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Ancient Greek archon Solon is reported to have said:

"Justice will only be served when those who are not injured by crime feel as indignant as those who are."

Another wise voice from the past, Voltaire quipped:

***"To the living we owe respect.
To the dead we owe the truth."***

In the centuries since Solon and Voltaire shared their wisdom, very little change has been initiated to benefit the living and the dead. In fact, the original

Lois Haight Herrington in the Final Report of The President's Task Force on Crime¹.

Treatment by the medical community in terms of therapy . . . while it exists . . . falls far short of meeting the needs of victims and survivors. The medical community is extremely limited by federal, local, and state law, but they are also limited in access to victims and survivors during early days and hours. A time when intervention could yield rich rewards not only in helping victims and survivors but also in the knowledge they could gain from this early intervention.

When crime strikes, the victim and survivor are overwhelmed by trauma that goes far beyond normal human experience. At the onset of this trauma we are protected by shock, a psychological fog, that protects us from events that can be even far more damaging. Grief continues taking its toll on our emotions in the early days of the trauma, but we are nearly always unaware of the consequences that build to dangerous levels and after time, become can become insidious and dangerous.

This is a time when family other members, neighbors, friends, and countless others step in and take responsibilities that we cannot shoulder and follow them through to a conclusion or solution. We will never be aware of some of these events that happen, but there are tasks that we must focus on, such as the devastation of planning funerals, medical care, working with law enforcement agencies and even court proceedings.

I believe the term "Delayed Stress Disorder" is deceiving. It is illogical to believe that the trauma caused Stress Disorder hangs around, waiting to begin

collusion serves to mask PTSD symptoms and delays the course that grief must run and of course the prolonging of grief further delays the onset of stress disorder symptoms.

Stress Disorder Classifications as listed in the DSM-IV² define stress disorders as emotion based. However doctors in New York a few years ago photographed physical damage to the hypothalamus.

The DSM-IV describes PTSD, in around five pages. However, as valuable as this manual is, in my opinion it falls far short of properly defining this insidious illness. As a result, this errant definition allows local, state, and federal agencies to formulate the care victims and survivors receive with less than accurate information. Generally, these government agencies allow up to one year of psychiatric or psychological therapy that terminates at the first anniversary of the crime. However, it is quite common, in fact normal, that symptoms do not become visible for five or more years after the onset of the trauma.

I believe that life's stresses are both additive and

account of allowable stressors. However, the onset of trauma resulting from violent crime generally beyond the normal range of human experience, instantly bankrupts this allowable stress account. From that point, the additive and cumulative nature of stressors continues building in the negative direction. At this stage PTSD begins taking its toll even though it may be several years before symptoms gain visibility. Treatment of this illness is often productive but the reader must know that PTSD is not a curable disorder but it can be treated to a point of toleration.

I believe the following classifications better define stress disorders and if accepted could result in much better and more effective treatment of victims and an even better prognosis. They are listed in ascending order of severity.

- Compassionate Stress Disorder (CSD)
 - Compassionate stress while disturbing and painful, unlike the next two illnesses, is within the normal range of human experience and not likely to produce any lasting negative impact on

classmates, neighbors, and some friends.

- Temporary Stress Disorder (TSD)
 - TSD results from an unusual human experience but not necessarily beyond the normal range of human experience. Generally the onset of TSD will be delayed for a short period of time but not entirely unexpected. Persons in this classification will likely be distant family, friends, police officers, firemen, some military personnel, medics, counselors, and some natural disaster victims. Application of proper treatment protocol would generally be very effective and could require treatment protocols up to six months and might extend to twelve months post event. In these victims it is believed that panic and hyperactivity along with extended periods of numbness are among the classic symptoms of those who may be candidates for more intensive therapy. Under the right conditions or without

It is well known in the medical community that left untreated, these excessive stressors will cause damage to or the destruction of the human immune system. Because of PTSD and a compromised immune system the victim and survivor is susceptible to any disease or illness including the deadly variety that MIGHT otherwise have been prevented. Symptoms may include any or all of the following and many more, to list a few, and these normally will be masked by grief at the onset of the trauma and for several years after that:

