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WHO IS IN NEED OF VICTIM SUPPORT?: THE ISSUE OF
ACCOUNTABLE, EMPIRICALLY VALIDATED SELECTION
AND VICTIM REFERRAL

ABSTRACT. The tremendous growth in victim-oriented laws granting various rights to crime victims, which emerged worldwide during the last two decades, has initiated a renewed research interest in the varied aspects of the 'needy victims' concept. Highly sophisticated theoretical models, indicating various risk factors (e.g. external control, upward relative risk assessments) and protection factors (hardiness, behaviour attributions), were developed to explain which crime victims are in need of victim support. The practical validity of these models is relatively low: at the police level there are simply no resources to conduct lengthy diagnostic interviews with crime victims. This article aims to bridge the gap between sophistication and mundane selection of needy victims. The focus is on a simple selection instrument, namely the victim's psychological condition prior to the victimization. Analyses suggest that low pre-victimization well-being constitutes a central risk factor, predicting a delayed deterioration in post-victimization well-being, and longer term psychological distress, which is manifest ten months after the victimizing incident. The 'traffic light' model is discussed as a simple selection tool, which might be used during the 'witness' interview. Such a model may also be used by defense attorneys to examine if clients were appropriately assessed as needing support after describing their experiences to the police. For the prosecutor's office the 'traffic light' model offers an instrument to predict which victims might benefit from a personal interview with the prosecutor. Some implications of low well-being for studies on repeat victimizations are discussed, inter alia in terms of a potential mood congruence bias, that might result in inflated estimates of multiple victimizations.

Worldwide there is an enormous gap between the total number of crime victims and those who receive official victim support. For example, in the Netherlands millions of people are victimized each year. The Netherlands Victim Support, however, is only engaged in 130,000 contacts with victims of crime and of traffic accidents annually. However, this does not necessarily indicate a problem. Not all victims are in need of support, and victim services should only be supplied to "needy victims" (Winkel, 1991a).



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Various researchers in the field of psychotraumatology (Brom, 1995; Drabek, 1986; Lazarus, 1995; Quarantelli and Dynes, 1985; Rachman, 1990; Saigh, 1984; Solomon, 1995; Van den Bout and Havenaar, 1995) have reported being rather astonished by the coping potential of victims exposed to very severe catastrophes generally involving events that are far beyond normal human experience. For example, in reviewing the psychiatric literature published during the second world war, when London was under the German blitz, Rachman concluded (1990: 23): “rapid habituation (*adaptation*) to the intense stimulation that signaled the imminent appearance of danger is one of the most striking findings to emerge from these experiences.” In a similar vein, Solomon (1995), in examining the Israeli response to the Gulf war and the Saddam initiated scud attacks, noted: “taken together, the findings all point in the same direction: they show that on the whole Israelis coped *adaptively* with the stresses of the war” (p. 53).

If *adaptation* appears to be the normal response to rather extreme events, one would expect a similar picture to emerge in criminal victimology (Winkel, 1995). Empirically this is indeed the case. Denkers (1996), on the basis of a longitudinal study, suggested: “our findings display an optimistic picture of the coping abilities of the average victim. Most victims appeared to be capable of overcoming the crisis, without suffering a severe trauma. Most victims in these studies did not experience a dramatic deterioration of their well-being, nor did they endure an extreme increase in fear, not immediately, not in the short term, nor in the long term” (p. 123).

In view of these studies the critical issue is how to select the victims needing external support. Utilising a comparative standard (e.g. in comparison to non-victims) one might argue that needy victims are those victims reporting a relatively high level of post-victimization fear of crime, a relatively low psychological well-being, and/or a relatively high level of post-victimization distress. The correct selection of such victims is not only important because of economic considerations (scarce and limited victim-orientated services, and their usual method of outreach, should be deployed efficiently); incorrect selection may also contribute to undermining the corporate image of victim support. There is some anecdotal evidence suggesting that some victims, who were *not* in need but

