

Chapter 3 Consequences of Victimization

Let us revisit Polly, the young woman whose victimization was described in [Chapter 2](#). When we left her, Polly was on her way back home after leaving a bar alone at night, and she was robbed and assaulted by two men. But Polly's story does not end there, and although the incident itself ended, Polly dealt with it for quite some time. Polly made it home safely; she entered her apartment, locked her door, and started to cry. She felt scared and alone, and her head was hurting. She told one of her roommates, who was home when she returned, what happened. Her roommate, Rachel, told her she should call the police and have someone look at her head. Polly was hesitant—after all, she did not know what to expect—but she really wanted to make sure that the men were caught, so she called the police and told the dispatcher what had occurred.

The police and emergency personnel arrived. She was taken to the hospital for her head injury and was released after receiving 10 stitches. Before she could go home, though, the police wanted to take her statement. They questioned her for more than an hour, asking minute details about what happened and about the offenders. They also asked her why she was walking home alone at night. The police officers left her with assurances that they would do everything they could to identify her attackers.

The days passed, and Polly had a hard time forgetting about the men and what had transpired. She was having a hard time getting out of bed. In fact, she missed several days of class. She found herself avoiding going out alone at night. She felt as though her life had taken an unexpected, unwanted, and frightening turn—one that she was worried would forever alter her life. Polly's concerns, like others', were most likely not unfounded.

Physical Injury

Clearly, when people suffer personal victimizations, they are at risk of **physical injury**. These injuries can include bruises, soreness, scratches, cuts, broken bones, contracted diseases, and stab or gunshot wounds. Some of these injuries may be temporary and short-lived, whereas others can be long-lasting or permanent.

According to data from the National Crime Victimization Survey (NCVS) in 2008, 21% of assault victims sustained physical injuries. Those who experienced robbery were more likely to be injured; 37% of robbery victims suffered physical injury. A larger percentage of female victims were injured than male victims, although the differences were not large. For example, 24% of female assault victims compared with 19% of male assault victims reported being injured (Bureau of Justice Statistics [BJS], 2011). There appears to be a difference in injury for racial groups as well. For both assault and robbery, injuries were present in a larger percentage of Black victims than White victims (BJS, 2011). The victim-offender relationship was also related to injury—incidents perpetrated by nonstrangers were more likely to result in injury than those perpetrated by strangers (27% for assault and 39% for robbery) (BJS, 2011). In addition, the most recent provisional National Health Service (NHS) data available on assault admissions to hospitals in England show that, for the 12 months ending April 2015, there were 28,992 hospital admissions for assault (Office for National Statistics, 2015).

The most serious physical injury is, of course, death. Although the NCVS does not measure murder—remember, it asks people about their victimization experiences—the Uniform Crime Reports (UCRs) can be used to find out the extent to which deaths are attributable to murder and nonnegligent manslaughter. In 2015, UCR figures showed that 15,696 murders were brought to the attention of the police (FBI, 2015f). The majority of murder victims were male (79%) (FBI, 2015g). Just more than half of murder victims were Black and 44% were White (FBI, 2015h), and 21% were murdered by an acquaintance (FBI, 2015i). Almost three-fourths of the homicides that involved a weapon were gun related (FBI, 2015j). The most common circumstance surrounding a murder is an argument—23% of the homicides for which the circumstances were known resulted from an argument (FBI, 2015k).

Mental Health Consequences and Costs

People differentially respond to trauma, including victimization. Some people may cope by internalizing their feelings and emotions, whereas others may experience externalizing responses. It is likely that the way people deal with victimization is tied to their biological makeup, their interactional style, their coping style and resources, and the context in which the incident occurs and in which they operate thereafter. Some of the responses can be quite serious and long-term, whereas others may be more transitory.

Three affective responses that are common among crime victims are depression, reductions in self-esteem, and anxiety. The way in which **depression** manifests itself varies greatly across individuals. It can include symptoms such as sleep disturbances, changes in eating habits, feelings of guilt and worthlessness, and irritability. Generally, depressed persons will experience a decline in interest in activities they once enjoyed, a depressed mood, or both. For youth, depression is a common outcome for those who are victimized by peers, such as in bullying (Sweeting, Young, West, & Der, 2006). With the advent of technology and the widespread use of the Internet, recent research has explored online victimization and its effects. Online victimization is related to depressive responses in victims (Tynes & Giang, 2009).

Victimization may be powerful enough to alter the way in which a crime victim views himself or herself. Self-esteem and self-worth both have been found to be reduced in some crime victims, particularly female victims. In one study of youths in Virginia, Amie Grills and Thomas Ollendick (2002) found that, for girls, being victimized by peers was associated with a reduction in global **self-worth** and that their self-worth was related to elevated levels of anxiety. There may also be a difference in crime's impact on self-appraisals based on the type of victimization experienced. For example, victims of childhood sexual abuse are likely to suffer long-term negative impacts to their **self-esteem** (Beitchman et al., 1992). Sexual victimization also has been linked to reductions in self-esteem (Turner, Finkelhor, & Ormrod, 2010). Beyond victimization of females, research has also found that victimization among older Americans (those 50 years of age and older) is also related to reductions in self-esteem and self-efficacy for African Americans (DeLisi, Jones-Johnson, Johnson, & Hochstetler, 2014).

