



National Library  
of Canada

Canadian Theses Service

Ottawa, Canada  
K1A 0N4

Bibliothèque nationale  
du Canada

Services des thèses canadiennes

## CANADIAN THESES

### NOTICE

The quality of this microfiche is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this film is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30.

**THIS DISSERTATION  
HAS BEEN MICROFILMED  
EXACTLY AS RECEIVED**

## THÈSES CANADIENNES

### AVIS

La qualité de cette microfiche dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

Les documents qui font déjà l'objet d'un droit d'auteur (articles de revue, examens publiés, etc.) ne sont pas microfilmés.

La reproduction, même partielle, de ce microfilm est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30.

**LA THÈSE A ÉTÉ  
MICROFILMÉE TELLE QUE  
NOUS L'AVONS REÇUE**

VICTIMS OF VIOLENT CRIMES: STUDY OF VICTIM SERVICES IN  
OTTAWA AND THEIR TREATMENT OF POST-TRAUMATIC STRESS DISORDER

by

Pauline Greaves

Submitted to the Department of Criminology, University of Ottawa, in  
partial fulfillment of the requirements for the degree of Master of  
Criminology. May 1986.

© Pauline Greaves, Ottawa, Canada, 1987.

Permission has been granted to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film.

The author (copyright owner) has reserved other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without his/her written permission.

L'autorisation a été accordée à la Bibliothèque nationale du Canada de microfilmer cette thèse et de prêter ou de vendre des exemplaires du film.

L'auteur (titulaire du droit d'auteur) se réserve les autres droits de publication; ni la thèse ni de longs extraits de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation écrite.

ISBN 0-315-36489-0



UNIVERSITÉ D'OTTAWA  
UNIVERSITY OF OTTAWA

## TABLE OF CONTENTS

Acknowledgements	i
Overview	ii
Introduction	
Our Humanity and Crime	1
An Understanding of Crime	2
Understanding Victimization	3
<b>Chapter I</b>	
Introduction	8
What is Trauma?	9
Mental and Emotional Disorders	13
Complexity of Emotional Trauma	19
Stages of Trauma	24
Summary	29
<b>Chapter II</b>	
Introduction	31
Who Are the Victims of Trauma	31
The Victims of Trauma	
Burglary, Robbery	32
Elderly Victims	38
Spousal Abuse	50

Sexual Assault	64
Survivors of Homicide Victims	76
Summary	82
<b>Chapter III</b>	
Introduction	84
Services to Crime Victims	84
Primary Services (Specialized)	85
Secondary Services (General)	91
Conclusion	94
<b>Chapter IV</b>	
Introduction	96
Purpose	97
Background Research	97
Research Methods	99
Methodology	102
Data Collection	103
Data Analysis	103
Summary	105
<b>Chapter V</b>	
Introduction	106
Analysis of Present Crime Statistics	
Victimization Rate in Ottawa	107
Summary	108

## **Chapter IV**

Introduction	110
Survey of Existing Victim Services and Findings	110
Services Surveyed in Ottawa	112
a) Specialized	113
- Sexual Assault Centres	113
- Transition Homes Battered Women	117
- Victim Service Unit	119
b) General	123
- Catholic Family Services of Ottawa	123
- Hospitals (Emergency Departments)	125
- Psychological Services (University of Ottawa)	127
- Services for Elderly Victims	128
- Family Service Centre	131
- Ottawa Distress Centre	133
Summary	136

## **Chapter VII**

Summary of Observations	138
Findings	147
Hospitals	147
Community Health Centres	149
Emergency Services	149
Mental Health	150
Existing Crime Victim Programs	150
Police	151
Self-help Groups	152
Summary	153

**Recommendations**

154

**Conclusion**

164

**Appendices (figures 1&2)**

**Bibliography**

## Acknowledgements

I wish to thank the many individuals and Agencies who responded to the initial questionnaire and my subsequent request for additional information.

Further, I wish to extend my sincere gratitude to Bill Leslie for his advice, Al Noble for his helpful comments and insights.

Finally, I would like to extend my appreciation to Professor Irvin Waller (my supervisor) for his guidance and direction.

## Overview

The hypothesis of this paper is that violent crimes, against person or property, produce trauma in the victim. Particularly painful is the trauma experienced by victims in situations of sexual assault, wife battering, social networks of homicide victims, aggravated assault, the elderly, and burglary/robbery.

To examine such trauma, the introduction addresses our humanity and its subversion by crime. A perspective on crime and how we might inure ourselves to it is then discussed. Trauma is then explained and its intrinsic mental, emotional and physical consequences are outlined. The complexity of trauma is described and its various stages, including that of recovery, are set out. The effects of emotional trauma are not felt only by victims of personal crimes, although their reactions are likely to be the most intense. However, because crime often strikes without warning, and operates arbitrarily, shock or trauma is common to all its victims, whether the assault is to their person or their property. The following categories of victims were explored in Chapter 2 - Burglary/Robbery, Spousal Abuse, Sexual Assault, Elderly Victims, and Survivors of Homicide Victims. The chapter also examines the consequences of violent crimes against persons and property. In both situations, references to the literature demonstrate that the resulting emotional trauma maybe severe.

Crime victimization often creates a crisis that victims cannot handle on their own, and so they may require the assistance of professionals.

In Chapter 3, these services are described and their various purposes assessed. The services are divided into two groups: the specific or primary services, and the general services provided by social agencies and law enforcement departments. Examination of these services show that, while most attempt to assist crime victims, the majority are either unaware of the victim's emotional anguish and/or unable to meet the needs of these victims.

Chapter 4 outlines the purpose of the study, background research, research method and methodological strategies.

Chapter 5 provides an analysis of current police data and the potential of a person to become victimized (risk factor). While some of these figures might not be large statistically, they appear tremendously important as indicators of victims' grief, anger, and suffering, when such trauma is experienced over a long period of time, particularly in the absence of help or emotional support.

Chapter 6 deals with Existing Victim Services in the Ottawa area, their functions and their goals; and assess their involvement with victims of crime, as well as their treatment of trauma.

The outcome of the study are identified and assessed in Chapter 7. The major observations and findings are analysed as to their relevance with the Questionnaire and their assessment and treatment of Post-Traumatic Stress Disorder.

Recommendations for improvements are put forth in the following areas: Hospitals, Mental Health, Community Health Centres, Police, Existing Victim Programs, Networking, Research and Policy.

CHAPTER I

UNDERSTANDING VICTIMIZATION & THE ELEMENT  
OF POST TRAUMATIC STRESS DISORDER

## INTRODUCTION

### Our Humanity and Crime

In the western world we affirm that, as members of a society, we are born with certain basic rights: the right to life, liberty and freedom - in short the right to a good and healthy life. While we cherish this ideal, we are frequently painfully reminded that these rights can be infringed upon.

We are all potential victims of crime, crime against our person and our property. Crime violates our basic, our common humanity. It cheats us of our sanctity of life, and threatens our ability to control our destinies. Crime has neither boundaries, nor barriers. It affects all of us, of whatever social class, ethnic group, religious persuasion, or gender, we may be. Crime intrudes against women, children, and the elderly, whites, blacks, rich and poor. Crime does not respect social distinctions; it makes its distinctions, rather, through the severity or perceived severity of the offence.

## **An Understanding of Crime**

Durkeim contends that "crime" is a functional and inherent part of society. He views crime as part of deviance, and an intrinsic part, which cannot be eliminated. (Durkheim, 1962)

Should we accept this notion, then it is pointless to try to extinguish, or systematically attempt to curtail crime. I suggest that, given this circumstance, we adopt a system whereby victims are recognized as legitimate "natural disaster" victims (Jay Wardene; 1982). According to this model, we would care effectively for victims through adequate therapeutic treatment, rather than striving fruitlessly to curtail crimes which are inherent to our culture. The result would be to assist the victim to develop the capacity to regain control over his/her life.

To ask "What does it mean to be a crime victim," is to probe into the miseries, frustrations and confused world of those who have been victimized. Research shows that to be a victim of crime is to suffer psychologically and emotionally - to experience a total sense of loss, to forfeit control over one's life, over one's mental and

emotional stability. To be a victim is to be tortured by shame, anger, fear, guilt, and the utter disruption of one's routine and purpose. (Bard and Sangrey, 1979)

### Understanding Victimization

What is victimization? Ochberg and Fojtik-Stroud contend that the core concept and definition is:

a physical assault or threat of assault, in which physical damage or violation occurs, accompanied by a sense on the part of the victim of reduction in dominance and concomitant resignation or rage or both. (1982:2)

Victimization, they continue, is a complex concept, involving an assailant, and interaction, a victim, and a set of biological, psychological, and interpersonal sequels that are inevitably experienced by the victim as a traumatic departure from a state of equilibrium. (Ochberg, Fojtik-Stroud, 1982)

The authors have identified four types of victimization: Acute, Chronic, Group and Pathological. Acute Victimization they explained as a single episode, regardless of the duration. This type of

victimization they view as an instantaneous act, in which the victim is traumatized but has the opportunity to receive assistance. "The victim has been traumatized, separated from the assailant, and afforded an opportunity to heal, both physically and psychologically". (1982:2) Within the Chronic type the victim experiences repetitive victimization. The victim is traumatized repetitively over a prolonged period of time. This type of victimization occurs in situations that are oppressive and anarchistic and may become a way of life for the victim. This reaction is also apparent in cases of domestic violence, where the vulnerable family member will absorb the abuse rather than risk separation of the family. (1982:3) Group Victimization occurs during the times of war, mass conflict, and in certain criminal situations, particularly hostages' events. The Pathology occurs after the initial attack and is viewed as extreme in duration or intensity. This process, they contend, is equivalent to Lindemann's concept of pathological grief. (1982:3)

Both pathological grief and victimization cause disruption of the victim's personal and social equilibrium, and are not successfully coped with by the healing process of the normal human

state. According to the authors a normal length of time for the healing process to occur after a traumatic experience such as victimization is difficult to determine. They state that while it is difficult to state with any precision a 'normal' time for reequilibrium after a grievous loss or a traumatic victimization, a reasonable time frame for heuristic purposes is six months. (1982:4)

"Crime is the metaphor for fear and insecurity". (Friedman et al, 1982:1) All victims of crime experience some trauma. Research has indicated that the most common problem experienced by victims, especially following a violent crime, is psychological disturbance. (Friedman et al., 1982; Knudten, 1976; Halpern, 1973; Waller and Okhifo, 1978; Bourque, 1978; Drennon-Searson, 1982;) Other common psychological reactions to victimization are increased fear, guilt, and anger. These responses have the greatest impact on women, the elderly, minorities, and the poor. (Davies et al., 1980; Knudten, 1976; Garofalo, 1979; Waller, 1982)

Throughout the subsequent chapters, I will address the plight of crime victims, their needs and the services available to assist them in overcoming their difficulties.

This topic was selected out of a curiosity to find out more about victimization. The start of this research coincided with the Clifford Olson Killings which dramatized the endless suffering and agony that victims and/or their families go through in trying to come to terms with their tragedies. Consequently, the decision was made to further investigate who these victims are? and what kind of difficulties they experience? The concept of Post-Traumatic Stress Disorder was one way of trying to explain the fear, agony, anguish and frustration victims experience. These conditions, it was found, intensified when the victimization is one of criminal intent. Given the scope of the problem and its systematic growth, it was decided to review and analyze all available literature but limit the actual study of services to one area (Ottawa-Carleton). The objectives:

- 1) analyze the literature;
- 2) understand the needs of crime victims;
- 3) explore the extend of available services;
- 4) explore the extent to which these needs are being met;
- 5) collect and assess data and provide recommendations.

CHAPTER I

UNDERSTANDING VICTIMIZATION & THE ELEMENT  
OF POST TRAUMATIC STRESS DISORDER

## **INTRODUCTION**

This chapter assists the reader to understand criminal victimization and its effects on victims. It will also outline the many facets of such invasion when the victims and/or service helpers try to cope with its impact.

The element of "Post-Traumatic Stress Disorder" is also addressed. The character of this disorder is that anyone who encounters tremendous stress may suffer from "Traumatic Neurosis", which is primarily an emotional disorder which could produce physical symptoms. The prevalent element is that trauma may be caused by physical or psychological damage, or both. If the trauma is due to physical violence, then the evidence is visible. However, should it come from mental shock, psychological or emotional outrage, then the results may not be externally visible.

Consequently, it is important that the aspects of Post-Traumatic Stress Disorder are recognized and treated.

## WHAT IS TRAUMA?

Victimologists and Crisis Theorists frequently agree that criminal victimization causes psychological and emotional disturbances. Such reactions affect all victims of crime, in the form of trauma.

What is trauma? It has been defined as a:

morbid condition of body produced by wound or external violence; psychological emotional shock (Concise Dictionary, 1964).

The Dictionary of Psychology (1966) defines trauma as:

any injury, wound, or shock, most frequently physical or structural, but also mental, in the form of an emotional shock, producing a disturbance, more or less enduring, of mental functions.

Anyone who encounters tremendous stress, which produces a traumatic effect, may suffer from "Traumatic Neurosis" which is a

psychoneurosis (primarily an emotional disorder which could produce physical symptoms) precipitated by an emotional shock, as in hysteria or some phobias. (1966:3030)

The common element in these definitions is that trauma may be caused by either physical or psychological damage, or both. If the trauma is due to physical violence, then the evidence is often visible. However, should it come from mental shock, or psychological or emotional outrage, then the results may not be externally visible. Rather, they are manifested through their disruptions of the victims' lives and well being.

The chronic disorders experienced by victims are part of the "Post-Traumatic Stress Disorder" Syndrome. It is a psychological diagnostic classification that describes the effects of stressors on people. The criteria of post-traumatic stress disorder are recognized and are a part of the Diagnostic Standard Manual (DSM) of the American Psychiatric Association. The DSM (111) identifies four criteria for assessing trauma, and the extent of the trauma.

These criteria are as follows:

- existence of a recognizable stressor that would evoke a symptom of distress
- reoccurrence of the trauma as evidenced in: ie., recollection of the event, dreams, associating traumatic events with an environmental or ideational stimulus
- withdrawal of victim from the external world
- evidence of symptoms not present before the trauma ie., sleep disturbance, guilt, fear.

The aspects of post-traumatic stress disorder are not limited to victims of criminal violence. Frederick (1980) in his comparison of the effects of natural-induced violence, such as, airplane disasters, floods or hotel catastrophe, versus human-induced violence, found that they all may produce severe psychological disturbances.

In the natural disasters (so-called "Acts of God") or primarily accidental incidents, the victims and the community at-large experience tremendous psychological pressures. "A disaster", Frederick contends, "occurs in several phases, which include the event and its impact, individual perceptions of the situation, various means of attempting to cope with the event, a period of discouragement and disillusionment, and a stage of reconstruction and reorganization." (1980:72) There is an intrinsic belief surrounding the victims of natural-induced crisis, that they are "heroes" to have

undergone such dangers and lived through it. The victims of such violence are often accepted by society, and do not suffer from the "second injury" of shame and guilt. (Frederick, 1980; Symonds, 1980)

The most pronounced difference between the "experiences of both types of violence is the means by which the events are precipitated". (Frederick, 1980:73) Natural or accidental disasters occur beyond the control of their victims. In such instances there is no human interaction. On the other hand, it has been argued that human-induced violence is partially the fault of the victim. The notion of crime indicates person responsibility. This notion of partial victim precipitation can cause victims to undergo severe amount of guilt for not having prevented the event.

Such attribution of responsibility may produce extreme psychological disturbances - such as, depression, anxiety, and even rejection by society. These, in fact are the classic reaction symptoms of/to sexual assault victims.

In conclusion, while the elements of post-traumatic stress disorder maybe the same for both types of victims, it is more profoundly damaging in the case of human-induced violence. The mental and emotional disorders of criminal victimization produce an overwhelming amount of anxiety.

## MENTAL AND EMOTIONAL DISORDER

The mentally and emotionally troubled usually bear many anxieties and, unless the "psychological suffering they endure begins to interfere with their lives, they are seldom aware of its presence". (Wagman and Ferguson, 1977)

A person having mental and emotional disturbances often experiences:

- anxiety that is severe, prolonged, and unrelated to any identifiable cause;
- depression-especially when it is followed by withdrawal from loved ones, from friends, or from the usual occupations or hobbies that would ordinarily offer pleasure;
- loss of confidence in oneself;
- undue pessimism;
- a feeling of constant helplessness;
- irrational or inexplicable mood changes;
- the inability to accept responsibility.
- phobias;
- a sudden and dramatic change in sleeping habits;
- physical ailments and complaints for which there are no organic causes.

Wagman and Ferguson (1977) also outlined four categories of functional mental disorders that victims may experience:

1. Neurosis;
2. Psychological (psychosomatic) disorder;
3. Personality or Character Disorder;
4. Psychoses.

These will now be examined.

### Neurosis

A neurosis or psychoneurosis is "characterized primarily by emotional rather than physical symptoms - although physical symptoms may be present. The neuroses are usually categorized according to the type of reaction that the patient exhibits in his attempt to resolve the underlying emotional conflict. All of them involve anxiety as a prominent symptom" (Wagman and Ferguson, 1977:1011)

The symptoms of neurosis are several. a) Anxiety Reactions are probably the most widespread of all neurotic patterns. The most common and outstanding characteristic of the anxiety reaction is a feeling of fear or apprehension that appears to have no apparent cause. The anxiety arises from conflicts of which the victim him/herself is unaware. While anxiety reaction symptoms are primarily mental or emotional - the victim may feel inadequate or ineffectual,

or behave irrationally - as well, they are always manifested by physiological changes, such as sweating and heart palpitations; fatigue and feelings of panic are also common. (1977)

These anxiety reactions are visible in most victims of crimes of violence. Anxiety reactions are even more pronounced in victims of sexual assault.

b) Obsessive-Compulsive Reaction occurs when a person beset by persistent, unwanted ideas or feelings (obsession), is impelled to carry out certain acts (compulsions) ritualistically, no matter how irrational they are. (1977:1012) Such obsessive-compulsive reactions are a sign of psychic conflict and, for example, are displayed by sexually assaulted victims, who persistently and repeatedly shower because they are seized with the conviction that they are dirty. This reaction is also evident in victim who have been robbed. Bard and Sangrey describe the architect who was robbed in the elevator in his apartment building.

He was surprised by a pair of robbers in the elevator of his apartment building as he was on his way to work. They threatened him with a knife, took his money, and fled. Don returned to his apartment, called the police, and then got in the shower and washed himself carefully

all over. He had taken his usually morning shower only an hour earlier, but felt dirtied by the crime, as if the thieves had contaminated him in some way, although they had not even touched him physically. (Bard and Sangrey, 1979:11)

In this incident, incorporate violation was the underlying injury, its consequence the invisible wound. "The violation of self can be experienced as a desecration of the person."(1979:11)

The authors suggest that victims are particularly susceptible to feelings of loss of control.<sup>81</sup> They further suggest that even if the victim is not harmed or abused, the incident can cause serious psychological trauma because the victim's belief in an orderly and controllable world has been undermined. (Friedman et al., 1982; Bard and Sangrey, 1979)

c) Depressive Reaction - A person undergoing depressive reactions has persistent feelings of worthlessness and pessimism unrelated to events that might depress a normal person. In brief:

- such a person has an inability to cope with anything at all;

- he/she attempts to mask the crisis by putting on a "front"-feigning cheerfulness and optimism - which periodically gives way to episodes of total hopelessness;

- suicide is often considered and sometimes attempted;

-common physical symptoms accompanying depression are fatigue, loss of appetite, and insomnia. (Wagman and Ferguson, 1977:1013)

d) Phobic Reaction is the result of "an individual's attempt to deal with anxiety-producing conflict, not by facing up to deal with anxiety-producing conflict, but by avoiding something else."

(1977:1013) The phobic reaction is one of the most common responses experienced by victims of personal, violent victimization.

#### Psychophysiological Disorder

Victims of violent crimes, while they suffer these different forms of neurosis, can, and often do, incur psychophysiological disorders; such as, itching, constipation, asthma, or heart palpitations, which have no real organic basis. Rather, these symptoms are frequently psychologically based. The medical term is "psychogenic", that is, the symptoms are quite real but there is no organic malaise to account of their severity. (Wagman and Ferguson, 1977:1014)

The medical and psychiatric professions have adopted the notion that "the psychological and physiological aspects of humans are so closely interwoven that the problem of psychophysiological (or psychosomatic) disorders must be considered with attention to both aspects". (1977:1014) Thus, physiological changes in victims can be induced by psychological disarrays. Some of the most common changes

are: skin eruptions, tension headaches, constipation, and hypertension.

