis (1986), highly stressed or disturbed individuals may ordinarily find close relationships difficult. Individuals in distress may also judge their social relationships more negatively (Kessler et al.,

1985b), or underestimate the support available to them (Silver & Wortman, 1980). There is also evidence that personality influences the availability of support. Coates et al. (1979) found that victims who appear to be coping well were more likely to receive support; whereas those who seemed to be coping poorly were more likely to be avoided. Thus, measures of social support may actually tap more complex aspects of transactions between support providers and recipients than was intended in the original social support model. Sales et al. (1984) have argued that most indicators of family support are not "clean" measures of post-victimization support but are a complex blending of preexisting relationships and "crisis-contingent" support. Various researchers (e.g., Coyne & DeLongis, 1986; Kessler et al., 1985b; Monroe & Steiner, 1986; Silver & Wortman, 1980) have argued that the concept of social support is as yet too vaguely defined and its mechanisms not sufficiently understood to form a basis for interventions with victims.

There are limits as well to the benefits of social support. Coyne, Wortman and Lehman (1988) have proposed a curvilinear model in which individuals function best at moderate levels of involvement by support providers. They found evidence that excessive emotional involvement (e.g., overprotection, intrusiveness and unsolicited advice), can exacerbate and perpetuate the difficulties of recipients. The overprotective or intrusive involvement of family members can discourage victims' autonomy and become a major

source of stress for victims. According to Coyne and DeLongis (1986), the stressful circumstances that bring about the greatest need for support seem to be the very ones under which emotional overinvolvement by family members is more likely to occur.

The benefits of social support appear not to be universal. Holahan and Moos (1986) found sex differences in the protective or stress-buffering effect of social support. While family support was an important resource for women, avoidance coping was somewhat more important for men. Also, the benefit of support attempts seems dependent on its source. Coyne and DeLongis (1986) report evidence that support from sources other than a spouse (i.e., relatives, friends), did not compensate for an unsatisfactory marriage in protecting women from depression. Furthermore, Dakof and Taylor (1990) found that intimate others were more valued for their emotional rather than informational or tangible support; whereas professionals and similar others were more valued for their informational role. Coyne and DeLongis (1986) maintain that the notion that various support providers are not interchangeable brings into question the usefulness of a generic view of social support.

One instance of the non-interchangeability of support providers relates to a particular coping need of victims, that is, to overcome feelings of deviancy. According to Coates and Winston (1983), those who have been victimized often seek to evaluate the appropriateness of their

emotional reactions out of a need to regain a sense of normalcy. Such opportunities are, however, not usually available in interactions with non-victims. As a result, feelings of being somehow deviant may ensue, leading to depression. For this reason, victims often seek validation of their normality among similar others. Peer support groups have often provided such opportunities. In a study of group peer support among rape victims, Coates and Winston (1983) found that feelings of deviancy tended to decline after group participation, and that declines in negative affect were generally found in groups facilitated by professionals. The nomothetic approach of studying group differences may, however, obscure the fact that a small minority of poorly adjusted victims may actually have their sense of deviancy confirmed if other group members appear, in fact, to be better adjusted. Also, the efforts of poorly functioning victims at self-enhancing cognitions such as social comparison which relies on imaginary norms may be impeded in such circumstances. Furthermore, exposure to similar others whose distress is enduring may dash an one's hopes for a quick recovery. Such issues would have to be considered in a group design for a crime victims' peer support group.

There appear to be certain inconsistencies in the literature on the role of social support, particularly family support, in victims' adjustment process. Figley (1986), for example, offers an unqualified endorsement of the role of family support in victims' recovery. Figley

characterizes the nature of family support as active, engaging and unreservedly therapeutic. According to Figley:

"..... the family may help the victim resolve the traumatic experience and conflicts through either passive or active involvement. (i.e., mutual or one-sided self-disclosure), confrontative or non-confrontative by encouraging the victim to talk about what is troubling him/her, and by clarifying insights, correcting distortions, placing blame and credit more objectively, and offering or supporting new and more 'generous' or accurate perspectives on the event that was originally traumatic. In this process the victim will find answers to questions faced by all catastrophe victims."

Other researchers present more tempered views of the family's support role. Lehman, Ellard and Wortman (1986) found that more 'active' support attempts such as giving advice or offering a new perspective were often perceived by recipients as unhelpful and intrusive. On the other hand, more 'passive' forms of support such as just being there, or providing an opportunity to vent feelings, were generally considered more helpful by recipients. According to Wortman and Lehman (1985), both formal and informal helpers are not always aware of the specific needs of victims and may, with the best of intentions, offer assistance and support in ways that can prove harmful to victims. For example, urging a victim to 'get on with their life' before they are ready to do so may discourage the victim from the necessary ventilation of negative feelings, thereby curtailing communication and heightening the victim's sense of isolation. Some researchers (e.g., Coyne & DeLongis, 1986; Pagel, Erdly & Becker, 1987) have argued that belonging to a

social network can entail certain costs, and consider it therefore misleading to measure support networks exclusively by their positive aspects. Pagel et al. found that negative or upsetting aspects of support networks were, in fact, more predictive of the onset of depression and network satisfaction than were its helpful aspects. More research is needed to elucidate the role of social networks in adaptation, to discern what form of support is appropriate, under what circumstances, and who should provide it.

The provision of social support can, over time, entail costs both for the recipient and the provider. According to Coyne et al. (1988), being the recipient of help can imply that one is not able to care for themselves, which may erode the one's self-esteem. Recipients of support may become uneasy about the lack of reciprocity in their relationship with the provider. Also, signs of strain in the provider can evoke feelings of guilt and shame in the recipient. At the same time, providing support can take its toll on the caregiver, who may eventually become emotionally drained and resentful if the victim's condition is unrelenting. Coyne et al. suggest that recipients, sensing the burden incurred by the provider, may feel pressured to show false signs of improvement. According to Kessler et al. (1985a), the costs incurred by being a support provider should be taken into consideration by those who mobilize support for victimized populations. Given the interactional nature of the support provider/recipient relationship, costs incurred to the

support provider can, in turn, negatively impact the victims' adjustment insofar as it erodes the basis of the their source of support.

Explaining reactions to criminal victimization

To adequately explain psychological responses to victimization, one must account for the nature and severity of victims' reactions as well as the wide variability of response among victims. Much has been made of commonly-held assumptions individuals hold about themselves and their world that enable daily functioning (e.g., a sense of personal invulnerability, perception of the world as meaningful), and the negative impact of harmful events on these beliefs (see Janoff-Bulman & Frieze, 1983; Janoff-Bulman, 1989). Explaining reactions to victimization on the basis of a shattering of such beliefs does not in itself account for the variance in individual response. A more differentiated view of tacit belief systems that explains individual variability is needed. An elaborated understanding of how personal belief systems interact with traumatic life events may also explain subsequent coping (i.e., why some victims effectively utilize cognitive coping strategies and/or, elicit and benefit from social support, and others not).