Anxiety is another consequence linked to victimization. Persons who suffer from anxiety are likely to experience a range of emotional and physical symptoms. Much like depression, however, anxiety affects people differently. Most notably, anxiety is often experienced as irrational and excessive fear and worry, which may be coupled with feelings of tension and restlessness, vigilance, irritability, and difficulty concentrating. In addition, because anxiety is a product of the body's fight-or-flight response, it also has physical symptoms. These include a racing and pounding heart, sweating, stomach upset, headaches, difficulty sleeping and breathing, tremors, and muscle tension (Dryden-Edwards, 2007).

Focus on Research

Research on the physical and mental health consequences of victimization has established that victimization can have short- and long-term effects. Leana Bouffard and Maria Koeppl (2014) recently discovered that experiencing repeated bullying in childhood before the age of 12 is linked to poor outcomes in early adulthood. They found that when respondents were between the ages of 18 and 23, those who experienced this specific type of victimization experienced worse negative mental health, were more likely to be homeless during the previous 5 years, and to have poor or fair physical health. What do these findings mean for policy? Given these findings, what should teachers, health care professionals, or others who interact with children do for those who experience bullying?

Source: Bouffard, L. A., & Koeppl, M. D. H. (2014). Understanding the potential longterm physical and mental health consequences of early experiences of victimization. *Justice Quarterly*, 31, 568–587.

Although anxiety that crime victims experience may not escalate to a point where they are diagnosed with an anxiety disorder by a mental health clinician, victimization does appear to be linked to anxiety symptoms. For example, adolescents who experience victimization by their peers experience anxiety at higher levels than nonvictimized adolescents (Storch, Brassard, & Masia-Warner, 2003). The relationship between anxiety and victimization is likely complex in that victimization can lead to anxiety, but anxiety and distress are also precursors to victimization (R. S. Siegel, La Greca, & Harrison, 2009). Some victims do experience mental health consequences tied to anxiety that lead to mental health diagnoses.

Post-Traumatic Stress Disorder

One of the recognized disorders associated with a patterned response to trauma, such as victimization, is **post-traumatic stress disorder (PTSD)**. Commonly associated with individuals returning from war and combat, PTSD is a psychiatric condition that recently has been recognized as a possible consequence of other traumatic events, such as criminal victimization. Currently classified by the American Psychiatric Association in the *DSM-V* as an anxiety disorder, PTSD is diagnosed based on several criteria outlined in detail in [Table 3.1](#). A person must have experienced or witnessed a traumatic event that involved actual or threatened death or serious injury to oneself or others, or threat to the physical integrity of oneself or others. The person must have experienced fear, helplessness, or horror in response to the event and then reexperienced the trauma over time via flashbacks, nightmares, images, and/or reliving the event. The person must avoid stimuli associated with the traumatic event and may experience numbness of response, such as lack of affect and reduced interest in activities. Finally, PTSD is characterized by hyperarousal.

For persons 6 years old and older.

1. **Exposure to traumatic event:** A person has been exposed to death or threatened death, injury or sexual violence in at least one of the following ways:
 - a. Directly experiencing event.
 - b. Witnessing, in person, the event happening to others
 - c. Learning that a close family member or friend experienced the traumatic event. If the event was an actual or threatened death of a family member or friend, it must be violent or accident.
 - d. Experiencing repeated or extreme exposure to aversive details of the event. This criterion does not apply to exposure through electronic media, television, movies or pictures, unless occurring through work.
2. **Intrusion symptoms:** Presence of at least one intrusion symptom connected to the traumatic event, which started after experiencing the event:
 - a. Recurrent, involuntary, and intrusive distressing memories of the event
 - b. Recurrent distressing dreams in which the content or affect of the dream is related to the event
 - c. Dissociative reactions such as flashbacks that make the person feel as though the event is recurring
 - d. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble a component of the event
 - e. Marked physiologic reactivity to internal or external cues that symbolize or resemble a component of the traumatic event
3. **Negative alterations in cognitions and mood** associated with the traumatic event that begin or worsen after the event occurred. Must experience at least two of the following:
 - a. Inability to recall an important aspect of the event
 - b. Persistent and exaggerated negative beliefs or expectations about self, others, or the world
 - c. Persistent, distorted cognitions about the cause or consequences of the event that lead the individual to blame self or others
 - d. Markedly diminished interest or participation in significant activities
 - e. Feelings of detachment or estrangement from others
 - f. Persistent inability to experience positive emotions
4. **Marked alterations in arousal and reactivity** associated with the traumatic event that begins or worsens after the event. Must experience at least two of the following:
 - a. Recklessness or self-destructive behavior
 - b. Irritable behavior and angry outbursts
 - c. Hypervigilance
 - d. Exaggerated startle response
 - e. Problems with concentration
 - f. Sleep disturbances

In order for PTSD to be diagnosed, the symptoms in Sections 2, 3, and 4 must be experienced for more than one month and must cause clinically significant distress or impairment in social, occupational, or other functional areas. The disturbance must not be attributable to the physiological effects of a substance or another medical condition.

