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Abstract

In order to understand the psychic functioning of the recidivist victim, there had been done a content analysis focused on experiences made to whole amount of adult recidivist victims served during August and September of 2017 in the National Service of Forensic Medicine and Sciences Mérida was carried out. Recidivist victim is understood as a person who has been victims of the same crime more than once, denounced or not, by the same aggressor or another. It was found that in 66.7% of cases aggression came from a partner or ex-partner. On the other hand, 100% of the cases refer to verbal violence. When violence came from exercised by the partner or ex-partner, as well as a tendency towards physical aggression related to the aggressor mentioned above. Difficulties in the handling of attachments and limits in recidivist victims are hypothesized. Also it is recommended to make a deeper qualitative research in order to reach an explanatory understanding of the object of study.

Key words: recidivist victim, attachment, contentanalysis

After the first year of operation of the department of forensic psychology of the National Service of Medicine and Forensic Sciences of Mérida, it is empirically found that the majority of the people served are victims who have suffered from the same crime they previously reported and for long periods of time, this generates interest in the repeat victim. From March to August 2017, descriptive statistics of the repeat victims attended are found, finding that in that period there were 46% (188 people) of the people served, 92% were female, of which 82% were adults. In 92.6% of cases they report violence events, which in 65.42% are from a couple or ex-partner and in 21.3% it comes from a direct relative.

The above allows to infer that repeat victims have some difficulty in managing attachment relationships and interest is created in carrying out an analysis that allows a greater understanding of the psychic functioning of repeat victims and their participation in the denounced punishable act.

In 1998 Bowlby proposes that attachment behavior is used to generate internal protection and survival systems, since human beings feel that it is the safest way to protect themselves from external hazards. According to this author, those who look for him in a safe way, have a better chance of surviving and passing on this way of reacting to the following generations.

On the other hand, according to Vernengo (2005), the mental health of a person is associated with their ability to recognize appropriate objects and give them a secure base, as well as the individual's ability to establish mutually rewarding relationships.

Attachment styles (Bartholomew, 1997) are, on the one hand, the trainers of the internal model that integrates the thoughts and beliefs that are held about the ways of relating to others, and on the other hand, beliefs about oneself and others. Persons. While the active internal model, or representational model of attachment, is according to Bowlby (1980) the personal representation of the self and related to others. Representational models of attachment are thus the tool that the individual will use to interpret the intentions and actions of others, and direct their behaviors based on these interpretations. The above differs from attachment styles in that these are the way to approach each other based on what is unconsciously expected of him, while the active internal model is the way to interpret the link that is established.

Bowlby is the pioneer author in the study of attachment and in 1977 he proposes that this theory is the way to understand the tendency of people to create emotional bonds with others, thus giving explanation to the different types of psychic suffering in consequence to the loss of a significant figure.
Game and Victim

After numerous investigations, little information has been found on the attachment of repeat victims, however, it has been possible to find studies on women victims of partner violence. For example, Brockner and Rubin (1985) state in the theory of psychological trauma that this type of victims lives in constant attempts so that their relationship is positive and pleasant, when the violence begins to increase, consider for moments to leave his partner, but maintains the hope that the relationship improves so that the efforts made are not in vain, being a kind of investment of energy that you don't want to waste, but it is also important that you don't want to be abandoned at any cost by the person with whom you have established this link. This generates deterioration in personality, which makes separation even more difficult for the victim and strengthens the need to maintain the bond.

In a study by Sánchez (2016), it was found that battered women had a greater romantic attachment than non-battered women. Similarly, the attachment style of battered women showed higher and more significant scores in fearful avoidant attachment.

Dynamic Clinical Psychology or Relational Psychoanalysis

One tends to think that dynamic clinical psychology is an application of psychoanalysis, but the fundamental distinction of this epistemological stance with classical psychoanalysis is that in dynamic psychology it is understood that the motivation of libido is not to seek pleasure, but to introjected object with which the subject was once linked. Consequently, the individual is clinging to an internal relationship that recreates with other significant figures, where he tries to reactivate an early bond, which is not necessarily satisfactory (Fairbairn, 2001).

It seems then, that the individual is in an inter game with an object that no longer exists, at a time of his own historicity, located, trying to recreate an old scene with new objects. Then, from this position, the resignation of parts of the self and the self-object would be sought in the psychoanalytic psychotherapy process in order to leave this game that unconsciously controls the individual (Sassenfeld, 2011).