- Illegal activities
- Self medication
- Run away from home
- Avoidance of responsibilities and or commitments
- Withdraw from school
- Sleep Disorder
- Hypervigilance
- Long and Short Term memory

include therapy with a psychologist or psychiatrist; one state allows one hour per month per victim and survivor with up to one year duration. From personal experience, my psychiatrist told me that to be treated to a point of toleration would require one hour per week for a minimum of five years. Since victim's compensation had met its one year statute limits for me it signaled the termination of treatment because I could not afford the \$175.00 per hour fee. Two years later I was forced to retire. I could not begin to name all those I have been associated with that met this very same stone wall.

A few days post onset for me I became a volunteer with a victim support group in Seattle and attended group sessions once or twice a month until 1990. These sessions were victim facilitated and by 1993 I realized that the most effective and long-term therapy that I received was because of these and similar group therapy. In 1990 I became a co-founder of another group and facilitated or co-facilitated many of the group sessions that the new organization held. My active participation ended in mid 1992 when my late wife's breast cancer metastasized. Stage four cancer

From 1993 to 1996 I was to learn a significant amount of information about this stress disorder. In 1996 and early 1997 I answered a call for papers from the 9th International Symposium on Victimology and wrote two research papers on Post Traumatic Stress Disorders that were presented for me at the University of Amsterdam. It is rare when a layperson receives such an opportunity to present papers. It was even more rare when my papers are included in the final report.

One extremely vital lesson that I learned is that the most effective treatment available for crime victims and survivors is not the familiar professional therapy or professionally facilitated group sessions but victim-facilitated groups. Simply put, the best help available for victims and survivors of violent crime are other victims. However, this is not to say that I frown on professional therapy. Quite the contrary, I believe that there are many symptoms would indicate an essential referral to a professional therapist: some of these would be flashbacks, self medication, substance abuse, anxiety difficulties, anger, sleep disorders and numerous others.

HEALING ?

Victims have always been told to "Get over it! Get on with your life . . . !" This and many similar, insensitive statements come from those who have not experienced the devastation of violent crime. There simply is NO "Getting over it . . . " How many times do we hear from society that we must heal, that we need closure to get on with our lives. Both healing and closure are nebulous, empty terms that have no place or meaning in the lives of Victims and survivors.

There is NEVER closure or healing for victims and survivors but in the passage of many years time we slowly come to integrate the traumatic events into our lives. Like arthritis it hurts deeply but we can eventually add it into our lifestyle but NEVER heal or get over the devastation left in the wake of violent crime trauma.

VICTIM VULNERABILITY ISSUES:

Additional elements of victimization far too complex

Without great care and victim therapy intervention we often become more dependent on others to continue helping out. We plunge into a serious lack self-doubt and, as our self-confidence wanes, we loose a great deal of self-sufficiency, and these only add to our traumatic stress levels.

The last element for discussion is revictimization. There exists in each victim and survivor, a beacon that seems to mark us as victims. Many of our families, friends, associates, and other acquaintances are in tune with our feelings and us. They are not the only ones able to receive and read these beacons though. The criminal element is lurking about . . . waiting to take advantage and re-victimize us repeatedly.

As victims and survivors, we are prone to suffocate under the stressors of everyday life but we also become more sensitive and caring persons and this places us perilously close to dropping our guard and trusting even those we should not.

How and why these symptoms present and add to our

One added fact that the victim and survivor must consider. With the very real possibility of a compromised immune system, we are weakened to the onset of serious, often deadly illnesses. We cannot escape these possibilities however there is nothing that says that we must help these illnesses and diseases ravage our already devastated bodies and emotional well being. We must take extra measures if we are to avoid these consequences. Proper nutrition, weight control, and exercise will take us a long way toward a goal of refusing to help these diseases gain a foothold.