



# Doing better for victims and witnesses with mental health problems in Kent

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[www.victimsupport.org.uk](http://www.victimsupport.org.uk)

## Acknowledgements

We are particularly grateful to the victims who generously gave up their time to share their experiences with us and the practitioners from criminal justice agencies and non-statutory agencies in Kent who shared their knowledge and expertise. We would also like to thank a number of people who helped facilitate the research: Rebekah Vela-Castro (Victim Support Kent), Lorraine Gibbs (West Kent Mind), Gay Larter (Witness Service Kent) and Claire Gatward (Kent OPCC). Finally, we would like to thank Rachel Almeida, David Naylor, Alex Mayes, Chris Davies and the Victim Support Kent team for their valuable contributions to this report.



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# Foreword

## **Diana Fawcett** **Chief Executive Officer, Victim Support**



Previous Victim Support research found that people with mental health problems experience significantly higher rates of crime than the general population.

We applaud the work that Matthew Scott has done to raise the profile of mental health problems, both in Kent and through his work as the Association of Police and Crime Commissioner lead on the subject. In commissioning Victim Support to undertake this research in Kent, he has demonstrated a real commitment to improving experiences and outcomes for victims across the county. We have therefore undertaken this work to identify who these victims are and how we can meet their needs and improve their journey through the justice system.

As our research found, there is more work to be done to improve the way that we respond to this vulnerable group. We discovered that victims often have complex and distinct needs that need to be met by a number of different services, both inside and outside of the justice system. Victims also face unique barriers and challenges at each stage of the justice process and we set out clear recommendations to address these issues.

This report should be read by everyone responsible for victim care across both Kent, and England and Wales. Our research has shone a light on how we can do more for victims with mental health problems and we look forward to working with each and every agency in Kent to help make that happen.

*Diana Fawcett*

## Matthew Scott Police and Crime Commissioner for Kent



As the Police and Crime Commissioner for Kent and Chair of the Kent Criminal Justice Board, I have been working with our partners to deliver more efficient and effective justice in our county.

Kent Police rightly places victims and witnesses at the heart of everything it does, but there is always room for organisational improvement. In addition, the victim's journey through the criminal justice system does not end at the point of an offender being charged. Wraparound support that takes account of the individual's needs must continue post-charge; during the trial preparation process, at court, and beyond.

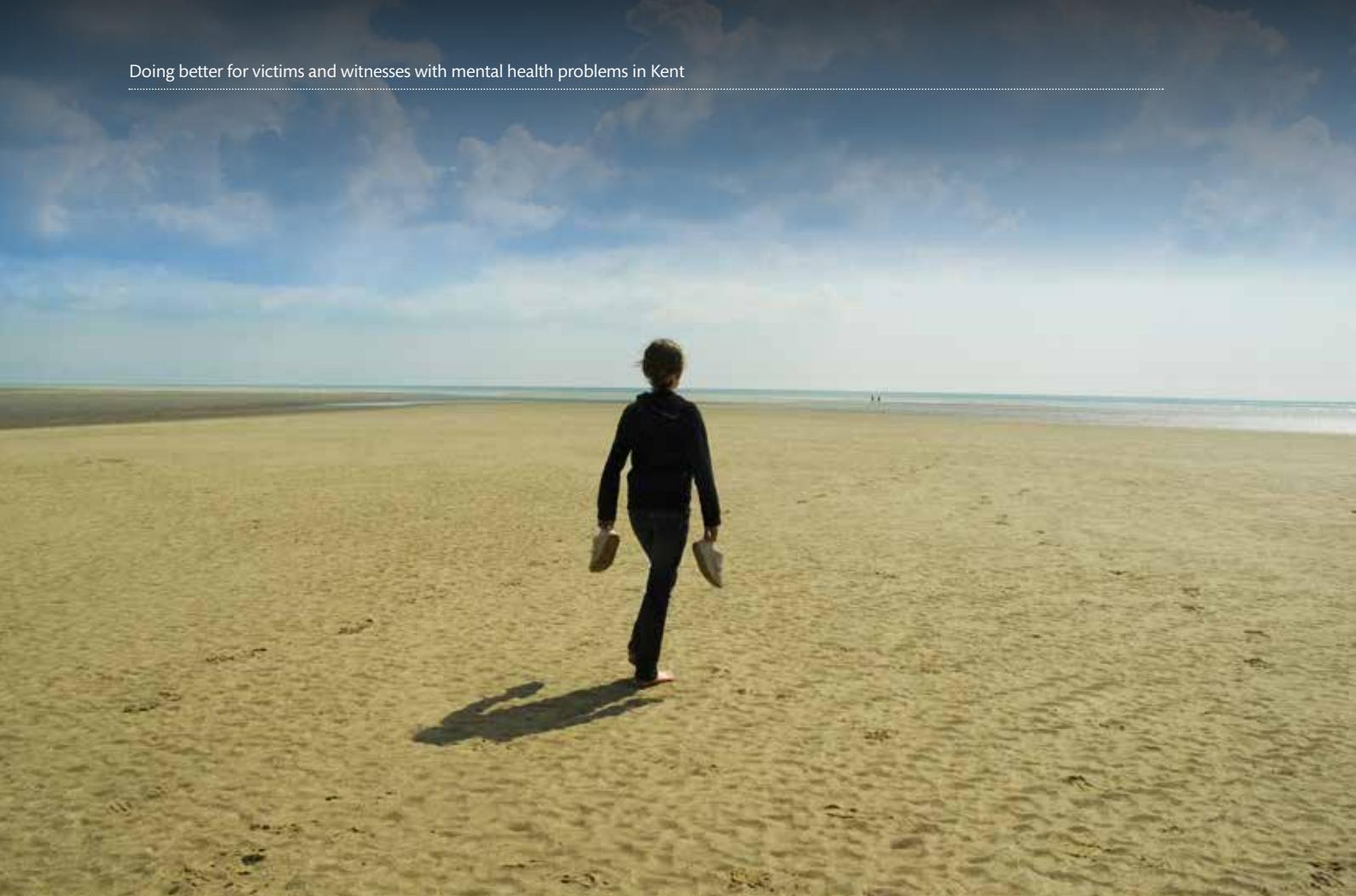
This is especially important when it comes to supporting vulnerable people. We know that people with mental health problems are particularly susceptible to being victims of crime. Yet, at the same time, their circumstances mean the criminal justice system can seem extremely complex, scary and inaccessible. Any barriers to justice then risk creating a vicious circle. Rates of violent victimisation are higher for people with mental health problems compared to the rest of the population.

I was determined to do something about that.

At the end of 2018, I commissioned Victim Support to undertake research locally to understand how people with mental health problems in Kent and Medway were being supported through the criminal justice system. I am grateful to Victim Support for its efforts, but I want to say a special thank you to the vulnerable people who shared their personal experiences with the research team. One of my central aims, as Kent's directly elected Police and Crime Commissioner, has been to act as a voice for victims, the vulnerable and the voiceless. I have done that. It is now time for the professionals to listen.

I urge everyone working across the criminal justice system in Kent and Medway, including those in victim services I commission, to take note of this report. And I want us to think hard about what we can do together to improve the way we support some of the most vulnerable members of our communities in their time of need.

A handwritten signature in black ink, appearing to read 'M Scott', with a long horizontal flourish extending to the right.



## Executive summary

In recent years, there has been growing evidence of the vulnerability of people with mental health problems to being victims of crime, and the barriers and negative experiences victims and witnesses with mental health problems face in the criminal justice system (CJS).<sup>1,2</sup>

Nevertheless, there is still very little evidence of the experiences of people with mental health problems in the CJS. The Kent Police and Crime Commissioner (PCC) commissioned this research to provide much needed insight into the experiences of victimisation among people with mental health problems in Kent, their needs and the factors that might facilitate their engagement with the CJS and help them to cope and move on.

To meet the aim of the research and gain as rich an understanding as possible, we have used a mixed methods approach, including both quantitative and qualitative data collection. The approach consists of four methods: in-depth interviews with 14 victims with mental health problems; in-depth interviews with 12 frontline practitioners; quantitative analysis of data from the Crime Survey of England and Wales (CSEW) and Victim Support data; and a workshop with service providers for people with mental health problems in Kent.

## Key findings

In line with the scope of the research, the findings are divided into two main sections:

- Who are the victims with mental health problems? And what are their needs?
- The experience of victims and witnesses in the CJS in Kent: areas for improvements.

### Who are the victims with mental health problems? And what are their needs?

#### 1. Victims with mental health problems should not be seen as one group of people

Victims with mental health problems are not a homogenous group. Our findings indicate that victims with mental health problems can be roughly divided into four main groups. The groups differ in two main factors: whether the mental health problem existed before the crime or emerged as a result of it; and the severity of the impact of the crime on the victim.

- a) Victims with previous mental health problems who were severely affected by the crime.
- b) Victims with previous mental health problems who suffered a limited impact of the crime on their mental health.
- c) Victims with no previous mental health problems who developed them as a result of being a victim.
- d) Victims with no previous mental health problems who developed them as a result of being a victim and were severely affected by the crime.

Accordingly, as will be presented later in this report, victims in different groups need different levels and intensity of services to cope with the effect of the crime and help them move on. The findings also emphasise the importance of appropriate services at the right time. For instance, if those who have suffered a limited effect on their mental health do not receive the correct support, they can experience a deterioration in their mental health problem. They then become a victim for whom the impact of the crime is severe.

#### 2. People with mental health problems in Kent are more likely to be victims of several crime types

Adults with mental health problems in Kent have a higher risk of being a victim of serious violent crime (violence with injury) and burglary. For both crime types, these proportions are slightly higher than in the population with mental health problems in England and Wales. People with mental health problems in Kent are also at greater risk of being a victim or witness of antisocial behaviour (ASB) in their local area. This is similar to the differences found between people with and without mental health problems in England and Wales.<sup>i</sup>

#### 3. Victims with mental health problems have additional and distinctive support needs in the criminal justice process

Victims with mental health problems expressed support needs through the CJS and wider support needs. Support needs through the CJS include: a) to be treated with understanding of their mental health problems and taken seriously by the CJS; b) to be given information clearly and slowly; c) to feel safe and relaxed when giving evidence in court; and d) to be provided with enhanced entitlements.<sup>ii</sup>

<sup>i</sup> Data from the CSEW from the year ending March 2016 to the year ending March 2017 was used.

<sup>ii</sup> For a full list of enhanced entitlements, please see pages 26–27 of this report.

Wider support needs of victims with mental health problems include: psychological and emotional support; practical help, which includes assistance with everyday tasks or issues around leaving the house; forming a strong, trusting relationship with service providers; and having support provided close to home.

## The experience of victims in the CJS in Kent should be improved across the CJS, and other statutory and non-statutory agencies

Due to their complex situation, victims with mental health problems often need the support of more than one service. Areas for concern, where victims and witnesses are not receiving the services they deserve, were found across the CJS, and other statutory and non-statutory agencies. We identified five areas where support needs to be improved for victims and witnesses with mental health problems in Kent. Each of the areas comprises several issues:

### Areas for improvements in the CJS in Kent to better support victims and witnesses with mental health problems



## **1. Victims with mental health problems have unique barriers to reporting a crime**

We identified three main issues that hinder victims with mental health problems in reporting a crime and seeking help in Kent: a) a sense of isolation from the community as a result of the harm caused by hate crime and prejudice; b) victims' negative perceptions of the police due to past experiences of being detained by the police under the Mental Health Act 1983; and c) the impact and symptoms of mental health problems, mainly low energy and poor memory.

## **2. Victims' mental health problems are not known to criminal justice agencies or support services in all cases**

Mental health problems are not known to criminal justice agencies or support services in all cases. It is not uncommon for mental health problems of witnesses to become known to the prosecution or the court staff only on the first day of the trial. As a consequence, victims or witnesses are not identified as vulnerable and may not receive the enhanced support they deserve throughout the criminal justice process.

Four issues emerged as obstacles to recognising people with mental health problems in the CJS. First, victims and witnesses face barriers to disclosing mental health problems to criminal justice agencies. In particular, they fear social services involvement, and are concerned about not being taken seriously by criminal justice agencies and/or that their disclosure will lessen their credibility as a witness. Second, there is a gap in identification of victims' and witnesses' mental health problems by the police. Other criminal justice agencies and support services also rely too heavily on the police, rather than seeing this issue as a shared responsibility. Third, the court process lacks clear records of witnesses with mental health problems. Fourth, it is difficult to recognise and share updated information across the CJS and organisations when victims and witnesses have developed mental health problems, or their conditions have worsened, while waiting for a trial.

## **3. Incomplete support for witnesses with mental health problems**

The findings indicate that some areas need to be improved before, during and after the court process. We found a low take-up of pre-trial visits, insufficient provision of special measures, unwanted contact between witnesses and defendants and their supporters, and a lack of support after the trial in cases when the effects of the trial are not immediate.

## **4. Inability to access the right treatment from appropriate services at the right time**

We identified three main issues that affect victims' access to the right treatment at the right time: long waiting times for mental health services and counselling; the absence of a joined-up approach between agencies and clear information for signposting; and challenges to making contact and engaging with victims with mental health problems.

These issues are mainly caused by the number of agencies involved in supporting victims and witnesses with mental health problems. This also emphasises the need for improvements across all agencies, statutory and non-statutory, in the CJS, NHS and third sector.

## **5. Limited support for ASB victims with mental health problems**

The findings emphasise the adverse and substantial effect that ASB has on victims with mental health problems, especially if experienced at home. Furthermore, victims feel they are let down by the treatment they receive from the agencies responsible for addressing ASB.

## Summary of recommendations

*“I don’t think it’s just a matter for the police, it’s a matter for everybody working together properly, to make sure that some of the issues outside of a crime are addressed... It’s about the importance of sharing information and making sure that we do the right thing for that person, to try and get them the support that they need.”*

### Practitioner, mental health charity

The findings of this report relate to the many agencies involved in supporting victims and witnesses with mental health problems, including all criminal justice agencies, NHS Clinical Commissioning Groups (CCGs) and services, councils, housing associations and charities for victims and witnesses and for people with mental health problems. Although good practice exists and some victims with mental health problems in Kent report positive experiences, the research found that improvements in all these agencies and organisations are needed. Only by the agencies and organisations acting collectively can the needs of victims and witnesses with mental health problems be fully met.

While the research was undertaken in Kent, it is likely that other areas across England and Wales share some of the issues and require improvements. Accordingly, while we make some recommendations for improvements at a local level, others can only be addressed at a national level.

There are three overarching recommendations:

### 1. Take a joined-up approach

To improve victims’ and witnesses’ experiences of the justice system and enable them to access the support they need, agencies and services in Kent should:

- establish regular informal meetings between people with mental health problems, members of criminal justice agencies and services for victims. These less formal and more relaxed settings can contribute to reducing barriers to engagement with the CJS and disclosing mental health problems
- build regular forums of agencies that work with victims and witnesses in general and those with mental health problems in particular, including NHS services, to develop and implement holistic solutions for these victims’ and witnesses’ needs, particularly addressing the areas for improvement highlighted in this report. These forums can also highlight gaps in services and advise commissioning bodies, such as the PCC and NHS, on ways to reduce these gaps. It is highly important that service user groups are also represented
- ensure that commissioning bodies such as the NHS (including CCGs), to the PCC and local authorities regularly exchange information and that details of new services, and changes to services, for victims of crime are shared between relevant criminal justice agencies and organisations.

### 2. Increase identification and recording of victims and witnesses with mental health problems

This report recommends that actions are taken to:

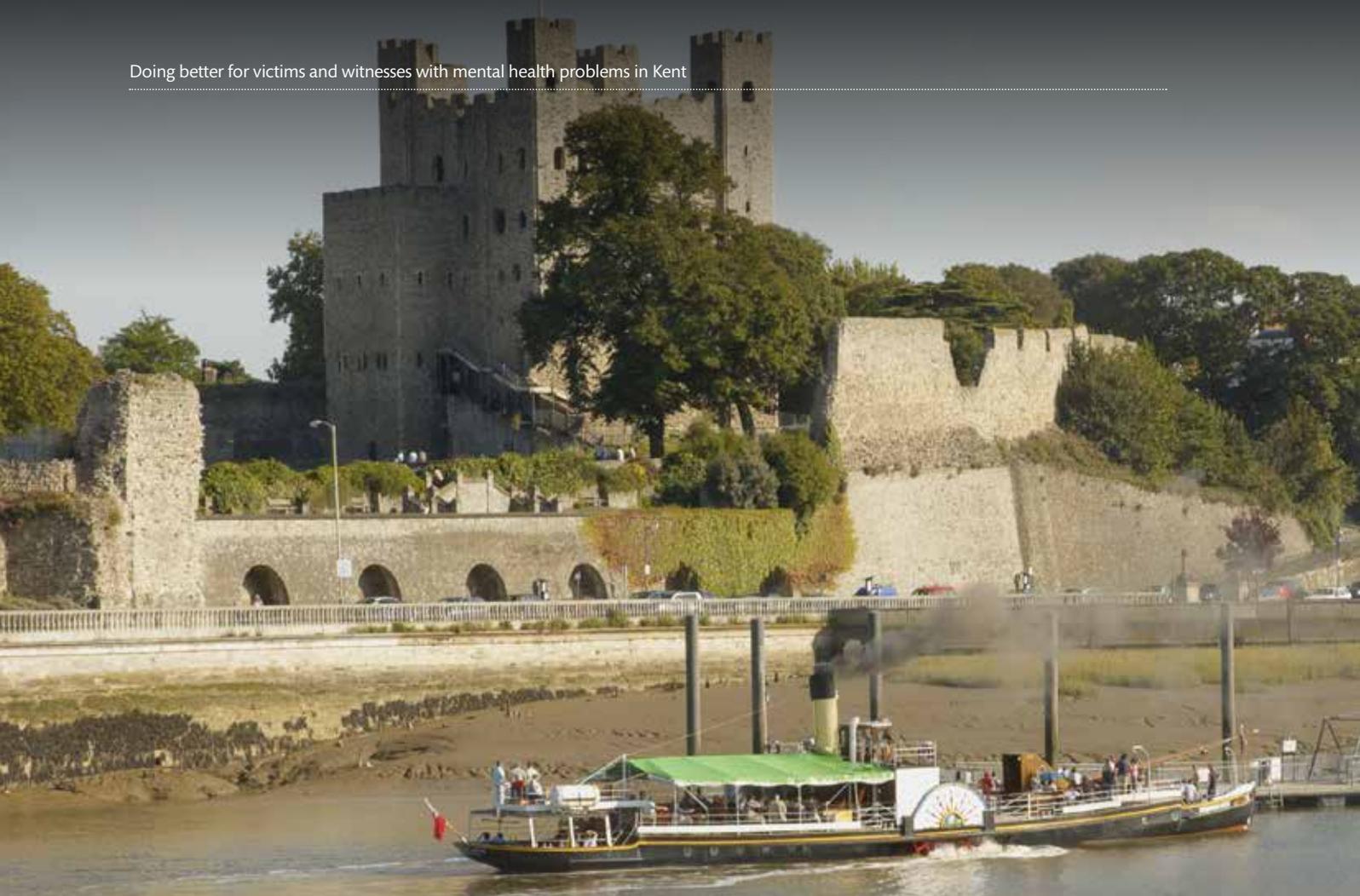
- establish shared responsibility across criminal justice agencies for identifying mental health problems, and sharing this information with others

- promote a question to be asked of victims and witnesses by criminal justice agencies about vulnerability in general or mental health in particular
- ensure that every service in the CJS – including HM Courts & Tribunals Service (HMCTS), the Crown Prosecution Service (CPS) and the Witness Care Unit (WCU) – has effective and clear recording systems in place to identify victims and witnesses with mental health problems.

### **3. Enhance support for victims with mental health problems**

To ensure all victims and witnesses with mental health problems receive the support they need to cope and recover, the following steps should be taken. While this report focuses on victims with mental health problems, our recommendations are relevant to, and could improve the experience of, all vulnerable and intimidated victims.

