**Clinical Sociology Review**

Volume 7 | Issue 1 Article 13

1-1-1989

# Clinical Implications of Victimological Theory

Richard D. Knudten
*Marquette University*

Follow this and additional works at: http://digitalcommons.wayne.edu/csr

Recommended Citation
Knudten, Richard D. (1989) "Clinical Implications of Victimological Theory," *Clinical Sociology Review*: Vol. 7: Iss. 1, Article 13.
Available at: http://digitalcommons.wayne.edu/csr/vol7/iss1/13

This Article is brought to you for free and open access by DigitalCommons@WayneState. It has been accepted for inclusion in Clinical Sociology Review by an authorized administrator of DigitalCommons@WayneState.

# Clinical Implications of Victimological Theory

*Richard D. Knudten, Ph.D., C.C.S.*
*Marquette University*

ABSTRACT

Although victimology as a field is in its infancy and is undergoing definition, several theories of victimization that have implications for clinical practice have already been published. Several are specific and segmented, but one theory relates victimization to its broader cultural, social organizational-institutional, interactional and personality contexts Richard A. Ball presents a "Theory of the Victimological Cycle," while the late Michael J Hindelang, Michael Gottfredson, and James Garofalo discuss "A Theory of Personal Criminal Victimization," modified in 1987 by James Garofalo. Against this backdrop, Richard D. Knudten offers insight into his "Dynamic Theory of Victimization 1 2." After their characteristics are identified, implications for the growing field of clinical sociology will be discussed

## The Context of Victimological Theorizing

Development of the science of victimology has been stimulated by demand for action to alleviate personal and social needs. Early calls for a science of victimology came from such diverse sources as Beniamin Mendelsohn, a Romanian-Israeli lawyer; Hans von Hentig, a sociological victimologist; and Stephen Schafer, a Hungarian law professor turned American criminologist-victimologist. Marvin Wolfgang provided impetus by his seminal work in criminal homicide and victimization in Philadelphia (1958), while others added insight in discussions of offender derogation of victims and the need for justice systems to restore offender and victim equity (Sykes and Matza, 1957; Lamborn, 1968). Ezzat Fattah (1979) argued that criminal behavior is dynamic and thus can only be explained by a dynamic examination of antisocial conduct and the processes of stigmatizing, legitimating, desensitizing and stereotyping of the victim.

Stephen Schafer emphasized the responsibility of victims for their own victimization and their duty to avoid conditions conducive to possible victimization.

As this theoretical development continued, the debate over what should constitute victimization was enjoined. From the outset, Mendelsohn held that any definition should include victims of earthquakes, disasters, and accidents. Others disagreed. Only in the early 1980s did the parameters appear to expand to include Mendelsohn's vision, and, more recently, to encompass the United Nations' Declaration on the Rights of Victims of Crime and Victims of Abuse of Power (1985). At the Sixth International Symposium on Victimology (held in Jerusalem, 1988), Richard D. Knudten differentiated victimization into its evident criminal-penal, political, economic, familial, and medical dimensions and sub-dimensions (Knudten, 1988), a conceptualization that colors his discussion of victimological theory and clinical practice.

## Three Victimological Theories

At least three victimological theories have application for clinical practice, whether on the micro, meso, macro or policy levels. According to Richard A. Ball (1976), a viable victimology must (1) clarify victim typologies through a systematic focus on vulnerability factors which predispose a person to victimization; (2) deal with the fact that victimization (ranging from one-to-one to society-to-society) occurs at different awareness and severity levels; and (3) connect the various, multi-level operating factors within the systems of victimization. To understand the victimization process one must understand the difference between microprocesses and macroprocesses: microprocesses are interpersonal; macroprocesses are intergroup. By using these terms, one can make a distinction between the level of individual interaction (microprocesses) and the dynamic relationships of social units (macroprocesses) affecting victimization. In order to conceptualize systems of victimization on their micro and macro levels, one must turn to an understanding of the victimological cycle (an institutionalized pattern of mutual victimization).

Ball makes a distinction between frustration-instigated behavior and motivation-instigated behavior. Frustration-instigated conduct is not goal-oriented; motivation-instigated behavior, flexible and adaptive, is ultimately goal-oriented. Whereas the motivated actor learns and gains from experience, the frustrated actor, who may act out feelings through the responses of *aggression, regression, resignation* and *fixation,* has no goals. Only aggression, regression, and resignation are applicable to the processes involved in victimization, however.

