

# The Mental Health of the Victims of Crime\*

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**T**HIS paper reports briefly on some results from the Crime Victims Survey conducted by the Australian Bureau of Statistics in 1975. Based on a sample of 18,694 persons throughout the nation it constitutes one of the largest social surveys ever conducted in this country.

The interview schedule used in the survey comprised 285 items, four of which were specifically directed to the physical or mental health of the respondents. These were: the number of visits to a medical practitioner in the previous month; a self-rating of physical health as good, fair, or poor; the number of visits to professional or other expert persons for nervous or mental health problems in the previous month; and a self-rating of nervous or mental condition as good, fair, or poor.

The first two variables were not consistently predictive of crime victimisation rates. People who felt that they were in poor physical health and visited their doctor very frequently tended by and large to have neither a higher nor a lower probability of becoming victims of crime. We shall see that the two mental health variables, however, were among those few variables which were of some predictive value.

## The Sample

Dwellings for inclusion in the stratified multi-stage area sample were selected from all parts of Australia excluding the Northern Territory, rural regions, and locations with a population of less than 500 people. Of 10,500 dwelling sites originally selected, 9,200 contained effective households, of which 8,414 provided data for the survey. These households contained 18,694 persons aged 15 years and over, each of whom supplied some data. The remarkable household response rate of 91.5 per cent is only possible, of course, in a survey which has the legal authority of the Bureau of Statistics.

## The Crimes

*Break and enter:* breaking into and entering a dwelling and then committing or intending to commit a crime in that dwelling.

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*Motor vehicle theft:* stealing or illegally using a motor vehicle or using a motor vehicle without authorisation.

*Robbery with violence:* stealing which involves the threat or use of actual violence or force to a person or property.

*Theft:* stealing without threatening or using violence or force to any person or property.

*Fraud, forgery and false pretences:* all types of fraud, forgery uttering (circulating any fraudulent document or money), falsification of records, false pretences and all offences involving false claims, deception, trickery.

*Rape, attempted rape:* all rape, attempted rape and assault with intent to rape. Only females were asked about rape victimisation.

*Nuisance calls:* threats, abuses, indecent calls and other nuisance calls by telephone.

*Peeping:* only females were asked if they had been spied upon by a "peeping Tom".

*Indecent exposure:* only females were asked if a male had "indecently exposed" himself in front of them.

*Assault:* unlawful attack by one person upon another for the purpose of inflicting bodily injury.

#### **Standard Error**

With a sample of such magnitude, problems of statistical inference loom less large than with most social science data. Nevertheless, with less common types of crime marginals can become quite small. As a matter of policy the Bureau of Statistics will not make available raw data on the number of actual victimisations of each type within the sample. Instead we are provided with estimates weighted from the sample for the number of victimisations nationally. There can be no doubt that the Bureau's weighted national estimate is a superior statistic to the raw figure. The weighting procedure is such that raw figures from different geographical areas will be multiplied by different weights depending on the proportion of the population of the nation living in that area and the response rate.

While the weighting procedure provides a superior statistic it does create some complexity for the social scientist who might be interested in calculating a conventional test of statistical significance. Tests of significance have not been calculated for each comparison made in this paper. However, Table 1 provides the standard errors for survey estimates of the number of victimisations of each type.

It can be seen from Table 1 that the survey estimate of the number of break and enter victimisations occurring in Australia during 1975 was 146,500. The approximate per cent standard error on this estimate is 8.5 per cent. This means that the standard error is 8.5 per cent of 146,500, i.e. 12,500. Discounting non-sampling errors, there

TABLE 1  
Approximate Standard Error Per cent for Survey Estimates of  
Numbers of Victimisations in Australia for 1975

	Estimated number of victimisations	Standard error per cent
Break and enter ... ..	146500	8.5
Motor vehicle theft ... ..	62700	9.8
Robbery with violence ... ..	14200	18.6
Theft ... ..	609900	3.4
Fraud, forgery, false pretences ... ..	214100	8.6
Rape, attempted rape ... ..	7800	26.5
Nuisance calls ... ..	1612594	11.3
Peeping ... ..	127392	27.5
Indecent exposure ... ..	26366	15.1
Assault ... ..	191500	13.6

are therefore about two chances in three that the true number of break and enters in Australia during 1975 fell between 134,000 and 159,000; and about 19 chances in 20 that it fell between 121,500 and 171,500.

#### The Survey Questions

*Generally speaking do you think your nervous condition or mental health is good, fair or poor?*

Table 2 shows that for all crimes except peeping, indecent exposure and assault, the two per cent of all respondents who said in response to this question that their mental health was poor reported higher rates of criminal victimisation than did those who said that their mental health was good and those who said it was fair. Some of the differences reported in Table 2 are quite striking, indicating a rate of criminal victimisation twice as high or greater among those who said that their mental health was poor.

TABLE 2  
Victimisation Rates per 100,000 Population 15 and over by Answers  
to the Question, "Generally Speaking do you Think your Nervous  
Condition or Mental Health is Good, Fair or Poor?"

