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Impacts of Victimization on a Person

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ABSTRACT

Victimization leaves Grave impacts on the Victim's Physical health, Mental health as well as financial state. It leaves an impact on an individual's ability to perform across a variety of roles, including those related to parenting, intimate relationships, and occupational and social functioning. It causes disruptions in social activities and impaired functioning in social relationships.

This paper attempts to explain the Impacts that Victimization leaves on a person.

Firstly, it explains what Victimization is; it Classifies Victimization, then it goes on to explain the Impacts of Victimization on a person's physical health, Financial state, Psychology and Social Functioning, with special emphasis being on the Victim's Psychology.

I. INTRODUCTION

“Victim” has been defined under ICC (International Criminal Court) statute as ‘natural persons who have suffered harm as a result of the commission of any crime within the jurisdiction of the ICC. It includes “legal entities that have sustained direct harm to any of their property, which is dedicated to religion, education, art or science or charitable purposes, and to their historic monuments, hospitals and other places and objects for humanitarian purposes.”²

Victims of crime are dealt with differently through ages. At times they have received attention, and at times they are neglected.

“For too long, the law has centred its attention more on the rights of criminals than on victims of the crime. It is high time we reverse the trend and put the highest priority on the victims and potential Victims.” -Gerald R. Ford³

The principles and procedures used to protect the interests of victims have also varied depending upon the side to which the pendulum swings. Sometimes the emphasis is on punishing the criminal and rendering justice to the society which is wronged by the criminal, and sometimes the emphasis is on reparation to the Victim. The relevant principles have

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² *The rules of Procedure and Evidence of ICC*, 31, <https://www.icc-cpi.int/iccdocs/pids/legal-texts/rulesprocedureevidenceeng.pdf>

³ American President in the American Congress (1975).

evolved through the crucible of time and have taken the present shape.⁴

Victimology focuses on the Victim, the type and costs of Victimization, the causes of being victimized, and the effects of Victimization on the careers of the Victim. It is an investigation of victims of crime, including their qualities and their associations with criminals and the criminal justice system.⁵

Victimization is an asymmetrical interpersonal relationship that is abusive, painful, destructive, parasitical, and unfair. It is the scientific study of the physical, emotional, and financial harm which people suffer because of illegal activities. The study of Victimization includes the relationships between victims and offenders, the interactions between victims and the criminal justice system, viz. the police and courts, and correctional officials and the connections between victims and other social groups and institutions, such as the media, businesses, and social movements. It is a highly complex process surrounded by a number of possible factors. The first factor, which is called 'primary victimization', comprises all the interactions that might have taken place between offender and 'victim' during the commission of the offence, plus any after-effects arising from this interaction or from the offence itself.

The second factor encompasses 'the Victim's reaction to the offence, including any change in self-perception that may result from it, plus any formal response that she or he may choose to make to it.

The third factor consists of further interactions that may take place between 'the victim' and others, including the various criminal justice agencies with whom the Victim may come into contact as a result of this response. Sometimes this interaction has a further negative impact on the Victim and is often referred to as 'secondary victimization.'⁶

II. CLASSIFICATION OF VICTIMIZATION

There are various classes of Victimization. One way of classifying them is as under⁷ :

(A) Primary Victimization

Primary Victimization is personal Victimization. In this, an actual person or group of people become first-hand victims of a crime. This can be done because of a personal vendetta against

⁴ Patil C.S., *Protection of Victims Rights in Criminal Justice System: A critical study*, SHODHGANGA (Oct. 16, 2021, 10:30 AM), http://shodhganga.inflibnet.ac.in:8080/jspui/bitstream/10603/226732/11/11_chapter-iii%20victims%ef%bf%bd%20rights%20ef%bf%bd%20a%20conceptual%20analysis.pdf .

⁵ *Victimology*, WHAT-WHEN-HOW (Oct. 16, 2021, 9:43 PM), <http://what-when-how.com/interpersonal-violence/victimology/>.

⁶ *Id.* at 3.

