CHAPTER 7

Forensic Psychology and the Victims of Crime

We are all victims of crime. Whether or not we have been robbed, assaulted, deprived of our life savings or pension funds, or burglarized, we have all experienced the social and financial costs of crime. Even so-called "**victimless crimes**"—illegal drug use, prostitution, and illegal gambling—can be said to be harmful to society and leave victims in their wake. Many of us have experienced the fear of crime as well. It is not unusual to hear of women applying for permits to carry guns or sign up for self-defense classes following a string of sexual assaults in a small town or city, for example. In addition, many citizens are victimized by crime without being aware of it. Medical insurance fraud is a good example of this. How many beneficiaries of Medicare or Medicaid are able to review and monitor the statements submitted by medical practitioners on their behalf? It is estimated that health insurance fraud costs taxpayers millions of dollars annually.

When we speak of crime victims, however, we are most likely to be referring to individuals whose persons have been physically and/or emotionally harmed by crimes against themselves or their property. The U.S. government, which has been collecting victimization data for just over 30 years, focuses its efforts on crimes that are highlighted in the media—assaults, burglaries, robberies, larcenies—and rarely white-collar offenses or political crimes. Likewise, the forensic psychologist is far more likely to assess and treat the victim of rape, child abuse, attempted murder, or robbery than the victim of insider trading or illegal government surveillance. Moreover, when members of the public are asked about their fear of crime, they are more worried about child abduction than they are of credit card fraud, despite the relative rarity of the former and frequency of the latter. Child abduction is, of course, a serious, emotionally wrenching crime compared with fraud. Yet the person who is the victim of credit card fraud suffers both financial and emotional harm. The point made here is that victimization comes in many forms and touches people in numerous different ways. Although we may focus in this chapter on

the forms of victimization most likely to be encountered by the forensic psychologist, the backdrop is victimization in its broadest sense.

Forensic psychologists will be increasingly employed as consultants, instructors, expert witnesses, evaluators, therapists, and service providers to victim service organizations in the coming years. Their help will be needed in many areas, including those involving victims of domestic violence, child abuse, elderly abuse, violent crime, and hate/bias crimes.

The chapter begins with an overview of the issues that forensic psychologists must deal with concerning victimization of people of diverse cultures and backgrounds, sexual orientation, disability, and religious preferences. We will then discuss victim rights and its ramifications. The greater part of the chapter, however, will focus on what is known about the victims of crime, the psychological impact of being victimized, and the various roles played by forensic psychologists in victim services.

Multiculturalism and Victimization

"Multiculturalism, in its broadest terms, not only is defined by race and ethnicity but also involves topics of gender, sexual orientation, and disability" (Bingham, Porché-Burke, James, Sue, & Vasquez, 2002, p. 75). Recognizing and respecting individual differences in culture, religious preference, sexual orientation, disabilities, and gender are important to sensitive and effective work with victims. Each person has his or her unique way of viewing the world through the lens of cultural and linguistic experiences. Currently, the racial/ethnic composition of the United States is approximately 72% White, 12% Black, and 11% Latino, but by the year 2030, it is estimated that the composition will be 60% White, 19% Latino, 13% Black, and 7% Asian (Ogawa & Belle, 2002). Native Americans are now recognized by the Bureau of Census to be represented by more than 500 separate nations and tribes with 187 different languages (Ogawa & Belle, 2002). In addition, there are an estimated 2 to 3 million Arab Americans living in the United States, who represent perhaps one of the most misunderstood ethnic groups in this country today (Erickson & Al-Timini, 2001). They are also one of the most diverse ethnic groups in the United States in their cultural and linguistic backgrounds, political and religious beliefs, family structures and values, and acculturation to Western society (Erickson & Al-Timini, 2001). The exact number of Arab Americans is unknown because they are often reluctant to identify themselves for fear of possible negative social reactions, particularly in the wake of the terrorist attacks of September 11, 2001.

By the year 2050, it is projected that 50% of the U.S. population will consist of "ethnic minorities" (Bernal & Sharrón-Del-Río, 2001; Hall, 1997). The shift in racial/ethnic composition is projected to be more dramatic in some states, such as California and Texas, and will present enormous challenges to victim services providers, as well as to providers of other social services. The traditional Euro-American definition of the "healthy family" is culture bound and often not shared by multicultural families (Bingham et al., 2002). Members of immigrant families offer special challenges to psychologists who provide victim services because they are often afraid to ask for help due to language barriers, fear of deportation, and poor understanding of their rights in the community (Ogawa & Belle, 2002). If they are here temporarily or illegally, the challenges are multiplied.

> Once in the United States, undocumented aliens become easy prey for employment exploitation, consumer fraud, housing discrimination, and criminal victimization because assistance from government authorities is attached to the fear of deportation. There is an epidemic of sexual assaults, for example, committed upon undocumented Latinas. (Ogawa & Belle, 2002, p. 6)

Immigration status should not dictate whether individuals get protection from a society or receive victim services. Lest we forget, "almost 20 million international refugees throughout the world have been forced by extreme abuse of human rights to flee their home countries" (Gorman, 2001, p. 443). Many flee to this country. In recent years, the U.S. Immigration and Naturalization Service has authorized about 200,000 asylum cases, and another 90,000 illegal immigrants received amnesty permitting them to stay in the country (Gorman, 2001). Many of them have been abused and tortured in their home countries, and they are vulnerable to becoming victims of crime here. In working with refugees, promoting a sense of safety is an important task that requires a high degree of cross-cultural sensitivity.

Well-trained forensic psychologists must recognize that the traditional psychological concepts and theories used in assessment and treatment approaches were developed from predominately Euro-American contexts and may be limited in their application to racial and culturally diverse populations (Sue et al., 1999). Christine Iijima Hall (1997) has admonished that Euro-American psychology may become culturally obsolete if it is not revised to reflect a multicultural perspective. This revision, according to Hall, will require psychology to make "substantive revisions in its curriculum, training, research, and practice" (p. 642). Forensic psychologists should be especially attuned to the potential injustices and oppression that may result from monocultural psychology. Hall writes that "people of color and women have been misdiagnosed or mistreated by psychology for many decades" (p. 643). Even psychologists of color or those who are gay/lesbian/bisexual or from diverse backgrounds are not always knowledgeable about the psychological issues of other cultural groups or of their own groups. "Color, gender, and sexual orientation do not make people diversity experts" (Hall, 1997, p. 644). Although these challenges are crucial to all forensic settings, they are particularly important for those who provide victim services in forensic settings. Without appreciation of their cultural backgrounds, some individuals become victims of crime, victims of the criminal justice system, and victims of the mental health professions that do not truly recognize their needs.

Victims With Disabilities

A neglected area in victimization research and practice is consideration of persons with disabilities. Victims in this instance extend not only to criminal victimization but also to discrimination and harassment at the workplace, as well as abuse and neglect in the home that falls short of criminal offending. Laws banning discrimination against persons with disabilities in work settings and public services open up new areas of opportunity for forensic psychologists.

> Psychologists may find opportunities to consult in the determination of reasonable workplace accommodation for persons with psychiatric, learning, and intellectual disabilities and to provide expert testimony in employment discrimination cases. Psychologists also have an essential role in evaluating neurological, learning, and psychological impairment and function as part of the process of determining reasonable accommodation for both students and employees with disabilities. (Gill, Kewman, & Brannon, 2003, p. 308)

Much of this recent activity in working with the disabled has been prompted by the Americans With Disabilities Act, implemented July 26, 1992. The act applies to public employers and private employers with 15 or more employees. It prohibits discrimination (a) in the hiring process; (b) regarding terms, conditions, and benefits of employment; and (c) in access to work-related amenities, facilities, and functions (Goodman-Delahunty, 2000). Employees who become victims of crime may suffer substantial,

long-term psychological problems that may interfere or hamper their employment opportunities, advancement, and quality of life. The interested reader is encouraged to consult an article by Jane Goodman-Delahunty (2000), who identifies some common legal pitfalls for practitioners and forensic psychologists and provides suggestions of how to avoid these pitfalls when providing services to employers and/or employees with psychological impairments.

Approximately 15% to 20% of the U.S. population has some type of disability (Gill et al., 2003; Olkin & Pledger, 2003), broadly defined as a physical or mental condition that substantially limits one or more of the individual's major life activities. As a group, people with disabilities are older, poorer, less educated, and less employed than people without disabilities (Tyiska, 1998). Moreover, there are high probabilities that a large proportion of the disabled will become victims of crime, including physical and sexual abuse. In addition, they are often victims of harassment, discrimination, and emotional abuse. Many people with disabling conditions are especially vulnerable to victimization because of their real or perceived inability to fight or flee or to notify others (Tyiska, 1998). About 68% to 83% of women with developmental disabilities will be sexually assaulted in their lifetime, which represents a 50% higher rate than the rest of the population (Tyiska, 1998). In addition, people with developmental disabilities are more likely to be revictimized by the same person, and more than half never seek assistance from legal or treatment services (Pease & Frantz, 1994). Individuals with mental or psychological disorders are often subjects of harassment or abuse. And many persons become disabled because of repeated violent victimization.