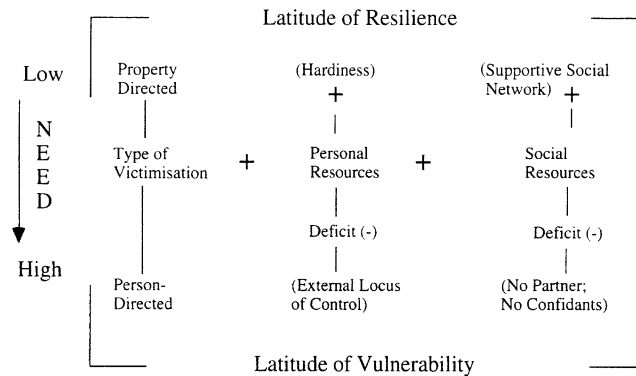


Figure 1. Basic theoretical structure to explain which victims are in need of 'victim support'.

were nonetheless actively approached by victim support, tended to react in terms of "why do you bother me, don't you have something better to do?"

Empirically based knowledge on predicting who will be needy victims has expanded substantially during the last two decades. Several theoretical prediction models, inter alia based on social psychological studies, are currently available. The basic structure of such theories, in a simplified version, is represented in Figure 1.

Figure 1 suggests that needy victims consist of a sub-group, exhibiting a deficit in *personal* (intra-individual) *resources*, and a deficit in *social* (inter-individual) *resources*. The focus of this article is on personal resource deficits, or so called risk factors, representing an enhanced susceptibility to a (more or less) intrusive impact of the victimizing event. For a detailed discussion of social resources we refer to Denkers (1996), Winkel and Denkers (1995) and Denkers and Winkel (1996). The lists of empirically affirmed risk/vulnerability factors are long, and tend to get longer over time (Morgan et al., 1995; Winkel, 1987a, 1987b, 1989a, 1989b, 1991a, 1991b, 1991c, 1994; Winkel and Koppelaar, 1988; Winkel and Vrij, 1993a, 1993b, 1996). Examples include an external locus of control, a lack of hardiness, life stress prior to victimization, previous victimizations (coped with unsuccessfully), dispositional pessimism, upward comparative risk assessments, high trait anxiety, engaging in character attributions, and a high need for affiliation. However, soon we will arrive at a chaotic picture involving a great number of factors.

Nevertheless the development of such models has some intrinsic theoretical value. For (mental health) practitioners such models provide guidelines for designing effective diagnostic interviews, enabling a prediction of the client's likelihood that (s)he will suffer from more or less severe psychological distress symptoms. In the context of victim support, however, the "sociotechnical validity" (Winkel, 1987c) of these models is rather low. Generally victims are mainly referred to victim support via the police: the selection – issue (who is in need?) thus is specifically under the control of police-officers. The police do not have the resources (and are not motivated) to engage in lengthy diagnostic interviews to come to a well-informed selection and referral decision. What is needed here are extremely simple selection instruments consisting of a few (four or less) filter items, instead of several dozen, which can easily and flexibly be incorporated in the ongoing witness interview. Of course, there is a price to pay for simple selection: prediction accuracy will be lower than accuracy based on precise and extensive assessment of a series of risk factors. This price may be acceptable if the ultimate instrument works better than chance, or a purely subjective assessment of victims' needs.

Striving at more parsimonious theories, a reemerging trend in recent studies is to look for common dimensions underlying the various risk factors through factor analytic approaches. Such integration is also taking place at a more conceptual level: Kobassa's (1979) analysis of (lack of) hardiness as a risk factor is a nice illustration. Winkel, Denkers, and Vrij (1994) suggested that a common factor underlying their risk factors is "dispositional pessimism". Winkel (1987b) suggested "low self-efficacy" as a common denominator (of six specific risk factors, including external control, high state anxiety, and upward victimization risk estimates), and Denkers and Winkel (1994) "high dependency." Obviously such common denominators are also attractive devices in designing simple selection tools. If a quick assessment of a victim as a pessimist or an optimist, for example, suffices for a relatively accurate prediction of longer term distress likelihoods, a lot of energy and time can be saved (Lurigio and Resick, 1990; Norris and Kaniasty, 1994; Perloff, 1983; Resnick et al., 1992).

