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ORIGINAL RESEARCH

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Advanced thinking on Trauma: Victims of Crime in the Mental Health Context

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Abstract :

This article addresses often-overlooked forms of client-centered criminal victimization, focusing on the victim's experience of lost power and liberty and the enduring consequences of these traumas. It examines how perpetrators rationalize inflicting psychological, emotional, physical, and sometimes sexual harm, which leaves victims with severe, debilitating symptoms. For many, life after victimization feels intangible and unfamiliar. Effectively supporting victims requires a deep understanding of the roots of their suffering, including the collective cognitive dissonance and victim-blaming that can obstruct trauma-informed recovery. The analysis includes under-researched categories of crime victims, such as those affected by coercive control, gaslighting, stalking, institutional abuse, gang violence, crimes against whistleblowers, and healthcare safety violations. This content highlights the need for psychologists, clinicians, and multidisciplinary teams to understand the unique psychological impacts linked to victimization, including Acute Stress Disorder, PTSD, Complex PTSD, dissociative disorders, and other associated conditions like anxiety, OCD, substance use disorders, and prolonged grief.

Keywords : Victims, Crime, Trauma, Psychology, Gaslighting, PTSD, Perpetrators, Mobbing, Patient Safety, Second Victim Syndrome (SVS).

A Concise History and Examination of Trauma

The third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) established the diagnosis of post-traumatic stress disorder in 1980 (Gold, 2017 b.). In 2006, the American Psychological Association officially acknowledged trauma as a scientific discipline and established Division 56, the Division of Trauma Psychology (Gold, 2017, a.). Although some regard trauma psychology as a contemporary and nascent field of study, its historical examination and discussions concerning its essence and effects can be traced back to 1900 BC, persisting to the present regarding the potential for exposure to induce detrimental behavioural and psychological disorders. (Gold, 2017, a.; Van der Kolk, 2014).

Organised offenders:

This type of offender arrives equipped with weapons, exerts dominance over their victim, and eliminates evidence from the crime scene after committing the act. Their criminal actions are premeditated, they can regulate their behavior during the offense, and typically, the offender is not personally acquainted with the victim. They typically exhibit normal to high intelligence, demonstrate social and sexual competence, yet may appear angry or depressed. The offender's more serious criminal behavior may frequently be instigated by a significant life event, although this type of perpetrator typically possesses essential life-planning abilities.

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In contrast, Disorganised offenders :

Typically perpetrates the offense as a crime of passion (not entirely premeditated), exhibits limited control over the victim, and generally leaves evidence at the crime scene. They access their weapons impulsively. The perpetrators may be familiar to the victim, exhibit social and sexual deficiencies—often characterized as unemployed and regarded as loners—possess a low intelligence quotient, and occasionally manifest pronounced symptoms of mental illness. The shared characteristic between these two offender types is their propensity to return to their crime scenes. Although exhibiting disparate behaviors and differing levels of caution. Upon the establishment of the crime scene, the investigating law enforcement and forensic personnel generally employ either a top-down or bottom-up methodology.

Relevant conceptualisation of perpetrators:

It is suggested that the following can be readily extrapolated, conceptualized, and complementarily applied to the less explored traditional domains of crime victims and the offenders who commit such atrocities. the dysphoric-borderline individual, who perpetrates moderate to severe violence against an intimate partner, but is.. engaged in external violence. They exhibit delusional and neurotic jealousy, along with severe psychopathology that may encompass depression and anxiety, attempt to isolate others, and are intolerant of separation. They display antisocial behavior, exhibit violence both within and outside the home, typically possess criminal histories, and demonstrate antisocial personality traits. This leads us to the analysis of several significant categories of criminal victimization. In all instances of trauma, the degree of victimization cannot be reliably anticipated based on the severity of the crime. Each individual is distinct, characterized by personal experiences, emotions, histories, cognitive processes, and coping mechanisms.

DISCUSSION and RECOMMENDATIONS :

VICTIMS of CRIME CATEGORIES of FOCUS:

COERCIVE CONTROL :

Coercive control can be relentless. It involves:

The perpetrator exerting control over every facet of the victim's daily existence. This may encompass regulating the victim's intended destination, attire selection, social interactions, and sleep habits. Utilization of deceptive tokenism (exploitation of comforting rhetoric , manipulative behavioral tactics, including penalizing undesirable actions and incentivizing behaviors that align with the perpetrator's desires, wants, and needs). When the coercively controlled fails to comply, physical intimidation may be employed. Intimidatory speech may encompass threats of physical and/or sexual harm, or even threats of death to the victim. In domestic contexts involving a child, the threat of inflicting harm upon the child is prevalent. Similarly, criminal damage to property, threats to disclose or publicly release private information, the use of digital devices (such as spyware and social media platforms), and economic abuse, including coerced debt and control over spending, bank accounts, investments, & mortgages. Comprehending gaslighting and the methods employed by gaslighters to perpetuate their incessant victimization is crucial for understanding the gravity of Coercive Control.

