

Focus on Victims of Crime

Whitehorse, March 4th – 6th, 2008

Providing Just and Effective Responses
to
Victims of Violent Crimes

Allan Wade Ph.D.

David Trimble
Former Co-President of Ireland

“A sense of the *unique, specific and concrete* circumstances of any situation is the first indispensable step to solving the problems posed by that situation.” (1998)

Why Focus on Social Responses to Victims?

The quality of social responses is the strongest single predictor of victim distress after violence.

What are Social Responses?

- Immediate Social Responses -

How family, friends & professionals respond to the victim . . .

- before disclosure
- after disclosure

What are Social Responses?

- Contextual Social Responses -

Living conditions

- Poverty, isolation, exclusion

Social Justice

- Violation in prison claims process
- Stolen sisters, prison, deaths in custody
- Children in care, special education

The level of attention to the problem

Offender treatment

Most victims report negative social responses

Victims who receive *negative* social responses . . .

- experience more intense, lasting distress
- are more likely to self-blame
- receive mental health diagnoses of all kinds
- are less likely to report violence again
- are less likely to cooperate with authorities
- more likely to use violence as a tool

Who receives negative social responses?

People from oppressed and marginalized groups are more likely to receive negative social responses

- Women
- Aboriginal people
- Immigrant, refugee women
- Gay, lesbian, bi, queer, “T” people
- Persons with disabilities
- People living in poverty

Understanding Violence

- What is the relationship between the different forms of violence?
 - Land theft and violence against women
 - Prison camps, child rape, rape of the land
- Linking types of social responses
 - Use of language

The Origins of Negative Social Responses

- Negative social responses arise from false assumptions and misinformation regarding victims, perpetrators and the nature of violence.
- To re-shape social responses:
 - The misinformation must be exposed
 - Re-examine basic facts on violence & resistance

Jim Prentice:

Former Minister of Indian and Northern Affairs

“Ottawa orders panel to probe TB deaths. A Truth and Reconciliation Commission will look at why Indian Affairs did so little about the safety of native children”.

“It is unimaginable to any parent that your child would go away to school and not return,” he told reporters yesterday.

Wally Oppal: Attorney-General of B.C.

“It is a horrible cancer that at times seems incurable, but it can be cured. . . . This is an awakening of our collective conscience. . . . Prosecutors want to bring wife batterers to justice but women are still too often afraid to testify. We are committed to prosecuting the wrongdoers but we need your help. We need witnesses.”

Understanding Violence and Resistance

- Dignity is central to individual & social wellbeing
 - Violence is an assault on dignity
- Violence is social
 - Involves two people, perpetrator & victim
- Violence is unilateral
 - Committed by one person against another
- Victims respond and resist
 - Resistance is ever-present
- Violence is deliberate

Dignity

- Every day social life is organized around dignity.
 - Physical and social integrity (safety)
 - The ability to care for others, loved ones
 - Social worth and self worth
 - Freedom, self-governance
- Victims resist any affront to dignity
- Assaults on dignity must be “repaired”.
- Where the dignity of the victim is not restored,

Violence is Social

- To be complete & accurate, accounts of violence must include a description of the victim's resistance.
- Leanna's resistance to armed robbery.
- To conceal resistance is to conceal violence.

Violence is Unilateral

- The distinction between mutual and unilateral acts.
- Common mutualizing terms:
 - Abusive relationship, domestic dispute
 - Argument, conflict
 - Intercourse, sex, kiss, fondle
- Mutualizing terms blame victims, absolve perpetrators
- Reconciliation, mediation, conflict management

Mutualizing in Courts

Repeated Assault & Sexual Assault

- “The appellant & his wife engaged in an argument Mr. X became upset over something said during this argument. He thereupon grabbed his wife’s neck, squeezing it until she nearly lost consciousness. He then let go. This brought the argument to an end.”

Mutualizing in Courts cont'd . . .

- “He was willing to take counselling in reference to his anger & his marital problems. He expressed his deep remorse for what had happened & his desire to improve the marriage.”
- “They went to bed and he said, ‘Jane, I’ll have to screw you one more time’, and he had intercourse with her.”
- “It is obvious difficulties were present in the marriage.”

Victims Respond and Resist

- With each history of violence/oppression, there is a corresponding history of resistance.
- Physical, mental, emotional, spiritual.
- From treating effects to honouring responses and resistance.
- Honouring resistance restore dignity to victims and clarifies offender responsibility.