- It is important to improve the awareness and training of CJS practitioners of the invisible nature of mental health problems and the importance of identifying victims and witnesses whose mental health problems develop or worsen later in the process.
- The police (including the WCU), the CPS, HMCTS and the Witness Service should work to improve the provision of special measures. More evidence should be gathered nationally on the issues causing this patchy provision and ways to improve it. Better collaboration locally between all agencies is also essential.
- Any court reforms should include updating all criminal courts to ensure that special measures are available, fit for purpose and working.
- The Government should fulfil its commitment to roll out nationally pre-recorded cross-examination at a faster rate.
- It is vital that HMCTS ensures that separate spaces are available for defendants and victims at all criminal courts. This includes separate entrances, toilets and waiting areas.
- A mechanism should be introduced through collaborative working between the WCU, the Witness Service and services for victims to ensure that witnesses with mental health problems are contacted and offered support several weeks after the trial.
- CCGs should increase investment in mental health services to ensure a wide range of support is available and to reduce waiting times for NHS services and counselling services for victims of crime.
- The crisis resolution and home treatment (CRHT) team should increase its provision of specialist support for people with mental health problems experiencing crisis.
- The Department of Health and Social Care (DHSC) and the Home Office should review the current response to people with mental health problems; the review should include representatives of victims with mental health problems.
- The visibility of support services, including Victim Support, should be increased in Kent, by promoting the service in places recommended by victims with mental health problems.
- Support services should provide an enhanced service to victims with mental health problems, including increased efforts to make and maintain contact.
- Additional research is required with victims and practitioners to better understand the complexity of supporting ASB victims with mental health problems and to inform the development of an intervention that will improve their experiences.



# Introduction

The past few years have seen an increase in awareness of mental health problems and the needs and support for those who experience them. Mental health problems are varied; the term encompasses many conditions and illnesses which affect an extensive number of people from all walks of life. It is estimated that about a quarter of the adult population in England experience mental health problems in any given year.<sup>3</sup> Common mental health problems, including depression, anxiety, panic disorder, phobias and obsessive compulsive disorder, are experienced by one in six people in any given week. Additionally, 3.7% of men and 5.1% of women have post-traumatic stress disorder (PTSD), 2% of the population have bipolar disorder and 0.7% of the adult population have experienced psychotic disorders.<sup>4</sup>

In recent years, there has been a growing understanding of the link between mental health problems and victimisation. Evidence by Victim Support and others has demonstrated that people with mental health problems are vulnerable to being victims of crime.

Joint Victim Support-Mind research, *At risk, yet dismissed*, found that 45% of people with severe mental problems were victims of crime. Participants reported very high rates of sexual and domestic violence, with 40%–62% of women reporting being a victim of rape or attempted rape in adulthood.<sup>5</sup> There is also some evidence of higher rates of revictimisation among victims with mental health problems.<sup>6</sup>

Victims with severe mental problems felt that their perpetrators targeted them because they saw them as vulnerable due to their mental health problems – with the crimes often occurring when the victims were unwell or in crisis. Some felt that this was because the perpetrators knew the victims would not be believed or would be easily discredited.<sup>7</sup>

While the impact of being a victim of crime is dependent on the type of crime, context and other individual characteristics, several studies have highlighted the harmful effect of victimisation on the wellbeing of people with mental health problems. Victims experienced deterioration in their mental health, developed new mental health problems after being victimised, or felt suicidal after the crime.<sup>8,9</sup>

Although the amount of research exploring the experiences of victims and witnesses with mental health problems in the CJS is limited, the available evidence highlights the barriers and negative experiences they face. Various factors have been previously identified as barriers to victims with mental health problems reporting crimes.<sup>10,11</sup>

The joint Victim Support-Mind report found that victims with mental health problems were less satisfied with the response from the CJS than other victims.<sup>12</sup> A report of the CPS response to people with mental health problems found that, in half of the cases, information about the victim's mental health problem, which is linked to the individual's ability to take part in a trial, was incomplete. It also found that staff members should be better trained on mental health problems and their effects.<sup>13</sup>

Additionally, a recent HMICFRS report found that the shortage of NHS services for people with mental health problems has put a strain on the police. It has also increased police involvement with people with mental health problems. These people should have been treated by mental health services.<sup>14</sup> All of the above suggests that victims with mental health problems would benefit from a policy and practice grounded in their unique needs.

Nevertheless, there is still little evidence on the needs and experiences of people with mental health problems in the CJS, or the factors that might facilitate their engagement with the CJS and help them to cope and move on. Additionally, services for – and therefore the experiences of – victims and people with mental health problems vary between areas in England and Wales. This highlights the importance of area-based research.

### **A note on language and geography**

Several phrases are used to refer to mental health problems, such as conditions, illnesses or problems. The current report uses 'mental health problems', as used by mental health specialist organisations such as Mind. The quotes include the phrases used by the interviewees.

This report covers Kent Police force area, which includes Medway. Therefore, any reference to Kent throughout this report includes Medway, unless stated otherwise.

## **Purpose**

To provide much needed insight into the needs, experiences and good practice for victims and witnesses with mental health problems, the Kent PCC commissioned this research. It explores specific issues faced by victims and witnesses with mental health problems in Kent.

The research covers four main scopes:

1. Who are the victims with mental health problems and are people with mental health problems in Kent more likely to be victims of crime?
2. What are the support needs of victims and witnesses with mental health problems, what will enable them to cope and move on following the crime and do they receive the necessary support?
3. What barriers do victims and witnesses with mental health problems experience to engagement with the CJS and support services and what can be done to reduce these barriers?
4. What are these victims' experiences of the CJS and support services and what should be improved?

The research enables victims with mental health problems in Kent to speak up and share their experiences and, in doing so, inform change locally. It also brings together practitioners and professionals from statutory agencies, charities and organisations in Kent to promote knowledge sharing and foster collaborative work.

Based on the research findings, we make recommendations to improve the experiences of victims and witnesses with mental health problems in the CJS in Kent and enhance the services and support available to them. While our recommendations will be focused primarily on the local area, findings from this research have the potential of wider applicability and provide an evidence base for national change and action to ensure the needs of vulnerable victims and witnesses are met.



## Kent PCC and Kent Police initiatives to support people with mental health problems

In recent years the Kent PCC and Kent Police have made ongoing efforts to improve the support available to people with mental health problems who come into contact with the police.

In 2017, the Kent PCC launched the Mental Health and Policing Fund to reduce the pressure on policing due to mental health over three years from 2017/18. This fund totals £150,000 each applicable financial year and organisations can bid for a maximum of £20,000. A wide variety of projects have been funded, which range from those that ensure the right support is available to people with mental health problems who come into contact with the police, to those that reduce demand on policing, and raise awareness of and increase training on mental health problems.

The Kent PCC has also funded the provision of Mind support workers in the Force Control Room (FCR) during key shifts. This has helped provide the right support to callers with mental health needs, ensuring that they receive support from a qualified mental health support worker at the earliest opportunity.

Furthermore, Kent Police initiatives and activities to support people with mental health problems include:

- a county-wide triage service, which operates three evenings a week (Sundays, Mondays and Tuesdays), with a band 4 health worker operating from Kent Police control room together with South East Coast Ambulance Service (SECAmb). They respond to officers who have encountered someone in crisis and offer tactical advice and information. If required, a community-based NHS band 6 mental health worker will attend the scene to assess the individual
- a Mental Health Policing Team. The team's main aim is to investigate crime reports from the mental health establishments for which they have responsibility, while offering enhanced support to victims as well as treating offenders with empathy. Additionally, due to the additional training and expertise that the team have, the Mental Health Policing Team provides training days and tactical advice for frontline staff to address investigations with a mental health element, from either a victim or perpetrator perspective.

## Victim Support in Kent

Victim Support is the leading independent charity in England and Wales for people who have been affected by crime and traumatic incidents.

Victim Support is commissioned to provide a multi-crime service to victims of crime resident in Kent and Medway by the Kent PCC. The charity also provides the referral, assessment and triage service for the Kent integrated Domestic Abuse Support, working with victims and survivors of domestic abuse in Kent and Medway. The service is available to all, regardless of whether victims or survivors have reported the incident to the police. The support offered is wide ranging, including practical help, emotional support and advocacy, with referrals made to specialist partners where appropriate. In the last financial year, Victim Support in Kent offered support to more than 77,000 victims of crime resident in Kent.

## Methodology

To meet the aim of the research and gain as rich an understanding as possible, we used a mixed methods approach, including both quantitative and qualitative data collection. It consisted of four methods: in-depth interviews with victims with mental health problems; in-depth interviews with frontline practitioners; quantitative analysis of data from the CSEW and Victim Support; and a workshop with service providers for people with mental health problems in Kent. Data collection took place between December 2018 and July 2019.

### 1. Interviews with victims with mental health problems

We conducted 14 in-depth qualitative interviews with victims of crime with mental health problems from Kent. Victims were mainly recruited by Victim Support in Kent, West Kent Mind and the Witness Service in Kent. Five participants were male and nine were female. They have a variety of diagnosed mental health problems: depression, anxiety, PTSD, bipolar disorder, borderline personality disorder and schizophrenia. Participants had fallen victim to various crime types, including hate crime motivated by their mental health problems, sexual assault, sexual harassment, ASB and harassment, assault, domestic abuse, burglary, and a family member bereaved by homicide. For four of the victims, the case went to court. Participants' responses were coded using thematic analysis. The names used in this report are not the participants' real names and any identifying details have been omitted.

### 2. Interviews with frontline practitioners

We interviewed 12 frontline staff of criminal justice agencies and non-statutory agencies in Kent. Nine practitioners took part in one-to-one qualitative interviews and another three, from the same agency, participated in a group interview. The statutory agencies included the WCU, HMCTS, the CPS and staff holding three different roles in Kent Police. The non-statutory agencies included practitioners from a mental health charity, Victim Support and the Witness Service. Here too, the data has been anonymised, then coded using thematic analysis.

### 3. Quantitative analysis of data from the CSEW and Victim Support Kent

The CSEW is a nationally representative survey of the population resident in households in England and Wales. It is considered the most reliable picture of the extent of crime experienced by the population. This data was used to explore questions around the likelihood of victims with mental health problems being victims of crime in general and of certain crime types in particular.

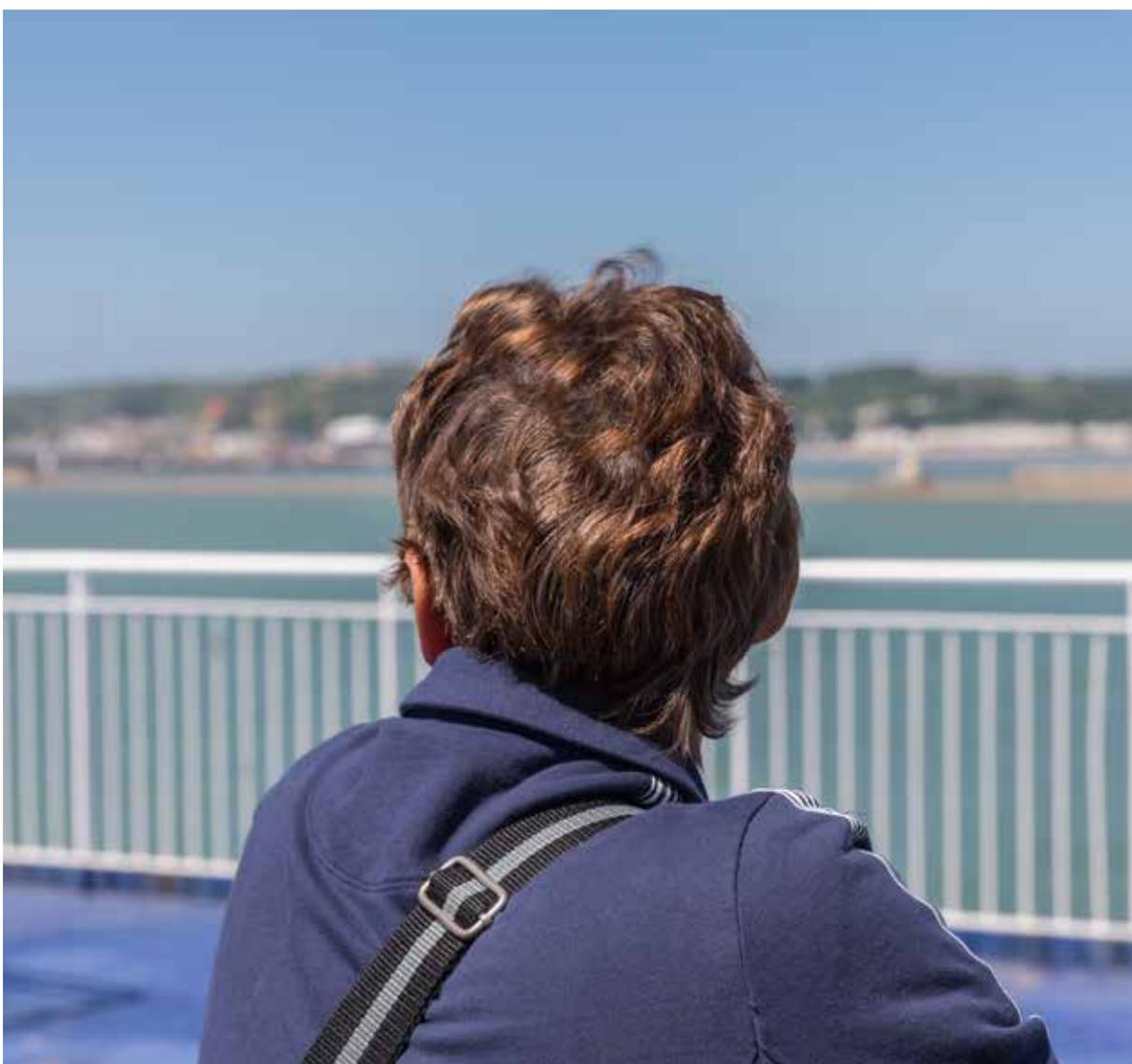
Furthermore, data from Victim Support's case management database was used to explore the engagement of victims with mental health problems with the service. The database includes rich information on all Victim Support service users, deeming it the largest case management database on victims and survivors of crime in England and Wales. The research made use of an anonymised dataset of all victims who were referred to Victim Support Kent between 1 December 2016 and 31 December 2018. Some 32,883 cases had sufficient information on demographics, crime type and mental health factors to be included in the quantitative analysis.

#### **4. A workshop with service providers for people with mental health problems in Kent**

A workshop was held in Kent to discuss initial findings from the research and develop recommendations on how to improve the experiences of people with mental health problems in the CJS. In total, 25 practitioners and professionals participated. They represented criminal justice agencies, charities and organisations that work with and support people with mental health problems in Kent.

In line with the scope of the research, the findings are divided into two main sections:

- Who are the victims with mental health problems? And what are their needs?
- The experience of victims and witnesses in the CJS in Kent: areas for improvements.



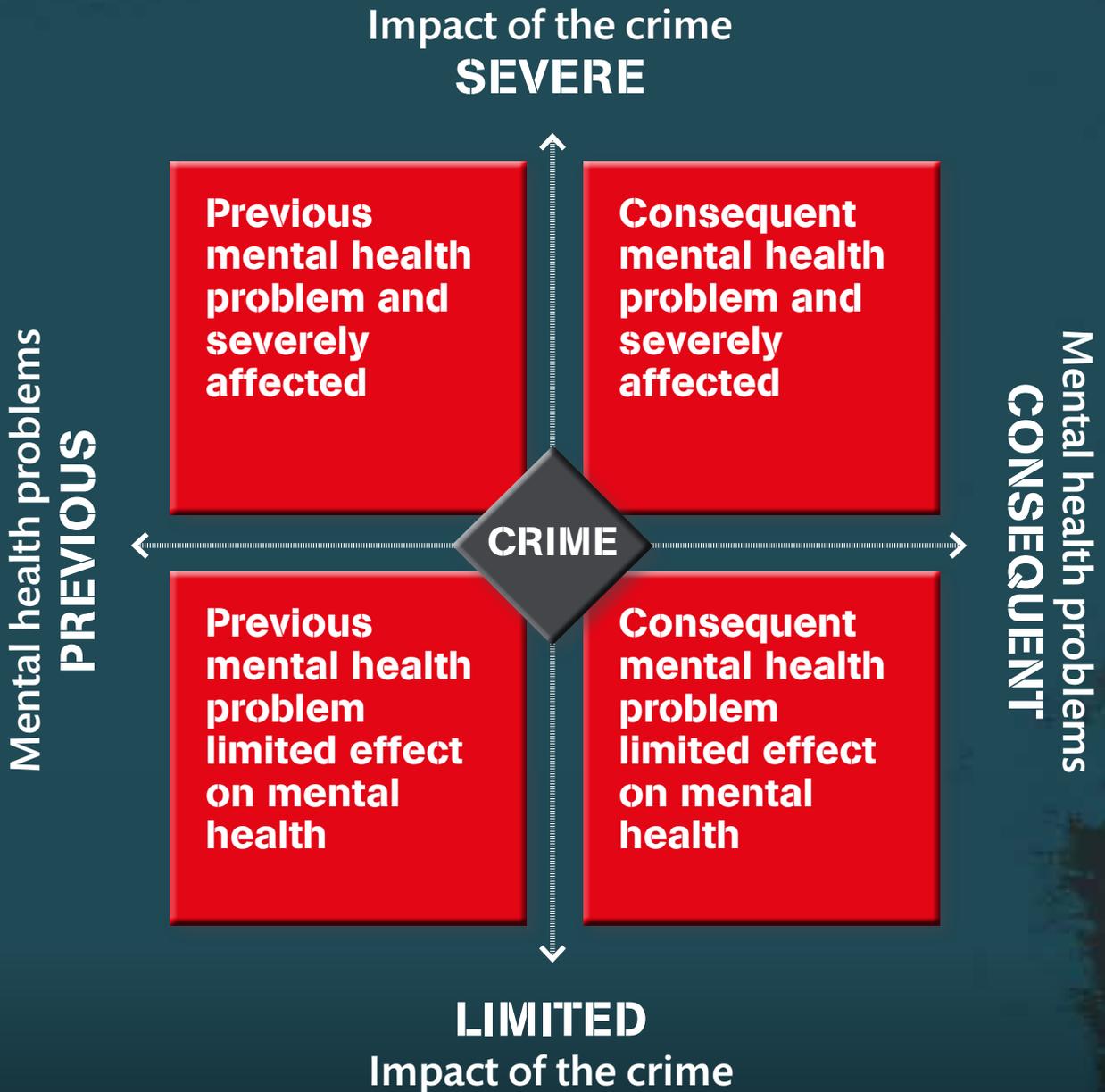


## Who are the victims with mental health problems?

Before we explore the needs and experiences of victims with mental health problems, it is important to examine who these victims are. As previously mentioned, there is a broad range of mental health problems of varying levels of severity. Also, the impact of crime on victims in general is not uniform and depends on many factors. Thus, victims with mental health problems should not be seen as one homogenous group of people. The interviews with the victims and the practitioners indicate that victims with mental health problems can be roughly divided into four main groups. The groups differ in two main factors: whether the mental health problem existed before the crime or emerged as a result of it, and the severity of the impact of the crime on the victim.

The first group consists of victims who had a mental health problem before the crime and were severely affected by the crime. They need an extensive amount of support from different agencies, including the CJS, mental health services and Victim Support's services, to cope with the effects of the crime and to move on from it.

# Four main groups of victims with mental health problems



*“I already had depression and anxiety. I can’t work at present. The neighbour’s behaviour led to me getting only about three hours sleep a night, which made my condition worse. So I was exhausted in the end, I felt suicidal... I decided that I was going to commit suicide.”*

**Paul, victim of ASB**

The second group also includes people with previous mental health problems; however, the impact of the crime on their mental health was less severe. They need less support and, if the right support is given at the right time, they will be able to cope and move on quickly.