According to Janoff-Bulman (1989), negative psychological reactions to victimization result from the disruptive impact of harmful events on victims' "assumptive worlds". Janoff-Bulman has identified three commonly held

"vulnerability-relevant" assumptions as core elements of individuals' conceptual systems: (1) perceived benevolence of the world, (2) meaningfulness of the world, and (3) worthiness of the self. These assumptions are thought to constitute the highest-order schema, or foundation of an individuals' conceptual system (i.e., the basis on which other beliefs rest). Traumatic occurrences such as criminal victimization, in Janoff-Bulman's view, challenge the validity of these assumptions. The inability to reconcile the catastrophic event with one's pre-existing beliefs can therefore threaten one's entire conceptual system. Janoff-Bulman argues that the victim's coping task is to somehow integrate the negative experience with one's prior assumptions. Victims must interpret the new data so as to fit their old assumptions, or revise their assumptions in order to prevent the breakdown of one's conceptual system, to enable one to perceive the world as not completely threatening.

Janoff-Bulman attributes the trauma of victimization exclusively to the impact of critical "anomalous data", that is, data incongruent with prior beliefs about the self and others. This suggests that victims' *a priori* beliefs about the self and others are essentially positive (and subject to 'disillusionment'). Therein lies a problem with this model as an explanatory framework for victims' reactions. By implication, those who hold more negative or pessimistic *a priori* beliefs would experience a victimizing event as less

traumatic, as the event is more consistent with their expectations. In the logic of Janoff-Bulman's model, one who initially perceives the world as largely malevolent and is lacking in self-esteem would therefore face less of a coping task. Evidence of the more severe and enduring impact of human-induced victimization on individuals with pre-existing neurosis, developmental problems, and psychiatric histories (APA, 1984; Hymer, 1984; Krupnick & Horowitz, 1980; Wilson, 1989), as well as prior victimizations (Sorenson & Golding, 1990), suggests that those with more negative or pessimistic *a priori* beliefs may, in fact, face greater coping challenges. A comprehensive theory of reactions to victimization must account for the negative impact of harmful events which may affirm pre-existing negative assumptions. Janoff-Bulman's model attempts to explain reactions to victimization in a manner that exemplifies a limited aspect of schema theory (i.e., where arousal ensues from experience that cannot readily be assimilated into existing schemas). Evidently, confirming data can be negatively arousing as well, though this is not adequately explained.

A possible explanation in support of Janoff-Bulman's model is that negative beliefs about the self and one's world may be kept from full awareness by certain defence mechanisms which allow for the generation of positive assumptions. A victimization experience may strip away not only these self-protective assumptions but also the defences

that maintained them, resulting in victims having to bear the full-blown import of these negative beliefs. In this way, those with negative core beliefs may undergo a 'disillusionment' akin to those with more positive beliefs but with considerably greater consequences (see APA, 1984).

McCann et al. (1988) present a comprehensive model of reactions to victimization that accounts for both individual differences in response and the impact of preexisting negative beliefs on adaptation. McCann et al. have identified five areas of psychological and interpersonal functioning that are impacted by victimization: safety, trust, power, esteem, and intimacy. In their model, life experiences related to these areas form schemas about the self and others. These schemas then affect how subsequent life events, such as victimization, are interpreted and integrated. The particular psychological adaptation of the individual to victimization will then influence future life experiences. In their model, McCann et al. examine schemas about safety, trust, power, esteem, and intimacy from four perspectives. There are schemas related to the self and those related to others. Within each schema category, both positive and negative schemas and their implications for adaptation and later functioning are considered. Individuals' negative life experiences, such as victimization, will be compared with existing schemas, either challenging positive beliefs, or confirming latent negative beliefs.

In the area of safety, for example, individuals with positive safety schemas related to the self will typically feel confident in their self-protective abilities, given their prior success in keeping themselves safe. An experience of criminal victimization may challenge such positive "self-safety" schemas. A discrepancy between previously held beliefs about one's invulnerability and one's victimization may, in some instances, be overcome by actions that affirm one's positive safety schemas related to the self (e.g., increased precautions). On the other hand, a victim may be unable to restore previous schemas and develop negative self-safety schemas. For example, women who are sexually assaulted in circumstances they had previously thought secure (i.e., one's own home), may be especially susceptible to acquiring negative self-safety schemas (i.e., beliefs that they are no longer able to protect themselves and are thus vulnerable to future harm) (see Scheppele & Bart, 1983). Negative self-safety schemas may adversely effect subsequent life experiences by creating self-fulfilling prophecies. Those who believe they cannot protect themselves from danger may fail to take self-protective measures. This may increase the probability of harmful life experiences, which may confirm and entrench negative self-safety schemas.

According to McCann et al., negative self-safety schemas tend to evoke chronic anxiety, intrusive thoughts of danger, and fears related to future victimization. They are

also likely to result in unusually heightened responses to situations that resemble the original trauma. By contrast, those with more positive self-safety schemas will likely not perceive the same stimuli as threatening. In McCann et al.'s view, a victim's ability to generate or restore positive schemas related to safety, trust, power, esteem, and intimacy facilitates the assimilation of the traumatic experience. The inability to do so impedes the integration of the traumatic event. McCann et al. argue that the victim's inability to adequately process threatening information relegates the experience to active memory where it is continually reintroduced into consciousness. This is invariably accompanied by intense emotional reactions. As a result, defense processes such as denial and emotional numbing may emerge to prevent the person from being overwhelmed.

Safety schemas related to others refer to the belief in the relative benevolent or malevolent intentions of others. Those with a previously positive safety schema related to others may, after victimization, qualify their original schema to accept that some but not all individuals are harmful. According to McCann et al., 1988, individuals who had experienced others as dangerous early in life (e.g., child abuse), or for whom this is a cultural norm, are most likely to have these negative beliefs consolidated when they are subsequently harmed through the direct actions of others. To one with a previously negative safety schema

related to others, the experience of victimization may serve to confirm that the world is, in fact, a dangerous place and that everyone is a potential predator. McCann et al. notes that some victims with previously positive safety schemas related to others may be unable to reconcile them with their misfortune and find their prior beliefs about the benevolence of others substantially altered.

Esteem of the self and of others are both vulnerable to the effects of victimization (McCann et al., 1988). Positive esteem schemas related to the self refer to beliefs in one's worth and value. Those who are victimized may experience a profound and sometimes enduring impact to their self-esteem. Negative esteem schemas related to the self resulting from victimization can emerge as a belief that the self is bad, or worthless and deserving of suffering. In McCann et al.'s view, experiences that constitute a violation to the self (e.g., criminal victimization) are more likely to result in negative self-esteem schemas. Those who undergo degrading or humiliating forms of victimization can experience an incongruity between the event and previously held positive schemas related to the self. In this case, a state of arousal may continue until these schemas are altered or restored to resolve the incongruity (e.g., through causal attributions that bolster one's self-esteem). On the other hand, experiences of violation or degradation may confirm preexisting tacit beliefs about the badness or unworthiness of the self. In this case, negative

self-esteem schemas are activated and solidified by one's misfortune.