Getting practical answers to the question of who are needy victims is also important from a more general legal point of view. The legal significance of the concept of a 'needy victim' has grown substantially during the last two decades. The potential set of needy victims, for example, has expanded tremendously due to substantial increases in the production of victim related 'law in the books'. This trend has occurred throughout the (Western) world. Almost all US states have passed victim rights legislation (e.g. State of Minnesota, 1994), the European Forum for Victim Services (1996) published a "Statement of Victims' Rights in the process of criminal justice", the Home Office (1990) issued a "Statement of the Rights of Victims of Crime", commonly referred to as the "Victim's Charter", in the Netherlands victim related guidelines specifically addressing the police, and the office of the public prosecutor were issued in 1986, in 1987, and, again in 1996 (Morgan et al., 1995; Wemmers and Winkel, 1997), and the United Nations General Assembly (1986) adopted the "Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power". One of the more basic rights introduced in all of these documents is the "victim's right to receive information", which always includes the right to get properly referred to other agencies, either within the criminal justice system itself, or to outside adjacent agencies, such as victim support. In view of the fact that the police are the frontline organisation with which a clear majority of crime victims have their first official contact the importance of police involvement in deciding who are needy victims is obvious. However, such decision-making is not restricted to the police: it also relates to public prosecutors and judges. The European Forum (1996: 6) for example suggests that these authorities should provide needy victims (that is, "cases where particular distress may be expected") with an opportunity for a personal interview, to enable these victims fully to understand what is happening. Regrettably, an enormous discrepancy between victim related law in the books and the law in action – the criminal justice system providing opportunities for victims to also enforce these paper rights – is regularly noted (Wemmers and Winkel, 1997). From this perspective, the present analyses may be considered a modest empirical attempt to redress this legal imbalance slightly.

The focus of this study is on the suitability of pre-victimization psychological well-being as a simple selection tool. Specifically we were interested in examining the predictive longitudinal utility of this measure. Does knowing that a victim was not doing very well psychologically prior to the victimization result in accurate assessments of how that victim is doing after victimization? Moreover we were interested in examining the level of association between pre-victimization well-being and the exhibition of long term (in particular ten months after the incident) psychological distress symptoms. If these patterns emerged empirically, the role of pre-victimization well-being as a simple selection instrument is underlined. Actually, two of our prior studies already point in such a direction. In a study of victims involved in traffic accidents (Winkel and Renssen, 1997) those exhibiting low pre-victimization psychological well-being reported (relative to non-victims and high well-being victims) reduced positive affect after the incident, and feeling less safe when participating in traffic. Factor analyses reported by Denkers and Winkel (1994, 1997) moreover suggest that psychological well-being is strongly related to other risk factors, such as 'hardiness' (Kobassa, 1979), an 'internal locus of control' (Den Hertog, 1992), 'prior life stress' (Cook et al., 1987; Winkel, 1989a, 1989b), an 'anxious style of information-processing' (Kreitler and Kreitler, 1988; Winkel and Van der Wurff, 1990), and a high 'need for affiliation' (Hill, 1987).

METHOD

The Vrije Universiteit Amsterdam (VUA) Longitudinal Study on the Psychological Impact of Criminal Victimization – the VUA study – was conducted from September 1992 till January 1996. Preparations for this study started in the beginning of 1990, and consisted of a systematic review of the pertinent victimological and psychological literature up to 1990. On the basis of this review a series of relevant measuring instruments and victimization scales were suggested. This review was conducted in collaboration with drs Jan-Willem van der Velde, who was financially supported by the 'Amsterdam Mens en Recht-Foundation' and the 'Crime Prevention Directorate' of the Dutch Ministry of Justice. In 1992 these measures were empirically

explored and pre-tested in collaboration with dr Adriaan Denkers, who was financially supported by the 'Central Directorate for Scientific Development and Scientific Policy' of the Dutch Ministry of Justice, and (later) by the Department of Social Psychology and the 'Mens en Recht- Foundation'. These studies formed the basis of the currently reported longitudinal data, which now form part of the Quality of Victim Assistance Programme, financially supported by the *Achmea* Foundation.