Source: Reprinted with permission from *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*. Copyright © 2013. American Psychiatric Association. All rights reserved.

In order for PTSD to be diagnosed, symptoms must be experienced for more than 1 month and must cause clinically significant distress or impairment in social, occupational, or other functional areas (American Psychiatric Association, 2000). As you may imagine, PTSD can be debilitating and can impact a victim's ability to heal, move on, and thrive after being victimized. About 8% of Americans will experience PTSD, although women are more likely than men to experience this disorder (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). The traumatic events most likely to lead to PTSD for men are military combat and witnessing a serious injury or violent death. Women, on the other hand, are most likely to be diagnosed with PTSD related to incidents of rape and sexual molestation (Kessler et al., 1995).

Although it is difficult to know how common PTSD is among crime victims, some studies suggest that PTSD is a real problem for this group. The estimate for PTSD in persons who have been victimized is around 25%. Lifetime incidence of PTSD for persons who have not experienced a victimization is 9%. Depression also commonly co-occurs in victims who suffer PTSD (Kilpatrick & Acierno, 2003). Research has shown that victims of sexual assault, aggravated assault, and persons whose family members were homicide victims are more likely than other crime victims to develop PTSD (Kilpatrick & Tidwell, 1989). In support of this link, the occurrence of PTSD in rape victims has been estimated to be almost 1 in 3 (Kilpatrick, Edmunds, & Seymour, 1992).

Self-Blame, Learned Helplessness, and the Brain

Victims of crime may blame themselves for their victimization. One type of **self-blame** is **characterological self-blame**, which occurs when a person ascribes blame to a nonmodifiable source, such as one's character (Janoff-Bulman, 1979). In this way, characterological self-blame involves believing that victimization is deserved. Another type of self-blame is **behavioral self-blame**, which occurs when a person ascribes blame to a modifiable source—behavior (Janoff-Bulman, 1979). When a person turns to behavioral self-blame, a future victimization can be avoided as long as behavior is changed.

In addition to self-blame, others may experience learned helplessness following victimization. **Learned helplessness** is a response to victimization in which victims learn that responding is futile and become passive and numb (Seligman, 1975). In this way, victims may not activate to protect themselves in the face of danger and, instead, stay in risky situations that result in subsequent victimization experiences. Although learned helplessness as originally proposed by Seligman is not alone sufficient in explaining victimization, research on animals shows that exposure to inescapable aversive stimuli (such as shocks to rats' tails) is related to behavioral changes that are likely related to fear—changes in eating and drinking, changes in sleep patterns, and not escaping future aversive stimuli when possible. These behavioral changes are linked to changes in brain chemistry, and researchers have hypothesized that these are similar to the neurochemical and behavioral changes seen in humans who suffer from major depressive disorders (Hammack, Cooper, & Lezak, 2012). In this way, then, it is possible that people who have been exposed to serious trauma and who interpret this trauma as being unavoidable may become depressed and experience behavioral changes that are then linked to future risk of victimization.

Economic Costs

Not only are victimologists concerned with the impact that being a crime victim has on an individual in terms of health, but they are also concerned with the **economic costs** incurred by both the victim and the public. In this sense, victimization is a public health issue. Economic costs can result from property losses; monies associated with medical care; time lost from work, school, and housework; pain, suffering, and reduced quality of life; and legal costs. In 2008, the NCVS estimated the total economic loss from crimes at \$17.4 trillion. The NCVS also shows that the median dollar amount of loss attributed to crime was \$125 (BJS, 2011). Although this number may appear to be low, it largely represents the fact that the typical property crime is a simple larceny-theft. Other research estimating the costs of specific types of victimization has estimated that the total costs of victimizations range from an average of \$9,540 for a motor vehicle theft to \$157,500 for a rape (in 2010 dollars) (Chalfin, 2016).

Direct Property Losses

Crime victims often experience tangible losses in terms of having their property damaged or taken. Generally, when determining **direct property losses**, the value of property that is damaged, taken, and not recovered, and insurance claims and administration costs are considered. According to the NCVS, in 2008, 94% of property crimes resulted in economic losses (BJS, 2011). In one of the most comprehensive reports on the costs of victimization—sponsored by the National Institute of Justice—Ted Miller, Mark Cohen, and Brian Wiersema (1996) estimated the property loss or damage experienced per crime victimization event. These estimates were used by Brandon Welsh and colleagues (2008) in their article on the costs of juvenile crime in urban areas. They found that arson victimizations resulted in an estimated \$15,500 per episode. Motor vehicle theft costs about \$3,300 per incident. Results from the NCVS show that personal crime victimizations typically did not result in as much direct property loss. For example, only 18% of personal crime victimizations resulted in economic loss. Rape and sexual assaults typically resulted in \$100 of property loss or property damage. It is rare for a victim of a violent or property offense to recover any losses. Only about 29% of victims of personal crime and 16% of victims of property crime recover all or some property (BJS, 2011).

