

# Psychological Trauma of Crime Victimization

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Crime victimization leaves victims, families, and friends—even the community around them—in a state of turmoil. There is often significant financial loss and physical injury connected with victimization. But the most devastating part for most victims is the emotional pain caused by crime and the aftermath.

The psychological trauma of victimization can be separated into two phases: the initial crisis reaction to the violation, and the long-term stress reactions it sometimes causes, with the second of these often exacerbated by additional “assaults” by society and its institutions.

## I. The Crisis Reaction

### A. Individuals exist in normal state of equilibrium.

1. Each person establishes his or her own boundaries, usually based on a certain order and understanding of the world.
2. Occasional stressors will move individuals out of their state of equilibrium, but most people, most of the time, respond effectively to most stressors that are within or near their familiar range of equilibrium.
3. Trauma throws people so far out of that range that it is difficult for them to restore a sense of balance in life. When they do establish a new sense of balance, it will be a different “graph” of normal highs and lows than described that individual’s equilibrium prior to the trauma. It will have new boundaries and a new definition.
4. Trauma may be precipitated by an “acute” stressor or many “chronic” stressors.
  - a. An acute stressor is usually a sudden, arbitrary, often random event. Crimes committed by strangers are key examples of such stressors.
  - b. A chronic stressor is one that occurs over and over again, each time pushing its victims toward the edge of their state of equilibrium, or beyond. Chronic child, spouse, or elder abuse are examples of such chronic stressors.
  - c. “Developmental stressors” come from transitions in life, like adolescence, marriage, parenthood, and retirement. Such stressors are relevant to the crime victim simply because people who are enduring a variety of developmental stressors in their lives are far more susceptible to intense crisis reactions.

### B. The crisis reaction: the physical response.

#### 1. Physical shock, disorientation, and numbness.

Initially people often experience a state of “frozen fright” in response to a dangerous threat. They may realize that something is terribly wrong or that something bad has

happened but they cannot comprehend the event or its impact. They may be unable to move or react. They may become disoriented because seconds before everything in their life was "normal" and now the world seems to be radically different and chaotic.

“ ‘Your son was murdered last night.’ Dorothy’s arms and legs went numb. The words hit her face like a brick. She couldn’t move; the bench was like stone and offered no comfort. She was out there alone with those words and this detective and the unbelievable thought that her Sheldon was no longer alive.” From “The Besses,” a chapter in *What Murder Leaves Behind*, D. Magee, 1983, Dodd, Mead & Co.: NY.

[This example, like others that follow, is an illustration of how one common crisis reaction was manifested in one individual. There is a great variety of illustrations that victims and their advocates can use to describe the basic ideas; a review of several of these with any one reaction being discussed is a testament to the individuality of victims, even as they experience many of the responses reviewed here.]

2. Adrenaline immediately affects the body’s response to the event. Once the senses detect a threat, the body generates the power to fight or flee from the situation. The reaction to fight or flee is generated by instinct and emotion. Thoughtful decision-making is rarely involved. It is impossible to predict what that first response will be. Sometimes the fight or flight instinct produce almost parallel actions.

“As other council members ducked behind the U-shaped table, City Attorney William Dowell of Burlington unsuccessfully tried to wrest the gun from Davis. As members of the audience scattered and ran for help, Davis moved behind the table where other members of the council were crouched.” Mr. Davis, it seems, both fought and fled, according to this description of the December 10, 1986, murder of the mayor of Mt. Pleasant, Iowa, in *The Des Moines Register*, December 12, 1986.

3. Other manifestations of the body's instinctive response include the following.

- a. Regurgitation, defecation, or urination.

“Firefighters still have nightmares about what they saw when they stumbled through smoke into the Happy Land social club on an early Sunday morning one year ago today. There on the dance floor, dozens of partygoers dressed in night-on-the-town clothes lay slumped on the ground, not burned but covered in a fine layer of soot. People still sat at the bar, holding drinks. Couples embraced. There was not a life left to be saved.

“Some firefighters vomited. Some just wandered, dazed.”

“Smoldering Memories: A Year After the Happy Land Fire, Unfulfilled Promises and an Unresolved Case,” Laurie Goodstein, *The Washington Post*, March 25, 1991.

- b. Increase in heart rate.