The VUA-study basically consists of a series of measurements among crime victims and a matched (for age, sex, degree of urbanisation, and household composition) sample of control subjects/non-victims over time, namely at $T_{(0)}$ (prior to victimization), and at various post-victimization times (at $T_{(1)}$, – within 2 weeks of the victimization, at $T_{(2)}$, – 1 month after, at $T_{(3)}$, – 2 months after, at $T_{(4)}$, – 4 months after, at $T_{(5)}$, – 8 months after, and at $T_{(6)}$, – 10 months after the incident). All $T_{(0)}$ measures relate to 5,218 subjects, belonging to the 'Telepanel Foundation', and comprise a sample representative of the Dutch population. This foundation operates with a computerized method of data gathering: questionnaires are sent out, each week, from the central computer via a modem to personal household computers (which were made available by the Foundation, free of charge). Participants tend to respond during the weekends, at a time convenient to them. After the $T_{(0)}$ – questionnaire, each week respondents were asked if they had been victimized. In case of an affirmative answer these respondents (after considering the type of victimization, the financial and physical consequences, etc.) were put in into our victims sample. Victimization relate to household burglary, contact robbery, threat, assault, and sex related crime. Sampling continued until 200 victims of person directed, and 200 victims of property directed crimes were registered.

In the present context only two measures are relevant, namely psychological well-being and (long term) psychological distress. Psychological well-being was measured via a Dutch version of the Satisfaction With Life Scale (Diener, 1984; Diener et al., 1985), consisting of five items (sample item: "In most ways my life is ideal"). The scale turned out to be reliable ($\alpha = 0.85$). Well-being assessments were made at all measurement times (from $T_{(0)}$

to $T_{(5)}$). Psychological distress was assessed via a Dutch version (Arrindell and Ettema, 1986) of the Symptom Checklist – 90 (SCL-90). Among the numerous self-report measures used to assess psychopathology, this SCL-90 is one that has received extensive clinical use, and has been the focus of much research interest (Carpenter and Hittner, 1995). Ratings were requested for eight different symptom groups: anxiety, agoraphobia, depression, somatic complaints, insufficiency of thinking and behaviour, interpersonal sensitivity, hostility, and sleeping problems. Sample items illustrating anxiety included “suddenly scared for no reason, feeling fearful, and feeling tense or keyed up”. Sample items relating to the agoraphobia dimension included “feeling afraid in open spaces or in public, feeling afraid to get out of your house alone, feeling afraid to travel on buses, subways or trains”. Depression items included “thoughts of ending your life, feeling of being trapped or caught, and feeling no interest in things”. Items relating to somatic complaints included “headaches, pains in lower back, and heart pounding or racing”. Insufficiency of thinking and behaviour items included “feeling that you are watched or talked about by others, other people being aware of your private thoughts, and hearing voices others don’t hear”. Interpersonal sensitivity items included “feeling others do not understand you or are unsympathetic, others not giving you proper credit for achievements, feelings of worthlessness, and feeling inferior to others”. Hostility items included “having urges to beat, harm, or injure someone, temper outbursts that you could not control, and the feeling that most people cannot be trusted”. Sleeping problems items included “having difficulty falling asleep, waking up too early, uneasy or disturbed sleeping”.

RESULTS

The development of psychological well-being was examined on the basis of a two level factorial design: the first level consisting of ‘*victims at risk*’, that is victims scoring one standard deviation below the overall mean of pre-victimization psychological well-being at $T_{(0)}$; while level two comprised the control subjects, who did not report a criminal victimization. This analysis resulted in a significant multivariate main effect: $F_{(5,273)} = 22.39$ ($p < 0.001$). Univariate