Content Analysis

Content analysis is a useful tool to check the psychological functioning of a group or person, describe trends, identify attitudes, beliefs and significant values of the object of study (According to Fernández, 2002). All of the above are objectives of the present investigation and article.

Following the same author, the fundamental thing is to clearly define the object of study, make a systematic analysis that is quantifiable and of general application.

Fernández (2002) proposes the following stages of the content analysis process: choose a population that is susceptible to study by this method, have a specific sample, clarify the unit of analysis, which allows the analysis of the material to be broken down into categories and subcategories, development of categories and subcategories that should be relevant for research, exhaustive, homogeneous, mutually exclusive. Subsequently, the categories are transformed into quantifiable material through the assignment of numerical values, which allow statistical analysis.

This tool is chosen because it is useful for the analysis that this article intends.

Method

Very little information has been found on repeat victims, which requires an investigation that starts from the exploratory to be able to arrive at the explanatory after an arduous path. Previously, data mining was carried out that allowed us to have a general picture of who the repeat victim is treated in the department of forensic psychology of the National Service of Medicine and Forensic Sciences Mérida. At this point, it is time to ask yourself: What does the recidivist victim who is treated in this department say?

To answer this question, it is appropriate to use qualitative content analysis methodology. Which consisted of the following elements:

Analysis unit.

The expertise carried out in the Department of Forensic Psychology of the National Service of Medicine and Forensic Sciences Mérida was taken, using as a unit of analysis the Theme covered by:

- Identification data: only gender and age.
- Reason for consultation: the verbatim of the person attending the service, where he explains the reason for his complaint.
- Relevant personal background: where the expert refers elements that were considered contributory to the case while conducting the interview, as they may explain in some way the situation of the consultant.
- Diagnosis: coded according to ICD 10
- Descriptive elements of the diagnosis: the expert refers those highlights that lead him to conclude a particular diagnosis in each consultant, these data are reflected in the conclusions.

Shows.

100% of the expertise made to repeat adult victims in the department of forensic psychology of the National Service of Medicine and Forensic Sciences Mérida during the months of August and September 2017 was analyzed. Only adults are selected for two reasons, one, These expertise are a public access material because it is a legal document, two, for this stage of the investigation it is interesting to work only with people who have adequate judgment and discernment, it was decided to discard the expertise of any recidivist victim that had that commitment capacity, however, in the defined period of time none was found with this condition.

A repeat victim for this investigation is understood as a person who has filed a complaint as a victim and who reports having been a victim of the same fact previously punishable by the same offender or another, whether or not a previous complaint has been filed.

For this article, the expertise of 46 repeat victims was analyzed, all of them female and of legal age.
Categories and subcategories.

After reading the analysis topic, the following Categories and Subcategories were defined:

- Age: age of the person evaluated, only people of legal age were selected.
- Gender: the entire sample was female.
- The person explicitly states that the situation is unbearable: In the textual verbatim of the reason for consultation, the person refers to an unsustainable situation over time.
- The person refers to physical violence: this information can be found in the textual verbatim of the reason for consultation or in the personal background.
- The person refers to verbal violence: this information can be found in the textual verbatim of the reason for consultation or in the personal background.
- The person refers to sexual violence: this information can be found in the textual verbatim of the reason for consultation or in the personal background.
- The person refers to economic or property violence: this information can be found in the textual verbatim of the reason for consultation or in the personal background.
- The person refers to violence to a third party: this information can be found in the textual verbatim of the reason for consultation or in the personal background.

Violence can occur alone or also with a third party: this information can be found in the textual verbatim of the reason for consultation or in the personal background.

The person explicitly acknowledges that he was a victim of manipulation: this information can be found in the textual verbatim of the reason for consultation.

The person has a passive attitude towards violence (this means that he does not try to defend himself or attack in response): that he was a victim of manipulation: this information can be found in the textual verbatim of the reason for consultation.

The person refers to an active attitude to violence from the first time it occurs (tries to defend and attack in response): who was the victim of manipulation: this information can be found in the textual verbatim of the reason for consultation.

The person refers to an active attitude to violence after many events of violence (try to defend and attack in response): who was the victim of manipulation: this information can be found in the textual verbatim of the reason for consultation or in the personal background. This category is composed of 6 subcategories: 1, from 0 to 1 year. 2, from 2 to 4 years.

