



**2024-25 FALL**

**FORENSIC  
PSYCHOLOGY**

**WEEK 6**

# **Effects of Interpersonal Crime on Victims**

# INTRODUCTION

- **Interpersonal crime** in the form of **violent and sexual victimisation** often begins in **childhood**, but also affects many **adults** – **women and men** – who can be victims of **rape** and/or **intimate partner violence (IPV)**.
- **Victimisation** often have both **short-** and **long term effects** for individuals in a variety of domains, including **physical, psychological, social** and **interpersonal** relationships.

# INTRODUCTION

- **Effects** can also be seen
  - at a **community level**,
  - through **financial costs** (care for victims; criminal justice processes) and
  - **indirect impacts on society** (e.g. fear of crime).

# INTRODUCTION

- **Negative effects** from **childhood** abuse and neglect include
  - **mental health difficulties,**
  - **educational disengagement,**
  - **behavioural difficulties,**
  - increased risks of **further victimisation** and/or
  - becoming a **perpetrator of abuse** of others.
- In **adulthood**, victimisation is often associated with **poorer physical and mental health** outcomes, which can severely impact on the **function and quality of victims' lives.**

# CHILDHOOD VICTIMISATION

- **Physical, sexual and emotional abuse and neglect** can occur either **within or outside the family**.
- **Definitions may vary** according to the **era, cultural context and profession** using them.
- **IPV** was recognised as a form of **emotional abuse** later than other forms of abuse and neglect had become accepted.
- More latterly, definitions have extended to include other areas, such as **female genital mutilation, forced marriage and online grooming**.

# Physical abuse

- **Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm.**
- Physical harm may also be caused when a **parent or carer fabricates the symptoms of, or deliberately induces illness in a child.**

# Sexual abuse

- **Forcing or enticing** a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening...
- **May include non-contact activities**, such as involving children in **looking at**, or in the **production of, pornographic material** or **watching sexual activities**, or **encouraging children** to behave in **sexually inappropriate ways**.



# Emotional abuse

- The **persistent emotional maltreatment** of a child such as to **cause severe and persistent adverse effects** on the child's **emotional development...**
- It may involve seeing or hearing the **maltreatment of another...**
- Some level of **emotional abuse is involved in all types of maltreatment** of a child, though it **may occur alone.**

# Neglect

- The **persistent failure to meet a child's basic physical and/or psychological needs**, likely to result in the **serious impairment** of the child's health or development...
- Neglect **may occur during pregnancy** as a result of **maternal substance abuse**.
- Once a child is **born**, neglect may involve...
  - **failing to protect** a child...
  - or the **failure to ensure access to appropriate medical care or treatment**.
- It may also include **neglect of, or unresponsiveness to**, a child's basic emotional needs.

# Incidence and Prevalence

- **Incidence** refers to the **number of cases reported or detected** within a set period (usually **one year**)
- **Prevalence** is the **number of individuals** who retrospectively **report experiencing maltreatment** during childhood (usually aged **0–18 years for child** maltreatment).
- **Rates** of child abuse and neglect **vary** considerably **depending on sample selection, methodology and definitions.**

**Children under 18 years subject to a child protection plan in England in the year up to 31 March 2015 by type of maltreatment  
(N = 49,690; adapted from Department for Education, 2015)**

	<b>n</b>	<b>%</b>
<b>Neglect</b>	<b>22,230</b>	<b>44.7</b>
<b>Emotional abuse</b>	<b>16,660</b>	<b>33.5</b>
<b>Psychical abuse</b>	<b>4,350</b>	<b>8.8</b>
<b>Sexual abuse</b>	<b>2,340</b>	<b>4.7</b>
<b>Multiple or not recommended</b>	<b>4,110</b>	<b>8.3</b>

# Effects of Childhood Maltreatment



While all forms of maltreatment have been found to have an effect, some studies suggest that **psychological maltreatment or emotional abuse** has the **most negative impact**.