*“I’ve suffered with depression over the years. Obviously, I don’t want that triggered again... They’ve [the police community support officers (PCSOs)] been very good. Because they’ve told me if I get any more problems, to let them know... they’ve always been very supportive, which is the main thing for me... They don’t disbelieve what I say. They’ve been coming up recently.”*

**Lisa, victim of ASB**

The third group involves people with no previous mental health problems who have developed a mental health problem as a result of being a victim. Nevertheless, the impact of the crime on their mental health was limited and they need less support than other victims with mental health problems. If the right support is given at the right time, they can cope and move on quickly. However, they also need to engage with mental health services or receive treatment from their GP.

*“Through the five weeks of talking to [a Victim Support’s caseworker], I managed to get myself on a childcare course and build a bit more confidence. I went to the doctor’s. I was suffering with depression and anxiety... My confidence got built up. [Before,] my confidence was really low. I didn’t believe in myself, I didn’t believe that I could do anything... I feel quite happy now because I’m actually doing something with myself. I’m not sitting around and thinking about it; my mind is busy.”*

**Karen, victim of sexual assault**

The last group comprises people with no previous mental health problems who have developed a problem as a result of being a victim and have been severely affected by the crime. They too need an extensive amount of support from different agencies to cope with the effects of the crime and move on. Nevertheless, since they had not experienced the mental health problem previously, they also need to engage with mental health services, perhaps for the first time in their lives. This report will also detail how as their mental health problems have developed later in the process, following initial victimisation, they may slip through the cracks in terms of accessing enhanced support from the CJS and support services.

*“The controlling behaviour made me very isolated and I’m suffering from depression and anxiety. All the years I’ve been [abused have] made me the person that I am now... that’s all [because of] the abuse... I have awful depression and I went to a point that I wasn’t sleeping and I have nightmares. I wake up [at] 2am, 4am in the morning and I start to [self-harm] myself.”*

**Sarah, victim of domestic abuse**

*"I ran into lots of debt with the bank because I couldn't go to work after that [the assault]. I was doing so well with my own company. My whole life just fell apart. I'm in debt, I'm just about to declare bankruptcy... In fact, I'm struggling now even to pay my rent."*

**Mark, victim of assault**

Victims in different groups need different levels and intensity of services to cope with the effects of the crime and help them move on. This division emphasises the importance of appropriate services at the right time; if there is an absence of the right support, those who have suffered a limited effect on their mental health can easily deteriorate to become victims for whom the impact of the crime is severe. The next chapters will highlight some examples.

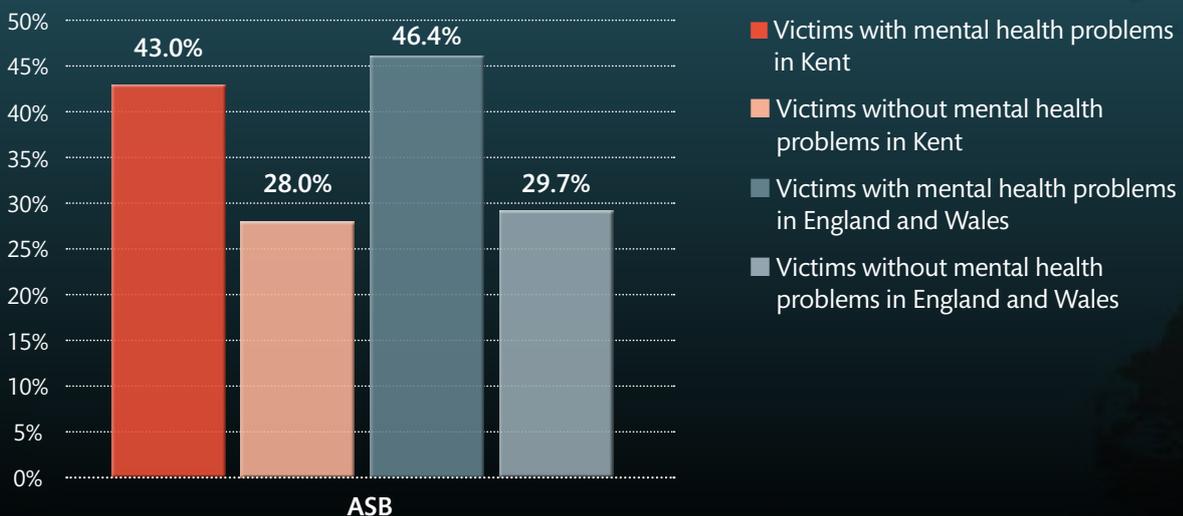
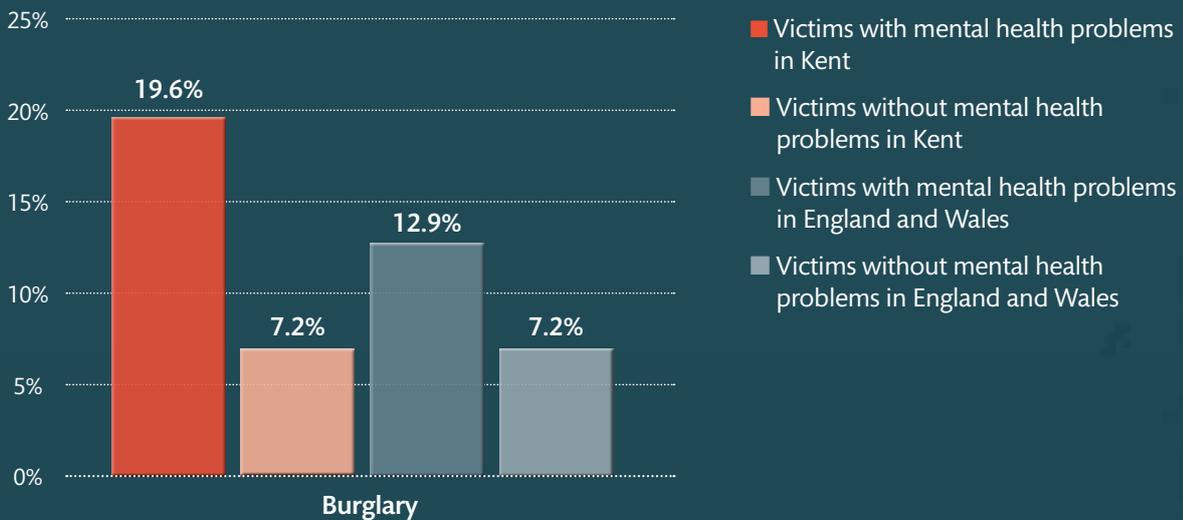
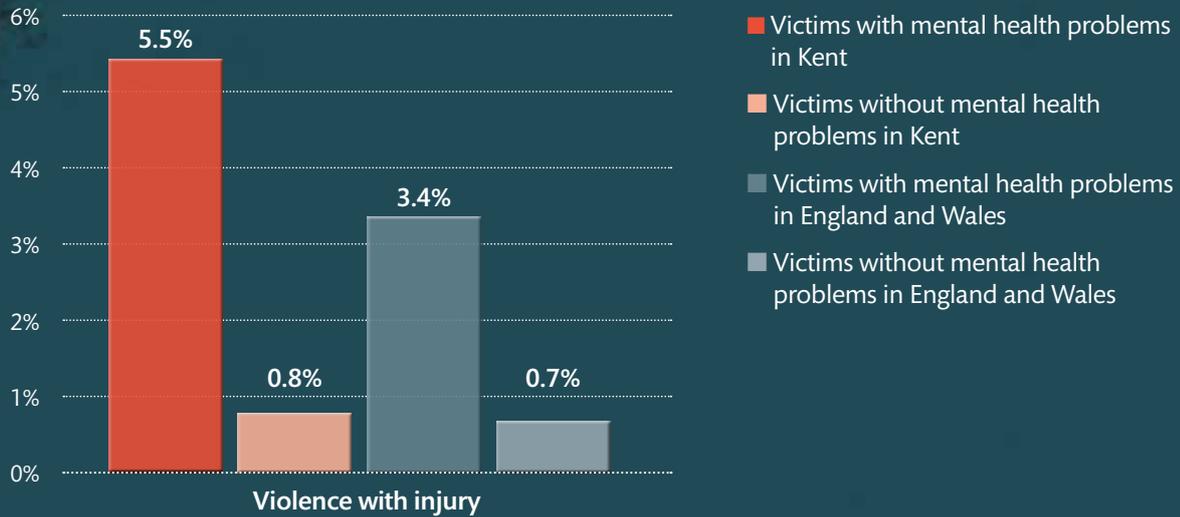
## **Are people with mental health problems in Kent more likely to be victims of crime?**

We used data from the CSEW from the year ending March 2016 to the year ending March 2017 to explore whether having a mental health problem is associated with being a victim of crime in Kent, and how it compares to the population in England and Wales.<sup>iii</sup>



<sup>iii</sup> Differences between categories within each set of characteristics were analysed using chi-square tests. Only statistically significant results are presented; this refers to a p-value of less than 0.05.

# Proportion of victims with and without mental health problems by crime type in Kent, and England and Wales



The CSEW is based on a nationally representative sample of the population resident in households in England and Wales. Participants were asked about their experiences of a range of crimes in the 12 months before the interview. Since not all crime is reported to the police, the CSEW provides a more reliable picture of the extent of crime experienced by the population in England and Wales. Having a mental health problem was assessed based on a self-reported question. In total, 5.0% of the sample for Kent was identified as having a mental health problem and 4.1% of the sample for England and Wales.<sup>iv</sup> Although the sample was weighted to reflect (as much as possible) the general population of adults in Kent, due to the relatively low number of people with mental health problems, results should be interpreted with caution.

Adults with mental health problems in Kent had a higher risk of being a victim of serious violent crime (violence with injury). In the year ending March 2017, 5.5% of the population with mental health problems in Kent were victims of violence with injury compared to only 0.8% of the population without mental health problems in Kent. This is slightly higher than in the population with mental health problems in England and Wales: 3.4% of the population with mental health problems in England and Wales have fallen victim to violence with injury crimes. No differences were found between people with mental health problems and without mental health problems in Kent of being victims of crimes of less serious violence (violence without injury).

People with mental health problems in Kent are also at greater risk of being a victim or witness of ASB than victims without mental health problems in Kent. In total, 43% of people with mental health problems reported being a victim or witness of ASB in their local area. The figures were significantly lower for the population without mental health problems in Kent (28%). This ratio is similar to the differences between people with and without mental health problems in England and Wales (46.4% and 29.7%, respectively).

People with mental health problems in Kent were also at greater risk than those without mental health problems in Kent of falling victim to burglary. Some 19.6% of the people with mental health problems in Kent were victims of burglary compared to 7.2% of the population without mental health problems in Kent. This is also slightly higher than in the population with mental health problems in England and Wales: 12.9% of the population with mental health problems in England and Wales reported being victims of burglary.

No differences were found between those with and without mental health problems in Kent in being victims of fraud and theft.

<sup>iv</sup> The percentages presented in this section are based on a sample of 35,420 participants from England and Wales, among them 893 participants from Kent. The data was weighted to reflect (as much as possible) the general population of adults in England and Wales and in Kent.



# The support needs of victims with mental health problems and what will enable them to cope and move on

Research shows that vulnerable victims require services that go beyond the general framework of victim care. These services should be more extensive and long term.<sup>15</sup> Victims with mental health problems can be considered vulnerable victims and witnesses, and as such they are entitled to enhanced support in the CJS. They should also receive additional support from victim services.

Accordingly, this chapter details the enhanced services and support victims with mental health problems are entitled to receive from each criminal justice agency at each stage of the process. We then present the additional and distinctive support needs which will enable them to cope and move on, expressed by the victims who took part in the research. This includes both support needs from the CJS and wider support needs.

## The role of criminal justice agencies in providing enhanced support for victims with mental health problems

Victims' rights and entitlements, and the treatment they should receive, are set out in the statutory Victims Code.<sup>16</sup> It outlines clearly and precisely the level of service that victims are entitled to receive from each criminal justice agency at each stage of the process, including the police, the CPS, HMCTS and the National Probation Service.

The introduction to the Victims Code clearly states that "victims of crime should be treated in a respectful, sensitive, tailored and professional manner" and that "victims should receive appropriate support to help them, as far as possible, to cope and recover and be protected from revictimisation". Under the Victims Code, victims with mental health problems are entitled to an enhanced service from criminal justice agencies "because they are more likely to require enhanced support and services through the criminal justice process".<sup>17</sup> These entitlements apply at each stage of the victim's journey through the criminal justice system. Once a service provider has identified that a victim is eligible for enhanced entitlements under the Code, it must ensure that this information is passed on as necessary to other service providers, first gaining the victim's consent for their information to be shared.

Under the Victims Code, witnesses with mental health problems are eligible to receive special measures in court. These are certain measures that the court can provide to assist vulnerable victims in giving evidence. Such measures include allowing them to pre-record evidence or give it via video link to avoid being cross-examined in front of the defendant. They can also give evidence from behind a screen in the courtroom, out of sight of the defendant, and ask that judges and advocates remove their wigs and gowns.



# The role of criminal justice agencies according to the Victims Code

	Reporting a crime	Investigation
<p><b>How victims and witnesses with mental health problems should be treated</b></p>	<p>A victim's pathway through the criminal justice process begins with their initial contact with the police, usually when they report the crime. Additionally, as only a minority of cases result in a prosecution, the police are the only criminal justice agency that most victims have any contact with and therefore represent the whole of the victim's experience of the CJS.</p> <p>At this stage, victims with mental health problems should expect from the police:</p> <ul style="list-style-type: none"> <li>■ a written acknowledgement that the crime has been reported, including basic details of the offence (unless the police consider that the victim may be at risk of harm by doing so, such as in domestic abuse cases)</li> <li>■ a clear explanation of what to expect from the criminal justice system</li> <li>■ a needs assessment to identify whether they require additional support or are entitled to enhanced support, including special measures</li> <li>■ to be informed about how often they will receive updates on the status of their case</li> <li>■ to be referred to victim services within two working days of reporting</li> <li>■ to be asked to make a Victim Personal Statement, where they explain in their own words how the crime has affected them, at the same time as giving a witness statement.</li> </ul>	<p>During the police investigation, victims with mental health problems should expect to be:</p> <ul style="list-style-type: none"> <li>■ informed of key developments in their case within one working day, such as when a suspect has been arrested, interviewed under caution or released</li> <li>■ provided with an explanation of a decision not to investigate the crime</li> <li>■ advised when an investigation has been concluded with no one charged, including having the reasons explained to them</li> <li>■ accompanied by a person of their choice if being interviewed by the police (unless a reasoned decision has been made to the contrary), have medical examinations kept to a minimum, have the same person conduct all the interviews and be offered the opportunity to have a person of the same sex conduct the interview (in certain cases). The police should also consider if there is a need for a Registered Intermediary to help the victim to give their best evidence</li> <li>■ assured by the police that the victim and their family members will not come into contact with the suspect while on police premises</li> <li>■ able to seek a review of the police or CPS decision not to prosecute under the Right to Review Scheme.</li> </ul> <p>As victims' needs may change while the criminal offence is being investigated due to the victim's health, including mental health, level of intimidation or any other reason, service providers must give victims the opportunity to be reassessed if their change of circumstances is brought to the service providers' attention.</p>
<p><b>Agencies responsible</b></p>	<p><b>Police</b></p>	<p><b>Police</b></p>

Pre-trial	At court	After the trial
<p>The Victims Code sets out the way that criminal justice agencies should prepare victims for court and ensure that they are informed of developments and supported to give their best evidence in the courtroom.</p> <p>Victims with mental health problems should be:</p> <ul style="list-style-type: none"> <li>■ informed that pre-trial therapy is available and will be facilitated if requested</li> <li>■ able to share their views which will be considered if an out of court disposal is considered, and be informed of all decisions to prosecute or to give the suspect an out of court disposal</li> <li>■ provided with information on when the suspect is released on police bail to appear in court, any bail conditions and any changes to these bail conditions within one working day of the police receiving them</li> <li>■ provided with information on the date, time and location of the first court hearing within one working day of the police receiving the information</li> <li>■ kept updated about their case. They must be informed within one working day of any decision made to: discontinue a charge and proceed on another; substantially alter a charge; discontinue all proceedings; and/or offer no evidence in all proceedings.</li> </ul> <p>Victims witnesses should be:</p> <ul style="list-style-type: none"> <li>■ provided with information, within one working day, on developments such as the date, location and outcome of any hearings, the outcome of any bail hearings and other information relating to the suspect</li> <li>■ provided with a needs assessment to see if they need any help in giving evidence, such as special measures</li> <li>■ able to make a pre-trial visit to familiarise themselves with the court.</li> </ul>	<p>A number of agencies have a role in ensuring that victims witnesses with mental health problems can access the support they need to provide effective evidence during the court process.</p> <p>Victims witnesses with mental health problems should expect to receive the following:</p> <ul style="list-style-type: none"> <li>■ Members of the CPS should introduce themselves, where circumstances permit, and answer any questions witnesses may have.</li> <li>■ They should be treated with care and respect and the CPS must seek the court's intervention if the cross-examination becomes aggressive or intrusive.</li> </ul> <p><b>To ensure special measures are available to witnesses with mental health problems:</b></p> <ul style="list-style-type: none"> <li>■ the CPS should consider victims' views when deciding whether to make an application for special measures, and make this application to the court</li> <li>■ the CPS should inform the witnesses, through the WCU, of the outcome of this application</li> <li>■ if special measures are ordered by the court, HMCTS court staff are responsible for ensuring that they are available.</li> </ul> <p><b>HMCTS must also take steps to ensure victims are supported on the court's estate, including ensuring that victims witnesses with mental health problems:</b></p> <ul style="list-style-type: none"> <li>■ can enter the court through a different entrance to the defendant and are seated in a separate waiting area</li> <li>■ do not have to wait more than two hours to give evidence</li> <li>■ have a contact point so that they can find out what is happening in their case.</li> </ul>	<p>Following the conclusion of the trial, criminal justice agencies continue to have a duty of care to victims and witnesses with mental health problems.</p> <p>Victims and witnesses with mental health problems should be:</p> <ul style="list-style-type: none"> <li>■ provided with information about the sentence within one working day, including a short explanation of what the sentence means</li> <li>■ directed to victim services to ensure they can access the support they need after the trial</li> <li>■ able to address any questions to the CPS that the WCU could not answer</li> <li>■ paid any expenses within ten days of sending a form.</li> </ul> <p><b>Certain victims with mental health problems may also be eligible for the Victim Contact Scheme; this provides a victim with information and updates about key stages of the offender's sentence and is available to victims of violent and sexual offences where the offender receives a sentence of 12 months or more.</b></p>
<p><b>Police, WCU, CPS, Youth Offending Team (YOT), Witness Service and HMCTS</b></p>	<p><b>WCU, CPS and HMCTS</b></p>	<p><b>WCU, CPS, YOT and National Probation Service</b></p>

# The support needs of victims with mental health problems from criminal justice agencies

Experiencing a crime can be traumatic and going through the criminal justice process can be stressful and anxious for victims, especially if they have to give evidence in court. The agencies involved in handling victims' cases may never be able to fully alleviate the trauma. However, this section details the support victims felt they required from criminal justice agencies to help them cope and move on.

## The support needs of victims with mental health problems from criminal justice agencies



**Understanding mental health problems**



**Clear information and updates**



**Be safe and feel relaxed when giving evidence in court**



**Access to enhanced entitlements.**

## The wider support needs of victims with mental health problems



**Psychological and emotional support**



**Practical help**



**Strong, trusting relationship with the service providers**



**Support provided close to home.**

## Understanding mental health problems

A common need expressed by participants was to be treated with understanding of their mental health problems by criminal justice agencies and to be taken seriously by the CJS.

*"I was sitting there talking for an hour and being taken seriously, and the fact that [it] had been arranged by the police, it felt like I was finally being taken seriously."*

**Paul, victim of ASB**

*"Try to be [the council and the police] impartial in what you do, try not to think that one size fits all. Try to think, 'Yes, there are some vulnerable people who have great difficulty.' I think they need to try to not adopt this attitude of one size fits all."*

**James, victim of hate crime and ASB**

Some victims explicitly expressed the need for practitioners from criminal justice agencies to have mental health training to help them understand different conditions and how they might need to adapt support delivery.