It should be noted that disability is listed along with race, gender, age, sexual orientation, and other dimensions of human diversity in the "Ethical Principles of Psychologists and Code of Conduct" (American Psychological Association, 2002b). Psychologists working in forensic settings, therefore, may require specialized training and experience to be competent professionals in working with the disabled. In addition, the prevalence of severe disability is different among race and ethnicity groups. For example, in the population ages 16 to 64, 7.4% of Whites had severe disabilities compared to 12.7% Blacks, 11.7% American Indians, 9.1% of Hispanic/Latino origin, and 4.5% of Asians (Tyiska, 1998).

Victimization research on people with disabilities and the impact it has on their lives is desperately needed. Not everyone agrees, for example, that the victimization rates are substantially higher among people with disabilities. "Although the assertion that rates of all types of abuse are higher for children and adults with disabilities is legion in the literature, there is little to support this assertion, and rates found vary unbelievably from study to study" (Olkin & Pledger, 2003, p. 302). Psychology undergraduate and graduate programs lack courses and training on the disabled, and research interests and support are sparse (Olkin, 2002). Rhoda Olkin (2002) reports that graduate programs in clinical and counseling psychology offer very few disability courses, and when they do, they tend to be courses on "exceptional children," mental retardation and developmental disabilities, or learning disabilities and language disorders. In both the educational systems and in clinical practice, "persons with disabilities are administered tests without appropriate accommodations . . . and results are interpreted with norms that have excluded people with disabilities" (Olkin & Pledger, 2003, p. 302).

Protocols for first responders on how to serve crime victims with disabilities are also scarce, and those that do exist often have not been validated through well-executed research. Forensic psychologists could make substantial contributions in this neglected area through research and by providing service providers with the necessary education, training, and counseling to deal with this large and diverse population.

Empirically Supported Treatments and Multiculturalism

In 1995, the American Psychological Association's Division 12 (Society of Clinical Psychology) Task Force on Promotion and Dissemination of Psychological Procedures published its report on empirically validated treatments in *The Clinical Psychologist* (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). The report included a list of psychotherapies originally labeled *empirically validated therapies.* The term would later be changed to **empirically supported treatments,** or ESTs (Bernal & Sharrón-Del-Río, 2001). The criteria used for determining each treatment's efficacy were adapted for those currently used by the Federal Drug Administration (Bernal & Sharrón-Del-Río, 2001; Beutler, 1998). The list has drawn considerable criticism and commentary, but the point here is that the list does not identify a single psychotherapy that has been shown to be effective with ethnic minorities or other diverse populations.

As emphasized by Bernal and Sharrón-Del-Río (2001), psychotherapy or psychological treatment is itself a cultural phenomenon, and culture plays a critical role in the treatment process. At the present time, "we know very little about efficacy of treatments for ethnic minorities" (Bernal & Sharrón-Del-Río, 2001, p. 333), despite the fact that ethnic minorities will make up more than 50% of the U.S. population in the next few decades. We simply do not have much information on the usefulness of culturally sensitive therapies. Unfortunately, forensic psychologists and other mental health professionals who provide training, counseling, and treatment to victims from diverse populations are generally without valid information for selecting the most effective approach in helping them. The topic also extends to treatment of other populations, such as persons jailed or imprisoned under correctional supervision in the community or held in a mental hospital. It is very clear that extensive research on the psychology of ethnic minorities is badly needed.

> To the extent that a list of treatments are exported and marketed to other cultural groups without adequate evaluations and testing, we as researchers run the risk of engaging in false and misleading ways of thinking on the applicability of our limited knowledge of ESTs. . . . At minimum, efficacy and effectiveness research is needed with the primary ethnic minority groups (Black, Latinos and Latinas, Asian Americans, and Native Americans) and ideally with every cultural group, including large heterogeneous samples, to support the claims of generalization. (Bernal & Sharrón-Del-Río, 2001, p. 339)

Legal Rights of Victims

Crime victims' bills of rights have been enacted in all states, half of which provide for mandatory restitution unless compelling reasons to the contrary are stated on the record (Murray & O'Ran, 2002). In addition, at least 31 states have passed victims' rights constitutional amendments, and at least 10 of these provide for mandatory restitution (Murray & O'Ran, 2002). **Restitution** is a remedy for the recovery of some measure of economic and psychological wholeness. Restitution is an attempt to restore a victim's original financial, physical, or psychological position that existed prior to loss or injury. Undoubtedly, this is a laudable goal. However, crime victims have consistently reported their frustrations in obtaining adequate and timely restitution both from offenders and from public funds allocated for this purpose (Karmen, 2001).

There are two venues for justice that victims of crime can use. Criminal courts deal with that aspect of the justice system that determines guilt or innocence with reference to crime and metes out criminal sanctions (Gaboury & Edmunds,

2002). The civil justice system allows crime victims to seek civil remedies for the physical, financial, and psychological injuries they have suffered as a result of criminal acts, permitting vindication of their rights and recovery of financial reparations from the offenders (Gaboury & Edmunds, 2002).

Victims in Civil Courts

Civil litigation can be a complex, difficult, and expensive process. In recent years, crimes and other violations against women have been increasingly handled through the civil courts rather than the criminal courts. "As the public recognition of domestic violence, sexual assault, and sexual harassment become[s] better understood and recognized, victims are finding greater justice in civil courts" (Gaboury & Edmunds, 2002, chap. 5, p. 7). Very often, the courts look to forensic psychologists for evaluations of disability and treatment recommendations to provide guidance in determining the value that can be placed on the victim's injuries for the purposes of awarding damages. Compensation for the cost of psychotherapy can be one of the damages awarded.

Victims in the Criminal Courts

The criminal justice process, on the other hand, can be an intimidating and frustrating experience for victims of crime. From the moment some victims call police, they may find themselves faced with a spiral of events that is seemingly out of their control. They may perceive that police do not respond quickly enough, for example, and when police do arrive, victims may believe that police are not sensitive enough to the experience they suffered. Victims often find it difficult to understand why their property cannot be recovered or, if recovered, why it cannot be immediately returned. Victims of violent crime are fearful that their aggressor will be released on bail; if convicted and imprisoned, they are fearful that he will be released on parole.

It is a reality in law that the Constitution of the United States protects the right of suspects and defendants but not the rights of victims. Criminal suspects do not have to speak with police, for example, and if they choose to do so, they are guaranteed the right to an attorney during police questioning. Defendants have the right to an attorney during every critical stage of the court proceedings, including arraignments, pretrial hearings, trials, and sentencing. Victims are not represented by lawyers unless they choose to hire a lawyer during a civil proceeding. Although it can be argued that the prosecutor is essentially the lawyer for the victim, the prosecutor is technically the lawyer for the government and may pay very little attention to the physical, financial, or emotional needs of victims. Victims often have to take time off from work or other obligations to appear in court, and when cases go to trial, they are subjected to the scrutiny of the media and grueling cross-examination in a courtroom in which they must be confronted by the defendant. As a result, victims have often complained that they are the forgotten component of the criminal justice process or are twice victimized—once when the crime first occurs and again when they encounter the criminal justice process.

Although the above reality strikes many citizens as unfair, it occurs because suspects and defendants have so much to lose from the criminal justice process, in which the awesome power of the state is brought to bear against the individual. A person accused of crime stands to lose his or her freedom, sometimes for life. Under the law, if we are ready to take away a person's freedom—in some cases even his or her life—we must "do it right" by providing the protections in accordance with the Constitution. The law does not plan to take away the freedom of the victim, and hence the victim's rights are not guaranteed in the Constitution.

This logic often does not convince victims or their advocates, however. In the 1970s, the nation saw a major trend in the direction of ensuring that victims, too, would have certain rights under the law. Thus, beginning in 1980, when Wisconsin passed the first "victims' bill of rights," states began to pass laws providing victims with certain statutory, if not constitutional, guarantees and protections. Congress, in the Victim and Witness Protection Act of 1982, enacted similar provisions into federal law. The Office for Victims of Crime (OVC) was created the following year. Throughout the 1980s, Congress passed a number of similar laws and funded programs designed to help victims. In addition, virtually every state fiscal budget now provides funding for victim advocates or victim assistants. These are professionals who serve as liaisons between the victim and the criminal court process. They perform a wide range of services aimed at informing victims of what they will encounter and offering support during this trying period.

Notification

Most states now have laws requiring that victims be notified at various stages during the criminal justice process. This is particularly true if a defendant charged with a violent crime against the victim is about to be released on bail or if a convicted offender is about to be released from jail or prison. Even if an offender will be out of prison for a limited time period, as in a work release program, the victim may be notified. Some states also require **notification** when a plea negotiation has been reached. Not surprisingly, all states require that victims be notified if an offender has escaped from prison.