3, from 5 to 10 years. 4, from 10 to 20 years. 5, more than 20 years. 6, does not specify.

The person says that after the complaint violence increases. That he was a victim of manipulation: this information can be found in the textual verbatim of the reason for consultation.

The person associates violence with substance use: who was the victim of manipulation: this information can be found in the textual verbatim of the reason for consultation.

Who exerts violence: who was the victim of manipulation: this information can be found in the textual verbatim of the reason for consultation. It is composed of 11 subcategories: 1. couple or ex-partner. 2. son 3. daughter-in-law 4. mother. 5. father. 6. cousin. 7. boss. 8. brother. 9. grandson. 10. neighbor. 11. known.

The person refers to a history of childhood and / or adolescence without containing figures or figures loaded with instability or violent figures. This information can be found in the textual verbatim of the reason for consultation or in the personal background.

The person refers to the explicit fear of reporting: This information can be found in the textual verbatim of the reason for consultation.

The person refers to explicit fear of reporting: This information can be found in the textual verbatim of the reason for consultation.

The person describes feelings and emotions towards the accused: This information can be found in the textual verbatim of the reason for consultation.

The person refers to fear of their integrity: This information can be found in the textual verbatim of the reason for consultation.

The person refers to the fear of the integrity of a third party: This information can be found in the textual verbatim of the reason for consultation or in the descriptive elements of the diagnosis.

The person refers to the fear of the integrity of a property: This information can be found in the textual verbatim of the reason for consultation or in the descriptive elements of the diagnosis.

Diagnosis according to ICD10: taken from the diagnosis assigned by the expert and composed of 17 subcategories: 1. No evidence of mental illness. 2. F32.0 / F60.7 (Mild Depressive Episode / Personality Dependent Disorder). 3. F60.7 / F53.0 (Personality dependent disorder / Mental and behavioral disorders in the puerperium not classified elsewhere mildly). 4. F60.7 / F41.2. 5 (Personality dependent disorder / Mixed anxiety depressive disorder), F32.1 / F60.7 (Mild depressive
episode / Personality dependent disorder). 6, F32.0 (Mild Depressive Episode). 7, F31.3 (Bipolar disorder, current mild or moderate depressive episode). 8, F60.5 (Anancast personality disorder). 9, F32.1 (Moderate depressive episode). 10, F43.22 (Adaptation disorder with mixed anxiety and depression reaction). 11, F43.1 (Post-traumatic stress disorder). 12, F33.0 (Recurrent depressive disorder with mild current episode). 13, F41.2 (Mixed anxiety and depression disorder). 14, F41.1 (Generalized anxiety disorder). 15, F06.32 (Organic depressive disorder). 16, F43.0 (Acute stress reaction). 17, F60.7 (Personality dependent disorder)

Analysis method.

Data were encoded and quantified using the SPSS21 Statistical Program, to yield frequency statistics and correlational analysis using Kendall's Tau-b with tests of bilateral significance. Later they were plotted and diagrammed in Excel 2013 program.

Results

After the review of all the expertise carried out in the department of forensic psychology of the National Service of Medicine and Forensic Sciences Mérida, it was found that 46 experts met the criteria of having been performed on repeat victims of legal age. All were female. The age varied from 18 to 73 years.

Regarding frequency analysis by categories:

Categories associated with the description of the reported event:

- 46 (100%) people reported verbal violence (includes harassment and threat).
- 30 (62.5%) people reported that violence can occur alone or in front of third parties.
- 28 (58.3%) people expressed fear of their integrity.
- 27 (56.3%) people reported economic violence or property attack.
- 25 (52.1%) people reported physical violence.
- 22 (45.8%) people referred violence to a third party.
- 13 (27.1%) people reported having a passive attitude towards violence.
- 11 (22.9%) people referred their emotions.
- 9 (18.8%) people reported sexual violence.
- 9 (18.8%) people associate violence with substance use.
- 7 (14.6%) people reported having an active attitude towards violence after many events.
- 7 (14.6%) people reported problems of violence in other contexts or with other partners.
- 6 (12.5%) people reported being in an unsustainable situation.
- 5 (10.4%) people described the relationship of the accused with another significant figure.
- 5 (10.4%) people expressed fear of the integrity of a third party.
- 4 (8.3%) people reported a history of childhood and / or adolescence without container figures or figures loaded with instability or violent figures.
- 3 (6.3%) people referred some kind of responsibility and / or participation in the punishable act.
- 2 (4.2%) people acknowledge that they were victims of manipulation.
- 2 (4.2%) people reported having an active attitude towards violence from the first time it occurs.
- 2 (4.2%) people reported fear of reporting.
- 1 (2.1%) person says that after the complaint violence increases.
- 2 (4.2%) people referred their emotions and feelings towards the accused.
- 2 (4.2%) people expressed fear of the integrity of a property.

