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Ethical challenges Covid-19 poses for Victimology

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Introduction

What is victimology? To search for a valid, universal definition of this relatively new term¹ is an exercise in futility! Is victimology a scientific discipline? Is it an academic field? Is it a scholarly and research endeavor? Is it a helping profession? A social movement? A humanitarian crusade? Is it about criminal justice reform? Is it an advocacy/partisan enterprise? Is it a political campaign? Is it an action plan? Is it a neutral undertaking? Yes, what exactly is victimology? Contrary to other social sciences whose subject-matter can be easily grasped from the title, victimology seems to denote different things to different observers. For obvious reasons, defining victimology is way beyond the scope of this essay.

However, to accept my personal definition of victimology as the branch of social science that is focused on victims and victimization (Fattah, 2019) means, in rather simple terms, that the central mission of victimology and its primary goal is to find the most appropriate and most effective means to protect human life, to help ensure an existence free of victimization and suffering and to help secure safety, equality and social justice for all.

A simple reminder to start with. Ethical challenges are by no means limited to victimology. Young social science disciplines are in urgent and pressing need for deontology. At the 10th *International Symposium in Victimology* held in Montreal in 2000, I discussed some

1 The term victimology was first used by American psychiatrist Frederick Wertham in his 1949 book *The Show of Violence* (N.Y.: Doubleday).



of the ethical conundrums facing victimology (Fattah, 2001). I drew attention to certain failings of this young and promising discipline such as the current selectivity, inequality and discrimination in the treatment of those who are victimized (Fattah, 2002). I highlighted the differential attitudes society holds vis a vis different types of victims.

In another publication I pointed the finger to those classes of victims who are ignored or despised because they are considered to be socially expendable (Fattah, 2002; 2003). I outlined how despicable social reaction to certain victims is, how their victimization is met not with sympathy and compassion but with the popular, yet disgusting, utterance “good riddance”.

Furthermore, I deplored the creation of a “*normative hierarchy of victims*” and challenged the morality of partisanship. I drew attention to some of the dangers of victim therapy, etc.,etc. (see Fattah, 2001, 2019). The Montreal symposium was held at the dawn of the 21st century. Two decades later we are experiencing a new reality, an unprecedented situation brought about by a pandemic the like of which the world has never seen in a century. Among other things Covid-19 has revealed enormous disparities in the rates of virus victimization. It unmasked vulnerabilities of certain groups and the particular susceptibility of certain ethnic minorities both to infections and to consequences.

So it should not come as a surprise, therefore, that such a global and devastating pandemic would add a host of ethical challenges to the existing ones in victimology. Some of those ethical conundrums raised by Covid-19 do echo what I said at the Montreal Symposium while others are new or specific to the novel and in many ways unprecedented situation created by the Corona virus. The purpose of this essay is to pose some ethical questions that are begging for answers. So let me start with a very basic question.

1. Are certain human lives more worth saving than others?

Few would take issue with the claim that the primary goal of victimology is to prevent, to protect against and to treat victimization. An accepted principle in victimology is that those who are more vulnerable deserve more attention and more protection. How does this principle apply to potential victims of Covid-19?

Establishing priorities is never easy especially when the stakes are high or it is a matter of life and death. One result of Covid-19 is that ethical questions that were just a topic for philosophical debates suddenly became hot issues requiring immediate answers. The shortage or insufficient supply of ventilators and similar treatment devices led to decisions on who should live and who is



left to die. This begs the question: *Are certain lives more worth saving than others?* At a theoretical level a negative answer seems undebatable. Not so in practice. Who should get access to facilities and equipment when numbers are limited? Is it first come first served? Should it be the young not the old? Should otherwise healthy individuals be given preference over those suffering from other ailments? Who should be entrusted with making such harrowing decisions and how should they be made? What criteria are to be used? Who should ultimately prevail? Should the decisions be left to the medical authorities, to the treating physicians? Should there be guidelines to help them and who should develop those guidelines? Those are very pertinent questions so how were they answered in practice?

On March 10, 2020, *Business Insider* reported that in Italy doctors were prioritizing the young and otherwise healthy patients over the older people who are less likely to recover. On March 22, 2020, *USA Today* confirmed that *The Italian College of Anesthesia, Analgesia, Resuscitation and Intensive Care* published guidelines for doctors on how to manage the crisis: "If faced with a scarcity of resources, doctors were told to consider prioritizing treatment for healthy individuals under the age of 80".

One may ask: why 80? How and on what basis was this dividing line chosen? The arbitrariness of choosing that age is as evident as it is problematic.