Allocution

There are several decision-making points at which a victim's input may be accepted. The right of **allocution** is the right to speak out during these proceedings. Chief among them are the bail hearing, the sentencing hearing, and the parole board hearing. At bail setting, victims are sometimes allowed to argue for a higher bail or, more commonly, to ask that the defendant be forbidden from contacting them. All states allow victims to speak out at sentencing hearings, either in person or in prepared written statements. Presentence reports—which are documents prepared by probation officers or other professionals to help judges reach sentencing decisions—typically include a victim impact statement. The person preparing the report interviews victims and obtains information about the extent of their suffering. A victim of an aggravated assault, for example, might describe being unable to sleep peacefully, recurring nightmares, expensive meetings with a psychiatrist, and his continuing fear of walking alone. When there is no presentence report, victims are allowed to present statements to the presiding judge or to appear in court and testify directly about what they have experienced. In death penalty cases, survivors of the victim are allowed to have the sentencing jury hear details about the suffering they have experienced (*Payne v. Tennessee,* 1991). A minority of states also allows victims to appear at parole board hearings to protest an offender's release.

Compensation

Although the physical and psychological impact of crime may be considered the most obvious aspect, the financial impact can also be devastating. "The financial losses incurred as a result of crime (unforeseen medical expenses, psychological counseling costs, and the need to replace stolen property) can be as debilitating as any other type of injury suffered by crime victims" (Gaboury & Edmunds, 2002, p. 2).

All 50 states, plus the District of Columbia, Puerto Rico, and Virgin Islands, have compensation programs that can pay for medical and

counseling expenses, lost wages and support, funeral bills, and variety of other costs (Eddy & Edmunds, 2002). In some cases, the money is derived; in others, it comes from offenders themselves. An inmate may be earning money in a prison work program, for example, and a percentage of that income is allocated to the victim of the crime. It is also common for states to deny convicted offenders the right to profit from books they may write about their crimes. Called "Son of Sam" laws, after the infamous serial murderer David Berkowitz, who claimed he was controlled by the devil through a dog called "Sam," these laws sometimes redirect the income to the victim or to a victim's fund.

Despite the enactment of these laws, they do not seem to be working to the advantage of the great majority of victims. Research has indicated that only a small percentage of victims are even aware of their existence (Karmen, 2001; National Center for Victims of Crime, 1999). As noted earlier, victims also report that **compensation** takes time and is rarely provided in total. Notification, which places an added burden on agents of the criminal justice system, seems particularly problematic. It is often not clear who has the responsibility to keep the victim informed, and consequently, no one takes on this task. In communities with well-funded victims' advocates or victims' assistance programs, notification is more likely to occur. Likewise, most victims do not exercise their right of allocution at bail, sentencing, or parole hearings. When they do, the research is mixed with respect to their effectiveness, although results are slightly weighed in favor of having influenced parole decision makers. For example, several studies document that victims appearing before parole boards have been successful at delaying the offender's release (Karmen, 2001).

Victims are not typically successful at having sentences increased, however. After reviewing studies on the effect of victims' rights legislation, Karmen (2001) notes, "Even with all the new options, does institutionalized indifference toward the victims' plight still pervade the justice system? The answer seems to be a qualified 'yes,' according to some preliminary findings gathered from evaluation studies" (p. 317).

Shield Laws

Until the 1980s, victims of sexual assault were routinely asked about their own prior sexual activity in court. The passage of shield laws—so called because they protect victims from being asked about their sexual history—changed this common practice. All 50 states now have these laws. Before their passage, if the victim was sexually active, the jury was allowed to infer that the defendant was less responsible or not responsible at all. This was the case unless the victim was married. In that case, the jury was allowed to infer that the sexual assault was particular outrageous because the woman's husband was also victimized. The women's movement of the 1970s is widely credited for bringing attention to the fact that sexual assault is a crime of violence rather than a crime of passion. As an act of violence, sexual assault harms all victims, regardless of prior sexual activity or marital status. Thus, the perpetrator cannot be held less culpable because of the status of the victim. He can, however, be held more culpable, as in cases of sexual assault against children.

In the past, the law of sexual assault also required evidence that the victim had actively resisted her assaulter. Among the many myths about rape that circulated in society was the one that held that a person could not be raped if she fought off her attacker. At the same time, potential rape victims were often told not to resist: If they resisted, they would get hurt even more. Victims who were not bruised or had not left scratches, bite marks, or other markings on rape defendants were often assumed to have consented to the sexual activity. As a result of reform in rape law, judges now tell juries they may not infer consent just because there were no physical signs of a struggle.

Crime Victimization Data

Information about victimization in our society is best obtained from victims themselves. Persons who have been assaulted or burglarized can tell us when and where the crime occurred, whether they reported it to police, and the degree of physical and emotional harm they experienced, among many other things. These victimization statistics also help us understand the distribution of crime, including its geographical and temporal characteristics. Are certain regions of the country more "crime prone" than others, for example, or are certain months of the year more likely to see a reduction in crime? When victims know something about the person or persons who victimized them, victimization data also can provide information about those who commit crime.

The preeminent victimization survey in the United States is the **National Crime Victimization Survey (NCVS),** sponsored by the Bureau of Justice Statistics and conducted by the Bureau of Census. The NCVS reports the results of contacts with a large national sample of households (approximately 49,000) representing 101,000 persons older than age 12. On an annual basis, a member of the household is first asked whether anyone experienced crime during the previous 6 months. If the answer is yes, the victim is interviewed more extensively. The same households are recontacted every 6 months for a period of 3 years. The NCVS is currently designed to measure the extent to which households and individuals are victims of rape and other types of sexual assault, robbery, assault, burglary, motor vehicle theft, and larceny. The survey includes both crimes reported and not reported to the police. Consequently, there are differences between NCVS data and the FBI's Uniform Crime Report (UCR) data.

The NCVS was introduced in 1973 and was then known as the National Crime Survey (NCS). Until that time, the government's main measure of crime in the United States was the FBI's UCR, which reflected crimes that were known to police along with arrest data. Many people—especially minorities and immigrants—do not report their victimizations to police, however. The NCS was developed to try to tap the "dark figure" of crime, or the crime that did not come to the attention of police. A victimization rate, expressed by the number of victimizations per 1,000 potential victims, is reported to the public. Developers of the NCS reasoned that some crime victims might be more willing to report their victimization to interviewers than to police. Furthermore, interviewers could probe and learn more about the effects of victimization. Over the years, these predictions have been borne out because victimization data continually indicate that, overall, at least half of all crimes are not reported to police. Not surprisingly, this figure varies according to specific crimes; reporting rates of auto theft, for example, are dramatically higher than reporting rates of sexual assault.

The NCS was revised in the 1980s and substantially redesigned in 1992, when its name was changed to the National Crime Victimization Survey (NCVS). Among the changes were questions asking victims how law enforcement officials responded when they reported their victimizations. Victims also were asked more details about the crime, including whether the perpetrator was under the influence of alcohol or illegal substances and what they were doing at the time of the crime (e.g., going to work, shopping). The redesign also included a more sensitive and comprehensive approach to asking victims about sexual assault (Karmen, 2001). In addition to household victimization, the Bureau of Justice Statistics also sponsors supplementary reports, such as surveys of school and workplace victimization and victimization of commercial establishments.

Ethnic/Minority Differences in Victimization

Recent NCVS data, tabulated by the Bureau of Justice Statistics (BJS) (Rennison, 2001, 2002),

BOX 7.1 Examples of Terms Used to Designate Hispanics/Latinos in the United States

Hispanic: refers collectively to all Spanish speakers and connotes a lineage or cultural heritage related to Spain.

Latino(a): Latino (male) or Latina (female) refers to people originating from or having a heritage related to Latin America. However, the term is commonly used to refer to all peoples who speak Spanish and Portuguese (such as Brazilians).

La Raza: refers to a designation acceptable to many Latino, Caribbean, Chicano, and Mexican Americans born in the United States or Latin America.

Americano(a): refers to Latinos living in the United States.

Mexican: a term used appropriately for Mexican citizens who visit or work in the United States.

Mexican American: refers to those individuals of Mexican descent who are U.S. citizens.

Chicano(a): a term used to describe Mexican Americans, although originally pejorative.

Nuyorican: refers to Puerto Ricans born in the continental United States, particularly New York City.

Rican: refers to the second- and third-generation Puerto Ricans on the U.S. mainland.

Caribeño(a): refers to the Latinos from the Caribbean.