This leads to classifying these categories into three levels, high frequency, medium frequency and low frequency.

Graph 1. High frequency categories
Subcategories associated with the type of relationship with the aggressor:

Figure 4 shows that in 66.7% of cases violence comes from a partner or ex-partner, in 21% from a direct relative, in 2.1% from an indirect relative, in 6.3% from a person who is not a relative.
Graph 4. Link with the accused

Subcategories associated with the time the aggression was prolonged:

Figure 5. Time in which the violence was repeated.

It is evident that the majority of repeat victims treated in the period from August to September 2017 were victims of violence in a period of 10 to 20 years, followed by 2 to 4 years and 5 to 10 years. 6 people reported violence for more than 20 years, and only one spoke of violence for less than a year. In the case of 6 people they did not need time for violence.

Subcategories associated with the diagnosis:
Glossary

- Without evidence of mental illness, 16 cases.
- F32.0 / F60.7 (Mild Depressive Episode / Personality Dependent Disorder), 3 cases.
- F60.7 / F53.0 (Personality dependent disorder / Mental and behavioral disorders in the puerperium not classified elsewhere mildly), 1 case.
- F60.7 / F41.2. (Personality dependent disorder / Mixed anxiety depressive disorder), 1 case.
- F32.1 / F60.7 (Mild Depressive Episode / Personality Dependent Disorder), 1 case.
- F32.0 (Mild Depressive Episode), 5 cases.
- F31.3 (F31.3, Bipolar disorder, current mild or moderate depressive episode), 1 case.
- F60.5 (Ananastic personality disorder), 1 case.
- F32.1 (Moderate depressive episode), 2 cases.
- F43.22 (Adaptation disorder with mixed anxiety and depression reaction), 2 cases.
- F43.1 (Post-traumatic stress disorder), 2 cases.
- F33.0 (Recurrent depressive disorder, with mild current episode), 2 cases.
- F41.2 (mixed anxiety and depression disorder), 5 cases.
- F41.1 (Generalized anxiety disorder), 1 case.
- F06.32 (Organic depressive disorder), 1 case.

The above allows classifying diagnoses as follows:
We found 8 people with personality disorder (see figure 7) of which 7 were personality dependent disorders and 1 ananastic personality disorder.

![Trastornos de personalidad](image)

**Graphic 7.** Personality disorders.

13 people showed depressive spectrum disorders (see figure 8)

![TRASTORNOS DEPRESIVOS](image)

**Figure 8.** Depressive disorders

12 people presented anxious spectrum disorders (see figure 9)
Regarding the significant correlations it was found:

To establish the criteria of significance of the correlations, we worked with two criteria: highly significant when the value is less than .01, significant when it is less than .05

Highly significant correlations were found between:

- Passive attitude towards violence and who exercises violence, specifically when violence is exercised by a partner or ex-partner.
- Reference to unsustainable situation and increased violence following the complaint.
- Physical violence and who exercises violence, specifically when violence is exercised by a partner or ex-partner.
- Recognizes that he was the victim of manipulation and active attitude towards violence after many events.
- Active attitude towards violence for the first time and refers to a history of childhood and / or adolescence without containing figures, figures loaded with instability or violent figures.
- Partner or ex-partner (exerts violence) and violence of 5 to 10 years.
- Brother (exerts violence) and violence 20 years and older.
- Partner or ex-partner (exerts violence) and fear of the integrity of a third party.
- Partner or ex-partner (Exercise violence) and refer feelings towards the accused.

Significant correlations were found between:

- Sexual violence and economic or property violence.
- Refers to have been a victim of manipulation and refers their emotions and refers to some type of responsibility and / or participation in the punishable act.
- Refers a history of childhood and / or adolescence without containing figures or figures loaded with instability or violent figures and refers to problems of violence in other contexts or with other partners.
- Refers problems of violence in other contexts or with other partners and refers their emotions.
- Describes the relationship of the accused with other significant figures and fear of the integrity of a third party.