Negative esteem schemas related to the self that are consistently affirmed by life experience (e.g., victimization) are likely to lead to depression, guilt, shame, and possibly to self-destructive behaviours (McCann et al., 1988). An experience of fragmentation of the self and intense self-loathing may result in actions by victims that symbolically destroy parts of the bad self (e.g., self-mutilation, danger-seeking). If the self is perceived as utterly flawed or damaged, a self-destructive life style (e.g., substance abuse), or suicidal tendencies may emerge, reflecting a sense of one's fundamental worthlessness.

Those who are harmed through the actions of others may experience a profound downward shift in their estimation of people (McCann et al., 1988). Those with previously positive schemas related to others may, as a result of their negative experience, modify their beliefs to accept that only some people are malevolent.

"I used to trust people but I had a bad thing happen to me--I was raped--so when this happened, I kept thinking about it and that it could happen again, or to my daughters, and maybe this time I wouldn't be so lucky. I mean I was beat and bruised, but you could be killed."

Rape victim (Wertz, 1985).

However, unsupportive or indifferent responses of others following one's victimization may lead to generalized views of people as basically uncaring. Individuals with

previously negative beliefs about others may undergo a consolidation of such beliefs in the aftermath of a human-induced victimization. Extremely negative schemas about others that are unrelenting may lead to chronic anger, contempt, bitterness and cynicism toward others and the world. Those holding such beliefs, according to McCann et al., may react to genuine acts of caring with cynicism as they are too discrepant with existing schemas. As a result, such individuals may deprive themselves of nurturing contacts with others. In their extreme, these schemas can lead to social isolation, antisocial behaviour, as well as to profound despair and loss of meaning.

McCann et al.'s (1988) model of reactions to victimization seems to provide elements missing in the work of Janoff-Bulman (1989). McCann et al.'s model attributes the traumatizing effect of victimization not only to a discrepancy between a previously held assumption (e.g., illusion of vulnerability) and a harmful experience, but, more importantly, to its implication (i.e., that one is vulnerable). In other words, it is the very fact of feeling vulnerable that is threatening, even if it confirms a previously held belief. It seems therefore, that individuals with a history of neurosis, developmental problems, prior victimizations, and psychiatric difficulties are often more severely traumatized--possibly, because they may have fewer previously positive schemas related to safety, trust, power,

esteem, and intimacy as resources to counter the negative implications of their unfortunate experience.

CHAPTER III

A CONCEPTUAL FRAMEWORK FOR ASSESSING CRIME VICTIMS' COPING NEEDS

Introduction

Those who counsel crime victims, or who act on their behalf, need a conceptual framework to guide interventions. The American Psychological Association's Task Force on the Victims of Crime and Violence, in noting the complexity of crime victims' needs, has called for interventions with victims based, whenever possible, on theory and research (APA, 1984). Given the diversity of current theories and research findings related to criminal victimization, a integrative framework is needed to logically order this extensive knowledge base.

A needs assessment can be used to meaningfully organize theory and research findings related to criminal victimization. A conceptual framework for assessing crime victims' coping needs is therefore presented for the purpose of facilitating interventions with this population. Specifically, the framework draws from theory and research to identify what crime victims need in order to cope, and how these needs may be met. In this framework, several categories of needs are delineated and their implications for interventions are considered. These categorical distinctions are made in order to operationalize victims' adjustment processes, as well as counselling with this

population. Basically, the framework attempts to determine 'what needs to be done' and 'who should do what' to facilitate victims' coping. In its organization, the framework differentiates:

- (A) victims' intermediate and long-term coping needs,
- (B) what victims need from others versus what they need to do for themselves, and
- (C) what victims need from whom.

The distinction between victims' intermediate and long-term coping needs is akin to a difference between process and outcome goals in counselling. Intermediate needs refer specifically to what victims need others to do for them as well as to what victims need to do for themselves to achieve certain coping-related outcomes. For example, crime victims may 'need' to regain appropriate trust in the benevolence and security of others to overcome fear, suspicion, isolation and demoralization. A sense of trust cannot be directly sought; rather it ensues from a prior experience of the responsiveness and trustworthiness of others. As a result, reestablishing trust can be deemed a long-term need or outcome goal, the product of intermediate activities that facilitate it. Certain actions of those in victims' social milieu, community, as well as in relevant social institutions (e.g., the courts) and professions (e.g., mental health) can help to restore victims' trust. Their failure to do so may further erode victims' trust (i.e., 'second injury'). Victims therefore 'need' others to

behave in a trust-engendering manner in order to regain an ability to trust. Such behaviours define victims' intermediate coping needs. The delineation of intermediate needs provides a basis for interventions with crime victims; whereas long-term needs provide the rationale for doing so.

The issue of what victims need of others versus what they must do for themselves incorporates victims' own 'self-healing' capacities into a conception of victims' needs. These inner resources typically refer to the indigenous coping strategies used, perhaps even unwittingly, by this population. Social psychological research on stress and coping has brought to light the important role of victims' own coping resources, as manifested by forms of cognitive adaptation that emerge in response to threatening events (see Silver & Wortman, 1983; Taylor, 1983). Interventions with victims should take into account what victims' can and perhaps should best do for themselves. Others may play a direct and influential role in victims' adjustment, but the articulation of the meaning of one's experience, for example, may have to emanate from the victimized individual. Attempts by others to direct this process--though well-intended--may be negatively received by victims (see Wortman & Lehman, 1985).

This framework also distinguishes 'what is helpful from whom'. Although social support (i.e., family support) is positively associated with crime victims' adjustment (see Sales et al., 1983), victims have differing expectations of

different support providers (Dakof & Taylor, 1990). These expectations vary according to providers' perceived role functions, and the symbolism ascribed to their roles by victims. For example, a police officer attending a crime scene may be perceived by victims not merely as an individual source of assurance but as exemplifying society's response to injustice suffered by its citizenry. A supportive police officer may symbolically convey society's commitment to upholding principles of justice and security. An indifferent or callous response by a police officer may, on the other hand, imply that societal institutions can ultimately not to be relied on for protection. Whereas the former experience may be profoundly reassuring to victims and facilitate adjustment, the latter may precipitate a demoralization (Karmen, 1984). Certain coping needs of victims (e.g., emotional, support, information, social comparison) appear to be best met by specific sources. As a result, this framework addresses the issue of who should be instrumental in meeting particular coping needs of victims.