From Effects to Responses

- Resistance is a *response to violence*, not an *effect or impact of violence*.

The effects & responses game.

- How the language of effects turns responses and resistance into problems and problems into symptoms.
- Human suffering cannot be adequately

Despair, Resistance, Hope

- A drop of longing says as much about the human spirit as a grand gesture of love or defiance.
- The human spirit speaks as clearly through suffering as it does through contentment.
- What a person despairs against points to what that person hopes for.
- Where there is violence, suffering is a symptom of flagrant and chronic mental wellness.

Violence is Deliberate

- Perpetrators anticipate & suppress resistance.
- Violence is a choice, not an effect of anger, childhood abuse, alcohol, depression
- This is a hopeful fact:
 - Non-violence is also deliberate
- Men who are abusive are also respectful/loving much of the time.

Perpetrators as Victims

- A majority of perpetrators are victims . . . But a majority of victims do not become perpetrators.
- Perpetrators of violence are more likely to have received negative social responses when they witnessed or endured violence.

Judith Herman

Almost inevitably, the survivor has great difficulty protecting herself in the context of intimate relationships. Her desperate longing for nurturance and care makes it difficult to establish safe and appropriate boundaries with others. Her tendency to denigrate herself and to idealize those to whom she becomes attracted further clouds her judgment. Her empathic attunement to the wishes of others and her automatic, often unconscious habits of obedience also make her vulnerable to anyone in a position of power or authority. Her dissociative defensive style makes it difficult for her to form conscious and accurate assessments of danger. And her wish to relive the dangerous situation and make it come

The Cycle Theory of Violence

Lenore Walker developed a three-stage cycle theory that depicts the trap keeping women in abusive relationships. During the first stage, the batterer engages in minor verbal abuse. At this time, the woman tries to calm the abuser and often changes her lifestyle to avoid angering the man. This usually sets a precedent of submissiveness by the women building the gateway to future abuse. The second stage consists of an “uncontrollable discharge of tensions that have been built up during phase one”. This is the stage at which contemporary criminal justice approaches are focused. During the third stage, the abuser acts remorseful and apologetic, usually promising to change. As a result,

Andrea:

A Study of Resistance to Negative Social Responses

Andrea (52) called me in 2004. When she was 13 she was sexually assaulted by a teacher. She told her parents but they did not believe her. One year later she was raped by an older boy, and did not tell anyone. She married a man who became abusive, left him, married a second man who became abusive, and left him. When she told her physician how distressed she was feeling, he gave her a diagnosis of clinical depression and referred her to a psychiatrist who sexually

Andrea cont'd . . .

Physician referral letter (1985)

“Endogenous depression. Patient presented in May with numerous somatic complaints. . . . Has been in on several occasions for problems. . . . Is basically depressed and has been started on an anti-depressant. She is not suicidal.”

Andrea cont'd . . .

Psychologist's report (1986)

“This patient has a tendency to exaggerate her present difficulties, often reporting her concerns in a socially acceptable manner, through somatic complaints. She tends to internalize her troubles allowing them to build up to a level sufficiently severe to prevent her from handling them adequately.”

Andrea cont'd . . .

Psychologist's report (1986)

“Response to the MCMI indicates a pattern of social coping skills suggestive of a mixed borderline-dependent personality disorder with prominent passive-aggressive and avoidant characteristics. This pattern of social coping skills has been termed the ‘victimization’ personality by those familiar with sexual abuse cases, and suggests that dependency and

Andrea cont'd . . .

Psychiatrist's sessional notes (1986-87)

Mentions that the husband has a “short temper”, is “jealous” and does not think there is a marriage problem. She is “anxious and depressed”. The husband is “aggressive and opinionated but trying hard to help his wife”.

Andrea cont'd . . .

Psychiatrist's sessional notes (1986-87)

“She has been too submissive in her different relationships. Her self-esteem is quite low. She complained that her husband put her down all the time but during our interview with him, he denied that, saying, ‘I do that only when we have a fight, once or twice a year’.”

Andrea cont'd . . .

Psychologist's report (2006)

“Responses to the Cognitive Distortions Scale indicate that she tends to blame herself for negative life events, is highly self-critical, views the world as a dangerous place, perceives herself as unable to control or influence important life events (especially negative ones), and feels a sense of hopelessness regarding the future.”

Andrea cont'd . . .

Psychologist's report (2006)

“During her first marriage she experienced verbal abuse, threats, and some physical violence. She left her marriage to protect her sons from her husband's abuse and to prevent them from witnessing his being abusive to her. It was during her first marriage that she first experienced depression. She left that marriage some time after she had been hospitalized for

Andrea cont'd . . .