"The words, even though spoken softly and compassionately, shatter your world. Though dazed by this news, you feel compelled to strike out against its reality. With your heart pounding and aching, blinded by tears that gush uncontrollably from your eyes, you jump up from the chair to vent your anguish by beating on these people who have torn your little world asunder." A survivor's description of her death notification

which illustrates the increase in heartache as well as the initial instinct to fight, quoted in *Grave Words, Notifying Survivors about Sudden, Unexpected Deaths*, K. V. Iverson, 1999, Galen Press: Tucson, AZ.

- c. Hyperventilation, perspiration, and physical agitation.
- d. Heightened sensory perception.

In the initial reaction, a perception of what is happening will be transmitted through just one of the senses, but as the physical mobilization takes place, other senses may be intensely engaged, one after the other. It is important to recognize that, while some senses may be shut down during this period, each is ready to focus on the threat before it, as the mind's "traffic officer" directs, in the interests of survival. And while certain sights may leave indelible memories, so may things heard, touched, smelled, or tasted.

"Betty Jane spoke into the silent room, 'Is anybody alive?' There was no answer. Her ears began to clear and she heard what sounded like running water. The noise came from the floor beside her. She realized it was blood gushing from the boys." She and her four boys had just been shot by four thrill-seekers in their rural Indiana home. From "The Spencers," a chapter in *What Murder Leaves Behind*, D. Magee, 1983, Dodd, Mead & Co.: NY.

- 4. Heightened physical arousal associated with fight-or-flight cannot be prolonged indefinitely. Eventually the body will collapse in exhaustion.
  - a. Whether the body's reaction to exhaustion is sleep or unconsciousness, the response will be experienced as a break with the traumatic event.
  - b. So long as a person stays awake he or she is in touch with a "present" that preceded the crime. Once sleep overcomes one, that person moves onward to the future. The crime and its consequences become a part of the past. Many victims feel that their first sleep violated a living connection they had with a person or a situation that died in that crisis.
  - c. It is not unusual for people to wake from the state of exhaustion and become overwhelmed with grief and guilt because they have been separated from the immediacy and the intensity of the event.

#### C. The crisis reaction: the emotional response.

- 1. The first emotional response to crisis parallels the physical response. It involves shock, disbelief, and/or denial. This stage may last for only a few moments or it may go on for months — even years. Regression accompanies this shock. Victims and survivors often assume a childlike state.
  - a. The shock may be directed as much at the senselessness and randomness of the event as at the event itself.
  - b. Feelings of being a child or wanting to be a child again may be reflected in victim and survivor reactions to helpers or intervenors as mommy or daddy.
- 2. Cataclysm of emotions.
  - a. **Fear or terror.** Fear is the primary emotion experienced when a person is threatened by

a traumatic event. In the aftermath of most catastrophes that fear is translated into a sense of terror. Many people talk about having seen their own death, and the fear of that death is intense. Robert Lifton refers to the “death imprint.” Terror is also a residual emotion that emerges from the physical response of panic. It may become the foundation for panic attacks in the future.

“Numerous calls on the 911 tape illustrate the victims’ terror. . . . ‘There’s a man in our office with a gun,’ a man’s voice rasped on the 911 tape. ‘He has fired at several people.’

“Asked for details, the man dropped his voice, whispering, ‘It’s a semi-automatic, definitely. He’s still shooting. Yes. . . . We’re being killed. He’s a black male with an AK-47, and he’s killing everybody.’ ” Parker, L. “Jacksonville Gunman Shot 4 Others Before Rampage at Finance Company,” *The Washington Post*, June 20, 1990.

- b. **Anger or rage.** Fear drives anger, particularly in adults. Anger may be directed at God, human error, the assailant(s), family members, the criminal justice system, and even oneself. Anger arises out of the sense of helplessness. Most people will experience anger, if not immediately, at some time in the aftermath of crime. It may be expressed as revenge and the desire for vengeance. Just as anger or rage is a normal human response, so is the desire for revenge. But for many that desire subsides even though overwhelming rage may remain. Where extraordinary brutality and human cruelty have occurred, individuals may not only want revenge but want to exact it personally. It is important to defuse some of the anger to prevent people from injuring themselves or someone else. However, it should be expected that intense anger will remain even if individuals do not take action on their angry feelings.