Medical Care

To be sure, many victims would gladly suffer property loss if it meant they would not experience any physical injury. After all, items can be replaced and damage repaired. Physical injury may lead to victims needing medical attention, which for some may be the first step in accumulating costs associated with their victimization. **Medical care costs** encompass such expenses as transporting victims to the hospital, doctor care, prescription drugs, allied health services, medical devices, coroner payments, insurance claims processing fees, and premature funeral expenses (T. R. Miller, Cohen, & Wiersema, 1996).

Results from the NCVS indicate that in 2008, 542,280 violent crime victims received some type of medical care. Of those victims who received medical care, slightly more than one-third received care in the hospital emergency room or at an emergency clinic and 9% went to the hospital. Receiving medical care often results in victims incurring medical expenses. Almost 6% of victims of violence reported having medical expenses as a result of being victimized. About 63% of injured victims had health insurance or were eligible for public medical services (BJS, 2011).

Costs vary across types of victimization. For example, the annual cost of hospitalizations for victims of child abuse is estimated to be \$6.2 billion (Prevent Child Abuse America, 2000). Medical treatment for battered women is estimated to cost \$1.8 billion annually (Wisner, Gilmer, Saltman, & Zink, 1999). Per-crime-victimization medical care costs also have been estimated. Assaults in which there were injuries cost \$1,470 per incident. Drunk-driving victims who were injured incurred \$6,400 in medical care costs per incident (T. R. Miller et al., 1996).

Gun violence is associated with substantial medical costs for victims. Although most crime victims do not require hospitalization, even if they are treated in the emergency room, a report on gun violence published by the Office for Victims of Crime showed that gunshot victims make up one-third of those who require hospitalization (as cited in Bonderman, 2001). Persons who are shot and admitted to the hospital are likely to face numerous rehospitalizations and incur medical costs throughout their lifetimes. In this same report, it was shown that in 1994, the lifetime medical costs for all victims of firearm injuries totaled \$1.7 billion. Spinal cord injuries are particularly expensive, with average expenses for first-year medical costs alone totaling more than \$217,000. The average cost per victim of violence-related spinal cord injury is more than \$600,000 (as cited in Bonderman, 2001).

Photo 3.1 The victim of a gunshot receives CPR in the emergency room.



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Mental Health Care Costs

When victims seek mental health care, this also adds to their total cost. It is estimated that between 10% and 20% of total **mental health care costs** in the United States are related to crime (T. R. Miller et al., 1996). Most of this cost is a result of crime victims seeking treatment to deal with the effects of their victimization. Between one-quarter and one-half of rape and child sexual abuse victims receive mental health care. As a result, sexual victimizations, of both adults and children, result in some of the largest mental health care costs for victims. The average mental health care cost per rape and sexual assault is \$2,200, and the average for child abuse is \$5,800. Victims of arson who are injured incur about \$10,000 of mental health care expenditures per victimization. Secondary victimization, which is discussed in detail in a later section, is also associated with mental health care costs. The average murder results in between 1.5 and 2.5 people receiving mental health counseling (T. R. Miller et al., 1996).

Losses in Productivity

Persons who are victimized may experience an inability to work at their place of employment, complete housework, or attend school. Not being able to do these things contributes to the total **lost productivity** that crime victims experience. In 2008, about 7% of persons in the NCVS who said they were violently victimized lost some time from work. About the same percentage of victims of property offenses lost time from work. Some victims are more prone to miss work than others. For example, almost one-tenth of burglary victimizations cause victims to miss at least one day of work. Data from the NCVS show that 9% of robbery victimizations resulted in victims missing more than 10 days of work (BJS, 2011), whereas victims of intimate partner violence lost almost 8 million paid days of work annually (Centers for Disease Control and Prevention, 2003). Employers also bear some costs when their employees are victimized; victimized employees may be less productive, their employers may incur costs associated with hiring replacements, and employers may experience costs dealing with the emotional responses of their employees. Parents also may suffer costs when their children are victimized and they are unable to meet all their job responsibilities as a result of doing things such as taking the child to the doctor or staying home with the child (T. R. Miller et al., 1996).

Pain, Suffering, and Lost Quality of Life

The most difficult cost to quantify is the pain, suffering, and loss of quality of life that crime victims experience. When these elements are added to the costs associated with medical care, lost earnings, and programs associated with victim assistance, the cost to crime victims increases 4 times. In other words, this is the largest cost that crime victims sustain. For example, one study estimated the cost of out-of-pocket expenses to victims of rape to be slightly less than \$5,100. The crime of rape, however, on average, costs \$87,000 when its impact on quality of life is considered (T. R. Miller et al., 1996).

Another cost that crime victims may experience is a change in their routines and lifestyles. Many victims report that after being victimized, they changed their behavior. For example, victims of stalking may change their phone numbers, move, or change their normal routines. Others may stop going out alone or start carrying a weapon when they do so. Although these changes may reduce risk of being victimized again, for victims to bear the cost of crime seems somewhat unfair. Did Polly sustain any of these costs?