A conceptual framework for assessing crime victims' coping needs is presented here despite the incompleteness of current research and theory. While certain coping needs of crime victims are identified, how these needs may be met is not always clear. The formulation of this framework is nevertheless motivated by a need to act given the plight of this population. The needs categories that comprise the framework's structure are suggested by current literature on

criminal victimization and related topics (e.g., social support, cognitive adaptation). A framework of the kind presented here may be used not only to base interventions, but also to generate research questions, as the conceptual ordering of needs categories may itself indicate potential areas of inquiry.

Crime victims' coping needs

The coping needs of crime victims refer to what victims need in order to resume or assume a normal level of functioning. This is, in a sense, a minimal expectation. Victimized individuals, in the course of their adjustment, may achieve a quality of life exceeding one's pre-victimization level of functioning (See Silver & Wortman, 1980). According to Wertz (1985), "every (crime) victims' task is to reestablish the world as he(he) prefers it for him(her)self." Specifically, this can include a need to feel safe again, to trust in others, to view oneself as positive and competent, and to experience one's world as benevolent and meaningful--the very opposite of victimization. What victims need in order to cope is essentially what individuals ordinarily need to function. However, these needs often assume extraordinary dimensions in the wake of a human-induced trauma. Criminal victimization can disrupt processes normally involved in meeting basic needs that sustain one's everyday functioning. As a result, crime victims may find themselves suddenly unable to meet basic psychological needs.

Humans' basic psychological needs (e.g., to feel safe, worthy, to be in control) are sustained, in large part, by beliefs individuals develop over time about themselves and others--to the extent that life events do not render these beliefs insupportable (see Janoff-Bulman & Frieze, 1983; Janoff-Bulman, 1989; McCann et al., 1988). For example, the belief in one's world as meaningful may be seen as deriving from a need to experience one's world as meaningful. Meeting these needs in the aftermath of a human-induced trauma involves the building or rebuilding of certain adaptive beliefs (Janoff-Bulman, 1985b). A coping need for victims may therefore be a 'need' to once again experience the world as meaningful in the light of one's misfortune. The variability in victims' reactions to harmful events suggests a corresponding variance in coping needs. As a result, the process of establishing adaptive beliefs following victimization may be highly specific to the individual. Those whose positive beliefs were strained may therefore face a different coping task than those with preexisting negative beliefs that were consolidated by one's victimization.

Crime victims' coping needs are not discrete but interrelated. For example, the perception of one's world as meaningful may presuppose the meeting of other needs (e.g., a perception of others as trustworthy). The experience of others as safe and trustworthy may evoke a sense of community, which can, in turn, give a sense of meaning to

one's life. Consequently, many of victims' coping needs may be addressed simultaneously.

The coping needs of victims presented here are not exhaustive. This is due, in part, to the nature of human needs. While many needs are arguably self-evident (e.g., to feel safe, to trust), others may be less so (e.g., a need to believe in a 'just-world'). Individuals may operate on tacit beliefs that outcomes are distributed on the basis of principles of justice and/or personal deservedness without awareness that such beliefs guide expectations. Human needs are typically made apparent by consequences to functioning that result from their not being met. Needs are inferred from signs of distress or discomfort which suggest that certain requisites for functioning are not in place. Their identification often depends on individuals' ability to articulate their needs. The delineation of human needs relies on (and is limited by) one's ability to conceptualize these needs. This process is invariably shaped by socio-cultural assumptions about the nature of needs. One cannot assume that all human needs are readily discernible and easily defined. Atypical experiences may yet bring to light certain human needs whose existence may otherwise not be immediately apparent.

A need for personal safety

The need for personal safety is among the most basic of human needs (Maslow, 1970). It is a need met, in part, by commonly-held tacit beliefs in one's invulnerability

(Janoff-Bulman & Lang-Gunn, in press; Perloff, 1983). Such beliefs allow one to proceed relatively free of the intense stress, anxiety and fear that could ensue from a perceived risk to one's physical integrity, loved ones, and/or possessions. Traumatic events that render this perception untenable cast light on intrapsychic processes that ordinarily enable individuals to feel safe.

One who has been criminally victimized needs to once again feel safe to function effectively. Victims' safety needs must receive immediate attention following the crime. Young (1988) urges that victims at the "emergency-response stage" be made to feel as safe and secure as possible. The environment must over time show that the victims' characteristic hypervigilance is no longer necessary (Fischer & Wertz, 1979). Others (i.e., one's family, social network, the community at large) must be particularly sensitive and responsive to victims' heightened need for safety and respond accordingly.

Evidence of a safe and helpful community will hopefully generate in crime victims the perceptions of a security in others. Such actions would help to build or rebuild a more general sense of social harmony and security often shattered in the wake of a crime.

The safety-engendering actions of particular others can assume unique importance. Actions of the police and the criminal justice system are particularly critical. Victims' positive appraisals of their efforts to apprehend, convict

and incarcerate the criminal can bring on feelings of relative safety from future victimization. Furthermore, it may restore an eroded sense of social order.

"I think it's good that the police are involved so that they can let kids know what possibly could happen to them in the future..."

Victim of a burglary (Wertz, 1985)

The responsiveness of significant others (i.e., spouses, family members) can have a particular moralizing effect.

(see Coyne & DeLongis, 1986; Sales et al., 1983).

"I'm a lot more careful now. My husband meets me in the parking lot every night and I pity anyone who tries anything."

Victim of assault (Wertz, 1985).

Mental health professionals can contribute not only to victims' sense of safety among others, but also with one's own emotional turbulence. According to Wilson (1989), the establishment of a safe 'holding' environment is particularly critical to the counselling of crime victims. A strong therapeutic alliance that enables bonding, support and trust is needed to resolve difficulties associated with denial/avoidance as well as intrusive thoughts. Also, therapeutic interventions with this population frequently involve the gradual and gentle challenging of victims' maladaptive beliefs. A therapeutic alliance in which the client feels secure would lessen the risk of victimized clients feeling violated once again.

Others should, at the same time, avoid engaging in behaviours in the presence of victims that may evoke feelings of threat associated with the crime. For example, expressions of intense anger toward the perpetrator, though in apparent sympathy with the victim, may stir up for the victim recollections of the violence of the crime.

Individuals are in a sense the final arbiters of their own safety, for better or worse. Victims must be able to integrate the positive response of others and establish a sense of their relative invulnerability. Following one's victimization, this view might be of a world that is neither wholly benevolent nor malevolent, as well as a self that is neither completely invulnerable nor totally vulnerable. Some victims with profoundly negative safety schemas may be only minimally reassured by the responsiveness of others. Others, on the other hand, may feel too readily assured and neglect to take needed precautions to avoid future victimization. The subjectiveness of one's sense of safety points to the critical role of victims' own cognitive adaptation in adjustment (e.g., selective evaluation). Some victims may be able to redefine or appraise their victimization experience so as to minimize a sense of risk of future victimization. Others may, as a result, be limited in what they may ultimately do for victims. There are, for example, certain safety precautions which individuals must initiate on their own, that others may be unable to do for them (e.g., obtain an unlisted phone number). The building or rebuilding of a

belief in one's relative safety can be a long-term process, a culmination of the intermediate efforts of a variety of actors, including the victim.