Psychologist's report (2006)

“Patient has a history of depression that predates her alleged assaults by Dr. P. She first became depressed . . . during her troubled marriage. Although she did not initially recognize it as depression, she was not eating or sleeping, was agitated, feeling isolated and alone, had lost weight, was ‘living in darkness’, and

Andrea cont'd . . .

Psychologist's report (2006)

“Her profiles show anxiety along with depression, which suggests a person who feels inadequate, pessimistic, tense, preoccupied, overly sensitive, submissive & guarded. She is poorly equipped to deal with stress & lacks personal resources for coping with problems in her life. . . .

Therefore, she seems to be quite a vulnerable individual & was likely very vulnerable at the time of her sexual victimization.”

Andrea cont'd . . .

Psychologist's report (2006)

“Overall, she shows a depressive, dependent, and self-defeating personality style characterized by unhappiness, moodiness, low self-confidence, a desire to obtain nurturing and protection from others, social passivity and submissiveness, and mistrust of others. . . . She lacks assertiveness and has difficulty meeting her own interpersonal needs.”

Andrea cont'd . . .

Forensic Psychiatrist report (2006)

“While in her teens, Andrea was involved in a sexualized relationship with a teacher when she was 13. This relationship appeared to include some fondling and sexualized behaviour but not intercourse. This relationship was made known to her parents when her mother found a letter.”

Andrea cont'd . . .

Forensic Psychiatrist's report

“With regard to [Andrea's] allegations of sexual assault by Dr. P. . . if one assumes that it occurred, the impact appears to have been extremely limited. . . . In the time she is seen by Dr. P., she in fact shows significant improvement in functioning and is able to shift away from the abusive relationship.”

Andrea cont'd . . .

Forensic Psychiatrist's report

“[Andrea] may well require on-going treatment with Effexor. It is my opinion that (sic) would arise from her pre-existing Depressive Disorder and other circumstances impacting her life and would not in my opinion be related to the alleged abuse by Dr. P.”

Professionals' Responses to Andrea

- Conceal Andrea's resistance
- Obscure offender's responsibility
- Conceal violence and negative social responses
- Blame and pathologize Andrea

From Victim to Offender, From Offender to Victim

- Victims are portrayed as perpetrators of their own misfortunes.
- Perpetrators are portrayed as victims of forces they do not understand and cannot control.
- Who do these stereotypes serve?

Swift and Certain Responses to Offenders

- The effectiveness of programs for men who abuse depends on the intervention system of which the program is a part. (Gondolf, 2004)
- Lack of responses to the abuser mean the woman is less likely to report or attend court.
- Effective system components:
 - Swift responses to non-compliance
 - Pre-trial referral & periodic court

“Glimmers of Responsibility”

- “Most men who come to counselling for their abusive behaviour take much more responsibility than is usually acknowledged.” (Nick Todd)
- Acknowledge that offenders know how to be non-violent and build upon that “know how”
- Promote “accountability for change” (Sebold & Uken)

Beyond “responsibilization”

“Coming to responsibility cannot be coerced. And it is never a solitary activity, but always takes place in relations among people.

Developing new understandings of past actions depends upon the person being offered a new position in the here-and-now, one that gives him a chance to go beyond ‘the same old story,’ to overhear himself saying surprising things.”

(John McKendry, 2006)

Re-Shaping Social Responses

- In all settings, learn how has the victim responded and resisted the violence.
- Ask what social responses the victim has received?
- Learn how the victim has responded to negative social responses and preserved his/her dignity.
- With offenders:
 1. Provide swift and certain responses.

At the very least . . .

- Engage in careful, funded research of social responses to victims: Start by asking victims and front line service providers.
- Ask if current social responses:
 - Reveal or conceal violence?
 - Obscure or clarify responsibility?
 - Conceal or honour victims' resistance?
 - Blamed/pathologize or contested the blaming & pathologizing of victims?

Thank you!
Best of luck in your work.

I would love to hear from you.

Allan Wade

Email: allanwade@shaw.ca

Centre for Response-Based Practice

Group Activity

Answer this question privately:

On a scale of 1 to 10, how just and effective are social responses to victims in your community?

- 1 is unjust and highly ineffective

- 10 is just and highly effective

Then share your answers and explain your choice:

Where did you differ? Where did you agree?

What does this mean for your work in the community?