



The effects of the justice system on mental health

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Anyone involved in legal proceedings will warn you that a long-drawn-out legal battle will drain your mental health. This study aimed to assess the psychological effects of being processed by the justice system. The sample consisted of 360 subjects, residents in Spain. Were administered a questionnaire on the experience of contact with the justice system, a temporal perspective inventory, locus of control, psychological reactance, coping strategies, health self-efficacy, and psychosomatic symptomology. Results revealed significant differences between plaintiffs and defendants, although it was also confirmed that both parties showed greater pessimism about the future. So, the former were more pessimistic about the future, used poor strategies for protecting their health, and had less empathy. In contrast, coincidentally in some variables, defendants had a more negative outlook on life, and in general more psychosomatic symptomology. The health of the group with the longest exposure to legal proceedings was the most deteriorated.

Key words: defendants; family law; justice system; legal psychology; litigation; mental health; plaintiffs.

Introduction

Health and justice system

Anyone enduring lengthy legal proceedings, in particular as a defendant or individuals at risk of losing a loved one (e.g. child custody disputes), will complain that long drawn-out legal proceedings have seriously affected their health. Notwithstanding, to our knowledge, no study has assessed the impact on health, and in particular the mental health of plaintiffs and defendants, of the justice system itself.

While our research focuses on civil family law procedures, this section conducts a general bibliographic review, referring to concepts such as victim, or aggressor and victim of abuse. However, the empirical study detailed below is strictly civil.

Although research has primarily focused on the victim's mental health (i.e. the issue of

deteriorating mental health has been studied in criminal proceedings, when an aggressor attacks a victim; in general, these are studies of the victims' sequelae, mainly due to post-traumatic stress disorder), and the impact of the legal proceedings themselves has been overlooked. Moreover, as considered from the victim's perspective, the term secondary victimisation has been coined and has prompted research by Gutiérrez de Piñeres-Botero, Coronel, and Andrés-Pérez (2009). Victims of an offence often become victims of the justice system and endure traumatic experiences that are product of the system itself (Pearson, 2007). This phenomenon has been found to affect victims, families, friends, communities, carers and aggressors (Palacio, 2001).

From the aggressor's point of view, role theory as proposed by symbolic interactionism

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claims that individuals who commit an offence are branded delinquents or aggressors by the justice system, which significantly increases the probability of further conviction, even when no further offences are committed (for example, see Shim & Shin, 2016; Theimann, 2016, etc.)

However, not all legal proceedings are confined to criminal law, and child custody disputes are a good example of the difficulty of distinguishing the victim from the aggressor. Likewise, neither should the term *plaintiff* be used as synonymous to victim, nor the term *defendant* to refer to the aggressor. This ambiguity has spurred studies such as Gardner's (1985), parental alienation syndrome (PAS), which asserts that the plaintiff is the aggressor, a claim that lacks any scientific empirical support (see Clemente & Padilla-Racero, 2015a, 2015b).

Secondary victimisation has been defined from the point of view of the consequences involved. Most studies refer to secondary victimisation as the distress endured by a victim of an offence due to the negative psychological, social, legal and financial impact of being processed by the justice system and the victims' relationship with the criminal legal system (Gutiérrez de Piñeres-Botero, Coronel, & Andrés-Pérez, 2009). These authors add that this is a frustrating clash between the victim's legitimate expectations and institutional reality, involving a lack of comprehension of the psychological and physical suffering caused by the criminal act, and leaving the victims desolate and insecure and generating a loss of faith in the justice system when it comes to responding to their needs. This perspective can also be found in Kreuter (2006), Landrove (1998) and Soria (1998). This concept has also been understood from another perspective as secondary victimisation, which is usually more negative than primary victimisation, and can lead to increasing the harm caused by the crime by adding more psychological or patrimonial damage (Berrill & Herek, 1992; Beristain, 1994, 1999; García-

Pablos, 1988; Landrove, 1998; Wemmers, 1996).

