



## PTSD symptom clusters, feelings of revenge, and perceptions of perpetrator punishment severity in victims of interpersonal violence

M.J.J. Kunst\*

Leiden University, Faculty of Law, Institute for Criminal Law and Criminology, Room C1.23, P.O. Box 9520, 2300 RA Leiden, The Netherlands

### ARTICLE INFO

Available online 7 September 2011

#### Keywords:

PTSD symptom clusters  
Feelings of revenge  
Violent victimization  
Perceived perpetrator punishment severity

### ABSTRACT

Feelings of revenge have often been found to correlate with symptoms of posttraumatic stress disorder (PTSD). Which PTSD symptom cluster prevails in this association is, however, unknown. Furthermore, previous studies suggest that revenge may be satisfied by perceptions of perpetrator punishment severity, but did not control for concurrent symptoms of PTSD. Therefore, this study explored associations between PTSD symptom clusters, feelings of revenge, and perceived perpetrator punishment severity in a sample of victims of interpersonal violence. Results indicated that the re-experiencing/intrusion symptom cluster was the only index of PTSD which was related to victims' feelings of revenge ( $n = 207$ ). Revenge correlated negatively with perceptions of punishment severity in victim who knew that the perpetrator had been sentenced, but not after adjustment for PTSD symptoms ( $n = 96$ ).

© 2011 Elsevier Ltd. All rights reserved.

### 1. Introduction

Victims of violent trauma may suffer from a wide array of mental health problems, such as depression (Bargai, Ben-Shakhar, & Shalev, 2007); somatization, hostility, generalized and phobic anxiety (Norris & Kaniasty, 1994; Winkel, 2009); eating disorders (Brady, 2008); substance abuse (Vermeiren, Schwab-Stone, Deboutte, Leckman, & Ruchkin, 2003); insomnia (Krakow et al., 2001); and sexual dysfunctioning (Letourneau, Resnick, Kilpatrick, Saunders, & Best, 1996). The vast majority of studies in this area, however, has focused on (symptoms of) posttraumatic stress disorder (PTSD; e.g., Andrews, Brewin, Rose, & Kirk, 2000; Johansen, Wahl, Eilertsen, & Weisaeth, 2007; Kilpatrick et al., 2003; Lawyer, Ruggiero, Resnick, Kilpatrick, & Saunders, 2006; Orth, Cahill, Foa, & Maercker, 2008).

Symptoms of PTSD may correlate with rather normal, non-pathological affective states, including *self-oriented* emotions, such as self-blame (e.g., Ullman, Townsend, Starzynski, & Long, 2006); shame (Andrews et al., 2000); and guilt (e.g., Street, Gibson, & Holohan, 2005), and *other-oriented* emotions, such as feelings of revenge (see Orth, Montada, & Maercker, 2006). While many *self-oriented* emotions may also be experienced in response to non-violent trauma, feelings of revenge particularly follow traumatic events involving (intentional) interpersonal transgressions. They typically occur during the late phases of the coping process (Horowitz, 2007; Orth et al., 2006) and stem from four types of cognitions: (1)

perceptions of severe harm, (2) attribution of responsibility to the perpetrator, (3) condemnation of the violent act, and (4) a desire to retaliate (Orth, 2004; see also Aquino, Tripp, & Bies, 2001; Montada, 1993; Tripp, Bies, & Aquino, 2007; Vidmar, 2000). According to Orth and colleagues (Orth, 2004; Orth et al., 2006), it is particularly this latter feature which is essential to feelings of revenge and differentiates them from posttraumatic anger, which may also be directed at other targets than the perpetrator, such as the self; third persons; and the criminal justice system (e.g., Orth & Maercker, 2009), and also includes non-aggressive behavior tendencies (Orth et al., 2006; for a contrasting view, see Tripp et al., 2007). Not surprisingly, revenge has been identified as an important punishment goal among victims of interpersonal violence (see Orth, 2003).

#### 1.1. PTSD symptoms and feelings of revenge

The few studies which have been able to establish an association between symptoms of PTSD and feelings of revenge have largely been conducted among survivors of war exposure. Bayer, Klasen, and Adam (2007), for example, found strong associations between posttraumatic stress symptom severity and feelings of revenge among former Ugandan and Congolese child soldiers. Similar findings were reported by Cardozo, Kaiser, Gotway, and Agani (2003). They investigated associations between mental health and feelings of hatred and revenge in Kosovar Albians toward Serbs. Their results indicated that those with probable PTSD were more likely to report feelings of revenge. A single exception to these findings was reported by Hamama-Raz, Solomon, Cohen, and Laufer (2008). These scholars did not observe a significant relation between revenge and PTSD

\* Tel.: +31 71 5271993.

E-mail address: m.j.j.kunst@law.leidenuniv.nl.

symptoms in Israeli Palestinian and Jewish adolescents who had been exposed to political terror.