⁷ Akash Shah, *Victims, victimization and victimology*, LEGAL SERVICES INDIA (Oct. 16, 2021, 10:40 AM), http://www.legalservicesindia.com/article/print.php?art_id=1349 .

a single person or a specific group of people, such as someone getting revenge for significant other cheating with a person.⁸ Certain crimes involve physical effects, which are prone to include some level of torment and enduring, and may involve loss of ability, some level of inadequacy and or conceivable temporary deformation. Numerous crimes additionally have financial losses, which may be either immediate or otherwise. Very often, crimes result in additional costs that may be incurred, for example, in seeking medical treatment or legal advice, or loss of income as a result of attending to the crime and its aftermath, or possible loss of future earning potential. Similarly, certain crimes cause mental agony in the forms of anxiety, depression and fear and also affect the social relationships of the Victim with his family, colleagues and friends.⁹

(B) Secondary Victimization

Secondary Victimization is also known as post-crime Victimization. It refers to the Victimization that takes place indirectly from a criminal act. It relates to further Victimization following on from the original Victimization. For example, the Victim blaming inappropriate treatment by the medical personnel or other agencies with which the Victim has contact may further add to the Victim's suffering. Victims may also experience secondary Victimization by the justice system by getting neglected by the court officials in informing them about the progress of the case and updates. This apathy by the system sometimes leads to their frustration and confusion, and in turn, the Victim develops a declination in willingness to participate in the proceedings.¹⁰

(C) Re-victimization

Repeat victimization takes place when the Victim experiences the same crime by the same offender. This normally results when the victims reside in the home or locality where the potential group of offenders lives. For example, the act of domestic violence and of sexual offence will be repeated because victims continue to live with the offenders. Such victims are generally unprotected and are more at risk of repeat victimization. The repeat victimization will disappoint the victims, who will be forced to report their plight to the police and criminal justice system. The repeated Victimization against them causes a lot of mental agony to the victims.¹¹

⁸ ROBERT J. Meadows, UNDERSTANDING VIOLENCE AND VICTIMIZATION (4th ed. 2007).

⁹ *Id.* at 3.

¹⁰ *Id.*

¹¹ *Id.* at 3.

III. IMPACTS OF VICTIMIZATION ON A PERSON

The physical impacts of Victimization

At the time of a crime, or upon discovering that a crime has occurred, victims are likely to experience a number of physical reactions to the event.

These may include an increase in the adrenalin in the body, increased heart rate, hyperventilation, shaking, tears, numbness, a feeling of being frozen or experiencing events in slow motion, dryness of the mouth, enhancement of particular senses, such as smell, and a “fight or flight” response. It is common for people to lose control over their bowel movements. Some of these physical reactions may not occur until after the danger has passed. They may recur at a later stage when the memory of the crime returns.

After the crime, victims may suffer a range of physical effects, including insomnia, appetite disturbance, lethargy, headaches, muscle tension, nausea and decreased libido. Such reactions may persist for some time after the crime has occurred.

Physical injuries resulting from Victimization may not always be immediately apparent. This may be particularly true in cases of domestic violence where the injuries occur on parts of the body that are normally clothed.¹²

Facial injuries are by far the most frequent in other forms of assault. Victims may suffer a range of physical damage, including abrasions and bruises, broken nose, cheekbone or jawbone and damage to or loss of teeth. Other injuries will be associated with assaults involving knives or firearms.

Physical injuries may be a permanent effect of crime, and there is evidence that this has a negative effect on long-term psychological recovery since the physical scars serve as a constant reminder of the crime. Cultural, gender and occupational factors may affect the individual’s reaction to permanent scarring or disability, as will the reaction of others.¹³

The financial impacts of Victimization

The financial impact of crime is less well documented. Victims may incur costs in the following ways:

- Repairing property or replacing possessions,
- Installing security measures,

¹² HANDBOOK ON JUSTICE FOR VICTIMS-UNODCCP 4-6

¹³ Id at 13.

- Accessing health services,
- Participating in the criminal justice process, for example, attending the trial,
- Obtaining professional counselling to come to terms with the emotional impact,
- Taking time off work or from other income-generating activities,
- Funeral or burial expenses.

In some cases, victims may feel a need to move, a process likely to entail financial costs. As a result of the crime, the value of the property may decrease.

In the long term, crime can adversely impact the Victim's employment. The Victim may find it impossible to return to work, or their work performance may be adversely affected, resulting in demotion, loss of pay and possibly dismissal. This is particularly likely where the crime occurred at work, as it may be difficult for the Victim to avoid people or situations that led to the initial Victimization.¹⁴

The marital and other relationships of crime victims are also likely to be affected, and this may have a significant effect on the family's financial position.

