



Canadian
Resource Centre for
**VICTIMS
OF CRIME**

— Dedicated to Justice —

RECOVERING FROM VIOLENT CRIME

PREPARED BY THE CANADIAN RESOURCE CENTRE FOR VICTIMS OF CRIME

This paper is intended as a general guide for people who may become susceptible to crime or for victims that are already involved in the criminal justice system. Please do not hesitate to contact our office if you require clarification or for a referral to an agency in your community that may be able to provide services to you.

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Table of Contents

Introduction	2
Models of Reactions to Trauma And Coping:.....	2
1. Understanding Trauma.....	2
General Adaptation Syndrome	2
Transactional Model Of Stress.....	3
2. Understanding Grief	3
3. Understanding Bereavement In The Case Of Homicide	3
4. Cultural And Gender Differences In Reactions To Trauma.....	4
Psychological And Physical Reactions To Trauma	5
Psychological Reactions	5
Physical Reactions	5
Mental Health Implications	6
Depression	6
Anxiety	6
Acute Stress Disorder.....	6
Post Traumatic Stress Disorder.....	7
Facts.....	8
Coping With Trauma	8
When To Seek Professional Help	9

Where To Get Help10

Conclusion10

References.....11

Introduction

Surviving an incident of crime can be the most traumatic experience one goes through in life. People whose loved ones are victims of violent crime are also often very traumatized by the incident. Crime hits unpredictably and there is no chance of being prepared for such an experience. Healing from severe trauma can be a long and complicated process with many things affecting recovery. No individual reaction to traumatic experiences brought by violent crime is the same. Reactions to trauma and the recovery process depend heavily on situational circumstances, as well as individual resilience, which is affected by previous life experiences and personality differences. The nature of the trauma is a factor of primary importance as well.

Models of Reactions to Trauma And Coping:

1. Understanding Trauma

For most survivors of homicide, the first exposure to trauma occurs with a death notification; for victims of serious violent crimes and/or witnesses of serious violent crimes, trauma occurs during the actual offence. Exposure to trauma results in a variety of physical and psychological reactions and is typically associated with high levels of stress. There are several models of reactions a person typically follows.

GENERAL ADAPTATION SYNDROME

This model outlines three general steps a person follows once they experience a traumatic episode, explaining both biological and psychological reactions to trauma. This model is focusing on long-term exposure to a trauma with serious consequences, for example, the death of a loved one or surviving a serious violent assault. Immediately after the offence, a person experiences a biologically-based response: increased heart rate and breathing, tightening of the muscles, and sweating. All of these physical symptoms are related to a discharge of stress-related hormones to regulate physical response to stress. This phase is called “acute stress response” or “flight-or-fight response”.

This kind of reaction makes a person rely on spontaneous or intuitive behaviours directed to either “fight” – facing the situation, or “flight” – trying to escape the stimuli causing stress, which often results in avoidance behaviour. Acute stress response weakens a person’s immune system, which might lead to heightened susceptibility to illnesses.

The second stage is marked by noted resistance. At this stage, the body adapts to the stressor directly. Generally, a person is using most of his/her coping techniques at this stage.

Lastly, the final stage is that of exhaustion, when stress resistance is reduced significantly. At this stage, immune system functioning is at its lowest level, which means the person is at the greatest risk of illness. Also, if no steps for recovery are taken by a person, there is a great risk of developing post-traumatic stress disorder.

The General Adaptation Syndrome model is suitable mostly for cases of either prolonged exposure to traumatic experiences or a very serious traumatic incident with long-term visible consequences.

TRANSACTIONAL MODEL OF STRESS

The Transactional Model of Stress is another model of stress and coping that is commonly referred to. The transactional model of stress outlines steps and reactions following a stressful or potentially traumatic incident. Listed below are the three stages:

- Primary appraisal happens within a short period after experiencing a stressful experience. The person evaluates the stressor in terms of its seriousness and the risks.
- Secondary appraisal is evaluating internal resources for coping with stress.
- The coping stage occurs when all the resources available for coping are employed.

This model makes use of mostly unconscious mechanisms; therefore, the person might not be aware of the processes they are going through. It is general and describes the response to stress in less severe circumstances.

2. Understanding Grief

Grief is a second stage of the survival process for those who have lost their loved ones or experienced/survived a violent crime, such as child sexual abuse. Grief refers to the process of “experiencing the psychological, behavioural, social, and physical reactions to the perception of loss”. Grief is distinguished from mourning. Mourning is said to be a more active way of reacting to the loss whereas grief is “a way to honour your pain, let go and move into the present”. It is very important to provide support for the victim at the very early acute stages of grief and throughout the entire mourning process.