differences between the two groups emerged at all measurement times: at $T_{(1)}$: $F_{(1,201)} = 33.40$ ($p < 0.001$); at $T_{(2)}$: $F_{(1,201)} = 51.98$ ($p < 0.001$); at $T_{(3)}$: $F_{(1,201)} = 30.22$ ($p < 0.001$); at $T_{(4)}$: $F_{(1,201)} = 18.57$ ($p < 0.001$), and at $T_{(5)}$: $F_{(1,201)} = 40.27$ ($p < 0.001$). (Similar test statistics emerged if these ‘victims at risk’ were contrasted with low well-being controls, while no differences emerged if controls were contrasted with ‘victims *not* at risk’.) These analyses thus boil down to the finding that these victims tended to exhibit a substantially lower level of post-victimization well-being relative to controls; moreover pre-victimization well-being appeared to have a rather substantial temporal stability in the control group. The respective means (represented as $M(v)$ for victims, and as $M(c)$ for control subjects), where a higher score indicates higher well-being, were as follows: at $T_{(1)}$: $M(v) = 3.29$ versus $M(c) = 4.83$; at $T_{(2)}$: $M(v) = 3.16$ versus $M(c) = 4.95$; at $T_{(3)}$: $M(v) = 3.48$ versus $M(c) = 4.94$; at $T_{(4)}$: $M(v) = 3.73$ versus $M(c) = 4.95$, and at $T_{(5)}$: $M(v) = 3.31$ versus $M(c) = 4.92$. The ‘victims at risk’ reported a reduction in well-being post-victimization: the size of this reduction varying over time.

According to Figure 2 for ‘victims at risk’ there is still a substantial reduction in well-being at $T_{(2)}$, which tended to decrease at $T_{(3)}$ and $T_{(4)}$, and to re-emerge at $T_{(5)}$. Thus victims reporting low well-being prior to their victimization tended to exhibit a clear deterioration in well-being one month after the victimization, to exhibit some improvement after two and four months, and to exhibit another negative peak after eight months. Pre-victimization well-being thus appeared to have at least some predictive utility, in particular in explaining a somewhat “delayed” (one month after) negative impact on well-being due to victimization. In further exploring this utility the associations between psychological well-being (at $T_{(0)}$ to $T_{(5)}$) and long term post-victimization distress symptoms (SCL-90) were examined (see Table I).

The pattern emerging in these correlations generally is very consistent. Furthermore, all well-being measures, that is both at pre- and all post-victimization measurement times, appeared to correlate significantly ($p < 0.001$) with an overall measure (combining the various symptom groups) of distress ten months after the incident. The respective correlations were 0.32 ($T_{(0)}$; $p < 0.001$), 0.28 ($T_{(1)}$;

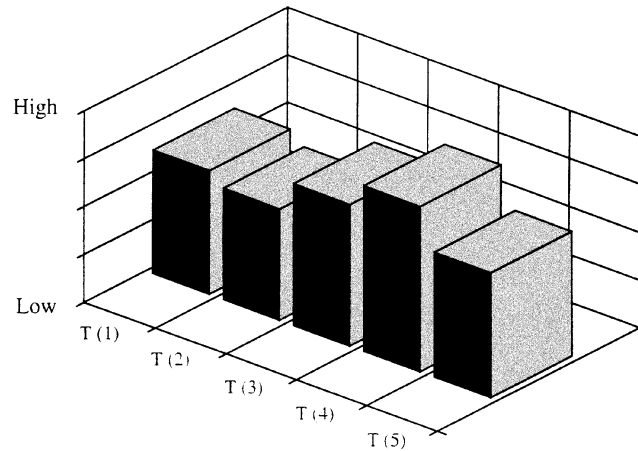


Figure 2. Effect size of a reduction in psychological well-being: 'victims at risk' relative to 'controls'.

TABLE I

Correlations between pre- ($T_{(0)}$), post-victimization ($T_{(2)}$ and $T_{(5)}$) well-being and long term (after 10 months) psychological distress

Well-being:	$T_{(0)}$	$T_{(2)}$	$T_{(5)}$
Psychological distress (SCL-90)			
Agoraphobia	n.s.	n.s.	0.25**
Anxiety	0.23**	0.25**	0.30**
Depression	0.32**	0.32**	0.34**
Somatic complaints	0.26**	0.27**	0.26**
Insufficiency of thinking	0.30**	0.31**	0.34**
Interpersonal sensitivity	0.34**	0.38**	0.35**
Hostility	0.19*	0.25**	0.21**
Sleeping problems	n.s.	n.s.	n.s.