Albertin (2006) has pointed out that secondary victimisation arises from the relationship between the victim and social institutions (social services, health care workers, the justice system, mass media, etc.), which occasionally fail to comply with ethical standards for the treatment of victims (Beristain, 1999). The terms 're-victimisation' and 'secondary victimisation' refer to malpractice in the psychological or medical treatment of victims, mostly by unqualified or unscrupulous professionals (Rozanski, 2013).

The act of resorting to the justice system entails a stressful situation for the victim: the forced reliving of the trauma endured during the incident. Moreover, the needs of victims for preserving their mental health (social support, understanding, regaining control and power over their lives, having a sympathetic listener, respect, privacy, etc.) often come into conflict with legal requirements (e.g. victims must give testimony in public, the burden of proof is on the credibility of the victim's testimony, compliance with rules and proceedings, victims are forced to relive their traumas in order to challenge the testimony of their aggressors, etc.). Although the last issue has been examined by Campbell (2005) and Herman (2003), to our knowledge, no study has assessed the effects of the justice system on the stress levels of aggressors.

Besides suffering from severe psychological trauma, victims sustain physical injuries and incur damages and financial loss resulting from the criminal offence (Annan, 2011; García-Pablos, 1988). Moreover, the criminal offence is re-experienced and perpetuated in the victim's mind. The feeling of powerlessness in the face of the aggressor, as well as the fear of the assault recurring, may trigger acute post-traumatic stress disorder, prolonged episodes of anxiety, depression, and so on. Psychological exhaustion may eventually lead to unfounded reactions intended to explain the traumatic event they have suffered,

giving rise to feelings of guilt and self-blame for the offence. Moreover, society in general often stigmatises the victim, and far from responding with solidarity and justice, victims are often treated unsympathetically and are viewed with mistrust and suspicion (Clemente, 1992). Victimization leads to social alienation and social exclusion as well as to increasing the risk of successive incidents of victimisation, making the victim of the criminal offence even more vulnerable. In the short term, victimisation modifies the victims' habits and lifestyles, negatively affecting their everyday domestic lives, their interpersonal relationships and their working and social lives (Clemente, 1992). Some authors (Greenberg & Cropanzano, 2001; Latham, 2006; Vardi & Weitz, 2004) have made an important distinction that can help reduce the impact of secondary victimisation: the interactional application of justice and of the legal procedures themselves.

The interactional application of justice refers to the formal procedures enforced by an organisation (George & Brown, 2004; Greenberg & Cropanzano, 2001; Latham, 2006; Vardi & Weitz, 2004) and consists of two types. The first is information, which refers to the use of appropriate data to explain each phase of the legal proceedings, given that when individuals receive the adequate information concerning legal proceedings, they perceive they are being treated fairly, impartially and equally. Thus, this underpins both veracity and justification. The second type, interpersonal treatment, underscores the impartial treatment received during legal proceedings, respect for how the parties should be treated, and fostering concern and sensitivity towards others – that is, empathy, good manners and respect for others.

We find this of particular importance, as uncertainty about future events is a great source of stress. It generates learned helplessness and therefore worsens users' mental health. We believe that for justice system users to know how the criminal process works is a

way to avoid these problems, especially learned helplessness (Seligman & Csikszentmihalyi, 2014).

The South Korean experience

In South Korea a 'Citizen Participatory Trial System' was implemented in 2008. The system is based on 'Committees for the Citizens' Participation in the Judicial System', where citizens form part of juries in trials of female victims of sexual abuse. Legal proceedings designed to prevent secondary victimisation entail installing all-female juries. Several authors have proposed a range of measures aimed at optimising the efficacy of the system in order to improve victims' mental health. For instance, Kim and Lee (2015) proposed three measures to improve the system, with the third one referring to strategies for preventing anxiety in victims whose identity has been disclosed in court and the stressful situation of reliving their trauma during the trial. In practice, the aim was to design a system akin to plea-bargaining. One of the programmes designed to prevent secondary victimisation was the 'Sexual Assault Nurse Examiner' or SANE (Maier, 2012). The work of Maier (2012) reflects the opinions of 39 nurses participating in that programme. This work is of great importance despite the small number of professionals interviewed (39 nurses), as it refers to the perception of the criminal jurisdiction of the justice system and of the civil jurisdiction of women who were allegedly sexually abused by the health system. These professionals were asked to what extent female victims of alleged sexual abuse feel intimidated when the whole process of care for them begins in hospitals, with the notification to the justice system to investigate the possible crime. The data collected showed how, according to the nurses, what bothered them the most was the criminal investigation carried out by the police and the courts of criminal jurisdiction, mainly because the possible veracity of the abuse was challenged. The second issue that made them most uncomfortable was the