On the microprocessual victimization level, *frustration-aggression* leads to one's own victimization. Persons who torment or fight may, under stress, lash

out and victimize others who have done them no wrong, or, more likely, victimize themselves, thus further damaging their position. *Frustration-regression,* a second microprocessual response, reverses the frustration-aggression process and exposes the victim to his or her own victimization. Due to this vulnerability, the person, who is often elderly, does, and suffers from the doing. *Frustration-resignation,* the third manifestation, is expressed by depressed, lonesome, or heartbroken victims who become vulnerable to counterproductive behavior when their disappointments lead to an inability to function.

On the macroprocessual victimization level these three manifestations assume different expressions. *Frustration-aggression* is macroprocessually evident in a subculture of violence such as an Appalachian feud. *Frustration-regression* is expressed in a backlash against racial groups or social classes and in retreatist subcultures that reinforce regressive patterns. *Frustration-resignation* increases the risk of victimization by causing a subcultural preoccupation with fate and by giving substance to a sense of institutional fatalism.

These six rigid victimological processes are ultimately, under conditions of extreme stress, victimological cycles in which both parties lose as they feed upon themselves. In mutual victimization conflicting persons or groups polarize and routinize reciprocal relationships that are highly resistant to change. This mutuality is expressed in six ways within the victimological cycle.

The *reciprocal aggression* cycle, the first form, involves an interaction pattern in which each individual aggressively attempts to entrap the other. Continuous-conflict marriages evidence this pattern, as do international conflicts that often lead to war. Each side is trapped by its own aggressive moves. The *aggression-regression* cycle, a second example, is a pattern in which each person uses the other, attempting to exploit and oppress the partner or opponent, and blaming them for the problems. The manipulator defines the person as a scapegoat, acts in ways designed to secure an aggressive response, and then justifies the original action when the response does occur (e.g., Nazi management of anti-Semitism during World War II). *Aggression-resignation,* a third expression, is evident in aggression by one person or party and resignation by another individual or group. The resigned individuals are so accepting of their fate that they may invite aggression in order to demonstrate this resignation (e.g., "Uncle Tom" racial response).

*Reciprocal regression,* a fourth example, is expressed in the exaggerated interdependency of two persons and in joint victimization by interaction and collusion. In the long run, each group victimizes itself and makes life difficult for other groups. The *regression-resignation* cycle, the fifth of the series, involves one person who is resigned to the situation and another who uses the second person, who expects to be victimized (as in the case of an alcoholic and spouse). And finally, *reciprocal resignation,* the sixth cycle expression, exists

in devitalized marriages where partners make the best of their deteriorated situation. Rather than step into the unknown, they stay together in reciprocal resignation.

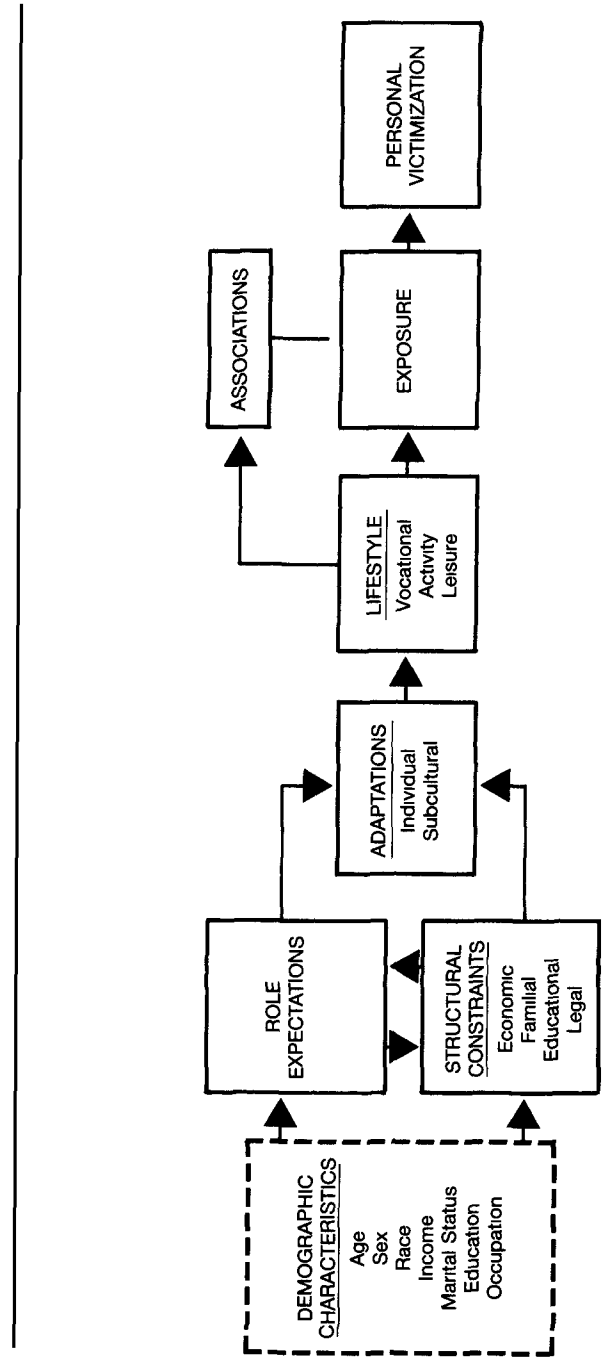
Role availability and cultural patterning determine what roles the victim and offender will assume within the victimological cycle. What is available will be affected by the partner in the cyclical relationship. Regressive moves may stimulate aggressive moves, or, if aggression is blocked, resignation or regression may become alternative responses. Cultural patterning is also impactive. Culture may expect males to be more aggressive, more "masculine," and females to be more regressive or resigned, more "feminine." Whatever the assumed roles, they are strongly influenced by long-evident stress and anxiety, derived in large part from the nature of twentieth-century life. Ultimately, victimological processes are grounded in the culture and society in which they occur.