A need to trust

Closely related to the need to feel safe is a need to trust. Perceptions of one's safety depend on a trust in one's self-protective abilities (e.g., to accurately assess hazardous situations), as well as in the safety of others. McCann et al. (1988) have identified trust as a "vulnerability-relevant" assumption. Those who have suffered human-induced harm (e.g., criminal victimization) risk a loss of trust both in themselves and in others. Individuals who had previously felt confident in their own perceptions and judgments may find a trust in oneself profoundly shaken if their judgments failed to protect them from harm (McCann et al., 1988). Loss of faith in one's ability to make self-protective choices can lead to great anxiety, excessive caution, confusion and paralysis. Individuals with greatly diminished self-trust pre-dating a victimization (e.g., early child abuse) may be uniquely vulnerable, especially to being invalidated by powerful others.

A restoration of trust in oneself is critical to the adjustment of crime victims. Confidence in one's ability to accurately appraise potentially dangerous situations helps restore a sense of protection against future victimization. Establishing trust in oneself can be a long-term process that results from actions of both the victim and his/her

social milieu. Being supported by others in the validity of one's preferences, perceptions and good judgments can help victims to increase self-trust. At the same time, others, notably mental health professionals, should avoid giving advice too readily, particularly unsolicited advice, or intervening too actively, as this may interfere with victims developing faith in their own judgments (McCann et al., 1988). It is as yet unclear how differing sources of support (e.g., spouse, mental health practitioner, similar other) would be differentially perceived by victims in this process. Dakof and Taylor (1990) found that victims appear to value a form of support that corresponds with the expected role of the provider. This would suggest, for example, that validation of one's understanding of their traumatic experience by a similar other (i.e., another crime victim) may be most credible to a victim. Similar others may thus play a uniquely important role in helping victims' build self-trust.

Interpersonal trust is fragile and easily eroded after a suffering human-induced harm (McCann et al., 1988). Crime victims have to account for actions of others that are grossly unfair and malicious. This can lead to a general distrust in people, resulting from either a disillusionment in others, or a confirmation of one's negative expectations.

"I was scared to death when my husband would leave the house...I am really suspicious of everybody...even when the police called yesterday and he says this guy's [research interviewer] going to call you. I said well, I don't know...I went to pieces."

Robbery victim (Fischer & Wertz, 1979).

An entrenched and pervasive distrust of others often results from a failure by those victims count on to adequately respond to their support needs (i.e., 'second injury'). A crime victim may reconcile him/herself to the existence of certain predatory others (i.e., criminals), but a perceived betrayal by those one otherwise depended on may erode one's sense of social fabric.

"The insurance company robbed me again. We lost \$5,000 worth of stuff and they only paid \$2,100. Hell, I got robbed twice."

Burglary victim (Wertz, 1985)

A responsive, protective, helpful community enables victims' to overcome mistrust, anger, bitterness and isolation. With the experience of others' trustworthiness, one can resume social functioning with a confidence that one has some protection from harm and betrayal. Victims need evidently to trust not only in the safety of others but also in the availability of those they rely on for help and support (e.g., spouse, family, friends, neighbours, police).

"We moved out of that bad neighbourhood and now we have people who care around us. One lady walks her dog and makes sure everything looks straight. We're closer to our neighbours now and I doubt any one could get away with anything here."

Robbery victim (Wertz, 1985)

Victimized individuals must, in the end, possess an ability to integrate the helpful and responsive efforts of others so as to trust. Those with a solidified distrust of others, and/or a profound inability to trust one's own

judgments may find the supportive efforts of others too discrepant with their own conceptual systems. As a result, such individuals may be only marginally impacted by others' best supportive efforts.

A need for esteem

A paradox of the criminal victimization experience is the loss of self-esteem by those victimized by others. Objectively, crime victims did no wrong but were themselves wronged. Still, an onus of self-imposed culpability tends to fall on this population. In the course of being victimized and its aftermath, individuals often experience themselves as weak, helpless, needy, frightened and powerless in the face of forces beyond their control (Krupnick & Horowitz, 1980). Assumptions of one's sense of agency can be suddenly rendered as no longer tenable. Victims may, as a result, suffer profound and, at times, lasting effects to their self-esteem (McCann et al., 1988). Some victims may come to believe they are somehow responsible for evil acts, or are worthless and deserving of suffering, particularly if these events activate pre-existing beliefs about one's badness or unworthiness. This can result in profound depression, shame, guilt, and possibly suicidal tendencies.

Victims need to restore or gain a sense of their own worth and value as human beings. Others can play a critical role in this process by being responsive, affirming, non-critical and accurately empathic. The role of significant

others or spouses may be particularly critical in this regard (Coyne & DeLongis, 1986; Dakof & Taylor, 1990).

"My husband helped a lot. If I had to go through it alone, I wouldn't have made it, 'cause it helps to cry like a baby and you need the comfort, the arms, the affection. My husband used to be the hard type, but he really turned soft, like "don't worry I'm here." You really need somebody to help you through it, somebody to talk to."

Victim of assault (Wertz, 1985)

Contact with similar others can be particularly beneficial in overcoming perceptions of one's deviancy (see Coates and Winston, 1983). Lehman et al. (1986) also found that victims consistently reported contact with similar others as helpful.

Crime victims with diminished self-esteem may be especially sensitive to being blamed, criticized or devalued. Negative or critical remarks may evoke victims' own self-criticisms. Others should therefore avoid not only derogatory remarks to victims, but also seemingly neutral behaviours that may be negatively perceived by this population. For example, casual inquiries into victims' role in their own misfortune may be construed by victims as blame for their own fate. Mental health professions, in particular, should be aware of how their theoretical orientation shapes their style of questioning, and how this may be perceived by victimized clients (see Coates et al., 1979). For example, extensive questions about events pre-dating the victimization may imply that victims' coping difficulties are rooted in certain character deficiencies.

Also, victims with a profoundly negative view of the self may find considerable caring or closeness by a therapist or others too frightening to be assimilated (McCann et al. (1988). It may evoke fears of being hurt or of betrayal associated with earlier trauma (e.g., child abuse). Such experiences can activate a defensive avoidance, as they are too discrepant with the one's self-schemas.

Victims themselves can assume a critical role in developing positive self-perceptions. The use of self-enhancing cognitive strategies (e.g., selective evaluation) and new learning (e.g., assertiveness training) are both associated with more effective coping (Burgess & Holstrom, 1979; Janoff-Bulman, 1985b). Furthermore, to benefit from esteem-enhancing potential of social support, one may have to seek it out and be able to meaningfully integrate it into one's conceptual system.