*“They need to learn about different diagnoses, how it affects people, because people with a personality disorder are not going to relate to the police that well. It’s just not going to happen, it’s part of our condition. We don’t like authority, so yes, they need to know the bits and pieces about the different diagnoses. They need to know something about schizophrenia, they need to know something about personality, they need to know something about bipolar, because at the moment they’re working blind.”*

**Louise, victim of harassment and ASB**

*“It would be better if they do have the specific mental health awareness training probably. I suppose it would mean that there’s possibly, depending on the mental health condition, a need for more sensitivity and better awareness about the limited energy that people with mental health problems have.”*

**Paul, victim of ASB**

*“You’ve got to, with people with mental health, try and put a briefing package out, stating how this affects people, how it doesn’t affect people and how it might manifest itself in the court.”*

**Gary, victim of burglary**

Another victim told us how being supported by a police officer who is trained in mental health problems made a huge difference to making a witness statement.

*“The one who made the video [a police officer], she’s trained and she knows – you can see, she knows how to deal with you when you are in a bad state, how to tell you things, how to make you feel better... you can see the difference, she makes you feel comfortable. She makes you feel safe.”*

**Sarah, victim of domestic abuse**

The need for more profound training on specific mental health problems was also acknowledged by CJS practitioners. They recognised that it would aid their ability to better support victims.

*“I was prompted to go to the personality disorder [training] because of one of the ladies I was struggling with. It made me realise exactly what she was going through... it was being able to manage what she says to me and things like that. It was very, very insightful... I hope that there will be more of them.”*

**Practitioner, WCU**

One participant wanted assistance in dealing with the police, primarily from someone who has an understanding of mental health problems.

*“If they [the police] could have some kind of go-between, between the mentally ill person and them, who can interpret what the mentally ill person is trying to say. A trustworthy go-between that’s impartial, some kind of interpreter.”*

**James, victim of hate crime and ASB**

Some participants also talked about how uniforms make them feel uneasy, mainly due to past negative experiences with the police. They advised police officers not to wear uniform when dealing with victims with mental health problems. It would make situations less stressful for them and contribute to building trust.

*“The fact that you see people dressed in uniform and people asking you questions, in that moment you don’t feel like you’re the victim. You feel that you’ve done something wrong.”*

**Sarah, victim of domestic abuse**

This was also acknowledged by police officers, based on their experiences with victims with mental health problems.

*“The uniform was the biggest thing. We didn’t realise at the time... We’re dealing with people who’ve had bad experiences with the police.”*

**Police officer, Kent police**

Similarly, a few female victims with mental health problems told us they would have preferred contact with a female police officer, as it would have made them feel more comfortable to report the crime. This preference was regardless of the crime type.

*“I had two male police officers come around to my house, which I thought was a bit [much] considering I was a female... I would have been very uncomfortable being on my own with two male officers. They knew I had mental health issues, because I had told them on the phone when I reported it... I would have preferred at least one female officer there, because of my past.”*

**Louise, victim of harassment and ASB**

As part of building trust with the police, some participants wanted a named contact to deal with who would provide continuity.

*“It would actually be nice that when you get the person [the police officer] who first speaks to you, and says, ‘We’ll contact you again,’ and you have their name, their number and their phone, and then you phone up two weeks later, and ‘Oh, they’re not there today.’ So, you phone up the next day. ‘Oh, they’ve moved on.’... There’s no continuity.”*

**Mary, victim of sexual harassment**

*“It just needs to be one officer dealing with the whole thing. I know they’re busy, I understand they’re busy, but it’s hard to prove a case when you’ve got seven different officers investigating seven different things, you know?”*

**Ashley, victim of ASB and harassment**

## **Clear information and updates**

Participants also highlighted the need for information to be given clearly and slowly. This is particularly relevant to the information police give when a victim reports a crime and when the police, WCU and CPS tell a victim about the outcome of the investigation and the trial.

*“If they [the police] can just take a moment and explain to you, I know it takes time and I know it’s my case, but if they take a moment and explain to you what is for this, what is for that, this is how you proceed.”*

**Sarah, victim of domestic abuse**

*“Take time to explain to a client why they’re not taking it any further. Often it’s lack of evidence or one word against another, or something like that. But all the victim hears is, ‘We’ve dropped it’.”*

**Practitioner, Victim Support**

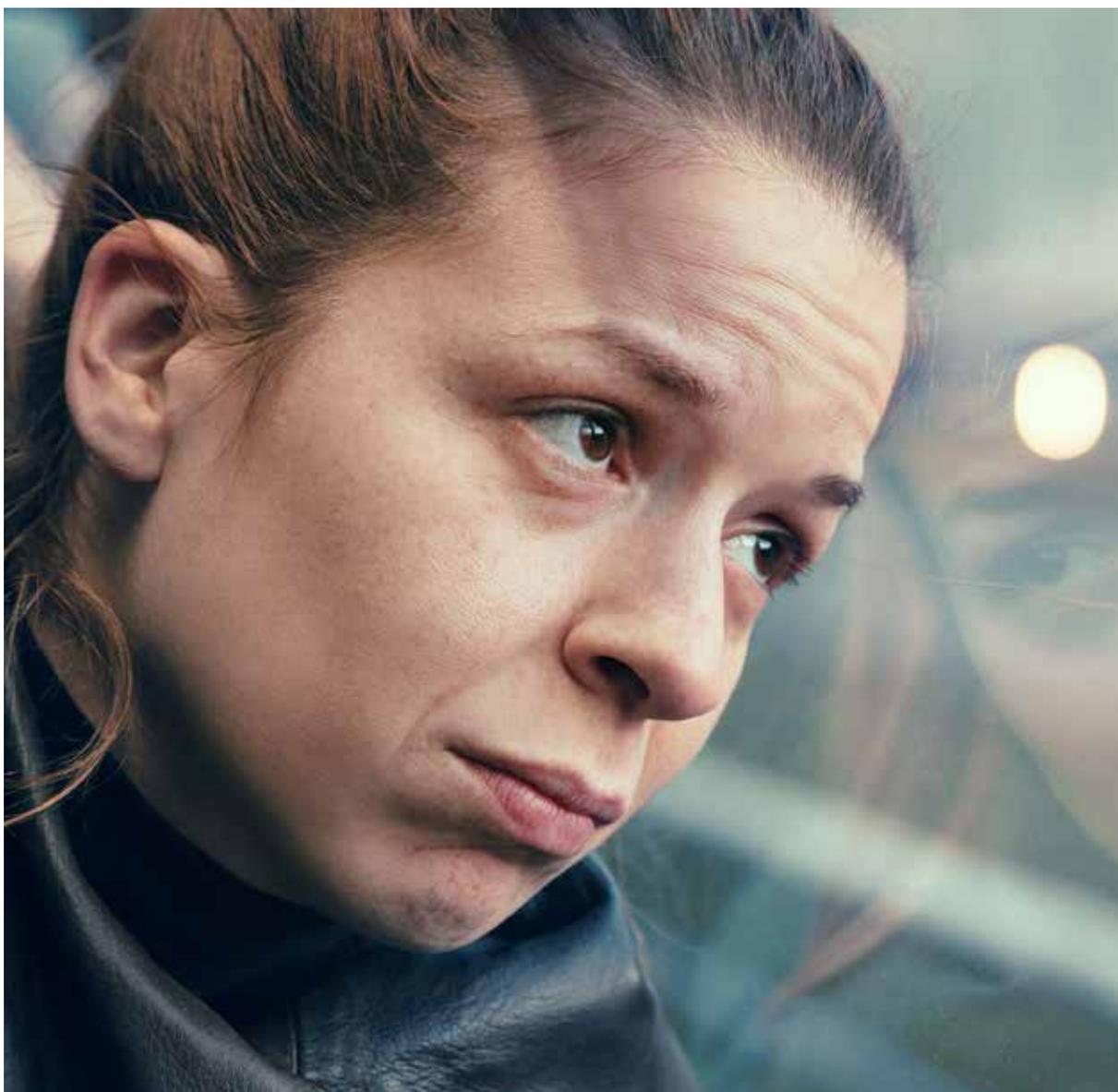
Victims also expressed how waiting for updates or trying to obtain information from the criminal justice agencies about the status of their case can further impact on their mental health. They would appreciate receiving updates more frequently.

*“If I want to know anything, I have to chase them [the police]... I find it stressful enough living here, let alone having to chase after what’s happening.”*

**Louise, victim of harassment and ASB**

*“The whole court process I was very upset with. I was asked via [the] police if I wanted to attend the court case and I said, ‘Yes.’ They never actually phoned. They just phoned afterwards to say the court case had happened and the sentencing was [the] next day.”*

**Mark, victim of assault**



## **Be safe and feel relaxed when giving evidence in court**

One of the main needs expressed by the victims with mental health problems who went to court is to feel safe in court. They explained how the possibility of meeting the offender had an adverse effect on their mental health and feeling of safety.

*“This is what freaks the witness out more. You panic about things like this. I’m looking at the exits, I’m looking at the stairs, I’m looking at the lifts, I’m looking at where are the toilets, is it a shared toilet? Am I going to be in a situation where I’m going to get trapped? That’s all I kept thinking about.”*

**Amanda, victim of harassment and ASB**

*“It was an awful experience, I can honestly say that. Without that support, I’d just have randomly gone where? Sat outside the court? Where all of her [the offender’s] family were? I felt safe where I was [waiting room for witnesses]. I would not have felt safe sitting outside, with all of her family members, who were in the courts.”*

**Mary, family member bereaved by homicide**

Witnesses also told us how going to court increased their anxiety. They appreciated the Witness Service volunteers who helped them feel at ease and relaxed.

*“As soon as you go through those doors into that big, massive court... I just thought, ‘Oh, what am I going to face today?’... There was this really nice lady from the Witness Service and she said, ‘We’ll sit down, chat to you, keep you company and make you feel okay,’ which I thought was really nice.”*

**Gary, victim of burglary**

*“It’s about making you feel relaxed. I’m sure anybody else with mental health conditions, we all want the same thing, we just want to feel relaxed... Somebody to sit with you to just talk rubbish. ‘Did you watch EastEnders last night? Did you watch the football?’ to just take your mind off it and distract you. It’s the most amazing thing.”*

**Amanda, victim of harassment and ASB**

## **Access to enhanced entitlements**

This research did find evidence of good practice. Some victims received additional support once they had reported a crime where it was known that they have mental health problems. Practitioners from multiple statutory agencies and support services also told us how they will go the extra mile if they are aware of a mental health problem.

*“It [knowledge about victims with mental health problems] would certainly be different... checking their understanding of things, checking how certain things affect people as well. Because, obviously, someone with complex needs might be battling with certain things and I don’t want to set them off and give them a bad time.”*

**Police officer, Kent police**

*“This is where I think having the police community support officers, having that engagement in the community, knowing who you’re dealing with. ‘Oh, person x has got a mental health problem, but they’ve got some problem with their benefits.’ Let’s signpost them, let’s get that help in there.”*

**Police officer, Kent police**

*“With people with special needs or mental health, we go above and beyond lot of the time.”*

**Practitioner, WCU**

*“Particularly if there are people that haven’t got the support of friends and family... then you might be one of the few people they can talk to about it.”*

**Practitioner, WCU**

When a witness is known to have a mental health problem, they receive tailored support from statutory agencies and the Witness Service, which helps them in giving evidence in court.

*“As an organisation, we try, as far as possible, to ameliorate any difficulties that they may have, through timely applications for special measures, for practical assistance and support to be given during the court process, for example, by taking repeated and regular breaks, by ensuring that intermediaries are instructed at an early stage to enable us to assess what support needs [are] to be given to victims and witnesses with mental health issues prior to trial, and then during the trial process.”*

**Practitioner, CPS**

*“If the referral, for example, says that somebody is suffering from depression that would show up on the referral. Our national contact centre would continue that needs assessment. ‘You’ve been referred by the witness care officer, we’ve noticed that you have depression... how we can support you giving evidence?’... Then, on the day of trial, we would be asking the witness, ‘What support do you need?’ We ask them how it’s going to impact them achieving their best evidence... We want to make sure that they’ve got the appropriate support after the trial. So, making referrals to other support organisations that can help them because the mental health concerns may not be about the trial itself.”*

**Practitioner, Witness Service**

One of the victims also felt that disclosing her mental health problem resulted in responsive treatment by the police.

*“I just casually mentioned it [mental health problems to the police]... Perhaps that’s why they’re more understanding.”*

**Lisa, victim of ASB**



## The wider support needs of victims with mental health problems

As well as identifying that victims with mental health problems need additional support from multiple agencies, this research also highlighted the support that other organisations such as the NHS and services for victims should provide in response to the impact of crime.

### Psychological and emotional support

Many of the victims interviewed were emotionally affected by the crime and needed emotional support or counselling. Most of the research participants raised the importance of accessing mental health services.

*“There was that [caseworker name] from Victim Support, he was excellent, he was there to listen, he was good to talk to and he understood my situation.”*

**Mark, victim of assault**

*“I just want counselling or some sort of assistance.”*

**Paul, victim of ASB**

Some victims highlighted their need for emotional support not just during working hours, but at evenings and weekends as well. These are the times when participants tend to feel lonelier and more vulnerable.

*“If I start struggling it’s normally at night, which is when the community mental health team is closed, and you have to go to the Crisis Team. Sometimes I just want to talk to someone.”*

**Louise, victim of harassment and ASB**

This was also seen as important support by practitioners working with people with mental health problems.

*“Usually, that’s in the evenings and towards the weekends... when it’s getting dark, they start to feel that panic and that anxiety. That’s the time when they feel there’s no one to get reassurance from, because sometimes it is just about talking to someone.”*

**Practitioner, mental health charity**

In the same vein, due to the nature of their mental health problems, a few participants emphasised the need for an immediate emotional support when they no longer feel able to cope, which can help them manage the situation and prevent their mental health from further deteriorating.

*“If I am desperate and I need to talk to someone, I need to talk to someone now. It’s quite rapid with me... If I want to self-harm, I want to self-harm bad and it will happen quite quickly. It’s not a slow process... and that’s when I find that you don’t always get through to someone.”*

**Louise, victim of harassment and ASB**

## **Practical help**

A number of practical support needs were also raised. Many of the services valued by participants related to help with everyday tasks or issues around leaving the house.

*“I wouldn’t go shopping on my own or anything like that anymore. So, he [a mental health practitioner from the community mental health team] takes me shopping once a week, or once a month. So I can do my food shopping. But I have just started going on my own again. I am trying to build up my own confidence and he’s helping me build up confidence.”*

**Louise, victim of harassment and ASB**

*“They [name of a charity] said if I need it they’d organise me a month or two at the gym. I said I’m feeling so unfit because after the incident basically I was bedridden for about two weeks. For me to get anywhere, I just find it a struggle.”*

**Mark, victim of assault**

Practical assistance requirements were wide ranging, highlighting the need for a tailored service that can provide a variety of interventions. For example, one participant also wanted practical assistance to gain employment. Another victim was struggling financially due to the impact of the assault and needed help with necessities.

*“I didn’t really want to be on benefits. I wanted to work and you [Victim Support] supported me. It’s another thing that affects me a lot.”*

**Sarah, victim of domestic abuse**

*“They [name of a charity] said, ‘Do you have gym clothes?’ I said, ‘No, that’s something I need to organise.’ They said, ‘Don’t worry, we’ll organise that for you’.”*

**Mark, victim of assault**

Others told us that they needed help with paperwork and explaining and dealing with bureaucracy, because their mental health problems made these tasks challenging.

*“I don’t understand paperwork anymore, I can’t seem to deal with it.”*

**Mark, victim of assault**

*“They [Victim Support] helped me to get the letter when I needed [it] – a few letters of reference and things. They’ve been very helpful with that. It’s telling you what’s going to happen, people advising you.”*

**Sarah, victim of domestic abuse**

*“They all [organisations supporting the victim] wrote letters to the housing association to try to help me move [flat].”*

**Louise, victim of harassment and ASB**

### **Strong, trusting relationship with the service providers**

Participants also shared their preferences for how support is provided; many of them highlighted the value of developing a trusting relationship with a single support worker. This was considered an important part of the support provided by NHS counselling and victim caseworkers.

*“It’s important to have the same person supporting you all the time. He [a practitioner from a community mental health team] knows me, therefore I don’t have to go through everything all over again. Because we’ve known each other for such a long time, he knows my past, he knows my history.”*

**Louise, victim of harassment and ASB**

*“I need to get to know somebody a little better before I can talk to them properly.”*

**Mark, victim of assault**

*“They [Victim Support] were there when I needed to talk to them, and they just listened... And it almost ended up as having a bit of a friendship. I looked forward to the phone calls. And it really did help me to talk.”*

**Karen, victim of sexual assault**

Some participants expressed a preference for one-to-one support over group support.

*“I don’t feel comfortable at all with that [group support]. I can’t really go to a meeting group. I know I’m not comfortable with that. One to one, it’s what I really needed.”*

**Sarah, victim of domestic abuse**

*“I’m not a great talker, to be honest. I tend to keep myself to myself and every time I try to access some sort of help, I normally get told it’s group work, and I don’t like groups... I don’t trust people enough to keep confidentiality.”*

**Louise, victim of harassment and ASB**

### **Support provided close to home**

Some participants emphasised that due to their symptoms or the impact of their mental health problems on their ability to travel, they wanted a service that will go to them, or that is close to their home.

*“I felt like I couldn’t go outside. I couldn’t go out. I had a block. I had a mental block where I didn’t want to go out.”*

**Nicola, victim of ASB**

*“I just can’t get there because I don’t have a car anymore. Anything that’s suggested to me is always out of my reach and I can never attend it.”*

**Mark, victim of assault**





# The experience of victims and witnesses in the CJS in Kent: areas for improvements

Victims with mental health problems often need and can benefit from the support of more than one service due to their complex situation. Areas for concern – where victims and witnesses are not receiving the services they deserve – were found across the CJS, other statutory agencies and non-statutory agencies.

We identified five areas where support needs to be improved for victims and witnesses with mental health problems in Kent. Each comprises several issues. The first three relate to the CJS, with the fourth focusing on support services including NHS services throughout the process. The last one focuses on ASB, due to the multiple issues highlighted in the research about its impact and the support provided.

## Areas for improvements in the CJS in Kent to better support victims and witnesses with mental health problems



### 1. Barriers to reporting a crime and accessing justice

- A sense of isolation from the community.
- The role of the police in detaining people with mental health problems.
- The impact and symptoms of mental health problems.

### 2. Obstacles to recognising people with mental health problems in the CJS

- Barriers for disclosing mental health problems experienced by victims and witnesses.
- Gaps in identification of victim's mental health problems.
- The absence of clear records of witnesses with mental health problems in the court process.
- A challenge to recognise and share updated information across the CJS and between organisations when victims and witnesses have developed mental health problems, or their existing condition has worsened while waiting for a trial.

### 3. Incomplete support for witnesses with mental health problems

- Before the trial: low take-up of pre-trial visits.
- During the trial: insufficient enhanced support for witnesses.
- After the trial: a need to facilitate access to support.

### 4. Inability to access the right treatment from appropriate services at the right time

- A lack of mental health support at the right time.
- The absence of a joined-up approach between agencies and clear information for signposting.
- Challenges in making contact and engaging with victims with mental health problems.

### 5. Limited support for ASB victims with mental health problems

## 1. Barriers to reporting a crime and accessing justice

The first area for improvement that emerged in the research is the need to address the barriers to reporting the crime to the police, the first stage of the criminal justice process. Victims who do report a crime are more likely to access victim services due to their right to be referred. So, not contacting the police represents a barrier not only to accessing justice but also to the support available.