abuse verification system itself, from a health viewpoint, as it reminded them of the aggression. And finally, they were uncomfortable about the impact of the events that occurred concerning the need to change their civil status, as most of them were married, and the traumatic event led them to file for divorce, opening civil judicial proceedings.

The Korean system based on the recommendations of several authors has applied several improvements such as victim protection, a policy that has often been implemented without any empirical data to justify the practice (Lee, 2014).

The justice system as a generator of health problems and a form of institutional harassment

In every society, there are disadvantaged groups where, on the one hand, society is prioritised, and, on the other hand, the system of administration of justice is prioritised. Under this assumption the work of Athwal and Burnett (2014) applied to racism was carried out. These authors report how members of certain groups, mainly related to the submerged economy, are ‘disappearing’ within the justice system because, firstly, as has just been established, there is low-level harassment of society in general, but also, secondly, of the justice system itself, which either does not act or acts in a way that could be called low level, leaving most crimes unpunished (files are lost, prosecutors do not classify them, etc.).

It is important to identify how the justice system stigmatises everyone, the aggressors and the victims. This is demonstrated in the work of Stotzer (2014), which analyses 33 studies that focus on the treatment of the justice system toward its users. These works highlight how lawbreakers suffer harassment, unlawful arrest, assault and in general a great lack of protection by the system, with the agents of such attacks being themselves members of the justice system. But the opposite is also true: victims are also harassed and discriminated by the system. The conclusion is

clear: the police and justice system, indirectly and in a ‘low-level’ form, assault both aggressors and the victims of abuse.

On the other hand, the way the justice system treats those who come there as victims affects their mental health. This is shown, for example, in two investigations. Bell, Street, and Stafford (2014), working with 1562 reservists from the United States military who were sexually abused by other members of their organisation, show how these people’s mental health, especially their post-traumatic stress level, improved when they were adequately treated by the justice system, and their statements were taken appropriately and respectfully; and, on the contrary, the mental health of those who were treated disrespectfully by the justice system worsened. A similar work was performed by Smith (2012), but referring to the prison system, with similar results. Therefore, in general, we can say that when the victims of crime and the offenders are treated appropriately by the justice system, their mental health improves. But unfortunately, the opposite is also true.

Perhaps one of the possible explanations of this discrimination, from a legal point of view, can be found in the concept of Silbey (2005) of legal consciousness, which tries to join three elements: consciousness, ideology and hegemony. In general, this theory draws a clear distinction between the theoretical concept of the law and the way it acts when put into practice. It could be argued that law enforcement is often iatrogenic; that is, while at the general level, it is intended to defend the victims, in its individual application, it frequently harms the victims. Silbey wonders how it is possible for people to allow the existence of a legal system that, despite its promises of equal treatment, systematically reproduces inequality.

Another phenomenon that highlights this harassment of the citizen by the legal system is that of the ‘perverse rule’, created by Fernández-Dols (1993), who defined it as an explicit and unfulfillable rule. It is a rule that

can only be fulfilled in ideal or exceptional terms (see also Ocejá & Fernández-Dols, 1992). Thus, the police can sanction whoever breaks a rule because they have broken the law, despite the fact that all of society fails to follow it, because they do not even know about its existence. For example, it is very easy to punish a restaurant or a café, as it will always violate some rules; so, if the police want to impose a punishment on an establishment, they can always do so. In everyday life, it is possible to detect perverse rules in many contexts. Perverse rules are often imposed on all groups of a social subsystem or at least on the group without authority, using coercion by a hierarchically superior social system.