Gaslighting is, essentially:

To coerce an individual into questioning their perceptions, experiences, or comprehension of occurrences. The term previously denoted manipulation so severe that it could provoke mental illness or warrant the institutionalization of the gaslighted individual in a psychiatric facility. The significance of Tophus Stages of Gaslighting, namely GHFSA: Grooming; Hostage to Cruelty; Fragmentation; Revelationary Shock; Aftermath, is paramount. Consequently, the more recognized GASLIGHTING behaviors (elements of Grooming, Hostage to cruelty, and Fragmentation stages) are executed through: Restriction of freedom. For example, separation from family and friends, efforts to tarnish the victim's reputation within these groups; obstruction of employment or education; constant surveillance and control; time regulation; and restricted access to transportation, medical assistance, and other support services. Deprivation of fundamental human necessities; restriction of access to personal finances; cultural isolation; emotional manipulation; and, coercion to institutionalize the victim against their will, such as in a care home, supported living facility, or mental health institution. Moreover, gaslighting frequently encompasses belittling, demeaning, humiliating, categorizing, and dehumanizing to provoke feelings of worthlessness, as well as character assassination. This may coincide with the targeter's employment of love bombing to bewilder, placate, and deceive the victim into deeper submission. Ultimately, gaslighting, as a component of coercive control, profoundly undermines the victim, often leading to irreversible consequences. The gaslighter's secrecy, tactical maneuvers, and pervasive abuse engender entrapment in the gaslightee, fostering perceptions of unreality and madness, with numerous victims psychologically and physically ensnared in a hostage-like predicament.

RECOMMENDATIONS: Coercive control including Gaslighting :

• Enhanced access to resources will empower individuals to educate themselves about coercive control during the revelatory Shock stage.

• Where feasible, in alignment with risk-mitigation principles, it is prudent to document instances of abuse and to enhance connections with supportive individuals outside of the immediate environment**.**

• Requesting assistance to securely devise an exit strategy from the predicament.

• During the Aftermath stage: cultivating confidence in one's own convictions and instincts regarding events, motives, and the prevailing mindset of the perpetrator. Counseling is strongly advised.

• From an enhanced policy standpoint, informational events that integrate local law enforcement precincts with the general public may prove advantageous.

STALKING :

Stalking encompasses a variety of strategic actions directed at victims, typically manifested through: unwanted contact, harassment, and/or intimidation (via social media, texts, emails, phone calls); monitoring and surveillance (physically following, use of stalking applications); approaching the victim or their acquaintances; employing verbal, physical, or sexual threats; vandalism; and other violent behaviors. The stalking behaviors inflicted upon the target result in considerable emotional and psychological distress, intimidation, and persistent fear for their own or others' safety. Studies indicate that individuals subjected to stalking are at a heightened risk of experiencing anxiety, insomnia, social dysfunction, and severe depression relative to the general populace.

RECOMMENDATIONS: Stalking :

• Requesting immediate assistance to prevent escalation into physical threats.

• Broad availability of accessible information in, for instance, police stations.

• Formal avoidance and preventative measures established to combat victim blaming.

INSTITUTIONAL ABUSE :

Institutional sexual abuse of children and adolescents, as well as systemic abuse of disabled individuals and the elderly , is a larmingly prevalent. This form of abuse is characterized by a student, resident, patient, or prisoner experiencing harm from an individual in a position of power or authority within the institution. Institutions commonly associated with unreported or documented assaults include religious organizations, educational institutions, healthcare settings, correctional facilities, childcare centers, sports organizations, and elder care facilities. Abuse can be physical, emotional, or sexual; it may also involve neglect and violations of a financial or verbal nature. All types of institutional abuse are executed through the improper exercise of control and power. This encompasses maltreatment, as well as unacceptable practices such as confinement, constraint, restraint, or restriction. Clergy, educators, and medical professionals frequently perpetrate institutional sexual misconduct. This analysis examines the mechanisms of institutional child sexual abuse. Unsupervised, one-on-one access to a child, including solitary travel with the child; provision of intimate care to a child or an expectation of a specific degree of physical contact; the capacity to influence or control facets of a child's life, such as academic performance; authority over a child, particularly in contexts with substantial control, such as residential environments; spiritual or moral authority over a child; the perpetrator's prestige, which grants them a heightened level of trust and credibility; opportunities to cultivate closeness with a child & their family; responsibility for young children, such as preschool caregivers; specialized expertise, as seen with medical practitioners, that enables perpetrators to conceal sexual abuse.