## A Theory of Personal Criminal Victimization

Focusing on the concept of lifestyle/exposure to explain personal criminal victimization, Michael J. Hindelang, Michael R. Gottfredson, and James Garofalo examine routine daily activities, whether vocational (e.g., work, school, housekeeping) or leisure, to explain National Crime Survey victimization data. They argue that role expectations and social structure constrain personal and societal functioning (Figure 1). Role expectations, which are really cultural norms associated with achieved and ascribed statuses of persons, defined preferred and anticipated behaviors, which are related to central statuses that differentially influence the person occupying the status. Age, sex, marital status, and other variables influence role expectations. Structural constraints arise from social structure and limit behavior and arrangements within economic, familial, educational, and legal orders.

Lifestyle/exposure differences are due to variations in role expectations, structural constraints, and individual and subcultural adaptations. Differential exposure to situations of high victimization potential may be explained in terms of variable lifestyle. Formal roles generally define acceptable daily routines that structure a person's lifestyle, which is directly related to high victimization risk. Personal victimization occurs when the offender and victim intersect in time and space, the victim is perceived by the offender as a suitable object of victimization, and the offender is willing and able to threaten or use (or not use) force or stealth to achieve a desired end. The life circumstances of the individual (lifestyle) expose persons differentially to high risk places at high risk times under high risk situations to high risk persons. Eight propositions flesh out the lifestyle/exposure concept:

*1. The probability of suffering personal victimization is directly related to*




Source: Hindelang et al. (1980:615)

**Figure 1: Original Lifestyle Model of Personal Victimization**

*the amount of time that a person spends in public places (e.g., on the street, in parks, etc.), and particularly in public places at night.*

Robbery, rape, and assault occur disproportionately during the late night and early morning hours and on the streets. Divorced, separated, or never-married males have personal victimization rates that are twice those of the married or widowed. Those not in school have higher rates than those in school. Personal victimization decreases in relation to increases in family income.

*2. The probability of being in public places, particularly at night, varies as a function of lifestyle.*

Younger people, especially males and singles, are more likely than are older persons to spend time outside the home. Working fulltime, being female, and having children in the household constrains discretionary activities. Persons fearful of crime are likely to avoid areas of great risk and decrease exposure to victimization.

*3. Social contacts and interactions occur disproportionately among individuals who share similar lifestyles.*

Social interactions reflect stratification processes which influence lifestyle. Family income, race, age, occupation, and marital status impact on lifestyle. Social interactions tend to be demographically homogeneous, the net effect being that criminal offenders are more likely to interact with persons who are demographically similar to themselves.

*4. An individual's chances of personal victimization are dependent on the extent to which the individual shares demographic characteristics with offenders.*

Both victims and offenders are disproportionately male, young, urban residents, black, of lower socioeconomic status, unemployed or not in school, and unmarried.

*5. The proportion of time that an individual spends among nonfamily members varies as a function of lifestyle.*

Women spend a greater proportion of their time with family members than do males, lessening their risk potential. As they age, the elderly have fewer contacts outside their homes and fewer friends, thus decreasing their crime victimization potential.

*6. The probability of personal victimization, particularly personal theft, increases as a function of the proportion of time that an individual spends among nonfamily members.*

Only about 4 percent of rapes, 1 percent of robberies, and 7 percent of assaults are carried out by members of the victim's family. Victimization rates of married persons are about one-half those of the unmarried. Women are less exposed because, even if employed, they spend more time in "personal and family care" than do men.