** : $p < 0.001$; * : $p < 0.05$

$p < 0.001$), 0.33 ($T_{(2)}$; $p < 0.001$), 0.26 ($T_{(3)}$; $p < 0.001$), 0.38 ($T_{(4)}$; $p < 0.001$), and 0.34 at ($T_{(5)}$; $p < 0.001$). Table I suggests that such correlations systematically emerged on the various separate symptom groups (insignificant associations only tended to emerge on agoraphobia and on sleeping problems). Obviously, well-

being at critical periods (at which victims reported deteriorations in well-being) appear to be relatively good predictors of longer term likelihoods of psychological distress. The most interesting in the present context are the associations of psychological distress with pre-victimization well-being. Victims exhibiting low psychological well-being prior to their victimization thus typically tend to be at risk for developing distress symptoms, in terms of anxiety, somatic complaints, and depression, in the long run. These victims particularly were considered as needy victims.

DISCUSSION

Empirical analyses of risk and protection factors, determining a victim's susceptibility to a damaging psychological impact of the victimization, have over the years resulted in highly sophisticated theoretical profiles, enabling accurate predictions of victims who will be in need of victim support. In contrast, however, in a majority of cases the selection of needy victims takes place at a rather mundane level, when victims are reporting their experiences to the police. Bridging the gap between theoretical sophistication and the relatively simple selection opportunities at the police level was the major focus of the present study. The present analysis suggests that the psychological condition of the victim prior to the victimization can be used as a basis for making simple selection decisions. Our data suggest that low pre-victimization well-being has, at least some, predictive utility and thus can be considered a risk factor. More specifically, low well-being prior to the victimization appeared to be associated (1) with a delayed negative response to the victimization, in the form of a deterioration of well-being one and eight months after the victimization took place, and (2) with longer term symptoms of psychological distress (as measured via the SCL-90), which were manifest ten months after the victimization.

At the police level what comes closest to an assessment of prior well-being is the simple question 'How are you generally doing in life?' (while trying to avoid a too heavy focus on the current experience). It may be sensible now to aim at some form of quantitative (like) assessment. The police officer, for example, might ask the victim to grade his or her general well-being on a ten-point scale

(utilising the fact that all persons in the Netherlands are familiar with such 'grading scales', which are common at all levels of education). If the victim scores an eight, nine, or a 10 then there is no indication to select this victim for support (or to categorize this victim as a needy victim), and there generally is no point in referring this victim to victim support. However, if the victim is scoring in the region four to seven there is a clear indication for selection and the available victim support facilities should explicitly be considered by the police officer during the witness interview. From the point of view of victim support these victims should be actively approached (via telephone). If the victim is scoring in the one to three region (s)he should be considered as having a strong indication for referral to victim support (and victim support workers should consider making a decision to refer this particular victim to the mental health system). This categorization should be considered a general rule of thumb. In terms of a traffic light: victims in the last group representing a *green light* of immediate progress to victim support (police guided referral), victims in the middle group representing a cautionary *amber light* (providing explicit referral information), and those in the first group representing a *red light* regarding progress to victim support (no referral). Obviously, this practical rule of thumb needs further empirical validation: future studies should carefully examine the proportions of correct decisions it creates relative to false positives, and false negatives.

In terms of Figure 1 the present rule of thumb merely relates to potential deficits in personal resources. To enhance selection accuracy it would thus be wise also to consider the other two model parameters. A police officer thus should apply the rule in combination with an assessment of the type of victimization reported, with a particular focus on the situational circumstances under which it occurred (how abnormal, or how far is this experience beyond normal human experience), and a general assessment of the availability of a supportive network (e.g. does the victim have a partner, or a significant other (s)he can talk to?). Future studies on selection accuracy might thus be expanded to designs representing a combination of these parameters. Moreover, the traffic light model may offer a starting point for further study of other types of selection decisions, e.g. in predicting which victims are particularly in need of

a personal interview with an examining judge, a public prosecutor, or any other criminal justice authority whose decisions may have an adverse psychological impact on them.