Research shows that the shock waves from victimization touch not only the Victim but also the Victim's immediate family and relatives, neighbours and acquaintances. This holds true for the emotional as well as the financial consequences, and the effects can endure for years or even a lifetime. In the case of genocide, child abuse, exposure to violence and abuse of power, the effects can be passed on from one generation to the next.

While this is to be expected in connection with offences such as murder, torture and rape, the crimes of assault, robbery and burglary can also leave lasting feelings of powerlessness, insecurity, anger and fear.

Not only individuals but also communities and organizations can be victimized, leading to their deterioration over time as confidence ebbs, fear increases, and the economic burden of Victimization becomes insupportable.

The effects of victimization strike particularly hard at the poor, the powerless, the disabled and the socially isolated. Research shows that those already affected by prior Victimization are particularly susceptible to subsequent Victimization by the same or other forms of crime. These repeat victims are often found in many countries to reside in communities with high crime

¹⁴ Id at 13.

levels and are also a common phenomenon during times of war.¹⁵

IV. IMPACTS ON ‘SOCIAL FUNCTIONING’ OF THE VICTIM

Crime victimization can impact an individual’s ability to perform across a variety of roles, including those related to parenting, intimate relationships, and occupational and social functioning.

Crime victimization can also cause disruptions in social activities and impaired functioning in social relationships. Multiple studies have found that sexual assault victims experience subsequent impairments in their social and leisure activities (e.g., Ellis, Atkeson, & Calhoun, 1981; Kilpatrick et al., 1987). Specifically, in a meta-analysis of six general population studies, victims of sexual assault were less likely than non-victims to report at least weekly contact with friends or relatives and also reported less emotional support from friends and relatives (Golding, Wilsnack, & Cooper, 2002).

In addition to the effects of Victimization on role functioning, researchers postulate a link between crime and the Victim’s report of life satisfaction and well-being.¹⁶

Psychological impacts of Victimization

Crime is usually experienced as more serious than an accident or similar misfortune. It is difficult to come to terms with the fact that loss and injury have been caused by the deliberate act of another human being. At the same time, it is evident from research and experience that it is impossible to predict how an individual will respond to a particular crime.

V. STAGES OF REACTION TO CRIME

One way of conceptualizing common reactions to the crime is as a process with four stages.

The initial reaction may include shock, fear, anger, helplessness, disbelief and guilt. Such reactions are well documented in the immediate aftermath of a crime. Some of these reactions may recur at a later stage as well, for example, when attending a trial or going to the hospital for medical treatment. Anger is a reaction that some victims and helpers find difficult to deal with. It may be directed at other victims, helpers, bystanders, organizations and also at oneself. Among some groups and in some cultures, there may be a feeling that it is wrong to express anger even when it is strongly felt. There may be pressure on victims to control their emotions.

¹⁵ Id at 13.

¹⁶ Rochelle F. Hanson et al. , *The Impacts Of Victimization On Quality Of Life*, US NATIONAL LIBRARY OF MEDICINE NATIONAL INSTITUTES OF HEALTH, (Oct. 25, 2010, 8:20 PM), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2910433/> .

These initial reactions may be followed by a period of disorganization, which may manifest itself in psychological effects such as distressing thoughts about the event, nightmares, depression, guilt, fear and a loss of confidence and esteem. Life can seem to slow down and lose its meaning. Previously held beliefs and faiths may no longer provide comfort. Behavioural responses might include increased alcohol or substance abuse, fragmentation of social relationships, avoidance of people and situations associated with the crime and social withdrawal.¹⁷

VI. THE PERIOD OF RECONSTRUCTION

For many people, there then follows a period of reconstruction and acceptance, which leads to normalization or adjustment. The early stages of coming to terms with a crime are often characterized by retrospective thinking, where victims long for everything to be as it was before and to turn the clock back. This crucial stage in recovery involves victims' accepting fully the reality of what has happened. The cognitive restructuring may be required, in which victims reinterpret their experience to ameliorate the effects of the crime and possibly find an explanation for what has happened or evaluate the event as leading to personal growth.

The boundaries between these different stages are never as clear-cut as suggested here, and the divisions are intended as an aid to understanding the process rather than categorical descriptions. Equally, victims may not progress smoothly through the stages but may oscillate at times between them.