Personality or Character Abnormality

Victims of personal violent crimes may also experience dramatic personality or character disorder; and forms of psychosis, such that the person can over time exhibit a total character change to avoid the pains and anxieties felt by the "original personality" in consequence of being victimized. Their personality changes can be expressed in many forms such as:

- a) a passive-dependent reaction where the victim becomes very dependent on his/her support group for emotional assurance.
- b) a schizoid reaction whereby the individual becomes withdrawn and indifferent to other people.
- c) a form of paranoia where the individual becomes overly sensitive and often suspicious of his/her surroundings and other people.  
(1977:1014,1015)

### Psychosis

The final phase of mental or emotional disorder that may occur in victims of violent crimes may be some form of psychosis. There is a significant distinction between psychosis and neurosis. Psychosis represents a "more complete disintegration of personality and a loss of contact with the outside world". (1977) A victim suffering from a psychotic reaction is unable to interact, or maintain relationships, with other people. It is the final breakdown undermining victims of severe personal violation, such as sexual assault, and often comes just before they commit suicide.

### COMPLEXITY OF EMOTIONAL TRAUMA

The difficulty with emotional trauma is that it is the least understood of all the injuries suffered by victims. It can be difficult to detect because it is not transparent and it may not surface immediately. Waller (1982) contents "the emotional trauma or 'invisible wound' is the least evident and understood, but often the most brutal effect of crime, not only on the direct victim but on the victim's dependents, friends and survivors."

Bard and Sangrey (1979) in their writings argue that every crime against a person is an act of violation. They view the impact of crime on victims as a violation, and they, too, deem it an 'invisible wound'. In their research of victims, the authors found that while the mode of attack may differ, be it physical violence, the threat of bodily harm, or the breaking and entering of the victim's home and the taking of their possessions. All the victims suffer a common underlying injury: the violation of self.

Personal crimes may undermine the very existence of the victim. Bard and Sangrey found in their interviews that victims of "personal crime often express their sense of having been attacked in a sacred, inner place." (1979:11) Brickman and Brier, 1980; Burgess and Holmstrom, 1974 found similar reactions in their study of victims of sexual assault.

The authors refer to the phenomenon known as "self" which is the private inner space that defines our being-it is not a physical state and has no anatomical site. Bard and Sangrey view the self as encompassing everything that a person means when he or she says "I".

When we think of crime victims we often confine our considerations to the vicious sensational crimes, or the large amount of dollars lost. We rarely think of the material significance of a personal possession. However, personal possessions can and do take on a symbolic significance as expressions of self. Bard and Sangrey contend that everything we do, or acquire, is an extension of ourselves.

They express their contention in these terms, "The way a person dresses, his or her car, home, and furnishings are all outward manifestations of inner identity. We surround ourselves with extensions of ourselves that have emotional value because they express who we are". (1979:12) Therefore, in the theft or destruction of our personal possessions, logically, we may experience a tremendous violation of the self.

Crime victims are immediately threatened by the loss of their property through theft, or personal violence and violation of the self. But as well, their lives are also subverted by a disruption of their relationships. (Waller, 1982; Friedman et al., 1982; Burgess and Holmstrom, 1974) The authors explain that criminal victimization

can have severe impact on the victim and his/her environment because every person is an interweaving of three dynamic strands: physical body, self, and relationship. Therefore, anything that affects one part of a person will also affect the other parts. (Bard and Sangrey, 1979; Burgess and Holmstrom, 1974; Friedman et al., 1982)

Trauma may be simply defined as one's inability to handle stress. Such stress is brought on by force, violence, violation of one's self, and the immediacy of the act. If the victim had had the time to prepare him/herself against such an act, he or she might not suffer or experience as severe a trauma. However, because the crime surprises, without signal that would afford the victim mental preparation, the afflicted person is unable to handle the feelings of confusion, helplessness and suddenness of the act.

NOVA (1980) identifies emotional trauma in terms of stress, stress caused by feelings of violation, the victim's reaction to his/her feelings; the severity of stress and the victim's inability to handle the stress. To elaborate, there are:

1. Stress caused by feelings of humiliation, violation and fear;

2. Isolation and withdrawal, as few persons appear to understand the stress; and

3. Depression and physical ailments stemming from tension. Severe headaches, nausea and fatigue, on the one hand, go along with an inability to meet the most ordinary or responsibilities, on the other.

The explanations as to why these symptoms occur in victims of crime are tentative. Waller, 1982; Bard and Sangrey, 1979; Burgess and Holmstrom, 1974, hold the general position that victims experience these symptom because of the suddenness and arbitrariness of the criminal act combined with the partial or sudden loss of personal security.

For many years victims of violent crimes have endured extreme emotional trauma in silence and with meagre assistance, because it was not a crisis or disorder recognized or systematically categorized by the Diagnostic Standards Manual (DSM) of the Psychiatric Association. However, today, emotional trauma as a result of criminal victimization and extreme disasters are recognized in the DSM 111. Within the DSM 111 emotional trauma is assessed as part of the "Post-Traumatic Stress Disorder". The DSM 111 describe the effects of extreme stressors on ordinary people. It establishes criteria for identifying certain symptoms that may occur in a person who experience dramatic strains.

The impact of violent crimes on the victim will often depend on a variety of factors such as the characteristics of the victim, and those of the offender. As well, the extent of trauma on the victim depends on the nature of the offence, and society's response to the criminal act and to the victim. In certain criminal acts, such as sexual assault, society has traditionally had a negative response to the victim. Society's responses are often expressed in forms of alienation and blaming of the victim, inducing in him/her feelings of humiliation.

#### STAGES OF TRAUMA

The stages of the trauma experienced by the victims of violent crimes have been identified by many researchers and Crisis Theorists. The three major stages are: 1. Impact; 2. Recoil; and 3. Recognition. (Bard and Sangrey, 1979; Baril, 1980; Burgess and Holmstrom, 1974; Hindelang et al., 1978; Symonds, 1980; Diagnostic Standards Manual)

In the "impact" stage, the victim may be battered by shock, disbelief, numbness, a sense of helplessness and vulnerability, disorientation, a need for support, fear, a tremendous sense of loneliness. The victim may also endure forms of hysteria and

paranoia. (Bard and Sangrey, 1979; Krupnik et al., 1980; Salasin, 1981; Baril, 1980) The emotional trauma induced by violent acts may also produce emotional and psychological effects that may, in turn, create physical anguish such as, vomiting, nausea, trembling, paralysis and loss of memory. (Bard and Sangrey, 1979; Bard et al., 1980; Baril, 1980; Drennon-Searson, 1982)

During this phase, Symonds (1980) identified the "Second Injury" to the victims. The second injury occurs after the criminal is gone, and the victim needs to reduce his/her feelings of helplessness, which are transferred to emergency personnel, such as police. In this case "the victims, who are still in a passive state of submission, often have silent expectations that emergency personnel will reduce their feelings of dependent helplessness." (1980:37) What usually occurs is that the emergency personnel are unaware of these feelings or are unable to deal with them. This however, provides the basis for the "second injury".

Second injury is defined as the victims perceived rejection by- and lack of expected support from - the community, agencies, and society in general, as well as family or friends. "This second injury often follows any sudden, unexpected helplessness". (1980:37)

In the second, "recoil" stage the victim may sustain longlasting psychological/emotional damage in the form of fear, sadness, depression, and sleeping irregularities. These distresses may induce behavioural changes in the victim, such as, the disruption of daily routine, and alteration of family life. In consequence, victims may improve the security of their homes, or even relocate (Waller and Okihiro, 1978; DuBow, 1979; Bard and Sangrey, 1979)

In Symonds (1980) second response phase, victims develop what he called "frozen fright", which is terror-induced, pseudo calm, detached behavior. He suggests that during this stage "the victim experiences a traumatic psychological infantilism, in which all recently learned behaviour evaporates and only adoptive patterns from early childhood predominate". (1980:36)

The recoil stage is often the most difficult for both the victim and his/her "social network". Success in alleviating the difficulties of this stage is crucial to the victim's recovery and it is here that many victims are more in need of support from their "social network". Friedman et al., (1981) define "Social Network" as

"set of friends, relatives, and others with whom the victim exchanges material and personal assistance, i.e. talk about problems." Friedman and his associates, in assessing the works of several researchers indicate that the element of networking can provide the main source of assistance in a person's everyday life and especially in emergencies. A lack of such a supportive environment and/or system could lead to physiological and psychological pathology.

Bard and Sangrey's assessment of the recoil stage is one in which the victims begin to struggle to adopt to the violation and loss and to reintegrate their fragmented selves. (1979:40) They consider this crisis reaction stage crucial because it is here that the victim attempts to recover. It is also at this stage that the victim struggles to control such disturbing emotions as fear, anger, sadness, self-pity, and guilt. These emotions can erupt into severe turmoils within the victims that they cannot be constructively resolved. The authors found that these feelings can sometimes be contradictory, and they may be so intense and painful that the victim cannot face them all at once. (1979:40) The authors also found that there are two activities that occur at this "recoil" phase: 1.

Sometimes the victim will be able to work on the painful emotions aroused by the experience; 2. At other times he or she will defend against the feelings by denying them. (1979:40)

Friedman, et al., (1982) indicate that factors affecting the victim's ability to cope with the crisis are: 1. the extent to which the victim blames him/herself and; 2. the extent to which others blame him/her.

The act of "self blame" or "self responsibility" occurs in most victims of crime. They often feel that they were responsible for the incident. This act of self-blame is the most destructive or impeding factor affecting the victim's recovery. (Burgess and Holmstrom, 1974; Hursch, 1977; Weiss, 1975, Friedman et al., 1982; Bard and Sangrey 1979)

In the third stage, "Reorganization", the victims come to term with the painful experience, and begin to reorganize their lives. Eventually, the fear, shame, rage and guilt will recede and yield to a period of reconstruction and recovery. Bard and Sangrey (1979)

maintain that "the violated self becomes reorganized over time as the victim assimilates the painful experience. These feelings of fear and rage will diminish in intensity, and the victim begins to have emotional energy left over to invest in other experiences". (1979:46)

The most important activity involved is the victim's ability to put the crisis in perspective. By so doing, the victim can regain a sense of balance and control over his/her destiny. The length of the reorganization phase depends on the severity of the violation, the strength of the person's ability to cope with stress before the victimization, the type of criminal act and the victim's perception of the act. "The more serious the violation, the longer a full reorganization will take." (Bard and Sangrey, 1979:46)

#### SUMMARY

Without a doubt, victims of violent crimes experience extreme stress, which may be physical, and/or psychological/emotional. They undergo a state of crisis in which their world falls apart, in which they are robbed of their ability to control their lives, to cope: all an effect of TRAUMA.

CHAPTER II

TRAUMA ASSOCIATED WITH THE NATURE OF VICTIMS  
AND SPECIFIC TYPES OF CRIMES

## **INTRODUCTION**

Chapter II will examine the consequences of violent crimes against persons and property. In both situations, references to the literature will demonstrate that the resulting emotional trauma maybe severe.

## **WHO ARE THE VICTIMS OF TRAUMA**

Emotional trauma is not felt only by victims of personal crimes, although their reaction is likely to be the most intense. However, because crime often strikes without warning, and operates arbitrarily, shock or trauma is common to all its victims, whether the assault is to their person or their property.

This section of the literature will examine the emotional trauma in both situations.

Waller (1982) contends that emotional trauma can occur in crimes seemingly not against the person. He states that many people are surprised that break and enter, an offence against property, can generate a state of shock. Waller (1982) reviewed several authors (Waller and Okihiro, 1978; Bourque et al., 1978; Bard and Sangrey, 1978) who found that destruction of one's property----trashing in a

home, or theft of sentimental possessions----break and enter is an offence connected strongly to the person because possessions are felt to be a special part of themselves. (1982:11) The authors also show how those who are less secure physically, such as the elderly and vulnerable (e.g. women living alone), tend to be more threatened by the violation.

Phyllis Drennan-Searson (1982), in an evaluation of crime victims' needs in Ottawa, found that emotional trauma occurs in all victims of crime that has a personal connotation, such as break and enter, robbery and assault, and is manifested in a variety of feelings and physical symptoms. Drennan-Searson's findings concur with those of other authors such as Bard and Sangrey, 1979; Baril, 1980 Waller, 1982; Bourque et al., 1978, who noted that burglary and robbery victims experience feelings of violation of self.

#### **A. BURGLARY-ROBBERY**

The vast literature on Burglary and Robbery has dealt largely with the distribution of crimes, their patterns, and preventative strategies. Only recently have researchers scrutinized the effects on the victims. Contemporary studies such as Waller and Okihiro, 1978; and Maquire, 1980, disclose that burglary and robbery can create severe consequences for their victims.

To comprehend the nature of burglary and robbery, and their potentially grave personal damage, we must look at the relevant definitions.

Burglary is characterized by Bard and Sangrey (1979:188) as:

The act of illegally entering or attempting to enter a residence or place of business with or without force with the intent of committing a felony, usually theft.

The Canadian Criminal Code describes Burglary this way:

Breaking and entering with intent, committing offence or breaking out of a place. (sec.306)

Waller and Okihiro (1978:1) venture a looser definition:

Breaking into a residence with felonious intent, including the crime of 'break and enter'.

Waller and Okihiro (1978) write that residential burglary is a crime for which the maximum penalties are high, in which the fear of confrontation is widespread, and about which concern is regularly expressed. However, it is the crime for which person(s) are apprehended and for which stolen properties are recovered. Even though this crime is the source of intense trauma, it is the least understood and identified as a source of pain and trauma. They then continue to say that burglary is the source of the fear of unpredictable violence in one's personal residence. (1978:1)

Waller and Okihiro (1978), dissecting residential burglary in Toronto, found that many of the victims feel fear and anger. They also cited the works of Arthur Henley (1971) who assessed several accounts of the psychological scars left after burglary.

\* One evening last summer, a Boston widow returned home from visiting friends and discovered she had been burglarized. Startled, but not dismayed, she telephoned the police. When they arrived, she told them calmly what had happened. An hour later, the widow experienced a delayed reaction to the frightening incident and suffered a heart attack. (Waller, 1978:36)

\* ...The burglar can leave his unseen victims equally demoralized by fear. And it is a contagious fear, with the victim's neighbours likely to worry that they may be next. Poetress Marianne Moore resided for many years in a once-fashionable area in downtown Brooklyn but became so terrified of intruders that she moved... "The neighbours changed. It just wasn't safe anymore," she explains. "One of my neighbours, a lovely girl, was robbed three

times..." It's a terrible thing to be beset by fear. It wears on you a great deal. (Henley, 1971:71 cited in Waller and Okihiro, 1978:36)

\* Upon advice from police, the family changed the lock, but were terrified for months to enter their home. "The anxiety is terrible," confesses the mother. "I had to take my daughter to a psychiatrist because she became so nervous...and I've become an awfully protective mother, always warning my daughter to be careful of this and careful of that."

(Henley, 1971:71 cited in Waller and Okihiro, 1978:36)

The essential argument of these authors is that, regardless of the extent of the burglary, all the victims experience some psychological trauma. The reactions of victims, Waller and Okihiro (1978) found, depended on whether confrontation was involved. The study related that forty-four percent of the victims were home when the offence took place, although only half of these actually confronted the offender. Of this group, 10 experienced feelings of "general upset" during confrontation. However, 8 felt fear, and 6

underwent anger. (1978:36) They also found that almost half of the 17 female respondents acknowledged experiencing fear when confronted, in contrast to none of the 8 males (1978:37)

Waller (1982) contends that break and enter may account for as many traumatized victims as in the case of rape. In figure 3, the incidence of indicated symptoms is shown for burglary and robbery. (Bourque, 1978: Waller, 1982)

Drennan-Searson (1982) deduces that burglaried victims, in the violation of their property, felt it to be an extension of their self.

Burglary can elicit such reactions from victims because it is perceived as the violation of an intimate "place": the home. (Waller, 1982; Waller and Okihiro, 1978; Drennan-Searson, 1982; Bard and Sangrey, 1978) The crime not only affects the victims psychologically and emotionally, but also tremendously disturbs their relationships with others, through suspicions towards neighbours, friends and relatives.

The financial loss of the victim often has the least impact. What undermines the victims is the knowledge that their houses were invaded, their privacy was violated; should "trashing" occur, or goods with sentimental value be stolen, the victim's crisis might be more severe. They may, indeed, feel compelled to the extremity of changing addresses. (Bard and Sangrey, 1979; Waller, 1982)

Where robbery involves direct aggravation to the offended, all of the symptoms of trauma exist but to a more severe degree than in some burglary cases.

Robbery is defined as:

Property or cash was taken directly from the victim. The offender used force or the threat of force. The offender may or may not have used a weapon. (Bard and Sangrey, 1979)

The Criminal Code of Canada section 302:

- a) steals, and for the purpose of extorting whatever is stolen or prevent or overcome resistance to the stealing, uses violence or threats of violence to a person or property;
- b) steals from any person and, at the time he steals or immediately before or immediately after, wounds, beats, strikes or uses any personal violence to that person;
- c) assaults any person with intent to steal from him; or
- d) steals from any person while armed with an offensive weapon or imitation thereof.

The extent of the violation felt by the victim depends on the force or threat of force used in the robbery. Drennan-Searson (1982) notes that robbery victims feel their personal safety has been threatened, having been in a situation of "your money or your life". Should assault be involved, Bard and Sangrey (1979) reported that the victims actually experienced a threat of losing their lives and the humiliation of not being able to defend themselves.

Such crime may induce fear, temporary paralysis and/or hysteria, and a sense of total helplessness in the victim. (Baril, 1980; Bard and Sangrey, 1979; Drennan-Searson, 1982)

The magnitude of the trauma, and its duration, depend on many factors such as: stability of the victim before the crime; extent of the force or threat of force used; the goods taken and their value, particularly sentimental; the manner of the offence; the extent of the damage to property; coping mechanisms of the victim; and his/her support group or 'social network'.

## **B. ELDERLY VICTIMS**

Because elderly victims have only recently become a phenomenon, they have not been the priority of researchers, especially Criminologists. The elderly have emerged as special victims of society and of the changing times.

Rosenfeld (1981) points out that older people were initially socialized when crime rates were lower and victimization less of a concern. Similarly, it seems probable that when they were forging their adult lifestyle, they were not considering avoidance of victimization in their planning. (1981:8)

Lester (1981) suggests that criminal victimization of the elderly arouses stronger emotional reactions in us than does that of young adults. He believes we respond in this way because of the widespread belief that old age should be time of relaxation, rest and enjoyment of the fruits of one's labour.

#### Extent and Impact of Victimization

To what extent do elderly people experience victimization and trauma? The relevant literature reports that the elderly are less victimized than younger adults. (Lester, 1981; Rosenfeld, 1981; Smith, 1979; Center, 1980; Goldsmith and Goldsmith, 1976; Baumer, 1978; Guibrium, 1974; Cook and Cook, 1976; Conklin, 1975; Hahn, 1976) It suggests that most of the elderly are more affected by perceived threat than actual victimization.

While investigations such as the Greater Vancouver Survey, (1982) the Portland Study (Rifai, 1977) and the Kansas City Study (Cunningham 1977), for example, support the above findings, they also noted that seniors do experience a great deal of fear, which necessarily affects their behaviour.

According to Center (1980), such concern by the elderly arises from three factors: Fear, Impact, and the Deceptiveness of crime statistics. He argues that while crime statistics show that senior citizens are less victimized than younger people, they fail to measure the extent of fear, and how it immobilizes the elderly. Various studies charge that crime statistics do not reveal problems of stress, anxiety, and lack of coping mechanisms induced by fear of victimization and a continuing deterioration of the elderly self-image, (Center, 1980; Lawton, et al., 1976) and often mask other crucial factors.

Center (1980:375) points out that:

1. Seniors living in the center of the major cities are victimized at the same rate as younger residents (Jaycox, 1978), and both are victimized at rates six to ten times greater

than are younger people in rural areas. (Body and Davies, 1979:27)

2. The statistics fail to illustrate the "indirect" victimization rate often affecting seniors; when one older person is victimized, the news spreads rapidly throughout his or her social network - thereby increasing fear - though only one person has been victimized, many have adopted more restrictive and isolated lifestyles.

This idea is also supported by Gubrium (1974). The consequences of such immobility is that the elderly simply refuse to go about, or do so less frequently, their usual daily activities.

Rosenfeld (1981:3) also concluded that fear can and does immobilize many older persons.

behind their double and triple locked doors, they sit, afraid to go out not only at night but also in the day, not only for non-essential trips but also for necessary ones.

The results, drawn from the data are:

1. While the overwhelming majority of persons over the age of sixty-four do not feel threatened when out in their neighbourhood in daylight, almost one in five does.

This is one-and-one-half times the proportion of any other age group.

2. While all groups report greater fear about being out at night, the elderly are by far the most fearful. (1981:4)

Several recent victim surveys describe how the elderly are specifically affected by crime. Cook and Cook (1976) reports that, in the United States, there is a lesser victimization rate among elderly than the young but that some other distinct pattern emerge. For example, a 1966 survey by the National Opinion Research Center found that those of 10 years and above, are least likely to be victims of most classes of crime; moreover, the elderly sustained the lowest rate of robbery and assault but the highest rate of purse snatching.

These findings were also supported by Rosenfield (1981) who recorded that elderly victims encounter the lowest rate of personal crimes, but the highest rate of personal larceny with contact (purse snatching). The data show that elderly victims have "3 in 100 chances of personal crime victimization compared to 1 in 5 for adolescents and young adults". (1976:635)

Data on specific crimes committed against older persons reveal that:

-of personal crime, a disproportionately large number with elderly victims (as compared to a small number involved in rape or assault).