RECOMMENDATIONS: Institutional abuse:

• Historical abuse necessitates that all survivors have access to trauma counseling, irrespective of the duration since the incident occurred, as trauma symptoms that have been repressed may manifest unexpectedly later in life, accompanied by unpredictable triggers and distinct reactions or behaviors.

• Frequently, the psychologist or other counselor is the initial individual entrusted with the client's trauma history, presenting an intense and deeply personal journey for the client, as well as a privileged trust for the therapist.

• Moreover: implementing actions (subject to state/country regulations); systematic collection and preservation of statements for legal purposes by accountable entities/personnel; expedited legal process timelines; improved victim support mechanisms; potential establishment of national redress schemes; protective measures to decrease incidence rates; survivor assistance; system evaluations; safety for victims who disclose, alongside formalized risk mitigation & protective strategies.

GANG VIOLENCE: MOBBING :

Mobbing constitutes systematic harassment or stalking. The detrimental factors induce social isolation and exclusion. It typically dislocates the individual from their residence, educational institution, or workplace. This constitutes a severe form of psychological violence, resulting in: distress, intimidation, coercion, public humiliation, innuendo, isolation, violation of one's essence, and victim blaming (e.g., you brought it upon yourself, it's all you deserve, you have no right to exist). Ultimately, psychological and frequently physical shock therapy. The methods employed include: exertion of power and control; psychological assault; and instillation of fear. Mobbing may stem from: vengeance; retribution; vigilantism; discrimination; instigated electronic harassment/cyber-mobbing; toxic misinformation; or sheer animosity. The perpetrators modus operandi can readily escalate to physical threats and violence. A continuous victim of gang-related mobbing may exhibit symptoms akin to Stockholm syndrome. Evidence may be observed in the offenders employment of: reactive abuse; gaslighting; fabricated civil arrest (without just cause); Neuro-Linguistic Programming (NLP) anchoring; defamation campaigns; cognitive disengagement; aggressive communication; spurious allegations of the individual erroneously acting or perpetrating a crime; and relentless assaults on a person's character, reputation, and very existence.

Examination of the ‘whys’, and the ‘hows’ of Gang Violence: Mobbing:

Primarily, it is essential to recognize that cult-like ideological groups are unreserved in their willingness to engage in blatant defamation, both slanderous and libelous, against their targets.

Schadenfreude: the act of observing rather than actively contributing to another individual's suffering. This inevitably prompts unscrupulous individuals to actively pursue the victim.

Societal rejection: through persistent competitive endeavors, the group confirms (and reconfirms) the designated individual as thoroughly humiliated, pitiable, expendable, and worthy of being discarded.

Nefarious religious movements: erroneous interpretations of doctrine employed excessively to demean, ridicule, disseminate falsehoods, scrutinize the target's every utterance and deed, induce emotional distress, segregate, isolate, humiliate, ostracize, obliterate, and eradicate individuality. Consequently, the concepts of malice and hatred are not considered to be enacted if justified by the name of God and blind revulsion.

Extreme socialism and distorted celebrations of selective social cohesion: principles derived from anarcho-communism, radicalism, utopianism (nihilism and revolutionism), and communitarianism can be misappropriated to rationalize gang stalking and mobbing rooted in gang violence. The shared mindset that unites these groups in their pursuit of targets through highly socially aggressive strategies is that the obligatory practice of scapegoating is considered the norm and serves as a means to an end.

Rejection of diversity (rooted in fear or a sense of superiority): Initially, the individual experiencing distress is typically misinterpreted & misconstrued : subsequently, labeling ensues due to the victim's divergent appearance, historical discrepancies, and distinct cultural heritage. This enhances the tormentors gratification to coerce the victim into conforming to dominant groupthink.

Jealousy and externalized blame: Frequently stemming from the perpetrators self-loathing, resulting in devastation. Frustration stemming from an inability to influence the prey's cognitions, emotions, desires, and intentions often manifests as relentless sabotage characterized by psychological, verbal, and physical abuse.

Motivated animosity: the pursuit of notoriety, the realization of politicized movements, and the enhancement of social standing are objectives that are rather simplistic. This is executed in a Machiavellian manner, frequently involving financial compensation or gifts from external, yet affiliated, entities.