The extent to which individuals (victims, witnesses, family members, community members) may be affected by crime will vary enormously; at one extreme, people may shrug off serious crimes with no noticeable effects, while, at the other extreme, they become "stuck" at a particular stage and never move on.

Now we are done with the Initial Stages of reaction to the crime. But as we will see in the following section, the 'Psychological Trauma' remains with the 'victim' well after the happening of the crime:-

1) Post-traumatic stress disorder

In 1980, the American Psychiatric Association added post-traumatic stress disorder (PTSD) to the third edition of its *Diagnostic and Statistical Manual of Mental Disorders*, which is its nosological classification scheme (subsequently revised in 1987, with a fourth edition published in 1994). The World Health Organization has refined its classification of such

¹⁷ HANDBOOK ON JUSTICE FOR VICTIMS-UNODCCP 6-9 (1999)

disorders in the tenth edition of the International Classification of Diseases. From a historical perspective, the significant change introduced by the PTSD concept was the stipulation that the aetiological agent was outside the individual (i.e. the traumatic event) rather than an inherent individual weakness (i.e. a traumatic neurosis). The key to understanding the scientific basis and clinical expression of PTSD is the concept of “trauma”.¹⁸

A traumatic event was conceptualized as clearly distinct from the very painful stressors that constitute the normal vicissitudes of life, such as divorce, failure, rejection, serious illness, financial reverses and the like. This dichotomization between traumatic and other stressors was based on the assumption that, although most individuals have the ability to cope with ordinary stress, their adaptive capacities are likely to be overwhelmed when confronted by a traumatic stressor.

There are individual variations in the capacity to cope with catastrophic stress. While some people exposed to traumatic events do not develop PTSD, some meet the criteria for acute stress disorder, which generally lasts no more than four weeks after the event, while others go on to develop full-blown PTSD. As is the case with pain, the traumatic experience is filtered through cognitive and emotional processes before it can be appraised as an extreme threat. Because of individual differences in this appraisal process, different people appear to have different trauma thresholds, some being more protected and others more vulnerable to developing clinical symptoms after exposure to extremely stressful situations. It must be emphasized, however, that exposure to events such as rape, torture, genocide and severe war zone stress is experienced as traumatic almost universally. Recent data from the National Comorbidity Survey of the United States of America indicate that PTSD prevalence rates are 5 per cent among American men and 10 per cent among American women.¹⁹

Diagnostic criteria for PTSD include a history of exposure to a “traumatic event” and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A further criterion relates to the duration of symptoms. Unlike acute stress reactions, which can appear within minutes of exceptional stress and disappear within a few hours or a few days at the most, particularly if the stress was transient, PTSD arises as a delayed or protracted response to an exceptionally stressful event. It usually starts within a few days or weeks of the traumatic event. The course fluctuates in severity, and although most victims recover, some continue with symptoms for years or a whole

¹⁸ Id at 17.

¹⁹ Id at 17.

lifetime. Furthermore, there is evidence of intergenerational transmission whereby the children of survivors of trauma also exhibit PTSD symptoms.

The intrusive recollection criterion includes symptoms that are perhaps the most distinctive and readily identifiable symptoms of PTSD. For individuals with PTSD, the traumatic event remains, sometimes for decades or a lifetime, a dominating psychological experience that retains its power to provoke panic, terror, dread, grief or despair, as manifested in daytime fantasies, traumatic nightmares or psychotic re-enactments known as PTSD flashbacks.

The avoidant/numbing criterion consists of symptoms reflecting behavioural, cognitive or emotional strategies by which PTSD patients attempt to reduce the likelihood that they will either expose themselves to trauma-mimetic stimuli or, if exposed, minimize the intensity of their psychological response. Behavioural strategies include avoiding any situation in which they perceive a risk of confronting such stimuli. The symptoms encompassed by the hyper-arousal criterion most closely resemble those observed in panic and generalized anxiety disorder.²⁰

2) Post-traumatic stress and the “conspiracy of silence.”