-this indicates that the goals of the offenders are monetary, not aggression. (1981:11) (figures 14 & 15).

As well, a 1973 survey by Law Enforcement Assistance Administration (LEAA) surveyed a probability sample of 60,000 households on the extent of victimization in a 12 month period. The results were that those of 65 years and over are least likely to be victims of personal crimes. Further, there were no dramatic increases over time. However, the elderly victims did suffer more than younger adults, and their fear was far greater than in other victims. (Center, 1976:639).

Logan (1979:127), on the other hand, found that the number of violent personal crimes against older citizens was increasing, or seems to be. She pointed out that natural handicaps, such as growing feebleness, make the elderly obvious targets for robbery, purse snatching and rape.

Gubrium (1974:246) has reported some indications that the elderly may be more victimized than other age groups, with respect to specific crimes, such as malicious mischief, especially against females, fraud, malice, counterfeiting and forgery.

The Canadian evidence is far short of the accumulated data in the United States, and less clear about elderly victims of crime. The Greater Vancouver Victimization Survey (1982) pointed out that approximately 14% of the elderly surveyed were victims of at least

one crime in 1978. These findings differ somewhat from the United States data, in that there were no distinct classification of types of crimes of the extent of the victimization on the elderly.

Rosenfeld (1981:11) outlined three conclusions concerning crimes against older persons.

1. The elderly perceive more threat from crime than do younger people.
2. The elderly have changed their activities in response to increases in crime more often than have younger people.
3. The elderly are far less likely to be victims of personal and property crimes, with the exception of larceny with contact, than are younger people.

These views are reinforced by many of the data presented by other reseachers. (Cook and Cook, 1976; Center, 1980; Gubrium, 1974; Logan, 1979)

#### Why Are Elderly People More Vulnerable to Victimization

There is a common belief concerning victimization of the elderly - that they are relatively more vulnerable to injuries due to their physical frailty.

Singer (1977) points out that the elderly have been perceived as more vulnerable because of such factors as: 1. Wealth - actual and perceived; 2. physical weakness or some form of illness; 3. fear of retaliation if crime is reported; 4. being more susceptible or exposed to crime because of where they live; 5. being socially isolated, with reduced interaction. (Singer, 1977; Fuller, 1982; Halinchak, 1980)

Baumer (1978) generally concurs with Singer's five factors but he elaborated on item "5". Their lack of coping skills serve to increase their fear of criminal victimization.

Several authors (Baumer, 1978; Singer, 1977; Ashton, 1981; Braungart, et al., 1979; Logan, 1979; Hahn, 1976; Dussich and Eichman, 1975) assess the elderly's vulnerability to acts of crime, through what they term "the aging process". It is argued that the elderly suffer declining physical strength and agility, which renders them especially vulnerable to personal crimes when alone on the street. Singer feels that, as a group, the elderly are poorer - and have more difficulty replacing stolen goods. Baumer (1978), offers that, physically, the elderly are more frail - making even minor injuries threatening. As well, the elderly are more likely to live alone, indicating a possible lack of emotional support. (Skogan, 1978) Significantly, the elderly population is comprised of a disproportionately large number of women.

28

Ashton (1981), Logan (1979) concur as to the effect of aging on the sensory system. They contend that in the declining years there is not only a diminution in physical stature, but also in visual and hearing ability. Logan (1979:129) suggests that the "impairment of hearing and vision from which they suffer increase the advantage of surprise in any attack upon them". She argues, as well, that the separation or alienation from family creates a special loneliness that makes human contact vital. This need often forces the elderly to seek support elsewhere, a course which can open doors to strangers who rape, rob, and burglarize.

Ashton (1981) elaborated the losses of visual and hearing faculties to include the decline of muscular strength and coordination. These impairments, she suggests, affect information-processing and reaction time. (1981:17).

The main factors that affect or increase the vulnerability of the elderly are:

- physical frailty due to the aging process
- where they live
- anxiety induced by fear
- limited social network
- economically they are least able to absorb victimization.

Impact

The impact of victimization on elderly victims can cause dramatic psychological, emotional and behavioural trauma. Many surveys lend credence to Bard and Sangrey's argument (1978) that criminal victimization experiences can produce similar profound emotional impacts. For example, the emotional trauma of victimization which was once believed to affect only rape victims has been identified in burglary/robbery victims. (Fuller, 1982)

The logical extension of these findings is that elderly crime victims must suffer greater emotional trauma due to their physical disadvantages, poorer health, reduced mobility, lack of social support networks, and limited coping resources.

The impact of crime victimization on the elderly can be allocated to three categories: psychological, emotional, behavioural.

The major psychological consequence is that fear is induced. Elderly victims develop a distrust of others. The fear in turn gives rise to anxiety and some paranoia, resulting in refusal to go out, night or day. They will alienate themselves and cut off what little

interaction they have had— Should there be any injuries or violence during victimization, then the psychological harm is accentuated.

Center (1980) states that the most important effect of the elderlies' fear is on their mobility. He felt that any trauma would not only damage them physically, but psychologically and emotionally, because they are interrelated, and would be exacerbated by the problems inherent in the aging process. (1980:375)

He cited the works of Lawton, et al., (1976) to affirm that problems of victimization do magnify the enormous stress of an already vulnerable group of people, who have reducing coping mechanisms which continuously impair their self-image, and cause a heightened susceptibility to additional stress.

Smith (1979) contends that the most important aspect of criminal victimization is in managing its consequences. He suggests that the elderly receive special treatment because of the particular impact crime has on them. (1979:17) He feels that the physical, psychological, and behavioural scars inflicted on elderly victims have profoundly altered the quality of their lives. (1979:17)

The extent of the psychological and emotional stress will have commensurate behavioural consequences. For the elderly, behavioural reactions involve isolation, change of life style, restriction of activities, which often result in what Logan (1979) terms the "fortress mentality". Drastic changes in lifestyle reaffirm to the victim his/her loss of control over his/her life. Such defences can induce severe depression, and a sense of helplessness.

Smith (1979) identified one of the major problems in dealing with victims - that social and psychological consequences are hardest to assess. Since they are less measurable than economic and physical effects, the behavioural impact may be pre-eminent, because of the long-range implications.

He argues that, while they may manage to replace stolen property from their meagre income, or recover from physical injuries they may never slough off psychological scars that impose a life style filled with fear and anxiety. (1979:20) Smith, too, maintains that the psychological effects of victimization, for victim and non-victims alike, are a great increase in general fear and anxiety, and a decrease in overall morale. (1979:20-21)

These many harmful consequences demonstrate that elderly victims need special treatment. Their concerns are special; through no fault of their own, they are forced to modify their behaviour. Through a violation of themselves, their space, and their environment, they suffer loneliness, isolation, and distrust, which expands their insecurity and depressive reactions. The elderly victim is caught in a vicious cycle; once established, it is hard to break.

### C. SPOUSAL ABUSE

Violence between spouses is not recent, but entrenched, in our society. Such domestic conflict has spanned the ages, and has tortured many wives and husbands.

Martin (1981) points out that the characteristics of domestic violence are complex, not only in their dynamics but in their particulars, i.e. in how they may be defined. He argues that the term "domestic disturbances" is not synonymous with "wifebeating".

"A domestic disturbance may or may not involve actual physical violence." (Martin, 1981:190)

In the majority of the literature, there has been a difficulty in concurring on the definition of "violence". There are two main perspectives on violence - one of law enforcement and the other legal. That literature which relies on the police definition of violence emphasizes its outward effects. "In the absence of blood and visible injury, they are apt to discount the wife's report of her husband's brutality." (1981:190) Where the literature relies on the legal definition, would examine the degree of the assault's severity. As for social scientists, Martin (1981) contents, they "tend to measure violence by the degree of its acceptance." (1981:190)

For the purpose of this thesis, I adopt Del Martin's (1981) definition of Martial Violence:

An act carried out with the intention of or perceived intention of, physically injuring one's spouse.

The act can include slapping, hitting, punching, kicking, throwing things, beating, using a weapon, choking, pushing, shoving, biting, grabbing, etc.

While women are preponderantly the victims, they are not exclusively so. Research shows that many men have been subjected to the same physical, emotional and psychological abuse. (Steinmetz, 1978)

### Psychological/Sociological Theories

There is considerable theoretical literature on aggression in psychology and on family violence in sociology. (Stahly, 1978) However, there are limited empirical data to support the theoretical speculation.

Stahly (1978), in a review of the studies conducted, reports that "few are descriptive of the frequency, demography, and/or personal characteristics and interpersonal dynamics of violent spouse," and "even fewer studies address specific theoretical formulation with testable hypothesis." (1978:591)

The available literature addresses the two major theoretical models: Psychological theories of aggression; and Sociological theories of violence. (Stahly, 1978; Rounsaville, 1978; Gelles, 1979)

Stahly points out that the whole concept of aggression is well developed in psychology. The clinical observations are traditionally derived from a Freudian position and view aggression as an individual act. A Freudian analysis would predict violence between spouses where there is incomplete psychosexual development and consequently marginal or unsatisfactory psychological adjustment. An important social psychological theory is related to social learning theory which hypothesizes violent behaviour as a learned response. This hypothesis would analyse marital violence as involving individuals from families where violent behaviour was observed and repeatedly reinforced. (Stahly, 1978)

Rousanville's assessment of the current psychological explanation relates that "the abuse is encourage by masochistic women or tolerated because the women are in a state of "learned helplessness". (Rousanville, 1978; Stahly, 1978; Walker, 1979)

The sociological explanations were: 1) subculture of violence, essentially elaborates Wolfgang's (1958) sociology of violence. According to the theory, "a violent act is not deviant but is a

response to subcultural values, attitudes and rituals which define violent behaviour as normative." This hypothesis supports the general argument that violence is related to socio-economic status, primarily as a lower income, minority phenomenon. (Straus, 1973; Rousanville, 1978; Goode, 1971; Stahly, 1978) 2) cultural-political, viewing wife assault as a form of non-deviant violence used in western society to maintain the current status hierarchy. (Stahly, 1978; Rousanville, 1978) 3) interaction between family systems: marital violence is deviant behaviour arising out of specific, predicatable strains within certain types of family configurations. (Stahly, 1978; Straus, 1973; Goode, 1971; Rousanville, 1978)

The problem of spouse abuse is extremely complicated, as is evident in the diversity of the literature and controversy surrounding the collected data.

Gelles (1979), in studying family violence assessed that there are two plausible reasons for the extensive knowledge gap. First, family violence could have been rare and those few causes of violence or abuse could be explained as a function of mental illness. The other plausible hypothesis was that family violence was quite

extensive, but social scientists had failed, for various reasons, to investigate it. (1979:145) Straus, (1974) and Steinmetz (1971) in their selective studies cast doubt on the hypothesis that there was no research because there was no violence.

### Extent

Spousal abuse has been concealed from public consciousness because of the intimacy and privacy of marriage.

The actual extent of marital violence is not known. However, recent evidence indicates that wife-beating is a frequent, underestimated and serious problem. (MacLeod, 1980; Goode, 1971; Rousanville, 1978) The explanations as to why the rate of victimization is unknown are: 1) victims are often treated by private physicians. 2) victims often lie about the cause of their injuries. 3) shame of admitting failure in marriage or of acknowledging a beating. 4) fear of losing their families and homes. 5) lack of support from society, and meaningful alternatives. (MacLeod, 1980; Victimology, 1977)

MacLeod (1980) Lewis (1982) Walker (1979) estimate that from 10% to 50% of all women living with a male partner could experience assault at least once. If the definition of spousal abuse includes psychological mistreatment, then the estimated percentage would be far greater.

The Advisory Committee (New Jersey) 1981, reports that there are no comprehensive statistics on the incidence of spousal abuse in the United States. However, an increasing number of studies of police, hospital and social agency reports have indicated widespread abuse, specifically against women by men in familial situations. A limited review of some studies suggests:

-According to a 1975 report, approximately 70 percent of the assault victims at the Boston, Massachusetts, city hospital emergency room are women who have been abused in their homes, usually by a husband or a lover.

-Almost one third of all female homicide victims in California during 1971 were murdered by their husbands.

-In 1975, approximately one-fourth of all murders were within the family and one-half involved the husband or wife. (1981:6)

Sociologists Straus, Steinmetz and Gelles found that at least 28 percent of all family members experience violence in their

marriages. The Standing Committee on Health and Welfare and Social Affairs (Canada, 1982) estimates that every year in Canada one-tenth of the women who live with men are battered.

Canadian research on marital violence has not been extensive and has not produced a detailed profile of the typical battered spouse. However, several observations can be made (MacLeod, 1980; Jaffe and Burris, 1982; Standing Committee on Health and Welfare and Social Affairs, 1982):

-Abused women are emotionally and legally attached to their assailants

-They are usually economically dependent on their assailants

-The assailant is often the father of at least one of their children

-The victims might not live in areas where they could receive assistance

-In the case of male victims, they might not be willing to admit personal physical weakness

While the majority of researchers would agree on the above characteristics, there are those who would differ. Lynch and Norris

(1978) Moore (1979) New Jersey Advisory Committee (1981) argue that the characteristics of the battered spouse are as diverse as their needs, and cover an enormous range:

- in age from teens to nineties
- education, family income, and family emotional support ranged from none to extensive
- all ethnic groups
- some had obvious personality disorders
- some demonstrate great emotional strength
- some from worlds where domestic violence is norm, some have never been exposed to it before

Lynch and Norris point out that few of these victims fit into neat categories, the commonality is their pain. Walker (1979) also felt that their only commonality was the consciousness of life-threatening incidents. (xiv)

The characteristics of a battered individual are:

- low self-esteem
- believes all the myths about battering relationships
- is a traditionalist about the home, strongly believe in family unity and the feminine sex-role stereotype
- accepts responsibility for the batterer's actions

-suffers from guilt, yet denies the terror and anger she feels

-presents a passive face to the world but has the strength to manipulate her environment enough to prevent further violence and being killed

-has severe stress reactions, with psychophysiological complaints

-uses sex as a way to establish intimacy

-believes that no one will be able to help her resolve her predicament except herself.  
(Walker, 1979:31)

Langley and Levy (1970 contend that they are "diverse individuals, yet they all share a bizarre bond of violence."(p.1)

### Impact

Where the literature is surprisingly deficient, is on the effects of spousal abuse on the victims. Largely, the literature discusses the causes of abuse and availability of services, but fails to assess the psychological, physical, and sociological effects of the crime. The literature on the psychological effects concentrates on the feelings of helplessness, and the frequent denial of the existence of the problem; (Breton, 1979; Connick, 1982) what several authors referred to as "Learned Helplessness". (Walker, 1976; Rousanville, 1978) These psychological aspects are interwoven with

the sociological aspects of economic dependency, presence of children and pressures of the community, all of which reinforce feelings of guilt and loneliness. (Roy, 1977; Walker, 1979)

Battering is considered to follow a three-stage cycle: tension-building, explosion or acute battering incident, and calm-loving respite (Walker, 1979). This cyclical nature of battering, combined with the social stigmatization and prejudices attached to the crime, all emphasize the guilt of the abused person and reinforce his/her feelings of helplessness.

In the case of female victims, because of economic dependency, her helplessness may become chronic. She may, thus, develop depressive reactions and display behaviour that is submissive and passive. (Walker, 1979)

Research has shown that spousal abuse has had tremendous ramifications for the psychological and emotional stability of the victims. Many suffer from "repressed anger, were timid, were emotionally reserved, and had low coping abilities." (Star, 1979:42) Personal violence within the family has a direct effect on the

family's stability. It induces trauma in children, and forces the family to adopt defensive behaviour patterns. (Barnsley et al., 1980)

The New Jersey Advisory Committee on Battered Women (1981) contends that the "psychological ramifications of being abused by a person with whom one has an intimate relationship are complex and in most instances psychological abuse accompanies the physical beating. These emotional problems are usually an integral part of the battering syndrome." (p.3) The evidence accumulated by the advisory committee revealed that several victims found that emotional and psychological abuse are more difficult to endure. For these women the emotional pain was often intensified by a sense of shame and humiliation, alienation from friends and relatives, and disbelief that the beatings are actually occurring. (Advisory Committee, 1981)

One of the abused victims reveals:

For me the psychological anguish became worse than the physical abuse. I grew more and more afraid of my ex-husband. I began to believe that he was consciously trying to reduce me to being a completely submissive person by using verbal threats and repeated statements to diminish my worth as a person. (1981:5)

The most significant, yet frightening, discovery of the committee was the extent to which the abused victims felt guilty for the failure of their marriage. They believed it was their fault, that they were responsible for inducing the violence on themselves. This concept of "blame", researchers (Walker, 1979; Martin, 1981; Star, 1982) found, is not only a conviction of the victims themselves, but of society. Walker, states that, by blaming the victims, (women) we: 1) ultimately excuse men for the crime; 2) cause the victims to suffer shame, embarrassment, denial, and further loss of self-esteem.

Walker, in her study, found that the victims (women) in her sample were hard workers who lived under constant stress and fear. These conditions had physical and psychological consequences. Victims often experience a variety of physical ailments due to the emotional/psychological trauma: fatigue, backaches, general restlessness, and an inability to sleep. (1979:35)

The extent of the trauma is revealed in their severe stress reactions, psychological complaints such as depression, anxiety, general suspiciousness, and fear. Walker also found that many of the reactions battered women report are similar to those of catastrophe

victims. "Disaster survivors generally suffer emotional collapse within twenty-two to forty-eight hours. Their symptoms include listlessness, depression, and feelings of helplessness. Battered women evidence similar behavior." (1979:63)

Star (1982) outlined the three most common reactions to violence: depression, fear, and impaired trust. Depression develops because victims feel they cannot take effective action to change their lives. What often occurs is that victims internalized their anger and converted it to futility and despair. (Star, 1982:20-21) The victims and dependents often withdraw and become profoundly apathetic, equivalent to the behaviour of "shell-shock." Star, equates the intensity of fear experienced by the victims with Martin Symonds's concept of "frozen-fright", which is associated with extreme fear-producing situations. She assessed impaired trust as the most devastating consequence of abuse. Violence from an intimate partner forces the victims to doubt their ability to love, to be intimate ever again, and whether they will have anything of value to offer someone else. (Star, 1982:23)

---

#### D. SEXUAL ASSAULT

The victims of rape (sexual assault) experience trauma which is singularly destructive and unlike that in any other crisis. The attack is usually sudden and without warning: the assailed are caught off-guard and are therefore very vulnerable. Nothing else in their ordinary experience would prepare them for the extensive psychological and physical damage they suffer. Those who undergo sexual assault, despite having given no provocation, are violated and then find that there is little empathy with their distress and acute need for help. They are frequently shocked to discover that society in general, and the media and professional organizations, in particular, have failed to solace the victims of such attacks and to attend to their recovery. The media often sensationalize crime and overlook that every crime has a victim whose torment escalates beyond the mere physical (external) degradation.

Rape destroys. It destroys the victims through undermining their trust in society, subverting their dignity and debasing their humanity. It vitiates their ability to form and/or maintain fruitful relationships.

Rape is the only crime whose victims are victimized twice. According to Baril and Lisa Brodyaga et al., (1975) the woman who is raped is doubly victimized, first by the attacker, and second by the attitudes of society.

Rape is the ugliest of crimes. Its very nature is humiliating to the victim, and it is frequently accompanied by violence, forced sodomy, and similar acts that additionally traumatize and humiliate. The victimization of the woman does not necessarily cease with the termination of the attack itself. Pregnancy, venereal disease, hospitalization, loss of employment, imputations of wantonness, and even ostracism by family or neighbours may follow. (Brodyaga et al., 1975)

#### The Law Past and Present

Rape is a serious offence involving both physical assault and personal violation. "Rape is the ultimate violation of self, short of homicide" (Bard and Sangrey, 1979; Brodyaga, et al., 1975) While society and the police treat homicide as a priority crime, they have been reluctant to treat rape with high priority, due to its sexual connotations. According to FBI Uniform Crime Reports cited by Brodyaga, et al., rape holds two unbelievable records; it is the fastest-growing of the Indexed crimes against the person; and among these it shows the lowest proportion of cases closed by reason of arrest. (1975)

According to the Criminal Code of Canada, section 143:

Rape:

A male person commits rape when he has sexual intercourse with a female person, who is not his wife,

a) without her consent, or

b) with her consent if the consent

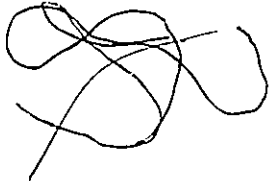
i) is extorted by threats or fear of bodily harm

ii) is obtained by false and fraudulent representations as to the nature and quality of the act, or

iii) is obtained by impersonating her husband.

The previous law also states that a husband cannot be convicted of the rape of his wife. However, the husband could be charged with lesser charges, such as assault or assault causing bodily harm.

