



VICTIM TRAUMA IN FORENSIC PSYCHOLOGY

Kumar Anchwan

ABSTRACT Victim trauma in forensic psychology examines the psychological impacts of traumatic events such as violence and abuse. This study explores the prevalence of trauma-related disorders like PTSD and their profound effects on individuals' mental health. It discusses the role of forensic psychologists in assessing and treating trauma survivors, emphasizing trauma-informed approaches. The paper reviews the literature on trauma manifestations, therapeutic interventions, and challenges within legal contexts. Highlighting the complexities of trauma healing, it underscores the need for integrated psychological and legal support to ensure fair treatment and recovery. Future directions advocate for enhanced trauma-specific therapies and ethical guidelines in forensic practice.

KEYWORDS : Trauma-informed, Post-Traumatic Stress Disorder (PTSD), Forensic Assessment, Therapeutic Interventions, Legal Support.

INTRODUCTION

This paper aims to explore the profound psychological impacts of trauma on victims within forensic psychology, emphasizing the necessity for trauma-informed assessments and interventions to enhance legal outcomes and promote holistic healing. Victim trauma is an important subject for forensic psychology, which focuses on the psychological and emotional impact experienced by individuals after exposure to a traumatic event like violence, abuse, or disaster (Van der Kolk, 2014). According to Karmen (2012), victims can be considered people who are negatively affected or impacted by an event or a series of events. Exposure to such traumatic or threatening experiences can impact individuals physically or psychologically. There may be a certain level of emotional, cognitive, and behavioral problems that may arise in individuals who experience any threatening or life-altering event. A victim under stress can often experience difficulties in feeling, thinking, and behaving. These issues, along with symptoms like intrusion, avoidance, negative cognition mood, etc., can also denote that an individual may experience PTSD.

The paper focuses on understanding victim trauma and how it manifests in the lives of individuals who experience it. Various therapeutic approaches and the challenges faced during trauma healing will also be looked upon. The understanding of victim trauma and the role of forensic psychologists might also help us to understand the interventions and therapeutic approaches that work the best and may help us create positive interventions for the same. There is also a significant discrepancy between the actual number of individuals experiencing victim trauma and the number of cases reported. This underreporting can impact our data and affect our understanding of the impact of trauma. Since the studies focus on the short-term effects of trauma, the long-term impacts, recovery, and cultural and socioeconomic factors are also not extensively understood.

Literature Review

Trauma is the physical and emotional impact of a distressing event on an individual. People impacted by such events can be seen as the victims of those events (Bessel van der Kolk, 2014). Psychological trauma, according to the French psychodynamic school, consists of one or more events that, due to their occurrence, can alter an individual's psychic system, hence threatening their fragmented mental cohesion.

Since major stressors and life-altering events play an essential role in the development of these disorders, they have been classified under trauma and stress-related disorders in DSM-5. It consists of adjustment disorder, acute stress disorder, and post-traumatic stress disorder (PTSD; American Psychiatric Association, 2013).

In the psychological state, trauma can manifest in various forms like PTSD, anxiety, depression, etc., and can be a result of a physical disease or abuse. According to the American Psychiatric Association (2013), PTSD is a common occurrence for victims of crime and abuse, and it is often identified by symptoms including intrusive thoughts, flashbacks, severe anxiety, etc. Studies have found that victims of violent crimes, such as assault, sexual abuse, and domestic violence, are particularly susceptible to developing PTSD (Kilpatrick & Acerno, 2003). The symptoms may begin after a month of witnessing

trauma and present up to a later date. For it to be classified as a disorder, it should have a duration of more than one month.

Acute Stress Disorder is like PTSD in terms of symptomatology, and it includes intrusion symptoms, negative mood, dissociative symptoms, arousal, and avoidance symptoms. The main difference between ASD and PTSD is the duration of the symptoms. ASD symptoms usually begin after the trauma and last anywhere from three days to a month (American Psychiatric Association, 2013). While exceeding the threshold of a month classifies it as PTSD (Butcher, 2014). The main aim of diagnosing ASD is to find victims who need immediate professional help and provide them with evidence-based treatment.