System Costs

The victim is not the only entity impacted economically by crime. The United States spends an incredible amount of money on criminal justice. When including **system costs** for law enforcement, the courts, and corrections, the direct expenditures of the criminal justice system are more than \$214 billion annually (BJS, 2006b). The criminal justice system employs more than 2.4 million persons, whose collective pay tops \$9 billion. Obviously, crime is big business in the United States!

Insurance companies pay about \$45 billion annually due to crime. The federal government also pays \$8 billion annually for restorative and emergency services for crime victims. There are other costs society must absorb as a result of crime. For example, it costs Americans when individuals who are not insured or are on public assistance are victimized and receive medical care. The U.S. government covers about one-fourth of health insurance payouts to crime victims. Gunshot victims alone cost taxpayers more than \$4.5 billion dollars annually (Headden, 1996). These costs are not distributed equally across society. Some communities have been hit especially hard by violence—gun violence in particular. Some 96% of hospital expenses associated with gun violence at King/Drew Medical Center in Los Angeles are paid with public funds (as cited in Bonderman, 2001). We discuss in [Chapter 5](#) just how these costs are paid and who pays them.

Vicarious Victimization

It is not only the victim and the system that are saddled with costs. The effects that victimization has on those close to the victim are also critical in understanding the total impact of crime. So far, we have discussed how a victim may need medical care, may seek mental health counseling, may lose time from work, and may have a less full life after being victimized. But what happens to those who love and care about these victims? Does witnessing a loved one go through victimization also exact a price?

The effects that victimization has on others are collectively known as **vicarious victimization**. Vicarious victimization has been most widely studied in regard to **homicide survivors**—people whose loved ones have been murdered—given the profound effect that homicide has on family members, even when compared with nonhomicide deaths. Homicide deaths are almost exclusively sudden and violent. Surviving family members often experience guilt about not being able to prevent the death. The involvement of the criminal justice system also adds an element to the response family members have, and there is often a feeling that others view the death as at least partly the victim's fault.

The studies on homicide survivors have largely found that they experience many of the same post-trauma symptoms that crime victims themselves experience. One study found that almost one-quarter of homicide-surviving family members developed PTSD after the murder of their family member (as cited in Kilpatrick, Amick, & Resnick, 1990). The disorder and PTSD symptomology are often not transient, with homicide survivors exhibiting PTSD symptoms for up to 5 years

following the murder (Redmond, 1989). Being a homicide survivor also may be related to greater PTSD symptoms than being a victim of a crime such as rape (Amick-McMullan, Kilpatrick, & Veronen, 1989). Also interesting, homicide survivors experience higher levels of PTSD than do family members who lose a loved one through means other than homicide, such as accidentally (Applebaum & Burns, 1991). PTSD is not the only psychological response that homicide survivors show. They also have higher levels of distress, depression, anxiety, and hostility than persons who have not experienced trauma (Thompson, Kaslow, Price, Williams, & Kingree, 1998).

Photo 3.2 Support groups for family members of murdered people can help with the trauma.



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In addition to psychological responses, homicide survivors may exhibit behavioral consequences. Parents whose children die via homicide are more likely to exhibit suicidal ideation than parents whose children commit suicide or die accidentally (Murphy, Tapper, Johnson, & Lohan, 2003). Other homicide survivors may exhibit lifestyle changes by avoiding places and activities—either because they are fearful or anxious or because they no longer feel able to participate in activities that are reminiscent of times spent with their now-deceased loved one. Homicide survivors also evince feelings of vulnerability, loss of control, loss of meaning, and self-blame. As you can now be certain, criminal victimization has wide-reaching effects on the victim, the system, and others.

Another form of vicarious victimization occurs when a person is traumatized by the coverage violent acts receive through media or other outlets that provide information. This type of vicarious victimization is likely to occur when seven factors are present: (1) realistic threat of death to all members of the community, (2) extraordinary carnage, (3) strong community affiliation, (4) witnessing of event by community members, (5) symbolic significance of victims to community, (6) need for rescue workers, and (7) significant media attention (M. A. Young, 1989). Given these factors, traumatic events that do not directly affect a person or a person's loved ones may also cause harm such as PTSD. Events such as the terrorist attacks on September 11, 2001, are prime examples of traumas that can produce lasting, harmful consequences to people exposed to them. Other events, such as a serial killer operating in a community, may also be a form of vicarious victimization that can produce PTSD in community members (Herkov & Biernat, 1997). You will read more about homicide victims in [Chapter 6](#).

Reporting

All the consequences and outcomes we have discussed thus far are impacted by the victim **reporting** the offense to the police. Reporting may intensify some of these consequences, may moderate some of the impact, or may be somewhat unrelated to the victim's experiences after the incident occurs. Reporting is important for several reasons. One important factor about reporting to the police is that it is the first essential step in activating the formal criminal justice system. Without a report to the police, the victim is left to deal with the aftermath through other channels, and the police will never begin an investigative process. Without this first critical step, it is extremely unlikely that an offender will ever be caught. When an offender "gets away" with crime, it can have important consequences. When this occurs, the offender is learning that he or she can continue to freely offend—perhaps even against the same person or household. Conversely, an arrest or real threat of arrest may deter potential offenders.