Therefore, this stage of reaction involves grief work and should involve interactions with other individuals and organizations. The grief process can be complicated for survivors due to their involvement in the legal process associated with appearing in courts, testifying, and other activities imposed by the medical examiner, criminal justice system, and possibly the media. Such endeavours are time-consuming, physically and emotionally exhaustive, and sometimes quite public. This might result in slowing down the grief process and moving on to the next stages.

3. Understanding Bereavement In The Case Of Homicide

Because homicide survivors are continually interrupted by outside influences and circumstances, these disruptions may cause them to feel even more out of control. Survivors might feel that they are taking two steps forward followed by four steps back – probably a true interpretation of reality. The avoidance and fear of grief can lead to problems.

In the case when the loss cannot be openly acknowledged or socially supported, mourners cannot be supported in their bereavement. Such mourners find themselves in a stage of disenfranchised grief,

represented by a lack of social validation and recognition of the loss. The core of disenfranchised grief is the mourner's lack of acceptance and understanding. Shame is the underlying psychological basis controlling this phenomenon. There are several reasons one can appear in this position:

- The relationship is not recognized
- The loss is not recognized
- The mourner is not recognized as a legitimate griever
- The loss, even if it is recognized, is not supported by the mourner's social group
- It is believed that the loss of a person whom one may have devalued should not elicit grief

Victims of homicide are often devalued because of the perceived or real blame that is ascribed to them

4. Cultural And Gender Differences In Reactions To Trauma

It is important to note that the culture one associates themselves with has some degree of influence on individual reactions to a traumatic incident. Culture is a relatively broad term and encompasses one's nationality, religion, income, education, sexual orientation, gender, profession, mental and physical abilities, and ethnicity. Culture and socialization have a primary effect on one's values and beliefs on various issues. Culture influences what type of threat is perceived as traumatic and how one interprets the meaning of a traumatic event. Culture also influences the type of response one will carry: while reactions to trauma commonly reported are based on human physiology, manifestations of those reactions may vary significantly. For example, in North America people suffering from depression complain about emotion-related symptoms: feeling down, sadness, and unhappiness. In Asian countries, symptoms tend to be somatic: stomach disturbances and aches. Such differences are attributed to cultural differences: Asian cultures tend to express or manifest fewer emotions in general than those in North America.

Culture forms a context through which the traumatized individual views and judges their response. If people think that the society around them will not accept them as victims they show a tendency to withdraw and be silent. This is a critical issue for many victims since it may bring secondary victimization to their lives. On the other hand, culture can determine the healthy way to recover from trauma as well through its routine and traditions.

Gender differences are also reported to be related to variations in reactions to trauma. Females consistently appear to be more susceptible to developing acute stress and post-traumatic stress disorders. The symptoms displayed also vary according to one's gender. Females tend to respond with anxious or depressive reactions, while males typically respond with disruptive behaviour, which sometimes might take the form of aggression and violence. The reasons for such differences can be attributed to differences in socialization. Research suggests that males have a fear of being overwhelmed by intense emotions, as well as a fear of expressing emotions in a social context. Men also differ in their ability to seek help and support even if there is a recognizable problem. Although some of the differences in reactions can be attributed to socialization issues, there are also differences in biological predispositions toward symptom expression.

There can also be an attribution error. In that female reactions to trauma and their behaviour are often pathologized by family members, friends, criminal justice personnel, and professionals alike. There is a myth supported by some that women tend to exaggerate their symptoms.

Psychological And Physical Reactions To Trauma

Being a victim of a crime or witnessing a crime can be a very traumatizing experience and result in both psychological and physiological responses. While models of reactions to stress and trauma outline general steps in assessment and recovery processes, there are also physical and psychological signs of surviving the trauma.

It is important to note that experiencing these symptoms shortly after the incident is most likely a result of trauma and should **not** be attributed to other causes biological in nature. If symptoms persist, medical attention should be sought.

Psychological Reactions

- Re-experiencing the incident: unwanted thoughts about what happened, images in one's mind, flashbacks
- Avoidance of anything that reminds one of the incidents, for example, attending a place/site where the incident took place
- Anxiety
- Fear, the feeling of being in danger when being alone
- Poor attention and memory
- Disorientation
- Withdrawal and tearfulness

These signs of clear disorientation and frustration resulting from traumatic experiences are often accompanied by feelings of anger, shame, or guilt for being in such a situation. It is important to realize that such experiences can happen to anyone and the reactions above are normal responses to an abnormal circumstance.

Physical Reactions

- Trouble falling or staying asleep
- Feeling shaky and sweaty, fatigued, nausea
- Excessive alertness and being easily startled
- Having your heart pound or having trouble breathing
- Restlessness

The symptoms described above may be misdiagnosed and attributed to something other than high levels of stress and depression. If the psychological conditions are not addressed at the early stages, reactions might evolve in a more serious and long-term fashion.