There is another kind of anger that may emerge. That is the anger some people feel because someone or something has taught them to hate. Hate involves an emptiness, a bitterness, and an painful dissonance with normal feelings of benevolence towards humanity. Experiencing hate is debilitating and dysfunctional. \*\*\*

The intensity of anger and its anti-social aspect is often new to victims and survivors of disaster. It is also often disapproved of by society.

“But among the survivors, shock turned to grief and grief to anger, and healing them became a thankless job at best. ‘People tend to lash out,’ says Amy Hahn, director of the Edmond Ministerial Alliance’s Hope Center relief office. ‘They felt hurt, they felt forgotten, they felt wronged.’ Hahn said for some victims, anger turned to wrath, and survivors started spitting venom at anything that moved.” “Living with the Scars of a Massacre,” Tim Madigan, *Fort Worth Star Telegram*, August 9, 1987.

- c. **Frustration.** It is a by-product of the feelings of helplessness and powerlessness during the actual impact of the disaster. In the aftermath of the impact, it continues when rescuers or the victims or survivors are unable to successfully obtain needed help.

“Pineda is weary of trying to change all those things in her life that seem so out of control, which is how her life has felt since the fire. . . . she gave birth three months ago to Marvin Doubleday Jr., named for the baby’s father. As the city instructed her

to, she has tried to petition for help from the state Crime Victims Board in replacing the \$600 a month he brought in as a salesman at a fruit stand. But like many of those killed in the fire, he was paid in cash, under the table. She has no paperwork to prove the lost income. She and Doubleday were never legally married, so her claim is even more tenuous. Based on the criteria used in other cases, her lawyer has advised her to expect nothing.

“ ‘At the beginning I was told there was a lot of help from the city,’ she said. ‘There have been only words.’

“Words, she got.

“Two months after the fire, the city sent her a condolence card.”

Laurie Goodstein, “Smoldering Memories: A Year After the Happy Land Fire, Unfulfilled Promises and an Unresolved Case.” *The Washington Post*, March 25, 1991.

- d. **Confusion.** Confusion stems from the “why me?” question that plagues most victims. It is a question that usually has no answer. However, we tend to seek order and rationality in the world, and so the unanswered question causes more frustration. Often in the effort to establish an answer, victims turn inward and blame themselves for the crisis.
- e. **Guilt or self-blame.** These emotions often have two aspects. The first feelings of guilt or self-blame may result from the mind’s effort to understand the event and hence identify behaviors or attitudes through which the victim brought the event upon himself.

Cognitive guilt may be legitimate or illegitimate. Legitimate cognitive guilt is the kind that emerges when a victim or survivor can identify reasonable contributory behavior that made the disaster worse than it could have been. That type of cognitive guilt should be acknowledged. Illegitimate cognitive guilt is the type of guilt that focuses on the “should’ve’s, could’ve’s, would’ve’s” over which no one has control because they do not have knowledge of the future.

Another type of guilt is known as survivor guilt. Victims often are plagued with internal questions about why they survived while others died. They may think themselves unworthy of survival or may feel guilty because someone chose to save them while another person died.

- f. **Shame and humiliation.** Some criminal conduct is designed to degrade its victim, and one frequently finds in victims of rape, for example, an abiding memory of dirtiness that won’t wash away. For victims of long-term domestic violence or hostage-taking, the memories are often of the ways in which the victims were brought to a state of self-loathing.
- g. **Grief or sorrow.** Intense sadness over losses is not uncommon. Such sadness is often the most powerful reaction to a disaster in the long-term.

Grief is compounded in sudden, random, arbitrary crises. It is often associated with phases of denial, protest, despair, and detachment prior to a reconstruction of life after loss. When grief is occasioned by a sudden and brutal crime, the initial reaction will be grief about the crime and the secondary reaction will be grief over the loss.

Margaret Grogran, whose son, John, was murdered on June 10, 1978, wrote “On January 2nd, I wrote in my diary, ‘my well-loved son is dead, and I will never see him again. For the first time since John died, I don’t feel like I can stand it — it’s too awful.’ ” Margaret had known her son was dead for six months, but the impact of the death itself — in addition to the murder — took that long for her to begin to acknowledge.