Victims may also be negatively impacted if they do not report. Many victims' services, as discussed in [Chapter 5](#), are available only for victims who notify the police about their incident. For example, many district attorneys' offices have victim advocates, whose job it is to help victims navigate the criminal justice system and assist them with other programs such as receiving victim compensation. The ability to use these services is typically conditioned on reporting because the district attorney's office would not even know about a crime victim who did not first come forward.

With all these benefits to reporting, it is easy to forget that slightly less than half of all violent crime victims and just more than one-third of property crime victims notify the police (Truman & Morgan, 2016). In 2016, more than 60% of all robbery and aggravated assault victims and slightly less than one-third of all rape and sexual assault victims reported their incidents to the police.

Reporting varies by crime type, but it also varies according to other characteristics (Langton, Berzofsky, Krebs, & Smiley-McDonald, 2012). Generally, violence against women and violence against older persons is more likely to come to the attention of the police than violence against men and younger persons. Victimization that result in the victim suffering an injury are more likely to be reported than those that do not result in injury. When an offender is armed and/or a stranger, the victim is more likely to call the police (Langton et al., 2012).

Besides these incident characteristics, victims also give tangible reasons for not reporting their incidents to the police. Overall, the most common reasons given by victims of violence for why they do not report include that the victimization was a private or personal matter, that it was dealt with in another way such as reporting it to another official, that the victimization was not important enough to report to the police, that the police would not or could not do anything to help, or for fear of reprisal or getting the offender in trouble (Langton et al., 2012). [Table 3.2](#) shows the reasons victims give for not reporting to the police for different victimization types. But some victims do in fact bring their incidents to the attention of the police. Most commonly, victims of violence report their incidents to prevent future violence, to stop the offender, because it was a crime, and to protect others (BJS, 2006a). [Table 3.3](#) shows the common reasons that victims do report for different victimization types.

Reasons for Not Reporting	Type of Crime							
	Rape/Sexual Assault	Robbery	Aggravated Assault	Simple Assault	Personal Larceny	Household Burglary	Motor Vehicle Theft	Theft
Dealt with in another way/ personal matter	20%	20%	31%	38%	17%	12%	16%	16%
Not important enough to victim to report	6	13	16	21	24	27	26	31
Police would not or could not help	13	34	17	14	43	40	30	35
Fear of reprisal or getting offender in trouble	28	10	22	11	2	4	7	3
Other reason or not one most important reason	33	23	15	17	14	17	21	16

Source: Langton, L., Merzofsky, M., Krebs, C., & Smiley-McDonald, H. (2012). *Victimizations not reported to the police, 2006-2010*. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.

Reasons for Reporting	Type of Crime						
	Rape/Sexual Assault	Robbery	Assault	Purse Snatching/ Pocket Picking	Household Burglary	Motor Vehicle Theft	Theft
Stop or prevent incident	15.4%	8.6%	28.5%	10.3%	11.3%	5.3%	9.3%
Needed help due to injury	7.3	1.6	2.9	6.0	0.1	0.0	0.6
To recover property	2.4	15.2	0.3	30.9	18.0	35.5	23.6
To collect insurance	0.0	1.5	0.5	0.0	3.0	6.2	4.0
To prevent further crimes by offender against victim	16.8	20.0	21.9	10.7	12.3	5.4	8.0
To prevent crime by offender against anyone	2.5	13.2	8.2	3.3	7.9	6.8	6.5
To punish offender	13.8	5.9	6.6	0.0	5.5	5.0	4.5
To catch or find offender	11.6	9.3	4.2	9.9	8.6	6.7	6.6
To improve police surveillance	4.1	3.3	2.7	8.4	9.3	5.3	7.1
Duty to notify police	4.1	7.4	4.8	5.7	6.8	4.9	7.3
Because it was a crime	12.8	11.1	14.2	14.8	15.2	19.1	20.7
Other	4.1	2.1	3.9	0.0	1.5	0.9	2.1

Source: Bureau of Justice Statistics (2006a).

For victims of property crime, the most common reasons given for not bringing the incident to the attention of the police are that the object was recovered/the offender was unsuccessful, feeling the police would not want to be bothered, or lack of proof. Property crime victims were motivated to report because they wanted to recover stolen property, because it was a crime, and to prevent further crimes against them by the offender (BJS, 2006a).

Fear of Crime

Another cost associated with victimization is fear. Fear is an emotional response to a perceived threat (Ferraro & LaGrange, 1987). Physiologically, when people experience fear, their body activates to alert them to danger. These bodily responses are associated with the autonomic nervous system being activated—heart rate increases, pupils dilate, digestion slows, blood supply to muscles increases, breathing rate increases, and sweating increases (Fishbein, 2001). These physiological changes occur so that in the face of danger, a person can fight or flee. **Fear of crime** is different than **perceived risk** of being a victim. Perceived risk is the perceived likelihood that a person feels that he or she will become a crime victim. Perceptions of risk are related to fear in that those people who perceive their risk to be high generally have higher levels of fear of crime than those who do not perceive their risk of victimization to be high (May, Rader, & Goodrum, 2010; Warr, 1984).