In the aftermath of a human-induced violation, individuals need to be able to hold others in esteem to derive benefit from the healing properties of human relationships. Being degraded or violated by another can profoundly lessen victims' estimation of people, leading to generalized beliefs that others are malicious, predatory or indifferent. This can result in demoralization and in a self-protective withdrawal from others. It is vital that victims of human-induced harm experience others as supportive, responsive and caring. Reactions of others following one's victimization can determine whether a

negative estimation of others is appropriately selective or a generalized devaluation. It may therefore be essential that victim service personnel and mental health practitioners address "second injury" issues. Previously, victims have been left on their own to deal with the problematic reactions of others (Downing, 1988).

Those with pervasively negative views of others often devalue the benevolent efforts of support providers (McCann et al., 1988). Such individuals tend to expect insincerity and betrayal, consistent with their negative schemas of others. This population may therefore need substantial commitment on the part of helpers to gradually overcome these negative beliefs--at the same time, with perhaps limited expectations of success. Support providers to this population should also understand and respect the self-protective function of such generalized negative beliefs. Mental health practitioners may play a vital role in challenging these maladaptive beliefs, assuming victims are willing to participate in this process.

A need for intimacy

Intimacy is generally thought of as a connectedness to others. It can refer as well to relatedness to oneself. Kohut (1971) has described the inner resources that develop in early childhood which nourish the self. These inner self-structures enable one to be alone without feeling lonely or empty. Self-soothing and self-calming capacities can, in Kohut's view, form a critical part of a stable and cohesive

self. In the absence of such inner resources, one may experience a self-estrangement which can result in anxiety, dread and despair.

Individuals who been victimized may vary in their ability to marshall self-calming capacities in time of stress. Those with a prior history of drawing support from the self may be less traumatized given an expectation of accessing such resources once again (McCann et al., 1988). Certain forms of victimization may, however, be so overwhelming and intense that preexisting internal resources may become depleted. As a result, victims may feel overwhelmed by unmanageable levels of anxiety without the hope of being able to manage these feelings.

Victims with negative self-intimacy schemas may experience a profound inability to comfort and calm the self. This can lead to a fear of being alone, as well as a sense of inner emptiness or dread (McCann et al., 1988). If such individuals experience painful memories or emotions when alone, it may result in a fear of disintegration or panic. They may, as a result, look continually to external sources of comfort such as drugs, alcohol, food, medications, or sex (Wilson, 1989).

Those who have been victimized need to restore or develop a capacity for self-intimacy, that is, the ability to draw on inner resources to soothe and comfort the self in times of distress. According to Kohut (1971), such inner resources are usually acquired in early childhood through

the internalization of a responsive and empathic parent. This internalization can occur subsequently in a therapeutic relationship. Support providers may therefore facilitate victims' adjustment through healing social contacts that are calming and soothing. It has been suggested that significant others (i.e., spouse) can play a critical role in this regard (Coyne & DeLongis, 1986; Dakof & Taylor, 1990). However, providing continual emotional support to those who are profoundly lacking in self-calming capabilities may result in providers eventually becoming depleted (see Coyne et al., 1988; Kessler et al., 1985a). Mental health practitioners may therefore play a critical adjunct role, particularly in responding to the crisis calls that result from victims' inability to soothe the self. In McCann et al.'s (1988) view, brief contacts that are calming and soothing are usually sufficient to reduce the negative affects of this self-alienation. Furthermore, clinicians can assume the principle therapeutic responsibilities of treating this population.

A relatedness to others has been considered one of the most basic of human needs (e.g., Maslow, 1971; Erikson, 1963). It is a need most acutely felt after a distressing event (Coates et al., 1979). The responsiveness of others can greatly lessen one's resulting stress. Expressions of concern, providing opportunities to ventilate feelings, involvement in social activities and the mere presence of another person were found by victimized recipients to be

among the most helpful support attempts (Lehman et al., 1986). At the same time, the ability to be intimately connected to others is fragile and can be easily damaged or destroyed by others' hurtful or unempathic responses (McCann et al., 1988). In its more extreme forms, one may experience a break in their connectedness with other human beings, resulting in a profound sense of meaninglessness and futility.

To establish or restore a victim's sense of connectedness with others, he/she must ideally experience one's social network, the community at large, social institutions as empathic, helpful and responsive. At the same time, those who have suffered human-induced trauma may have a reduced capacity to integrate the caring of others. Support providers may consequently become discouraged by the apparent fruitlessness of their efforts, and react with hurt and disappointment. Those who have been profoundly traumatized and have erected defenses to avoid future hurt may need particular understanding of others, as well as considerable patience.

A need for agency

Various theorists (e.g., De Charms, 1968; Gecas, 1989) have argued that achieving control or mastery over one's environment is a principal human motivation. Loss of control, especially under adverse circumstances, can bring on intense distress leading to efforts to regain control, (Strickland, 1989). A failure to perceive one's environment

as controllable can have profoundly negative consequences. According to Abramson, Seligman, & Teasdale (1978), a perception of noncontingency between one's efforts and subsequent outcome can eventually result in an acutely maladaptive passivity, or 'learned helplessness', in which individuals feel unable to escape aversive circumstances. The pessimism and hopelessness that ensue from learned helplessness has been thought to cause depression (Strickland, 1989). Having control of one's environment is highly valued in western society, which promotes mastery, self-reliance and achievement (Gecas, 1989). Those with a sense of efficacy may experience themselves not merely in control, but as personally exemplifying cultural ideals. The experience of a lack of control, on the other hand, may doubly burden one as a result of having failed to meet perceived societal expectations.

Harmful life events such as criminal victimization can profoundly threaten one's sense of control. These events, by their very nature, introduce chaos and uncertainty. The perception of agency involves not merely asserting actual control in the present but also expectancies for future occurrences. As a result, those with a shattered sense of agency may feel vulnerable to victimization in the future. Themes of power and powerlessness become central issues for victims (McCann et al., 1988).

In the wake of criminal victimization, a perceived lack of control can pervade one's being. It can be experienced as a frightening lack of control over one's own emotional intensity or reactivity. In the case of assault, particularly sexual assault, it can be felt as a lack of control over one's bodily integrity.

Victims' reactions may vary with prior beliefs about one's personal power (McCann et al., 1988). Those with unrealistically high expectations of control can be particularly distressed following an uncontrollable, traumatic event. The experience of intense emotions related to the event such as fear, grief and anger can be especially threatening as they may compound one's sense of being out of control. Self-protective overcontrol reactions such as avoiding emotions associated with vulnerability may develop. On the other hand, those with unrealistically low expectations of control (i.e., learned helplessness) may react with a sense of futility and despair.

Individuals who have been criminally victimized need to gain control over aspects of their life and being, that have, in a sense, been taken from them. The shattering of one's sense of control, or the confirming of beliefs about one's lack of agency can lead to maladaptive views of the self as weak, helpless and inadequate. Perceptions of one's mastery, or lack thereof, are, in this respect, intimately bound with one's self-concept. A positive adaptation can result in a more differentiated view of one's power and self

that involves expectancies of future control or mastery that are neither extremely high nor low.