Although the amount of research exploring the link between mental health problems and reporting a crime is small, some factors have been previously identified as hindering victims with mental health problems from reporting crimes. These include a previous bad experience with the police, fear of a negative response from the police and fear of retaliation from the perpetrator.<sup>18,19</sup>

Three issues emerge as barriers that prevented the victims who took part in the research from reporting the crime and seeking help: a sense of isolation from the community, the role of the police in detaining people with mental health problems, and the impact and symptoms of mental health problems.

### A sense of isolation from the community

A sense of isolation from the community as a result of the harm caused by hate crime and prejudice is the first barrier identified to reporting the crime. Hate crime is any incident that constitutes a criminal offence, which is perceived by the victim or any other person as being motivated by hostility or prejudice based on a personal characteristic.<sup>20</sup> Some victims, mainly those who suffer from severe mental health problems, shared how they had been subjected to abuse, bullying and hate crime by neighbours and people in their community, sometimes lasting for years.

*“You’re often the butt of a lot [of] jokes, dirty tricks, wind-ups, mockery, the like. Of course, it causes you a great deal of distress... also very often you’re dealing with a community that’s turned itself into a lynch mob. Part of that is being quite vocal and being able to shout you down... when I first moved into the property, for the next ten years I was subjected to the most horrendous unpleasantness.”*

**James, victim of hate crime and ASB**

*“...he [a neighbour] kicked our door in. He then crunched my licence plate and said I did it, and was very rude. Screaming and shouting in the street... we don’t have a doorbell anymore because she’s [the victim’s partner’s] afraid of somebody, like the guy next door, screaming and shouting at her.”*

**Alan, victim of hate crime and ASB**

It is well recognised that people with mental health problems are more likely to experience hate crime, bullying and harassment due to their vulnerability and disability. In the financial year 2017/18, 94,098 hate crime offences were recorded by the police in England and Wales, and 8% were motivated by disability, which includes mental health problems. In Kent, 10% of hate crimes reported in the same year were motivated by disability (348 crimes).<sup>21</sup>

Nevertheless, hate crime is hugely under-reported: a 2007 survey by Mind revealed that 71% of respondents had fallen victim to hate crime in the community at least once in the past two years.<sup>22</sup> Victims may fear attracting further abuse, or feel that there is no point in turning to the police, because the incident may be considered a minor offence that is difficult to prove.<sup>23</sup> This perception was also expressed by victims who participated in the current research.

*“Very often the people that are making your life a misery aren’t stupid. They know what they can and can’t get away with as far as the law is concerned. Also, they know the onus of proof as well, the amount of proof that’s required for a case to stand. That, often, is why the police don’t get involved.”*

**James, victim of hate crime and ASB**

The harmful effect of hate crime on the victim is well documented. Previous research has found that victims with mental health problems are strongly affected emotionally and socially by their experience of hate crime,<sup>24</sup> and existing mental health problems can be aggravated by the targeted hostility.<sup>25</sup>

These dreadful experiences have led some of the victims who participated in the research to feel isolated and emotionally removed from their community. As a consequence, they do not perceive agents in their community, such as the police, as a source of help when they are in need.

*“You’re brutally excluded from the community so you end up living in a kind of invisible prison... Eventually, after many years of this kind of brutal exclusion... I find that I don’t really have anything to do with the town that I live in at all... eventually, you’re totally withdrawn and you just don’t bother anymore to try to interact with the community.”*

**James, victim of hate crime and ASB**

## **The role of the police in detaining people with mental health problems**

The second barrier that emerged from the interviews is linked to the role of the police in detaining people with mental health problems under the Mental Health Act 1983.

Several victims shared feelings of fear of, intimidation by and distrust in the police due to past experiences.

*“I find some of them [police officers] are a bit intimidating.”*

**Nicola, victim of ASB**

These perceptions can stem from previous incidents of victimisation, but also from being detained (often referred to as ‘sectioned’) by the police. Under the Mental Health Act 1983,<sup>26</sup> people can be detained by the police and treated without their consent. People with mental health problems can be sectioned in various circumstances. The common factor is that the person is in need of urgent treatment for a mental health problem and is at risk to themselves or others. In many cases, the police are involved either in bringing the patient to a healthcare facility or assisting when someone is unwilling to be moved to a healthcare facility. In some circumstances, police officers have the power to remove a person with mental health problems to a place of safety.

The involvement of the police relates to the availability and provision of NHS CRHT. Also known as the Crisis Team, it is responsible for treating people with severe mental health problems who are experiencing an acute and severe psychiatric crisis. A lack of provision of mental health services, mainly the CRHT team, can lead to unnecessary police involvement and police officers finding themselves responsible for people who would be more appropriately supported by other professionals. Not only does this have implications for police resources, but also for the relationships that the police form with victims with mental health problems.

The act of detention is undertaken when a person is most vulnerable and, in many cases, is against their will. Even if the police make a great effort to act respectfully and sensitively, they can be perceived as intimidating. As a result, victims with mental health problems often do not consider the police as a source of help in times of need. Instead, they see them as an agency they cannot trust or engage with. This negative experience deters the victim from re-engaging and reporting a crime.

*“I don’t trust the police, never have done and never will do... It’s because of the way they treated me when they came around to try to detain me on a 136.”<sup>v</sup>*

**Louise, victim of harassment and ASB**

Another victim shared his assumption that the police will try to criminalise him. His fear of being sectioned by the police prevented him from reporting incidents of hate crime.

*“It is quite a concerted effort to try to criminalise you... once you’re criminalised, they [the police] can almost do as they please with you in terms of sectioning you.”*

**James, victim of hate crime and ASB**

Opportunities in which people with mental health problems can meet members of the police in less formal and more relaxed settings can contribute to easing tensions, reducing concern and building trust between them. A mental health charity practitioner described how local PCSOs visited a local community service supporting those with mental health problems. This has fostered collaboration. Although the visits initially created tension among service users, over time they have proved helpful in easing barriers. Service users have felt reduced hostility towards the police and therefore increased trust.

*“The police are brilliant... Two local PCSOs... they call into us ad hoc every once in a while, and, at first, our client group were a bit suspicious as to why they were here, because it’s the police and there’s that tension... As they’ve gradually got used to them dropping in, I think that’s helped to break down a bit of a barrier, because now they will actually ask them for advice.”*

**Practitioner, mental health charity**

## **The impact and symptoms of mental health problems**

The third barrier to reporting a crime shared by research participants is the impact and symptoms of mental health problems. The symptoms are mainly low energy and poor memory.

People suffering from depression and other mental health problems may suffer from extreme tiredness, constant exhaustion and a lack of energy, all of which make it difficult to carry out

<sup>v</sup> Section 136 of the Mental Health Act gives the police the power to remove a person from a public place to a place of safety, when they appear to be suffering from a mental disorder, to be in immediate need of care or control.

even basic daily activities.<sup>27</sup> These symptoms may also be side effects caused by medication, such as antipsychotics.<sup>28</sup>

Some of the victims shared how they constantly felt low and experienced extreme fatigue that made it very hard for them to engage in complicated activities such as reporting a crime. The criminal justice system is a complex process. So, even if victims do report a crime, the number of agencies involved and how the system works may mean that they continue to face difficulties throughout the process.

*“Due to anxiety and feeling worn down all the time by the depressive state, I’m not as lively myself as the average person. In my experience, people with depression and anxiety have much lower levels of energy on the whole... that means situations aren’t very manageable without support.”*

**Paul, victim of ASB**

*“I had one patch where I spent three years in bed... I was just totally put in bed, barely got up for breakfast, and then barely got up for supper.”*

**Alan, victim of hate crime and ASB**

People suffering from mental health problems may also have memory impairment, either as one of the symptoms or a side effect of commonly prescribed medications for mental health problems. For example, poor memory and concentration difficulties are well documented in people suffering from schizophrenia,<sup>29</sup> depression<sup>30</sup> and bipolar disorder.<sup>31</sup> Victims shared how impairment in their memory hinders them from reporting a crime to the police, as they felt they could not provide a statement and support the investigation.

*“I’ve got a very, very poor memory. I can’t remember what I did last week, for example. That is one of the main problems when trying to relate things to the police. You haven’t got a memory for the details.”*

**James, victim of hate crime and ASB**

It is vital that the police are aware of and trained in the way mental health problems can affect victims’ understanding of, and ability to engage with, the criminal justice process. In fact, practitioners from every agency and support service need to have a good level of training in mental health problems. All organisations should promote the understanding that victims and witnesses with mental health problems may require enhanced support.

## **2. Obstacles to recognising people with mental health problems in the CJS**

The second area of improvement is the obstacles to recognising people with mental health problems in the CJS. These obstacles hinder victims with mental health problems from accessing additional support.

The interviews with victims and practitioners show that mental health problems are not always known to criminal justice agencies or support services. When mental health problems go unrecognised, the victim or witness is not identified as vulnerable. This can mean that they fail to receive the enhanced support they deserve during the criminal justice process.

*“I’ve never had the police come to say to me, ‘Look, you seem to be having a lot of problems... what seems to be the source of the problems?’”*

**Alan, victim of hate crime and ASB**

*“I know they’re very busy, but if you can’t understand when you’re mentally affected... my brain wasn’t working. I didn’t understand what was going on... I found it very, very hard.”*

**Sarah, victim of domestic abuse**

Moreover, CPS and HMCTS practitioners told us that it is not uncommon for witnesses’ mental health problems to become known to the prosecution or court staff only at the start of the trial. They emphasised the implications that this lack of knowledge has on the support received by witnesses. First, the witness’s particular situation and needs would not have been considered by the prosecution. Additionally, as the court has to approve the use of special measures to assist the witness in giving evidence, an application needs to be submitted in advance. However, if the CPS is only made aware of such needs at short notice, then an urgent application for the courts has to be made at the start of the trial.

*“I don’t think we are made aware enough [of witnesses’ mental health problems]... the more we are made aware, the more we would know or feel that we need to be doing something more around this. If it has never been told to us, we just go into court and we manage the situation as best as we can.”*

**Practitioner, HMCTS**

*“If an investigating officer doesn’t become aware, then often we don’t become aware until the day of [the] trial that there’s an issue, and at that stage, of course, we would then have to make an application to the court for appropriate protections and measures to be put in place.”*

**Practitioner, CPS**

We identified four main issues as obstacles in recognising people with mental health problems in the CJS: barriers to disclosing mental health problems experienced by victims and witnesses; gaps in identification of victims’ mental health problems; the absence of clear records of witnesses with mental health problems in the court process; and a challenge to recognise and share updated information when victims and witnesses have developed mental health problems, or their existing conditions have worsened while waiting for a trial.

## **Barriers to disclosing mental health problems experienced by victims and witnesses**

Mental health problems can be recognised by the CJS either if agency staff members recognise symptoms or indications of a condition, or if the person discloses their mental health problems. The police also use prior knowledge from detaining victims under the Mental Health Act. Nevertheless, victims and witnesses with mental health problems are not obliged to disclose their mental health problems to any criminal justice agency. They should do so if they feel comfortable and think it is relevant to the situation.

The first obstacle in recognising mental health problems is barriers to disclosing mental health problems to criminal justice agencies faced by the victims and witnesses. Research participants revealed three main barriers: fear of social services involvement, concern about not being

taken seriously by criminal justice agencies and worry that their disclosure of mental health problems will lessen their credibility as a witness.

Fear of social services involvement was reported mainly by mothers of young children. The fear that social services might be brought into the picture and their children will be taken away from them prevented them from disclosing mental health problems, even if they had no reason to worry about social services intervention.

*“Say if I was telling them [the police], ‘I am really depressed,’ then maybe they would use that against me or my son, like I’m not capable. I have a big worry when it comes to my son. Not because of any reason, his school will tell you, he’s a happy boy, he’s a healthy boy... I feel like if I say I was struggling, it might go against me in one go.”*

**Karen, victim of sexual assault**

Mothers’ fear of social services involvement has previously been documented. The possibility that social services will be brought in was found to be a contributing factor for mothers who are survivors of domestic abuse trapped in a relationship. This fear prevented them from seeking help. Furthermore, the risk that children will be taken from them and placed in care can represent a powerful tool for perpetrators of coercive control over mothers.<sup>32</sup>

Another barrier is the concern about not being taken seriously by criminal justice agencies. Some of the interviewees shared the worry that if the police knew of their mental health problem, they would not believe them or consider them to be legitimate. It not only prevented them from disclosing their mental health problem, but affected their confidence as a witness in court. This perception might be grounded in previous experience with the police or other statutory agencies, or the stigma still attached to mental health problems in society.



*“They [the police] tend not to believe or take seriously what the mentally ill person says... Basically, you’re a completely and totally and utterly discredited person. Nobody believes what you’re saying... You’re constantly meeting people who don’t believe what you’re saying. They feel that you provoked it or you brought it on yourself or whatever. It really is a very, very distressing situation to be in when the very people that are supposed to be caring for you are often your biggest adversaries.”*

**James, victim of hate crime and ASB**

*“I think some of them [police officers] didn’t take me seriously because I disclosed my mental health condition.”*

**Paul, victim of ASB**

Some victims even expressed a concern that they would be treated as perpetrators.

*“I think they [the police] think if people have got a mental health issue or problem, I think they look on them like they’re dangerous.”*

**Nicola, victim of ASB**

*“...attitude [by the police] that you’re guilty until proven innocent, rather than innocent until proven guilty, this constant suspicion.”*

**James, victim of hate crime and ASB**

Practitioners also discussed how victims’ and witnesses’ concerns about not being believed or taken seriously caused a barrier to disclosing mental health problems.

*“...I think they [people with mental health problems] question their own issue, whether they’ll be taken seriously or not, or believed. That’s a big issue, being believed.”*

**Practitioner, mental health charity**

Experience of not being believed previously by criminal justice agencies and other people, such as friends, families or other supporters, has been documented as a barrier to reporting a crime to the police.<sup>33</sup> Expectations of discrimination against people with mental health problems have also been found to prevent people from seeking help from mental health services.<sup>34</sup>

Informal meetings between people with mental health problems and members of criminal justice agencies, as described earlier, would promote mutual understanding and build trust. It would also help to reduce concerns regarding the disclosure of mental health problems. Increasing understanding in this way is likely to also benefit all criminal justice agencies, and improve access to justice for victims with mental health problems.

Victims who went to court expressed a third barrier to disclosing a mental health problem: they were concerned that if their mental health problem was revealed, it would be used by the defence to lessen their credibility as a witness, due to the stigma attached to mental health problems.

*“You’re quite worried about mentioning it because the defence will do anything to get their client off, so if you disclose you’ve got [a] mental health condition, then will they use that against you when you’re in the court?... The jury would be sitting*

*there and they'd see mental health as a stigma, so the defence have already got a few little points to just put in on their side... I don't know how that is communicated to the defence, but I know it worries me... that's the biggest concern I had."*

**Gary, victim of burglary**

A CPS practitioner also told us how witnesses' fears that their mental health problems will lessen their credibility as witnesses put them off disclosing their situation.

*"A witness trying to anticipate those things which might undermine the account being given... sometimes there is a degree of self-filtering by individuals. They think, 'Oh, well I don't need to mention that, because that might be taken as undermining'."*

**Practitioner, CPS**

### **Gaps in identification of victims' mental health problems**

The second obstacle in recognising mental health problems is relying on police officers' ability to identify a victim's or witness's mental health problems. The police have a key role in identifying victims as vulnerable as they are usually the first to meet the victim. In fact, in many cases, they are the only representatives from criminal justice agencies who meet victims or witnesses face to face. Some agencies, such as the CPS, do not have direct contact with victims while others, such as the WCU, use other methods to communicate with witnesses. Also, the case may not progress further than investigation. Therefore, the ability of the police to recognise and to create an environment that will enable information sharing is important.

*"I think the quality of how people with mental health conditions, the quality of the treatment they receive, and the support that they get during the criminal justice process up to trial and beyond, is absolutely dependent upon the quality of the initial evidence gathering, and information gathering, of the investigators in the case, and making sure that there are proper risk assessments undertaken, making sure that the right questions get asked... If the initial investigating officer, in taking a statement, has not asked the right question, perhaps has not even been alerted to the fact that an individual may have a mental health issue... and if they're not alerted to it, then we wouldn't be alerted to it as part of the prosecution team... the more we know early, the better service we can provide."*

**Practitioner, CPS**

This research indicates that one of the main issues affecting the identification of victims and witnesses with mental health problems is the reliance on police officers' ability to identify mental health problems through observation or disclosure rather than a direct question. These findings add to previous concerns about the quality of the identification of vulnerable victims made by the police. An HMICFRS report found that in most cases the police officer had not recorded whether the witness had any particular needs that would require support. Further review found that in 21% of the cases where vulnerable victims and witnesses were involved, the police did not identify their vulnerability and did not manage the associated risk through the court process.<sup>35</sup>

There were some examples of asking broad questions regarding the need for additional assistance. However, practitioners told us that some police officers rely mainly either on their experience and ability to recognise mental health problems in victims and witnesses or prior knowledge of people in the community they work in. Therefore, when a mental health problem is less noticeable, it may not be mentioned in the case record.



*“A large portion of the time I will have some sort of prior knowledge of the person, whether it be through previous encounters... or they can be quite obviously displaying signs of a certain condition.”*

**Police officer, Kent Police**

*“Sometimes we won’t know that someone has got a mental health issue, unless it’s been presented as part of the incident or you have that information at the back of the statement when the officers take the statements. It may be mentioned if someone has got something significant, but rarely.”*

**Practitioner, WCU**

*“If a witness has a condition which is not immediately apparent, for example, a personality disorder... they [the police] may not be alerted to it, and if they’re not alerted to it, then we [the CPS] wouldn’t be alerted to it.”*

**Practitioner, CPS**

However, in many cases a mental health problem is not easily noticeable. Many mental health problems are invisible and those who suffer from them do not look ill. As one of the victims described it:

*“If you’ve got one leg, then people will come along with a crutch and help you walk down the street... the problem with mental[ly ill] people is you don’t wear your heart on your sleeve. If you haven’t got an arm or you’re blind, that’s obvious.”*

**Alan, victim of hate crime and ASB**

By relying mainly on the ability of the police to identify symptoms or signs through observation or prior knowledge, some victims' and witnesses' mental health problems are overlooked. Consequently, vulnerable victims might not receive the good treatment and support available in Kent and to which they are entitled. This is especially true for those who have common mental health problems such as depression or anxiety. The lack of appropriate treatment and support can mean that their situation will deteriorate and can lead to a need for more extensive support later on.

*“When you’re in a state of total despair and nobody is supporting you, nobody is defending you, the police don’t seem to want to know, you go into [a] state of psychosis and then your behaviour does become antisocial.”*

**James, victim of hate crime and ASB**

In light of the hidden nature of mental health problems and the barriers to disclosure expressed by victims, criminal justice agencies and support services practitioners who do not already ask victims and witnesses directly about mental health problems should consider doing so.

All but one of the victims interviewed were supportive of the idea that a question about mental health problems should be asked by CJS staff members.

*“No. No. No, they’ve never asked me [about mental health]... I think they should.”*

**Nicola, victim of ASB**

Several of the CJS and support services practitioners emphasised the need for the police to identify victims' mental health problems. They were also supportive of the idea of victims being asked a direct question about mental health. They highlighted the importance of such a question as part of efforts to break the shame and stigma attached to mental health and encourage acceptance and tolerance of mental health problems.

*“One of the things that I try to get through to police officers is, ‘Don’t be afraid to ask the question. The vast majority of people are more than happy to let you know if there’s a particular issue that they would like to have some support with.’ And not asking the question makes it more difficult later on down the line to start considering those matters.”*

**Practitioner, CPS**

One of the victims described how asking the question could also provide practitioners with a better understanding of the person they assist and ensure all vulnerable victims receive the right support.

*“[The police should ask,] I think it would give them a bigger insight... if they did ask, because just having an interview and then someone getting emotional, that’s not fully telling you how they feel... I think they should ask the question. It’s down to the person to answer if they want to.”*

**Karen, victim of sexual assault**

At the same time, asking a question about mental health problems should be done with sensitivity and an explanation of why it is being asked. This will ensure that victims and witnesses can decide whether or not to disclose. In addition, it is important that they are not

discredited if they choose not to disclose mental health problems. A good option would be to ask a more general question about vulnerability, as described by one of the police officers.