### 3. Reconstruction of equilibrium.

The reconstruction of a new equilibrium is an emotional process that resembles a roller-coaster. It is not a linear process in which victims go from grief to a new life. There are ups and downs.

Eventually a new equilibrium will be established. It will be a different balance in life than before. It will be a difficult process, and for most victims it will take a long time. It includes surviving bad days in order to reach good days. Crisis intervention and supportive counseling (reviewed elsewhere in this book) help victims move toward a new equilibrium more quickly.

## II. Long-Term Stress Reactions

### A. The Prolonged Effects of Trauma: A Case History

When someone survives a catastrophic crisis, they often experience stress reactions for years. Most long-term stress reactions are *normal* responses of people who have survived a traumatic event. The following story concerning Winston Churchill is a dramatic example of how a brush with death can cause long-lasting trauma.

In *The Last Lion*, William Manchester wrote that on December 12, 1931, Churchill was in New York, and Bernard Baruch had invited him to dine that evening with mutual friends. Churchill, riding in a taxi, could not remember Baruch’s exact address, and the driver who was new to Manhattan was of little help.

Growing increasingly exasperated, Churchill told the driver to let him out on the Central Park side of Fifth Avenue. He believed that he could recognize Baruch’s house from the sidewalk. Stepping off the curb to cross Fifth Avenue, Churchill made two mistakes. The red signal light meant nothing to him because they had not yet been introduced in Great Britain. Also, forgetting that Americans drive on the right, he looked the wrong way and, seeing no automobiles, believed that his way was clear.

Immediately, he was struck by a car traveling over thirty miles per hour. He was dragged several yards by the car, and then flung into the street.

Churchill later wrote:

“There was a moment of a world aglare, a man aghast. . .I do not understand why I was not broken like an eggshell, or squashed like a gooseberry.” Although in shock and in great pain, Churchill wiped the streaming blood from his face and assured the driver of the car that he was blameless. Another taxi stopped, and Churchill was helped into it and taken to Lenox Hill Hospital. . .

Initially, Churchill’s recovery was swift. . . [His doctor] prescribed rest, and Churchill and his wife packed for the Bahamas, where they arrived on New Year’s Eve. In Nassau, Churchill suffered from severe aftershock and depression.

“Vitality only returning slowly,” Churchill wrote on January 3, 1932. Five days later a nervous reaction struck. He wrote Dr. Pickhardt that he had experienced “a great and sudden lack of power of concentration, and a strong sense of being unequal to the task which lay so soon ahead of me.”

Churchill, attended by a nurse, fought insomnia with nightly sedation and forced himself to exercise a few minutes each day. His easel was there, but did not attract him. He wrote his son: “I have not felt like opening the paint box, although the seas around these islands are luminous with the most lovely tints of blue and green and purple.”

His wife, Clementine, also wrote their son: “Last night he was very sad and said that he had now in the last two years had three very heavy blows. First, the loss of all that money in the crash, then the loss of his political position in the Conservative Party, and now this terrible injury — he said he did not think he would ever recover completely from the three events.”

This story illustrates how even a relatively minor individual trauma can cause an extended trauma reaction. It also underscores that such a trauma may occur in almost anyone — an esteemed world leader or your neighbor next door. When you think about the numbers of sudden, random, and arbitrary events that occur in everyday life it is amazing that, as a society, we have taken so long to begin to respond to the emotional aftermath of trauma. (Cited in *Post-Traumatic Stress Disorder*, 2nd ed., C.B. Scrignar, Bruno Press:New Orleans, 1988.)

## B. Types of Long Term Stress Reactions.

There are many types of long term stress reactions that victims may have, this chapter will concentrate on only three—the most predominant reactions: post-traumatic stress disorder, “Disorders of Extreme Stress Not Otherwise Specified,” and long-term crisis reactions.

### 1. Post-traumatic Stress Disorder. (PTSD)

- a. Diagnosis of syndromes or disorders that are similar to that currently defined as PTSD have been documented as far back as 1871.
- b. The following is the description of PTSD in the American Psychiatric Association’s *Diagnostic and Statistical Manual, Third Edition, Revised* (“DSM-III-R”). The text is presented in a sans-serif typeface; key words are underlined; and commentary has been added in italics to show how various symptoms might be displayed in crime victims.