Others (e.g., family, friends, counsellors, police, the courts) may facilitate the empowerment of victims by being sensitive and responsive to victims' efforts to reassert control over their lives. Support providers should avoid behaviours--although well-intended--that victims may consider intrusive (e.g., unsolicited advice), or infringing on their autonomy. Also, support providers should be sensitive to victims' need for reciprocity in their relationship with the provider. Victims need to feel that they can do things for others, despite their own heightened needs. Symonds (1980) urges that mental health professionals restore power to a victimized individual through an approach that is "non-challenging, non-contradictory and supportive". In particular, Symonds recommends counsellors seek prior consensus before proceeding with various phases of an interview (e.g., "Do you mind if I ask you the following question?").

Victimized individuals can play an important part in gaining or regaining a sense of agency through their own cognitive adaptation strategies, as well as through changes in behaviour.

"Now, I've got a dog who barks loud whenever anyone comes near the house, and when he barks I get up and turn on the flood lights I had installed."

Victim of vandalism (Wertz, 1985)

A need to perceive the world as meaningful

Prior to victimization, one's experience of agency, of personal invulnerability, of worthiness, and of others as trustworthy can render the world orderly and comprehensible. The world as a result 'makes sense' and events can be accounted for. In a meaningful world, we know what to expect and why personal harm occurs. According to Lerner and Miller (1978), a perception of the world as meaningful is sustained as well by a tacit belief that being good and worthy can protect one against misfortune. The world is thereby seen as not only controllable but just, where people generally get what they deserve. Harmful events may thus be prevented not only by exercising caution, but by also exemplifying goodness and decency. While such beliefs may appear naive, their implicit nature and self-protective function may render them somewhat impervious to easy disconfirmation.

Being the victim of a crime, especially a serious crime, can shatter one's view of the world as meaningfully ordered (Bard & Sangrey, 1986; Janoff-Bulman, 1985b). Those who had perceived themselves as good and cautious may find that these qualities failed to protect them from harm. As a result, they can undergo a profound loss of meaning as their victimization contradicts prior beliefs about the prevalence of justice and the controllability of events. Although victims are generally aware of reasons for the occurrence of crime, why it happened to them in particular tends to become the focus of a search for meaning (Janoff-Bulman & Lang-

Gunn, in press). The question "why me" can be understood as an attempt to counter the frightening arbitrariness of the crime and its evocation of world that has lost its order and predictability.

Crime victims need to once again perceive their world as meaningful. A critical aspect of this is to make sense of one's own negative experience (Silver & Wortman, 1980). The victimizing event must somehow be integrated into one's conceptual system in a way that restores a sense of coherence to one's life, in particular, to one's fragmented self. Efforts by others (e.g., family, neighbours, police, the courts) that help victims regain a sense of safety, agency, trust and the benevolence of others can engender perceptions of one's world as meaningful despite an experience of human-induced harm.

"When the police got our stuff back, I was so grateful and surprised. There's some justice in the world after all".

Victim of a burglary (Wertz, 1985)

Regaining a sense of meaning is essentially an intrapsychic event, though the actions of others influence this process. It is an aspect of coping typically associated with victims' idiosyncratic use of cognitive strategies to assimilate their negative experience. Victims' behaviours that result from this process can be puzzling and appear counterintuitive to others (e.g., self-blame, reinterpreting one's victimization in a positive light, denial) (Bard & Sangrey, 1986; Janoff-Bulman, 1989). It is important that

others, notably family members and mental health professionals, understand and respect victims' mobilization of their inner resources to cope with their misfortune. According to Wertz (1985), "sense-making....dispels the shock, disbelief and confusion, the uncanny irrationality of victimization, bestowing on it increasingly positive features."

Other related needs

Other coping needs of crime victims require emphasis. Though many have been alluded to, they should be restated to stress their important role in adjustment. Crime victims need social support, particularly family support, to facilitate their long-term adjustment. In the context of support, victims need to feel understood. Family members, friends, mental health professionals, police and others who interact with crime victims should therefore be knowledgeable of the impact of criminal victimization and its complex psychology so they may relate to this population with informed perceptions and expectations. Victims themselves need information about the nature of victimization so they may know what to expect in the course of their adjustment process. For example, knowing that periods of heightened distress may normally recur after the initial crisis can help one to better cope with such events. Victims need to feel normal, not merely as an outcome of adjustment, but within the adjustment process itself. Victims need, as a result, thus to perceive themselves as

coping normally relative to other victims. Also, victims need to reexperience or experience the world as benevolent where people are basically good, kind, helpful and caring, and where misfortune is relatively uncommon. Furthermore, crime victims need to experience justice through the legal system so they may perceive outcomes to be governed by principles of justice.

Crime victims may need family-oriented therapeutic interventions that address issues such as 'second injuries' to themselves, as well as the secondary victimization of family members. A psychoeducational component can inform both victims and family members as to what they may anticipate in wake of victimization.

Directions for future research

The impact of the cognitive 'revolution' is very evident in victimization studies. Psychological theories of victimization and coping focus on the effect of harmful life events on tacit belief systems, and on the rebuilding of adaptive beliefs in the wake of misfortune (see Janoff-Bulman, 1989; Taylor, 1983). There has, however, been insufficient integrative research on the varied topics related to these cognitive processes. Cognitive adaptation by victims (e.g., redefining the event), considered a critical part of adjustment, has not been sufficiently linked to individuals' conceptual systems. As a result, cognitive adaptation tends to be depicted as an autonomous process, and its cognitive precursors as largely mysterious.

It would be useful to understand the relationship between one's tacit beliefs and the resulting cognitive adaptation strategies, so that this process may be mobilized for the purposes of intervention, particularly with poorly coping victims. Presumably, a cognitive strategy would have to be logically consistent with one's tacit beliefs to be intellectually acceptable. For example, the conclusion that one's victimization was 'a testing of one's faith by God' presupposes the acceptance of a transcendent being, and a belief in a distribution of outcomes based on religious principles. Whether this religious belief existed before the crime or emerged in its aftermath would be of theoretical interest.

The relationship between social support and cognitive adaptation is not adequately understood. Reports of victimized individuals suggests that the well-intended efforts by others to directly influence victims' cognitive adaptation (e.g., offering a philosophical perspective) may often be perceived by victims as unhelpful and intrusive (see Lehman et al., 1986). A research hypothesis to be considered is that victims may perceive as helpful a type of support that corresponds with or upholds their particular way of coping. For example, Janoff-Bulman and Timko (1987) have suggested that denial is a functional and adaptive defensive mechanism in the initial phase of a traumatic event, as it prevents the one from being overwhelmed. A victim engaging in denial may therefore find unhelpful an

exhortation by a support provider to "talk about it and get it off your chest", as this may interfere with denial. A comment like "try not to think about about" may be perceived as more helpful as it supports and validates the victim's particular way of coping. To a victimized individual who is not using denial as a way of coping, a remark such as "try not to think about about" may, on the other hand, be perceived as discouraging needed discussion and emotional ventilation. This issue has implications for the counselling of victims. Mental health practitioners whose interventions are at variance with a victim's particular mode of cognitive adaptation may inadvertently incur 'resistance' or precipitate premature termination of therapy. Furthermore, it would be inappropriate for counsellors to advise victims' family members to be supportive without knowledge of how their support attempts may enhance or hinder victims' own coping efforts.