Source: Comas-Díaz (2001).

provide information on the criminal victimization of five ethnic/minority or racial groups: White, Black, American Indian, Hispanic, and Asian. The American Indian classification is based on those NCVS respondents who identified themselves as persons of Indian, Eskimo, or Aleut descent. Asians were defined in this context as Japanese, Chinese, Korean, Asian Indian, Vietnamese, and Pacific Islander. Pacific Islander includes those persons who identified themselves as Filipino, Hawaiian, Guamian, Samoan, and other Asian. Respondents who identified themselves as Mexican American, Chicano, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origins were classified as Hispanic. All the groups are extremely diverse, but the rapidly growing Hispanic/Latino group reflects perhaps the greatest diversity (see Box 7.1). Because of this diversity, the BJS considered the "Hispanic" category as consisting of persons of any race in this tabulation. In other words, some Hispanics also report that they consider themselves White, Black, American Indian, or Asian, a point that needs to be considered when examining the statistical data on crime rates.

The most recent NCVS data (Rennison, 2001, 2002) show that American Indians experience aggravated assault, simple assault, rapes and sexual assaults, and other serious violent crimes at rates higher than those reported for Whites, Blacks, Asians, and Hispanics (see Table 7.1). The BJS data further suggest that, compared to the other ethnic/minority groups, American Indians are more likely to experience violence at the hands of other peoples besides their own (Chaiken, 1999). Bachman (1992) also discovered

Table 7.1 Rate of Violent Victimization by Type of Crime, Race, and Hispanic Origin, 2000

Rate of Victimizations Per 1,000	*Hispanic*	*White*	*Black*	*American Indian*	*Asian*
Total violent crime	27.9	26.5	34.1	52.3	8.4
Rape/sexual assault	0.6	1.1	1.5	7.7	0.2
Robbery	5.7	2.4	6.5	2.6	1.9
Aggravated assault	5.3	5.3	6.0	16.3	0.9
Simple assault	16.4	17.7	20.1	25.7	5.4

Source: Rennison (2002).

that American Indians have one of the highest suicide rates of all Americans, whereas Blacks have the lowest. She suggests that American Indians may live in a subculture that "tolerates" both external (homicide) and internal (suicide) acts of violence.

Asians experience overall violence, rape and sexual assault, aggravated assault, simple assault, and other serious violent crimes at rates lower than those reported for Whites, Blacks, Hispanics, or American Indians (Rennison, 2002). For decades, Blacks have consistently been disproportionately represented among homicide victims, especially Black males. Blacks are usually six times more likely than Whites and eight times more likely than persons of other races to be murdered (Rennison, 2001).

Studies have shown that approximately 70% of inner-city youth have been victimized by violent acts, including being threatened, chased, hit, beaten up, sexually assaulted, or attacked with knife or gun, and 85% of these youth report having witnessed violent acts (Kliewer, Lepore, Oskin, & Johnson, 1998). A survey of U.S. adults reveals that 43% had witnessed interpersonal violence, and 5% had a friend or relative die from homicide or suicide (Elliott, 1997; Hillbrand, 2001). Many children and youth (from ages 6 to 18) continually exposed to violence develop difficulty concentrating and learning, anxiety, fear, depression, and **posttraumatic stress disorder (PTSD).**

Various kinds of violence have different kinds of impact on those individuals who experience and witness it. In other words, all violence is not the same. Violence between parents (interparental violence) may be more damaging to the psychological health of a young child than being beaten and chased at school. Furthermore, interparental violence in which weapons are used, such as guns and knives, may be more upsetting to children than those incidents not involving weapons (Jouriles et al., 1998). Approximately 25% of the victims of violent crime are injured, many of them severely (Simon, Mercy, & Perkins, 2001). Moreover, several studies have shown that the psychological impact of being a victim of violence differs from those of being a witness to violence (Shahinfar et al., 2001). Research also has found that adolescents who had been physically abused were more likely to be considered high risk to commit violent behavior themselves than those who had simply witnessed abuse (Shahinfar et al., 2001).

Psychological Effects of Criminal Victimization

Psychological Impact of Violence

A summary statement by the American Psychological Association's (1996) "Human Capital Initiative Report" begins this section well:

> Violence harms its victims both physically and psychologically. It traumatizes victims,

bystanders, and family members alike. It can trigger paralyzing anxiety and fear, long-lasting depression, or deep anger. Although a substantial amount of effort has been devoted to finding the best ways to treat violent offenders, little research has been conducted on the best ways to treat the victims of violence to minimize their psychological problems. Standard treatments for depression and anxiety may be inappropriate in these cases. Programs to treat victims have been shown to be most effective when they are delivered in natural locations, such as schools, community groups, health care environments, and when they are culturally relevant and age- and sex-specific. Therapies that are more specific to different types of victimization have yet to be developed. (p. 9)

The psychological impact of criminal violence on its victims is substantial and far-reaching. In fact, in many cases, the psychological trauma experienced by victims of crime may be more troubling to the victim than the physical injury or the loss of property. Psychological reactions to criminal victimization can range from mild to severe. Mild reactions to stress are characterized by a variety of symptoms, including minor sleep disturbances, irritability, worry, interpersonal strain, attention lapses, and the exacerbation of prior health problems (Markesteyn, 1992). Severe reactions, on the other hand, may include serious depression, anxiety disorders, alcohol and drug abuse problems, and thoughts or attempts at suicide (Walker & Kilpatrick, 2002). One of the most devastating and common reactions to criminal victimization is called *posttraumatic stress disorder.* Posttraumatic stress disorder, abbreviated PTSD, is so important in the understanding and treatment of criminal victimization that it will be worthwhile to discuss the symptoms and what is known about it in some detail.

Posttraumatic Stress Disorder (PTSD)

PTSD is a common psychological reaction to a highly disturbing, traumatic event, and it is usually characterized by recurrent, intrusive memories of the event. The memories tend to be vividly sensory, are experienced as relatively uncontrollable, and evoke extreme distress (Halligan, Michael, Clark, & Ehlers, 2003). According to the *DSM-IV,* PTSD is

> the development of characteristic symptoms following exposure to extreme traumatic stress or involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (American Psychiatric Association, 1994, p. 424)

The precipitating event would be substantially distressing to almost anyone and is "usually experienced with intense fear, terror, and helplessness" (American Psychiatric Association, 1994, p. 424).

PTSD is diagnosed by a mental health professional when the biological, psychological, and social effects of trauma are severe enough to have impaired a victim's social and occupational functioning. PTSD may be either acute (duration of symptoms less than 3 months) or chronic (when symptoms last longer than 3 months), or the victim may show a delayed onset (when at least 6 months have passed between the traumatic event and the onset of symptoms). The usual course is for symptoms to be strongest soon after the event and then diminish over time. Symptoms may be more severe and longer lasting if the trauma is perceived by the victim as intentionally human made rather than an accident or a natural catastrophe. In other words, victims of violence such

as rape, war, or a terrorist attack would be more likely to have long-lasting and more severe symptoms than those persons who experience a hurricane, earthquake, tornado, or an *accidental* plane crash.

PTSD symptoms include intense fear, helplessness, or horror. In addition, the victims continually reexperience the traumatic event in their thoughts and reactions, persistently avoid things that remind them of the incident, and have persistent symptoms of high levels of anxiety and stress that were not present before the trauma. The symptoms usually wax and wane, coming back and then going into remission for a time.

Surveys estimate that between 8% and 9% of all Americans adults suffer from PTSD (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Ozer, Best, Lipsey, & Weiss, 2003), although these figures may have changed since the terrorist attacks of September 11, 2001. Many Americans across the nation experienced considerable trauma after terrorists flew two airliners into the World Trade Center, killing more than 3,000 persons, and another airliner into the Pentagon. Still more were killed when passengers deflected a fourth plane that crashed into the ground in Pennsylvania. However, research done prior to the attacks on September 11 indicated that of the 50% to 60% of the U.S. population who are exposed to traumatic stress, only 5% to 10% develop PTSD (Ozer et al., 2003). These data suggest that people's reactions to stress are unique and different for each individual. It should be mentioned, however, that PTSD is underrecognized in routine clinical practice when PTSD symptoms are not the presenting complaint (Franklin, Sheeran, & Zimmerman, 2002).

The lifetime prevalence of PTSD for women is twice that for men (10.4% vs. 5.0%), according to a nationally representative sample of 5,877 people ages 15 to 45 years (Kessler et al., 1995). The prevalence of PTSD is high among immigrants and refugees in the United States, particularly those who immigrated because of war or political persecution and torture (Gorman, 2001; Ozer et al., 2003). In a national survey of male and female Vietnam War veterans (Weiss et al., 1992), it was estimated that 30.9% of men and 26.0% of women met the diagnosis criteria for PTSD at some point since their service in Vietnam (Ozer et al., 2003).