*7. Variations in lifestyle are associated with variations in the ability of individuals to isolate themselves from persons with offender characteristics.*

Income determines where, how, and with whom one lives, and where one comes into contact with others.

*8. Variations in lifestyle are associated with variations in the convenience, desirability, and vincibility of the person as a target for personal victimization.*

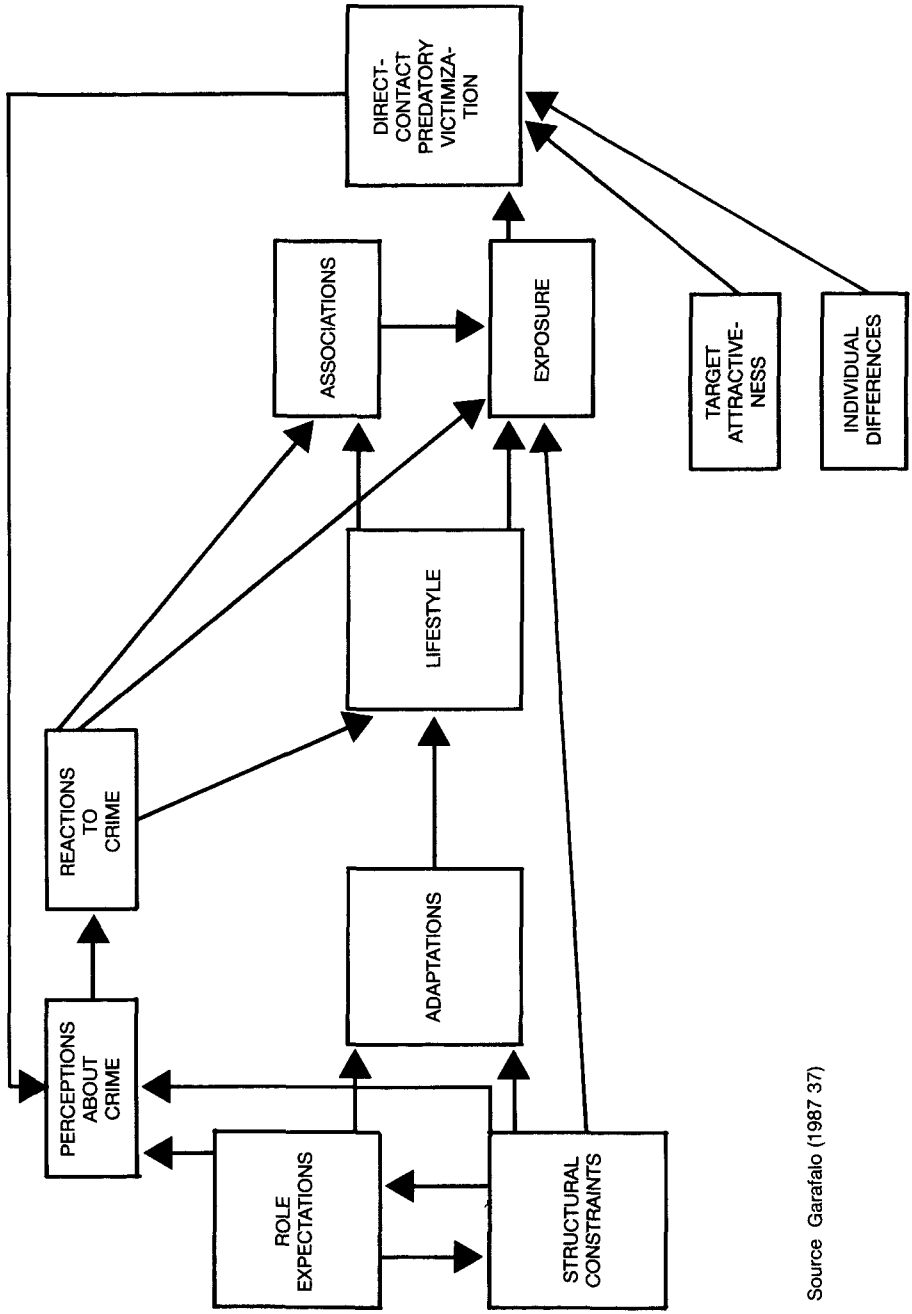
Offenders may wait for victims to appear at convenient places such as streets, parks, or public places where there is little or no defendable space. Victims (vincible persons) are selected for their appropriateness and vulnerability.