**Discussion and Recommendations:**

It was found that in the present sample, the most common form of violence was verbal, followed by economic, physical and third party violence; sexual violence occurs to a lesser extent. Mostly violence events occur in front of other people who are knowledgeable about the situation. It was mostly found that the victims have a passive attitude towards violence, to a lesser extent they achieve an active attitude of defense after many violence events, and in very specific cases an active attitude was found from the first violence event. At this point, it is very interesting that this variable has a highly significant correlation with manifesting a history of childhood and / or adolescence lacking container figures or highly unstable figures or violent figures, being able to interpret from the dynamic clinical psychology that they are people who reproduce an event of their early childhood, changing the figure that exerts violence, but trying to defend against it, however, they remain in an unpleasant environment, similar to what they describe regarding their early age.

The previous hypothesis carries greater force when it is observed that there is a significant correlation between people who report a history of childhood and / or adolescence lacking highly unstable figures or figures or violent figures with people who report problems of violence in other contexts or with other partners. Thus it is observed how these people find themselves repeating an early event devoid of representation, or as Fairbairn (2001) proposes, it becomes clear that libido remains searching for the early object with which it was linked.
In 62% of the cases the reported violence is exerted by a partner or ex-partner, which has a highly significant correlation with having a passive attitude towards violence. Allowing to infer that in ties of attachment to the couple, repeat victims feel less possibility to defend themselves than in other relationships. This allows us to explain why this variable is also associated in a highly significant way with physical violence. We are faced with people who find it difficult to place limits on their partners, which can lead to more and more serious expressions of violence. At this point and although no significant correlations were found, it is interesting to mention that most of the personality disorders found are personality dependent disorders, additionally, the second most common diagnostic category is depressive, which from the phenomenological characterized by feelings of disability and helplessness, the above seems to be linked in a predictable way.

People who acknowledged being victims of manipulation, show an active attitude to repeated violence, this could speak of a higher level of awareness that leads them to try to break the cycle in which they perform.

On the other hand, people who acknowledge having been victims of manipulation, also express feeling some kind of responsibility and / or participation in the punishable act that they denounce, at this point two hypotheses could be generated, on the one hand to think that this perceived responsibility is consequence of guilt generated by manipulation, while it can also be thought that by reflecting that they have been manipulated, they have also raised awareness about some personal elements that postponed the events of violence. Underlying this correlation is a question that deserves to be investigated.

The second most frequent concern of repeat victims was towards the integrity of a third party, which correlated in a highly significant way with the exercise of violence by a partner or ex-partner. This allows us to interpret that just as the recidivist victim feels helpless in the face of violence exerted by their partner or ex-partner, the same applies to their perception of protecting a third party from their partner or ex-partner.

Most of the people attended have received violence for a period of 2 to 20 years, in any case, it is a prolonged time in which the victim has failed to set the necessary limits to improve their living situation, requiring Appeal to legal protection to solve a problem that is in most cases with a person with whom you have a close relationship, either as a couple or direct family. Again, the attachments and difficulties in setting limits become apparent in this investigation. Requiring deeper investigation into both issues.

It becomes possible to carry out a general phenomenological analysis of the recidivist victim where a person is found with difficulties to place limits, who is afraid to defend himself unless he has been a victim of violence from an early age, in the same way, he feels helpless to time to protect to a third party. The highest helplessness rate is when the violence comes from a partner or ex-partner, which is a significant attachment, with which it remains for a long period of time recreating an unsatisfactory situation or scene probably due to a lack of representation in the self that makes it difficult to develop a traumatic event to achieve a better quality of life.

There are many possibilities to interpret to understand the recidivist victim, however, in the forensic expertise analyzed, the material is limited and focused on the reason for the complaint, it is considered valuable to conduct a thorough qualitative analysis of the recidivist victims who offer a greater understanding of them and allow the construction of ideas that show the psychic functioning of the repeat victims as well as their participation in the punishable act denounced.

It is notorious that 100% of the sample was female, this allows us to ask if only women are repeat victims, or if men do not report. But the answer to these questions is not within the objectives of this research. However, it is necessary to emphasize that the present exploration does not place its interest in women or battered women, the object of study is the recidivist victim, being an uncontrolled variable that for the sample studied all victims met the criteria described.

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