About 20 years ago, Kilpatrick et al. (1985) conducted a random community survey of more than 2,000 adult women who had personally experienced such trauma as rape, sexual molestation, robbery, and aggravated assault. The women were asked—among other things—whether they had thoughts of suicide after the incident, attempted suicide, or had a "nervous breakdown." The results clearly indicated that rape caused the most psychological trauma, with 19% of the rape victims attempting suicide, 44% reporting suicide ideation at some point after the rape, and 16% saying that they had "a nervous breakdown." A comparison sample of women who had *not* been victims of any traumatic incidents reported the following: 2.2% made suicide attempts, 6.8% had suicide ideation, and 3.3% said they had nervous breakdowns in their lifetimes. Resnick, Kilpatrick, Dansky, Saunders, and Best (1993) found that 32% of rape victims met the criteria of PTSD at some point in their lives following the incident. Similarly, a study titled *Rape in America: A Report to the Nation* found that 31% of the women who had been raped developed symptoms that fully meet the criteria of PTSD (National Center for Victims of Crime, 1992). The same report indicates that rape victims are three times more likely than nonvictims to suffer major depression and four times more likely to show PTSD symptoms.

The psychological aftermath of exposure to traumatic life experiences is highly variable, with some persons adjusting well and others showing significant adverse emotional and psychological consequences of considerable duration (Marshall & Schell, 2002). Many researchers continue to search for an array of personal, social, and environmental factors that may contribute to PTSD. However, research on who is most susceptible to

PTSD is unclear. It is apparent, though, that social support is both a prevention factor before the person experiences trauma and a factor that helps the person recover faster after the trauma (Ozer et al., 2003).

The research literature suggests that psychological harm is not qualitatively dissimilar for victims of different criminal offenses but rather is a matter of degree (Markesteyn, 1992). That is, although the psychological reactions displayed by victims of sexual assault, robbery, burglary, and kidnapping vary in intensity, the nature of their distress is similar (Markesteyn, 1992). Markesteyn (1992) proposes, therefore, that in general, a victim's reactions and recovery may be mediated by three classes of variables: (1) victims' previctimization characteristics, (2) victims' postvictimization abilities to cope, and (3) factors related to the criminal event. Previctimization variables refer to such things as ethnic/minority background, religious or spiritual beliefs, socioeconomic status, gender, and age. Perhaps, as we noted above, one of the most important previctimization variables is the quality and availability of supportive relationships. Factors related to the criminal event include the degree of violence involved and the location of the crime (e.g., home or outside the home). Victims who are attacked in an environment they perceive as being "safe" have been shown to experience more negative reactions than those attacked in "unsafe" locations (Markesteyn, 1992). Postvictimization factors include the various coping mechanisms available to crime victims, such as where to place the blame, perceived control over their lives, and social and professional support. Fear of being revictimized is especially powerful as a postvictimization reaction. For example, mugging victims reported an increased sense of vulnerability and an extreme awareness of themselves as potential targets of another mugging. Robbery victims refrain from going out at night, change their place of employment, move to a new house, or acquire weapons for self-defense (Cohn, 1974). On the basis of an extensive research literature review, Markesteyn (1992) concludes that "almost without exception, the research has demonstrated a correlation between the positive support people receive and their ability to adapt to and successfully overcome stressful life events" (p. 25). Victim services intervention appears to be especially critical.

Short-term psychological reactions to nondomestic assaults (robbery, aggravated and simple assaults) experienced by 40% of victims include anger, difficulty sleeping, uneasiness, confusion, bewilderment, denial, and fear (Markesteyn, 1992). The most serious reactions of depression, helplessness, loss of appetite, nausea, and malaise are reported by 20% to 40% of the victims. Most of these effects persist for up to 3 weeks. Three to 6 weeks later, approximately 15% of victims feel "very much" affected, and about 5% have lifelong reactions. Victims who do not receive support from others, especially professional intervention and treatment, are particularly at risk for developing subsequent psychological problems.

The impact of criminal violence extends beyond the direct victims, however. In 1997, 64% of Gallup poll respondents reported that they believe there is more crime than in previous years, despite the significant reductions in crime recorded nationally during the late 1990s (Walker & Kilpatrick, 2002). In an earlier poll (Kilpatrick, Seymour, & Boyle, 1991), 82% of the adults in the United States said they were personally very concerned about violent crime.

Homicide Victimization

On average, more than 21,000 people are murdered each year in the United States (Simon et al., 2001). Homicide victims represent the smallest proportion (.002%) of violent crime victims, but the psychological devastation experienced by survivors is enormous. Approximately 1 in every 10,000 Americans will become the victim of homicide during their lifetimes, a rate that has doubled since World War II (American Psychological Association, 1996). The nation's youth are especially vulnerable, with nearly 3 of

every 10,000 young males likely to be victims of homicides prior to their 18th birthday (American Psychological Association, 1996). Murder rates of young minority males living in impoverished areas of large cities are much higher, with 1 in every 333 becoming victims of homicide before reaching the age of 25. The homicide rate of juveniles in the United States is very high compared to other countries. For instance, the U.S. rate is five times higher than the rate of the other 25 developed countries *combined* and nearly double the rate of the country with the next highest rate (Finkelhor & Ormrod, 2001b). In this country, minority children and youth are disproportionately affected: 52% of juvenile victims of homicide are non-White.

Homicides of young children are committed primarily by family members (71%), usually by "personal weapons" (such as hands and feet) to batter, strangle, or suffocate victims (Finkelhor & Ormrod, 2001b). Although victims include approximately equal numbers of boys and girls, offenders include a disproportionate number of women (Finkelhor & Ormrod, 2001b). Children at the highest risk for homicide are those younger than age 1. Usually, children in this age group are killed by relatives who do not want the child or believe they are ill-equipped to provide for the child. When young children (younger than 5 years of age) are killed by parents, it is usually as a result of the demands and constant attention they require. Two of the most common triggers of young child homicide are crying that will not stop and toileting accidents (U.S. Advisory Board on Child Abuse and Neglect, 1995). These fatalities appear to be more common in conditions of poverty and in families marked by divorce or absence of the father.

Middle childhood (ages 6–11) is a time when homicide risk is relatively low, whereas the risk of homicide for teenagers (ages 12–17) is high, remaining constant in recent years at 10% higher than the average homicide rate for all persons (Fox & Zawitz, 2001). Unlike homicides of children younger than age 12, relatively few homicides of teenagers (9%) are committed by family members.

As pointed out by Finkelhor and Ormrod (2001b), the actual homicide rate for young children may be higher than the statistics suggest. Homicides of young children are difficult to document because they can resemble deaths resulting from accidents and other causes. A child who dies from sudden infant death syndrome (SIDS) may be difficult to distinguish from one who has been smothered, or a child who has been intentionally dropped may have injuries similar to those who died from an accidental fall (Finkelhor & Ormrod, 2001b).

Relationship of the Offender to the Victim

Figure 7.1 shows the relationship of the victim to the offender, based on 2001 data reported by the FBI. As illustrated, about 13% of the homicides were a result of one family member killing another family member. Figure 7.1 also shows the number of victims killed within the family and other known relationships, with wife and acquaintance victims being the most common.

The term **covictim** is often used to emphasize the depth of the homicide's emotional impact.

> In the aftermath of the murder it is the co-victim who deals with the medical examiner, the criminal and juvenile system, and the media. The term co-victim may be expanded to any group or community that is touched by the murder: a classroom, a dormitory, a school, an office, or a neighborhood. Most of the individuals who make up these communities are wounded emotionally, spiritually, and psychologically by a murder, some more deeply than others. (Ellis & Lord, 2002, p. 2)

To be effective, victim service providers must be knowledgeable and carefully trained to deal with the wide range of reactions and