These eight propositions are not independent of each other in their effects. As sex role expectations become less differentiated and sex-linked cultural barriers less rigid, as lifestyles of males and females converge, victimization rates for both sexes will also likely converge. A fully integrated society (in housing, lifestyles, and personal interactions by race, socioeconomic status, age, sex) is likely to be relatively homogeneous in regard to criminal victimization.

James Garofalo (1987) modified the lifestyle/exposure model of personal criminal victimization, adding perceptions about crime, reactions to crime, and ideas of target attractiveness and individual differences (Figure 2). In place of the end product of personal victimization, he established the category of direct-contact predatory victimization. While lifestyles are formed through role expectations and cultural constraints, cultural constraints (e.g., economic condition and housing areas) have effects on associations and exposure which impact the risk of victimization. Reactions to crime have effects on potential associations, exposure, and even lifestyle. A person in fear of crime may buy locks, move to a safer community, or go out less frequently. Garofalo mentions target attractiveness and individual differences as new theory ingredients, the former referring to the instrumental or symbolic worth of the target to the offender and the latter to the differences in risk-taking and personal vulnerability of victims.

## A Dynamic Theory of Victimization 1.2

Originally conceived in a series of forty-four interrelated propositions, Richard D. Knudten (1988) presents aspects of his crosscultural theory of victimization as they apply to clinical intervention and practice. He argues that victimization should be conceived in more than criminal-penal terms and, at a minimum, should encompass political, economic, familial, and medical victimization and their subcategories. All persons, groups, systems, cultures, ethnic units, organizations, institutions, or nations do not share the same recognition, definition, conceptualization, or response to the nature and character of victimization at the same time in history. Consequently, the scope and content of




Source Garafalo (1987 37)

victimization may change as personal, cultural, social, criminal/penal, economic, political, familial, medical, and religious definitions change or states adopt new or, in some instances, maintain old sociocultural patterns. Knudten recognizes that the primary concern of the scientific study of victimization is measurable human mistreatment, abuse and suffering, and their amelioration.

Victimization is a complex phenomenon that involves one or more violators, one or more victims, and a system of interactions and sequences involving parties which rupture an existing, but often tentative, equilibrium, forcing change and efforts to forge a new balance. Any move to a new equilibrium occurs at differing rates for different persons, groups, or other social units, and may bring changes in existing relationships. Victimization may be directed at an individual, a small group, an ethnic or a cultural community, an association, an organization, an institution, a state or other social unit, and its members. The actual victimizer may also be a representative of one or more of these units.

Victimization usually involves interaction that may range on a continuum from the extremes of full offender predation (offender exploitation or plundering) to full victim predation (victim kills the offender). It may also be acute, chronic, or morbid. Acute victimization, ranging in scope from minor to extreme, is usually completed once; chronic victimization, often executed by a gang, an organized crime figure, or a political party, may be continuing. Morbid victimization is any victimization that leads to the death of the victim(s).

Legally, victimization may be specific (as a person, corporation, association, or state) or nonspecific (as an abstraction of public order, public health, or religious ideology). It may occur at more than one point in the victimization process. For example, the crime victim may be victimized not only through the crime committed by the offender but may become a further victim through added exposure to the criminal justice system/process that causes further costs and losses. Victimization by way of acts of abuse of power or advantage may similarly involve the further victimization of those originally victimized. For example, the original victimization in the Bhopal (India) gas leak was death or physical disability, but it continued for more than four years in extended legal victimization form before the corporation involved with the leak agreed to a civil settlement.

The total volume of victimization is greater than that known to the police, other enforcement authorities, and/or the public. The unknown or dark side of victimization may be as high as 200 percent to 300 percent greater, depending on the crime or victimization area, and even higher when conceived in reference to incidental, accidental, or other forms of non-criminal/penal victimization. Victimization may be primary, secondary, or even tertiary in its effects, implications, and impacts. In criminal victimization, primary victimization may take the form of attack on the actual victim, as in robbery or murder. Secondary victimization extends to family members who are touched by the incident and

must make major adjustments in their schedules and expend money and effort in the attempt to aid the primary victim. Tertiary victimization is experienced by those relatives and associates who are distant from the original victimization but who suffer losses as a consequence of what follows the original victimization. Offenders against others may victimize their own families or children (secondary victimization) or friends, relatives, and associates (tertiary victimization).

On the interactional or small group level, victimization may be understood as an interactional psychosociodrama involving a minimum of one victim and one offender. As actors in a drama, victims and offenders define their ideas of reality in relation to their apparent goals, abilities to reach these goals, visibility in carrying out or responding to the event(s), and other similar individual and interactional factors.