*“One of the first questions I ask, once everything has calmed down, it’s almost a standard thing, just to establish if they have any vulnerabilities at all. I will almost always ask if there is anything that I need to know about them... because it is important to establish it... if there are any additional needs.”*

**Police officer, Kent Police**

*“No one is ever going to be insulted by being asked, ‘Are there any conditions that you have, that might be relevant in this case, that we might need to obtain particular support for you?’... If it’s done sensitively and it’s properly recorded, it gives the victim confidence, and it means that right from the get-go, everyone knows what they are going to have to deal with as part of the case. Everyone knows what issues need to be considered, what protections need to be put in place. If it’s done right first time, everything that flows from that is much simpler.”*

**Practitioner, CPS**

Asking a question about special support can also help to disclose victims’ and witnesses’ needs. WCU practitioners described how asking about a need for special measures in court often prompts disclosures of vulnerability.

*“Special measures usually bring out that [witness’s vulnerability]. When we ask if they need special measures, like screens or live link, they’ll usually tell us then give us a list of everything that’s wrong.”*

**Practitioner, WCU**

Nevertheless, there is a lot of reliance on the police providing other criminal justice agencies and support services with this information rather than it being seen as a shared responsibility. Some victims may feel more comfortable disclosing a mental health problem to a different agency or organisation. And some only develop mental health problems after the initial victimisation period or police involvement. During the interviews, practitioners highlighted how mental health problems are identified in cases not previously highlighted.

*“I’d say more often when you’re finding out about someone’s mental health, it’s not on the back [of the police statement]. More often... it’s when you’re speaking to them [the witnesses] you find out that they have a mental health issue.”*

**Practitioner, WCU**

*“I don’t know if it’s because they don’t ask the specific question and put the flag on, but we have had to put flags on where a client has said, ‘Yes, I’ve been diagnosed with...’”*

**Practitioner, Victim Support**

Therefore, it is vital that all criminal justice agencies and support services take responsibility for actively identifying mental health problems and share these with other agencies. It is not enough to rely on the police for this information, but all criminal justice agencies and support services should see this as their duty to ensure victims and witnesses with mental health problems get

the support they need to access justice and recover from the crime. All agencies should make sure that they create an environment where victims with mental health problems feel they can disclose this information and are facilitated to access any additional support they may need.

### **The absence of clear records of witnesses with mental health problems in the court process**

The absence of clear records of witnesses with mental health problems in the court process is identified as the third obstacle to recognising mental health problems. The current system to record information on witnesses' vulnerability – including any mental health problems for the defence and court process – is limited. Consequently, not only is information about the number of witnesses with mental health problems unavailable or not easily accessible, but information on the number of vulnerable witnesses in courts is also absent.

We made a Freedom of Information request to the CPS, and were told that the CPS holds no central record of witnesses identified as vulnerable in the requested courts in Kent and that the only way to gather this information is through a manual examination of all relevant cases.

The CPS and WCU case management systems include a vulnerability flag. However, often details of witnesses' mental health problems are only recorded in case notes. This is also the situation for the HMCTS system.

*“It’s all to do with the monitoring codes that we apply to cases. There would be specific monitoring codes that we’d apply, for example, if the case was a rape case, or it was a racist crime. We do not flag and monitor to the regular extent of identifying mental health... There are very specific points in our case management system where, if you are going to look for what steps have been taken to protect a witness, and what issues have been identified as requiring addressing in order to support the witness, you could see whether that had been done... Would it benefit from us having another flag, perhaps to say that someone has a particular mental health issue, and ought to be treated in a certain way? It might, it might be a benefit.”*

**Practitioner, CPS**

*“Usually, there is a flag system if there is a certain amount of vulnerability. It could be any type – vulnerability can mean anything, can’t it? Because of old age, because it’s hate crime or it’s a young boy from Afghanistan. It can mean so many different things. We need to have more specific data so that we’re able to receive that information so that we can. We don’t need to know in full detail, but we need to have a pretty good idea that we may have someone in court who may be extremely anxious.”*

**Practitioner, HMCTS**

The current recording system does not make it straightforward for prosecution and court staff to acquire information about witnesses' mental health problems. As a result, the support provided for witnesses with mental health problems can be impaired. It also reduces the ability of agencies and policy makers to gain an understanding of the proportion of witnesses with mental health problems in order to develop effective services and policies. As this creates a hurdle for designing services, with the number of eligible persons unknown, the CPS, the WCU and HMCTS should make efforts to address this gap.

## **A challenge to recognise and share updated information across the CJS and between organisations when victims and witnesses have developed mental health problems, or their existing condition has worsened while waiting for a trial**

Another issue highlighted in the research is a gap in the process to identify witnesses who have developed mental health problems as a result of the crime or where a prior mental health problem has worsened during the waiting period for the trial.

Some victims and witnesses need to wait a significant amount of time before the case appears in court. This is especially true for more serious crimes such as sexual violence, which previous research has linked to the development of eating disorders, generalised anxiety, sleep disorders,<sup>36</sup> depression, PTSD<sup>37</sup> and schizophrenia.<sup>38,39</sup> In 2015, the average time between an offence being committed and a court case completing in Crown Courts in Kent ranged from 47 weeks (Canterbury Combined Court Centre) to more than a year (58 weeks) (Maidstone Combined Court Centre). The average time in magistrates' courts in Kent was just over five months (23–24 weeks).<sup>40</sup>

*“I’m trying to move on with my life from last November. Already, it’s been over a year and the court has only just come to an end now. It’s so slow.”*

**Mark, victim of assault**

*“This has gone on for three and a half years... it’s been absolutely the worst time of my life. To be fair, it’s over now, she [the offender] will leave this time next week... I’ve been to magistrates’ court, Crown Court and county court.”*

**Amanda, victim of harassment and ASB**



The witness may not show any vulnerability or need for special measures initially, but during the wait for trial they may develop a mental health problem, such as PTSD, as a result of the victimisation, or their existing mental health problem may worsen. In these instances, it may not be known to the WCU that the witness's circumstances have changed in order for them to notify the CPS and Witness Service. This is more likely to happen when the trial is taking place many months after the incident.

*“Some of it [not being recognised] is about the journey. When they're referred to the Witness Service, it could be months and months before a trial. If that victim's or witness's mental health problems come to light after the referral has been made to us, that's probably when we wouldn't know.”*

**Practitioner, Witness Service**

It is, therefore, vital that the agencies involved in providing support to witnesses through the court process make every effort to identify those with mental health problems and ensure that they receive the support they need.

### **3. Incomplete support for witnesses with mental health problems**

The third theme that emerged from the research as an area for improvement is incomplete support for witnesses with mental health problems, before, during and after the trial.

While giving evidence in court can be an unpleasant experience for all witnesses, it can be an even more distressing for witnesses with mental problems. The witnesses we interviewed expressed the difficulties involved in giving evidence in court and the harmful effect it had on their mental health.

*“Particularly when you've got a mental health issue, it's the anxiety while you're waiting. I was physically sick a couple of times when I'd gone to court... I came home, I couldn't sleep that night because I just kept replaying it in my head and going through it and thinking, 'Oh, I forgot to say this. Did I say that? When did I say that? When did that happen?' It was awful. Then, when you know you're going back to the same thing the next day, it was just, just terrible. It was absolutely the worst experience of my life.”*

**Amanda, victim of harassment and ASB**

*“I was very anxious and I didn't sleep very well... That was more because of the downsides of PTSD. I had to deal with it whilst dealing with that [giving evidence].”*

**Gary, victim of burglary**

*“It's such a trauma, being a witness.”*

**Mary, family member bereaved by homicide**

The WCU, the CPS, HMCTS and the Witness Service have a joint responsibility to ensure that victims and witnesses with mental health problems receive the support they need through what is often a very stressful experience of the trial. The findings indicate that while all agencies in Kent provide good support for witnesses with mental health problems, some areas need to be improved before, during and after the trial.

## **Before the trial: low take-up of pre-trial visits**

The first issue raised is a low take-up of pre-trial visits. A pre-trial visit is a service provided by the Witness Service. Research shows that such a visit is significant in helping witnesses visually prepare for the trial: they know what to expect on the day and it can make it a less stressful experience.<sup>41,42</sup> A 2015 CPS survey found that 71% of witnesses who visited the court before the trial found it “very helpful”.<sup>43</sup> Additionally, witnesses who receive pre-trial support are more likely to attend the trial.<sup>44</sup>

While it is a service that all witnesses can benefit from, it is vital for people with mental health problems.

*“If somebody’s suffering from a mental health disorder, whether it’s a mild or an extreme problem, having somebody visit them in their home or coming into court and being shown around the courtroom before the trial, we can answer questions... they can practise mock role plays, so they can get a feel for how the questions are going to be... just standing in the witness box in an empty courtroom explaining who’s who. That relieves so much anxiety.”*

### **Practitioner, Witness Service**

The witnesses we interviewed highlighted the value of pre-trial visits and felt they were helpful for their court experience. The information the visits provide about how the day in court will proceed, as well as being able to see the court and practise beforehand, reduce witnesses’ uncertainty and ease their concerns and anxiety.

*“That was very, very helpful, knowing who was going to sit where. Where I was allowed – I was asked where I wanted to sit, which was obviously, I wanted to sit behind the police. And then they showed me where they would stand, the murderers. So, yes it was explained beforehand.”*

### **Mary, family member bereaved by homicide**

*“They wanted me to try the video link system, so that I understood how it worked... just to get used to the system and see how it was and make sure I could hear and make sure that I was comfortable with it. That was about two weeks before the actual court hearing. It was really helpful actually.”*

### **Amanda, victim of harassment and ASB**

The Witness Service raised concerns that, despite the benefits of pre-trial visits, many witnesses miss the opportunity. From April 2018 to February 2019, 21.9% of people supported by Kent Witness Service made a pre-trial visit. While this shows that a good number of people do engage with this service, the vast majority (78.1%) of witnesses do not benefit from it. Additionally, it is unknown how many are vulnerable witnesses. Increasing inter-agency work to facilitate the promotion of pre-trial visits for witnesses with mental health problems in Kent could encourage more witnesses to use this opportunity.

*“It needs other agencies to encourage witnesses when they get a phone call from us to say ‘Yes’... rather than, at the moment a lot of witnesses say ‘No’... I think it is about other agencies knowing what’s out there and encouraging the support before trial... they’ve [other agencies] probably forgotten the benefits.”*

### **Practitioner, Witness Service**

Another barrier to pre-trial visits is the need to take leave from work or travel a long distance to the court building. Witnesses are not compensated for these expenses. This barrier is not unique to witnesses with mental health problems; it applies to all of England and Wales.

*“Some people, it might be down to travel distance or time off work... you can’t get that time back for people.”*

**Practitioner, WCU**

### **During the trial: insufficient enhanced support for witnesses**

In accordance with the Victims Code, vulnerable witnesses with mental health problems should expect to receive enhanced support to assist with their time in court. In particular, they should receive access to special measures and no unwanted contact with the defendant and their supporters. Our research indicates that improvements should be made in these two matters to ensure witnesses with mental health problems receive the support they deserve during the trial.

The primary enhanced support vulnerable witnesses are entitled to receive at court is special measures. These are a series of ways that help vulnerable (and intimidated) witnesses to give their best evidence in court and help to relieve some of the stress associated with giving evidence. Our research indicates that the provision of special measures for witnesses with mental health problems in Kent can sometimes be patchy.

The witnesses described how special measures – when they were available and working properly – helped them in giving evidence. They felt they are essential for witnesses with mental health problems.

*“I’ve been able to use that [video link] in magistrates’ and Crown Court... That [giving evidence] was often done by video link, which was better. For my mental health and my situation, it absolutely worked for me.”*

**Amanda, victim of harassment and ASB**

*“I was concerned because I get bad days when my anxiety gets too much. I was told that it was possible that someone could sit there [in the courtroom] and help me if the judge agreed, so that reassured me.”*

**Gary, victim of burglary**

However, the findings indicate that sometimes special measures are only discussed with the witnesses or approved by the court at the day of the trial. This can increase the risk that they will not be granted or available. In addition, not knowing whether they will be available may increase witnesses’ anxiety and prevent them from being prepared for the use of special measures.

*“Especially with the magistrates’ court, they either don’t get back to the Witness Care Unit or it’s very, very late in the day. So that obviously causes people anxiety because they don’t know if they’re going to have a remote link, or they’re not sure if they’ll have a live link... sometimes it can be discussed literally on the day and the prosecutor has to go and ask the magistrate... A lot of people, particularly with some conditions, that they need to know what’s going to happen so they can have it in their minds... It is that uncertainty, you don’t know what’s going to happen, the whole day, it’s very frightening for them.”*

**Practitioner, Witness Service**

*“If we have to make applications on the day of trial, that is never ideal... Special measures had to be granted, you have to get over the hurdle of asking the court to even hear the argument in the first place, if it’s made out of time and there are very strict timetables and timescales as to when you are to make your application to special measures. If we don’t get the information early, and we have to make the application late, we’re already on the back foot for making the application, because the court could say, ‘Well, you had your opportunity and you didn’t make it in time.’”*

**Practitioner, CPS**

*“We’ve had situations where it hasn’t been granted [special measures] and then the Crown Prosecution Service on the day of the trial try and make the application, and they’re [witnesses] giving evidence, live evidence and they are seen by the defendant.”*

**Practitioner, HMCTS**

The issues with the provision of special measures are not unique to Kent. There are indications of similar issues across England and Wales. CPS research found that vulnerable witnesses are not always identified and, even where they are, special measures are not always discussed in a timely fashion.<sup>45</sup> Previous Victim Support evidence also emphasised that witnesses experienced a lot of confusion and many did not know until the last minute whether they would receive special measures. Although these reports were published a few years ago, the current findings indicate that these issues are still affecting vulnerable witnesses.<sup>46</sup>

The causes of these issues may be linked to the challenges detailed earlier about recognising victims and witnesses with mental health problems, the reliance on police officers’ ability to identify victims’ mental health problems, the over-reliance on the police to provide this information, the lack of shared responsibility and the gap in data on witnesses with mental health problems. To better understand the reasons for these late applications and the ways the process can be improved, more research is needed at a national level. At a local level, increased collaboration between the police, the CPS, the WCU and HMCTS would improve special measures provision.

Additionally, witnesses and practitioners told us that special measures were not always available or working properly at courts in Kent. Video links are especially prone to malfunctions. An HMCTS practitioner said that often the poor quality of the video link meant that it was difficult to convey non-verbal information and it impaired the quality of the evidence heard.

*“The quality of our link system in court is not great. So it’s very difficult to read emotional intelligence over the link. Whereas if you have someone physically in front of you, it’s probably easier to read... The technology would have to really be a lot better than it is. The technology at the moment, as far as I’m concerned, is poor. The sound quality is terrible, even the visual quality is really terrible.”*

**Practitioner, HMCTS**

*“Sometimes in the court the link equipment doesn’t work, because obviously some of them are very old. We can have no sound, or they can’t dial through or something like that.”*

**Practitioner, Witness Service**



The experience of one of the witnesses we interviewed was particularly difficult, as the video link broke down and she then had to give evidence in person. This had a negative impact on her mental health since she had not expected or been prepared to give evidence without special measures.

*“The video link failed quite a few times. The judge complained, on one of the court hearings, that they couldn’t hear us very well because the video link was poor. The judge then insisted that I went in person which, of course, was something that I didn’t want to do anyway. It was easier for me to give evidence by video link than going there in person.”*

**Amanda, victim of harassment and ASB**

Witnesses and practitioners emphasised the benefits of using pre-recorded cross-examination for witnesses with mental health problems. A pre-recorded cross-examination (also known as Section 28) allows for vulnerable and intimidated witnesses to video their cross-examination before the trial and brings forward cross-examination much closer to the date of the complaint. Our findings support findings from a pilot by the Ministry of Justice<sup>47</sup> on the benefits associated with the use of this special measure for witnesses with mental health problems. Pre-recorded cross-examination can reduce the stress and anxiety related to giving evidence in court and increase the engagement of vulnerable witnesses in the CJS. It also allows vulnerable witnesses to access justice who would otherwise be unable to do so.

*“I think the rollout, ultimately, of Section 28 will be a profound game changer for people who otherwise feel profoundly nervous about coming to court to give evidence... For someone who has a significant mental health problem to be told, ‘Your case will be heard in six, nine months’ time, and may not go ahead at that stage,’ the impact upon them must be profound. For someone to be told, ‘Well, in six weeks’ time, you will be asked all the questions in the case, and that is it,’ the impact must be significantly supportive... where justice is speeded up, it has a significant benefit to witnesses and victims, and leads to increases in the court making findings against defendants.”*

**Practitioner, CPS**

*“It [a pre-recorded cross-examination] could’ve protected me, and it certainly could’ve protected my mental health.”*

**Amanda, victim of harassment and ASB**

Despite the benefits of using this special measure, witnesses and practitioners told us it is rarely available for witnesses with mental health problems in Kent. These findings echo the situation elsewhere in England and Wales. Despite a commitment made by the Government in 2017 to roll out pre-recorded cross-examination nationally, this process is far from complete. The rollout has been beset by delays: as of June 2019, only three courts have pre-trial cross-examination available and six further courts have started the process of adopting it.<sup>48</sup> With 254 magistrates’ courts and Crown Courts in England and Wales, at a rate of six new courts per year it will take more than 40 years for the rollout to be completed. As the implementation of Section 28 will go a long way to opening up access to justice for vulnerable witnesses, including those with mental health problems, it is extremely important that the national rollout is completed at a faster rate.

*“I wasn’t offered it [a pre-recorded cross-examination] once. We’re looking at 179 instances, and I was never offered it; that is not acceptable.”*

**Amanda, victim of harassment and ASB**

*“At the moment, there are only very limited pilot areas undertaking the pre-trial videoing of cross-examination of victims and witnesses, and only [for] those cases which relate to, largely, sex [sexual offences].”*

**Practitioner, CPS**

The second entitlement victims and witnesses expect to receive during the trial is the prevention of unwanted contact with the defendant and their supporters. Court staff must ensure that victims can enter the court through a different door and are seated in a separate waiting area from the defendant and their supporters, where possible. Our evidence shows that this is not always possible in Kent. As a result, witnesses are subject to unwanted contact with the defendant and their supporters. As previously highlighted in this report, one of the main needs expressed by witnesses with mental health problems is to feel safe during the trial. Witnesses told us how unwanted contact with the perpetrator at the court caused them great distress and made them feel upset and unsafe.

*“Then I had to go to Crown Court; we were in a separate room... However, there were windows in the area that we were sat in. This person threatening to kill me was looking through the window, having a cigarette, and waving at us. She was then, also, waiting outside the courtroom for me. Police had to go out and actually shoo her away so me and my parents could go back to our car and leave. That’s why I didn’t want to go in person. I feel like I was failed.”*

**Amanda, victim of harassment and ASB**

*“For instance, at Margate at the moment the waiting room is right opposite the front door. So obviously that can cause great anxiety because they’re [the witnesses] sitting there and the defendant, or any supporters of the defendant, they come through security and that would obviously raise their anxieties and everything else... At another magistrates’ court the waiting room is upstairs, there’s no lift so if they’re unable to get up the stairs, they have to sit downstairs and we have to try and find them a quiet corner away from the defendant, so it’s not ideal.”*

**Practitioner, Witness Service**

We heard from practitioners that the issue of joint entry is particularly problematic in magistrates’ courts.

*“There’s nowhere for witnesses to go because witnesses and defendants share one exit. That’s not good, is it? I’m sure special arrangements can be made for witnesses to go out another way, but our court buildings are not designed to manage the two sides.”*

**Practitioner, HMCTS**

*“There are side entrances. The Crown Courts are good, but the magistrates’... there’s only one security guard until 9.30am at the court. So, they [the witnesses] have to come after 9.30am, which means they’ve got more risk of bumping into someone they don’t want to. They have to hover and hang around the side door to wait for security to come round, so that increases the risk of seeing somebody.”*

**Practitioner, Witness Service**

The experience of one of the witnesses in county court was particularly appalling. Although she was the subject of constant threats from the defendant, measures to prevent unwanted contact with the defendant were not offered to her. She was not offered the chance to use a separate entrance (which she later found out was available) nor to be seated separately. As there is only one set of toilets at the court, the defendant used it as an opportunity to approach her.