As you may imagine, fear is difficult to measure. How do you know whether someone is more fearful of crime than another person? Would you simply ask someone, or do you think looking for other indications of fear would be better? One of the most common ways to measure fear of crime is by asking individuals on surveys, “How safe do you feel or would you feel being out alone in your neighborhood?” (Ferraro & LaGrange, 1987). One problem with this question is that the respondent is not asked specifically about fear or being afraid. In addition, asking about how safe someone feels being alone in his or her neighborhood at night may not capture the types of criminal behavior of which a person is fearful. Another common question asked of survey participants is “Is there any area around here—that is, within a mile—where you would be afraid to walk alone at night?” Although this question does ask specifically about being afraid, it does not ask the respondent to consider being afraid of crime. Also, the question vaguely references “around here ... within a mile,” which covers a wide range. Finally, many people may be unlikely to walk alone at night, therefore the question may fail to capture events that an individual is likely to face. A better question that has been commonly used in more frequent research is “How afraid are you of becoming the victim of [separate offenses] in your everyday life?” (Warr & Stafford, 1983). This question asks about how afraid the respondent is, makes a specific reference to crime, and uses the phrase “in your everyday life” so that respondents will reference their daily routines and realities.

Now that you know how fear is measured, let’s consider who is fearful of being a victim of crime. One thing to consider is that persons do not have to be victims of crime to be fearful. In fact, research shows that some groups who are actually less likely to be victimized than others have higher levels of fear of crime than those with higher risks of victimization. For example, females generally report higher levels of fear of crime than do males (Ferraro, 1995, 1996; Haynie, 1998; May et al., 2010; Rountree, 1998). Older people also have greater fear levels, but this depends on question wording. When asked about specific worry about specific crime types, younger persons tend to express greater fear levels (Jackson, 2009).

For females, this elevated fear of crime has been attributed to their overarching fear of sexual assault. What is interesting is that, in general, women note that their real risk of being raped or sexually assaulted is actually low compared to other crimes, but that they fear rape at greater levels. Known as the “shadow hypothesis,” this fear of sexual assault actually serves to increase females’ fears of other types of crimes (Ferraro, 1995, 1996; Warr, 1985; P. Wilcox, Jordan, & Pritchard, 2006). Not all women are fearful, of course. Those women who feel as though they are unable to defend themselves from rape and sexual violence, who believe that sexual violence comes with serious negative consequences, and who think that becoming a victim of sexual violence is likely (Custers & Van den Bulck, 2013) are more fearful than others.

Other factors have been tied to experiencing fear of crime. One element that has been linked to fear is the level of **incivilities** in an area. Incivilities are low-level breaches of community standards that indicate erosion of conventionally accepted norms and values (LaGrange, Ferraro, & Supancic, 1992). These can be **physical incivilities**, which are disordered physical surroundings such as litter, trash, and untended property. They can also be **social incivilities**, which are untended people or behavior such as rowdy youth, loiterers, and people drinking. Research on incivilities shows that incivility is related to people’s perceived risk of crime, and risk of crime is related to fear (LaGrange et al., 1992). Other research on incivilities shows that incivilities predict fear of burglary, vandalism, and panhandling (Ferraro, 1996). It may be crime itself that influences fear of crime. Research shows that burglary rates within a neighborhood influence fear of crime in the United States (R. B. Taylor, 2001) as do crime rates in a person’s own neighborhood among New Zealanders (Breetzke & Pearson, 2014), and crime rates among those in the United Kingdom (Brunton-Smith & Sturgis, 2011). Incivilities also may play a role in how people perceive their risk of victimization. In research examining both crime and disorganization, burglary rates and neighborhood incivilities had direct effects on perceived risk of crime (Rountree & Land, 1996).

Being fearful may be good if it leads people to protect themselves while still enjoying their life. Research on fear of crime shows that people, in response to fear, may engage in avoidance behaviors. **Avoidance behaviors** (also called constrained behaviors) are restrictions that people place on their behavior to protect themselves from harm, such as staying home at night. Others may engage in **defensive behaviors** or **protective behaviors** to guard themselves from victimization, such as purchasing a gun or installing security lights (Ferraro & LaGrange, 1987). Indeed, research shows that over half of all gun owners report that they own their gun for self-protection (see Hauser & Kleck, 2013). Interestingly, research by Will Hauser and Gary Kleck (2013) shows that buying a gun does not reduce levels of fear. Although having some level of fear is likely good, for it serves to properly activate people in the face of danger and to caution people to engage in protective behaviors, exaggerated levels of fear can be problematic. People may effectively sever themselves from the outside world and not engage in activities they find enjoyable—in short, fear may paralyze some people. What also may happen is that engaging in avoidance behaviors may increase a person’s fear levels (Ferraro, 1996). What this means is that the behaviors that people engage in to protect themselves from harm may actually serve to make them feel *less safe*.

