Health and offending behaviour

Health behaviours joint strategic needs assessment literature review

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Introduction

This short report on health and offending completes a suite of literature review documents around the seven health behaviours incorporated in the joint strategic needs assessment (JSNA).

It complements the secondary data analysis report which can be found on the JSNA publications page with final health behaviours report.

For further information please visit our website: www.lancashire.gov.uk/lancashire-insight or email jsna@lancashire.gov.uk.

Links between health and crime

Health and wellbeing are influenced by wider determinants such as demographic and socioeconomic factors. Existing health inequalities are indicative of unmet need that varies across the county. They are linked to income and research has shown that health and social problems tend to be worse in 'rich' societies where there are significant income inequalities.[1] It also shows that the prevalence of mental illness is higher in more unequal rich countries, as are the rates of obesity, teenage birth rates, rates of imprisonment, child conflict (bullying, fighting) drug use and infant mortality rates.

Crime is associated with social disorganisation, low social capital, deprivation, and health inequalities. The socioeconomic status of an individual is another factor in the likelihood of criminality. The same social and environmental factors which predict geographic variations in crime rates may also be relevant for explaining community variations in health and wellbeing.[2] Whatever the associations are, health and crime both cost public services and the wider community millions.

The majority of research on offending behaviour and health tends to concentrate on mental health, alcohol and substance misuse. Many studies show these three areas are key contributory factors – and in some cases determinants – of an individual's propensity towards crime and/or anti-social behaviour (ASB).

Alcohol is often a significant factor in the commission of crime, particularly violent crime, but there is more limited information surrounding the impact of alcohol abuse on offenders in general. Drug and substance misuse issues are often present amongst offenders leading chaotic lifestyles and these offenders are often drug dependant and will commit a variety of acquisitive crimes (from robbery through to burglary) to support their lifestyle. Whilst there are studies examining the issues of mental health and offending, there has been little empirical work to understand the impact of this in Lancashire.

Substance abuse (alcohol and drugs) has been highlighted as a key pathway/identified need in relation to reducing re-offending. Those with drug issues are likely to identify problems in relation to education and employment, which can also influence whether a person will re-offend.

Socioeconomic variables, such as a large family, being in a single-parent family, poverty and living in a deprived neighbourhood increase the risk of future criminal behaviour. The family structure and family relationships, such as harsh, inconsistent or neglectful parenting, abuse and family discord, along with family histories of poor health and offending can also indicate a propensity to offending. Experiencing any of these does not mean someone will offend or engage in ASB, and it is important to note the majority of people who come from deprived backgrounds do not offend.

Impacts of offending on health

Research has shown sustained criminality can impact on health.[3] Offenders who had been entrenched in a life of crime were four times more likely to have been hospitalised and 13 times more likely to be registered disabled during their forties than either those who had stopped committing crime after their teenage years or those who had never been involved in crime at all.[4] The chronic offenders in the sample of males studied in their 20s and 30s had been significantly healthier than average but as they aged they experienced worse health than others in the randomised group.

An explanation to this may be that high-risk behaviour and lifestyle could increase the chances of accidents and injury, leading to hospitalisation and disability. Frequent contact with the courts and criminal justice system may decrease an offender's ability to have secure and continuous employment, therefore increasing access to the benefits system, potentially leading to further health problems and a registration as disabled. Research suggests limiting offending behaviour to adolescence results in substantial benefits for an individual's health and a reduction to costs for the health service, the police and the criminal justice systems.

Mental health

Mental health in adult ASB perpetrators is less well researched or documented. Several studies suggest that mental health does play a part in ASB, often as part of other ‘complex needs’ although they tend not to focus on the mental health issue directly. Research carried out by Camden Council in 2007suggests mental health should be taken into account if and when appropriate interventions were put in place to address those responsible for committing ASB.[5] Case studies looked at families with a wide range of needs, including those with mental health needs to try to assess the most effective type of intervention. Similarly, a research project by the Joseph Rowntree foundation found that the vast majority of those taken to court for eviction from their housing relied on state benefits, had vulnerable or special needs such as

mental health problems and that housing officers believed that these needs were not addressed.[6]

The report 'Too Little, Too Late: an independent review of unmet mental health needs in prison' authored by the Prison Reform Trust in 2009 analysed feedback from The National Council of Independent Monitoring Boards, which represented over 57 boards from a variety of prisons. Over half of the boards reported that they frequently saw prisoners who were too ill to be in prison. Other prisoners who have a history of enduring mental health problems often engage in persistent, low-level offending, resulting in a cycle of short prison sentences. This unfortunately makes it more difficult to achieve a stable lifestyle. On release, prisoners with mental health problems often need accommodation, drug misuse services, health care and support for physical and mental illness, and social services. When vulnerable people are released from prison with no after-care arrangements in place, the predictable outcome is that the person is often returned to face a subsequent prison sentence. Remanded prisoners released directly from court are particularly likely to fall through the net.[7]

Vulnerable young offenders are at risk of serious and long-term problems because the youth justice system is failing to support their needs, according to child welfare charities and campaign groups. Figures released by the Ministry of Justice revealed a 21% increase in the number of young people in custody self-harming between 2010-11 and 2011-12. According to the mental health charity Young Minds and the Prison Reform Trust, concerns are especially acute for children and young people who have learning difficulties or mental health problems. Both groups suggest that health and justice agencies are routinely failing to work together to provide adequate support and have requested urgent action to ensure appropriate interventions are in place.