For a rape charge to be maintained, sexual intercourse must have occurred; intercourse involves the slightest penetration of the vagina. If there was not penetration, a lesser charge must be filed, such as attempted rape or indecent assault. (B.C. Rape Prevention Manual, 1980)



Some of the issues often involved in rape cases are: whether or not the victim consented to having sexual intercourse; the promptness with which she reported the assault. (B.C. Rape Prevention Manual, 1980)

On January 4, 1983 the Parliament of Canada amended and passed Bill C-127 which restructured the Criminal Code in relation to sexual offences and other forms of assault. The new provisions essentially changed the offences of rape, attempted rape, and indecent assault, to aggravated sexual assault, sexual assault, and sexual assault with a weapon or threats to a third party. (Minister of Justice, 1983)

The essence of these new provisions are 1) an attempt to diminish the sexual aspects of rape; 2) the rules of evidence used in sexual assault trials; and 3) the concept of corroboration. The changes seek to modify the ways in which lawyers misuse evidence against victim/witnesses. As well, the rule of corroboration is no longer considered to be the focal point of evidence for lawyers seeking to gain conviction or obtain dismissal of their clients. Another modification is that the rules regarding recent complaint have been abrogated and replaced by the ordinary rules of evidence which apply to all criminal offences. (Minister of Justice, 1983)

The most significant change in the law applies to the sex of the victim. The law stipulates that sexual assault is equally applicable to both men and women, both as assailants and victims, thus eliminating the previous sexual discrimination. (Minister of Justice, 1983) The new provisions also negate the section whereby a wife could not charge her husband with rape (sexual assault), and supersede the section whereby a wife or husband can charge their partner with sexual assault whether or not the spouses were living together at the time of the sexual assault. (Information Paper on Bill C-127)

While the new provisions of the Criminal Code attempt to delineate the myths and the sexual mystique surrounding sexual assault, it will take a major overhaul of the Criminal Justice System, education and training of police officers, doctors and prosecutors to eliminate the sexual discriminating aspects of sexual assault, and advance to the recognition and identification of the needs of sexual assault victims.

#### Needs of Sexual Assault Victims

Sexual assault is unique, quite unlike any other crisis a person could experience. It is a torment that deprives its victims of

control, stability, and subjects them to a total loss of power.

Viewed as life crisis, it is possibly the most serious personal crisis the victim will face." (Kinnon, 1981; Bard and Sangrey, 1979)

Rape is a social, health and mental problem with broad implications. (Bard, 1976) The extent of sexual assault has been escalating over the years.

In a featured article in Good Housekeeping July 1982 Abe Pivowitz discusses the findings of the Guardsmark security company which was published in the book How to Protect Yourself from Crime. Pivowitz's analysis of the 1980 Rape statistics reveals that in the United States:

-rape occurs every six minutes and accounts for six percent of all violent crimes;

-forty percent of rapists are friends, acquaintances, or family members, 60 percent are strangers;

-the typical rapist is more interested in power over the woman than sex, seeking to humiliate and degrade the victim;

-seventy-three percent of rapists use no weapon except threats of death and bodily harm against the victim; where weapons were used 24% involved guns, 44% knives and the rest other weapons;

-the number of reported rapes per 100,000 women in the population has more than tripled (an increase of 200.8%) in the last 15 years;

-more than 300 of the 21,860 murders reported in 1980 resulted from sex offences.

Canadian statistics are similar to those for the United States. Brickman and Briere (1980), in their analysis of the incidence, circumstances and effects of rape and sexual assault of 551 women in Winnipeg found that:

-six percent (1 in 17) of the respondents reported having been raped and 21% (1 in 5) reported having been sexually assaulted at some point in their lives;

-of the victim groups, 12% (rape) and 7% (sexual assault) reported to the police, and under one-half of the rape victims and 6% of the sexual assault victims consulted professional help.

In September 1982 issue of Chatelaine there were some startling data which, though not supported by empirical studies, show the incidence and its possible effects on the victim. The article relates that:

-between April 26 and July, nine women in Calgary had been sexually assaulted in their homes - eight by an armed intruder;

-in Toronto, from May 28 to July 26, there were 31 reported sexual assaults, two rape-murders and two sexually oriented murders;

-the Toronto Rape Crisis Centre reported more than 400 calls from Rape victims in the first six months of 1982, which was up 100 from the previous year.

The above statistics involve sexual assaults against male and female of all ages. The available data on sexual assaults are largely undocumented, and often involve only attacks on females. "Although sexual assaults are committed against both sexes, the vast majority of the victims are females." (Kinnon, 1981)

Bard and Sangrey (1979) contend that "every crime against a person is an act of violation...whatever the mode of attack, the victims suffer a common underlying injury; the violation of self. They are wounded in the very essence of themselves, the centre from which every person integrates life." In the case of sexual assault victims these feelings of violation are intensified. Dianne Kinnon contends that "a life crisis poses some threat to the continued well-

being of the person. An abrupt change in one's emotional balance brings into focus the uncertainty of life, both actually and symbolically."

#### Impact

The victims of sexual assault can experience the effects of the assault through: economic losses, physical injuries, emotional trauma, dysfunction in support group, and inconveniences dealt with by the system.

While most victims of violent crimes experience all five of the above symptoms, the sexual assault victims experience the emotional injuries far more extensively. Dianne (1981) in her study found that "victims of sexual assault report a variety of feelings during the assault, including incredulity, horror, confusion, numbness and hysteria. The most commonly expressed overriding feeling during the attack is that of fear." The majority of literature and studies on the victims of violent crimes often ignored the psychological and emotional traumas of sexual assault victims.

Brickman and Briere (1980) in their study found that:

-a number of victims reported quite major changes in their life situations, including change in marital status (12%), change in housing (21%), and change in living situation or who victim was living with (24%);

-70% report increased anxiety and nervousness, 67% depression, sleep disturbances, (54%), crying (49%), feelings of being alone (55%), difficulties in concentration (49%), intense fear (46%) and quick mood changes (27%)

Kinnon in a study of 165 victims who attended Rape Crisis Centres found:

- 53 had trauma up to four weeks
- 29 symptoms to one year
- 28 severe long term trauma
- 13 difficulty with or loss of job
- 40 major lifestyle change
- 15 thought of suicide
- 7 attempted suicide
- 31 other (1981)

Burgess and Holmstrom (1974), in an analysis of 92 women adult sexual assault victims, found: that there were three levels of trauma experienced by the victims. They documented the existence of a "Rape Trauma Syndrome", the compounded reaction, and the silent reaction. They defined "Rape Trauma Syndrome" as:

The acute phase and long-term reorganization process that occurs as a result of forcible rape or attempted forcible rape. This syndrome of behavioral, somatic, and psychological reactions is an acute reaction to a life-threatening situation.

The rape trauma syndrome they found usually occurs as a two phase reaction; the acute-disorganization phase, and the long term -reorganization process. During the acute period the sexual assault victim experiences a great deal of disorganization. The physical symptoms are especially noticeable, and one prominent feeling noted was fear. (Burgess and Holmstrom, 1974) The fear the victim experienced during the acute phase is quite different than the fear experienced during the attack. During the attack the fear was of death or serious injury. However the result of the attack was a convulsion of shame, horror, powerlessness, lack of control and a sense of violation. After the initial impact the victim will have somatic reactions, usually most pronounced during the first several weeks following the attack.

The process of reaction described by Burgess and Holmstrom (1974) is similar to the stages outlined by Bard and Sangrey (1979). This process, they reiterate, involves a most difficult healing of the self. It is the level where the victims are attempting to put their lives together, therefore their coping behaviour is heavily reliant on the strength and support of their social network, and society's reaction to their victimization.

## E. SURVIVORS OF HOMICIDE VICTIMS

There is relatively little literature on homicide's effects on its victims' survivors. As well, there is inadequate understanding of the effects of homicide on the 'social network', which has often compounded poor communication.

An article, Grief By Homicide, describes such violence as a terrifying death, sometimes more terrifying for the survivors than the actual victim. The writers feel that the grief inflicted by homicide causes extensive anger and pain, the recovery from which will take a great deal of hard work. (Families and Friends of Violent Crime Victims 1981)

Murder: death by violence, is the most traumatic experience humankind will ever endure. It is a total victimization and violation of self. (Bard and Sangrey, 1979) It destroys life and inflicts tremendous pain, bitterness, and acute grief on the survivors.

Gary Kinder (1982) depicts what a callous act of violence may do to the family. He found that it ravaged the family and stripped them of their emotional balance. The ordeal not only induced anger, but inflicted a severe emotional crisis on the survivors.

Bard and Sangrey (1979) state that "every victim of personal crime is confronted with a brutal reality: the deliberate violation of one human being by another." (1979:xii) They feel that "there is nothing more isolating than the pain of violation," because it forces victims to question themselves and their world, and it destroys their sense of trust and control over their lives.

In a series of articles presented at the National Forum for Victim Rights (1983), the authors provided some background on the suffering and trauma which the families and friends of murder victims endured.

The first article, Parents of Murdered Kids: A Struggle For Peace, Brumback, 1983, outlined the parents' reactions to the murder of their children. She found that many suffer from rage, shock, anguish and unrealistic guilt. For the parents, the murder of their children induced trauma that was far more excruciating than had it been a spouse or relative. (1983:17)

In the second article, Such Ordinary People, Such Singular Pain (1982) Anna Quindlen, points out the destruction of lives, dreams and hopes. She discovered that parents had hopes that their children would grow up and have children. After the dream was destroyed they found no solace in the Criminal Justice System. The actions of the murderer, the inequity of the system, and the lack of understanding

by society "makes them so angry that they are the ones who feel tainted, haunted by the crime, the ones who fear". (1983:18)

Surgan (1982) in a summary of the workshop on Families Of Homicide Victims, assessed the effect of homicide on the survivors as far different from that experienced by survivors of a death or illness.

It is that, in addition to experiencing the emotions felt by victims of other crimes (denial, fear, anger, and frustration), these survivors suffer the anguish of alientation, ostracism, and insensitivity of officials. (1982:12) The author wrote that families of homicide victims, are "secondary victims". They are the survivors of an unspeakable and incomprehensible tragedy. Generally, they are not present at the time of the murder and often feel guilt by not having been there to protect the murdered victim. The response is often more traumatic for a father whose child has been killed.

During this acute crisis stage the family is often alienated by friends and other family members because they cannot handle the situation. For example;

A mother of five arrives home and finds the police at her door. They tell her only that something has happened to her 16 year old

daughter and they are there to transport her to the city hospital. After an indeterminable wait at the hospital, and with no further information about her child, the mother is taken to the morgue where she is shown her daughter's bullet-ridden body.

Her husband refused to accept the death by murder of his eldest daughter and orders that the child's name may never be mentioned in his house. The mother's family are of little help to her because they, being deeply religious, insist that the mother "forgive" the murderer. The mother "feeling like a zombie"--an emotion experienced by all families of homicide victims--has no one with whom to share her grief.

Two months after the murder, the husband tells his wife that the only way he can continue his life is by divorcing himself completely from the family. (1982:11)

Consequently the family lost social contact, just when it is needed the most.

The families of homicide victims also suffer the loss of comfort from their religion when clergy or friends tell them "It's God's will." They cannot believe, or accept, that their faith has caused this calamity to happen: subsequently, they reject the solace of religion just when that source of comfort is needed. (1982:13)

The survivors of homicide victims are classic recipients of post-traumatic stress disorders due to the severity of the criminal act, and the arbitrariness of the violation. (see figure 2)

### Bereavement

The extent of bereavement in survivors of homicide victims is prolonged, severe and intense. The conditions affecting the mourning process depend on variables which involve:

- age and sex of the person bereaved;
- the causes and circumstances of the loss;
- the social and psychological circumstances affecting the bereaved about the time of and after the loss; and
- the personality of the bereaved. (National Forum for Victim Rights, 1983)

The compassionate friends wrote that people suffering from grief experience many ups and downs that last far longer than society recognizes. They found that crying is an expression of grief which helps the victims to release built-up tension. Some victims may experience physical reactions such as loss of appetite, overeating, sleeplessness, and sexual difficulties, as they struggle with their

trauma. They may also suffer from lack of energy, and reduced concentration.

The survivors as 'secondary victims' may find that friends and relatives may be uncomfortable around them. They suffer from a sense of loss and helplessness. "Parents may feel that they have nothing to live for and may think about a release from this intense pain." (1982:39)

Finally, the survivors may suffer from guilt; real or imagined. It surfaces in thoughts and feelings of "If only..."

In assessing the plight of survivors of homicide victims, NOVA states that "while the phases of crisis seem to occur after most crimes, the crisis of losing a loved one to murder is extreme and unique. The survivors are plagued by thoughts of never seeing the person again, thoughts of their suffering as they faced death, thoughts of the senselessness, and thoughts of the horror, constantly." (NOVA, 1983:43)

The survivors suffer from shock, disbelief, denial, and a tremendous pain of loss. "That pain and that distress is what may cause them to consider suicide or withdrawal from the world." (NOVA, 1983:49)

**SUMMARY**

The analysis of the literature has investigated the element of Post Traumatic Stress Disorder, the types of victims of violent crimes, and the impact of such crimes.

The main focus of the review was the nature of "trauma", the extent of its evidence and the various impacts on the victims.

All that has been examined shows the gravity of the problem and the necessity for effective treatment.

**CHAPTER III**

**SERVICES TO CRIME VICTIMS**

## **INTRODUCTION**

In this chapter we survey the literature on various kinds of victim services. We do not evaluate here the relative effectiveness of these treatments on the victims of violent crimes, or their response to Post-Traumatic Stress Disorder.

Further, the primary services available to assist victims and general pertinent community programs, are examined.

## **SERVICES TO CRIMES VICTIMS**

Crime victimization creates a crisis that victims might not be able to handle on their own, and they may require the assistance of professionals.

Lowenberg and Forgach contend that crime victims in a crisis feel out of control and perceive chaos around them. (p.4) Due to the

abruptness of the violation, and violence executed without provocation, the victims feel that their security, and lives have been disrupted. In the ensuing trauma, the victims may find themselves in isolation and in a state of helplessness. Due to the inability of the victims' social networks to ease the trauma, professional counselling is sought.

In figure 5, services to assist victims are divided into two groups: The first cover those to assist victims of crime; the second covers those available generally which can be used by victims.

(Waller, 1982)

#### A PRIMARY SERVICES FOR CRIME VICTIMS

The literature shows that there have been few services for crime victims in North America. In the United States, social services and law enforcement agencies have implemented several forms of crisis intervention programs. In Canada, social agencies are just getting involved in victim assistance; however, there are many communities with these services.

### Rape Crisis/Sexual Assault Centres

At present there are few specialized counselling services for sexual assault victims. The major, and most important, service facility is the rape crisis centre.

Rape crisis/sexual assault centres provide extensive services to sexual assault victims. Susan Griffin (1980) saw the role of the crisis centres as that of protection, a place where women could listen to rape victims, and the victims knew that they were heard. (B.C. Rape Prevention Project, 1980) The services provided to sexual assault victims includes crisis counselling, referral for emergency medical attention or psychological counselling, and assistance in court appearances (Waller, 1982; Kinnon, 1981)

Dianne Kinnon writes that "Crisis Centres are specifically designed and staffed to help victims of sexual assault, and has, among other things, decreased the stigma of disgrace, relieved the isolation of the victim, and removed the veil of silence about the crime." (1981)

### Services For Abused Spouse

Transition homes are one of the specific services available to the abused spouse; specifically, abused women. The primary

protection is living accomodation for women and their children. The homes also offer counselling and referral to other agencies.

(MacLeod, 1980; Jaffe, 1982)

### Advocacy Services For Battered Wives

There are now several advocacy services, in Canada and the United States. Some operate jointly with police departments, and some independently. Example, Battered Women's Advocacy Clinic in London, Ontario. The program concerned provides walk-in counselling, assessment of victim's needs, and referral services to other agencies. It also assists the victims going through a court process.

### Crisis Intervention

The law enforcement and social agencies have effective crisis intervention programs to provide immediate intervention in family disputes, such as the London Ontario Project, 1982; and the Domestic Response Team in Metropolitan Toronto, 1981. These services also arrange counselling and referral to other agencies. (Jaffe and Thompson, 1982; Sutcliffe, 1981; Waller, 1982)

An example is the Restigouche Family Crisis Project in New Brunswick. The program extends rural and urban crisis intervention and post-police involvement. The service is police-based with

specially trained volunteers who can provide mediation, counselling, and referrals to relevant community agencies. Intervention includes:

- identification of problems
- examination of alternatives
- mediation and setting of realistic goals
- provides, in a rural setting, refuge for emotionally and physically abused women and children and to individuals who need immediate removal from home to a safe place for a period of time. (Ministry of Solicitor General, 1981)

#### Police Victim Service Units

In certain regions of Canada, police departments have created "Victim Service Units", which produce information to victims on the progress of their case, as well as make referral to appropriate agencies. (Liaison, 1982; Waller, 1982) The types of services for victims are: referral to social assistance, sexual assault centres and hospitals. One of their primary functions is to assist victims in the return of their property and provide crime prevention programs to the public. (Liaison, 1982)

#### Police Specialized Unit

The function of specialized units is to establish a system of information to victims. These services are provided by "Victim

Service Units", such as the Edmonton Victim Service Unit. The objectives of policy victim assistance are:

- direct assistance to the victim
- a central information centre for the victim
- referral of victims to community resources that might provide additional assistance
- information on status of investigation
- information regarding the Criminal Justice System and police procedures
- advice to victims and families. (Liaison, Apr/1982)

In both Canada and the United States, some police departments have been innovative in the establishment of "sex offence units". These units specialized in investigating sex crimes and in the effective and skillful handling of the needs and reactions of sexual assault victims. (Brodyaga, et al., 1975)

#### Victim/Witness Assistance

Victim/witness programs are increasing in Canada. They are provided by private agencies such as Salvation Armies, and Mennonite Communities. They offer emergency services such as transportation, counselling, social assistance and hospitals. There is also assistance to any victim involved in a court process. An example,

Victim/Witness Services in Waterloo Region. The purpose of the program is to operate 1) a police-based component; 2) a community-based component. Referrals come from police investigators and victims. Certain victims are contacted by project staff through a letter informing them of the service. The program provides services to all families of homicide victims, victims of attempted homicide; all victims of sexual assault, robbery, wounding, assault causing bodily harm; and selected residential break and enter victims. The second phase of the program will develop support groups for abused women, and offer a mediation and support group for men who batter women. They also have a special campaign to encourage victims of embarrassing crimes (sexual assault and domestic violence) to seek assistance in dealing with the experience or stopping ongoing abuse. (Ministry of Solicitor General, 1983)

The Winnipeg Police Department, in conjunction with the Solicitor General, has established a similar service for victims of burglary, sexual assault, and crimes against the elderly. Its specific focus is on 1) residential break and enter, personal robbery, sexual assault, serious assault, next-of-kin homicide victims and next-of-kin fatal accident victims (where charges are laid) 2) Elderly victims, who receive special attention. (Ministry of Solicitor General and Winnipeg Police Department, 1983)

### **General Services**

While general services are available to victims of crime, the victims are aware that services have other priorities than crime victims. (Waller, 1982)

The victims of violent crimes face many problems that need immediate attention. The specialized services are necessary but are often secondary to the medical, and police immediate services.

### Medical

Every victim has available the services of hospitals where they may obtain treatment for internal and external injuries. In the case of sexual assault, victims are tested for any communicable disease, and foreseeable complications such as possibly pregnancy. A medical examination can also provide the necessary evidence needed by the police and the court for proof of sexual assault, wife abuse, robbery assault, etc. The attending physician could also ensure emotional stability, however, few recognize or treat psychological trauma (post-traumatic stress disorder).

In some communities there are non-traditional health agencies that offer the same services, as well as counselling to victims of violent crimes. Such agencies provide "free clinics," and an

alternative to other methods of health care. (Warner, 1983) These health agencies also work closely with other crisis intervention agencies, community clinics, and police departments. The advantage of these agencies is that the staff is "generally more knowledgeable about the dynamics of crime victims (especially sexual assault) and is sensitive to the needs of the victims." (Warner, 1983)

### Police

Compared to any other service, the police are likely to have the most direct involvement with the victim. This occurs because the police are the first representatives of the Criminal Justice System available.

The police offer immediate assistance to the victim, such as referral to crisis centres, transport to the hospital, transition homes, and obtaining evidence. However, the primary goal of the police is to collect and preserve evidence, to gain an arrest and a conviction. (Dean, et al., 1982; Waller, 1982) Often they become so caught-up in the dominant process that they overlook the psychological and emotional suffering of the victims.

Victims of violent crimes often experience their greatest fears, frustration and, trauma during this phase. While police officers are used to dealing with varied forms of complaints, there are few who

are aware of the traumatic effects personal violence has on victims. Due to the personal nature of these crimes (sexual assault, domestic violence) the police are required to ask very personal questions which may offend and create frustration in the victim. These feelings usually erect barriers between the victim and the police, and help to prolong the victim's trauma.