Victimization is closely related to personality factors. Persons perceived as vulnerable and weak are more likely to be victimized than those seen as powerful and strong. Victimization may be lessened by discouraging the overt action of the potential offender, eliminating or lessening the careless behavior of the potential victim, and creating and maintaining defensible space.

Victims may have their emotional needs channeled and legitimized and their offender-abuser contained and/or punished through the processes of criminal, civil, and, in some instances, religious law (e.g., Muslim countries and Shari'a religious codes). Societies engage in social defense, seek a secure social peace, define the rights and duties of the victim and the offender, and reinforce existing or modified social norms according to their normative (religious or ideological) and legal structures and their perceived needs at the moment. Victims are persons who experience the symptoms of victimization, while survivors are those who have lived through their victimization, have overcome or risen above their victimization, and thus are no longer victims.

Some victims are defined by customs, definitions of deviance, or interaction, while others are categorized by a legal definition of offender and victim relationships. The definition of victim and offender often depends on who is examining or evaluating the relationship. A person who is a victim in one context may be the offender in another. For example, if one avenges the aggravated rape of one's wife, the secondary victim (the husband) may become the primary offender in the ensuing interaction by killing the original offender (the rapist/primary offender).

Victims are ultimately defined within the context of their particular culture and its requisites or within the context of generally recognized or legally defined rules or laws affecting human behavior. However, not all victims nor all offenders share the same values and norms, the same level of legal development or legal interpretations of defined laws. Victims exist in relation to some form of

normative definition of offender and/or victim. A victim in one setting, situation, offense category, location, country, cultural context, or other condition of existence or organization, may not necessarily be designated a victim in another (e.g., Khomeini's death sentence on author Salman Rushdie and the opposing response of the European community).

Every person has a certain unconscious receptiveness to victimization. If the victimizing potential (personal and/or sociocultural) exceeds that which is individually or socially normal, the tendency or willingness to become a victim is enhanced. Some victims experience victimization-proneness—an undue tendency for incidents, undue exposure to victimizing events, or an undue risk potential toward victimization—while others manifest site proneness in which crimes or incidents more commonly occur in some places than in others (e.g., all-night mini-grocery stores).

Victims may be real victims (having actually been abused), simulating or false victims (claiming a non-occurring burglary to collect on insurance), or victims of an attempted but aborted offense. Not all victims may be fully innocent, just as not all alleged offenders may be singularly guilty. Degrees of victim and/or offender guilt or innocence exist. While some victimization may result from chance, the degree of risk or exposure may vary on a continuum from no risk to certain victimization. Persons accepting or associating with others who share high risk lifestyles will share the same risk category. Overall, the risk of victimization is related to personal, social, cultural, and situational factors.

Some individuals or groups are more susceptible to victimization than are others, such as children, the hopeless, deviants, or addicts. Some individuals or groups may victimize initially, but in time become victims themselves, such as alcoholics, drug addicts, prostitutes, homosexuals, or extremists/terrorists. Victims may precipitate their own victimization. Victims who attempt to protect themselves by the use of physical force are more likely to be exposed to injury than are those who do not.

Victims vary widely in their characteristics and responses to their victimization. High anxiety personalities are more likely to perceive their victimization in threatening terms; low anxiety personalities are likely to have a lower sense of threat. Reactions to fear, suffering, or harm are not the same for all persons within the same victimization category or the same victimization context. For example, two victims of attempted murder may respond differently—one with fear, horror, and sleeplessness, and the second with no sense of seriousness or emotional reaction. Other responses may fall on a continuum between these two extremes.

Criminal or other victimizing offenders commonly reduce the perceived inequity of their actions by denying or derogating their victims, justifying their own actions, underestimating or denying responsibility for the harm done to

their victims. Through the social process of *stigmatization* of individuals or groups, societies may legitimate their victimization and identify them as appropriate targets for criminal or other attack. Stigmatization of the victim may be followed by *desensitization,* in which the offender discounts any concern for the plight and suffering of the victim; *stereotyping,* where the victim is seen as a worthless human being; or *defamation*, where the victim is held responsible for the act and is judged guilty. In some instances a state of dependency may develop between the victim and his or her captor/keeper/abuser (the Stockholm syndrome). This usually involves a dramatic realignment of affections, a feeling of distrust and hostility toward the authorities, and a positive bond between the hostage and the captor/keeper/abuser.