The present data might have some interesting theoretical ramifications in other victimological domains. Repeat victimization is an emerging focus of various recent victimological studies. Data suggest (Hakkert et al., 1996; Sparks, 1981; Trickett et al., 1992) that substantial numbers of victims reporting an incident to the police are not fresh victims, but are actually victims who have undergone a more or less similar criminal experience in the same year. In the present context repeat victimization is an interesting concept in terms of its status as a *risk* or *protective* factor. There is substantial empirical evidence suggesting that prior life stress (Cook et al., 1987; Winkel, 1989b) should be considered a risk factor, or a predictive marker of relatively maladaptive coping with a current victimization. This evidence thus, at least implicitly, also suggests (1) that prior victimization constitutes a risk factor (or that repeat victims particularly should be considered needy victims, and should thus be referred to or selected by victim support) and (2) that maladaptive coping appears to be associated with a higher level of (*objective*) exposure to negative life events (in other words: good copers tend to report fewer numbers of prior negative life events, bad copers tend to report higher numbers). Both suggestions are not without problems: actually, the current data suggest a number of alternative speculations.

Focusing on the first suggestion, the argument would be that prior victimization as such is simply irrelevant for resolving the issue of its precise status. Prior victimization is not the clue, but more specifically the *type of coping* with that victimization. Thus, maladaptive coping with a prior victimization (resulting in reduced psychological well-being; Sue et al., 1996) predicts maladaptive coping with future victimization, and maladaptive coping with a current victimization (given low pre-victimization well-being). In a similar way, successful coping in the past with a prior victimization is indicative of both current and future coping success. The basic hypothesis (which needs further empirical scrutiny in future studies) here is that these laws of effect are mediated by psychological well-being, or that well-being is the hinge connecting these processes.

The arguments presented fit in very nicely with the two perspectives – the *inoculation* or *resilience* perspective, and the *vulnerability* perspective, suggested in the more general literature on traumatic stress studies. Both perspectives were eloquently and concisely presented by Solomon (1995: 143–144):

the inoculation perspective holds that stress contributes to the development of useful coping strategies: that each similar hardship increases familiarity, leading to a decrease in the amount of perceived stress, and enabling more successful adaptation in future stressful situations (...). Eysenck (1983) refines this view somewhat by proposing the utility of both similar and dissimilar stressors. A stressor, he states, can promote either ‘direct tolerance’ of *similar* stressors in the future, and/or ‘indirect tolerance’ of *dissimilar* stressors. A study by Norris and Murrell (1988) (...) supports the utility of similar stressors. The studies cited above provide support for the utility of dissimilar stressors.

The vulnerability perspective is characterised as follows:

it considers repeated exposure to stressful events as a risk factor. It holds that every stressful life-event depletes available coping resources and thereby increases vulnerability to subsequent stress. (...). Various studies suggest that exposure to traumatic events leaves the victims more vulnerable in general (p. 144).

From the perspective of psychological well-being the assumed (negative) relation between (objective) exposure to negative life events and relatively maladaptive coping with the current victimization might also be related to a particular bias in memory retrieval processes (mood congruence effect). Various psychological studies (Crombag and Merckelbach, 1996) suggest that memory retrieval processes are mood, or more generally, state dependent. An interesting study was reported by Gilligan and Bower (1984) who studied people who had (objectively) experienced both positive and negative events. If negative mood was induced subjects more easily remembered negative events, and if positive mood was induced subjects more easily retrieved positive events. One might argue that low psychological well-being is generally indicative of dejective mood, and high well-being of a more favorable mood. If a mood congruence bias is actually operating in crime victims, then low well-being victims tend to remember prior negative life events more easily. Future studies should thus examine if the assumed negative relation discussed here actually represents objective differences in prior life stress, or merely reflects a mood based memory-bias. An

interesting corollary is that in victimization studies victims more easily remember prior victimizations than do non-victims. Memory biases might then result in inflated estimates of repeat victimizations (telescoping).

The present analysis suggests that a negative psychological condition prior to the victimization is associated with a delayed deterioration in post-victimization well-being. The focus of the present article was not on explaining the why of this association. However, a recent study by Winkel and Denkers (1996) hints at a specific underlying psychological process, namely a deficit in engaging in downward comparisons. Their data suggest a positive relation between coping success and downward comparisons (selective evaluations; Winkel and Steinmetz, 1990) made by victims. Successful copers more forcefully tend to exhibit responses to the experiences in terms of "It could have been worse" (and similar types of responses). Thus, an effective supportive intervention for the presently considered low well-being victims is to create opportunities for downward comparison. Obviously, this hypothesis also needs further empirical scrutiny.

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