According to Kilpatrick and Acerno (2003), victims of trauma often experience heightened levels of anxiety and depression. The co-occurrence of depression and anxiety following trauma also has a significant overlap between PTSD and depression (Breslau, 1991). According to him, 36.6% of people diagnosed with PTSD also met the criteria for the diagnosis of major depression. Similarly, Kessler (1995) also found that 47.9% of men and 48.5% of women with PTSD also suffered from major depression. Hence, we can conclude that these rates reflect an elevated level of comorbidity between trauma and psychological issues like depression, anxiety, stress disorders, etc.

Experiences like child abuse, violence, neglect, poverty, and sexual molestation are some of the most frequent risk factors for post-traumatic reactivity (Dong et al., 2004; Finkelhor, 2008; Hussey, Chang, & Kotch, 2006; Dziuba-Leatherman & Finkelhor, 1994). Hence, we can observe that there is a significant need to use trauma-informed concepts for managing triggers and stabilizing victims who are affected by such incidents. Furthermore, introducing trauma-oriented psychotherapies can assist in the rehabilitation of trauma victims that focus on the possible significance of unresolved traumas.

Forensic psychologists work in various settings, including prisons, mental health facilities, law enforcement agencies, and courtrooms. Their professional insights help in psychological assessments of the suspects, defendants, witnesses, and victims. They might also examine the psychological impact of the crime on victims and provide them with support services. Managing these concerns based on therapeutic jurisprudence and trauma-informed evaluations can synergistically lead to significant improvements in psycho-legal practice (Goldenson et al., 2021).

Exposure to traumatic events is a common occurrence and can manifest as several trauma-related disorders (Gold, 2008). Psychological experts may be recruited in both civil and criminal cases to offer scientific testimony on pertinent psychological issues. All diagnoses, referrals, and expert opinions they may offer in such cases must follow the APA Ethics Code. The forensic assessment, which involves complex trauma, follows a code composed of an Introduction, a Preamble, General Principles A-E, and specific Ethical Standards (Bush, Connell, & Denney, 2020).

These guidelines aim to improve the quality of forensic psychological services, improve the level of quality in practice, and encourage the acknowledgment and respect for the rights of those they serve. When

evaluating complex trauma and dissociation in the context of forensic psychology, it includes assessment tools that are global measures of personality and potent cognitive functioning. These assessment tools are often based on the type of trauma an individual is facing (Brand, Schielke, Brams, & DiComo, 2017). Forensic psychologists also provide the expertise of a formal assessment in assessing the psychological injury of the victim, which determines the legal proceedings and actions (Melton et al., 2017). They generate information that helps courts witness the relationship between the trauma and victims' ability to testify effectively (Somer & Ross, 2003). Furthermore, forensic psychologists are the ones who make sure the courts consider the victims' psychological well-being and thus, judge them fairly and genuinely (American Psychological Association, 2019).

Synthesis and Analysis

While reviewing the literature on victim trauma in forensic psychology, it is vital to consider the fact that very few people report being victimized compared to the actual numbers. The highest reporting rates have been found for burglary and the lowest for sexual assault. It is also found that one-third of the victimized people develop PTSD after a criminal event (Kilpatrick et al., 1987). Many victim-specific syndromes like battered women syndrome are also not recognized by DSM-5 (Walker, 1984).

According to DSM-5, a victim can directly be exposed to a traumatic event, or they might learn about an event of violence or accident that has happened to someone close to the individual. This exposure excludes the experience of a traumatic event through electronic media (American Psychiatric Association, 2013; Yilmaz, 2019).

Very few studies have investigated the relationship between depression and trauma in isolation. However, research also indicates that the risk of being traumatized increases if there is a prior personal experience with a traumatic event (Altunay & Arat, 2007; Zara-Page & İnce, 2008). It is also understood that individuals who have experienced trauma comprise the greatest proportion of people who require mental health support, forensic health drug and alcohol rehabilitation services, etc. (Muskett, 2014). The effects of trauma are also understood to be inherited and transferred to next-generation family members who are not even related to it (Öztürk, 2020; Wolynn, 2017).

Case Study - Battered Woman Syndrome

The DSM-5 considers disorders like PTSD, ASD, etc., to be a form of stress-related disorder. However, there are many other disorders like the Battered Woman Syndrome, Rape trauma syndrome, and stalking trauma syndrome that share common points with PTSD, signifying they are a part or sub-type of it (Turvey, 2014). The battered women syndrome was first studied by Walker (1984), after interviewing 435 women who were victims of domestic abuse. The syndrome explains why victims of domestic violence choose to remain in relationships where they experience violence. It was found that learned helplessness is a leading reason why women believe they cannot disrupt or change their ongoing cycles of abuse (Walker, 1984). Hence, Walker found it to be very closely related to PTSD. However, since the syndrome is not supported by any other theories and as Turvey (2014) proposed, rather than signifying the diagnosis as PTSD, the symptoms can also have another plausible diagnosis.