#### Compensation

While the service is available, each victim must apply to the Compensation Board where, after review, compensation may be awarded for medical and other expenses. The board also assesses the extent of pain and suffering endured by the victim. The disadvantage of such proceedings is that, for the victim to obtain compensation, the incident must have been reported to the police. The victims must also have applied to the compensation board within one year of the incident. The board also requires all medical and legal documents, receipts and personal records, before processing the case. (CCSD, 1981; Norquay and Weiler 1981; Criminal Injuries Compensation, 1980) All Provinces and Territories, except Prince Edward Island, provide direct financial aid to victims through crime compensation programs. (CCSD, 1981)

Victims of violent crimes may also have Private Insurance, which may be purchased to provide security against wage loss, and personal

injury. They could also invoke the law against the assailant through civil proceedings. The problem with both these resources are:

-some people cannot afford private insurance

-in some cases the risk may be too high for private companies to provide coverage

-civil proceedings could take years and the assailants might not be able to afford the payment. (CCSD, 1981)

## CONCLUSION

The examination of the available services discloses that, while they do attempt to treat victims of violent crimes, most are unaware of the trauma and emotional anguish of the victims. The evaluation also finds that the available assistance to these victims is often inadequate due to private and social insensitivity, degrading and humiliating medical and police examinations, and financial deficiencies.

**CHAPTER IV**

**RESEARCH AND METHODOLOGY**

## INTRODUCTION

In chapters 1-3 I investigated and outlined the plight of victims of violent-personal crimes, and the severe impact of these crimes on the victims. That review focussed mainly on assessing the extent to which these victims suffered psychological and emotional trauma. In addition, it analyzed specifically the nature of "trauma", the dimensions of its evidence and the various impacts on victims. The literature examined shows the gravity of the problem: i.e. the number of crime victims, the extent of trauma, and the necessity for effective treatment.

The appraisal and analysis of the available literature related to victims of violent-personal crime clearly demonstrated that, while there is extensive research on the impact of crime on victims, there has been relatively little investigation of the element of trauma. As well, even though Crisis Theories tend to support and, indeed, to stress the need for "trauma" treatment, the related services have done little to evaluate and attend to this particular syndrome.

It is, therefore, evident that further analysis is required to determine: 1. trauma itself, 2. type of service available and 3. effectiveness of that treatment.

## PURPOSE

The purposes of this study are: 1) to determine the needs of victims as outlined in the literature review; 2) to assess the number of victims referred to agencies in the Ottawa-Carleton area; 3) to evaluate whether existing services meet these needs; in particular how adequately these services recognize, and treat, trauma (psychological/emotional). 4) to then suggest recommendations based on the findings.

## BACKGROUND

In the past ten years, researchers in Canada and the United States have systemtically interviewed victims in order to describe the effects of crime i.e. emotional trauma, financial loss, physical injury and problems/inconveniences with the Criminal Justice System. (Norquay and Weiler, 1981; Drennan-Searson, 1982; Waller, 1982)

Their studies have increased our understanding of the nature of trauma, the extent and severity of emotional trauma associated with being a victim of a crime, especially violent-personal crimes. (Bard and Sangrey, 1979; Baril, 1980; Waller and Okihiro, 1978; Drennan-Searson, 1982) For example, in the case of rape (sexual assault) victims, this disorder has been commonly referred to as the "rape

trauma syndrome". Its victims have been found to experience a gamut of feelings, such as helplessness, fear, violation of self, guilt and anger. Researcher and Crisis Theories have learned that victims suffering from these feelings may also have physical symptoms or psychosomatic disturbances of insomnia, lack of appetite, nightmare and nausea. (Burgess and Holmstrom, 1974; Brickman and Briere, 1980; Kinnon, 1981) Such a traumatic impact is felt not only by sexual assault victims, but affects the majority of the victims of crime and differs among them only in its severity and duration.

In the United States, and recently in some cities in Canada, services have been created to assist victims in alleviating the impact of crimes. (Lowenberg and Forgach; Rape Prevention Project, 1980; Griffin, 1980; Jaffe, 1982; Jaffe and Thompson, 1982; Sutcliffe, 1981; Ministry of Solicitor General, 1981; Victim Services Agency, 1979, 1980; Drennan-Searson, 1982)

In the United States, social services and law enforcement agencies have implemented several forms of crisis intervention programs. In Canada, social agencies are just getting involved in victim assistance; however, in many communities services have been established to help victims on an emergency and long-term basis.

As previously discussed in the literature review, studies show an increase in victim services. However, these services have predominantly ignored the element of trauma, and consequently failed to implement any trauma treatment process.

## RESEARCH METHOD

Survey Research is an area that has acquired strength in Criminal Justice Research. It is considered an excellent tool for primary data-gathering in social research. The importance of this research method is its ability to obtain quantitative data from both descriptive and inferential studies and for addressing the issue of causality. (Hagan, 1982:45) The essence of surveys is that, for the most part, they measure respondent attitude and not behavior.

In conducting the study the following criteria were used:

1. that the survey be comprehensive i.e. responses from everyone-in all related services
  2. that there not be ambiguity in responses
  3. allow respondents some scope in their answers
  4. chance to have dialogue and to provide further clarification from interviewer e.g. nature of Post-Traumatic Stress Disorder
  5. data be easily analyzed and arranged into tabular form.
-

There are three types of survey strategies commonly used by researchers in data gatherings; questionnaires, interviews, and telephone contacts.

Two of the strategies were not chosen because of their ineffectiveness in meeting the above criteria.

The questionnaire and telephone contact strategies were found to be inappropriate here because they could not effectively evaluate crime victim services. In addition, some agencies might not be aware of "Post-Traumatic Stress Disorder" and might misinterpret the questions. That these instruments are not appropriate are supported by the incidence of non-response or slow replies, and high refusal rate. (Hagan, 1982)

The unstructured interview is chosen as the survey technique for the following reasons:

Unstructured interviews-involve a nondirective, clinical approach. Unlike the closed interviews, no predetermined response categories are provided. This interview method is much more difficult to tabulate, will have to be presented in the narrative form which may consume a lot of time. However, it yields qualitative detail and in-depth replies to questions asked.

There are notable advantages to conducting a survey in person. First, the questionnaire is administered by the interviewer rather than by the respondent. Second, this method elicits higher response rates than mail questionnaires. Third, it decreases the number of "don't know" or "no answer" responses, because the interviewer can use probing techniques to acquire answers. Fourth, a major feature of face-to-face interviews is the opportunity for personal contact between the researcher and the subject.

Despite the many advantages of interviews, there are some obvious problems that the interviewer has to be aware of: 1) they are time consuming, and costly; 2) interviewer effect or bias may intrude, so that hidden biases of the interviewer can color the results; 3) due to the length of the interview, the complexity of the questions and responses, the interviewer might have struggles in recording & organizing the information; 4) research has shown that the chief potential problems lie in the quality, integrity, and skill of the interviewer.

On the basis of the subject matter, the purposes of the study and intended results, the most effective data-gathering strategy is available through Survey Research.

## METHODOLOGY

There are two different methodological strategies employed in this research: 1) theoretical research on victims' needs and services obtained through a review of the literature. 2) a needs evaluation conducted through unstructured interviews to determine the extent to which existing services in the Ottawa-Carleton area are meeting the needs of violent crime victims; and, based on the data analysis, make recommendations as to how these needs could be met.

The essential element of the literature review is that it provides an extensive examination of books and articles on crime victims in Canada and in the United States. It also supplies important background information on the nature of psychological and emotional trauma. Further, the literature analyzes the magnitude of Post-Traumatic Stress Disorder on victims of violent-personal crimes and outlines some possible treatments.

The preferred research design (Unstructured Interview) is the most appropriate method for measuring a specific criterion such as trauma (Post-Traumatic Stress Disorder). Due to this specificity, each of the variables will be constructed to elicit specific responses to specific questionnaire items. The results will then be assessed and analyzed in the manner outlined in the data analysis.

## **DATA COLLECTON**

In selecting which victims to evaluate, these criteria were employed: 1. they exemplify the severity or perceived severity of trauma experienced. 2. Also pertinent is the prolonged stress and fear they have to live with long after the initial victimization occurred. 3. The study will exclude victims of Child Abuse, Incest and Victims of Drunken Drivers because of the intensity and immensity of these victim groups.

Based on these criteria it was decided to survey and evaluate services provided for victims in the categories of: 1) Robbery-Burglary; 2) Elderly; 3) Spousal abuse; 4) Sexual assault; 5) Survivors of homicide victims, in their treatment of psychological-emotional trauma.

The primary means of data gathering will be Unstructured Interviews with the listed victim agencies. (Figure 1)

## **DATA ANALYSIS**

The system of analysis selected is a comparative assessment of the police crime statistics and the number of households (which

represents an adult over 18 years) in the Ottawa area. The result of this comparative estimate will be used to determine what percent of the Ottawa population is victimized yearly.

Crime per households was chosen as the unit of analysis, because it provided a more appropriate analysis for this study. This analysis will supply an estimate of the crime victimization rate for Ottawa which will then be compared with the number of victims who use the available Victim Services in the area. This analysis will determine the number of victims and appropriate use of service.

The researcher is aware that the design chosen will pose some difficulties with respect to coding (ie., accuracy use of police stats rather than victim organization summary). The findings of the survey will be summarized and presented in an explanatory form outlining critical relationships or statistically significant data.

In analyzing and assessing the data there are four points to keep in mind:

-this number of police crime victims covers a period of six years;

-the number of households reflects 1981 census data;

-the population of Ottawa reflects 1981 census information;

-to obtain a relatively reliable sample, all (primary and secondary) agencies were contacted. However, only the ones listed were interviewed. (Figure 1).

#### **SUMMARY**

This chapter has examined appropriate research methods: means of selecting the data; the criteria adopted; survey strategies; data collection; and data analysis.

**CHAPTER V**

**ANALYSIS OF PRESENT CRIME STATISTICS**

**ANNUAL VICTIMIZATION RATE**

## **INTRODUCTION**

To understand the plight of crime victims, the extent of Post-Traumatic Stress Disorder, and especially the need for crime victim services, it is vital to assess the current crime statistics, as well as the potential of a person to become victimized (risk factor).

In this chapter, the data are examined to determine the number of violent-personal crimes (per 100,000 persons). Then, based on the number of households in Ottawa, the percentage of the Ottawa population which suffers victimization is calculated.

## **VICTIMIZATION RATE IN OTTAWA**

To determine the rate of criminal activities in the city of Ottawa, the researcher relied on the number of crimes reported to the police from 1979-84. Each of the categories (e.g. Murder/attempted murder) was linked to the number of households. According to the 1981 census there are 121,705 private households in Ottawa. Using this number as a unit of analysis it was determined that so many crimes were committed per 1000 households, between 1979-84. Distribution of crime per 1000 households is as follows:

ANNUAL RATE OF VICTIMIZATION PER 1,000 HOUSEHOLDS

Crimes	Crimes recorded by police	Number of crimes per households (5 years)	Annual average	5 year average	Annual average crimes per household
Break & Enter	29776	245	49	4	1/20
Other Assaults	8675	71	14	14	1/71
Robberies	3675	30	6	33	1/167
Rapes	746	6	1	163	1/1000
Sexual Assault (Rapes)*2	466	4	0.8	261	1/1250
Murder/Attempted Murder	118	1	0.2	1032	1/5000

(see figure 2)

The above estimated figures are listed in order of risk or possible risk. According to the outlined figures a person is most at risk of being a victim of Break and Enter (for example, 1 in 20 households will experience Break and Enter annually as compared to only 1 in 5000 households murder/attempted murder) if he/she lives in the city of Ottawa.

These figures, when applied over a long period of time and as a comprehensive measure, represent an astounding number of people who have experienced and/or will experience enormous stress, frustration and grief.

While some of these figures might not be large statistically, they appear tremendously important as indicators of victims' grief, anger, and suffering, when such trauma is experienced over a long period of time, particularly in the absence of help or emotional support.

The above argument is collaborated by the findings of Bourque's (1978) study of 44 Robbery victims. The study found the following:

- 8 showed symptoms of serious residual effects
- 20 showed symptoms of memory loss
- 20 showed symptoms of physical upset, nausea
- 30 showed symptoms of state of shock, anger
- 50 showed symptoms of being confused, dazed
- 76 showed symptoms of fear
- 78 showed symptoms of crying, shaking etc.
- 80 showed symptoms of nervousness

The literature is significant and exact when assessing the impact of robbery on victims. These studies also show that while their data are comparatively smaller than Break and Enter, Robbery has far reaching implications; due to its impact: fear, violation of 'self', and possible violent outcome.

#### **SUMMARY**

This chapter has examined police crime statistic over 5 years (1979-84). The percentage of victimization was also calculated to determine the risk factor. The evidence show that a person living in the Ottawa area is most at risk of being a vicim of Break and Enter ie., 1 in 20 households will be broken into annually.

**CHAPTER VI**

**SURVEY OF EXISTING VICTIM SERVICES**

## INTRODUCTION

The availability of primary (specialize) and secondary (general) victim services in Ottawa is the main focus of this chapter. It will discuss the number of agencies interviewed in the study, their responses to the Questionnaire and their treatment of "Post-Traumatic Stress Disorder".

## SURVEY OF EXISTING VICTIM SERVICES

Attendants at a recent Crime Victims' Trauma Conference in Ottawa clearly voiced the need for not only effective treatment of, but also for the ready availability of services for, crime victims.

In his background paper, Dr. I. Waller stressed that Mental as Health Services must become more aware of crime victims needs. Not only must these Services become aware, but they must also become more active in the treatment of trauma resulting from victimization. Mental Health issues have become the focus for many Crisis Theories and Victimologists. The (1982) U.S. Presidential Task Force on Victims of Crimes has also supported the mental health approach by identifying over 68 specific actions to be taken to ensure the stability of one who suffers from victimization. (Waller, 1985 in Background Papers: Crime Victims' Trauma Conference)

While U.S. Governments, Judicial Systems and Support Groups have moved to adopt and implement such mental health arrangements, Canada lags far behind in acknowledging the element of trauma and its impact on crime victims. This lack of recognition was very evident in the interviews conducted. It would be an understatement to say or suggest that Canada has ignored the Victims' Rights Issues. It has implemented a number of services, in various communities across the country. While these facilities are an important beginning, there are three points about them to keep in mind.

First, the majority of the services were set up as temporary projects, most of which folded when funds for them ran out or the project contract ended and funds were not renewed.

Second, the projects were mostly linked with Police units which, as the research shows, deters many victims from seeking assistance - because of the stigma, attitudes, and involvement of the police.

Third, the philosophy of the services was one of giving information. They were never intended to, and did not, provide services for the treatment of stress. This particular philosophy could be explained on the grounds that:

- 1) the funders and the servicers did not recognize, even less understand, the acuteness of trauma in these victims;

2) the services felt successful in dealing with Break and Enters, Robberies, i.e., providing information, returning articles, etc., and therefore most ignored the very personal implications of these and other crimes..

With the exception of Rape Crisis Centres and Battered Wives' Shelters, most still by-pass the personal afflictions of crime and its impact on the emotional/psychological stability of its victims.

To assist crime victims, Canada provides a variety of formal and informal services which fall into three main categories: 1) Primary or Specialized Victim Services; 2) Secondary or General Services; 3) Self-Help Groups.

First are the services that specialized in treating crime victims. They attend to emotional crisis or social support, and finances. They are such organizations as Rape Crisis Centres, Battered Wives' Transition Homes, and Counselling services.

Second are the general services, available to all members of the community, and used also by victims as a result of being victimized. Such services include medical care, psychological care, social services and private agency assistance.

Third are the informal services provided by self-help groups such as Parents of Murdered Kids, as well as support from friends and family.

#### SERVICES SURVEYED IN OTTAWA

A list was made of the existing and potential services in Ottawa (figure 6). A total of 35 agencies or persons were contacted. Of the 35 initially listed, 18 were selected as appropriate in the direct or indirect service they provide to victims of crime. As some of these services, such as Health Centres, do provide medical care, the afflicted person would receive some assistance indirectly. Other agencies offer straight referral services so that, if someone were suffering from health problems (medical or psychological), he/she could be referred for care to a given service.

In all, 14 agencies were interviewed. Of these, one no longer exists (replaced by Victim Assistance Program). One failed to set up an interview time, after repeated phone calls. Another was interviewed, but the data were not used because the service operates outside of the areas established for the study. One interview that was eliminated was a private individual who helps others (the father of a murdered girl).

## **SPECIALIZED SERVICES**

Of the 14 agencies interviewed, 5 provide specialized services - they were set up specifically to deal with crime victims. These organizations are: the Sexual Assault Support Centre, the Rape Crisis Centre, Interval House, Maison d'amite, and the Ottawa Police Force Victim Service Unit. Of this group, 2 are transition homes for battered women, 2 are sexual assault centres; and 1 is a victim support unit.

### **A. Sexual Assault Centres**

Both agencies operate under a collective principle. While the Rape Crisis centre has functioned for 10 years, the Sexual Assault Support Centre has existed for less than two years, having officially opened in January 1984. Both depend on other organizations, i.e., the police, and hospitals for referrals. Their main purpose is to receive and give treatment. The agencies rely on funding from government departments, United Way and some outside sources for their operational budget.

Services tendered are: telephone (crisis line), support and information to victims, family and friends, victim rights', advocacy and public education.

The type of clients that agencies deal with are sexual assault victims; however, the Sexual Assault Support Centre provides in addition, a more general service to battered women and men, and incest survivors.

In 1983 the Rape Crisis Centre received a total of 698 calls on their 24-hour crisis line.\* Of these, 258 were initial contacts and 440 support calls. Of the 258 initial contacts 254 were women and 4 men. The type of assaults involved were:

31 sexual harassment  
141 single assailant  
28 multiple assailants  
11 single incest  
32 ongoing incest  
15 unknown

Of these assaults 17 involved the use of weapon(s), 16 were threatened, with 132 there were no weapon(s) involved and 64 were unknown. Physical injury occurred as follows: - 53 experienced minor injuries, 14 major, for 64 details were not established and 127 had no physical injuries (other than the sexual act itself). Medical attention was received by 100 clients, 54 did not seek it and for 104 particulars are unknown. There were no data provided for Elderly victims in the above categories.

The Crisis Centre felt that their clients suffered severe psychological and emotional problems; such as anger, confusion, low self-esteem, self blame, guilt, and distrust.

Of these victims, 80 percent experienced immediate trauma, and one-third suffered long-term traumatization.

The Sexual Assault Support Centre, having operated for a shorter time, has had fewer clients. This agency receive a total of 319 calls (calls made at night on on week-ends are not included). 144 were information/referral, 24 public education, 11 referrals to specific persons ie., doctors, lawyers, etc. Of the calls concerning counselling, 103 pertained to violence. The assaults are categorized as follows:

- 7 incest (male)
- 46 incest (female)
- 23 sexual assault
- 8 sexual harassment
- 10 battered (female)
- 2 battered (male) unsure of actual numbers
- 8 other

The Centre also provided service to secondary victims such as:

- 29 family/friends who experienced violence
- 8 mothers of incest survivors
- 22 others/friends of family members

The Support Centre maintains that 100 percent of their clients undergo some form of trauma ie., loss of appetite, sleeplessness, depression, low-esteem, guilt. As well, the vast majority will be afflicted with acute trauma for a long period of time, some for the remainder of their lives.

Both agencies provide short-term and long-term treatment in the form of counselling, information, and referrals to other agencies. It should be noted that the extent of the counselling is extremely limited. While the agencies are aware of Post-Traumatic Stress Disorder or Rape Crisis Syndrome, none offered adequate counselling or trained professional help for the emotional and psychological stresses of these victims. Their treatment is in the form of general counselling sessions with other victims (self-help). It should also be noted that this form of counselling does help some victims, but failed to meet the needs of others, mainly those who suffer from extreme emotional/psychological problems. While referral services are available, the majority of the victims require counselling and are usually treated within the agency's programs.

The services rely on volunteers and limited staff who are trained on a limited program run by the agency: - for the Rape Crisis Centre training involves 1 month, 2 nights per week, 3-4 hours per night; and the Sexual Assault Support Centre covers 10 weeks, 1 night per week, 3 hours per night.

B. Transition Homes-Battered Women

Both services are care-givers and rely on other community agencies and self-referrals. Interval House is financed by grants from the Region (based on a per diem rate/per client), fund raising and private donations. It has been operating for 9 years, and runs as a collective. The home extends temporary shelter, counselling, possible referral for ongoing support, and self-help groups. The primary aim of the program is to assist females to take control of their lives. On a larger scale, over the long term through public education, the objective is to terminate assaults on women (wife battering). Their clientele is confined to battered women.

In 1983 the Shelter received requests for space from 643 women and (at least) 704 children. The house was able to accommodate 115 and 213 children in that year. The Shelter felt that between 1976 and 1983 the house accommodated an estimated 1,045 women and 1,469 children suffering from abuse.

All of these victims experienced some form of psychological/emotional trauma, such as: low self esteem, depression, self-blame, large dependency on drugs which most often were prescribed. A small number suffer chronic traumatization (lasting 7 years or more). Such women experience deep psychological problems which they are unable to

contain, even after many years of treatment. It is felt, however, that the children are the most traumatized by the experience. They tend to exhibit more aggressive behaviour, and emotional problems such as guilt.