# Effects of Childhood Maltreatment

## Outcome

**Death**

**Physical and mental disability**

**Mental health difficulties (e.g. post-traumatic stress, eating disorders, self-injurious behavior)**

**Physical health difficulties (e.g. sleep disorders, enuresis, encopresis, stress)**

**Emotional difficulties (e.g. low self-esteem, poor self-worth)**

**Behavioral difficulties (e.g., antisocial behavioural, criminal acts, substance misuse)**

**Educational difficulties and failure**

**Impact on social and interpersonal functioning (e.g. relationships with others, attachment difficulties)**

**Risk of further victimisation**

**Long-term effects in adulthood  
following childhood sexual abuse found  
in a review of 25 meta-analyses**

<b>Symptom</b>	<b>Effect size range</b>
Alcohol problems	.07
Anger	.18
Borderline personality disorder	.28
Depression	.12-.22
Dissociation	.09-.19
Eating disorders	.06-.10
Hostility	.11
Interpersonal sensitivity	.10
Interpersonal problems	.19
Obsessive-compulsive symptomatology	.10-.17
Paranoia	.11
Phobia	.12

<b>Symptom</b>	<b>Effect size range</b>
Post-traumatic stress disorder	.20
Psychological adjustment problems	.10-.27
Psychotic symptoms	.11
Self-esteem impairments	.04-.17
Self-mutilation	.20
Sexual adjustment	.09-.18
Sexual promiscuity	.14
Social adjustment	.07
Somatisation	.09-.17
Substance use	.20
Suicidal ideation and behaviour	.09-.22
Traumatic stress symptoms	.25

# In childhood

- Unfortunately, **death** and/or **disability** are the most extreme forms of outcome following **childhood maltreatment**.
- In the US, France and the UK, **most fatalities** occur in children **under the age of 5** years, with the **greatest percentage of deaths** in **infants under 1 year** old with **head injury**, **physical battering** and/or **severe neglect** the most common causes.



# In childhood

- Early studies showed that **boys** were more likely to develop **externalising** symptoms, such as **aggressive behaviour** and **conduct disorders**, while **girls** were more likely to develop **internalising** symptoms such as **depression**.



# Factors Related to Outcomes

- **age** (stage of development),
- **gender**,
- **type**,
- **relationship** to perpetrator,
- **frequency**,
- **severity** of maltreatment.

# Mechanisms for negative outcomes

- **familial trauma** (compared to non-familial trauma or no trauma) is associated with **poorer performance on executive functioning** (e.g. working memory, processing speed)
- children who experienced **physical and sexual abuse before the age of 5 years** and showed **internalising symptoms** were found to have **dysregulation of the emotion and stress pathways, via cortisol production**

# Mechanisms for negative outcomes

- childhood maltreatment did have an **impact on emotion processing** beyond **childhood** and even into **middle adulthood**
- **lower cognitive functioning** (IQ) was associated with greater deficits
- associations between **childhood maltreatment and negative long-term outcomes** have been shown, but the **pathways** by which this occurs continue to **require investigation**

# Negative effects of child maltreatment in adulthood

- In adulthood, long-term effects on **mental and physical health**, as well as **social and emotional functioning** from childhood maltreatment have been demonstrated.
- **Many** of the presenting **difficulties** found in childhood **remain in adulthood**.
- Long-term effects even extend as far as increasing risk of **premature death** in family members (i.e. **under 65 years**), possibly as a **result of chaotic family environments**, with the highest risks occurring in families characterised by **physical neglect, substance misuse and criminality**.

# Negative effects of child maltreatment in adulthood

- Individuals who have been maltreated in childhood may also have an increased **risk of further victimisation** in adulthood through **sexual victimisation and/or intimate partner violence** or **engagement in criminal behaviour**
- Risk of maltreated children becoming **familial abusers** themselves – the so called **“intergenerational cycle of maltreatment” (ICM)**

# Resilience

- some individuals show **resilience and adaptive functioning**
- Resilience is seen as an **individual who is able to show successful functioning** over a number of different domains, such as personal relationships, employment and mental health.
- **Maltreated individuals** may **function well** at some or many points in their lives, but have periods where they **function less well**.