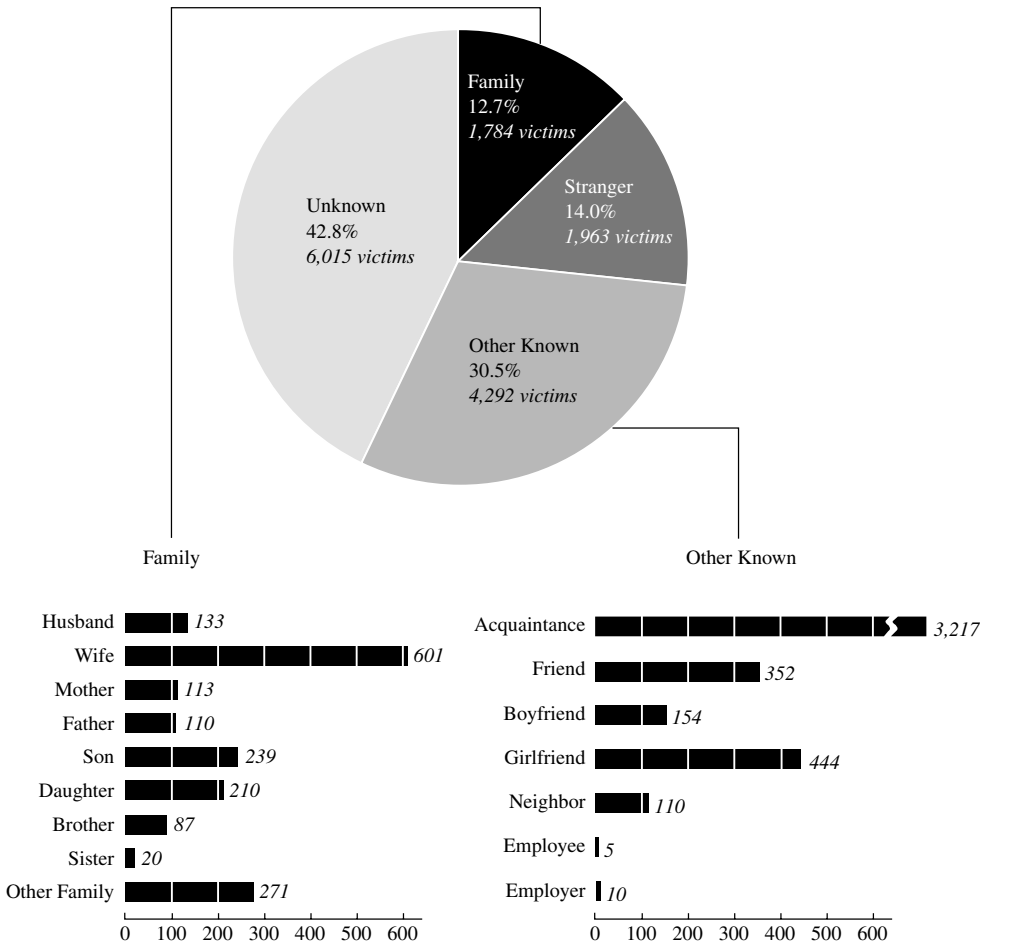

Figure 7.1 Relationship of Homicide Victims to Offenders

Note: Relationship is that of victim to offender. Figures are based on 14,054 murder victims for whom Supplementary Homicide Report data were received.

Source: Federal Bureau of Investigation (2002b).

needs of victims as well as the investigative and judicial processes involved in homicide cases. Competent, well-trained service providers are responsible and ethical professionals who recognize cultural diversity, understand the role that culture and ethnicity play with individuals and groups, and understand the socioeconomic and political factors that affect these groups (Hall, 1997). Covictims may respond to the notification of the death of their loved ones in a way that is compatible with their cultural/ethnic ways of dealing with death in combination with their psychological, emotional, and spiritual strengths.

Death Notification

Notification of family members of a death that resulted from violent crime is among the most challenging for professionals whose responsibility is to deliver the message (Ellis & Lord, 2002). The best available data indicate that nearly 2% of the adults in the U.S. population have lost an

immediate family member due to criminal homicide (Amick-McMullan, Kilpatrick, & Resnick, 1991; Walker & Kilpatrick, 2002). It is also very often the most traumatic event in the lives of family members and loved ones. Not only is **death notification** highly stressful and intense, but the survivors have had no time to prepare psychologically. An inappropriate or poorly done notification can prolong survivors' grieving process and delay their recovery from the trauma for years. During notification and thereafter, the covictim needs may include (1) an opportunity for ventilation of emotion; (2) calm, reassuring authority; (3) restoration of control; and (4) preparation for what they need to do next (Ellis & Lord, 2002).

Forensic psychologists would most likely be involved in death notification by training and providing supportive counseling to police officers, mental health professionals, and death notification teams who are expected to provide the services to families and covictims of violent crime on a regular basis. There are several models for training death notifiers, but the best known and probably the most heavily relied on model was developed by Mothers Against Drunk Driving (MADD) (Ellis & Lord, 2002). Several other handbooks or manuals with training suggestions for death notification are also available. The U.S. Office for Victims of Crime (OVC), in cooperation with the National Sheriffs' Association, has prepared a handbook titled *First Response to Victims of Crime 2001* (Gillis, 2001), and the National Organization for Victim Assistance (1998) has published the second edition of the *Community Crisis Response Team Training Manual.* Chapter 6 of the manual is directly related to procedures and suggestions for death notification. Janice Lord (1997, 2001) has also been a leading expert in developing practices for death notification and has written several manuals or brochures for the OVC. In 1995, the OVC supported the MADD protocol in revising their death notification curriculum and tested it in seven sites (Ellis & Lord, 2002). Experienced death notifiers reported that their greatest unmet educational needs were the following:

- Specific details on how to deliver a notification
- How to manage immediate reactions of the family
- How to manage their own reactions
- General aspects of death notification

According to Ellis and Lord (2002), death notifiers should be sensitive, mature, positive, and calm persons who sincerely wish to become a notifier. Stressed, anxious individuals who lack confidence in delivering the message properly probably should not be selected as notifiers. Because death notification is a stressful event for all participants, burnout is a prominent danger for those professionals who are intimately involved on a regular basis. An important role for the psychologists in these situations is to provide support and counseling to the victim service providers and be watchful for burnout symptoms.

Reactions of Homicide Covictims

Family members exhibit a wide range of emotions when a loved one is murdered. The available research suggests that the reactions of survivors of homicidal death differ significantly from those of people who grieve the loss of a loved one who died nonviolently (Sprang, McNeil, & Wright, 1989). The process of mourning for families of murder victims lasts longer, is more intense, and is more complex (Markesteyn, 1992). The grief reactions of homicide survivors appear to be deeper, display rage and vengefulness more often, and result in longer lasting anxiety and phobic reactions (Amick-McMullen, Kilpatrick, Veronen, & Smith, 1989; Markesteyn, 1992). According to the available data, most (about 75%) display symptoms of PTSD during the initial stages of grief and mourning (Markesteyn, 1992).

Covictim reactions may be especially intense if the deceased was subjected to torture, sexual assault, or other intrusive, heinous acts (Ellis & Lord, 2002). Covictims often need to be

reassured that the death was quick and painless and that suffering was minimal. "If the death was one of torture or of long duration, they may become emotionally fixated on what the victim must have felt and the terror experienced" (Ellis & Lord, 2002, chap. 12, p. 8). If the offender was of another racial/ethnic or other minority group, the covictim may develop a biased view of that particular group, which may have to be dealt with during counseling.

Hate or Bias Crime Victimization

The psychology of hate crimes and the trauma of discrimination have become increasingly important areas for forensic psychologists to address. Bias crimes often have long-term psychological and social repercussions that are extremely destructive to both the victims and their families (Seymour, Hook, & Grimes, 2002). Blacks still see racial discrimination and bias crimes to be dominant forces in their lives, despite the belief by White Americans that Black Americans are better off today than ever before (Dovidio, Gaertner, Kawakami, & Hodson, 2002). Contemporary racism is more subtle than the "traditional" racism that was blatant, extensive, and psychologically damaging, but it is still insidious.

In recent years, it has become apparent that sexual orientation bias has emerged as a dominant factor in hate crimes. Although difficult to verify, it is estimated that between 10% and 12% of the U.S. population may be gay or lesbian in their sexual orientation (Hall, 1997). Studies have consistently revealed that more than 90% of gay men and lesbians report some form of bias victimization. About half report they have been threatened with physical violence, and one fifth affirm they have been punched, kicked, or beaten because of their sexual orientation (Bernat, Cahoun, Adams, & Zeichner, 2001). The psychological effects of bias crimes based on sexual orientation may be more substantial than the effects of other nonbias crimes. For example, Herek, Gillis, and Cogan (1999) report, on the basis of their national survey, that hate crime victimization is associated with greater psychological distress for both gay men and lesbians compared to victims of equally violent nonbias crimes. Preliminary research indicates that victims of bias crimes due to sexual orientation manifested more symptoms of depression, anger, anxiety, and posttraumatic stress than the nonbias crime victims.

Victims of hate/bias crimes experience not only physical injuries and/or property damage but also a sense of extreme vulnerability as members of a targeted group (Seymour et al., 2002). The social and psychological effects on the victims are considerable and long lasting. Seymour et al. (2002) conclude that hate or bias crime "is nothing less than an assassination of one's own sense of self" (p. 2).

Sexual Assault Victimization

Characteristics of the Victims

Age

Rape and sexual assault is primarily a crime against youth. The National Women's Study (Tjaden & Thoennes, 1998) reported the following data concerning the age of victims:

- 32% of sexual assaults occurred when the victim was between the ages of 11 and 17,
- 29% of all forcible rapes occurred when the victim was younger than age 11,
- 22% occurred between the ages 18 and 24,
- 7% occurred between ages 25 and 29,
- 6% occurred when the victim was older than 29 years old.

Additional data collected from the National Incident-Based Reporting System (NIBRS) add a more comprehensive picture. The NIBRS indicates that more than two thirds of all victims of sexual assault reported to law enforcement agencies were juveniles (younger than age 18)

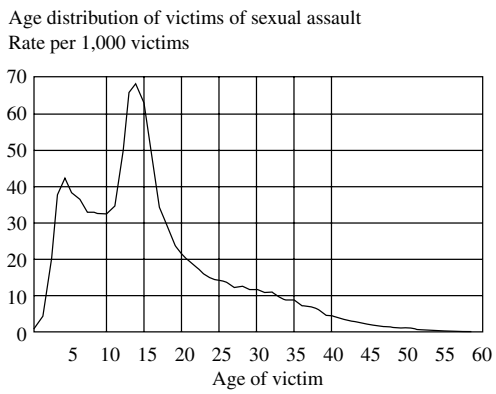

Figure 7.2 Age Distribution of Victims of Sexual Assault

Source: Snyder (2000).