Although most studies have employed a qualitative methodology, a few empirical studies have been undertaken (Aranda-López, Montes-Berges, Castillo-Mayén, & Higuera, 2014; Patterson, 2011). With the qualitative methodology, studies of gender violence found that women who perceived the justice system negatively also tended to have intense feelings of secondary victimisation caused by the system. In comparison, women who relied less on the criminal justice system and the police to prevent further assault expressed more satisfaction with the justice system. In addition, there was a homeostatic phenomenon whereby women with more family support expressed more satisfaction with the police system.

In line with the findings of the present study, Calton and Cattaneo (2014) concluded that legal proceedings perceived as fair improved the victims' mental health, and the victims stated they would use the justice system again if they were involved in another offence. Two variables were significantly modified by the perception of being treated fairly in legal proceedings: quality of life increased, and depression decreased. It has been shown that these studies were not generalisable to victims of sexual offences (Laxminarayan, 2012).

As most studies have focused almost exclusively on the victim, and particularly on

secondary victimisation, this study aimed to assess the psychological effects on both plaintiffs and defendants of being processed by the justice system. We wanted to address this case because both parties have been plaintiffs and defendants at some time. What we have done is to include the interviewees in one category or another according to their qualification after the first lawsuit filed at the judicial level. And, as already stated, in almost all cases, the first lawsuit was civil; then, the criminal jurisdiction had to act, and then the case returned to the civil jurisdiction. In this study health was characterised in terms of plaintiff or defendant. Moreover, the litigants' psychosocial health was compared to that of non-litigants to determine differences. It was hypothesised that both plaintiff and defendant would exhibit psychosocial health problems, and that the deterioration in health would be worse in the defendants. A further conjecture was that the health of litigants (subjects actually involved in legal proceedings) would be worse than the health of non-litigants.

We would like to express our conviction that scientific procedures must be used in order to determine whether there is a deterioration of mental health. An example of this can be found in the 'Legal Harassment Scale' (LHS) of Clemente, Padilla-Racero, Espinosa, Reig-Botella, and Gandoy-Crego (2019), ideal for detecting how the justice system can impair people's psychological health.

Method

Participants

The sample consisted of 360 participants; 53% women and 47% men; mean age 36 years (age range= 18–81 years). A total of 52.2% of participants stated they had been involved in legal proceedings as plaintiffs, and 32.8% as defendants (both questions were asked separately, the exclusion criterion being participants who were simultaneously involved in legal proceedings both as plaintiffs and as defendants). The mean number of trials was 0.87

(minimum 0, and maximum 7). Most participants had been involved in proceedings concerning changes in the non-custodial parent's visitation regime, to a fairly lesser extent in changes in guardianship and to a small extent in child sexual abuse proceedings involving requests for changes of guardianship and visitation regimes. All participants resided in the autonomous community of Galicia (north-western Spain). The data were gathered by interviewers, who requested the collaboration of, and obtained informed consent from, individuals being processed by the law courts. Thus, the sample was incidental, as it would have been unfeasible and complicated to obtain a random one. All participants were informed of the aims of the study. Data were gathered from October to December 2017.

Instruments

A questionnaire was designed, consisting of the following series of tests:

