**DEBUNKING THE CONCEPT OF THE PERFECT VICTIM: A TRAUMA-INFORMED APPROACH TO VIOLENCE AGAINST WOMEN AND CHILDREN**

*Submitted by the Child Witness Institute*

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| **KEY CONCEPTS** | |
| Trauma | Trauma-informed approach |
| Pathology | Mental Illness |

The follow is based on the resource: “*Implementing a Trauma-Informed Approach To VAWG: A Guide for Statutory Services*”.[[1]](#footnote-1)

One of the weaknesses of the criminal justice system is the deep-seated misperception that a victim of sexual violence will behave in a particular way; often termed the ‘perfect victim’. The perfect victim is one who has been sexually assaulted by a stranger, has medical injuries/evidence to prove the assault took place, is able to identify their attacker (or can provide reasonable detail about them), reports the crime to the police immediately and can provide a coherent, structured and rational account of the attack to the police, prosecution and court. In reality, however, victims can present with a myriad of alternative reactions, depending on the nature and context of the crime, its duration and frequency, their relationship with the offender, their understanding of what has occurred, and other factors. When we take these alternative, and more likely factors into account, victims often behave and react in anything other than a ‘perfect’ way.

What, then, are the behaviours and thoughts one can expect from the victim. Firstly, it must be acknowledged that each victim can and will behave differently, depending on the context of the violence they have experienced. As such, the impact of violence is elastic and no one-size-fits-all set of reactions can be used to measure the victim’s behaviours. Some victims, who are well supported and safe from further abuse, may present with some semblance of resilience and positive coping skills. On the other hand, a victim who receives little support and continues to fear further attacks from the offender, may present with chaotic reactions, including, self-harming, substance abuse, suicidal thoughts and more.

**What are the different theoretical approaches to assessing mental health and human distress?**

There is a global move towards assessing victim behaviour using a trauma-informed lens. A trauma-informed approach is a theoretical and philosophical approach to understanding mental health, disorders, illness, distress and abuse. It is, however, not the most commonly used approach to understand human distress. The medical model is more widely used. This model views the behaviour and thoughts of victims of crime as an indication of mental disease or disorder resulting from the trauma they have experienced. This results in victims being referred to mental health services when they disclose abuse or violence. And usually, these referrals result in diagnoses of mental illness or disorder. These diagnoses tent to be viewed as a weakness or, in a forensic context, as grounds to discredit the victim’s account of a crime because such a mental illness or disorder can affect the victim’s memory of the events.

If, however, victims’ behaviours and thoughts are assessed using a trauma-informed model, then these behaviours are viewed as arising from past or current trauma and not as a result of mental illness or disorders/pathology. Such trauma responses are then understood to be normal, natural, logical, valid and expected and victims will not be diagnosed as mentally ill or disordered when they have experienced violence. Therefore, when trauma is present, the victim should not be referred for a mental illness or disorder diagnosis. Rather, the victim should be assessed for trauma impact and their behaviour and thoughts explained within this context.

Criminal justice system language about victims of sexual violence and abuse is more often framed within the medical model and encourages the pathologizing of these victims. Some examples of this language include:[[2]](#footnote-2)

* “Ever since she was abused, she has serious attachment issues”.
* “He has anxiety disorder”.
* “The girls in this case all have severe mental health issues from the abuse”.

Trauma-informed language would communicate these statement as follows:[[3]](#footnote-3)

* “Her perpetrators groomed her in order to harm her, she is now cautious of forming new relationships, and is re-evaluating existing relationships”.
* “His perpetrators made him feel very scared, he is now often frightened that they will harm him again. Due to this, he lives in a state of fear, and is often anxious and scared. This can show up in related and unrelated situations, but is a very common trauma response”.
* “The girls in this case are suffering with their wellbeing due to the trauma inflicted on them. Many of them experience flashbacks, nightmares, or become triggered by smells or places. Some of them are trying to take back control in various ways. While this isn’t always healthy, it is a very common coping mechanism, and we must support them to process their trauma safely”.

Mental illness or disorder diagnoses are often used to ‘prove’ harm and trauma in legal environments, and, without them, professionals feel that they cannot prove the harm to the victim. Due to the medical model being the one most supported, these diagnoses are frequently used in legal cases (civil, family and criminal) to demonstrate suffering or harm. However, the same diagnosis is often used to discredit the victim in court. A trauma-informed criminal justice system requires an adjusted approach where more time is spent recognising and understanding how violence, abuse and exploitation affect the trauma experienced by the victims. The justice system must move away from pathologizing victims and labelling their behaviour a disorder or illness when, in fact, it is a valid coping mechanism used to survive the violence.

What does a trauma-informed criminal justice system look like? All police, prosecutors, social workers, medical officers, presiding officers and any other relevant system stakeholder need to examine the way they approach cases of violence against women and children. Key issues include:

* Do women and children trust you and the service you provide?
* Are you and your colleagues adequately and continuously trained to support victims when they are subjected to violence and abuse?
* Does training include learning about forms of violence, psychological trauma and support skills when working with victims?
* Are all levels of personnel trained, including, senior staff who lead and manage their staff to respond effectively?
* Do personnel recognise and understand their own vicarious trauma, burnout, bias and compassion fatigue in cases of violence against women and children?
* Have you investigated whether your service does not retraumatise or traumatise victims who come forward?

Trauma-informed access to justice is the approach to ensuring that victims of crime are supported by trained and informed justice personnel to access and navigate the justice process easily, effectively and without experiencing further harm, and receive the level of legal assistance they require in order to achieve a fair outcome, without pathologizing them.

1. Taylor, J. 2022. **Implementing trauma-informed VAWG Services**. VictimFocus Publication. [↑](#footnote-ref-1)
2. Ibid [↑](#footnote-ref-2)
3. Ibid [↑](#footnote-ref-3)