Research on what victimized individuals find helpful in the support attempts of others has given some guidance to those intervening with this population (See Dakof & Taylor, 1990; Lehman et al., 1986). Crime victims per se have not as yet been the subject to this type of inquiry. In particular, sex differences in preferences of support attempts would be noteworthy given evidence that social support may be more relevant to women's coping processes (see Holohan & Moos, 1986). Such research with crime victims would not only give direction to future interventions, but also show the extent

to which findings about other victimized populations are generalizable to victims of crime. Furthermore, it may provide a greater understanding of crime victims' coping processes.

Phenomenological research on being criminally victimized has provided rich insights into what the experience means for the victim and how this changes over time. The corresponding experience of intimate support providers (e.g., spouses) has been alluded to in this research.

"I feel more secure. I never thought my husband would be willing to pick me up after work or wait in the parking lot for me when I come home, but now he does. We've become closer."

Assault victim (Wertz, 1985)

Given the critical role of the family in crime victims' adjustment, as well as family members' susceptibility to a secondary victimization, it would be important to understand the phenomenology of being the significant other to a crime victim. Moreover, parallel phenomenological studies of the experiences of both victim and his/her significant other could elaborate our understanding of the transactions between victims and their significant others over time.

Conclusion

Criminal victimization can constitute an injury to the most inner recesses of one's being. Beyond the material loss or physical injury, it can be an assault against that which makes life tolerable and meaningful: a sense of personal

safety, trust, agency, self-esteem, community and justice. Being subjected to the predatory intentions and actions of others can brutally confront one with his/her own vulnerability and mortality. A sense of profound violation can ensue. This sense of violation can be evoked as well as by the disruption or loss of personal possessions which over time become extensions of ourselves. Also violated are certain social covenants that make possible a sense of social harmony and social order. Crime reveals the fragility of these covenants. Despite a general awareness that malevolence exists, the experience of human-induced harm shatters illusions or defences that ordinarily shield one from its unsettling reality.

The impact of being criminally victimized varies with the severity of the crime as well as the meaning it has for victim. The experience of being a crime victim challenges one's fundamental belief structures. Human-induced harm may shatter positive assumptions about oneself and one's world, or it may activate a core of negative beliefs that may ordinarily be kept from full awareness. The victim struggles to assimilate this harmful event to regain a sense of self and others that would make life tolerable again. The psychologically vulnerable possess fewer resources to integrate this negative experience. For them, deeply-held beliefs of unworthiness, self-loathing, powerless and emptiness may be brutally evoked. With one's psychological

defenses stripped away, victims may find themselves in an unrelenting emotional turmoil.

That most adjust successfully over time following such undesirable events is a commentary on the endurance and resourcefulness of humans. Some acquire a perspective that even enhances the quality of their life over what it was before. Many victims show remarkable ingenuity in their ability to give meaning to their misfortune and carry on.

Crime is a interpersonal act insofar as it requires another, a perpetrator. Otherwise, it is antisocial in its fullest sense. The process of adjustment or healing is largely a social act--the mirror opposite of victimization. The healing aspects of human relationships have the potential to restore what was stripped away. Through the responsiveness and caring of others, one's sense of safety, worth, trust, agency and meaning may be restored.

Those close to victims in a personal or professional capacity are, however, not immune to the effects of victimization. The very presence of victims and their story shakes illusions of our own vulnerability and mortality. The reality of crime victims compels us to acknowledge the uncontrollability of events and our limited agency. Crime victims must periodically bear the brunt of our unwillingness to accept our own frailties, and consequently be shunned or blamed for their own fate. Crime victims need to feel connected again to a community that upholds caring, security and justice. To provide that, others, including

mental health practitioners, must invariably confront their own vulnerability.

Appendix I

Post-traumatic Stress Disorder

The Diagnostic and Statistical Manual (DSM-III), and more recently the DSM-III-R, of the American Psychiatric Association (1980; 1987), describes the constellation of symptoms of distress that typically follow unusually traumatic, life-threatening experiences (e.g., earthquakes, military combat, torture, physical assault, rape, and offers diagnostic criteria for the disorder).

The Post-traumatic stress disorder is characterized by the presence of three principal dimensions:

- (1) intrusive reexperiencing of the trauma through recollections, dreams, or even the sensation that the event is reoccurring,
- (2) a numbing of responsiveness to, or diminished involvement with the external world, evidenced by greatly reduced interest in important activities, feelings of detachment or estrangement from others, and restricted affect,
- (3) symptoms not evident prior to the traumatic event, such as an exaggerated startle response, sleep disturbance, memory impairment or difficulty concentrating, guilt about surviving when others did not, or about what one did in order to survive, and hypersensitivity or avoidance of that which recalls or symbolizes the event.

The DSM-III also lists features associated with the Post-traumatic stress disorder. Depression and anxiety are common. Irritability or an unpredictable explosive aggression with little or no apparent provocation may also be occur.

Appendix II

The proposed 'Victim Stress Disorder':

- (1) Shame: deep embarrassment, often characterized by humiliation or mortification.
- (2) Self-Blame: exaggerated feelings of responsibility for the traumatic event, with guilt and remorse, despite obvious evidence of innocence
- (3) Subjugation: feeling belittled, dehumanized, lowered in dominance, powerless, as a direct result of the trauma
- (4) Morbid Hatred: obsessions of vengeance and preoccupation with hurting or humiliating the perpetrator, with or without outbursts of anger or rage
- (5) Paradoxical Gratitude: positive feelings toward the victimizer ranging from compassion to romantic love, including attachment but not necessarily identification. The feelings are usually experienced as ironic but profound gratitude for the gift of life from one who has demonstrated the will to kill. (also known as pathological transference and the "Stockholm syndrome".)
- (6) Defilement: feeling dirty, disgusted, disgusting, tainted, "like spoiled goods", and in extreme cases, rotten and evil.
- (7) Sexual inhibition: loss of libido, reduced capacity for intimacy, more frequently associated with sexual assault.
- (8) Resignation: a state of broken will or despair, often associated with repetitive victimization or prolonged exploitation, with markedly diminished interest in past or future
- (9) Second Injury or Second Wound: revictimization through participation in the criminal justice, health, mental health, and other systems.
- (10) Socioeconomic Status Downward Drift: Reduction of opportunity or life-style, and increased risk of repeat criminal victimization due to psychological, social, and vocational impairment

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