*“The county courts, in particular, are the absolute worst. This person has repeatedly threatened to kill me, there is a recognised threat of violence... they [the court staff] went, ‘Well, you have to sit in the same room as her, and we’ve only got one set of toilets.’... When the court hearing then got cancelled again, we all turned around and said, ‘We’re not coming back to this court.’ That’s how unsafe we felt. We genuinely thought, because there was one entrance in and one entrance out – then we sat with the Minister of Justice and she said, ‘Well there was a second entrance at that court. Actually, had the security team dealt with you properly, you could have gone out of that door.’ It hadn’t been offered to us.”*

**Amanda, victim of harassment and ASB**

## After the trial: a need to facilitate access to support

The third issue that affects the experience of witnesses with mental health problems in the court process is a lack of support after the trial. This relates to witnesses who have existing mental health problems, but also recognises that some witnesses may develop mental health problems later on or as a result of the experience.

As highlighted earlier in this report, the experience of witnesses with mental health problems in court can be stressful and traumatic. The interviewees described how their mental health was adversely affected by the stress caused by giving evidence in court, the lack of special measures and the fear of, or the actual confrontation with, the defendant in court. Similarly, other studies have found that experiences such as remembering details of the crime, confronting others who were present at the time of the offence, the cross-examination and the use of mental health history can have a detrimental impact on the mental health of victims and witnesses with mental health problems.<sup>49,50</sup>

Additionally, a number of studies suggest that the trial process and giving evidence in court can lead to a 'secondary victimisation' – where victims, particularly vulnerable victims, feel blamed or experience other negative societal reactions as a consequence of their initial (primary) victimisation.<sup>51</sup> Victims and witnesses might therefore develop mental health problems following the court process.

Practitioners approached for this research also highlighted how the stressful experience of a trial and the necessity to relive events can be even more significant for witnesses with mental health problems than those without.

*“If someone is suffering from mental health problems at the start, after the trial, my belief is it’s going to be stronger, because they’ve got so many other things going on.”*

**Practitioner, Witness Service**



*“People with mental health issues may well find the court process to be extremely challenging.”*

**Practitioner, CPS**

While the majority of the witnesses will be able to move on with their lives after the criminal justice process has ended, for many victims and witnesses, particularly those who are vulnerable or lack informal support, the effect of the trial can last long after it is over or will only start to show some time afterwards.<sup>52</sup>

Witnesses and practitioners who participated in the study emphasised that the negative impact of the trial may not be immediate for many witnesses and can begin sometime after the trial or when a verdict is reached.

*“A lot of people are like ‘I’ll be alright. I’ll be fine as soon as I’ve given evidence and I can get my life back to normal.’... Once the trial is over, actually, it only just starts for them, because they leave the building, it’s all spinning around in their heads. ‘Oh, my god. Why did I answer that to that question?’ and particularly if it didn’t go the way they wanted... Then, two weeks, three weeks, a month down the line, [it] still hasn’t gone.”*

**Practitioner, Witness Service**

*“If you talk to them at the beginning, they’re all really forthright and tell you everything. Then, actually, a few weeks down the line... you find out, actually they’ve started alcohol abusing and things are going wrong with the family because of what’s happened.”*

**Practitioner, WCU**

*“I think, perhaps, after a period of time. Maybe, I don’t know, four weeks. The day after is too soon, do you know what I mean? You’re still processing what’s happened... If they [the support services] rung me the day after I’d say, ‘Well, I still don’t know.’”*

**Amanda, victim of harassment and ASB**

*“Particularly what can trigger that is the verdict. You know, it hasn’t gone whichever way they [the victims/witnesses] want it to go.”*

**Practitioner, Witness Service**

Both witnesses and practitioners highlighted the value of post-trial support for victims and witnesses.

*“If it was something that once the verdict has been reached, whatever way the verdict has gone, I think somebody should make contact within four weeks and just ask, ‘Just, in general, how is everything?’ Particularly if it hasn’t gone your way and you’re really upset and you’re struggling, whoever is talking to you on the phone can recognise that. If you haven’t already got help, get some help basically.”*

**Amanda, victim of harassment and ASB**

*“I was so upset when I left the courts. And then that’s the end... A phone call, maybe a couple of days and a couple of weeks afterwards... because the police, they’ve gone, no more contact with the police, there’s no reason to... it would have been nice to have said, ‘You know what, I’m feeling a bit flat now, it’s all gone.’ It would be appreciated, it would really be appreciated.”*

**Mary, family member bereaved by homicide**

One practitioner highlighted how contact was made with some witnesses after the trial, which enabled the service to identify subsequent issues and refer them to support services.

*“I used to phone three victims a month that were picked randomly... it was a survey about their experience [of] their whole journey [for a victims and witnesses subgroup for the PCC]... I was calling them a month or two after the trial. Every single one I made a referral to another agency because they needed support.”*

**Practitioner, Witness Service**

Some of the witnesses, particularly those of domestic abuse or sexual abuse, may still be in touch with support services, such as an Independent Domestic Violence Advisor (IDVA), by the time the court process is over. However, most victims are no longer in touch with support services for victims, since a long time may have passed between the crime being committed, the referral for support and the end of the trial. As detailed earlier, this period can be extremely long, especially for the more serious crimes heard in Crown Courts.<sup>53</sup>

The gap in service is mainly evident if the effect of the trial is not immediate. Witness Service volunteers and WCU officers will refer witnesses to support immediately after the trial, either Victim Support or other services such as Rubicon. However, most victims and witnesses will no longer be in touch with agencies several weeks after the trial, so their needs will not be identified or support offered.

*“Other than the people that we refer [on the day of the trial], these people are generally not spoken to. They may get a phone call from the Witness Care Unit talking about the result of the trial but then that’s it, support stops.”*

**Practitioner, Witness Service**

Findings of previous studies have also demonstrated the importance of continuous support after the trial, especially for vulnerable witnesses. They emphasise that the period after the trial is when most victims have the time to look back and reflect on their emotions.<sup>54,55</sup>

Given the evidence highlighting the negative impact trials can have, efforts should be made to implement a system where witnesses are contacted several weeks after the trial. This should focus on witnesses with known mental health problems due to the possible harmful effects of the trial, to facilitate access to services through referring or re-referring those who need support to victim services several weeks after the trial.

It is important to note that the gap in data regarding the number of vulnerable witnesses and those with mental health problems (highlighted earlier in this report) adds to the challenge of developing and designing such a service.

## 4. Inability to access the right treatment from appropriate services at the right time

The fourth theme that emerged is victims' and witnesses' difficulties in accessing the right treatment by the appropriate agency or service, and receiving the treatment at the right time. This comprises three issues: a lack of appropriate mental health support at the right time; the absence of a joined-up approach between agencies and clear information for signposting; and challenges in making contact and engaging with victims with mental health problems. These issues mainly relate to the many agencies involved in supporting victims and witnesses with mental health problems. This emphasises the need for improvements across all agencies, statutory and non-statutory, in the CJS, NHS and third sector.

### A lack of mental health support at the right time

Several of the victims interviewed shared their experience of long waiting times for counselling and mental health services. A long wait for the right service can lead to deterioration in the victim's condition. As a result, the effect on their mental health may be greater and they may need more extensive support.

*"I had to wait two months before I could have an assessment with them. Then... you have to wait another six weeks or so after that before you can get an appointment with them [NHS service for people with mental health problems]."*

**Nicola, victim of ASB**

This issue was also acknowledged by practitioners working with people with mental health problems.

*"People tell us they've been waiting and waiting and waiting for therapy or counselling; it could be a year, waiting for a particular intervention, months and months."*

**Practitioner, mental health charity**

Victims with mental health problems can seek psychological therapy (counselling) from NHS services. NHS CCGs are responsible for commissioning mental health services. They can commission services for their local community from any service provider that meets NHS standards and costs including NHS hospitals, social enterprises, voluntary organisations or private sector providers. There are eight CCGs in Kent.

The National Institute for Health and Care Excellence (NICE) has set access and waiting time standards for psychological therapies to ensure the needs of people with mental health problems are met. These standards specify that 75% of people should receive psychological therapy within six weeks of referral, with 95% of people being treated within 18 weeks.<sup>56</sup>

We sought information on waiting times for the psychological therapy service in Kent through Freedom of Information requests from all eight NHS CCGs in the area. Unfortunately, three CCGs – Dartford Gravesham and Swanley, Swale, and West Kent – were unable to provide us with this information. So it is not possible to know whether improvement is needed in these areas.

The information revealed that waiting times for psychological therapies for referrals in 2018 complied with the six-week time frame in only two areas: Ashford, and Canterbury and Coastal.

Improvements are still needed in several psychological therapy services in Kent in order to reach the six-week time frame. In Thanet, on average only 64.2% of patients who completed treatment in 2018 entered treatment within six weeks from referral. South Kent Coast services struggled to meet the time frame between August 2018 and November 2018. Only 69% of patients who completed treatment in this period had entered the treatment within six weeks of referral. In Medway in 2018, the average waiting time from assessment to treatment was just over six weeks (45 days) and the longest waiting time was six and a half months (202 days). However, patients also have to wait an additional period of time from referral for an assessment.

Another source of support in the NHS for victims with mental health problems is the community mental health teams. They support people with complex or serious mental health problems. However, a Freedom of Information request for Kent and Medway NHS and Social Care Partnership Trust (KMPT) revealed that in 2018 the average waiting time for an appointment with a community mental health team was 24.9 days. This means that victims with complex or serious mental health problems need to wait a significant amount of time before they can receive the treatment they need.

Waiting times for NHS mental health services have been documented elsewhere as a crucial challenge to people with mental health problems in England and Wales in receiving appropriate support in time. In a Royal College of Psychiatrists survey, one in four people with a diagnosed mental health condition reported waiting more than three months to see an NHS mental health specialist. The results also highlight the serious consequences of waiting times, such as deterioration in the person's mental health, relationships and financial problems.<sup>57</sup>

Other available services are designated counselling for all victims of crime and a service for victims of rape and sexual abuse. These are provided in Kent by charities commissioned by the PCC, in addition to those commissioned by CCGs. The latter are responsible for mental health services provision. Despite a marked improvement in recent years, in 2018 the average waiting time for counselling ranged from eight to 12 weeks for victims of crime and was nine weeks for victims of rape and sexual abuse. Waiting times for victims with mental health problems may be even longer, as the counselling services depend on referrals and information provided by the victim's GP and/or psychiatrists.

One of the victims shared her frustration about the long waiting times for counselling for victims of sexual abuse.

*"I am waiting for some counselling [for victims of sexual abuse]... it's so hard to get counselling here. I've been waiting for nearly two months to have counselling... I hate myself sometimes... I need proper counselling for victims of rape."*

**Sarah, victim of domestic abuse**

It is important to note that, even when the six-week waiting time targets are met, for some victims with mental health problems, especially the most vulnerable, it can still be too long. This was emphasised by a police officer who works closely with vulnerable victims.

*"It's very, very frustrating for them. You're in crisis or you're really struggling and you're told you're not going to be able to see somebody for six weeks. How is that going to impact on you if you're really struggling and you're feeling depressed?..."*

*What happens to you in that interim period if you've not got any family support? You've got an appointment that's so far away, you don't know what to do... That's why we [the police] get so many [people] in crisis."*

**Police officer, Kent Police**

It is vital that NHS CCGs ensure that there is sufficient provision of psychological therapy services across Kent, in particular in areas with longer waiting times. It is also important that CCGs collect data on waiting times so that commissioners are aware of and can address provision in the areas falling short.

The lack of mental health support at the right time was also raised in relation to the CRHT team. Victims and practitioners shared their experience of lack of availability of the CRHT team when needed. This is an NHS service intended to treat people with severe mental health problems who are experiencing an acute and severe psychiatric crisis that, without the involvement of the team, would require hospitalisation. Because of the nature of their work, CRHT teams should offer a 24-hour service. Although this issue with the CRHT team not only affects victims with mental health problems but all people with mental health problems in crisis, it is most relevant to the former. This is because for some victims the harmful impact of the crime on their mental health can lead to a psychiatric crisis.

Several of the victims in the research described how when they were in crisis, due to the effect of the crime on their mental health, the CRHT team was unavailable. One of the victims described how the service is not available when they need it most, mainly during the night when the other services are closed. In one case, it led to hospitalisation.

*"If I start struggling it's normally at night, which is when the community mental health team is closed, and you have to go to the Crisis Team. They're [the Crisis Team] just interested in getting your details, what's wrong and getting you off the phone again."*

**Louise, victim of harassment and ASB**

If the Crisis Team is unavailable, victims often turn to the Samaritans, which offers a 24-hour call service. Even though the victims appreciated the support they received from the Samaritans, they emphasised that when they are experiencing a mental health crisis the appropriate support is the CRHT team.

*"So I end up having to phone the Samaritans... just to take my mind away from self-harming. So rather than phone the Crisis Team I phone the Samaritans, which it shouldn't be like that... I would [prefer] calling the Crisis Team because at the end of the day they're specialists in mental health. They know me... I don't have to go through all the details of everything, every time I phone. With [the] Samaritans you do, because obviously you get a different person every time you ring. So I would much rather call the Crisis Team, but they're just not accessible."*

**Louise, victim of harassment and ASB**

Similar experiences were shared by practitioners who work with people with mental health problems. Nevertheless, they emphasised that the lack of availability is a result of the CRHT team being under-resourced and subject to excessive demands.

*“We had a person who was clearly very unwell, and we couldn’t get in touch with the Crisis Team, and we tried and tried... In the end, the person phoned the police... they sat with us until 1:30am. They were trying to ring the Crisis Team as well... I think maybe the Crisis Team are a very overstretched, under-resourced service... [if] the Crisis Team would’ve responded... this person would not have been sectioned under a 136, which is what happened in the end.”*

**Practitioner, mental health charity**

As described in this case, when the CRHT team is not available, victims in crisis turn to the police. This shortage in mental health services creates a growing strain on police work. Police officers who participated in the research shared how they have supported victims with mental health problems in times of crisis when the CRHT team was not available. Despite their efforts to provide the best possible treatment and support, they feel frustrated as they are not the appropriate agency.

*“We’re doing all we can for victims, and more often than not, we are left with victims when we can’t get hold of [the] Crisis Team... There’s such a shortage that when we put someone under 136, or when we’re trying to get help for somebody, it’s not all their fault, but quite often they’re not meeting the needs of people that are in crisis... they haven’t got the funding, they haven’t got the staff availability.”*

**Police officer, Kent Police**

*“It’s purely down to funding for them [the CRHT team] to be able to be effective. So, we [the police] pick up the slack, which is just detrimental to the victim and obviously impacts on us as well, because we’re not stopping crime.”*

**Police officer, Kent Police**

Police officers shared how in some cases the CRHT team told people with mental health problems to turn to the police for help, due to their inability to offer support.

*“The Crisis Team have sometimes said, ‘If you think you’re going to hurt yourself again, call the police.’... That’s not the right answer. We [the police] will always go out, we will always deploy to somebody that’s in crisis, but we shouldn’t be doing that. We are gap filling for another agency where we shouldn’t be doing it.”*

**Police officer, Kent Police**

This shortage in the CRHT team’s availability results in victims with mental health problems not receiving the appropriate support they deserve or that will help them avoid hospitalisation. As a result, victims with mental health problems are being failed by the mental health system when they are most vulnerable. A recent HMICFRS report<sup>58</sup> portrayed a similar picture of the police’s growing involvement with people with mental health problems due to the lack of provision of mental health services. It acknowledged that in many cases these people should have been treated by mental health services. The HMICFRS report makes recommendations for a joint review by the DHSC and the Home Office of the overall state response to people with mental health problems. We would emphasise the need for such a review to include representatives of victims with mental health problems and to examine how the needs of these victims should be met.



As highlighted in the barriers to reporting section of this report, this situation is also a concern due to the effect that being detained by the police when in crisis has on victims' perception of this authority. Not only is the victim unable to access the support they need from specialist mental health services, but also police involvement can have a negative impact on the likelihood they will report a crime and access justice.

All of the above evidence relating to long waiting times for services for victims with mental health problems, together with the harmful effect on the victims, supports the demand for increased provision of mental health services in Kent. A recent British Medical Association report highlights the need to ensure CCGs are meeting their responsibilities to increase spending on mental health by having the tools in place to improve transparency and accountability.<sup>59</sup> It may require increased government investment for mental health services provision in Kent to ensure that all victims and witnesses with mental health problems receive the required support from appropriate services when they need them.

### **The absence of a joined-up approach between agencies and clear information for signposting**

The lack of a joined-up approach between agencies and clear signposting of information was identified as the second issue affecting the ability of victims with mental health problems to receive the right treatment and at the right time. The lack of knowledge relating to the availability of other non-criminal justice services is due to changes in services commissioned over time and also variations across Kent.

Victims with mental health problems often need and can benefit from the support of more than one service due to their complex situation.

*“It may be they’ve got a dependency on alcohol, drugs, it could be they’ve got financial worries, housing issues... we look to refer them [to] agencies to get that extra support.”*

**Practitioner, Witness Service**

In order to provide holistic support that meets victims’ and witnesses’ needs, practitioners need to promote – and provide accurate information about – other services and agencies. They should also signpost or refer victims and witnesses to these providers when appropriate.

However, practitioners told us that there is an absence of a joined-up approach between agencies. This is mainly due to the lack of knowledge of what other non-criminal justice services – for vulnerable people and those with mental health problems – are available at the time, what they provide and offer to victims and witnesses with mental health problems. Although the support is available, this lack of coordination or joint working prevents victims and witnesses with mental health problems from receiving the best support for their complex needs.

*“It [the problem] is about agencies knowing what each other does. In the past, I think we had very strong inter-agency working in Kent. I think that’s perhaps falling a little bit... I think all agencies understanding who’s around to help the witness with their journey.”*

**Practitioner, Witness Service**

The reasons for this lack of knowledge are varied. First, the commissioning environment is complex as it is based on varying statutory responsibilities held by the NHS (including local CCGs), the PCC and local authorities. Contracts and grants are given to providers for a limited period of time and are subject to change at the end of the period. While this approach provides an opportunity to develop new and improved services, it makes it difficult for practitioners to keep up to date with all the available services.

*“Certain units will move location, offices, numbers will change often.”*

**Police officer, Kent Police**

In addition, Kent covers a large geographic area. While some agencies have responsibility for or provide support across the county (for example, the PCC, HMCTS, the CPS, Victim Support and the Witness Service), other services operate in limited areas or a specific city or town. Thus, practitioners need to keep up to date with services at the local level, which can be a challenge for those who do not operate on a local basis.

*“Different towns, different areas get a bit of funding. So we try and keep abreast of those and I think that’s the important thing, to know what support is local to our particular client... we’ve got to keep on top of what’s out there so we know where to sign clients to.”*

**Practitioner, Victim Support**

A PCSO told us that because their work focuses on a particular area, they are very knowledgeable about the local services; however, other police officers may not share the same level of familiarity with each area. Other justice agencies, such as the WCU, HMCTS and support services may also be unfamiliar with the wider support available in every community.

*“I know personally of a huge number of therapy groups, church groups, art sessions, stuff like that... but response officers, who may not deal with mental health problems for weeks on end that require a referral, they would not be in touch with it, especially if they cover such a large area other than specifically this town.”*

**Police officer, Kent Police**

Commissioning bodies and providers need to regularly inform each other of any changes to ensure frontline staff are fully aware of the services available. A few such channels already exist, for example local PCSOs keep up to date with local services through the Community Safety Unit. However, it is the responsibility of the new or changed service to inform other services and, unfortunately, this does not always happen.