2. Which Covid-19 victims will be given priority once effective treatments and vaccines are developed?

The same dilemma that faced treating physicians due to shortages of ventilators and other devices, is bound to resurface once an effective treatment or a vaccine for Covid-19 is discovered. Even with a herculean effort like the one underway there will not be, at least initially, enough for all countries nor for the whole population of any given country. Will the current disparities in wealth and power determine again who will have access and who does not? Will the poor, the powerless again get the short end of the stick? Could an egalitarian system be developed that would ensure a more equitable allocation, distribution and access to treatment and vaccine?

And once a viable vaccine has been developed, produced and available in sufficient quantities will its use be made mandatory or will it be left to the discretion and the free choice of each adult? We have seen how the optional use of a non-intrusive preventive measure, such as the face mask, has engendered a whole debate and became the subject of a huge controversy, even politicization at the highest level in the USA.



And what will be the ethics of response to violations of rules or to non-compliance with mandatory restrictions? Will it again be more punishment, more sanctions, and more victimization?

3. When economic victimization is the price to pay for the prevention of health victimization which should prevail?

Early in their childhood we taught our children how valuable human life is. They learned that when a human life is at stake anything else could be sacrificed to save it. If this reasoning is correct, and I believe it is, then one has to agree with *Ryan Bourne* of the Cato Institute who, on March 27, 2020, argued that “given the risks of COVID-19 to vulnerable populations, we should be willing to withstand large economic costs to prevent the risk of substantial numbers of deaths. This is particularly true if most of those economic costs are temporary.” Surprisingly, not everyone seems to agree with this statement. A divergence of opinion on this ethical dilemma between countries and within countries is evident.

Concerns about the sinking economy and efforts to revive it rekindled the debate over which should take precedence: health concerns or economic concerns? The debate gained notoriety following President Trump’s famous Tweet in which he suggested that “*We cannot let the cure be worse than the problem itself*”. Trump’s order to meat plants to stay open *despite considerable health risks* to workers only added fuel to the fire. In Canada the debate centered on the decision to resume operations at Calgary’s Cargill meat plant where nearly 1,000 employees suffered COVID-19 infections. Health authorities gave their approval to reopen while the Union representing the employees was decidedly opposed due to what it believed was a continuing health risk.

The debates around this ethical conundrum are ongoing with people of different persuasions expressing views on both sides of the issue. It will be interesting to see how this conflicting-interests debate is settled. Will it gain prominence, will it fade? Only time will tell. Much will depend on how the current reopening experiments turn out. But the ethical issue will surely persist rather than disappear.

4. Should privacy and civil liberty be sacrificed for the sake of, or under the guise of, safety?

Understandably, initial restrictions of all kinds imposed by governments to prevent the spread of Covid-19 were not met with strong opposition despite the



limitations they imposed on mobility, association, the freedom to do this and that. There are however more threats on the horizon that are raising considerable fears among those concerned about privacy's place in a democracy.

On April 27, 2020, Sue Halpern asked a timely question in *The New Yorker*: *Can We Track COVID-19 and Protect Privacy at the Same Time?* The question was prompted by alarming news that several companies are developing digital technologies that could instantly provide detailed information culled from security cameras, license-plate readers, biometric scans, drones, GPS devices, cell-phone towers, Internet searches, and commercial transactions. While these intrusive technologies can be useful for public-health surveillance they do facilitate all kinds of spying by governments, businesses, and malign actors. They provide an inexhaustible gold mine of private information for authoritarian and totalitarian regimes.

One would have expected democratic countries such as Canada and the USA to reject outright such invaders of privacy and to ban the use of these gadgets. Unfortunately this did not happen. Yet another ethical conundrum that forces society to decide whether to become a surveillance society or a society that puts privacy and civil liberties above all other concerns.

5. How ethical is mandatory isolation in old care residential facilities and nursery homes for the elderly?

The issue of isolation in old care homes has been one of the most dramatic and most traumatic issues brought about by Covid-19. On television we saw heart-breaking scenes of elderly residents left to die without being allowed a final visit from their beloved and closest family members, without personally hearing a word of comfort or feeling a live touch. Offspring and relatives who were more than willing to take the risk of infection in exchange for a final hug, a last kiss on the cheek, a warm farewell embrace were denied this final moment of sympathy and the opportunity of showing and expressing their love. One cannot but wonder for whom were those rules imposed? Obviously, they were not meant to protect the elderly patients themselves. So were they meant to protect the potential visitors against their own best judgement? And were those isolation decisions medical decisions, administrative decisions or both? And what considerations were taken into account before such rules, judged unethical by many, were imposed? Were those rules influenced by any economic factors, bearing in mind that those old age facilities are, for the most part, private residences run for profit?



6. How ethical is incarceration as a punishment when society is unable to protect inmates against Covid-19 victimization?