(Snyder, 2000). More than half of all juvenile victims were younger than age 12. More specifically, 33% of all victims of sexual assault reported to law enforcement were ages 12 through 17, and 34% were younger than age 12. Fourteen percent of victims were younger than age 5 (see Figure 7.2). In fact, for victims younger than age 12, 4-year-olds were at greatest risk of being sexually assaulted.

Juveniles were the largest majority of the victims of forcible fondling (84%), forcible sodomy (79%), and sexual assault with an object (75%), but they were the victims in less than half (46%) of forcible rapes (Snyder, 2000).

Although babysitters are responsible for a relatively small portion of the crimes against young children (4.2%), children at risk of physical assaults by babysitters are younger (ages 1–3) than those at risk of sex crimes (ages 3–5) (Finkelhor & Ormrod, 2001a). Males constitute the majority of sex-offending babysitters reported to the police (77%), whereas females make up the majority of physical assaulters (64%).

Gender

Overall, an estimated 91% of the victims of rape and sexual assault are female (Greenfeld, 1997). The NIBRS data on juvenile victims show that females were more than six times as likely as males to be victims of sexual assault (Snyder, 2000). Moreover, 89% of the victims younger than age 6 were female. The majority of juvenile victims of forcible sodomy (54%) were males, whereas young females were the large majority of victims in incidents of sexual assault with an object (87%) and forcible fondling (82%).

The child molester, or pedophile, is almost always male, but the victim may be of either gender. As mentioned in Chapter 6, however, researchers are beginning to question the assumption that females rarely commit sexual assaults against children (Becker et al., 2001). Heterosexual pedophilia—male adult with female child—appears to be the more common type, with available data suggesting that three quarters of male pedophiles choose female victims exclusively (Langevin, 1983; Lanyon, 1986). Homosexual pedophilia—adult male with male child—appears to be substantially less frequent, occurring in about 20% to 23% of the reported cases. A small minority of pedophiles prefers children of either gender.

Extent of Injury to Victims

Data on physical injury from sexual assault reveals that

- 70% of rape victims reported no physical injuries,
- 4% sustained serious physical injuries,
- 24% received minor physical injuries.

These data suggest that most victims will not exhibit overt physical evidence that most people believe is characteristic of violent sexual attacks. Unfortunately, many people who do see no clear evidence of physical injury will conclude that the victim must have consented. In addition, even though some attacks do not result in physical injury or death, sexual assaults inflict enormous psychological harm on victims, especially children.

Relationship of the Victim to the Offender

Rape

The legal scope of forcible rape has traditionally been confined to imposed sexual contact or assault of adolescent and adult females who are not related to the offender. In view of the fact that rape most often occurs between acquaintances, relatives, and spouses, this traditional definition is drastically outdated. Kilpatrick et al. (2002), for example, report compelling evidence that most rapes are of intimate partners and not strangers. Their data indicate that

- 24.4% of rapists were strangers,
- 21.9% were husbands or ex-husbands,
- 19.5% were boyfriends or ex-boyfriends,
- 9.8% were relatives,
- 14.6% were other nonrelatives, such as friends or neighbors.

Still, many people (including the victims themselves) do not define sexual attacks as rape unless the assailant is a stranger. Thus, if the victim is sexually assaulted by a husband, boyfriend, or a "date," she is unlikely to report the incident. Criminal justice officials and the general public frequently feel that marital or date rape is unimportant because they believe that it is less psychologically traumatic to the victim and more difficult to prove. Prosecutors, for example, admit they are reluctant to prosecute marital or date rape cases because of concerns that it is difficult to convince juries that husbands or boyfriends could be sexual assailants (Kilpatrick, Best, Saunders, & Veronen, 1988). However, available data suggest that more than 40% of the total rapes that occur may be committed by husbands or male friends (Kilpatrick et al., 1988).

Child Sexual Abuse

In most cases of child sexual abuse, the offender and the victim often know one another, often very well, and the crime frequently involves relatives (incest). Many victims are simply looking for affection, wanting only to be hugged or cuddled or to have human contact. The offender frequently misinterprets this behavior as a form of "seduction" and misgauges the amount of power he has over the child. Very often, the child may participate in the molestation primarily because he or she is too frightened to protest. Research indicates that pedophiles, on average, tend to have positive feelings toward their victims, generally perceiving them as willing participants, and frequently victimize children living in their immediate households (Miner, Day, & Nafpaktitis, 1989). In many cases, the sexual behavior between the offender and the same child has gone on for a sustained period of time.

Other Victim Characteristics

Approximately 90% of the time, the rape or sexual attack involves a single offender. The most common reason given by adult victims of rape or sexual assault for reporting the crime to the police was to prevent further crimes by the offender against them. The most common reason reported by the victim for *not* reporting the crime to the police was that it was considered a personal matter. Nationally, per capita rates of rape are found to be highest among residents ages 16 to 19, low-income residents, and urban residents (Greenfeld, 1997). There are no significant differences in the rate of rape or sexual assault among racial groups.

Juvenile victims were more likely to be victimized in a residence than adult victims (Snyder, 2000). The most common nonresident locations for sexual assaults of juveniles are roadways, fields/woods, schools, and hotels/motels. The weapons most commonly used in sexually assaulting juveniles were hands and fists, referred to as "personal weapons."

Psychological Impact of Sexual Assault

Sexual assault produces a wide range of psychological reactions in its victim. In some of the literature on sexual assaults, the woman "victim" is now often referred to as a "survivor," "a label that emphasizes her strength and avoids the connotation of passivity associated with the label of 'victim'" (Felson, 2002, p. 136). However, we will continue to use the more recognized *victim* in this context to emphasize the point that we are talking about *victimization* of all kinds in this chapter and discussing the many *victim* services available. In this text, all victims are survivors.

Sexual victimization usually provokes some type of reaction and physical, social, psychological, and, in the case of students, academic loss. After a sexual assault, some student victims have difficulty in concentrating, begin to miss classes, and fall behind in their school assignments. Some withdraw completely from high school or college. Furthermore, service providers and psychologists should be aware that many victims of sexual assault are often concerned about people finding out about the assault, such as family members (Kilpatrick et al., 2002).

Among the more common psychological reactions to sexual assault are PTSD, shame, helplessness, anger, and/or depression. The quality of life usually suffers as victims experience sleeplessness, nightmares, social isolation, flashbacks, and intense feelings of insecurity. Some research finds that 94% of rape victims met symptomatic criteria for PTSD shortly after the assault, and 47% continued to show symptoms of PTSD 3 months after the assault (Foa, Rothbaum, Riggs, & Murdock, 1991). In another study, 16.5% of rape victims showed PTSD symptoms 17 years after the assault (Kilpatrick, Saunders, Veronen, Best, & Von, 1987). Some of the mental health problems become life threatening in nature. Rape victims are 4 times more likely than noncrime victims to have contemplated suicide (Kilpatrick et al., 2002). Moreover, "rape victims were also 13 times more likely than noncrime victims to have actually made a suicide attempt (13% vs. 1%)" (Kilpatrick et al., 2002, chap. 10, p. 15).

One controversial topic in the sexual assault literature is the concept of **rape trauma syndrome** (RTS). RTS was first introduced by researchers Ann Burgess and Lynda Holmstrom (1974) as a two-phase description of the commonly shared experiences of rape victims in the emergency room (Boeschen, Sales, & Koss, 1998). The description, or model, "consists of an 'acute' state of extreme fear and other emotional, physical, and psychological symptoms experienced immediately after a rape, and a second, 'reorganizational' phase of the more moderate and varied symptoms that appear in the course of recovery" (Boeschen et al., 1998, pp. 416–417). However, the RTS has been found to be problematic in the courtroom for a variety of reasons. One of its major problems is that the syndrome has not been supported by research (Frazier & Borgida, 1992). Although the original Burgess and Holmstrom study was important in raising awareness about the traumatic effects of sexual assault, "it was quite limited methodologically, and many of its results have not been replicated" (Frazier & Borgida, 1992, p. 299). Forensic psychologists (Boeschen et al., 1998; Frazier & Borgida, 1992) strongly recommend that PTSD replace RTS as more meaningful and research-based concept. For one thing, the term *PTSD* is viewed as less prejudicial than RTS because the former does not equate the symptoms exclusively with rape. Furthermore, PTSD is recognized as a well-received term by psychiatrists and psychologists and is found in the *DSM-IV* with distinct diagnostic criteria. Finally, a number of valid psychological measures and self-report inventories are available for PTSD.

