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The Health Impact Assessment of Crime Prevention

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Background

Crime is a major issue in terms of its impact on individuals, communities and the state. In exploring the links between crime and health it is important to distinguish between the health impacts of being a victim of crime (especially on more than one occasion), those of being an offender or at risk of offending and those of being afraid of becoming a victim (fear of crime). Fear of crime may also affect those who are concerned about the safety of relatives, friends and neighbours. This introduces the notion of 'vicarious fear of crime' that may also be an important influence on health outcomes.

Deleterious health impacts can be generated by different types of crime and by related problems, such as disorder, that are not strictly criminal offences. These include:

- Crime against the person (robbery and theft);
- Violent crime (assault and wounding, domestic violence);
- Sexual offences (rape, indecent assault);
- Acquisitive property crime (domestic burglary, theft of/from vehicles);
- Anti-social behaviour (e.g. neighbour disputes, vandalism, racial harassment).

Impact of Crime on Health

There is a growing body of research on the health impacts of different types of crime. A considerable number of studies have been undertaken in recent years, notably in the US, although, much of this has focused on violent crime. Criminal injury, although only a small proportion of all recorded crime, may result in physical injuries, including fractures, bruises and wounds to limbs and to the face and head, and infection with sexually transmitted diseases. Psychological impacts, including Post-Traumatic Stress Disorder (PTSD) can be serious and long lasting^{1,2}.

There is evidence that the nature of the crime experienced influences the severity of symptoms experienced by the victim. Several studies show that rape victims are more symptomatic (or have longer recovery periods) than assault victims, that assault victims (sexual or physical) are more symptomatic than robbery victims, and that violent crime victims (assault or robbery) are more symptomatic than property crime victims³⁻⁸.

In the UK, research in this field is less well developed, however over the last few years this trend has been reversed. Most notable is the Public Health Alliance's (PHA) report 'Framing the Debate', which looked at the impacts of crime on public health⁹. This study explored the complex relationships between crime, and the fear of crime, and health using a range of methods including questionnaires dispensed at general practitioners' surgeries, in-depth interviews with health and criminal justice practitioners and focus groups with community organisations. Both the experience of victimisation and anxiety or fear of crime were shown to impact upon health through 'symptoms' such as stress, sleeping difficulties, loss of appetite, depression, loss of confidence and health harming 'coping mechanisms' (e.g. smoking, alcohol). Similar relationships described as 'detrimental emotional impacts' have been identified in the British Crime Survey¹⁰.

The PHA research also revealed that crime has a negative impact on the behaviour both of victims of crime and non-victims. These behaviour changes, particularly avoidance behaviour (e.g. staying in after dark, avoiding certain areas, travelling by different means), were common to all respondents. Particular defence mechanisms were often different for different groups, for example, young people felt safer in a group of friends, a minority indicated that carrying a weapon increased their sense of personal security.

Repeat victims of crime (a single type of crime perpetrated more than once against the same individual) are more likely to be more adversely affected than victims of a single incident¹¹, as are multiple victims (victims of more than one type of crime)¹². Similarly, multiple victims are more likely to be affected by a subsequent crime¹¹.

'Fear of Crime' can profoundly affect the quality of individuals' lives by causing mental distress and social exclusion. It is not necessarily the result of previous victimisation and those most in fear of crime are not necessarily those most vulnerable¹³.

Impact of Crime Prevention on Health

Since crime itself can result in many known health consequences, crime policy deserves attention from health impact assessors. An HIA of a crime *prevention* scheme is of added interest because of its focus on the changes in health and health determinants associated with preventive actions, rather than merely outcomes in terms of crimes that have been avoided.

Significantly, despite the substantial and growing body of research outlining the impact that crime has upon health, there is very little hard evidence of the health impacts of crime prevention. One existing evaluation of a crime prevention initiative targeted at older people in Plymouth explicitly mentions the reduction of fear of crime and positive consequences for people's quality of life¹⁴. Only a few HIA case studies so far have attended to this subject. An HIA case study of burglary prevention and youth diversion on Merseyside was undertaken as part of a larger Department of Health-funded research and development project^{15,16}; related HIAs have assessed local community safety projects^{17,18}.

The role of HIA in this context, is essentially one that focuses upon the impact of policies, programmes and interventions aimed at preventing or reducing crime. However, crime reduction policy is wide-ranging covering a plethora of problems and approaches. It includes strategies aimed at making offending more difficult by blocking off opportunities to commit crime, programmes that seek to divert people at risk from offending and pursuing 'criminal careers' and fear-reduction strategies that attempt to reassure the public and reduce their fear of crime. The types of policy intervention that characterise each of these approaches are illustrated in Table 1, below.