Searching for identity in the absence of selfhood among instigators: ineffectual non-entities whose pre-guilt moral phase operates solely to pursue personal advantages through language and strategies while evading repercussions for their actions. Perpetually shifting alleged values and concepts are employed in a chameleon-like, socially adaptive, interdependent manner. These group members lack self-awareness and the inclination for personal development, and they fail to comprehend the notion of personal boundaries.

Behaviors and thought patterns associated with schoolyard bullying: This brutal and persistent form of abuse is frequently confused with camaraderie and continues to be prevalent in various domains. At its essence, it is childlike. Nonetheless, the schoolyard affiliations generate a clique founded on animosity, retribution, and malevolence. The militant solidarity of the actions transcends the mentality of the old boys (or girls) club and impacts the principle that, as long as victimization persists, the ties that bind will remain unbroken.

Addictive vilification: embodies pure debauchery and an unquenchable desire for inflicting misery, driven by an intrinsic absence of empathy and a perceived coolness in violating all norms, resulting in a perpetual cycle of retaliation against the victim. It stems from primal instincts, where intense animalistic behavior fulfills psychophysiological needs (such as catharsis and the alleviation of anger), and is advocated to the broader community as the appropriate method for attaining societal balance.

RECOMMENDATIONS: Gang violence: Mobbing :

• Enhance awareness of mobbing groups.

• Collect evidence securely.

• Speak out is not intended in the colloquial, popularized sense, but is crucial for therapeutic purposes and to aid in preventing others from experiencing similar outcomes.

• Providing mutual support as survivors or former victims.

• Personal well-being.

• Maintaining vigilant health measures (including restraining orders, when feasible).

• Instruction for law enforcement, healthcare professionals, and other pertinent personnel.

Individuals with borderline, narcissistic, histrionic, and dependent personality disorders are particularly susceptible to these behaviors. Consequently, it is essential to implement suitable risk mitigation strategies based on red flag alerts concerning not only the behaviors of mobbing groups but also the significant individuals within them.

CRIMES AGAINST WHISTLEBLOWERS :

Individuals who engage in essential disclosure and whistleblowing regarding corruption, misconduct, and human rights abuses are often subjected to vilification, both in workplace environments and beyond. SLAPP (Strategic Lawsuits Against Public Participation) threats directed at whistleblowers and disclosers encompass intimidation, harassment, suppression, obstruction, significant deterrence, and relentless retaliation, including egregious harassment, bullying, exclusion, and financial and employment loss. Frequently lacking recourse, protective measures, or support for the whistleblower.

RECOMMENDATIONS:Whistleblowers/Disclosers :

Mandatory implementation of enhanced whistleblowing protection programs as integral component of occupational health and safety in all workplaces, regardless of ownership status.

• Retaliation is taken seriously within law enforcement and judicial processes.

• At the international level, policies that include compulsory action plans for implementation.

HEALTHCARE AND PATIENT SAFETY COMPROMISATIONS- WILMA SCENARIO:

One must consider the global standards of healthcare quality and patient safety. These facilitate healthcare facilities in obtaining and sustaining accreditation. Failure to adhere to these fundamental principles can readily result in the emergence of a crime victim. Health care quality is further characterized by its multidimensional attributes. Quality is commonly delineated across six domains. These domains serve as a framework for defining and assessing the quality of care. The six domains are commonly denoted by the acronym STEEEP: Safety, Timeliness, Efficiency, Effectiveness, Equity, and Patient- (or Person) centered care. The STEEEP framework posits that quality should encompass all six domains. In contrast, patient safety incidents are classified as follows: adverse event; sentinel event (death, permanent harm, or temporary severe harm); near miss; hazardous condition; and no-harm event. Illustrations of this can be observed in the compromises to patient safety and the right to health, M.D.

Tophus case scenario: Wilma, a paramedic exhibiting comparable attitudinal characteristics to those in the Shäpé scenario, responds to the residence of an 80+ year old female for emergency hospital transport. The patient exhibits signs of a swiftly escalating systemic infection. A discussion lasting over thirty minutes occurs with the legally binding caregiver. The caregiver implores for the urgent transfer of the patient to emergency medical facilities. The paramedic subsequently interrogates the now delirious patient, who fervently insists on immediate hospitalization due to infection. The paramedic advises the caregiver that it is preferable for the patient to pass away in her bed at home. Notwithstanding the aforementioned (the duration since the initial phone contact for an ambulance exceeds one and a half hours), the paramedic persists in resistance until the caregiver presents enduring guardianship and associated documentation. Wilma's paramedic partner promptly summons a second ambulance. The patient is conveyed to the nearest hospital. Prior to the ambulance departing from the patient's residential street, the patient commences complete interaction. Upon her arrival at the hospital emergency room before admission, she is seated and conversing on the stretcher. The patient receives treatment and survives.