The denial of psychic trauma and its consequences has been a prevalent and consistent theme throughout the twentieth century. There is good evidence for the claim that when people relate their trauma and are not believed (a frequent occurrence), it is because others do not want to know. To listen, to share and to gain an insight into the horrible experiences of others reminds us of our own unmitigated vulnerability, helplessness and powerlessness. Another form of rationalization is “blaming the victim”, as in blaming the rape victim for having walked alone or dressed attractively.²¹

Stressful life events seem to unleash a strong need for sharing in victims. However, following extreme traumatic events, victims may participate in the “conspiracy of silence” by not sharing their experiences and their aftermath; in their study of torture victims, Weisaeth and Lind²² found that fewer than 1 out of 10 victims disclosed details of their experience after their release. Certain experiences are seldom revealed unless specifically asked about by another who is experienced as trustworthy and therefore as a potential source of support.

²⁰ Id at 17.

²¹ Id at 17.

²² L. Weisaeth & I. Lind, *A follow-up study of a tortured Norwegian ship's crew*, J. E. Lundeberg & U. Otto, *Wartime Medical Services: Proceedings of the 2nd International Conference*, SWED. DEF. RES. INST., 397-412 (1990).

Although modern telecommunications provide more and more instantaneous information on events around the world, the argument has been made that increasing and intense “coverage” may lead to apathy as efforts to cope with the ever-present, overwhelming news of disturbing events result in a psychological distancing from the suffering. With the parallel exposure to fictional film and video, the distinction between reality and fantasy is blurred. War may even become entertainment. The worst-case scenario occurs when the world is a helpless eyewitness, and its efforts are merely symbolic, aimed solely at giving the impression that something is being done. However, it should be noted that the alternative view holds that telecommunications advances are a major contributing factor to the increase of human concern for others.

3) Effect of trauma on subsequent responses

The literature on the role of prior trauma in subsequent trauma response affords two contrasting perspectives. The first, the vulnerability perspective, holds that prior trauma leaves permanent psychic damage that renders survivors more vulnerable when subsequently faced with extreme stress. The second, the resilience perspective, holds that coping well with initial trauma will strengthen resistance to the effects of future trauma. Both perspectives recognize individual differences in response to trauma, that exposure to massive trauma may overwhelm predisposition and previous experience and that post-trauma human and environmental factors play important roles in adaptation.²³

Recent evidence from both Holocaust survivors and combat veterans clearly supports the vulnerability perspective. Subsequent life events such as retirement, children leaving home, the death of a loved one and other stressful events served as triggers that accelerate and unmask latent PTSD.

Solomon and Prager found similar results in elderly Israeli Holocaust survivors during the Gulf War²⁴. Likewise, the first neurobiological study of Holocaust survivors provides evidence that the biological abnormalities in younger PTSD patients persist in elderly survivors.

These and other studies suggest similar lifelong effects of trauma in other victim populations, most notable survivors of mass Victimization. Recent studies indicate that crime victimization increases the risk of depression, PTSD, substance abuse and smoking among women aged 50 and over from a national population sample of women. These findings underline the importance

²³ Id at 17.

²⁴ Solomon & E. Prager, *Elderly Israeli Holocaust survivors during the Gulf War; a study of psychological distress*, 149 AM. J. PSYCHIATRY, 1707-1710 (1992).

of examining all populations that have been exposed to serious trauma. The issues concerned may be particularly applicable to populations that have suffered massive psychic trauma, such as Armenians, Cambodians, Rwandans and torture victims from various other countries. Recent tragic events in countries such as Bosnia and Herzegovina, Somalia and Sudan will undoubtedly take a long-range toll and require intervention and long-term prevention strategies. It is, therefore, both a clinical and a social policy task to incorporate a multidimensional and interdisciplinary framework in designing appropriate responses.²⁵

VII. CONCLUSION

Victimization leaves Grave impacts on the Victim's Physical health, Mental health as well as financial state.

The Impacts of Victimization are not limited to the Victim. The family members, close relatives, friends, society members are also disturbed. The Victim's Psyche is disturbed for a long time after the incident. There are many problems he/she has to face like post-traumatic stress, anxiety attacks, self-harming behaviour, uncontrolled anger issues etc. Victimization can impact an individual's ability to perform across a variety of roles, including those related to parenting, intimate relationships, and occupational and social functioning. It can also cause disruptions in social activities and impaired functioning in social relationships.

Even after the Victim comes to terms with the criminal incident, there is a chance of recurring anxiety attacks, depression, fear, anger issues etc.

²⁵ Id at 17.