Working with Victims of Crime: The Basics

Information Sheet:
The Basics of Victimization

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Developed from Hill, J.K. (2004). *Working with Victims of Crime: A Manual Applying Research to Clinical Practice*, **Ottawa ON: Justice Canada.**

❖ Casarez-Levison (1992) discussed victimization as a process where the person moves from a precrime state (Previctimization), to the crime event itself (Victimization), to initial coping and adjustment (Transition) and finally to a state where being a crime victim is just part of their life experience (Resolution).

❖ Workers should ensure that victims understand that treatment may mean getting worse before getting better (Nishith, Resick & Griffin, 2002).

❖ Workers should also be watchful of poor coping strategies such as drug and alcohol abuse, worsening of personal relationships, increased isolation or withdrawal (Casarez-Levison, 1992). These poor responses should be addressed as quickly as possible by teaching the victim new, more effective coping techniques.

❖ Interventions appear to be able to help victims many years post-victimization (Resick, Nishith, Weaver, Astin & Feuer, 2002).

❖ Workers need to be cautious of engaging in "trauma bias" where one assumes that crime victims are automatically traumatized when they are not (Nelson, Wangsgaard, Yorgason, Higgins Kessler & Carter-Vassol, 2002).

The process of victimization and recovery (Casarez-Levison, 1992)

Previctimization	⇨	Victimization	⇨	Transition	⇨	Reorganization

Key Issues in Each Stage:

Previctimization/Organization

- History of childhood physical and sexual abuse (Messman & Long, 1996; Nishith et al., 2000; Pimlott-Kubiak & Cortina, 2003);
- History of previous Post Traumatic Stress Disorder (PTSD) (Brunet et al., 2001);
- Severity of previous PTSD episode(s) (Brunet et al., 2001);
- History of previous crime victimization or trauma (Byrne et al., 1999; Messman & Long, 1996; Norris et al., 1997; Nishith et al., 2000; Ozer et al., 2003);
- Psychiatric history, especially depression (Ozer et al., 2003);
- Family history of psychiatric problems (Ozer et al., 2003);
- Personality characteristics (Davis et al., 1998; Nolen-Hoeksema & Davis, 1999; Thompson et al., 2002);
- Coping history (Dempsey, 2002; Everly et al., 2000; Harvey & Bryant, 2002);
- Interpersonal relationship history (Kliewer, Murrelle, Mejia, Torres de G & Angold, 2001; Mikulincer et al., 1993; Nelson et al., 2002).

Victimization/Disorganization

- Crime characteristics, especially severity, have a profound effect on trauma (Gilboa-Schechtman & Foa, 2001; Norris et al., 1997; Ozer et al., 2003);
- Victim characteristics such as gender, age, history, etc. can affect the victim's reaction (Brewin et al., 2000, Greenberg & Ruback, 1992; Pimlott-Kubiak & Cortina, 2003; Wilmsen-Thornhill & Thornhill, 1991; Weinrath, 2000);
- Caution regarding secondary victimization by the system (Campbell et al., 1999; Hagemann, 1992; Norris et al., 1997);
- Dissociation during or immediately following the crime is a strong predictor of PTSD (Halligan et al., 2003; Ozer et al., 2003);
- Trauma memories are more disorganized than non-trauma memories (Halligan et al., 2003);
- Initial dissociation (shock) may be adaptive in some cases in that it may interfere with encoding into the long-term memory (Bromberg, 2003);
- There may be a narrowing of attention (Holman & Silver, 1998);
- There is a need for social support (emotional, informational, appraisal and instrumental);

- Gathering information aimed at helping the victim make decisions;
- Gathering information about resources and common reactions;
- Emotional reactions need to be experienced and processed;
- Assess the victim's coping strategies;
- Crisis intervention models may be useful in helping the victim overcome the initial challenges of surviving a crime (Calhoun & Atkeson, 1991).

Transition/ Protection

- Natural and professional supports could be accessed (Casarez-Levison, 1992);
- May apply the Transtheoretical Model of Change to help identify what level of service is needed (Prochaska et al., 1992);
- Dissociation may indicate later difficulties (Ozer et al. 2003);
- There may be active blocking of memories (Thompson, 2000);
- Victims may avoid crime related reminders, either through drugs/alcohol or active avoidance (Everly et al., 2000; Hagemann, 1992; Mezy, 1988; Wolkenstein & Sterman, 1998);
- Victims may engage in safety-oriented behaviours (Hagemann, 1992);
- Victims may focus on meaning making (Gorman, 2001; Layne et al., 2001; Nolen-Hoeksema & Davis, 1999; Thompson, 2000);
- Social comparison is often used to understand victimization (Hagemann, 1992; Greenberg & Ruback, 1992; Thompson, 2000);
- Victims may engage in self-comparison activities, focused on pre/post victimization changes (McFarland & Alvaro, 2000);
- Active treatment may be initiated (Casarez-Levison, 1992);
- Victims need to be informed that entering treatment may mean getting worse before getting better (Nishith et al, 2002);
- Treatments of PTSD including an exposure element seem to be effective (Bryant et al., 2003; Nishith et al., 2002);
- Self-efficacy may be important in treatment programs (Thompson et al., 2002);
- Emotionally engaged clients recover faster (Gilboa-Schechtman & Foa, 2001).

Reorganization/Resolution

- Recovery does not mean returning to a pre-victimized state (Hagemann, 1992);
- The Transtheoretical Model of Change may be useful in maintaining new, healthier behaviours (Prochaska, DiClemente & Norcross, 1992);
- Victims may focus on how surviving indicates strength (Hagemann, 1992; Thompson, 2000);

- Any remaining negative coping strategies need to be minimized (Dempsey, 2002);
- Activism is a possible positive long-term outcome of victimization (Hagemann, 1992).

Other Information Sheets in this Series:

The Basics of Self-Care

The Basics of Victim Reactions and Coping

The Basics about Deciding to Refer to Mental Health Professionals

The Basics about the Stages of Change

The Basics to Cover in an Initial Interview

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