RECOMMENDATIONS : Healthcare and Patient Safety Compromisations :

Incident analysis serves as an effective method for instructing patient safety, grounded in the actualities of patient experiences and clinical practice.

• Ideally, an independent ethics representative should be accessible in all healthcare settings as part of the do no harm principles already integrated into healthcare protocols.

• Expansion of patient support programs (walker's) in hospitals and other healthcare facilities.

• Patients and caregivers/family members should be informed from the beginning about the healthcare professionals duty of care and the necessity of informed consent.

• Enhanced obligatory disclosure to patients and caregivers regarding safety incidents/events that directly pertain to them.

• Incorporation of assessable components related to patient safety and quality in all healthcare recruitment interviews.

• Mitigation of patient selectionism concerning patient treatment (aligned with patients preferences and legally binding documentation).

• Mandatory disclosure of healthcare professionals engagement with unethical incentives.

• Elimination of the misuse of the adage to err is human.

SECOND VICTIM SYNDROME :

According to Wu, second victims are healthcare employees involved in an unforeseen medical error or adverse healthcare event that led to patient harm. Second victim syndrome is posited to affect all individuals employed in various healthcare sectors, including caregivers and direct support personnel involved in incidents, as they interact with clients and patients facing safety and life-threatening issues. This also pertains to law enforcement and other first responders or emergency services personnel. Second victims may exhibit analogous emotions and behaviors to individuals undergoing burnout. Providers may encounter emotional instability, social isolation, diminished concentration, and may disengage from their support systems.

RECOMMENDATIONS : Second Victim Syndrome (SVS) :

• Prompt debriefing should be provided to all participants; however, it is essential to acknowledge that some secondary victims may prefer not to engage in discussions about the incident, and this choice must be respected to avoid potential re-traumatization.

• Training on SVS, including risks associated with high-pressure work and prevention strategies such as self-care. This must be executed across healthcare system environments and involve interdisciplinary teams, leaders, healthcare professionals, and first responders, among others.

• Counseling outsourcing is accessible via Employee Assistance Programs (EAP) for all professionals experiencing vicarious trauma.

• Leaflets and informational pamphlets for counselling referrals concerning caregivers and family members of patients, particularly in instances of 'sentinel events.

CONCLUSION :

In conclusion, a more sophisticated comprehension of the psychological effects of crime on victims is essential for the formulation of effective interventions and support services. From a therapeutic perspective, the following psychological intervention modalities for trauma victims are frequently utilized: Cognitive Behavioral Therapy (CBT), occasionally in conjunction with psychopharmacological treatment; specific variants of CBT encompass Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy. Cognitive Therapy, Narrative Exposure Therapy (NET), and Brief Eclectic Psychotherapy. The simultaneous implementation of supportive measures—such as informed awareness, precise resources, robust accountability mechanisms, and effective promotion of adaptive resilience (as opposed to merely endorsing endurance or categorizing issues as system failure or perpetrator fallibility)—serves as complementary vehicles to these interventions. Therapeutic and systemic issues can be effectively addressed by enhancing professional awareness through research and updated guidelines to ensure sufficient and efficient diagnostic and treatment options. The interaction between the two was exemplified by the meticulous collection of evidence, the formulation of safety plans, accessibility to legal authorities, the acquisition of protection orders, and the entitlement to be informed of potential risks to one's safety. The revision of conventional victimology approaches, such as victim precipitation, within the realm of crime victims. Advancing the notion of offender typologies will inevitably facilitate effective profiling of individuals who engage in coercive control (including gaslighting), stalking, institutional abuse, gang violence (mobbing), crimes against whistleblowers, and violations of healthcare and patient safety. This could significantly guide future research endeavors. The integration of determinable ethics in the education of all healthcare professionals (e.g., psychologists,

physicians—including specialists such as psychiatrists, nurses), law enforcement, other first responders, and additional pertinent personnel is essential. A comprehensive reform of systems addressing abuse is necessary to recognize the aforementioned forms of victimization as serious, legally actionable, and deserving of services. Ultimately, examining from a therapeutic standpoint, a highly stressful life event (SLE) can provoke positive psychosocial development, known as post-traumatic growth (PTG)... It is contended that attaining this outcome is significantly more probable when one pursues effective therapeutic psychological counseling and support to promote positive advancement. With gratitude, the author's extensive experience in effectively treating symptoms of crime victims and related psychological disorders has fostered a profound understanding of the significant symptomatology and systemic challenges faced by these client sub-groups.

Conflict of Interest :

The author reports no conflict of interest regarding this article.

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