- Sociodemographic data, and data on the experience of contact with the justice system.
- Zimbardo's Time Perspective Inventory (ZTPI): a multidimensional measure of time orientation, which allows individuals to fix their own past, present and future. It can be classified as a personality test consisting of 56 items rated on a 5-point Likert-type response format. Both the validity and reliability indices were high. The Spanish version adapted by Díaz-Morales (2006) was used to determine the following factors: negative past, hedonist present, future, positive past and fatalist present. These factors correspond with those proposed by Zimbardo and Boyd (1999). A negative past expresses a pessimistic, negative and unfavourable view of the past; a hedonist present implies an attitude towards time and life based on pleasure – for example, the pleasure of performing high-risk or high-adrenaline sports and exciting experiences; the future is linked to responsibility, achievement oriented, meeting deadlines and concern for the consequences of different types of behaviour; a positive past implies nostalgia and enthusiasm for the past; and the fatalist present reveals a desperate and defenceless attitude, a negative attitude towards the future and life in general (a lack of orientation in time).
- Levenson's (1973) I–E Locus of Control Scale. This scale is a measure of locus of control, which was initially designed by Rotter (1966) and was adapted and validated in Spanish by Pérez-García (1984). The Spanish version of Romero-García and Pérez (1985) was used in this study. This scale measures subjects' internality (I) and externality (E) with two factors: internal and external. Moreover, externality was measured in terms of either 'other powerful people' or chance. The scale consists of 24 items scored on a 6-point Likert-type response format. Internality refers to individual personal beliefs about one's own skills, characteristics, attitude and behaviour in determining success or failure in life – that is, being in control of one's destiny. In comparison, externality attributes success or failure in life to outside forces (the belief that powerful people control one's life), whereas chance externality is the belief that luck, fate or divine destiny determine one's life. Global externality encompasses both types of externality. Studies on the reliability and validity of the scale have obtained positive results (Hong & Ostini, 1989; Hong & Page, 1989; Pérez-García,

Sanjuán, Bermúdez, & Sánchez-Elvira, 2002).

- The Psychological Reactance Scale (PRS) of Hong and Page (1989). This concept was supported by Brehm's (1966) claim that perceived threats to freedom trigger a motivational impulse in people, which has been referred to as psychological reactance. Individuals who perceive their freedom is threatened or who fear that loved others may be lost believe that by acting unlawfully they are restoring their freedom. Wortman and Brehm (1975) described four components of reactance: expected freedom, implied threat/the force of threat, importance of freedom and implications for others' rights. Hong and Page's scale consists of two components: affective and cognitive, with eight and six items, respectively. In this study, the Spanish version of this scale, adapted by Pérez-García et al. (2002), was used.
- Moos' Coping Strategies Scale (CSS). Moos views stress as a manifestation of the imbalance between external and internal demands as perceived by the individual, and the availability of resources for coping (Frydenberg, 1997; Lazarus, 1991). Moos' Coping Responses Inventory (CRI) was adapted for adolescents: the CRI-Youth (CRI-Y; Moos, 1993, 1995). In the present study, the Spanish version of the CRI-Y, adapted by Ongarato, De la Iglesia, Stover, and Fernandez-Liporace (2009), was used. The original version of the questionnaire was composed of 48 items, grouped into eight dimensions. The version used in this study consisted of four scales: Coping for

Cognitive Approximation, Coping for Behavioural Approximation, Coping for Cognitive Avoidance and Coping for Behavioural Avoidance. The psychometric properties of this scale have been corroborated (Rial-Boubeta, De La Iglesia, Ongarato & Fernández-Liporace, 2011).

- The Scale of Self-efficacy on Health (SEH). The SEH consists of 10 items scored on a 4-point Likert-type response format, and all the options were drafted by the authors of this paper. The scale was based on the self-efficacy tests of Baessler and Schwarzer (1996), and Sanjuán, Pérez-García, and Bermúdez-Moreno (2000), but only items on health issues were included.
- Derogatis' Symptom Checklist-90-Revised (SCL-90-R). The SCL-90-R is composed of 90 questions measuring several dimensions: Somatisation, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation and Psychoticism. The global severity index (GSI) of psycho-somatisation were calculated using this checklist. The psychometrically tested (see Derogatis & Cleary, 1977a, 1977b; Derogatis, Rickels, & Rock, 1976), adapted Spanish version was used in this study (Derogatis, 2002).

Procedure

After designing the questionnaire, a team of interviewers was responsible for collecting data from plaintiffs and defendants at the law courts of the four provinces of the autonomous community of Galicia (NW Spain). Once the data had been gathered, an Excel data matrix was created, prior to exporting it to the IBM SPSS-22 statistical package. Statistical *t* tests

Table 1. *T* test comparison of the means of defendants versus those of non-defendants.