The Shelter provides mainly short-term service such as: counselling (which consists of discussion intended to help overcome the guilt felt), emergency accomodation and, most importantly, support. Long-term treatment is limited. No follow-up is conducted, due to restraints in mandate, manpower, and finances. However, long-term assistance is given to those who continue their contact.

Maison d'Amite receives a grant from the city of Ottawa (based on a per diem rate), 20 percent of its budget from the Region, and 80 percent from Provincial/Federal departments for operational expenses.

It extends emergency shelter, referral to other agencies, and support to the victims who seek its services. The typical victims are those who endure family violence (mostly women and children).

The House can accomodate 6 families (16-20 women with children). Its program aims to give shelter, counsel, assist with medical, financial and legal needs; as well as child care responsibilities.

The House performed services for 807 women, 1019 children from 1977-1984. Of those, 60 percent had experienced some form of violence. It was estimated that over 60 percent suffered trauma and exhibited psychological/emotional problems such as depression, fear, guilt, anxiety, emotional disturbance, suicidal tendencies, low-esteem, feelings of inadequacy and lack of self-confidence. The children are often withdrawn or hyperactive and often suffer from emotional disturbances e.g. bed wetting.

The Shelter carries out some short-term aid, such as counselling, but mostly makes referrals to housing, financial and legal services. It is not equipped to conduct long-term treatment and tries not to initiate it. Those who seek long-term treatment are referred to other agencies (i.e., Family Centre, Childrens' Aid Society).

C. Victim Service Unit

The Victim Service Unit was established in June 1983 by the Ottawa Police Force in co-operation with the Salvation Army. It is funded by the Federal Government (Solicitor General's Department).

Its primary function is to extend reliable information (legal, police, court process). Its aim is to make immediately ready crisis

intervention counselling, to ensure that the emergency needs of crime victims are fulfilled, to identify, contact and undertake appropriate services for all victims and to train all police personnel in the necessary skills.

The Victim Service Unit reported attendance to a total of 1330 crime victims from June 1, 1983 to May 31, 1984. Of these, there were 1235 personal-violent acts. They are as follows:

509	Break and Enter
419	Robberies
126	Assaults
71	Battered Women
48	Sexual Assaults*
37	Domestic Problems
15	Attempted Murder
6	Murder
4	Indecent Acts

In contrast, police records show that there were 14,931 crimes reported during the same period. Analysis of the figures show that only 8.37% of the reported crimes (ie., crime victims) were dealt with by the Victim Unit. Therefore, 91.63% of the victims who suffered victimization and had reported it to the police received no assistance from the Police Victim Unit. This margin between police

recorded data and the Victim Unit's is clearly evident in the following two examples: the Unit recorded contact with 48 Sexual Assault cases, while the police were involved in 242 cases. This margin is even greater when dealing with Robberies. The Unit recorded involvement with 419 cases, while, the police data reported 797 cases were dealt with by the department. If we further assess these robbery cases in terms of victims and their traumatic experience at the time of the incidents, then we can easily predict the number of these victims who suffered from Post-Traumatic Stress Disorder. Should we further assess the extent of victimization and compare these numbers with the results of Bouque (1978) findings, at least 90% would suffer from nervousness, 78% crying and shaking, 76% fear; and about 4% would suffer serious residual effects.

It is difficult to assess the reason(s) why 91.63% of the police recorded cases were not involved with the Victim Unit or why they did not seek assistance from the Unit. In the absence of specific evidence, one can speculate about these reasons:

- it appears that the Victim Service Unit may not be extensively known;

- victims may be intimidated about further involvement with the bureaucratic structures;

- perhaps, there is weariness with the prevalence of crime, inducing a view that some crimes are inevitable;

-previous bad experience with services may have soured the individuals, inducing a view of ineffectiveness of service.

The Co-ordinator of the unit felt that most of those seeking the service were in need of information on the process of the Criminal Justice System and recovery of stolen articles. Some victimization with violence is accompanied by trauma i.e., sexual assault.

However, most others react only with fear and anger. She believed that the element of trauma (Post-Traumatic Stress Disorder) was over-emphasized because it just does not affect the victims who use the service and, when it does, it is not with the intensity claimed by Victimologists (i.e., in the case of sexual assault, not all women experience trauma and those who do are the ones who have been attacked by strangers, and where the act involves extreme violence).

It is important to note that these views are in opposition to those of the other services interviewed for this thesis. This view is also in conflict with the results of victim studies both in Canada and in the United States. The studies and references I have consulted all state, without exception, that trauma of some kind is always be physical injury, there will be emotional or psychological damage involved, even in a lesser violent crime such as burglary.

where an elderly person is dispossessed of an item having important sentimental value. The sense of deprivation may be profound, and persistent.

The types of treatment provided by the Unit are mostly short-term: crisis counselling, passing on information. Should long-term services be needed, referrals would be made to such sources i.e., legal, psychological, medical, compensation or crime-prevention unit.

#### GENERAL SERVICES

Of the 14 agencies interviewed, 7 were classified as general services. These services were not constructed to deal with crime victims, but are available and are used by them. These services are: Catholic Family Services, Hospitals, Psychological Services of Ottawa, Ottawa West Seniors' Support, Council for Aging, Distress Centre, and Family Service Centre.

##### A. Catholic Family Services of Ottawa

This agency was established in 1940 and has gradually changed to accommodate anyone suffering from life distresses including victim of crime. The organization is accredited by the Ontario Association of

Family Services. It is funded by the United Way, Regional and Provincial Governments.

The services provided by the agency are: counselling, family life, education, and advocacy. It is estimated that 60% of the program deals with counselling and 20% family life; the remaining 20% covers all other services.

The number of service recipients, 18 years of age or over, was 1363 in one year. There was no precise breakdown of victim categories or direct relationship with present problems. Some of the clients were victims of sexual assault/spousal abuse. Others were victims of burglary. The actual figures were unknown (the person interviewed for example, was twice a victim of burglary).

The distribution of the service was: 34.1% for personal adjustments; 32.1% for marital problems; 12% for parent-child relationship difficulties; 13.6% for total family relationship problems, and 8.2% for environmental distress (Note: there was no direct attribution to these figures as a result of criminal victimization).

The known crime victims (sexual/spousal abuse, burglary) tend to experience problems with relationships. They suffer from sexual problems; substance abuse; inability to deal with feelings; financial

difficulties; lack of communication with other members in the family; and other secondary strains.

The type of treatment given these victims consists mainly of short-term counselling for both the individual and family. They can also benefit from a variety of self-help groups operating at the agency. While the service extends its particular forms of support over a long-term period, those who require extensive, intensive, or specialized treatment are referred to other agencies.

At the time the interview was conducted, the Agency had no data on the number of victims treated who were experiencing trauma. However, they planned on implementing a system to record and keep track of such victims. Nonetheless, the Agency is aware of the plight of crime victims, and the effects of Post-Traumatic Stress Disorder, and was planning to conduct some research on the topic.

#### B. Hospitals

There are six general and one psychiatric hospitals (excluding the Military Hospital) in the Ottawa area, all of which provide zero to minimal services to victims of crime.

Most of the Emergency Rooms are unaware of Post-Traumatic Stress Disorder and exhibit a lack of interest to find out. Most failed to

return the researcher's calls and, when contacted, failed to be interviewed due to lack of data or uncertainty as to who would be aware of such data.

The Chief of Emergency at the Ottawa Civic Hospital was one of those interviewed. The only information he could provide was that his emergency room, like those at the other hospitals, has the Sexual Assault Kit and, should evidence be required, the Resident Gynecologist will do the examination. This examination process only occurs if the victim informs the police. Should the victim refuse to inform the authorities, the Assault Kit is not used and the victim might then be treated for potential pregnancy and V.D. and any other symptoms of physical assault.

At the Civic Hospital, she is given the opportunity to speak with a counsellor at the Rape Crisis Centre (the extent to which this service is use, or the Residents on duty are aware of it, is minimal). Should a sexual assault victim require further services, she is sometimes referred to other agencies; yet here, again, the Chief of Emergency acknowledged limited awareness and use by hospital staff.

The hospital is one of those services (partly because it follows the medical model) that merely treat external physical injuries, and often ignore what is most needed: support and understanding of the anguish and the trauma.

C. Psychological Services of the University of Ottawa

The Psychological Services are a part of the University of Ottawa's School of Psychology. It is also a training unit for Psychologists enrolled at the School. It receives its funding from the University and fees from clientele. The service is available to everyone in the community. The program is not victim related. However, it provides general counselling, psychological assessment and evaluation, individual and marital therapy. Only a small number of its clients are victims of crime.

Many of the clients are seeking career or personal counselling. The rest are suffering from adaptation problems, anxiety, depression, phobias, and marital conflict. The director points out that, while these clients may have been victimized, the victimization occurred years ago and was not the reason for the initial visit. Nonetheless victimization could contribute to their present crisis.

The agency recognizes the impact of crime on victims and its enduring effects. At present, the service is researching the needs of crime victims. It is also developing a specific program to help victims and the perpetrators responsible. These programs would derive basically from self-help groups. It is estimated that such programs will be implemented in one year.

D: Services for Elderly Victims

There are several Seniors' Citizens' Services in the Ottawa area. However, most are in the forms of visiting/helping services, which does not involve client advocacy or counselling. The two services interviewed are: Ottawa West Seniors' Support, and The Council for Aging.

The Ottawa West Seniors' Support was established eight years ago. It is associated with the Queensway Social Action Group. Funding comes from the Ministry of Community and Social Services; the City of Ottawa; grants from Health and Welfare Canada (one time funding) and Business and private donations.

The aim of the program is to assist Seniors to live independently, through such means as Home Support, Counselling, Advocacy, Transportation, Information and Referral.

The service is used by Seniors who have been victimized: frauds, robbery, break and enter and assaults (assaults are usually inflicted by family members, therefore, they often go unreported). These victims are usually referred by a variety of agencies ie., Police, Health, and other services.

There are no specific statistics on the number of crime victims served by the program. The reason this category of victims is not included is because crime victims are not in the criteria for funding. So they are often listed under the category of others i.e., referral/advocacy.

These victimized seniors experience a tremendous number of anxieties due to their frailty, and inability to combat stress. The most frequent difficulties are: lack of trust, isolation, fear (that the crime will recur), loss of contact with family and other support persons; and "Secondary Effect" to other seniors (fear passed on to others - close friends who might live in the same building).

The service gives short-term treatment: crisis counselling, visiting programs, peer support, home help, minor repairs etc. The length of time will depend on what's needed and the severity of the problem. If the Seniors can't come to the Agency (due to the fear or lack of transport) the counsellor will go to them.

The Agency is aware of the effect of Post-Traumatic Stress Disorder. It is felt that seniors suffer most from this Disorder physically, and emotionally.

The impact is evident in such manifestations as insomnia, fear, loss of weight etc.. The number of victims experiencing trauma was unknown. It was hard to determine what the number might be, because

it would depend on the level of victimization and extent of support. It was found that Seniors in private homes experienced more trauma than Seniors in apartments. This is due to the isolation of private homes, and lack of support. Seniors usually receive more support from peers if they live in an apartment complex. As well, if abuse is coming from the family in the home, then, the experience is more intensive than where there is collective living.

The Council For Aging is associated with the Social Planning Council. It was established 10 years ago. It is funded by the United Way, the City of Ottawa, the Ministry of Community and Social Services and the Region.

The aim of the Council is to improve the quality of life of older persons in the community. The service is a policy body, and provides no direct treatments. The planning body extends a variety of assistance to groups working with seniors: help to develop services, identification of gaps ie., health care; establish pilot projects which are then turned over to someone else to operate (such as the Ottawa West Seniors' Support Group).

Though the Council has no direct involvement with individual clients, it is aware of the plight of crime victims and the type of problems experienced by victimized Seniors'. The Council feels that senior crime victims suffer psychological and emotional disorders

because of their frailty. With increasing age, the ramifications are more extensive, and physical injuries more severe. The most dominant psychological problem encountered by these victims is fear.

The Council is at present conducting a survey of programs that provide counselling, as well as the use of public health nurses, and family services. Over the years it has been associated with several programs to help seniors, but at a planning level, such as "Community Action to Prevent Crime" committee. This committee recruited people from different professions to head a variety of groups ie., Sgt. Garry Rae of the Ottawa Police was in charge of the Violent Crimes Section, Francine Troke-Residential Break-ins, and Ed Keeling - Crimes Against Seniors. As well, there were politicians, such as Diane Holmes to help promote policies to assist crime victims,

E. Family Service Centre

This agency was established 30 years ago and has continuously been adapting to the changing needs of the community, including the increasingly more apparent victims of violent crimes. In 1982 the agency extended its family counselling to Battered Women. This division operates in the Queensway-Pinecrest Community Centre. Its clients are largely from the nearby housing projects. The organization is funded by the United Way, the Regional Municipality and the Ministry of Community and Social Services.

The program's purpose is to assist in the reduction of family violence, through such means as community and public education, community self-worth, enhancement, counselling, advocacy, information, referral and consciousness-raising. The service is used by those who are abused and they are predominantly females.

While there are no comprehensive statistics available, it has been determined that 75% of the Social Worker's caseload are victims of violence. Of these clients there are 35 women and 3 men. Twenty three are new cases which arose in the past three months.

The most frequent difficulties are: poverty, problems with the Criminal Justice System, lack of self-esteem, alcohol, prescribed drug abuse, depression, insomnia, child-related problems, lack of self-worth and willing acceptance that the beatings are deserved.

The Service gives short-term treatments: crisis counselling, support groups, forte groups (a specific program dealing with rights, talents and education); anger management, assertiveness, empowerment, identity, problem-solving and information. The duration of the therapy will depend on what's needed and the severity of the problem. Long-term treatment is applied to individuals, family, and

teenagers in such features as communications and interpersonal skills, but only after the violence has ceased. The clients are also taught to emphasize and practice the positive, as well as public education (training in front-line networking-spreading information on available resources, and pamphlets to peer groups.

While the Agency is aware of the effect of the Post-Traumatic Stress Disorder, its knowledge of it is limited. The interviewee felt that, while the symptoms of this specific trauma are evident, (in such respects as low self-esteem, identity crisis, drug/alcohol abuse etc.,) these victims experience another, and different, kind of trauma. The dynamics in wife abuse are quite distinct from the traumatization resulting from an instant act, such as Robbery or Break and Enter. It was felt that even though both types of victims undergo stress, the manifestations are dissimilar, due to the prolonged abuse that is always inherent in spousal assault.

F. The Ottawa Distress Centre

The Ottawa Distress Centre was established 16 years ago. It is associated with the Ontario Association of Distress Centres. Funding comes from the United Way, the Regional Municipality, the Hull United Way, private donations and fundraising.

Its objective is to respond to people in any degree of distress, through such means as suicidal prevention, crisis counselling, befriending and public education. The service is used by persons in Ottawa/Carleton who have been victimized: through such out rages as Rape (victims of violence), adult abuse, Battered Spouse, incest, parental abuse (Elderly).

There are no specific categories that record the numbers of particular types of crime victims. There are, however, some statistics on Rape, Elderly, and Adult abuse victims, as well as whether the violence was a major or contributing factor impelling the victims to seek assistance. The statistics are as follow:

<u>Crisis*</u> (Total 719)	<u>Major Factor</u>	<u>Contributing Factor</u>
Victim of violence	8	16
Parental abuse	1	0
Adult abuse	17	20
Incest	4	3
 <u>Befriending*</u> (10927)		
Victim of violence	13	24
Parental abuse	0	0
Adult abuse	6	30
Incest	12	3

Distress\* (7094)

Victim of violence	87	79
Parental abuse	0	2
Adult abuse	53	69
Incest	18	12

Information\* (1346)

Victim of violence	1	22
Parental abuse	0	0
Adult abuse	1	33
Incest	1	2

The distribution shows that of the above 4 categories 20,086 were received, of which 250 or 0.01% were rape victims; 3 suffered parental abuse; 229 or 0.01% were adult abuse; and 55 or 0.003% were incest cases.

These victims exhibit a number of stress-related symptoms. The most frequent difficulties are: drug/alcohol abuse, breakdown of interpersonal relationships, frequently wanting to move (adults want to move their home, adolescents want to change schools), suicidal adulation.

The two most severe manifestations evident in sexual assault victims, for example, are self-mutiliation (ie., carving of breasts and genital areas), and marriage breakdown. The Centre found that, of the callers who were victims of violent crimes, 122 suffered marriage breakdowns, 19 attempted suicide and 19 made suicidal threats.

The type of treatment provided to these victims consists mainly of active listening, crisis counselling, support, referral and information. The Centre had no data on the number of victims it serviced who were experiencing trauma. However, the agency is aware of the plight of crime victims, and the effects of "Syndromes" such as those exhibited by victims of sexual assault and family violence.

#### **SUMMARY**

This chapter outlines that agencies interviewed in the study and their responses to the questionnaire.

The responses to the questionnaire are outlined. This questionnaire covered specialized groups, general services and self-help groups, in their treatment of local crime victims.

**CHAPTER VII**

**SUMMARY OF OBSERVATIONS AND FINDINGS**

## SUMMARY OF OBSERVATIONS

The preceding analysis points out some important deficiencies in the realm of Victim Services. As well, it designates some specific territories for future actions if we are to reduce the effects of crime on victims. These views, and proposals for improvements, are summarized below:

When asking the following questions: If there is a need for the treatment of trauma in the programs now provided? and Do they perceive a requirement for Services to treat PTSD?, given the number of victims and the impact of victimization. The Agencies made the following comments.

Most Agencies interviewed agreed on the need for more victim services. They differed as to the type and extent of such services according to the nature of the program currently existing, and the aim of such programs.

The battered womens' shelters both wanted more shelters as they are afflicted by a tremendous lack of space. They recognize that, even though their staffs were aware of Post-Traumatic Stress Disorder, they were inadequate in dealing with its symptoms due to a lack of resources. They admitted that the staffs should be better

equipped to treat the ailments of abused victims. Staffs are overworked and under-paid. Shelters suffer chronically from financial difficulties due to limited funding and lack of new funding sources.

The view was that Support or Self-Help Groups are essential and are better than traditional counselling and medical services. An Advocacy Clinic is desperately wanted and more help with follow-up and public education on the needs of crime victims is highly desirable.

The Rape Crisis Centre believes that its existing program fulfills the treatment needs of sexual assault victims. The Centre wishes to see the medical and legal professions trained in the specific conditions of victims, their needs and in the matter of trauma. The Centre also felt that no new victim service was needed, but that services should work on improving existing ones. This view presents however, a major problem, all the existing victim services with the exception of the Police Victim Unit provide and promote specialized services i.e., battered women and rape victims. There are not programs that provide an all encompassing service to all types of crime victims. Further they would continue to develop and promote public education including training of police and medical staffs.

The Centre would also work with schools to help dispel the old myths. The over-all hope is to change public attitudes.

The Sexual Assault Support Centre concluded that there was a need for trauma treatment, but only with specific clients, especially the ones who dislike professionals. On the question of any need for trauma service, the S.A.S.C. responded that it would depend on the credentials of those who would create the program, and the counselling methods to be used. Nevertheless, the Agency would support any responsible endeavor which would help treat women who experience violence. It would be unlikely to endorse a group run by professionals, e.g., psychiatrists who would use pills as a form of treatment. The Centre finds that a lot of their clients are on prescribed drugs and most have developed an addiction to these drugs without ever getting the necessary and effective treatment they require to deal with their victimization.

The Victim Service Unit, on the other hand, suggests that the element of trauma was over-emphasized and, therefore, does not require specialized treatment. An associated opinion was that most crime victims require only information and thus there is not a necessity to put in place more specialized services.

This view, as discussed in the previous chapter, is in opposition to those of the other services interviewed. It is views

such as this that have hindered and tempered the promotion of victim services. The opponents of Post-Traumatic Stress Disorder usually emphasize two factors: 1) rejection and stigmatization of the actual, and extent of, trauma experienced by crime victims; 2) alleged lack of empirical data on which to build sound treatment.

First, there is compelling evidence that show the extent, intensity, and severity by which crime victims suffer. The imposing harms experienced by crime victims are clearly expressed in the physical, emotional/psychological scars they live with - it stifles their ability to cope, and robs them of their emotional and psychological stability. To deny that trauma is a direct consequence of victimization, is to hinder the development of effective services for victims of crime. If a person is sexually abused, and has experienced, or is experiencing, the many facets of the accompanying stress disorders, and is denied treatment on the basis that trauma is a relative term and therefore not deserving of any support (funding), then the society may be ignoring a fundamental problem which may accumulate into a chronic disorder. The neglected victim may tend to withdraw from society or, feeling helplessness to deal with the intense stress, resort to such an extreme as suicide. The outcome or final solution is the victim's way of dealing with an intense crisis i.e., making one's self feel better, correcting the situation, releasing of guilt. This compelling desire to correct things is

supported by the findings of Kinnon, 1981; Bard and Sangrey, 1979; Brickman and Briere 1980.