*“If people know to go through the Community Safety Unit, to get details out there, that’s how we would get it disseminated to us. Otherwise, it’s just word of mouth really.”*

**Police officer, Kent Police**

*“I think it would also be nice to have a bit more of a directory of referrals.”*

**Practitioner, Witness Service**

In cases where the mental health problems existed before the person was victim to a crime, they have usually been in touch with mental health services, especially when the mental health problems are severe. In these instances, practitioners from services for victims and witnesses raised another challenge: collaborating with NHS mental health services and the need for a better link between these services.

*“We are not mental health professionals, we take their mental health issues into the whole package of needs that we are trying to support them for... Sometimes we have to say: ‘Look, there’s a limit to our expertise, but you’ve obviously got experts behind you. Please get back in touch with them.’... We try to make sure they’re engaging. And that’s quite often an issue with people with fairly severe mental health issues... [There is a need for] better links with mental health professionals. We will try, once we’ve got their consent, to perhaps advocate or talk on their behalf to their mental health professionals. Sometimes we are not necessarily listened to.”*

**Practitioner, Victim Support**

Practitioners also told us about a lack of regular meetings or forums for all agencies and services supporting victims and witnesses that can promote information sharing and collaboration between agencies. While this will benefit all victims and witnesses, it is particularly important to meet the complex needs of vulnerable victims.

*“I think we’ve probably stepped backwards over the last couple of years in Kent. I first started a few years ago... I attended loads of meetings, talked a lot about what we do. Those meetings and those forums have either stopped or I’ve stopped being invited.”*

### **Practitioner, Witness Service**

Thus, regular forums of agencies that work with victims and witnesses in general and those with mental health problems in particular should be established, to develop and implement holistic solutions for vulnerable victims and witnesses and promote information sharing.

## **Challenges in making contact and engaging with victims with mental health problems**

The third of the issues identified with victims being unable to receive the right treatment at the right time relates to challenges faced by agencies in making contact and engaging with victims with mental health problems. This issue emerged from analysing Victim Support data of all cases referred (either by the police, other organisations or through self-referral) in the Kent police force area between 1 December 2016 and 31 December 2018. Although more victims were supported in this period by Victim Support Kent, 32,883 cases had enough information on demographics, crime type and mental health factors to be included in the analysis.

Following referral, several attempts are made to contact the victim and, once successful, a needs and risk assessment is undertaken, which informs a bespoke support plan. Victims with mental health problems are considered priority cases, so they will receive enhanced contact attempts using the phone number provided by the police. It is important to note that if the referring agency has not identified the victim as having mental health problems, they may not be considered priority cases.

The analysis shows that 5.8% of the victims have either had a diagnosed mental health problem or mental health need(s). We further explored whether having a mental health problem or need is linked to the likelihood of successful contact and ongoing engagement with the service.

The analysis identified having a mental health problem as one of the main factors that contributes to the likelihood of unsuccessful contact. Victims with mental health problems are 1.7 times more likely not to be reached compared to victims who do not have mental health problems.<sup>vi</sup>

To improve and increase accessibility of support services to victims with mental health problems, referring agencies should make every effort to pass full and reliable information to support services. Victim services also have a responsibility to enable victims with mental health problems to access enhanced support where needed through the court process and provide advocacy with other agencies where beneficial.

Additionally, support services, such as Victim Support, should increase their visibility in Kent. This should focus particularly on places recommended by victims with mental health problems (libraries, community services, churches, police stations, GP surgeries, emergency departments and mental health clinics). Also, messaging should highlight confidentiality and availability to anyone, regardless of whether the crime has been reported.

<sup>vi</sup> A logistic regression analysis was used. Independent variables included having a mental health problem or need (Y/N), demographics and crime type.



We further explored whether having a mental health problem is linked to victims withdrawing from the service after successful initial contact and engagement were established. Our data shows that only a small proportion of Victim Support service users in Kent withdraw from the service rather than have a managed exit. Nevertheless, the likelihood of victims with mental health problems withdrawing from the service is more than double (2.5) the likelihood of victims without mental health problems.<sup>vii</sup>

Previous research, *At risk, yet dismissed*, found similar challenges for practitioners from support services in making contact and engaging with victims with mental health problems. These challenges included service users who could not be reached for periods of time or who often missed appointments. Other challenges included victims with mental health problems having unrealistic expectations about what a service could provide and being unable to move on from their victimisation experience.<sup>60</sup> It is vital, therefore, that victims with mental health problems access an enhanced service and that support services increase efforts to make and maintain contact.

vii See previous note.

## 5. Limited support for ASB victims with mental health problems

As highlighted previously in this report, people with mental health problems are likely to be victims of a variety of crimes. Our research, however, identified a particular issue with support available to those affected by ASB. ASB is not considered a criminal offence, so the experience of victims with mental health problems of ASB was out of the scope of this report. Nevertheless, when the data was analysed, it emerged as a grave matter for victims with mental health problems, with a profound harmful effect on their lives. Therefore, to raise awareness of this matter and start a discussion of possible solutions, we have included findings regarding their experience and made preliminary recommendations in this report. Additional research is needed with frontline staff, especially from Community Safety Partners, to draw a fuller picture.

ASB is defined by the Crime and Disorder Act 1998 as any action that “caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as (the defendant)”.<sup>61</sup> It consists of a wide range of unacceptable activities that cause harm to an individual, to their community or to their environment. It includes activities with disregard for personal wellbeing and that may be directed at specific people such as harassment, bullying, disputes and noisy neighbours.<sup>62</sup>

ASB is a key issue of public concern. Between April 2016 and March 2017, the police recorded around 1.8 million incidents of ASB, and approximately 30% of adults experienced or witnessed ASB in their local area.<sup>63</sup>



ASB is not considered a criminal offence. For example, in the case of harassment, a one-off threat would be deemed antisocial, given that it causes distress to the victim, but is unlikely to result in a charge.<sup>64</sup> Consequently, while the police (mainly PCSOs) deal with ASB, several pieces of legislation also provide a range of civil powers, such as the antisocial behaviour order (ASBO) and the antisocial behaviour injunction (ASBI), which offer an alternative to criminal prosecution.

Local authorities and social housing landlords have a key responsibility to deal with ASB and help people suffering from it.<sup>65</sup> If victims of ASB have reported three or more incidents to the relevant organisation within a six-month period, they can ask the local Community Safety Partnership to review the incidents under a Community Trigger. The incidents must be about the same problem and reported within one month of the first occurrence.

The Ministry of Justice's grant to PCCs to commission victim support services excludes ASB because it is not considered a crime. Therefore, victims of ASB are usually not eligible for, and will not be referred to, victims support services unless the ASB has escalated to a criminal offence, such as harassment. Nevertheless, Victim Support will not refuse a victim who self-refers. In addition, in some instances, harassment targeted at a person due to their mental health problem constitutes a disability hate crime.

Our analysis of the CSEW illustrates that people with mental health problems are more likely to experience ASB. This could be for several reasons, but this research suggests that people with mental health problems are deliberately targeted due to their vulnerability.

*"I think there are elements of people doing things that are deliberate and drastic to upset somebody because they know they have a mental health issue, and they want to press the buttons."*

**Practitioner, local mental health charity**

From our interviews with victims with mental health problems and practitioners, it is clear that the adverse effect of ASB, especially if experienced at home, on victims with mental health problems can be substantial.

*"I think a lot of people with mental health [problems] are more likely to be affected by ASB than someone who is quite thick-skinned, just brushes [it] off. Someone who is very vulnerable, it will affect them more."*

**Police officer, Kent Police**

All ASB victims who participated in the research described a profound harmful effect on their mental health. They have suffered deterioration in their mental health as a result of the ongoing events, including the need to increase medication.

*"He [the neighbour] plays it [loud music] every morning, every single morning, and sometimes in the evening... one night his music was going for 14 hours... he was shouting down stuff as well... it kept me awake. That's like torture. That's like sleep deprivation... Before that, I used to deal with it [mental health problems] myself. What's going on at the moment, that hasn't helped it at all."*

**Nicola, victim of ASB**

*"I am on antidepressants anyway, so my dosage increased [following the incidents]... Now I suffer with panic attacks."*

**Joanne, victim of ASB**

In some cases, the impact of ASB was so severe that it led to a mental health crisis and hospitalisation.

*“Don’t forget, all the time that this is going on, you are mentally ill as well... What I did is I started playing loud music. Also, I went into a state of self-neglect as well. I became very, very ill... Eventually, I had a massive heart attack as a result of the stress of what I was going through.”*

**James, victim of hate crime and ASB**

*“With the constant pressure from him [the neighbour] I kept self-harming, because he was always at my door for something... He’d knock early in the morning or would knock late at night and I was getting really agitated... I wouldn’t go shopping on my own or anything like that anymore... I had a relapse in my mental health because of what had been going on... I had to spend a week in psychiatric hospital.”*

**Louise, victim of harassment and ASB**

This victim also felt that the authorities do not understand the profound impact ASB has on victims with mental health problems.

*“They [the police and housing association] have no understanding whatsoever. They just think that it’s noise, he’s knocking on your door, don’t worry about it, kind of attitude... it’s just not important, that’s how I felt... They just don’t understand how it affects me and someone else in my position.”*

**Louise, victim of harassment and ASB**

Despite the significant harmful impact on their mental health, all the ASB victims who took part in the research described a challenge in receiving meaningful help and a lack of early intervention. They felt that the local authority, police and housing associations transferred the responsibility to one another and in the end no one helped. Housing associations and local authorities told the victims they could not help and advised them to contact the police. However, because ASB is not considered a crime, the police could not do much and referred them back to the housing associations and local authorities. As a result, the victims felt let down by the treatment they received from the agencies.

*“I reported it to the housing association before I spoke to the police... They [the housing association] said, ‘Report it to the police.’ So I did and to my knowledge the police have done nothing... They [the police] said about getting the CCTV, which I did, and it cost me a fair bit of money to buy, which I didn’t really have. And then to be told there is nothing they can do... ‘There’s nothing to pursue.’... just frustrated me even more, because it means he [the neighbour] gets away with it. I’ve still got to live above him.”*

**Louise, victim of harassment and ASB**

*“They [the police] give you a crime number, but that’s about all. When you go to the housing association, they say it’s not something they can deal with, it’s something for the police to deal with... I felt that they were working together to just shut me up, ignore me.”*

**James, victim of hate crime and ASB**

*“Initially, we reported it to the police and then we started reporting it to the police and the council... In all honesty, I don’t feel like the police or the council have done anything. It was almost like they didn’t care. It’s still ongoing, nothing has stopped.”*

**Ashley, victim of ASB and harassment**

*“Mistrustful of the police due to a lack of intervention, mistrustful of the council due to a lack of intervention. That led to feeling hopeless. I left the flat intending to commit suicide. I didn’t feel any hope that I could get a satisfactory outcome or be safe.”*

**Paul, victim of ASB**

This complexity was also described by a police officer.

*“It’s very complicated... We don’t have any real way ourselves, other than speaking between both parties... or a referral process [to] environmental health, housing associations or landlords.”*

**Police officer, Kent Police**

As mentioned earlier, we were only able to include in this report the views of victims. Their experience does highlight the complexity of supporting victims with mental health problems of ASB and indicate that improvements should be made to better support their needs. Nevertheless, further research is required with victims as well as all agencies involved, including housing associations, Community Safety Partners, local authorities, mental health services, services for victims and the police. The research should aim to better understand this complexity and inform the development of an intervention that will improve the experience of victims with mental health problems and tackle ASB in residential settings more effectively.



## Recommendations

This report presents an in-depth exploration of the experiences of people with mental health problems in the CJS, their needs and how to facilitate their engagement with the CJS to help people cope and move on.

People with mental health problems in Kent have a higher likelihood of falling victim to crime, and this supports similar evidence from elsewhere. Nevertheless, victims with mental health problems should not be assumed to be one group of people. The findings suggest four main groups of victims with mental health problems. Accordingly, victims in each group need different levels and intensity of services to cope with the effect of the crime and to help them move on. The findings also demonstrate that, in order for victims and witnesses to cope and move on, it is essential they receive the enhanced support they are entitled to from each criminal justice agency at each stage of the process. They should also obtain additional support, which includes support needs through the CJS and wider support needs. To this end, it is crucial that their mental health problems are recognised by criminal justice agencies and other relevant services.

Additionally, we identified five areas where improvement is needed to better support victims and witnesses with mental health problems in Kent:

- Barriers to reporting a crime and accessing justice
- Obstacles to recognising people with mental health problems in the CJS
- Incomplete support for witnesses with mental health problems
- Inability to access the right treatment from appropriate services at the right time
- Limited support for ASB victims with mental health problems.

There are a range of measures required to address issues outlined in the five areas where changes are required to improve victims' and witnesses' engagement and experiences with the CJS and support services, and to better support the needs of victims and witnesses with mental health problems in Kent.

The findings of this report relate to the many agencies involved in supporting victims and witnesses with mental health problems, including all criminal justice agencies, the NHS, CCGs, councils, housing associations and charities for victims and witnesses and for people with mental health problems. Although there is good practice and positive experiences of victims with mental health problems in Kent, the research found that improvements are needed involving all these agencies and organisations. Only by taking action collectively and working jointly can the needs of victims and witnesses with mental health problems be fully met.

*"I don't think it's just a matter for the police, it's a matter for everybody working together properly, to make sure that some of the issues outside of a crime are addressed... It's about the importance of sharing information and making sure that we do the right thing for that person, to try and get them the support that they need."*

**Practitioner, mental health charity**

While the research was undertaken in Kent, it is likely that some of the issues and required improvements are shared by other areas across England and Wales. Accordingly, some of the recommendations for improvements are made at a local level, while others can only be addressed at a national level.

**There are three overarching recommendations:**

**3 Enhance support for victims with mental health problems**

**2 Increase identification and recording of victims and witnesses with mental health problems**

**1 Take a joined-up approach**



## 1. Take a joined-up approach

A number of the issues raised can be addressed by more effective collaboration between criminal justice agencies and support services. These include: addressing concerns about isolation; building trust and understanding the needs of people with mental health problems; improving awareness of the range of support available across Kent; and ensuring good provision of special measures to vulnerable witnesses.

To improve victims' and witnesses' experiences of the justice system and enable them to access the support they need, agencies and services in Kent should:

- establish regular informal meetings between people with mental health problems, members of criminal justice agencies and services for victims. These less formal and more relaxed settings will help to reduce concern from people with mental health problems and build trust with criminal justice agencies such as the police. Increasing understanding and awareness will contribute to reducing barriers to engagement with the CJS and disclosing mental health problems
- build regular forums of agencies that work with victims and witnesses in general, and those with mental health problems in particular, including NHS services, to develop and implement holistic solutions for these victims' and witnesses' needs. These forums should particularly address the areas for improvement highlighted in this report. The forums should also be used to: share information about the benefits of other services; discuss issues concerning victims and witnesses with mental health problems (for example, how to better facilitate special measures); enhance collaborative ways of working; and highlight gaps in services and advise commissioning bodies, such as the PCC and NHS, on ways to reduce these gaps. It is highly important that service user groups are also represented. These forums should link with the Kent Criminal Justice Board, which helps criminal justice agencies work together to improve the efficiency and effectiveness of the criminal justice system
- ensure that commissioning bodies such as the NHS (including CCGs), PCC and local authorities regularly share information and that details of new services, and changes to services, for victims of crime are shared between relevant criminal justice agencies and organisations. Having this information regularly disseminated to frontline staff will facilitate signposting and the referral process between all parties.

## 2. Increase identification and recording of victims and witnesses with mental health problems

To ensure all victims and witnesses with mental health problems receive the support they need to help them access justice and cope and recover from the crime, statutory and non-statutory organisations need to be aware of them. However, the findings indicate that mental health problems are not being identified in all cases. Several issues that hinder the identification and recording of victims with mental health problems have been identified.

This report, therefore, recommends that actions are taken to:

- establish shared responsibility across criminal justice agencies for identifying mental health problems, sharing this information with others for the benefit of victims and witnesses and providing enhanced support where needed

- promote a question to be asked of victims and witnesses by criminal justice agencies about vulnerability in general or mental health in particular, when appropriate, while providing enough information on why it is being asked. Additionally, make sure the information is recorded by each agency, and shared with victim support services, the Witness Service and other criminal justice agencies
- ensure that every service in the CJS (including HMCTS, the CPS and the police) has effective and clear recording systems in place to capture victims and witnesses with mental health problems as part of a commitment to deliver enhanced support. This will also improve understanding of the number of witnesses with mental health problems using court services and will enable support to be further developed.

### **3. Enhance support for victims with mental health problems**

A few gaps or shortfalls in the support available to victims and witnesses with mental health problems were identified in this research. These related to: the provision of mental health services in Kent, leading to long waiting times or inappropriate support in crisis; addressing challenges for support services in making and maintaining contact with victims with mental health problems; and ensuring that witnesses can access adequate support before, during and after the court process.

To ensure all victims and witnesses with mental health problems receive the support they need to cope and recover, the steps outlined below should be taken. While this report focuses on victims with mental health problems, we acknowledge that these recommendations are relevant and could improve the experience of all vulnerable and intimidated victims.

- Training should be given to improve CJS practitioners' awareness of the invisible nature of mental health problems and the importance of identifying victims and witnesses whose mental health problems develop or worsen later in the criminal justice process. This, along with improved recording systems, will help improve identification of victims and witnesses who require additional support while waiting for trial and throughout the court process.
- The police (including the WCU), the CPS, HMCTS and the Witness Service should work to improve the provision of special measures. More evidence should be gathered nationally on the issues causing this patchy provision and the ways to improve it. Better collaboration locally between all agencies is also essential.
- HMCTS is responsible for ensuring that any granted special measures are in place. Any court reforms should include updating all criminal courts to ensure that special measures are available, fit for purpose and working.
- The Government should fulfil its commitment to roll out nationally pre-recorded cross-examination at a faster rate.
- Given that fear of unwanted contact with the defendant at court is one of the biggest issues raised by the victims and witnesses with mental health problems, it is vital that HMCTS ensures that separate spaces are available for defendants and victims at all criminal courts. This includes separate entrances, toilets and waiting areas.
- A mechanism should be introduced through collaborative working between the police, the WCU, the Witness Service and victim's support services to ensure that witnesses with mental health problems are contacted and offered support several weeks after the trial.



- The NHS (including CCGs) should increase investment in mental health services to ensure a wide range of support is available and to reduce waiting times for NHS services and counselling services for victims of crime. This is likely to require additional funding from the Government.
- It is necessary to increase the specialist support from the CRHT team for people with mental health problems experiencing crisis. CCGs should ensure that the CRHT team is available, to reduce the involvement of Kent Police.
- The DHSC and the Home Office should review the current response to people with mental health problems. This should include representatives of victims of crime with mental health problems and specifically look at how the needs of victims with mental health problems should be met and by whom.
- It is necessary to increase visibility of support services, including Victim Support, in Kent by promoting the service in places recommended by victims with mental health problems, with messaging to highlight accessibility such as its confidential nature and availability to anyone, regardless of whether the crime has been reported.
- Support services should provide an enhanced service to victims with mental health problems, including increased efforts to make and maintain contact. Victims of crime with mental health problems should have the opportunity to highlight challenges they may face in receiving and engaging with support services so bespoke adjustments can be made.
- Additional research is needed with victims and practitioners to better understand the complexity of supporting ASB victims with mental health problems and to inform the development of an intervention that will improve their experience and tackle ASB in residential settings more effectively. This additional work should include victims as well as all agencies involved, such as housing associations, Community Safety Partnerships, local authorities, mental health services, services for victims and the police.

This report adds to the existing evidence on the adverse effect of victimisation on the lives of people with mental health problems. Much more is required to ensure victims and witnesses with mental health problems receive the support they deserve in order to cope and move on. While the recommendations are primarily focused on Kent, findings from this research can also provide an evidence base for national change and action to ensure the needs of victims and witnesses with mental health problems are met by the right agencies throughout England and Wales.

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