Variable	<i>t</i>	<i>df</i>	<i>p</i> (bilateral)	Mean
Negative past	-1.914	350	.056	-.124
Hedonist present	-3.152	355	.002	-.204
Future	3.573	354	.001	.230
Positive past	-0.764	357	.446	-.046
Fatalist present	-3.159	357	.002	-.194
Outlook on life/time perspective	-2.064	347	.040	-.072
Internal control	-0.690	355	.490	-.030
External control by chance	-1.489	356	.137	-.077
Powerful others' external control	-2.686	351	.008	-.162
Global external control	-2.573	351	.011	-.118
Affective reactance	-2.194	357	.029	-.133
Cognitive reactance	-3.638	357	.001	-.230
Global reactance	-3.309	356	.001	-.176
Cognitive coping	-0.678	355	.498	-.039
Behavioural coping	1.263	355	.207	.084
Cognitive avoidance	-1.198	357	.232	-.084
Behavioural avoidance	-0.884	356	.377	-.066
Self-efficacy in health	-2.217	356	.027	-.104
Somatisation	-1.549	353	.122	-.138
Obsessive-compulsive	-1.619	357	.106	-.150
Interpersonal sensitivity	-2.138	355	.033	-.173
Depression	-2.282	356	.023	-.221
Anxiety	-2.209	357	.028	-.191
Hostility	-4.015	358	.001	-.430
Phobic anxiety	-1.902	356	.058	-.128
Paranoid ideation	-2.619	356	.009	-.261
Psychoticism	-3.171	355	.002	-.224
GSI	-2.613	349	.009	-.202

Note: GSI = global severity index of the Symptom Checklist-90-Revised (SCL-90-R).

were performed to compare independent samples in the following groups:

- Subjects who had previously been in legal proceedings as defendants (defendants) versus subjects who had never been in legal proceedings as defendants (non-defendants).
- Subjects who had previously been in legal proceedings as plaintiffs (plaintiffs) versus subjects who had never been in legal proceedings as plaintiffs (non-plaintiffs).
- Subjects who were in legal proceedings (litigants) versus subjects who

were not in legal proceedings (non-litigants).

No reliability or validity tests on the instruments employed in this study were undertaken, given that the psychometric properties have been confirmed to be satisfactory by the empirical data.

Results

Initially, a statistical *t* test was performed to compare defendants versus non-defendants. As shown in Table 1, significant results (a minimum bilateral confidence score of

Table 2. *T* test comparison of the means of plaintiffs versus those of non-plaintiffs.

Variable	<i>t</i>	<i>df</i>	<i>p</i> (bilateral)	Mean difference
Negative past	-0.409	350	.683	-.025
Hedonist present	1.298	355	.195	.080
Future	-4.770	354	.001	-.286
Positive past	-3.414	357	.001	-.194
Fatalist present	2.044	357	.042	.119
Outlook on life/time perspective	-1.287	347	.199	-.042
Internal control	-1.763	355	.079	-.073
External control by chance	2.280	356	.023	.111
Powerful others' external control	1.638	351	.102	.093
Global external control	2.307	351	.022	.100
Affective reactance	0.518	357	.605	.029
Cognitive reactance	3.628	357	.001	.216
Global reactance	2.160	356	.031	.109
Cognitive coping	-0.966	355	.335	-.052
Behavioural coping	-0.041	355	.967	-.002
Cognitive avoidance	-0.867	357	.387	-.057
Behavioural avoidance	1.691	356	.092	.118
Self-efficacy in health	-1.132	356	.258	-.050
Somatisation	0.252	353	.802	.021
Obsessive-compulsive	0.135	357	.892	.011
Interpersonal sensitivity	1.201	355	.231	.091
Depression	-0.007	356	.995	-.000
Anxiety	0.471	357	.638	.038
Hostility	0.911	358	.363	.093
Phobic anxiety	1.716	356	.087	.108
Paranoid ideation	0.958	356	.339	.090
Psychoticism	2.340	355	.020	.156
GSI	0.744	349	.457	.054

Note: GSI = global severity index of the Symptom Checklist-90-Revised (SCL-90-R).