Table 1 A Simple Typology of Crime Reduction Policy

Fear Reduction <i>(Reassurance, Police Presence)</i>	Situational Crime Prevention <i>(Blocking off opportunities)</i>	Criminality and anti-Social Behaviour <i>(Lifestyle, Behavioural Change)</i>
High Visibility Policing Police on the beat Neighbourhood Wardens Home Watch Street Lighting Residents' Associations	Target Hardening (bolts, locks, alley gates) CCTV Alarms Property Marking Steering Locks Defensible Space Architecture (designing out Crime) Disruption of Stolen Goods Markets Police Crackdowns	Intensive Supervision of Offenders Drugs Treatment and Testing Orders Youth Diversion Programmes

Research carried out to date by the author at the University of Liverpool has concentrated on applying HIA to burglary reduction initiatives^{15,16}. Such situational crime prevention, or indeed any of the other policy approaches in Table 1, will vary in their effectiveness to impact upon crime. They may also generate positive or negative 'spill-over' effects such as crime displacement or diffusion of benefit (i.e. where crime reduces in areas not directly subject to an intervention). How these strategies perform will also influence the nature and scale of any health impacts attributable to them.

HIA of Crime Prevention: Some Examples

Two examples of research carried out by the author, for the Department of Health, can be used to identify some of the health impacts that emerge and to illustrate some of the issues that arise in applying HIA to crime prevention. The first example is an assessment of a Target Hardening (TH) programme in Liverpool, the second is an HIA of a national crime prevention policy, the Reducing Burglary Initiative (RBI).

The Target Hardening (TH) Programme

The TH project aimed to reduce the incidence of repeat burglary to domestic properties by securing 6,000 domestic dwellings located in deprived neighbourhoods. The project targeted both vulnerable properties – burglary ‘hot spots’ areas - and householders, for example older people, people on benefits, women, lone parents, repeat burglary victims, and involved installing security measures such as new door and window locks free of charge. A comprehensive, largely retrospective HIA was undertaken and incorporated a documentary review, community profiling and semi-structured interviews (face-to-face and telephone) with stakeholders (project workers and other workers associated with the project). Forty victims of crime, whose homes had been protected, were also interviewed.

The health impacts were predominantly positive. Greater home security (e.g. window locks, door bolts, alarms) was found to have prevented subsequent burglary, thereby, preventing the trauma and associated health impacts of being a victim of crime and there was evidence to indicate that the programme had positive impacts on the psychological distress of those burglary victims who had been protected. For example, a sizeable majority of those suffering sickness/dizziness, feelings of stress, depression and panic attacks following a burglary claimed not only that their condition improved following the installation of security measures in their homes, but also attributed the change directly to the crime prevention measures and the greater peace of mind that these provided. There was also evidence from key informants that the programme initially stimulated community spirit and increased local social support networks within the neighbourhood.

As part of the TH project, assisted households were given a general home safety risk assessment that potentially could be used as a basis of referring those at risk (particularly, older people and families with small children) to other services and agencies (e.g. fitting of smoke alarms by the fire brigade). However, a clear message to emerge from this HIA was a need to ‘Link the Thinking’ between agencies following a domestic burglary. This might include referrals by crime prevention agencies to family doctors when patients with existing health problems are victimised or when victims suffer acute psychological distress from the

burglary, and to social services for vulnerable people in need of care and support – for example, key informants pointed to the additional caring responsibilities resulting from burglary that families of victims often have to undertake.

Negative health impacts were mainly thought to arise as a result of the displacement of crime and the fear and trauma associated with it into new areas or through 'crime switch', whereby, offenders choose new targets and thereby create new victims of crime. Informants also noted a heightened awareness and anxiety about crime experienced by neighbours not targeted by the project (i.e. households on the 'wrong side' of the target area boundary), as well as by the victims' families.

The Reducing Burglary Initiative

The Reducing Burglary Initiative (RBI) was a national crime prevention programme aimed at reducing domestic burglary in areas of high crime through inter-agency collaboration and innovative and complementary strategies. These included prevention of initial and repeat burglaries through the use of CCTV, high visibility policing, the targeting of offenders and the involvement of local communities in crime prevention through neighbourhood watch and formation of residents' associations.