## **309.89 Post-traumatic Stress Disorder**

A. The individual has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g., serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community; or seeing another person who is being (or has recently been) seriously injured or killed as the result of an accident or physical violence.

B. The distressing event is persistently reexperienced in at least one of the following ways:

(1) recurrent and intrusive distressing recollections of the event (which may be associated with guilty thoughts about behavior before or during the event)

*“Some victims ‘play back’ the crime repeatedly in their imaginations. They may want to talk about it endlessly, reviewing the events in minute detail.”* The Crime Victim's Book, *Bard and Sangry, 1979.*

(2) recurrent distressing dreams of the event

*Nightmares are common in the aftermath of crime. One significant attribute of such dreams is that many times they are not a repeat of the event but a scary, or sinister type of nightmare involving monsters, demons or another lurking terror. Victims awake from them, however, knowing it was a dream about the criminal attack.*

(3) sudden acting or feeling as if the event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative [flashback] episodes, even those that occur upon awakening or when intoxicated) (in young children, repetitive play in which themes or aspects of the distressing event are expressed)

*Flashbacks are less common with crimes that are experienced less intensely. Intrusive thoughts or nightmares are experienced in the aftermath of many crimes. Flashbacks are most common in the aftermath of murder (usually the flashback involves the death notification) or sexual assault.*

(4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the event, including anniversaries of the event.

*This type of psychological triggering of the memory is a common human event. An analogy might be that when someone returns to the elementary school to which he went while a child, he is often reminded of events that took place there. Similarly, when a crime victim is confronted with sounds or sights that remind him of the crime, he may react in the same way that he did when the crime happened.*

C. Persistent avoidance of stimuli associated with the distressing event or numbing of general responsiveness (not present before the event), as indicated by at least three of the following:

(1) deliberate efforts to avoid thoughts or feelings associated

with the event

*This is often observable in victims who are determined not to think about the crime and refuse to allow others to talk about it in their presence. They put it behind them and try to ignore its having happened.*

- (2) deliberate efforts to avoid activities or situations that arouse recollections of the event

*Victims may make a conscientious effort to avoid television shows, movies, newspaper articles and the like that present a crime scenario similar to their own experience. They may also refuse to go back to the location where the crime took place. Their goal is to avoid all potential triggering events that might cause them distress.*

- (3) inability to recall an important aspect of the event (psychogenic amnesia)

*It is very common for victims to forget certain parts of the criminal attack. Under stress, victims often do things that they are not even aware they are doing. If a loved one has been injured or killed, it is not abnormal for a spouse or parent to drive to the hospital and never remember the drive.*

- (4) markedly diminished interest in significant activities (in young children, loss of recently acquired developmental skills such as toilet training or language skills)

*Victims may avoid hobbies or participating in other events that were part of their routine. In part, many victims say that they do not resume such activities because those things remind them of a happier time. Other times, victims indicate that certain activities become symbolic of what they have lost, and that is why they avoid them.*

- (5) feeling of detachment or estrangement from others

*Many victims feel isolated from the world. They have faced a horrible, brutal and cruel attack and the rest of the world doesn't seem to notice or care. Such estrangement is increased when employers expect victims back on the job as usual. Family members expect holidays or family events to go on as they have always gone before.*

- (6) restricted range of affect, e.g., unable to have loving feelings

*Often victims feel like they can't feel anymore. There is no room for love — and many times, they feel there is no room for hate in their hearts. Sometimes this affects their sexual activity and may contribute to relationship problems after a crime. Withdrawal from sexual involvement is particularly common for women.*

- (7) sense of a foreshortened future, e.g., child does not expect to have a career, marriage, or children, or a long life

*The acceptance of a short life often leads to alcoholism, substance abuse, and other destructive behaviors. It may also cause people to become divorced or to change careers. If there is nothing to live for except the present, victims may choose a present that is high in risk-taking behaviors.*

- D. Persistent symptoms of increased arousal (not present before the event) as indicated by at least two of the following:

(1) difficulty falling or staying asleep

*This type of behavior may involve insomnia or be manifested in victims who go to sleep but routinely wake up at 3 or 4 in the morning and stay awake until just before their alarm is due to ring.*

(2) irritability or outbursts of anger

*Victims often take out their rage at the crime by being angry at co-workers, partners, or children. Little things often trigger major temper tantrums.*