In addition to having the lowest age of criminal responsibility in Western Europe, England and Wales have higher rates of child imprisonment than any other country in the region. About a quarter of young offenders (approximately 20,000 in England and Wales) have some kind of learning disability meaning a large number of vulnerable young people become trapped in a cycle of offending and re-offending, with many put in danger of self-harm or even suicide.[8] Young people in prison are 18 times more likely to take their own lives than others of the same age.[9]

Vulnerability to crime/offending

There is a strong link between fear of crime and poorer mental health.[10] The research shows that fear of crime is associated with decreased physical functioning and a lower quality of life, whilst people with a strong fear of crime are almost twice as likely to show symptoms of depression. In general people with a fear of crime exercise less, see friends less and participate in fewer social activities compared with less fearful individuals. People who are potentially vulnerable to being a victim

of crime due to their existing health status or age are not necessarily more frightened, but being frightened of crime is in itself a contributor to poor mental health and quality of life, which also impacts on physical health. In addition there is evidence to suggest that those with poor health and a high fear of crime are more likely to suffer repeat victimisation.

A report by the Joseph Rowntree foundation also highlighted how people with learning difficulties or disabilities are often victims of persistent, low-level offending. Due to the nature of the offence types they are often found to be given less of a priority within the legal process and little consideration is given to the 'considerable distress it causes to the victims'.

Lower socioeconomic status is also a factor in vulnerability, and can increase the risk of being a victim of crime – impacting on the health of the victim. Some people within the more deprived areas are more vulnerable to repeat offending and this increases their fear of crime and has a negative impact on their health. Professor John Eck refers to these people as sitting ducks and effective community safety work should focus on supporting these individuals and targeting offenders.[11]

Anti-social behaviour

A review of ASB by Camden Council found that those perceived to be committing ASB acts 'have complex and multi-faceted problems in their lives,' and these often include social exclusion, deprivation, drug and alcohol problems and poor parenting.[12,13] The 2012 report 'Building safe, active communities' reiterates this finding, identifying that many perpetrators experienced chaotic lifestyles and displayed unpredictable behaviour. Both victims and perpetrators were often caught up in disrupted processes and interventions, and 'alcohol and related problems factor in ASB, not just personally but within the whole family.'[14]

A study of alcohol use and anti-social behaviour in young people looked at the co-occurrence of alcohol and disruptive behaviour. The research suggests underage drinking does not inevitably lead to anti-social behaviour, but rather it is young people who already have violent or anti-social tendencies who are more likely to carry out anti-social acts when drinking. Furthermore, early signs of anti-social behaviour, and not levels of underage drinking, are the best predictor of future alcohol-related trouble and continued alcohol use by young people (people who are inclined to behave badly are particularly prone to alcohol-related trouble).[15]

In national surveys alcohol is identified as a prominent factor in ASB, and in Lancashire the frequency of alcohol involvement in ASB is 19%. The role of alcohol in isolation as a causal factor is not clear, with research identifying important cultural, societal and personal factors as playing a part in how alcohol may link to ASB.

Conduct disorders and associated ASB are the most common mental and behavioural problems in children and young people. Conduct disorders are characterised by 'repeated and persistent patterns of antisocial, aggressive or defiant behaviour, far worse than would normally be expected in a child of that age'. Types of behaviour include stealing, fighting, vandalism, and harming people or animals. These disorders are the most common reason for children being referred to mental health services, with 5% of all children between five and 16 years old diagnosed with the condition.[16]

The proportion of children with conduct disorders increases with age and they are more common in boys than girls. For example, 7% of boys and 3% of girls aged five to 10 years have conduct disorders. In children aged 11 to 16 years, the proportion rises to 8% of boys and 5% of girls. Some specific genes have been associated with conduct disorder in some studies but this has not always been confirmed by others. Early-onset conduct disorder may be more likely to have biological causes but these are complex and poorly understood. This is compounded by the fact that many of these children also suffer from other disorders such as depression, ADHD or post-traumatic stress disorder.

Developmentally the interaction between genes and environment is believed to be very important.[17] A child with a strong genetic predisposition to conduct disorder may not show problems unless the environment is poor. Similarly, a poor environment may not have a negative effect without the genetic predisposition. Factors that may be associated with a higher risk of developing conduct disorders include parental influences such as harsh and inconsistent parenting style, parental substance misuse and parental mental health problems (for example depression or antisocial personality disorder). Higher intelligence can prevent offending where other risk factors are present.

The majority of young offenders and re-offenders are most likely to be aged 14 to 17 years old. There is little difference between young re-offenders committing acquisitive crime (29.1%) and violent crime (28.9%) – this suggests that early in life re-offenders will commit violent offences, but as they become more entrenched in a criminal lifestyle they are more likely to commit multiple offences.