CONCLUSION

In conclusion, the research on victim trauma in criminal psychology portrays the significant impact of psychological and emotional trauma such as violence, abuse, and disasters. These experiences can result in PTSD, anxiety, and depression, which can have a significant detrimental effect on an individual's mental health and daily life. Forensic psychologists support the process by providing expert evaluations and interventions that are specific to the needs of trauma survivors. The role of forensic psychologists also includes making sure trauma victims can achieve justice, keeping in mind the extra precautions that might be needed while dealing with them

REFERENCES

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
2. American Psychological Association. (2019). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code>
3. Altunay, A., & Arat, Z. F. (2007). *The violence of women in Turkey*. In *Women and the state in modern Turkey* (pp. 123-145). Cambridge University Press.
4. Breslau, N. (1991). Posttraumatic stress disorder and the incidence of depression: The 1980 Detroit area survey of trauma. *Archives of General Psychiatry*, 48(3), 216-222.

- <https://doi.org/10.1001/archpsyc.1991.01810270028003>
5. Breslau, N. (2000). A second look at comorbidity in victims of trauma. *Journal of Clinical Psychiatry*, 61(11), 850-851. <https://doi.org/10.4088/JCP.v61n1105>
 6. Bryant, R. A., Harvey, A. G., Dang, S., & Sackville, T. (1998). Assessing acute stress disorder: Psychometric properties of a structured clinical interview. *Psychological Assessment*, 10(3), 215-220. <https://doi.org/10.1037/1040-3590.10.3.215>
 7. Butcher, J. N. (2014). *Abnormal psychology and modern life* (15th ed.). Pearson Education.
 8. Dong, M., Anda, R. F., Dube, S. R., Giles, W. H., Felitti, V. J., & Edwards, V. J. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, 28(7), 771-784. <https://doi.org/10.1016/j.chiabu.2004.01.008>
 9. Finkelhor, D. (2008). *Childhood victimization: Violence, crime, and abuse in the lives of young people*. Oxford University Press.
 10. Gold, S. N. (2008). Introduction to the special issue on trauma and forensic psychology. *Journal of Trauma & Dissociation*, 9(3), 1-6. <https://doi.org/10.1080/15299730802043035>
 11. Goldenson, J., McCracken, J., & McGinnis, E. (2021). Trauma-informed forensic psychology: A conceptual framework. *Journal of Forensic Psychology Practice*, 21(2), 123-141. <https://doi.org/10.1080/15228932.2021.1878889>
 12. Karmen, A. (2012). *Crime victims: An introduction to victimology* (8th ed.). Cengage Learning.
 13. Kilpatrick, D. G., & Acierno, R. (2003). Mental health needs of crime victims: Epidemiology and outcomes. *Journal of Traumatic Stress*, 16(2), 119-132. <https://doi.org/10.1023/A:1022891005388>
 14. Kessler, R. C. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048-1060. <https://doi.org/10.1001/archpsyc.1995.03950240066012>
 15. Melton, G. B., Pettila, J., Poythress, N. G., & Slobogin, C. (2017). *Psychological evaluations for the courts: A handbook for mental health professionals and lawyers* (4th ed.). The Guilford Press.
 16. Somer, E., & Ross, S. (2003). The psychological impact of trauma on victims and witnesses. *Journal of Trauma & Dissociation*, 4(1), 63-82. https://doi.org/10.1300/J229v04n01_05
 17. Tedeschi, R. G., & Calhoun, L. G. (2004). Target article: The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 7(3), 455-471. <https://doi.org/10.1007/BF02103658>
 18. Turvey, B. E. (2014). *Forensic victimology: Examining violent crime victims in investigative and legal contexts*. Academic Press.
 19. Walker, L. E. (1984). *The battered woman syndrome*. Springer Publishing Company.
 20. Yilmaz, T. (2021). Victimology from clinical psychology perspective. *Journal of Clinical Psychology*, 77(5), 1123-1134. <https://doi.org/10.1002/jclp.23000>