Second, to say that, "we are sorry you have been victimized", but we are unable to assist because current empirical data does not prove the real consequence or true effect of victimization, is to deny that person's suffering and to erect barriers to the development of effective treatment services.

There are extensive empirical data that relay to us the dreary side of the effectiveness of rehabilitating offenders. Therefore, since the system has failed to rehabilitate offenders, and a person runs the risk of being victimized more than once, there has to be a way to assist injured citizens.

An evaluation of the pertinent literature shows that there has indeed been an increase in the number of victim follow-up studies, and of mental health research projects concerning the aftermath of personal violence. These studies have established the foundation for empirical generalizations regarding human stress reactions to personal violence. (Salasin, 1981) These stress reactions, if left untended, could result in possible serious behavioral difficulties (Salasin, 1981)

The general program Agencies professed that their services were already so diversified that they could not accomodate any other undertakings. All of them concurred that there was a good networking system, with respect to the referral process, yet stressed that there was a need for consistency.

The Catholic Family Services requires more Self-Help programs for both women and men. As for any need for trauma treatment services, the C.F.S. remarked that there were enough services in terms of variety of programs, but the programs don't have the specific component needed (as in the case of crime victims).

The interviewee deduced that there has been a pronounced need for more comprehensive services, as in the case of domestic violence, so as to treat the entire family, not only the abused wife. As well, the city police ought to be involved on the same level of participation as its counterpart in London (Ont), instead of being, always and merely a re-active force. The C.F.S. points out that services in Ottawa are too specialized. The city requires a systematic service for those victims, as well as for the Elderly, to enable them to vent their outrage and paranoia.

On the topic of sexual assault victims, the Chief of the Emergency Department at the Civic Hospital is satisfied that the

present system works well, but allows that there is a need for the development of a police or forensic physician, and a complementary facility in police headquarters. He believes that such a provision would be best managed in the police station, especially since the approach depends on evidence, and the service could apply, not only to rape victims but in instances where the police must establish blood alcohol levels. It is indispensable that hospitals treat more than physical injuries. It is essential that hospital personnel recognize the needs of victims and provide immediate treatment. By failing to fulfil the above they can, and often do, cause the victims unnecessary further injuries. If the proper diagnosis is initially done, along with some sensitivity and support, secondary injuries to the victims could be minimized. To suggest that a forensic doctor be located at the police station, to conduct tests and take specimens for evidence, is to be insensitive to the condition of the shock and the need for tenderness and tact of the rape victim.

The Ottawa West Seniors' Support Service asserted that more agencies were required but should be in a community setting, non-profitable, and run by volunteers aided by properly trained staff. The service stated that, though trauma treatment is needed in its programs, it must not be administered by professionals. It was emphasized that seniors try to avoid professionals, because appointments with them are taken to mean that something is wrong with

the elderly. All facilities should be in one place. To use them effectively would be more difficult if they were made available by other services outside of the seniors' community. If the service were in their community, the Seniors would use it more, because often they would know the people with whom they are dealing. The present and future services must have a more holistic content, because of the special nature of Seniors. Any services dealing with seniors who are crime victims should have a close connection with the police. This communication would be useful in such matters as pressing charges, return of stolen properties, etc.

The Ottawa Family Services (Pinecrest-Queensway Centre) believes that the needs of battered women are not being met. The interviewee felt that transition shelters don't help everyone, especially those victims who want to stay in the relationship, but want the violence to stop. On the question of whether there is any need for trauma service, the Ottawa Family Service responded that a service especially to treat trauma was not mandatory, however, there was a tremendous need for agencies to aid battered victims in the following ways: to help women work through ambivalence (ongoing), finances, counselling and assistance with educational opportunities that are relevant, help in providing week-end relief (child care). Further, there should be Support Groups that operate similarly to Alcoholics Anonymous. Such agencies could tender on-going self-help

counselling, unlike the services' commitment to run only two such groups per year. There is also a need for funding to conduct groups for men who batter. In the case of a woman who chooses to stay in the relationship, she would be having some support, knowing that the batterer is seeking and obtaining treatment. It was also felt that there has been a pronounced gap in services for middle and upper-class women who suffer domestic violence. These women often gave up their careers to rear families - which made them dependent on their spouses for finances. As well, they are more likely to visit professionals (ie., psychiatrist or psychologist) who would tend to view the problem as having been caused by the wife's actions and would then prescribe pills, without dealing with either the angers and frustrations experienced by the victim or with her spouse's behaviour.

The Distress Centre asserted that the Criminal Justice System and Police Officers should use the present services more effectively. As well, personnel in both areas should be trained in the management and dynamics of crime victims.

Further, public education should be embarked on, to eradicate the myths surrounding women and their role in being victimized. Men, in general, must learn to deal with anger appropriately, and that enduring relationships depend on much more than control, anger and

fear. The interviewee noted that those services treating battered women and sexual assault victims, and who profess and impart a feminist philosophy, must be conscientious not to generalize (ie., not to be anti-male or to imply that all men are abusers). Due to the vulnerability of the victims, they might adopt such notions without consciously making that choice. In so doing, the services could submerge the persons' recovery and their ability to relate to men on a healthy rational level. It was also pointed out that often men could be more effective (ie., by showing that not all men batter or believe in aggressive behavior). The orientation would, however, depend on the extent of trauma experienced by the victim as a result of such victimization. This extensive ministrations was not recommended in the initial stages; it could be more effective for those services which undertake continuing telephone assistance.

## FINDINGS

In analyzing the data gathered from the interviews, I conclude there are significant deficiencies within the Agencies encompassed by this study. These are the areas in which important services are absent and improvements are required.

### 1. Hospitals

Of all the agencies interviewed, the hospitals provide the least services and exhibit the most deficiencies in dealing with crime victims.

1. There is no established process to deal particularly with crime victims.
2. There are no personnel specifically trained to treat the trauma being experienced by the victim, as distinct from any physical damage suffered. It is indispensable that hospitals treat more than physical injuries. It is essential that hospital personnel recognize the needs of victims and provide immediate treatment. By failing to fulfill the above they can, and often do, cause the victims unnecessary further injuries.
3. Senior hospital personnel lacked awareness of the problem, appeared unwilling to express a view about it, seemed impatient that it should be postulated as a need, and did not recognize any relevance of such services within the existing hospital provisions.
4. Hospitals do not keep records of crime victims and so were unable to make available relevant data.
5. While hospitals comply with legal requirements, e.g. rape crisis kit, they fail to extend their assistance into ensuring that victims are thoroughly informed of available victim services.
6. There are, however, some hospital personnel who are aware of PTSD as listed in the (DSM) Diagnostic Standard Manual of the American Psychiatric Association.

2. Community Health Centres

Based on our lifestyle and our geography, local Community Health Centres have become a focal point of holistic health care. Given their objective of holistic health care and community base-caring facility, they have neglected a major portion of that community, the crime victims.

1. None of these centres provide any services for crime victims. Some display pamphlet information but give no guidance or consultation on its use.
2. While these centres extend medical services to anyone eligible, that concept of care has not been broadened to include specialized aid for crime victims.
3. It was hard to determine the extent to which Centre staff were aware of PTSD, as these organizations are not structured to offer that expertise. Though they're designed to provide holistic medicine, at present their concept does not encompass the specialized treatment of victims of violence.

3. Emergency Services

While there are a number of agencies which provide emergency services, many are unknown due to a lack of networking amongst existing organizations.

1. This study reveals that, among existing agencies, there is a lack of a networking system.
2. Each service organization is so specialized that it does not consider, or relate to, other needed provisions for crime victims.
3. The majority of the Agencies interviewed are unaware of the extent of total crime victimization in the Ottawa area. There

is no central, recognized, specialized Directorate, which receives intake, makes referrals and provides information and support.

4. Mental Health

The Mental Health Associations appear to have ignored the whole issue of crime victimization.

1. Local professionals are unaware of the needs of crime victims, even though many of their clients come from this group.
2. Such practitioners lack the special training necessary to treat PTSD resulting from crime victimization.
3. While the Canadian Mental Health Association knows the symptoms and diagnostic criteria for Post-Traumatic Stress Disorder, it has neglected to establish the relevant training for its professionals.
4. The C.M.H.A., along with the Department of Health and Welfare, has neglected to provide financial assistance to crime victims who may require extensive treatment over lengthy periods.

5. Existing Crime Victim Programs

While existing services do provide some assistance i.e., crisis counselling, referral and information, many suffer from severe deficiencies.

1. Due to the funding sources for crisis programs, they are restricted in the type and extent of programs provided to their clients. For example, counselling is limited to a crisis basis.
2. While the Agencies are aware of Post-Traumatic Stress Disorder or Rape Crisis Syndrome, none of the agencies offered adequate counselling or trained professional help for the emotional and psychological stresses of these victims. It should also be

noted that, while general counselling (self-help) does help some victims, it fails to meet the needs of others, mainly those who suffer from extreme emotional/psychological disorders.

3. While most Agencies interviewed provide referral services, the majority of the victims requiring counselling are usually treated within the Agencies' programs. Some Agencies have found that there are no services available for certain clients, as a result they are forced to treat these clients in-house.
4. Victim services rely on volunteers and limited staff. Thus, training is often brief and ineffective in dealing with the extensive problems of these victims.
5. Due to limited funds, these services are often provided by limited staff who are frequently overworked and underpaid.
6. All the Services agreed that there is a need for more victim services, specialized trauma treatment programs and advocacy clinics.
7. There is a tremendous need for public education and research directed to the benefit of all victim groups.
8. There are need for more self-help groups.

6. Police

Police Officers are, by far, the only group with whom victims have the most contact, yet they are one of the least informed when dealing with victims' needs and concerns.

1. Police are insensitive to the special needs of crime victims.
2. Police are unaware of the symptoms of Post-Traumatic Stress Disorder. As police are prevalently the first authority involved when a crime is committed, they should be aware of the symptoms of trauma, in order to minimize the 'Secondary Injuries' to victims.
3. Police officers are generally unaware of the victim services in the community and the means for making appropriate referrals to these services.
4. Police are often so focussed on gathering evidence which might be used against the criminal that they neglect to provide necessary information on legal/financial/safety services for the victim.
5. Police attach small importance to the recovery of stolen items and need a simplified process by which victims, such as the elderly, can have easy access to any information dealing with their cases.

#### 7. Self-Help Groups

1. The preponderance of Victim Assistance Agencies and individuals are convinced that Self-Help Groups are the most effective means through which victims should attempt to deal with their victimization. The victims themselves feel that this approach is far better, and more compassionate, than coping with large bureaucracies.
2. Even though the Self-Help movement has been growing in Canada not a single component has penetrated the capital. Many of the self-help groups have been formed by families who have lost members to Drunken Drivers or to murder (ie., Victims of Violence, Mothers Against Drunken Drivers (M.A.D.D.), Against Drunks Drivers (A.D.D.)).
3. Nonetheless, the victim groups in Ottawa do to some extent provide self-help or peer counselling and support to other crime victims. As well, victims often rely on, and obtain, ample support from their family and friends.

**SUMMARY**

The summary of observations outlines some important deficiencies in victim services. Most of the agencies interviewed agreed that there is a need for more victim services, especially if they address the personal and traumatic experience of these victims and provide them with the necessary treatment. The vast majority would endorse a support group to help treat victims of violence. The findings also outline areas where improvements are needed to enable the existing programs to extend adequate and effective services.

While these findings are not conclusive, they serve to identify some significant areas of concern.

**RECOMMENDATIONS**

## RECOMMENDATIONS

The preceding analysis and findings point out some important deficiencies in the realm of Victim Services. As well, it designates some specific territories for future actions if we are to reduce the effects of crime on victims.

The following proposed recommendations provide some guidance for improvements, not only within the Existing Victim Services but in Mental Health, Hospitals, Community Health Centres, Law Enforcement, Public Education and Research.

The recommendations discussed under the first seven headings address the needs of the victims, the deficiencies within these services to meet these needs. In addition, the last three sections deal with issues that are of interest to everyone who is interested in crime victimization.

### Hospitals

#Hospital personnel should be trained to recognize the special needs of victims and be equipped to provide immediate treatment.

#Hospitals should establish policies and procedures to deal with crime victims.

#Hospital administrators should ensure that identified victims have immediate access to professional staffs, ie., social workers, psychiatrists etc., who are trained in crisis counselling.

Rationale: Because crime victims often suffer more than physical injuries, hospitals have to be prepared to treat more than external injuries. It is essential that hospital personnel recognize the impact of stress on the victim and the immediacy for effective treatment. By participating in in-house training the staff are able to keep up to date on the necessary skills required to treat the special needs of crime victims.

Community Health Centre

#They need to organize, develop and implement a system of health care that is readily available to victims and referring agencies. Such a system would be preferable to the insensitive and bureaucratic process of hospitals.

#Moreover, many of the Health Centres have a 'Holistic' approach to health care, a requirement expressed by several agencies interviewed.

#The Centres could also undertake to develop and implement training programs for health services' professionals, volunteers, welfare workers and personnel employed by large organizations.

#The Association of Community Health Centres should have a list of professionals who have the requisite training and who have a good track record in working with crime victims.

Rationale: As a focal point in the community, Health Centres should become more active in the treatment of crime victims. They should undertake to identify and treat victims suffering from trauma.

#### Existing Crime Victim Programs

#Existing programs need to provide more extensive programs not only to the specialized groups they deal with but to all crime victims.

#They should provide more in-depth counselling programs beyond the crisis stage.

#They should employ trained professionals or have trained staffs with experience and training in treating Post-Traumatic Stress Disorder or Rape Crisis Syndrome. Or assist the help of trained para-professionals.

#Agencies should use other available community resources other than their own and be more community based.

#Have a more efficient volunteer recruiting system, develop more intensive training programs, and ensure that they receive some training in the area of crisis management and trauma treatment.

#Ensure more secure funding, hire more staff, and increase staff pay, and lower caseload.

#Agencies should coordinate a central advocacy clinic, and a community Directorate.

#The agencies should work on improving their image, many are perceived as anti-male, and suffer from constant internal bickering. Rationale: Present structures and procedures have the effect of possibly further traumatizing victims or discouraging them from seeking assistance. The present programs are far too specialized, as a result many crime victims, ie., elderly, robbery/burglary victims, are often ignored. Most agencies operate on what is called a collective basis; however, due to constant internal struggles they often come across as lacking professionalism. Consequently, many clients refrain from using their services.

Mental Health

#The Canadian Mental Health Association should undertake to identify and treat victims suffering from emotional trauma. The Mental Health community needs to organize itself, so as to render ready access or referral to appropriate services for victims.

#To educate professionals (Psychiatrist, Psychologist, Social Workers) to work with crime victims, training institutions should make it a mandatory part of their curricula.

#The Canadian Mental Health Association should establish a continuous training program in crisis and long-term counselling for Mental Health Professionals.

#The Canadian Mental Health Association, Social Planning Council, and the Canadian Psychiatric Association should all have a list of professionals who have the requisite training and who have a good track record in working with crime victims.

#The mental health community should recognize the need to be proactive, by helping victims deal with or find the root or cause of their problem. Most professionals tend to be reactive or passive

when it comes to dealing with victims of violence especially victims of family violence and sexual assault.

Rationale: Not all crime victims need or require long-term mental health treatment ie., psychiatric care, however, those who are in need should have available to them adequate and effective health care. The victims of violence and secondary victims should have available well qualified and affordable access to these professional services.

#### Police

#Police departments should prescribe victim-awareness in their basic training and education for recruits.

#The training program should ensure that officers are:

- sensitive to the needs of victims;

- alert to the element of trauma as outlined in the American Psychiatric Association's Diagnostics Standards Manual, and especially the phases of Rape Crisis Syndrome;

- informed, knowledgeable and support of the existing local services and programs for victims;

-informing victims and referring them to such services.

#The police should also improve their facilities to inform victims, return stolen articles and gather information. Advances in these areas would benefit Elderly victims and minimize the 'Secondary Injuries' suffered by some crime victims.

Rationale: Police officers often have first contact with victims after a crime is committed. It is therefore important for the officers to show some compassion, sensitivity to the victims. By training the officers in crisis intervention they can become aware of the special needs of crime victims be aware of the element of trauma, and acquire knowledge of the available community resources.

#### Networking

#It is vital that, if crime victims are to receive the most effective service, the existing agencies establish a networking system so that all involved are aware of the services, their aims, and types of clientele. Some of the current deficiencies in victim services are due to lack of communication between agencies and unfamiliarity with available services.

#The main purpose of an effective networking system is to ensure enhanced use of existing services, and to render immediate and efficacious service to crime victims.

#Further, such involvement would engage mutual support, combine training resources, and pioneer a comprehensive program for the treatment of trauma.

#Additionally, it would muster a potent lobbying group to ensure strong policies and stable financing. Combining to lobby as one voice for victim services would be more egregious and effective than would each agency representing itself.

#A Central Directorate would coordinate all the existing groups and ensure the above goals was successful.

### Policy

#Canadian Governments at all levels must become more active in implementing policies to assist crime victims. At present, some government bodies are formulating policies but very few are implemented. These policies should facilitate better treatment for victims within the Criminal Justice System, Law Enforcement system; State Compensation and the treatment of Post-Traumatic Stress Disorder.

#The State should also create a system by which victims who require extensive long-term counselling, could reclaim some of the financial costs - ie., through the Medical Insurance provisions, or Hospital Insurance Plan (OHIP). At present such a system exists in the province of Quebec, where the cost of extensive treatment can be recovered under their Mental Health Act.

#Further, the State (governments) should amend present laws so as to accomodate the impact and experience of victims. These victims should have clear and specific legal rights and be participants in the Criminal Justice System, not only as witness but as an injured party.

#Governments should also permanently underwrite the financial security of existing services.

#### Public Education

#It is of utmost importance that victim services embark on a public campaign to secure more funds, and strengthen public support.

#It is of the utmost importance that all victim advocates get involved in educating the public on the plight of victims, their special needs and the unique services required to deal with them. If

special needs and the unique services required to deal with them. If we (society) are to break down and displace some of the misconceptions and myths surrounding victimization, then we must embrace society as a whole; especially in our instruction of young people.

#The agencies must attempt to raise the consciousness of the populace as to its beliefs and realities.

#In addition, means should be discovered to sensitize the media to the victims in their reporting of evidence, and invasion of privacy.

#The staffs of relevant organizations should be informed on the effects of traumatization and how to respond to the victims in an appropriate manner.

### Research

#Extensive research is required on victim assistance, advocacy and especially traumatization.

#Research should be funded by the Ministry of Health and Welfare to improve the effectiveness of long-term responses to seriously traumatized victims.

Research and treatment programs should be developed and evaluated for the immediate and long-term psychological consequences of crime on victims. This recommendation concurs with the findings of Prof. L. Waller, 1985.

### CONCLUSION

For the last ten years, we have witnessed an increase in research and community projects recognizing certain victim needs; however, the emotional trauma that can result from victimization, and the mental anguish have so far been neglected.

In the preceding seven chapters, I have outlined the plight of crime victims and focused attention on victim services and their treatment of Post-Traumatic Stress Disorder. In this, the concluding chapter, I will summarize the results of my investigation.

I have investigated and outlined the plight of victims of violent-personal crimes, and the severe impact of these crimes on the victims.

Analysis of the literature shows the extent to which these victims suffer psychological and emotional trauma.

This analysis shows, without a doubt, victims of violent crimes experience extreme stress. They undergo a state of crisis in which their lives fall apart, in which they are robbed of their ability to control their lives, to cope; all an effect of trauma.

Systematic examination of the nature of "trauma", the dimensions of its effects and the various impacts, show the gravity of the problem and the necessity for effective treatment. The appraisal and analysis of the available literature related to victims of violent-personal crimes clearly demonstrated that, while there is extensive research on the impact of crime on victims, there has been relatively little investigation of the element of trauma.

The examination of the available services discloses that, while they do attempt to treat victims of violent crimes, most are unaware of the trauma and emotional anguish of the victim. The evaluation also finds that the available assistance to these victims is often inadequate due to private and social insensitivity, degrading and humiliating medical and police examinations, and financial deficiencies.

Research and Studies such as Waller, 1982; Norquay and Weiler, 1981; Drennan-Searson, 1982; Bard and Sangrey, 1979; Baril, 1980 have all described and addressed the effects of trauma and its impact on the lives of crime victims. Our understanding has been greatly

increased by the studies of Bard and Sangrey, 1979; Burgess and Holmstrom, 1974; Brickman and Briere, 1980; Kinnon, 1981 who have all stressed that victims suffering from feelings such as guilt, fear, helplessness, violation of self and anger may also experience physical symptoms of psychomatic disturbances of insomnia, lack of appetite, nightmares, and nausea; and all of whom require effective treatment.

In selecting which victims to evaluate, these criteria were employed:

- 1) they exemplify the severity or perceived severity of trauma experienced.
- 2) prolonged stress and fear after the initial victimization.