(3) difficulty concentrating

*Many victims remain nervously agitated throughout the day. They may have difficulty remembering things. They may move from one task to another while not completing any one project. They just can't settle down.*

(4) hypervigilance

*Hypervigilance refers to intense startle reactions. Victims often become very sensitive to loud noises, the sudden presence of another person in the room, and anything else that may interrupt their thinking.*

(5) physiologic reactivity at exposure to events that symbolize or resemble an aspect of the event (e.g., a woman who was raped in an elevator breaks out in a sweat when entering any elevator)

*Just as trigger events may cause psychological reactions, they may also cause a physiological reaction such as crying, nausea, headaches, shaking, or muscle aches.*

E. Duration of the disturbance of at least one month.

Specify delayed onset if the onset of symptoms was at least six months after the distressing event.

*The set of six or more symptoms outlined above meet the diagnostic criteria for Post-traumatic Stress Disorder only if they all exist together for at least one month after the crime or if there is a delayed reaction of at least six months before they begin to manifest themselves.*

## 2. Acute PTSD or "Disorders of Extreme Stress Not Otherwise Specified"

a. The fourth edition of the American Psychiatric Association's Diagnostic and Statistical Manual will be issued in the near future. In that edition there will be some reconfiguration of concepts associated with post-traumatic stress disorder.

b. The revision is likely to include a redefinition of the precipitating event that triggers the long term stress reaction. It has been suggested that a subjective component be added that takes into account the response to trauma that is provoked in the person. Another suggestion has been to exclude the contextual distinction between the direct or primary stressor in an event and the indirect or secondary stressors.

c. An additional diagnostic category is likely to be added that has been described as "Disorders of Extreme Stress Not Otherwise Specified" (DESNOS). The descriptive elements to this category generally include the following.

- The symptoms may occur in persons who have survived complex, prolonged or repeated trauma in which they have been subjected to coercive control. Such

control may be imposed through violence or threat of violence; control of bodily functions; capricious enforcement of petty rules; intermittent rewards; isolation; degradation; and enforced participation.

- It is probable that the symptomology will involve: a multiplicity of symptoms (many found in post-traumatic stress disorder); dissociation; affective change; alterations of consciousness such as amnesia, transient dissociative episodes or depersonalization; alterations in affect such as dysphoria, chronic suicide tendencies, self-injury, explosive or stifled anger, compulsive or stifled sexuality; changes in relationships manifested by isolation, disruptions of intimate relationships, distrust, failures in self-protection, searches for a rescuer; alterations in self-perception manifested through helplessness, shame, defilement, stigma; and alterations in belief such as loss of faith and a sense of hopelessness, despair or disgust.

### 3. Long-term Crisis Reactions.

- a. Not all victims/survivors suffer from long-term stress disorder.
  - b. But many victims continue to re-experience crisis reactions over long periods of time. Those crisis reactions parallel the crisis reaction described at the beginning of this chapter in response to the initial victimization.
  - c. Such crisis reactions are normally in response to “trigger events” that remind the victim of the trauma.
  - d. Trigger events will vary with different victims but may include:
    - Identification of an assailant.
    - Sensing (seeing, hearing, touching, smelling, tasting) something similar to something that one was acutely aware of during the trauma.
    - News accounts of the event or similar events.
    - “Anniversaries” of the event.
    - The proximity of holidays or significant “life events.”
    - Hearings, trials, appeals or other critical phases of the criminal justice proceeding or civil litigation.
    - Media events about a similar event.
4. Long-term stress or crisis reactions may be exacerbated or mitigated by the actions of others. When such reactions are exacerbated, the actions of others are called the “second assault” and the feelings are often described as a “second injury.” Some examples are as follows.

#### a. The criminal justice system.

*Example:* In the aftermath of the Radcliff/Carrolltown, Kentucky, bus/truck crash, the distraught District Attorney initially announced that he would seek 27 counts of capital murder, that is, he would seek the death penalty. Drunk driving is not a crime for which the death penalty is an option at sentencing in the United States. Since it was determined that the truck driver was driving drunk, it would have been impossible to pursue a capital case. Surviving family members could feel betrayed by the system when manslaughter became the eventual charge.

#### b. Media response

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“A controversial front-page photograph of a dead pressman sprawled on a con-

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