Summary

- The potential consequences and costs to crime victims are plenty and occur over the short and long term. These costs include economic costs as well as costs to their functioning and health.
- A small proportion of crime victims experience physical injury, and most do not receive medical care. Victims of violence, particularly gun violence, are likely to need medical assistance. Female victims, Black victims, and those victimized by a nonstranger are more likely than other victims to experience an injury.
- Beyond physical injury, victims may need mental health care. Victims often experience mental health issues such as depression, anxiety, and post-traumatic stress disorder following their victimization. Victims of sexual assault, rape, and child abuse are the most likely to seek mental health care as a direct result of being victimized. Treatment for mental health issues is yet another cost that victims face.
- There are direct economic costs to victims as well. National Crime Victimization Survey data show that more than 90% of property crimes involve some economic loss to the victim. These economic costs include direct property losses in which a victim’s property is stolen or damaged. They also include expenses related to medical care. Slightly less than 1 in 10 victims of violence incur medical expenses. Victims also lose money and productivity when they are unable to work, go to school, or complete housework. Almost 20% of victims of rape and sexual assault miss 10 or more days of work. Finally, victims may experience pain, suffering, and a reduced quality of life, all of which are difficult to quantify.
- Crime and victimization create costs to the system. The United States spends more than \$214 billion annually on direct expenditures to operate the criminal justice system. Other elements of the economy are also hit by crime. Insurance companies make large payouts each year due to crime.
- It is not just the victim himself or herself who is pained by the event. Friends and family members may also experience costs when their loved ones are harmed. This is known as secondary victimization or vicarious victimization. Homicide survivors are more likely than others to experience post-traumatic stress disorder, distress, depression, and anxiety. They may find themselves unable or unwilling to participate in ordinary activities.
- Most criminal victimizations are not reported to the police, and crime reporting varies across crime type. Robbery and aggravated assault are the most common personal victimizations reported to the police. Females, older persons, and those injured are more likely than other victims to notify the police.
- Incident characteristics such as use of a weapon, the offender being under the influence of alcohol and/or drugs, and the offender being a nongang member are related to reporting.
- Common reasons given for reporting are to stop the incident, to prevent the offender from offending again, and because it was a crime. Nonreporting is linked to the event being considered a personal/private matter, feeling the police would not want to be bothered, and being worried about reprisal.
- Another potential cost of victimization is being fearful of becoming a crime victim. Females and older people tend to have higher levels of fear than males and younger persons. Females tend to have higher levels of fear due to their fear of sexual assault, which shadows their fear of crime more generally. People who perceive their risk of victimization to be high also tend to have high levels of fear. Some level of fear is probably good in that it leads people to protect themselves by engaging in avoidance or defensive behaviors. Too much fear, however, can be bad if fear leads to anxiety or isolation.

Discussion Questions

1. We discuss in a later chapter who pays for the costs of victimization and how victims can be compensated. What do you think we should do for victims? Should their medical bills be paid? What about other costs? Who should be held accountable for paying those?
2. Why do people not report their victimizations to police? What barriers to reporting exist for crime victims? What are the implications of reporting or failure to report?
3. What costs did Polly experience as a result of her victimization? What long-term consequences do you think she may have to deal with?
4. Think about your own life and try to recall a time when you were victimized. Identify all the costs that came with your victimization. What short-term and long-term costs did you experience? Did you report the incident to the police?
5. How fearful of crime are you? Of what specific types of crimes do you fear becoming the victim? Do you think your fear is rational (e.g., tied to actual risk), or is it linked to something else? Why?

Key Terms

anxiety 33
 avoidance behaviors 43
 behavioral self-blame 36
 characterological self-blame 36
 defensive behaviors 43
 depression 33
 direct property losses 36
 economic costs 36
 fear of crime 41
 homicide survivors 39
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 post-traumatic stress disorder (PTSD) 34
 protective behaviors 43
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 self-blame 36
 self-esteem 33
 self-worth 33
 social incivilities 43
 system costs 38
 vicarious victimization 39

Internet Resources

“Addressing Predisposition Revictimization in Cases of Violence Against Women”: <http://www.nij.gov/topics/crime/violence-against-women/workshops/pages/revictimization.aspx>

This website includes summary information on a workshop hosted by the National Institute of Justice. This workshop was conducted to examine strategies, policies, and principles in place in 2005 and to focus research on victimization in the time period of predisposition (postarrest and prior to trial and/or sentencing).

Coping with Trauma and Grief: <http://www.victimsofcrime.org/help-for-crime-victims/coping-with-trauma-and-grief>

This website is part of the National Center for Victims of Crime and includes recent information on coping with trauma and grief, particularly as they relate to victimization. It discusses issues such as how children cope with tragedies such as school shootings and losing loved ones and provides links to resources for victims, including information about resilience.

Help for Crime Victims: http://www.ovc.gov/pubs/helpseries/pdfs/HelpBrochure_Homicide.pdf

The Office for Victims of Crime has collected a list of websites that lend support and encouragement to homicide survivors and covictims. There is also information about homicide and what to expect if a loved one is murdered.

National Center for PTSD: <http://www.ptsd.va.gov/index>

This website contains information on post-traumatic stress disorder (PTSD) in relation to the U.S. Department of Veterans Affairs. The center aims to help U.S. veterans and others through research, education, and training focused on trauma and PTSD. The website also has information for providers, researchers, and the general public on PTSD and its treatment.