Forensic psychologists and other psychologists working in forensic settings are often asked to do an assessment, provide treatment, or become an expert witness in sexual assault cases. The assessment may be done to evaluate the victim's claims, responses, and reactions, especially if they appear to be life threatening. The psychologist should be knowledgeable about the victim's cultural and

ethnic background and how that culture perceives victims of sexual assault. A number of rating scales and psychological inventories are available to document the victim's level of trauma.

Expert testimony in the case might occur in a criminal or a civil case. A civil case may involve a victim suing an alleged attacker to recover damages or suing a third party for failing to provide adequate protection. A psychologist might testify in support of the victim's claim of severe emotional injuries, such as PTSD, which has led to the devastation of her (or his) social, occupational, and/or financial life.

Psychological Effects of Child Sexual Abuse

Child sexual abuse is the exploitation of a child or adolescent for another person's sexual and control gratification (Whitcomb, Hook, & Alexander, 2002). Research offers strong support for the assumption that sexual abuse in childhood (both violent and nonviolent) produces long-term psychological problems (Briere, 1988). Reports of severe depression, guilt, strong feelings of inferiority or inadequacy, substance abuse, suicidality, anxiety, sleep problems, and fears and phobias are common. Children may feel responsible for the abuse because no obvious force or threat was used by the adult, and only after the victims become adults do they realize that they were powerless to protect themselves.

The overwhelming evidence from both clinical and empirical studies is that most victims of sexual abuse are negatively affected by their experience (Haugaard & Reppucci, 1988). However, the long-term effects of child sexual abuse are unclear and appear to differ significantly from individual to individual. Although some victims apparently suffer no negative long-term consequences, studies with adults confirm the long-term effects of sexual abuse mentioned in the clinical literature for a majority of the victims (Browne & Finkelhor, 1986). For example, adults who were sexually victimized as children are more likely to manifest depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, and substance abuse. A history of childhood sexual abuse is also associated with greater risk for mental health and adjustment problems in adulthood.

Studies suggest that sexual abuse by fathers or stepfathers may have a more negative impact than abuse by perpetrators outside the home (Browne & Finkelhor, 1986). Furthermore, the use of force or physical coercion in the assault usually results in more trauma for the child (Browne & Finkelhor, 1986). Experiences involving intercourse or attempted intercourse and genital contact by mouth also seem to be more troubling than acts involving touching of unclothed breasts or genitals. Penetration is especially traumatic for the young victim.

The child sexual abuse syndrome (CSAS) or **child sexual abuse accommodation syndrome (CSAAS),** originally proposed by Summit (1983), has received considerable attention in the literature. The syndrome is reserved for a cluster of behaviors that occur in children who have been victims of sexual abuse by a family member or by a trusted adult. According to Summit, children do not necessarily have an innate sense that sexual activity with an adult is wrong. However, if the sexual activity continues, the adults usually must pressure or threaten the child to prevent others from knowing about the activity. Often, the abuser presents these threats and pressures in such a way that the child is led to believe something terrible will happen (perhaps to a family member) if this "private" knowledge becomes known. Hence, the child is placed in the position of being responsible for the welfare of the family. The child also feels helpless to stop the activity. Thus, the child must "accommodate" these secrets into his or her daily living pattern.

However, there is still question whether the child sexual abuse syndrome actually exists. "At this point, professionals have not reached consensus on whether a syndrome exists that can detect child sexual abuse" (Myers, 1991, p. 82). Haugaard and Reppucci (1988) write, "The

principal flaw with the notion of a specific syndrome is that no evidence indicates that it can discriminate between sexually abused children and those who have experienced other trauma" (pp. 177–178). Many of the behaviors listed by Summit (1983) may occur in any child who has experienced other types of trauma besides sexual abuse, although the behaviors usually do not demonstrate precocious sexual awareness. "As a result, one cannot reliably say that a child exhibiting a certain combination of behaviors has been sexually abused rather than, for instance, physically abused, neglected, or brought up by psychotic or antisocial parents" (Haugaard & Reppucci, 1988, p. 178).

Similar to rape trauma syndrome, child sexual abuse accommodation syndrome has questionable validity as a meaningful diagnosis or indicator of sexual abuse. On the other hand, children are highly vulnerable to PTSD, a more useful concept in describing the psychological impact of child sexual abuse (Whitcomb et al., 2002).

In child sexual abuse cases, the forensic psychologist may be asked to evaluate the child to determine if the allegations have foundation and, if they do, what level of trauma has been experienced. The forensic psychologist may also be asked to assess the competency of the child to testify in the case and may also help in preparing the child to testify. Finally, the psychologist may also be an expert witness in the case, such as testifying about the validity of the child's memory or level of understanding.

Property Crime Victimization

Research on the effects of victimization in property crimes is very limited. Consequently, we will only touch on the effects of burglary.

Psychological Impact of Burglary

According to the UCR, **burglary** is the unlawful entry of a structure, with or without force, with intent to commit a theft or other felony. According to the NCVS (Bureau of Justice Statistics, 2002b), approximately 4 million residences are burglarized each year. Although there is a considerable amount of information on burglary and how to prevent it, very little information is available for how most people react or adjust to this frequent crime.

Burglary is officially classified as a property crime, but it is also in many ways an interpersonal crime (Merry & Harsent, 2000). Many victims of burglary feel psychologically traumatized beyond the simple material loss. The invasion of the safety, privacy, and sanctity of the home can be discomforting and stressful, and a victim may take a long time to recover from the invasion. "It is a special place that is central to our daily lives, a place that is at the beginning and end of most our journeys; it is chosen and personalized" (Merry & Harsent, 2000, p. 36). Some victims describe burglary as a rape of their home, especially in cases when the burglar disturbed or damaged personal photographs, letters, and diaries. The distress levels tend to be more pronounced when the invasion extends to personal sectors of the home, such as bedrooms, closets, chests of drawers, bathrooms, and desks. Some victims, after being burglarized, install security systems, increase and improve the locks, buy "guard" dogs, or even move to new homes.

Some burglars also try to upset the members of the residence by leaving messages or items, vandalizing some personal items, or indicating they will be back. According to Merry and Harsent (2000), this aspect represents the "interpersonal dimension" of the crime. The emotional reactions of burglarized victims to these "signatures" often run the gamut from anger to fear and depression (Brown & Harris, 1989). It may well be that the victim's feelings of fear, vulnerability, or even anger are psychological reactions or "losses" that can be translated into psychological "gains" for the offender. Therefore, the burglar may gain materially as well as psychologically.

Most items stolen are never recovered, and if the property has unique or sentimental value for the

victim, emotional reactions can be intense. It is not unusual for the victim or victims to become angry toward the police for their seeming lack of concern.

Summary and Conclusions

As we noted at the beginning of the chapter, forensic psychologists will be increasingly employed as consultants, instructors, expert witnesses, evaluators, therapists, and service providers to victim service organizations in the coming years. In the chapter, we explored some of the many areas in which their services will be most needed in the very near future. We described the well-trained forensic psychologist as being equipped with a deep appreciation for **multiculturalism** and the many diverse cultures she or he will work with. The knowledgeable forensic psychologist will also be capable of working with many victims with disabilities, a group that represents a very large, diverse, but underserved population in American society.

We learned that the many forms of psychotherapy are largely based on European, White values and beliefs and are in need of considerable revision if they are to be effective with ethnically and culturally diverse populations. We reviewed some highlights of victim rights, with an emphasis on victims who must deal with the criminal justice system.

Crime victimization data were covered briefly, focusing on some of the racial, ethnic/minority differences reported in the available victimization statistics. The psychological effects of criminal victimization, particularly violent victimization, were described in some detail. PTSDs appear to be the most common psychological reactions to crime of all kinds, although the reactions are usually most intense and long lasting after a violent incident. The covictims of homicide incidents, especially when the dead victim is a family member, are especially devastated and probably never fully recover. Sexual assault also represents a highly traumatic event that is often followed by a wide range of psychological reactions and disorders, especially PTSD. Child sexual abuse is not only common, but the long-lasting psychological damage for some children will remain with them for the rest of their lives. However, the chapter also emphasizes that victims respond to trauma and disaster differently, with some coping extremely well while others struggle. Consequently, the existence of "textbook syndromes" as a direct result of victimization should be viewed cautiously and with the expectation that many—perhaps most—victims do not exhibit a set pattern of symptoms. Therefore, indications of rape trauma syndrome or child sexual abuse accommodation syndrome may not occur in most rape victims or sexually abused children.

Property crime victimization and its psychological consequences are unexplored areas. Thus, we could only briefly touch on the psychological effects of burglary victimization because it was one of the very few areas of property crime that has received any significant research. All crimes engender psychological effects and potential scars on their victims. Therefore, an area worth exploring for those forensic psychologists interested in doing research would be the psychological effects of property crime on its victims.