Based on these criteria it was decided to survey and evaluate services provided for victims of : 1) Robbery/Burglary, 2) Elderly, 3) Spousal Abuse, 4) Sexual Assault, and 5) Survivors of homicide victims:

In analyzing the collected data it was evident that the promoting of victim services was hindered and tempered by two key factors: 1) the rejection and stigmatization of the actual, and

extent of, trauma experienced by crime victims; 2) the alleged lack of empirical data on which to build sound treatments. Both the data collected in this study and the literature reviewed clearly dispute these arguments proposed by opponents of Post-Traumatic Stress Disorder. There is ample evidence that crime harms people physically/emotionally/psychologically - it stifles their ability to cope, and robs them of their emotional and psychological stability.

If society continues to deny the serious effects of crime and does not establish suitable programs to combat the effects of Post-Traumatic Stress Disorder, we may be igniting an anger and creating a chain reaction we may not be able to control (ie., citizens taking the law into their own hands). Should we (society) fail to treat the accompanying stress disorders, we may be ignoring a fundamental problem which may accumulate into a chronic disorder. The neglected person may tend to withdraw from society or, feeling helpless to deal with the intense rage, stress and humiliation, resort to such an extreme as suicide or serious behavioral difficulties.

As a humane society we pride ourselves on our ability to care, to have compassion and to do our best to help eliminate the suffering of others. Why, then, can we not considerably improve on the implementation of these concerns, by enlarging the ways in which we extend them in the aid of crime victims?

Undoubtedly, the most effective way to reduce the emotional trauma of crime is by eliminating/or preventing crime. However, since this task is unrealistic and impossible, we must turn to the assistance of these victims.

Personal violent crimes are devastating to the persons who are victimized. They have a profound effect on their lives, livelihood, health, and emotional/psychological stability.

Post-Traumatic Stress Disorder and Rape Crisis Syndrome are real. They are real to the victims who experience them on a day-to-day basis and they will forever control their lives.

The impact and phases of trauma should not be ignored if we are steadfast in our purpose that the victims of such manifestations recover, gain control and live happy and healthy lives.

If we acknowledge the impact of personal-violent crimes, then we must ensure the victims of these crimes have informed, effective treatment.

## BIBLIOGRAPHY

Ashton, Nancy (1981) "Senior Citizens' views of crime and the Criminal Justice System", in Lester, David (ed) The Elderly of Crime; Charles Thomas, Springfield, Illinois.

Baluss, Mary E., "Service For Victims Of Crimes: A Developing Opportunity." Evaluation And Change: Special Issue, 1980, p. 94.

Bard, Morton; Sangrey, Dawn; "Things Fall Apart: Victims in Crisis." Evaluation and Change: Special Issue, 1980.

Bard, Morton; Sangrey, Dawn; The Crime Victim's Book. New York; Basic Books, 1979.

Bard, Morton; "The Rape Victim: Challenge to the Helping System." Victimology: An International Journal, 1976, 1:263-271.

Bard, Morton; "The Psychological Impact of Personal Crime." in Viano E. (ed), Victim/Witness Programs: Human Services of The 80's National Victim/Witness Resource Centre, Alexandria, Va., 1980.

Baril, M. Rape and Other Acts of Violence. Paper presented at American Society of Criminology, San Francisco. Centre of International Criminology; Montreal: 1980.

Barkas, J.L., Victims. Charles Scriber and son, New York: 1978.

Barnsley, J.; et al. 'Battered and Blamed' - A report on wife assault from the perspective of battered women. Vancouver Transition House and The Women's Research Centre; Vancouver, 1980.

Becker, C. The Victim and the Criminal Process. Background paper presented for the Law Reform Commission of Canada, Ottawa, 1976.

Baumer, Terry, L. "Research on Fear of Crime in the United States." Victimology: An International Journal, vol. 3, 1978 3-4 p. 254-264.

Bourque, B.B.; Brumback, G.B.; Krug, R.E.; Richardson, L.D. Crisis Intervention: Investigating the Need for New Applications. American Institute of Research, Washington, D.C.: 1978.

British Columbia (1980) Rape Prevention: Resource Manual. Vancouver: B.C. Police Commission, 1980.

Brickman, Julie, et al; Winnipeg Rape Incidence Project: Final Results. Paper presented at the Canadian Association of Sexual Assault Centres, Winnipeg, Manitoba, 1980.

Brodyaga, L. et al; Rape and Its Victims: A Report For Citizens, Health Facilities, And Criminal Justice Agencies. Washington U.S. Government Printing Office, 1975.

Brickey, S.L. Winnipeg Victim/Witness Assistance Program: Planning Phase. Winnipeg, Institute for Social and Economic Research, 1982.

Brown, S.D.; Yantzi, M. Needs Assessment for Victims and Witnesses of Crime. Mennonite Central Committee, Kitchener: 1980.

Brumback, Teresa. "Parents of Murdered Kids: A Struggle For Peace," Mar., 1983, in National Forum For Victim Rights, 1983.

Bucavalas, M.J. A Pilot Survey of Crime Victims in New York State. Crime Victim Compensation Board, New York: 1981.

Burgess, A.W. and Holmstrom, L.L. Rape: Victims of Crisis. Bowie, Md.: Robert J. Brody Co., 1974.

Canadian Advisory Council on the Status of Women, "A Brief On Wife Battering With Proposals For Federal Action." Jan. 1982.

Canadian Council on Social Development. Rights and Services for Crime Victims. Ottawa, 1981.

Canadian Council on Social Development. Mental Health Assistance to Victims of Crime and Their Families: A Report on the Crime Victims' Trauma Conference March 13-14, Ottawa, 1985.

Center, L.J. "Victim Assistance For The Elderly." Paper presented at the First World Congress of Victimology. Washington, D.C. Aug. 20-24, 1980. Victimology: An International Journal. 1980 5(2-4) p.374-390.

Center, Lawrence J. "Victim Assistance For The Elderly." Victimology: An International Journal. 5(2-4), p.274-390, 1980.

Chatelaine, "Rape Anxiety". Sept/82, vol.55, no.9.

Clarke, A.H. and Lewis, M.J. "Fear of Crime Among the Elderly. An Exploratory Study". The British Journal of Criminology, 1982 22/1 (49-60). University of Surrey, Guildford.

Conklin, John. The Impact of Crime. Macmillan, New York, 1975.

Conkling, John. "Robbery the Elderly, and Fear: An Urban Problem in Search of Solution." in Goldsmith, J. and Goldsmith, S.S. (eds) Crime and the Elderly. Lexington Books, D.C. Heath and Co., Lexington, Mas. 1975.

Cook, Thomas and Cook, Fay. "Evaluating The Rhetoric Of Crisis: A Case Study of Criminal Victimization Of The Elderly." Social Service Review. 50:632-546, 1976.

Criminal Code Of Canada and Miscellaneous Statutes. The Carswell Co., Ltd., Agincourt, Canada. 1982.

Criminal Injuries Compensation. (1980) Ottawa, Statistics Canada.

Cunningham, C.L. "Pattern and Effect Of Crime Against The Aging: The Kansas City Study." in Goldsmith, J. and Goldsmith, S.S. (eds), Crime And The Elderly: Challenge And Response. D.C. Heath and Co., Lexington, Ma., 1976.

Dobash, R.E.; Dobash, R.P. "Wives: The 'Appropriate' Victims of Marital Violence." Victimology: An International Journal. 1978, 2(3-4), p.426-442.

Dodge, R.W. Criminal Victimization In The United States 1973-78 Trends, Bureau of Justice Statistics, U.S. Dept of Justice. Washington, D.C. 1980.

Drennan-Searson, Phyllis. Crime Victim Needs and Services: Ottawa. Department of Criminology, Masters thesis/unpublished University of Ottawa, 1982.

Dubow, Frederic, L.; McCabe, Edward; Kaplan, Gail. Reactions To Crime: A Critical Review of the Literature. Northwestern University Center for Urban Affairs, Reactions to Crime Project, 1978.

Dussich, John P.J.; Eichman, Daniel J. "The Elderly Victim: Vulnerability to the Criminal Act". in Goldsmith J. and Goldsmith, S.S. Crime And The Elderly. Lexington Books. D.C. Heath and Co., Lexington, Ma., 1975.

Flanzer, Jerry, P. (ed) The Many Faces Of Family Violence. Charles C. Thomas, Springfield, Illinois, 1982.

Fleming, Jennifer, Stopping Wife Abuse, Anchor Books, Garden City, New York, 1979.

Frederick, Calvin J. "Effects of Natural vs. Human-Induced Violence Upon Victims." "Evaluation and Change: Special Issue. 1980 p. 71.

Friedman, Kenneth, H.; Bischoff, R.; Pesson, A. Victims And Helpers: Reactions to Crime. Victim Service Agency, New York: 1982.

Fuller, Kenneth, R. Fear, Crime And The Elderly: An Analysis. University of Ottawa, Masters thesis/unpublished, 1982.

Galaway, Burt; Hudson, Joe (eds), Perspectives On Crime Victims. The C.V. Mosby Company, St. Louis, 1981.

Gelles, Richard. Family Violence. Sage Library of Social Research. Sage Publications, Beverly Hills, 1979.

Gelles, Richard, J.; et al. (eds) International Perspectives on Family Violence. Lexington Books. D.C. Heath and Co., Lexington, Ma. 1983.

Goldsmith J.; Goldsmith, S.S. (eds) Crime And The Elderly: Challenge And Response. Lexington Books, Lexington, Ma. 1976

Griffin, Susan, "Rape: The Power of Consciousness", cited in British Columbia Rape Prevention Manual. B.C. Police Commission, Vancouver: 1980.

Gubrium, Jaber, F. "Victimization In Old Age: Available Evidence and Three Hypothesis. Crime and Delinquency. July 1974, p. 245-250.

Hahn, Paul, H. Crime Against The Elderly, 'A Study in Victimology', Davis Publishing Co., Inc. California, 1976.

Halpern, S. Rape: Helping The Victim. Medical Economic Company, New Jersey: 1978.

Hilberman, Elaine. "Sixty Battered Women." Victimology: An International Journal, 1977-78, 2(3-4), p.460-470.

Hindelang, Michael; Gottfredson, Michael; Garofolo, James The Victims Of Personal Crime: An Empirical Foundation For A Theory Of Personal Victimization. Ballinger, Cambridge, Ma., 1978.

Hochstedler, Ellen. Crime Against The Elderly in 16 Cities. U.S. Department of Justice. 1981.

Information Paper on Bill C-127. Minister of Justice and Attorney General of Canada, Ottawa, 1983.

Jaffe, P.; Thompson, J. "Family Consultant Service With The London Police Force: A Perspective Package." Solicitor General of Canada Research Division, Ottawa, 1979.

Jaycox, Victoria. "The Elderly's Fear Of Crime: Rational or Irrational?" Victimology: An International Journal. 3(3-4) 1978.

Jayewardene, C.H.S. The Police. 'CRIMCARE' Inc., Ottawa, 1982.

Jones, D. "Elderly Victimization, A Survey Report November 1980." RCMP Gazette. 1981, 43/3, (1-7).

Kinder, Gary. Victim: The Other Side Of Murder. Delacourte Publishing Clarke-Irwin, New York, 1982.

Kinnon, Dianne. Report On Sexual Assault In Canada. Canadian Advisory Council On The Status Of Women. Ottawa, 1981.

Knudten, Richard; et al., Victim And Witness: The Impact Of Crime And Their Experience With The Criminal Justice System. Center For Criminal Justice and Social Policy, Marquette University. Milwaukee: 1976.

Krupnick, Janice, L.; Horowitz, Mardi, J. "Victims of Violence: Psychological Response, Treatment of Implications." Evaluation and Change: Special Issue. 1980, p. 42.

Langley, Roger; Levy Richard, C. Wife Beating. 'The Silent Crisis'. A Sunrise Book, E.P. Dutton, New York, 1977.

Lawton, M.; Nahemow, L.; Yaffe, S.; Feldman S. "Psychological Aspects of Crime and Fear of Crime". in Goldsmith, J.; Goldsmith, S.S. (eds). Crime And The Elderly. Lexington, D.C. 1976. p.21-29.

Lester, David (ed). The Elderly Victim Of Crime. Charles C. Thomas, Springfield, Illinois, 1981.

Logan, Marilyn, M. "Crime Against The Elderly: Cruel an Unusual Punishment." Victimology: An International Journal. vol.4 no.1 1979. p.129-131.

MacLeod, Linda. Wife Battering In Canada: The Vicious Circle. Canadian Advisory Council On The Status Of Women. Ottawa, 1980.

Maguire, Mike. "The Impact Of Burglary Upon Victims." British Journal Of Criminology, 20 (3):261.

Malinchak, Alan, A. Crime And Gerontology. Criminal Justice Program, Prentice-Hall, Inc., Englewood Cliffs, N.J., 1980.

Martin, Del. Battered Wives. Glide Publications, California, 1976.

Ministry Of Solicitor General. Victimization In Greater Vancouver. Ottawa, 1982.

Moore, Donna, M (ed) Battered Women. Sage Publications, Beverly Hills/London, 1979.

National Organiation for Victim Assistance, "Articles from the National Forum for Victim Rights", Washington, D.C., 1983.

New Jersey Advisory Committee To the U.S. Commission On Civil Rights. Battered Women In New Jersey. New Jersey, 1981.

NEWS RELEASE. Minister of Justice and Attorney General Of Canada,  
Ottawa, 1983.

NOVA (1980) Responding to Crime Victims is Good Business: A Report to the American Business Community. National Organization For Victim Assistance, Washington: 1980.

Norguay, Geoff; Weiler, Richard. Services To Victims and Witnesses Of Crime In Canada. Solicitor General, Research Division, Ottawa, 1981.

Ochberg, Frank, M.; Fojtik-Stroud, Kathleen, M. "A Comprehensive Mental Health Clinical Service Program For Victims: Clinical Issues and Therapeutic Strategies." Washington, 1982.

Pagelow, Mildred, Daley. Women-Battering Victims and Their Experiences. Sage Publications, Beverly Hills, 1981.

Pleck, Elizabeth. "Wife Beating In Nineteenth-Century America." Victimology: An International Journal. vol.4 no.1 1979, p.60-74.

Quindlen, Anna. "Such Ordinary People, Such Singular Pain;" The New York Times, Apr. 17, 1982. in National Forum For Victims Rights, New York. 1983.

Rifai, M.A.Y. Criminal Victimization Of The Older Adult. Applied Systems Research and Development Inc., Wilsonville, Or., 1976.

Riger, Stephanie; Skogan, Wesley, G. "Special Issue on Fear Of Crime". Victimology: An International Journal. 3 (3-4), 1978. p.237-242.

Rosenfield, Frank, H. "Criminal Victimization Of The Elderly". in Lester, Daavid (ed) The Elderly Victim Of Crime. Charles Thomas, Springfield, Illinois, 1981.

Rousanville, Bruce, J. "Theories in Marital Violence: Evidence From A Study Of Battered Women." Victimology: An International Journal. 3(1-2). 1978. p.11-31.

Standing Committee On Health, Welfare And Social Affairs. "Report On Violence In The Family." Wife Battering. Ottawa, 1982.

Salasin, Susan, "Services For Victims." Evaluation And Change: Special Issue. 1980, p.9.

Salasin, Susan. "Evaluation as a tool for Restoring the Mental Health of Victims: An Interview with Frank Ochberg." Evaluation And Change: Special Issue. 1980. p.21.

Smith, Robert, J. Crime Against The Elderly. The International Federation On Aging, Washington, D.C.: 1979.

Singer, Simon, I. "The Concept of Vulnerability and the Elderly Victim in an Urban Environment." in Joseph, E. Scott; Dinitz; Simon (eds), Criminal Justice Planning. Praeger, New York, 1977.

Stahly, Geraldine. "A Review of Select Literature of Spousal Violence." Victimology: An International Journal. 2(3-4), 1977-78, p. 591-607.

Star, Barbara. "Comparing Battered And Non-Battered Women." Victimology: An International Journal. 3(1-2). 1978, p.32-44.

Star, Barbara. "Characteristics of Family Violence." in Flanzer, Jerry (ed). The Many Faces Of Family Violence. Charles C. Thomas, Springfield, Illinois, 1982.

Straus, Murray, A. "Wife Beating: How Common and Why?" Victimology: An International Journal. 2(3-4), 1977-78. p.443-458.

Straus, Murray, A; Hotaling, Gerald, T. (eds) The Social Causes of Husband-Wife Violence. University of Minnesota Press. Minnesota. 1980.

Stein, John, Hollister. "Better Services For Crime Victims: A Prescriptive Package." Evaluation and Change: Special Issue. 1980.

Steinmetz, Suzanne. The Cycle of Violence, Assertive, Aggressive, and Abusive Family Interaction. Praeger publishers, New York, 1977.

Steinmetz, Suzanne. "The Battered Husband Syndrome." Victimology: An International Journal. 2(3-4). 1977-78. p.499-509.

Symonds, Martin. "Acute Responses Of Victims To Terror." Evaluation And Change: Special Issue. 1980. p.39

Symonds, Martin. "The 'Second Injury' To Victims." Evaluation And Change: Special Issues. 1980. p. 36

Symposium On Inter-Spousal Violence. Inter-Spousal Violence. Canadian Association Of Social Workers. 1981

Taylor, L.; Coles, B. "Crime And The Fear Of Crime." New Society. 63/1059, 1983, p.336-338

Victimology: An International Journal. "Special Issue On Spouse Abuse and Domestic Violence." 2(3-4), 1977-78. p.416

Von-Hentig, Hans. The Criminal and His Victim. Schocken Books, New York. 1979

Wagman, Richard, J. (ed) The New Complete Medical and Health Encyclopedia. vol.3 J.G. Ferguson Publishing Co., Chicago. 1977

Walker, L. The Battered Women. Harper and Row, New York: 1979

Walker, Lenore E. "Battered Women And Learned Helplessness." Victimology: An International Journal. 2(3-4). 1977-78. p.525-534

Waller, I.; Okihiro, Norman. Burglary: The Victim And The Public. Center Of Criminology, University Of Toronto, University of Toronto Press, Toronto, 1978

Waller, I. Crime Victims: Needs, Services And Reforms Orphans Of Social Policy. Paper delivered at Fourth International Symposium on Victimology." Section IV: Practical Aspects Of Victimology, Tokyo, 1982

Waller, I. Background Papers: Crime Victims' Trauma Conference, Ottawa, 1985.

Warner, Carmen. Rape And Sexual Assault, 'Management And Intervention.' Aspen Publication, 1980

Weiss, Paul, "Idiocide". Evaluation And Change; Special Issue. 1980

FIGURE 1

AGENCIES

1. RAPE CRISIS CENTRE
2. SEXUAL ASSAULT SUPPORT CENTRE
3. OTTAWA POLICE FORCE VICTIM SERVICE UNIT
4. INTERVAL HOUSE
5. MAISON D'AMITE
6. PSYCHOLOGICAL SERVICES OF THE UNIVERSITY OF OTTAWA
7. OTTAWA DISTRESS CENTRE
8. CATHOLIC FAMILY SERVICES OF OTTAWA
9. FAMILY SERVICE CENTRE OF OTTAWA-CARLETON
10. OTTAWA WEST SENIORS SUPPORT
11. COUNCIL ON AGING
12. OTTAWA CIVIC HOSPITAL (Emergency Department)
13. ROYAL OTTAWA HOSPITAL
14. OTTAWA GENERAL HOSPITAL
15. RIVERSIDE HOSPITAL
16. PINECREST-QUEENSWAY CENTRE

## FIGURE 2

### Notes

1\*Victims are person who have suffered unfairly at the hands of a perpetrator. (Drennon-Searson) For the design of this study, victims are individuals who have endured psychological and emotional trauma as a result of violation of themselves and/or their properties. p.38

2\*Rape and Indecent Assault revised to Sexual Assault January 4, 1983. p.84

3\*Rapes (Sexual Assaults) are the fastest growing crimes in Ottawa over the past six years. p.135

4\*Each agency have their own method of calculating the data presented. These statistics were not computed by the researcher, but merely analyzed by the researcher as to the number of clients serviced; the number of crime victims, and what percent suffered from trauma. p.147

5\*The classification of calls as made by the Distress Centre are as follow:

Crisis-situation that poses threat to an individual's level of functioning. Caller is experiencing emotional upheaval when the usual problem solving abilities and coping behaviours are strained, often past their limits, leaving the individual extremely vulnerable and at high risk;

Befriending-caller is lonely and/or needs to link, in conversation, with another human being;

Distress-caller is experiencing and reacting to any of the full range of problems and is expressing and feeling an upset condition requiring techniques of listening, assessing, responding, and possibly referring. p.176

### 6\*Method of Calculation

1. column (I) these data were taken from the city of Ottawa Police Department Annual Report (1984, p.135)

2. figure in column (II) is derived by dividing column (I) by the number of households (121,705) multiply by 1000.

FIGURE 2 (Cont'd)

3. figure in column (III) is derived by dividing column (II) by 5.
4. figure in column (IV) is derived by dividing the figure for column (I) by the census estimate of household.
5. figure in column V is derived by dividing column (III) by 1000. ex. 1000 - column (III)