Home Office research describes the following characteristics as being key when describing problem families (perpetrators) in which ASB was considered entrenched:

- living in an area of economic social deprivation;
- experiencing unemployment with second- and third-generation family members being unemployed;
- at least one family member suffering from depression or having more serious mental health needs;

- having extended family living in the same neighbourhood and sharing similar values;
- displaying negative intergenerational influences, in terms of substance misuse and or petty criminality; and
- having limited life skills and difficulties in interacting with people from outside the family.

The level of harm caused to victims experiencing ASB doesn't always tally with the seriousness of the offence. Mental health, physical disability and repeat victimisation can all increase the risk of becoming a victim of ASB and also the negative impacts of such victimisation. Gender and age differences are also apparent, with research indicating that women, younger people and repeat victims are more likely to perceive the ASB they are experiencing as personal, and more women than men scored their ASB as having a 'total effect' on their everyday life. Other research shows that those living in more deprived, and in densely populated areas, and where there are high levels of violent crime are more likely to have high perceptions of ASB.

A perception of personal ASB is associated with higher levels of harm. It has been noted that different forms of vulnerability are not mutually exclusive, and where they intersect and overlap, the harm experienced is considerably amplified.

Deprivation

The English Indices of Deprivation 2010 report indicates that the areas in Lancashire falling into the most deprived 10% in the country increased from 15.5 % to 17.4% between 2007 and 2010. In contrast, the areas in the least deprived 10% rose from 4.0% to 5.4%, suggesting that parts of the county at the extremes of the financial divide are moving in opposite directions.

The report further highlighted that three of Lancashire's local authorities fall into the 10% most deprived in the country – Blackpool, Blackburn with Darwen, and Burnley. These three areas also have the highest levels of unemployment based on July 2012 figures. Analysis of the crime rates for 2011/12 showed that these three authorities fell into the top four areas with the highest rates (all above the national average), intimating a possible link between deprivation and crime.

Deprivation alone does not cause children and young people to commit crimes but there are associations between social and economic disadvantage and rates of offending and anti-social behaviour. Individuals growing up in deprived areas have a much greater chance of being a victim of crime, along with a strong association between having experienced crime as a victim and becoming an offender.[18]

Evidence suggests that alongside childhood poverty, difficulties such as poor parenting and low self-esteem, are contributing factors to anti-social activities in

young people. These factors can help to explain why young people who grow up in poverty are more likely than average to become involved in anti-social behaviour and crime.[19] This does not point to a clear, direct causal link, rather an association as not all children living in poverty will commit crimes. The physical and social characteristics of neighbourhoods such as deprivation, housing density, vandalism, and vacant housing, also impact on fear of crime. These may portray a greater risk of crime to residents, thereby increasing fear.[20]

A relationship between income and fear of crime has been observed in survey data where having a lower income is associated with a greater fear of crime. There appears to be a relationship between the event (the crime), fear of crime and the victim's income level. [21] A greater income compensates for a negative event and whilst moving from non-victim to victim increases fear of crime, the higher a household's income the more fear of crime is reduced.[22]

A large proportion of re-offenders (20%) reside within the top 5% deprived areas in Lancashire. Deprivation is another important factor in relation to re-offending. The key areas for offending and re-offending (based on population proportionality and offender residence) are Blackpool, Blackburn, Preston and Hyndburn.

The key risk elements for re-offending within Lancashire are substance misuse, deprivation, offender attitudes, and lack of education/employment/training. Focusing on addressing offender needs in relation to these areas through multi-agency strategies is most likely to help reduce re-offending rates across Lancashire.

Linking public health and criminal justice

Community safety, criminal justice and public health often work with marginalised populations – such as people with chaotic lifestyles, substance misuse, health problems, incarceration, and other difficulties. As these fields and services overlap, the distinctions between them start to become blurred. However, theoretical and methodological linkages between public health and criminal justice still remain rare.[23] As such, epidemiological criminology* has been suggested as a bridging approach and one that could answer the 'missing link' between public health and criminal justice.[24-25] Research clearly demonstrates that there is a gap between strategies to reduce re-offending and explicitly understanding the health needs of offenders.

Conclusion

Wider research demonstrates many socioeconomic factors are linked to health and wellbeing, and there are significant cross-overs with offenders and offending. Public health and criminal justice issues are clearly interwoven, yet in practice these tend to remain as separate disciplines.

*Epidemiological criminology is the merging of epidemiology (the study of the spread of disease) and criminal justice, theory and practice. It involves the study of anything which affects the health of society.

Understanding and focusing on key risk areas/root causes through providing support and early help will impact on more than just the symptoms. For example, targeting vulnerable children who are absent from school will support the identification of those at risk of assault or sexual exploitation, and highlighting potential homes where adults/children may be experiencing domestic abuse, which may be hidden.

There are many causes of criminal and anti-social behaviour, with links between mental health, socioeconomic status and the neighbourhood in which a person lives.

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