95% – that is, $p \leq .05$) were found in a large number of variables: being negative (the defendants' scores were lower than the non-defendants' scores), hedonist present (defendants did not enjoy the present time); future (defendants were more pessimistic about the future); fatalist present (defendants obtained lower scores in perceiving the present as a problem); global time perspective (defendants were more negative); external control by other powerful people (defendants rejected the belief that what happens to them depends on powerful others); global external control (defendants were globally less external than non-defendants); affective and cognitive reactance

(defendants did not like to resort to behaviours that led to problems); self-efficacy in health (defendants were not efficacious at protecting their own health); interpersonal sensitivity (defendants lacked mutual understanding); depression (defendants were less depressed); anxiety (defendants had less anxiety); hostility (defendants had less hostility); phobic anxiety (defendants had less phobic anxiety); paranoid ideation (defendants had less paranoid ideation); psychoticism (defendants scored lower); and GSI global psychosomatic indices (defendants had lower global psychosomatic indices). Moreover, defendants exhibited the highest global reactance scores. In short,

Table 3. *T* test comparison of the means of litigants versus those of non-litigants.

Variable	<i>t</i>	<i>df</i>	<i>p</i> (bilateral)	Mean difference
Negative past	-0.446	348	.656	-.032
Hedonist present	-2.382	353	.018	-.172
Future	1.023	352	.307	.073
Positive past	0.038	355	.970	.002
Fatalist present	1.268	355	.206	.087
Outlook on life/time perspective	-0.222	345	.824	-.008
Internal control	-1.535	353	.126	-.074
External control by chance	-0.882	354	.379	-.051
Powerful others' external control	0.824	349	.410	.055
Global external control	0.081	349	.935	.004
Affective reactance	-0.795	355	.427	-.053
Cognitive reactance	-0.600	355	.549	-.042
Global reactance	-0.814	354	.416	-.048
Cognitive coping	-0.603	354	.547	-.038
Behavioural coping	-1.992	354	.047	-.147
Cognitive avoidance	-1.348	356	.179	-.103
Behavioural avoidance	-1.703	355	.090	-.140
Self-efficacy in health	0.022	354	.983	.001
Somatisation	-0.468	351	.640	-.046
Obsessive-compulsive	-1.299	355	.195	-.133
Interpersonal sensitivity	-0.733	353	.464	-.065
Depression	-1.394	354	.164	-.149
Anxiety	-0.664	355	.507	-.064
Hostility	-1.680	356	.094	-.202
Phobic anxiety	0.138	354	.890	.010
Paranoid ideation	-1.234	354	.218	-.136
Psychoticism	-1.681	353	.094	-.132
GSI	-1.339	348	.182	-.115

Note: GSI = global severity index of the Symptom Checklist-90-Revised (SCL-90-R).

globally, defendants were pessimistic about the future, used poor strategies for protecting their own health and exhibited less empathy and interpersonal sensitivity.

As for the comparison between plaintiffs versus non-plaintiffs, the results in Table 2 show that plaintiffs perceived the future more negatively and the past positively, and obtained higher scores in fatalist present, external control by chance, both global affective and cognitive reactance and psychoticism. Thus, plaintiffs were globally found to have a more negative outlook on life, and presented more psychosomatic symptomology.

As shown in Table 3, the comparison between subjects who at the time of data

collection were not involved in legal proceedings (non-litigants) versus subjects who were involved in legal proceedings (litigants) revealed that the litigants scored lower on hedonist present and on behavioural coping. Thus, the health of litigants deteriorated more than the health of non-litigants, but this was observed in only a few variables.

Discussion and conclusion

The results obtained are summarised in Table 4. Variables that were non-significant in any of the analyses were eliminated, and a negative sign was added if the defendant, plaintiff or litigant groups obtained lower

Table 4. Summary of results.