Although previous research has provided preliminary evidence for the existence of an association between PTSD and revenge, the exact nature of this relationship is not very well known. More specifically, it is not clear which PTSD symptom cluster prevails in the presence of revenge. Orth et al. (2006) speculated that feelings of revenge particularly correlate with symptoms of re-experiencing/intrusion and hyperarousal and to a lesser extent with symptoms of avoidance, because avoidance of trauma-related memories should reduce frequency and intensity of feelings of revenge. They provided preliminary support for this hypothesis in a sample of victims of interpersonal violence by establishing significant cross-sectional associations between feelings of revenge and symptoms of re-experiencing/intrusion, and feelings of revenge and symptoms of hyperarousal, but not between feelings of revenge and symptoms of avoidance. However, since they used feelings of revenge as an independent variable in statistical analyses, the unique contribution of each of the separate PTSD symptom clusters to concurrent feelings of revenge remained uncovered. This issue needs clarification, because previous research suggests that symptom reduction may facilitate forgiveness – the counterpart of revenge. Orth, Berking, Walker, Meier, and Znoj (2008), for example, found that psychological adjustment following interpersonal transgressions predicted forgiveness (operationalized as a decline in interpersonal avoidance and revenge motivation). Forgiveness, in turn, has been observed to reduce comorbid aggression-regulation problems (for preliminary evidence, see Eaton & Struthers, 2006; Snyder & Heinze, 2005). Presumably, forgiveness may also result in a decreased number of victims who actually put revenge into practice. Thus, knowing which symptom cluster dominates the relation between PTSD symptom severity and concurrent feelings of revenge may provide a starting-point for the development of successful interventions that aim to prevent acts of retaliation by reducing victims' desire for revenge/increasing levels of forgiveness. Addressing the association between PTSD and feelings of revenge in victims of interpersonal violence is, however, not only important for clinical reasons. It may also help us understand the nature of the relationship between victims' feelings of revenge and their perceptions of court-based perpetrator punishment.

### 1.2. Feelings of revenge and perceived punishment severity

Retributive justice theory contends that criminal acts require restoration of the balance in the social order between victim and perpetrator (cf. Kant, 1780/1965; see also Mooij, 1998). Several social psychologists have argued that the imbalance created by the crime is primarily affective in nature. To restore justice, the perpetrator should suffer from an equal amount of psychological pain as the victim (e.g., Frijda, 1994; Heider, 1958). Whether this is accomplished by the victim himself (through an act of retaliation) or by a third party (e.g., through a legal punitive sanction) should not make a difference (Gollwitzer & Denzler, 2009).

If one assumes that the affective imbalance between victim and perpetrator is largely reflected in victims' feelings of revenge toward the perpetrator and accepts the theoretical notions described in the former paragraph, then it follows that victims' perceptions of punishment severity should be negatively related to feelings of revenge. In line with these speculations, Orth (2004) found significant but small bivariate correlations between perceived perpetrator punishment severity and current feelings of revenge in victims of interpersonal violence. In multivariate analyses, though, he failed to document a relationship between perceived punishment severity and revenge. Orth's (2004) findings were partly replicated by Sonis et al. (2009). Among other things, they studied associations between desire for revenge, perceived justice (including perceptions of punishment

severity), and probable PTSD among adult Cambodians exposed to the Khmer regime. When controlling for background variables, both desire for revenge and perceived injustice were positively associated with probable PTSD. The authors nuanced their findings by stating that "(...) the strength of the association between perceived justice and probable PTSD was slightly attenuated in the multivariate model because desire for revenge and perceived justice were inversely associated with each other (...)" (Sonis et al., 2009, p. 534). However, neither Orth (2004) nor Sonis et al. (2009) considered the potentially confounding role of PTSD symptoms when investigating the association between feelings of revenge and perceived perpetrator punishment severity. Thus, it is not clear whether their results reflect the association between pathological (i.e., feelings of revenge which exist in concurrence with symptoms of PTSD) or non-pathological feelings of revenge and perceptions of punishment severity. This is the second issue that needs further investigation, because the current state of the art may be wrongly employed to justify tightening sentencing norms in order to satisfy victims' feelings of revenge (see Orth, 2004).

### 1.3. The current study

Given the aforementioned, the current study had two purposes. Its first aim was to explore the independent contributions of posttraumatic symptoms of re-experiencing/intrusion, hyperarousal, and avoidance to current feelings of revenge. The second purpose was to explore whether revenge was associated with perceptions of perpetrator punishment severity when adjusting for concurrent symptoms of PTSD. As these topics have never been assessed in previous research, no prior expectations were held in these respects.

## 2. Methods

### 2.1. Procedure

This study used wave 2 data from a larger study into the psychosocial consequences of violent victimization. Data were collected between April and July 2008 (see also Kunst, Winkel, & Bogaerts, 2010). Participants were recruited among victims who had applied for compensation with the Dutch Victim Compensation Fund (DVCV) in 2006. Victims of violent offenses can apply to the fund for a single payment if they have suffered physical or immaterial damage (i.e., pain and suffering) and cannot be compensated through other means. In principle, victims need to file their claim within three years of victimization or at a later moment, but only if this is justified by circumstances not reasonably attributable to the victim (Wet Schadefonds Gewelddsmisdrijven, 1975). Eligible for participation were those who: (1) did not have missing file data on age, gender, and time since victimization<sup>1</sup>; (2) were  $\geq 18$  years old at time of study entry; and (3) had provided informed consent to participate in the current study. Those who had agreed to participate were invited to complete an Internet survey on PTSD symptoms, feelings of revenge, and perceived perpetrator punishment severity. Participants who did not have access to the World Wide Web or preferred to fill out the questionnaire on paper could request for a hardcopy version. Background information (age, gender, time since victimization, level of compensation for pain and suffering, and type of violence<sup>2</sup>) for

<sup>1</sup> Missing file data on these variables indicated that the victim involved had failed to return the application form after an initial request for sending a copy through the mail.

<sup>2</sup> The DVCV categorizes type of violence according to their legal classification used in the Dutch Penal Code (DPC). To enable statistical testing, the number of different categories was reduced from 30 to 5: sexual violence, severe physical assault, moderate physical assault, theft with violence, and other (cf. Kunst et al., 2010). Severe and moderate physical assault and theft with violence corresponded to the original file categorization. Sexual violence included all individuals that had experienced an offense falling under Book 2, Title XIV of the DPC. The remainder of the sample was a mixture of offenses that were too low in number to form a category of their own. This group served as reference category in statistical analyses.

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات