

6.7 Crime and Violent Crime Victimization

Being a victim of crime has significant and often permanent negative health impacts, both on the individual and on society as a whole. Violence may result in temporary or permanent disability and, in some cases, death. The long-term effects of injury and violence include stress, poor wound healing, chronic ill health and permanent disability. Individuals who have been subject to physical violence may suffer damage to health beyond the immediate and direct impacts of such violence, such as reduced quality of life and lower self-esteem. Physical and sexual assault are associated with increased rates of cigarette smoking, alcohol and other drug abuse, risky sexual behaviour and eating disorders.

Violence and its impacts on physical health disproportionately affects particular groups in society, such as young men, people living in deprived urban areas, the poor, the homeless and minority ethnic groups. It has been estimated that deprived young urban males (the group most at risk) may suffer 60 years of incapacity as a result of injury through violence.

It is not only the victims of personal crime who suffer psychological harm; the majority of victims of property crime also suffer some degree of psychological harm at least in the immediate aftermath of crime.

Crime may also impact on the health of those who are not directly victims themselves but who witness traumatic events or are affected by the victimisation of others close to them.

Impact of crime on mental and psychological health

There is widespread acceptance that the victims of crime often suffer severe psychological distress and subsequent mental health problems. Many studies have identified these psychological impacts as Post Traumatic Stress Disorder (PTSD), which may include a wide range of symptoms such as re-experience and inclusive memories, depression or memory impairment. An 'acute stress reaction' is also common. 'Secondary victims', such as close relations, witnesses of crime and communities experiencing violence, can also be affected by the effects of crime. These 'secondary victims' may also include those working in the emergency services.

Certain features of violence and the victim appear likely to exacerbate psychological distress. These features include cases where the assault is sexual (particularly if it occurred in childhood or adolescence), stalking incidents, if the victim is homeless or a drug abuser, or if the victim already has high levels of anxiety and depression. Subjective factors, such as the degree of self-blame and a perceived threat to life, may also add to the magnitude of psychological distress following interpersonal violence.

The majority of victims suffer some degree of psychological harm in the immediate aftermath of crime (Lurigio, 1987¹). In a UK study of burglary victims, Maguire found

¹ Lurigio, A. J. (1987). Are all victims alike? The adverse, generalized, and differential impact of crime. *Crime & Delinquency*, 33(4), 452-467.

that 83% experienced strong reactions on finding that their homes had been invaded and 65% were still aware of some continuing impact on their lives four to ten weeks later (Maguire, 1982²). When asked about the worst aspect of burglary, only 32% of victims spoke of loss or damage, while 41% cited feelings of intrusion and 19% feelings of emotional distress.

An 'acute stress reaction' following trauma is common and, in the main, psychological distress will lessen in severity and symptoms will disappear over time, even with no treatment (Kirkland and Mason, 1992³, Riggs et al, 1995⁴). However, Shapland et al⁵ (1985) found that 75% of victims of assault, robbery or rape were still experiencing psychological harm two and a half years after the offence.

Health and fear of crime

The fear of crime can alter people's lifestyles and may affect them in ways that lessen their quality of life and impact upon their physical and psychological health. People – particularly women, children and older people – may be less likely to use public spaces, may withdraw from social life and avoid going out, especially at night. Fear of crime may also lead to psychological health effects, such as stress, depression and sleeping difficulties. Community safety measures may be effective in countering some of this fear.

Fear is not simply related to personal safety and belongings, but also to anxiety for the safety of others such as relatives and friends. Research suggests that fear of crime is associated with fear of things which are not truly crime, but impact on the quality of life, such as living in an area where young people gather in gangs, or where there is environmental decay (Hudson et al 1998⁶).

The 2014/15 Quarter 4 Metropolitan Police Service (MPS) Public Attitude Survey, shows that worry about crime in Barking and Dagenham is above average for London along with worry about ASB. Perceptions of gun crime and gangs being a problem is below average for London.

² Maguire, M. and Bennett, T. (1982) *Burglary in a Dwelling: The Offence, the Offender and the Victim*, London: Heinemann Education

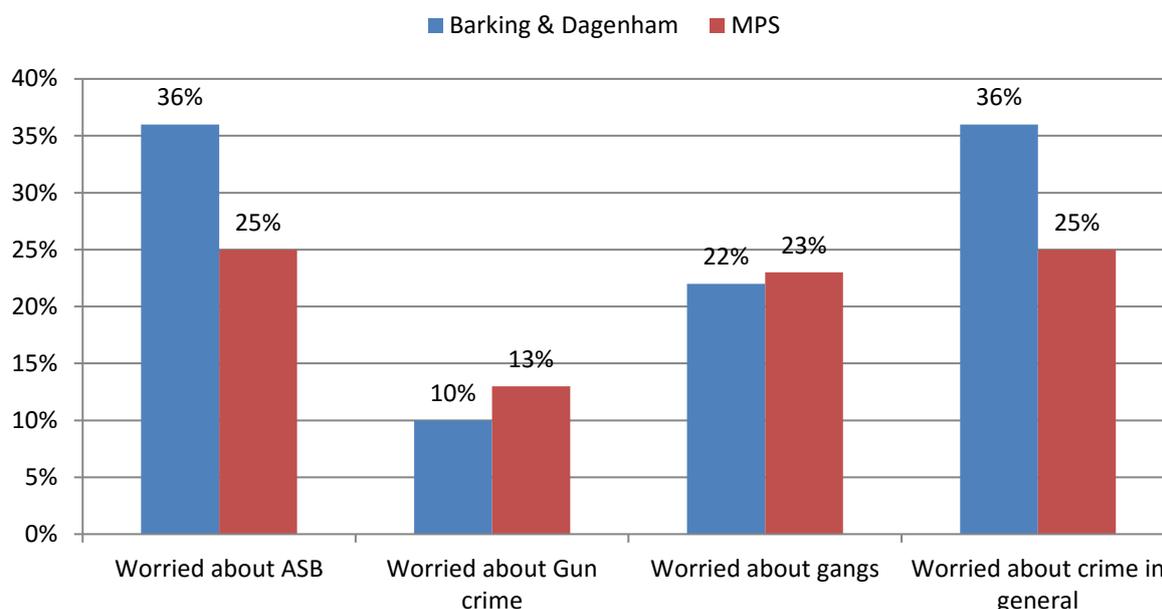
³ <http://www.ncbi.nlm.nih.gov/pubmed/1411736>

⁴ Riggs DS, Rothbaum BO & Foa EB (1995) A prospective examination of symptoms of post-traumatic stress disorder in victims of nonsexual assault, *Journal of Interpersonal Violence* 10/2 pp 201-214

⁵ Shapland J, Willmore J and Duff P (1985) *Victims and the criminal justice system*, Aldershot

⁶ Hudson B, Pain R, Williams S (1998) *Reducing neighbourhood fear of crime: towards accountable policy initiatives*, University of Northumbria at Newcastle

Figure 6.7.1: Worry about crime, gun crime, gangs and antisocial behaviour, Barking and Dagenham compared with London, 2014/15 Qtr 4



Source: MPS Public Attitude Survey – Quarter 4, 2014/15

Costs and impacts on health services

Research has shown that crime places a considerable burden on health services and is a factor in increasing costs and diverting resources. In the US, non-fatal acts of violence and murder are thought to cost the health care system billions of dollars in terms of the cost of treatment for physical and psychological damage, short-term or long-term interventions. It has also been estimated that treating victims of crime cost mental health services in the US between \$5.8 and \$6.8 billion a year. However, these estimates are based only on direct and indirect costs and fail to include the costs of informal care and of pain, suffering and loss of quality of life. If these more intangible losses are taken into account, the estimated costs of criminal activity rise still further.

The experience of crime-related trauma may also lead to a substantial increase in the utilisation of health services. Patients injured in assaults often make disproportionate demands on health services, particularly those dealing with drug abuse, trauma and elective surgery. Women, in particular victims of domestic violence, make more visits to A&E and out-patient departments than female non-victims. JSNA section 6.3 on Domestic Abuse and Violence provides an overview and estimates on both the economic and health impact of Domestic Abuse for the residents of Barking and Dagenham. Older victims of abuse also have substantial contact with A&E departments.

In the UK research has found that:

- The costs of providing treatment for injuries and psychological harm – excluding costs of medicines and hospitalisation - were estimated at £540,000 for the London Borough of Hackney and £189 million for Greater London (Stanko et al 1998⁷)
- The costs of examinations and initial investigations of children in a Liverpool hospital stemming from allegations of child abuse amounted to £31,739 for 181 investigations over a six month period (£63,500 annually) (Summers and Molyneaux 1997⁸)

The role of restorative justice

Restorative Justice brings offenders face to face with the victims of their crimes and enables victims, who are willing, to have the chance to explain to an offender the impact of their actions. The practice is often used in the Youth Justice Service during referral order panels, in which young people who receive a court referral order attend a panel meeting to discuss their offence and the factors that may have contributed to their offending behaviour.

The benefits of this approach are well evidenced in previous research, both as providing satisfaction to victims and reducing the frequency of re-offending. According to a recent national review of the benefits of restorative justice practices across the Criminal Justice System where victims had taken part in restorative justice meetings, there was high victim satisfaction, and practitioners across the criminal justice system recognised the benefits of using these methods⁹. Restorative justice can be used to enable offenders to assume active responsibility for their actions and the cause that it has had on their victims, their families and on the community. This can lead to offenders making restoration to the victim or wider community and be better prepared for reintegration into mainstream society by having resolved their guilt through restorative justice. The majority of the victims have been able to put their experiences behind them and move on after the restorative justice took place.

The Barking and Dagenham Youth Offending Service (YOS) 2011/12 Annual Report, which is the most recent available, highlighted the successes of being a victim focused service, ensuring that the needs and requests of victims are prioritised in all cases. Much of this has been due to the innovation shown by the YOS Victim Liaison Officer in driving forward this agenda, to the point where LBBDD was one of very few YOS' where victim supporting work was quoted as an example of good practice. Such practice needs to continue.

⁷ Stank E, Crisp D, Hale C and Lucraft H (1998) Counting the costs: Estimating the impact of domestic violence in the London Borough of Hackney. (Swindon: Crime Concern)

⁸ Summers CL, Molyneaux EN (1997) Suspected child abuse: cost in medical time and finance, Arch Dis Child 67/7 pp 905-908

⁹ Facing up to offending: Joint review of the use of restorative justice in the criminal justice system, http://www.hmcpso.gov.uk/documents/reports/CJJI_THM/VWEX/RJ_CJJI_rpt_Sept12.pdf.

Recommendations for Commissioners

Victims of violent crime can suffer a range of physical, emotional, financial, and mental health problems. It is important to have services in place to provide immediate, targeted protection and support, reduce the long-term impact of these crimes, and prevent re-victimisation.

Addressing victims' health and support needs requires a multi-agency response from criminal justice agencies, the health service, local authorities, and the voluntary sector. Ensuring a streamlined and supportive Criminal Justice System is also integral to maintaining victims' engagement with the process, reducing attrition rates, increasing conviction rates, and reducing re-offending.

Specific attention should be paid to the needs of young people:

- Focusing on the needs of young victims of crime and in particular early recognition and addressing of their physical and mental health needs.
- Preventing young people from getting involved in crime (particularly gangs and gang-related activities), through targeted anti-gang strategies and the establishment of a gangs unit

Funding of the Victim Liaison Officer post within the YOS and other posts involved in restorative justice should continue

Please note: Section 6.3 for further details on the economic and health impact of Domestic Abuse and Violence.