Many victim advocates call for harsher punishments and longer prison sentences. The same is true of those who wrongly believe that “redressing the balance of justice” requires punishing offenders more severely. Punitive attitudes are thus nurtured and reinforced. A punitive environment is created in which cries for penal reform are likely to fall on deaf ears. People forget that once society opts for incarceration as punishment it becomes incumbent upon it to ensure the health and safety of those whom it locks up. Incarceration becomes unethical once society fails or is unable to protect inmates against victimization².

Equally easy to dismiss or ignore is the fact that the inmate population is made up largely of people from socially and economically marginalized communities and suffers disproportionately from medical and mental health problems and susceptibilities. The overcrowding conditions and strict rules in detention facilities render inmates particularly vulnerable and defenceless to viruses like Covid-19. To add insult to injury they are being denied the use of protective measures such as distancing and hand washing. It was heart-wrenching to see on TV how inmates who were producing sanitizers for USA hospitals were not allowed to use them to disinfect their own environment!

Thanks to Covid-19 warnings about the dire confinement conditions in penal institutions, pleas to make less use of incarceration, calls to release non-violent offenders are coming from all sides and all quarters. Hopefully, Covid-19 may trigger some of the long awaited and urgently needed prison reforms? But prison reform is a long term process. What is urgent now is to solve the ethical dilemma of what to do with incarcerated offenders who run the risk (even the mortal risk) of becoming infected while in penal institutions. Should they be kept in custody? Should they be freed even if they have not served their full sentences? What is the ethical way out of this dilemma and where does the victim lobby stand on this issue?

2 Daily reports about high rates of infections in American prisons are being published almost every day. Alicia Victoria Lozano reported on NBC News on July 17, 2020 that Coronavirus infections are soaring at a North Texas federal prison where more than 1,000 inmates have tested positive for COVID-19 and at least one inmate has died. And of the 1,798 inmates at the Federal Correctional Institute at Seagoville, at least 1,072 have contracted the virus. Ten staff members have also tested positive and four have recovered, according to the Federal Bureau of Prison's official count.



Conclusion

The above discussed challenges are just a few of those posed by the corona virus for victimology. The essay does not claim that those are the most serious or the only ones. There are many, many others. How ethical are practices such as contact tracing, temperature taking, recruiting volunteers for virus infection for vaccine experiments, etc.? How ethical is it to prevent willing worshipers from visiting their religious places or attending religious services? Is it surprising that many perceive such an interdiction as a serious victimization? And the list just goes on and on. Unfortunately, space is limited and there is ample opportunity for other victimologists to tackle some of the long list of challenges. I hope this brief essay provides them with the incentive to do so.

References

- Bourne, Ryan from The Cato Institute (May, 27, 2020) Welcome to the Inefficient Economy. *Conservative Home*.
- Business Insider (March 10, 2020).
- Fattah, E. A. (2001a). "Does Victimology Need Deontology? Ethical Conundrums in a Young Discipline". Proceedings of the 10th International Symposium on Victimology. In A. Gaudreault and I. Waller, *Beyond Boundaries: Research and Action for the Third Millennium*. Association Québécoise Plaidoyer-Victimes, Montréal. pp.129-54.
- Fattah, E.A. (2001b). "¿Es Necesaria Una Deontología Victimológica? Complejidades éticas en una joven disciplina". In *Cuadernos de Criminología*, No. 11, Instituto de Criminología Policia de Investigaciones de Chile, pp.53-76.
- Fattah, E.A. (2002a). "Gewalt gegen gesellschaftlich Überflüssige". In Wilhelm Heitmeyer and John Hagan (eds.). *Internationales Handbuch der Gewaltforschung*. Westdeutscher Verlag. Germany, pp.958-80.
- Fattah, E. A. (2002b). "Selectivity, Inequality and Discrimination in the Treatment of Victims of Crime". In Gudrun Nordborg & Anna Sigfridsson (ed.) *Väldets Offer – Vårt Ansvar*. Nordic Criminology, Volume 38-1/2, pp.113-33. Conference. Brottsoffermyndigheten. Stockholm, Sweden. pp. 16-36.
- Fattah, E. A. (2003). "Violence Against the Socially Expendable". In Wilhelm Heitmeyer and John Hagan (eds.). *International Handbook on Violence Research*. London: Kluwer Academic Publishers.



Fattah, E. A. (2019). *Victimology: A Discipline in Transition*. Kindle DP

Halpern, S. (2020) *Can We Track COVID-19 and Protect Privacy at the Same Time?*,
The New Yorker, April 27.

Lorenzo, A.V. (July 17, 2020) NBC News.

USA Today (March 22, 2020)

Wertham, F. (1949) *The Show of Violence*. New York: Doubleday.