## Clinical Implications of Victimological Theory

What are the implications of these three theories for sociological practice and clinical intervention? What insights do they offer clinicians practicing in the field of victim intervention, whether on micro, meso, macro, or policy levels? Clinicians need to be aware that:

*1. Victimization should not be conceived as merely a single offender-single victim relationship, but as a variable relationship potentially involving a variety of actors, a variety of experiences, and a variety of settings.*

As a product of many factors and processes that converge on victim-offender interaction, victimization follows no single pattern but varies widely in relation to the definition of the event, the interests of the involved persons or groups, and the relative power of the conflicting parties. Clinicians should recognize that each actor(s) in the victimization event interacts, often in a sequential pattern of action followed by reaction, followed in turn by a second action and reaction, to a temporary or final ending of the event. Studies of victim-offender interaction reveal that many victimization forms (e.g., spouse abuse, aggravated or simple assault) are sequential acts. If the clinician is, therefore, to intervene adequately with a treatment plan, the intervenor must be sensitive to the ever-changing interactional setting of conflict.

*2. Victimization may be directed toward an individual, small group, ethnic or cultural unit, community, association or organization, institution, state or other social unit, or its members.*

The victim and the victimizer may come from one or more of these units, singly or in combination. Consequently, victimization may occur in almost any setting and represents the attempt of one or more persons or groups to overcome the interests of another person(s) or group(s) and to inflict—knowingly or unknowingly, tangibly or intangibly—pain and suffering on the victimized unit. Recognizing this dynamic relationship, clinicians should empower their clients to deal with these personal and structural relationships and develop intervention

techniques that will enable victimized persons or groups to rebalance the variables in their social environments and their relationships to conflicting antagonists. For example, a state may subjugate a minority in order to maintain power and redirect hostility, an action that has treatment consequences.

*3. Victimization risks are greatest for those who take few precautions, have risk-taking lifestyles, and live in communities with high victimization rates.*

Persons living in suburban communities or caring for many children at home will generally have lower victimization exposure. Persons living dangerously may be difficult to treat because of their unsettled lives. In order to treat clients meaningfully, in any intervention plan the clinician may need to address simultaneously the victim's emotional condition, living arrangements, and interactional work and leisure patterns.

*4. Any attempt by the clinician to understand a victim must include an understanding of the interactional patterns of the event, the cultural contexts from which the victimizer and the victim come, and the ultimate objectives involved in the victimization.*

Victimization represents an interactional psychosociodrama in which personalities, roles, and cultures are acted out. It is not always clear who is the victim and who is the offender. Some victimization is due to interpersonal interactions that brings about an event (e.g., homicide, forcible rape, assault), while others are products of an event that brings about an interaction (e.g., accident, earthquake, disasters, abuse of power). Not only are the situations technically different, but any intervention by the clinician must be planned with this difference in mind. Thus, if they are to meet their client's needs, clinicians must make an early analysis of who is victimizer and who is responder in order to determine the subtle definitions of the situation.that characterize the client's overall definition of their victimization.

*5. Some victims are victimization-prone and may actually act to precipitate their own victimization.*

Clinicians should not blame their victim-clients for their victimization but should be aware that just as personal exposure to victimization varies, victim proneness to victimization varies. While one's lifestyle may account for a large portion of one's victimization, some persons are prone to repeated victimizations because of where they live (e.g., in high crime areas or near a plant emitting carcinogens), their physical demeanor (e.g., they look old and frail), or their tendency to travel to likely sites of victimization (e.g., parks, public places, war zones). Persons or groups perceived as vulnerable have a greater likelihood of being victimized than do those perceived as being physically strong, alert, knowledgeable, or invincible.

*6. After their victimization some individuals simultaneously experience fear and insecurity and a sense of guilt and shame, in which they blame themselves.*

While some victims may indeed share responsibility for their victimization with their offender-abusers, others, who have no reason for shame or guilt, also share these feelings. Women who have been date-raped may suffer from such mixed feelings. A sensitive clinician, therefore, needs to speak to both sides of this relational problem in the intervention setting. These feelings may be related to a conscious or unconscious need to assign blame for what happened. Victim healing may occur only when the sociocultural context of this guilt and shame is recognized and addressed.

*7. The process of surviving victimization may take time and require emotional growth and healing, which will occur at varying rates for different people.*

Once victimized, some people will remain victims to some degree for the rest of their lives. Other survivors rise above or secure control of their victimization and are no longer affected or governed by it. Those who continue to be victims after the event usually are unable (or unwilling) to let go of their victimization, and continue to express anger, hatred, and resentment. Clinicians need to redirect these self-destructive tendencies into more positive and productive channels.

*8. Because victimization is heavily related to one's role-availability, cultural patterning, and lifestyle expression, clinicians in intervention may need to suggest specific modifications in role behavior, employment, and work or leisure activities to assist clients in reducing their vulnerability.*

Victimization commonly includes more than just the interactional event. Spousal beatings, for example, are not merely criminal events but represent a response to changing power relationships between the sexes. Terrorism is not merely the killing of hostages but is an attempt by the terrorizing group to publicize its demands and secure disproportionate power in the political marketplace. The victim's problem(s) must be treated within the personal, social, and cultural context of his or her needs.