A rapid HIA was undertaken focussing on six RBI projects in the north of England. RBI projects were selected on the basis of their activities on the ground (i.e. their mix of strategies or 'interventions') and their stage of implementation. This approach enabled health impacts and their possible mitigation/enhancement to be explored for each type of intervention. Given their differing stages of implementation, the projects were assessed retrospectively (n=3), concurrently (n=2) and prospectively (n=1) using the approach set out in the Merseyside Guidelines¹⁹. The objectives for the HIA included:

- Introducing to the crime prevention community a workable methodology for assessing the health impacts of crime prevention;
- Building a firm foundation for the HIA of other crime prevention;

- Encouraging closer working between health, social services and housing, the police and emergency services through identifying the links between victimisation, crime prevention and health;
- Demonstrating the extent to which there are solid public health grounds for preventing and reducing crime

The RBI was identified as potentially impacting upon health through (a) changes in the nature and extent of burglary; (b) changes in perceptions and levels of fear; and (c) the project implementation process. A number of these findings echoed those from the TH project but in addition, the RBI assessment highlighted how the *process* of implementing crime prevention measures could also potentially impact upon health. For example, interventions whose implementation requires greater participation of communities (e.g. the fitting of gates to alleys behind terraced properties, ‘alleygating’) may foster and encourage social interaction, neighbourliness and build social cohesion. On the other hand, implementation failure (i.e. the inability to carry out the intended interventions) and/or theory failure (i.e. the misdiagnosis of the crime problem and perceived solutions) may raise the fear of crime. This occurs when the promise of action increases awareness that there is a crime problem in the area. If this is not followed by the re-assurance of swift and visible action on the ground or detectable impacts on burglary, this can translate into heightened fear and anxiety. Such cases are likely to generate mostly negative health effects.

If one assumes that the BRI will be successful in achieving its aim, a range of potential health determinant and health impacts would be expected to result from the reduction in burglary. The benefits from burglary reduction within RBI target areas included those that arise from prevention of an initial or repeat burglary and a lowering of levels of fear plus a number of additional positive health impacts. These included:

- Feelings of safety in own homes allowing residents to sleep better;
- Peace of mind at leaving property unattended to go to place of employment/ fulfil employment commitments, take exercise, engage in leisure activities, visit family and friends (i.e. pursue healthy social connections)
- More confidence in leaving the house making it easier for people to arrange visits to facilities and services that they need or would like

- A reduced likelihood of older people finding it necessary to move into residential accommodation on account of burglaries being prevented or through a reduction in the fear of crime¹⁴. Hence, the opportunity to continue an independent life in one's usual surroundings is improved
- Reductions in the fear of burglary and other types of crime such as car crime or violent crime as a result of physical interventions such as CCTV, gating and improved street lighting leading to increased mobility during those times of the day or evening when residents would previously have feared for their safety.
- Reduction in the consumption of medication.

The principal negative health (determinant) impacts from burglary reduction within RBI project target areas were identified as:

- Increased fear of crime and perceived vulnerability where publicity about projects is out of proportion to the crime prevention measures that are delivered (even if the latter are effective in reducing burglary).
- Displacement of the crime to other areas, particularly those surrounding the geographically restricted target areas of the BRI.
- Change in the nature of crime, e.g. in Liverpool there was a switch from burglary to theft from vehicles.

The study made recommendations both for improving HIA methodology and for the design, implementation, monitoring and evaluation of crime prevention programmes.

In terms of methodology, the report stressed the need to conduct more research into methods for assessing the health impacts of national policies characterised by considerable heterogeneity. The Merseyside Guidelines work well at local level but were not designed to undertake HIAs of national strategies.

The health impacts of crime prevention depend so much on the effectiveness of interventions in reducing victimisation and the fear of crime. HIAs really need to take into account alternative scenarios of the implementation process and outcomes of crime prevention policies when identifying the nature and direction of likely health impacts. One idea that emerged from this study was the notion of 'positive health impacts foregone'. This is defined as health impacts that should be realised but that are lost because interventions fail to impact

upon crime on account of poor planning, poor targeting, inefficient management or other forms of policy implementation failure.

A common vein running through those projects that have generated the greatest positive health impacts seems to be the committed involvement of the community. Crime prevention strategies that work *with* the residents rather than *for* them maximise their health benefits through the empowerment of the community. Spin-off effects include the formation of residents associations and homewatch schemes, which, in turn, benefit the community's cohesiveness and strengthen mutual support. A good example of the maximisation of benefits of an intervention can be found in Liverpool's alley-gating project, where recovering drug users manufacture the gates and health relevant spin-offs such as community involvement, job creation, and liaison with supporting agencies are strengthened.

The most successful projects in terms of generating potential health benefits seem to be those that have succeeded in establishing and utilising pre-existing links and networks between different agencies and players relevant to health. This has allowed very creative spin-offs to occur, e.g. the referral by Victim Support or the police of identified vulnerable individuals to social and voluntary agencies. Partnerships bidding for crime prevention funding should be encouraged and supported to established creative links with other agencies far beyond the criminal justice system, so that positive health impacts from crime prevention initiatives can be maximised.

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