Variable	Defendants	Plaintiffs	Litigants
Negative past			
Hedonist present	–		–
Future	–	–	
Positive past		–	
Fatalist present	–	+	
Outlook on life/time perspective	–		
Internal control			
External control by chance		+	
Powerful others' external control	–		
Global external control	–		
Affective reactance	–	+	
Cognitive reactance	–	+	
Global reactance	+	+	
Cognitive coping			
Behavioural coping			–
Cognitive avoidance			
Behavioural avoidance			
Self-efficacy in health	–		
Somatisation			
Obsessive-compulsive			
Interpersonal sensitivity	–		
Depression	–		
Anxiety	–		
Hostility	–		
Phobic anxiety	–		
Paranoid ideation	–		
Psychoticism	–	+	
GSI	–		

Note: GSI = global severity index of the Symptom Checklist-90-Revised (SCL-90-R). Negative sign = defendant, plaintiff or litigant groups obtained lower scores than non-defendant, non-plaintiff or non-litigant groups, respectively; positive sign = non-defendant, non-plaintiff or non-litigant groups obtained lower scores than defendant, plaintiff or litigant groups, respectively.

scores than the non-defendant, non-plaintiff or non-litigant groups, respectively. Conversely, if the non-defendant, non-plaintiff and non-litigant groups obtained lower scores, a positive sign was added.

Significant differences were found between defendants and non-defendants. Defendants were more pessimistic about the future, used poor strategies for protecting their own health and showed less empathy. Likewise, plaintiffs also had health problems: they had a more negative outlook on life, and, on the whole, they presented more

psychosomatic symptomology. Thus, both defendants and plaintiffs presented health problems. Moreover, the comparison between litigants and non-litigants showed that health was more deteriorated in the litigants, but only in a few specific variables (hedonist present and behavioural coping) This underscores that: (a) being processed by the justice system leads to both plaintiffs' and defendants' deteriorated mental health; and (b) the longer the exposure to the justice system (according to the number of trials), the greater the deterioration of health. The defendants presented

greater fluctuations in psychosocial health, and the plaintiffs showed fewer effects. In short, the results corroborated the hypothesis that being processed by the justice system resulted in deterioration of the mental health of both plaintiffs and defendants.

The results of this study have corroborated the findings of Gutiérrez de Piñeres-Botero et al. (2009), Palacio (2001), and Pearson (2007), as well as the studies of Shim and Shin (2016) and Theimann (2016), who analysed victims (i.e. the plaintiff) separately from the aggressor (i.e. the defendant). In short, the justice system affected the mental health of plaintiffs and defendants.

Harassment has become a type of violence especially studied in psychology. However, there are two types of harassment in the legal system that have barely been investigated: the use of the legal and justice system to harass a person, and the treatment that the system employs towards its users. Both types of harassment can be referred to as 'legal harassment' and contribute to victimising people who either are attacked by others or, because of going to the justice system, face institutional abuse. This article deals with both possibilities and exemplifies how this type of harassment occurs very particularly in family law.

From the point of view of the justice system, few investigations have addressed this issue, and, yet, the user of the justice system is often victimised by the system itself, either as a plaintiff or as a defendant, although common sense tells us that the effect of harassment should be more manifest in the defendant. Unfortunately, there are hardly any works on this, so the present investigation is intended to remedy this issue.

One of the main limitations of this study was the small and incidental sample. This field of research covers very intimate and sensitive issues, and individuals are reluctant to collaborate providing data. Moreover, a third group of plaintiffs and defendants of the justice system who were simultaneously plaintiffs and defendants, a common scenario in family law,

was not analysed. Thus, further research is required to assess the effects of legal proceedings on the mental health of people involved in the justice system who are simultaneously plaintiffs and defendants.

Ethical standards

Declaration of conflicts of interest

Miguel Clemente has declared no conflicts of interest

Dolores Padilla-Racero has declared no conflicts of interest

Ethical approval

All procedures performed in the present study were in accordance with the ethical standards of the institutional Ethic Committee of the Universidade da Coruna (Spain) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study

Acknowledgements

All authors have contributed equally to the development of this research and to the elaboration of the manuscript. All authors agree with the final version of this manuscript and assume responsibility for it.

This research was not pre-registered. The data used in the research are available and can be obtained by emailing the corresponding author. The materials used in the research are available and can be obtained by emailing the corresponding author.

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