# ADULTHOOD VICTIMISATION

- There are many crimes that occur within society that result in an adult becoming a victim of crime.
- We will focus on two particular crimes: **intimate partner violence**, and **rape** and other forms of **sexual victimisation**.
- **Females are most at risk** of becoming victims of these crimes; however, it is important that male victims of these crimes are not ignored.



# Intimate Partner Violence

- Domestic abuse is “**any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality**”
- The **effects** of physical abuse, psychological abuse, sexual abuse and power/control behaviours have all been shown to impact **negatively upon the victim’s wellbeing.**

# Impact on physical health

## Reported injuries and physical health complaints associated with IPV

Injuries	Physical health complaints
<ul style="list-style-type: none"><li>• Cuts</li><li>• Abrasions</li><li>• Bruising</li><li>• Fractures</li><li>• Sprains</li><li>• Broken teeth</li><li>• Bites</li><li>• Unconsciousness</li></ul>	<ul style="list-style-type: none"><li>• Chronic pain (including neck pain, headaches, migraines, pelvic pain)</li><li>• Central nervous system problems (fainting, seizures)</li><li>• Gastrointestinal symptoms (loss of appetite, nausea)</li><li>• Gastrointestinal disorders (irritable bowel syndrome)</li><li>• Cardiac symptoms (hypertension, chest pain)</li><li>• Urinary symptoms (pain, bladder/kidney infections)</li><li>• Sexual dysfunction</li></ul>

# Impact on mental health

Prevalence of mental health problems in IPV victims	Prevalence (%)	
	Mean	Range
Depression	47.6	17.5-60.6
Suicidality (include attempts and ideation)	17.9	4.6-77.0
Post-traumatic stress disorder	63.8	31.0-84.4
Alcohol dependence	18.5	6.6-44.0
Drug dependence	8.9	7.0-25.0

(Adapted with permission from Golding, 1999)

# Male victims of intimate partner violence

- **One in five men** will experience **physical IPV** during their lifetime.
- **Physical injuries are similar to female victims** with reports of being **kicked, pushed, grabbed** and **punched**, as well as more serious attacks involving **choking (22.2%)** and being **stabbed (1.9%)**.
- However, male victims have been found to be **less likely to suffer physical injuries** than female victims, potentially because of gender differences in **physical size and strength**.

# Male victims of intimate partner violence

- Male victims report **similar mental health issues** to female victims including **depression, post-traumatic symptoms, and suicidal ideation.**
- **Level of violence** was a significant predictor of **post-traumatic stress symptoms.**
- IPV was associated with a greater likelihood of suffering from **psychiatric comorbidity** (two or more psychiatric disorders), a **disruptive disorder** and a **substance misuse** problem.

# intimate partner violence

- **male victims** had an increased likelihood of suffering only **externalising disorders** (e.g. disruptive behaviour disorders and substance misuse problems),
- **female victims** were at an increased risk of suffering **both internalising** (e.g. anxiety disorders) **and externalising** disorders in addition to suicide ideation.
- Furthermore, even when a case is reported, there is a high level of **case attrition** throughout the **criminal justice process**, with Hester, Westmarland, Pearce, & Williamson (2008) showing that only **3%** of cases **resulted in a conviction**.

# Rape and Sexual Victimization

- Although **rape is a violent crime**, a number of studies have demonstrated that approximately **two-thirds of victims do not sustain physical injury requiring medical attention.**
- **Level of violence** (and subsequent injury) may **differ** according to the **level of relationship between the victim and perpetrator.**
- Victims may be **injured both non-genitally and genitally.**

# Impact on physical health

## Summary of reported physical health conditions for victims of sexual assault

### Symptom

- **Gastrointestinal symptoms (including nausea, stomach-ache, colitis, indigestion, lack of appetite)**
- **Pain (including pelvic, back, joint, muscle ache, headache)**
- **Cardiopulmonary symptoms (palpitations, shortness of breath)**
- **Neurologic symptoms (fainting, dizziness, blurred vision)**
- **Sexual/reproductive symptoms (pre-menstrual symptoms, menstrual irregularities, pain during intercourse)**