Mental Health Implications

Surviving trauma makes a person vulnerable to several mental health and emotional problems, in addition to triggering pre-existing or unresolved issues. These issues can further complicate the mourning process. Such risk factors include genetic susceptibility to certain mental disorders, being previously subjected to child abuse, certain personality characteristics, lack of coping skills, and buildup of unexpected negative experiences. Although several mental disorders might be developed, depression and anxiety are the two which appear most often. Other significant changes for the survivors include changes in life philosophy, obsessive-compulsive thoughts, and somatic complaints.

Depression

Decreased levels of energy and inability to concentrate, and unexplained irritability are the most common signs of developing depression. Although these can be within a range of normal reactions, if “feeling down” persists for more than two weeks and is interfering with your daily life, it might be a sign of the development of clinical depression. Depression tends to worsen unless the early triggers are noticed and action is taken to prevent the development. Depression can also take on several forms according to the severity and persistence of the symptoms.

Anxiety

Physical symptoms of anxiety include muscle tension, excessive sweating, nausea, cold hands, difficulty swallowing, jumpiness, and gastrointestinal discomfort. Troubles sleeping, irritability, and feeling “on the edge” may also be present.

An essential characteristic of anxiety-related disorders, such as Generalized Anxiety Disorder, is persistent and uncontrollable worrying about certain things. This constant worrying must affect one’s daily functioning and typically causes physical symptoms. For the person to be diagnosed with Generalized Anxiety Disorder, uncontrollable worry must be present for more than 6 months. Unfortunately, Generalized Anxiety Disorder is often difficult to diagnose due to a lack of obvious symptoms such as panic attacks, or uncontrollable movement.

Acute Stress Disorder

Acute Stress Disorder (ASD) may be a response of a person who has either witnessed some serious criminal incident involving violence, actual or threatened death, serious injury, or a threat to the physical integrity of self or others. It might also be a result of experiencing intense fear, helplessness, or horror. ASD is diagnosed within a few days to one month after the incident has occurred and the symptoms often overlap with the reactions described above but in a more severe fashion. One might

feel some form of detachment from others or an absence of emotional responsiveness. Decreased levels of awareness of surroundings are often present, typically described as being “spaced out”. Inability to remember important details about the traumatic experience is usually a sign of avoidant behaviour since it is a mechanism to delay conscious acceptance of reality. Other possible signs are re-experiencing the traumatic event when dreaming and/or having obtrusive thoughts about the event when awake. Increased anxiety is often present – a person might have difficulties falling asleep, become easily irritated, have trouble concentrating, and feel constantly tired. The acute stress phase tends to last from 2 days to 4 weeks when the person either has dealt with the symptoms or the symptoms progress and post-traumatic stress disorder, which lasts longer, develops.

Developing symptoms of ASD is a fairly common phenomenon among victims or witnesses of criminal incidents. Out of those who experienced exposure to violent assaults, 19% are reported to have ASD as a reaction, including 25% of victims of robberies and assaults, and 33% of victims of mass shootings meeting the criteria. A study that used post-traumatic stress disorder criteria and evaluated rape survivors within the first month of a trauma revealed a rate of 94%. There is limited Canadian data with one study showing a 1-month prevalence of 2.7% in women and 1.2% in men.

Post Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is oftentimes a diagnosis that follows ASD. It is more often diagnosed in people who have experienced or witnessed incidents of very violent crimes or are victims of war. The symptoms are similar to those present in ASD, however, PTSD is experienced for a long-term duration and carries a less dissociative nature. This means that those suffering from PTSD may display a lack of connection between thoughts, memories, and feelings, as well as one’s sense of identity, but it is generally not to the same degree of severity as those diagnosed with ASD.

Re-experiencing the event is a very common symptom, with flashbacks and obtrusive thoughts being the main indicators. PTSD is also marked by trying to avoid any reminders of the traumatic experience. A reminder can be a place where the tragedy happened, people who are aware of the tragedy, or any activities associated with the traumatic incident. A variety of long-term psychological diagnoses may be present, such as depression, or the appearance of other anxiety-related disorders, such as phobias and panic attacks. Self-destructive behaviour may take the form of alcohol or drug abuse, suicidal impulses, high-risk sexual behaviours, and other forms of high-risk behaviours, which may become life-threatening such as fast driving. Physical symptoms often appear, which stem from depression: chronic bodily pain unexplained by any medical conditions, unexplained stomachache or other digestive problems, headaches, sleep disorders, breathing problems and asthma, and eating disorders. Prolonged experience of stress might lead to chronic fatigue syndrome.

It is important to know that there are a lot of myths associated with acute stress disorder and post-traumatic stress disorder.