*9. Some victims are victimized due to offender acted-out frustration and others know victimization as a byproduct of abuser inability to defer gratification or to a desire to secure material goods, emotional release, power, greater profits, or influence over others.*

Abuse is enacted commonly, but not always, for some purpose. The lives of both the abuser and abused are affected by the event. Some victims develop a sense of dependency on their captor/keeper/abuser, and experience a major alignment of affections, distrust, or hostility to authority figures, and a growing bond with the person or group that captured, kept, or abused the victim. Clinicians must determine whether such relationships exist and include their treatment within interventionary plans.

*10. The victimization process is surrounded by social networks and webs of relationships.*

Victimization does not end with the person or groups victimized. The primary victim (the actual victim) extends the victimization effect to secondary (other members of the unit) and tertiary victims (those in distant relationships) in much the same way that ripples from a rock thrown into a pond pass outward until their effects disappear. Each of these dimensions may affect the clinician's treatment-intervention attempts.

*11. Victims need to reestablish a sense of immediate security, especially at home, and take steps to defend against future abuses or outside attack.*

Clinicians should recognize that sometimes a largely symbolic defensive measure will generate this sense of needed victim security. A client's sense of victimization may be reduced by changes in lifestyle routines and behavior. At other times, a major move to a new community may become necessary. Because victimization is a product of the intersecting of the offender-abuser and the victim in time and space, adjustments in interactional and spacial relationships may help reduce the potential of future victimization. Fears may be alleviated by expressions of caring by a social community; rehability through offender restitution, victim compensation, and other efforts (e.g., victim input into offender sentencing); expressions of social retribution against the offender (e.g., punishment or fine); and the social restructuring of the victim's place in civil and criminal law.

## ACKNOWLEDGMENTS

The author acknowledges the secretarial assistance of Christina Aluise, Virginia Rodriguez, Rose Serrano, Teresa Suleski, and Heidi Himmel. The viewpoints expressed in this paper are those of the author and do not represent an official position of the Bradley Institute or Marquette University.

He also acknowledges the special insights, ideas, and contributions of Stephen Schafer, Z Paul Separovic, LeRoy Lamborn, Richard A Ball, Michael Hindelang, Michael Gottfredson, James Garofalo, M. Cherif Bassiouni, and others in the formulation of his theory, and of Audrey A Knudten in the completion of this article.

## REFERENCES

Ball, Richard A
1976 "Victimological Cycle." *Victimology* 1, no 3 (Fall): 379–95.

Fattah, Ezzat
1979 "Some Recent Theoretical Developments in Victimology." *Victimology* 4, no. 2 (1979): 198–213.

Garofalo, James
1987 "Reassessing the Lifestyle Model of Criminal Victimization." Pp 23–42 in *Positive Criminology,* edited by Michael R Gottfredson and Travis Hirschi Beverly Hills, Calif . Sage

Hindelang, Michael, Michael Gottfredson and James Garofalo
1980 "Toward a Theory of Personal Criminal Victimization " Pp. 613–46 in *Criminology Review Yearbook,* edited by Egon Bitner and Sheldon Messinger Beverly Hills, Calif Sage.

Knudten, Richard D
1988 "A Dynamic Theory of Victimization: Modified Version 1.2 " Paper presented at the Sixth International Symposium on Victimology, Jerusalem, Israel

Lamborn, LeRoy
1968 "Towards a Victim Orientation in Criminal Theory " *Rutgers Law Review* 22, no 4 (Summer). 733–68

Mendelsohn, Beniamin
1963 "The Origin of the Doctrine of Victimology." *Excerpta Criminologia* 3: 239–45

Schafer, Stephen
1968 *The Victim and His Criminal* New York: Random House.

Separovic, Z. Paul
1985 *Victimology* Zagreb, Yugoslavia: Samobor Novakii bb

Sykes, Gresham, and David Matza
1957 "Techniques of Neutralization A Theory of Delinquency " *American Sociological Review* 22 (December): 712–19

United Nations
1985 "Draft Resolution II Relating to Victims of Crime and Victims of Abuse of Power " New York· United Nations, Seventh U N Congress on Prevention of Crime and Treatment of Offenders, A/CONF 121/L 18: 7–13

Wolfgang, Marvin
1958 *Patterns in Criminal Homicide* Philadelphia: University of Pennsylvania Press.