	Good	Fair	Poor
Break and enter ... ..	1658.4	1979.2	5211.4
Motor vehicle theft ... ..	802.4	668.8	1197.0
Robbery with violence ... ..	134.7	322.0	782.3
Theft ... ..	7639.5	7980.1	10491.2
Fraud, forgery, false pretences ... ..	2717.9	2727.3	2733.4
Peeping ... ..	1378.3	3371.7	411.5
Indecent exposure ... ..	254.1	710.4	394.6
Rape, attempted rape ... ..	72.5	118.4	1188.8
Nuisance calls ... ..	18804.9	29434.7	33703.9
Assault ... ..	2219.8	2807.6	2311.8

The most striking difference is with respect to rape. Caution must be adopted with the rape figures because of the relatively small number of cases revealed in the survey. Even so, sampling error cannot completely explain away the tendency for people who self-report their mental health as poor to have higher rape victimisation rates. Even if the estimate of the number of people who rate themselves as in poor mental health and had been raped were one standard error above the true figure, and the number who rate themselves as in good mental health and had been raped one standard error below the true figure, a joint event with a probability through sampling error of about one chance in ten, the rape rate would still be more than six times as high among the former group.

The other possibility which must be considered is that women are more likely than men to rate themselves as in poor mental health, so that because there is an over-representation of women in the poor mental health category, there is an over-representation of rape cases within the category. This is not the case, however. Calculation of victimisation rates separately for females shows similar or stronger differentials according to self-rating of mental condition as those which appear in Table 2.

*Within the last 12 months did you have any contact with a professional or other expert person for nervous or mental problems?*

With the kind of relationship being explored in this paper there are obvious advantages in cross-checking and finding from a subjective self-rating of mental health with some more objective measure which might be less influenced by possible feelings of pessimism or self-pity on the part of the respondent. In a large scale survey research project this is almost impossible to do adequately. Nevertheless, the question on the number of visits to professionals for mental

**TABLE 3**  
*Victimisation Rates per 100,000 Population 15 and over by Answers to the Question, "Within the Last 12 Months did you Have any Contact with a Professional or other Expert Person for Nervous or Mental Problems?"*

	Yes	No
Break and enter ... ..	2119.2	1800.6
Motor vehicle theft ... ..	1287.5	738.9
Robbery with violence ... ..	301.6	165.9
Theft ... ..	7847.0	7563.6
Fraud, forgery, false pretences ... ..	2839.4	2618.2
Peeping ... ..	6024.3	1215.8
Indecent exposure ... ..	969.1	275.0
Rape, attempted rape ... ..	663.9	50.3
Nuisance calls ... ..	50208.5	17560.5
Assault ... ..	5701.0	2101.5

problems is at least one step removed from the subjectivism of the self-rating question.

Table 3 shows that for all ten offence categories the 7.5 per cent of the sample who reported a visit to a professional or other expert person during the previous month over nervous or mental health problems had experienced higher crime victimisation rates. Peeping, indecent exposure and assault, which in Table 2 did not show a negative association with mental health, in Table 3 all show strong negative associations. Controlling for the sex of the victim did not change these relationships.

### Discussion

Causal inferences are impossible from survey data of this type. While it has been established from these data that people who defined themselves as having nervous and mental health problems were more likely to have been victims of crime during the previous 12 months, it is not clear whether it was the fact of being a victim of crime which caused the mental health problem, or having a mental health problem which in some way contributed to the precipitation of the crime.

The former possibility seems particularly plausible in the case of highly traumatic crimes such as rape. It would be surprising if a large proportion of rape victims did not seek assistance from a mental health professional or "other experts" such as the people at a rape crisis centre after rape victimisation.

With less traumatic crimes, like break and enter, it seems less plausible that the victimisation would necessarily cause mental problems, but some such effect would be expected in many cases. On the other hand, there are any number of reasons why people who define themselves as having mental health problems might be more likely to engage in behaviour precipitative of crime. Lethargy, apathy or irresponsibility could be part of their problem, and so they might leave houses unlocked or leave purses where they might be stolen. Hostility might be part of their problem, in which case they might provoke reciprocal hostility and violence from others. Insensitivity to norms, or to the symbolic meaning within the culture of certain gestures and words, may also be part of their problem, in which case they might precipitate violence with gestures which they do not intend to be malicious but which are interpreted as such by their assailants. In the Australian context this could be a particular problem for some Aborigines or migrants.

More extreme versions of victim precipitation theory postulate a conscious or subconscious desire to be victimised. For example, Reckless has suggested a victim-doer-victim model in which:

. . . (T)he victim initiates the interaction. He sends the signals that the receiver (doer) decodes.

In this model, one should assume that the victim generates the criminal behavior in the doer; for he has triggered the doer . . . (It is suspected that a large percentage of murder victims initiated the action which led to assault and death, almost as if they wanted to commit suicide (death wish) and could not . . . (1967: 142)

Such formulations do not necessarily depend on psychoanalytic conceptions of death wish. Even behaviourists could explain victim precipitation of crimes such as wife bashing as a rational desire on the part of the wife to get the inevitable trauma over and done with, and perhaps also to bring on more quickly the positive reinforcer of making up. When people have been through a great number of life situations where they have been reinforced for placing themselves in the victim role, then behaviour precipitative of victimisation can be expected in the future.

There can be no doubt that victim precipitation of crime does occur, but estimates of the extent to which it occurs vary widely from one empirical investigation to another (see for example the review by Silverman (1974). It is possible that findings such as those reported in the present study might be explicable by victim precipitation theory. However, until a more substantial body of empirical research develops which would enable us to choose among competing victim precipitation formulations, data such as the foregoing must be reported as isolated empirical findings which hopefully one day might form some of the building blocks for a useful theory.

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