# Impact on mental health

- Rape has been associated with **PTSD, depression, sleep disturbances, anxiety and fear, substance misuse and social adjustment problems.**
- Victims may also be more **prone to suffering from PTSD** than other victims of **traumatic events.**
- **32% had lifetime PTSD and 12.4% had a current (past six months) diagnosis of PTSD** (Kilpatrick, Amstadter, Resnick, & Ruggiero, 2007)

# Impact on mental health

- Rape victims will develop **PTSD post-assault**, such as suffering from a **prior history of depression and prior alcohol misuse**.
- **Self-blame and maladaptive beliefs** have also been linked with **poorer health outcomes**, in particular, **characterological blame** (blame attributed to the character of the victim).
- **Negative social reactions** from others and **receiving negative or stigmatising responses** have been most strongly related to **PTSD severity**.
- Some **factors** can function to be **protective** against PTSD severity, with the **education level of the victim**, **older age of the victim**, and **disclosing the assault** in more detail associated with **less PTSD severity**.

# Acknowledged and unacknowledged rape victims

- Estimates suggest that of **women** who have been victims of rape, **42–73% do not label** their victimisation **as rape**.
- **Acknowledged and unacknowledged** rape victims did **not differ in their levels of PTSD**.
- **Acknowledged rape victims** did report **more intense health complaints** than unacknowledged victims .
- **Acknowledged rape victims** reported **more PTSD symptomology** than unacknowledged victims.

# Characteristics of the assault

- **increased levels of PTSD** symptomology in **multiply victimised** women compared to **single incident** victims
- **potential differences** between **forcible rape** (where force, injury or threat of either is involved), **incapacitated rape** (involves voluntary intoxication of drugs/alcohol by the victim) and **drug-assisted rape** (involves deliberate intoxication of the victim using drugs/alcohol by the perpetrator)

# Characteristics of the assault

- victims of **forcible rape** have the **highest risk for PTSD and major depressive episode**
- **cluster analysis** based on assault characteristics to develop **three types of rape** characterised as
  - (1) **highest violence,**
  - (2) **alcohol related and**
  - (3) **moderate-severity assaults.**

# Male victims of rape

- Men are more often viewed as the **perpetrator** of sexual crime than the victim.
- The Sexual Offences Act 2003 therefore defines rape as a crime that **both men and women can be a victim** of but that only men can perpetrate.
- Weiss (2010) found that **9% of male** rape victims reported sustaining **physical injury** from the assault.

# Male victims of rape

- Psychological effects of victimisation are **similar to those of female victims** with reports of **depression, PTSD, mood disturbances** and **suicide attempts**.
- Male victims also report issues with sexuality and masculinity such that victims felt a **perceived loss of masculinity** in being subjected to the rape.

# Male victims of rape

- Many male rape victims are **distrustful of seeking help** because of the reactions that they may encounter, foreseeing **homophobic attitudes** (even when the victim is not homosexual) and stereotypical views of the masculine gender role.
- The perception of men and their physical strength often means that a male rape victim may choose **not to disclose their assault** to anyone, increasing their **sense of isolation**.



# SUMMARY

- **Both male and female** victims of childhood maltreatment and adulthood IPV and rape have been shown to **suffer significant physical and psychological effects** as result of their victimisation.
- These effects may manifest themselves **differently** in male and female victims.
- This may be particular true in IPV, where **males** have been shown to exhibit a **narrower range of effects** from victimisation compared to **females** who may suffer from **externalising** and/or **internalising** disorders.

# SUMMARY

- **Recovery** from these effects is **possible** with engagement in **effective interventions**, including treatments that combine both **cognitive and behavioural approaches**, for example, cognitive processing therapy for adult victims diagnosed with PTSD.
- It is important to acknowledge that many individuals do **not show these negative long-term consequences**, but research methodology has meant that the focus until recently was on more negative outcomes.

# SUMMARY

- There has been a growing interest in children and adults who show “**resilience**”, coming from the recognition that many individuals **lead successful lives following maltreating experiences**.
- It is important to **investigate the pathways** by which different outcomes occur in order to **establish interventions and prevention** programmes to **reduce suffering** and the **impact on individuals in childhood and adulthood**, as well as on their **families**, the **community** and **society**.