Facts

- Traumatic experiences happen to many strong, competent, good people. No one can completely protect themselves.
- People who react to traumas are **NOT** going crazy. They are experiencing problems related to the incidence of a horrible event.
- Having symptoms after a traumatic event is **NOT** a sign of weakness. Many psychologically well-adjusted and physically healthy people develop PTSD.
- When a person better understands the symptoms of trauma, he or she can become less fearful of them and manage them better.
- Both ASD and PTSD are treatable disorders – symptoms disappear when managed properly.

Although acute stress symptoms are almost always present, not every survivor of trauma is going to develop PTSD symptoms. Experts agree that most individuals cope well after experiencing trauma and less than 10% of the population go on to develop symptoms of PTSD. Individual personality features are important determinants of the nature of the reaction. The capacity for resilience is of primary importance when surviving the trauma.

Coping With Trauma

Resilience is most commonly defined as the ability to respond to life with a sense of control and to tolerate surprises and or unexpected life events. Resilience goes beyond the capacity just to deal with life problems, rather it is the ability to embrace and fully enjoy life with its ups and downs. Research on resilience shows that it is not something people are born with, but rather is a set of learned behaviours that takes strategizing to build. Community support is also an important contributor to the development of resilience.

The following are some practical tips to enhance coping:

- Share your emotions with supporting friends or relatives.
- If you don't feel like talking, write about the incident or draw it. Writing about your experience has been proven to be good for health on several levels – raising immunity and other health measures and improving life functioning.
- Think about joining a support group.
- Psychotherapy by a trauma-trained therapist.
- It is often helpful to visit the scene of the event. Avoiding such reminders only prolongs the duration of stress-related problems. Acceptance is a necessary stage of recovery.
- Take action: work may be comforting and helpful, however, remember to take it easy and do not overload yourself with work as it can only add to the levels of stress. Action brings a sense of control in your life again.

- Create a schedule for your day. Wake up and go to bed at consistent times, eat nutritious meals, exercise, enjoy nature and go outdoors, connect with arts, share meals with family or friends, etc. Structuring your daily activities brings some degree of control over events.
- Make sure you engage in the recovery process: if you do, it makes you a stronger person, if you don't, more troubles are to come.
- Recognize that stress signs can be a normal reaction to an abnormal situation. In daily life, one's coping mechanisms work unconsciously and may go unnoticed. However, they become more noticeable after exposure to a traumatic event. Yet, those signs can only be reactions to trauma and will decrease over time.
- Support others.
- Permit yourself to not know all the answers: take comfort in understanding that the new sense of uncertainty you are experiencing is probably shared by others.
- DO NOT give up hope.
- Avoid making major decisions or big life changes.

To better recover from the negative effects of trauma and return to a normal lifestyle, one needs to know as much as possible about it. Seeing a psychotherapist specializing in trauma is extremely helpful. Psychotherapists help by talking over the event and helping one to better understand the nature of their reactions. Psychiatrists are more prone to prescribe medications, which are indeed necessary in some cases; therapies are offered as well, however, not often. Psychiatrists are also difficult to get in with due to long waiting lists.

When To Seek Professional Help

- Symptoms are more severe or persist longer than people usually experience taking into account the nature of the trauma, three to four weeks being the average time.
- If you are unable to handle the intense feelings or physical sensations.
- If you continue to feel numb and empty.
- Everyday life functioning is significantly impaired.
- Alcohol and other substances are being used to self-medicate.
- If you find that relationships with friends and family is suffering.
- If you are becoming accident-prone.

Psychotherapists will offer a variety of programs targeting the patterns of thoughts surrounding the traumatic incident. They might also target behaviours associated with anxiety-evoking situations via exposure to such situations. Psychiatrists tend to address mental health concerns through prescribing medication, which is an efficient solution, but not always the best one.

Where To Get Help

- Your doctor might refer you to a professional psychologist or psychotherapist according to the situation.
- A psychologist might make use of psychotherapies to modify thoughts surrounding the event to help accept it and recover faster.
- Local community health centres offer professional counsellors and several social workers who can help to relieve the pain and suffering. Certain local community centres also offer several free or reduced-cost crisis counselling sessions.
- Distress centres are mostly available 24 hours, either walk-in or telephone-based. The staff trained employees to help one relieve first reactions to stress and emotional support.

Conclusion

In general terms, psychological reactions to stressful and traumatic life events such as criminal victimization can range from “mild” to “severe”. The research literature indicates that psychological harm inflicted as a result of victimization is that of the same nature as other types of exposure to traumatic incidents, however, the difference is in the degree of severity. Surviving a traumatic experience typically brings a great deal of chaos to one’s life and is very difficult to handle. However, most people do cope and recover eventually. Try to follow the tips provided in this paper to deal with high levels of stress and anxiety. If you find you are still having difficulty coping, contact your family doctor for assistance concerning surviving a traumatic incident.

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