may need extending to other types of violence, although we should not forget the difficulties commonly experienced in multiagency work.[15]

What is needed above all is a sense of perspective and realism. Most physical harm is sustained through household accidents, industrial injuries, and road accidents. Violent crime is no more than 5% of all serious crime. That the recorded incidence of violence is on the increase may show not that society is falling apart but rather that we live in an increasingly orderly society that tolerates criminal injury far less than in the uncivilised past.

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Supporting victims of violent crime

Doctors should make links with victim support schemes

More than three quarters of victims of violent crimes who attend accident and emergency departments are not recorded in the crime statistics kept by the police.[1] The British crime surveys have confirmed the magnitude of unrecorded crime,[2,3] though medical data may show more accurately the incidence of severe injury resulting from domestic and street violence. Doctors have a responsibility to help these victims of crime get the support they sometimes urgently need, and the best way may be to put them in touch with the many victim support schemes.

The British crime surveys were initiated principally because of an increasing awareness of the inadequacy of Home Office data on crime. The survey interviews one person over the age of 16 in each of 11 000 randomly selected households in England and Wales and 5000 in Scotland and records crimes committed during the previous 12 months. Though the surveys depend on respondents reporting offences and therefore still tend to undercount crimes, they have shown that police crime statistics included only 23% of woundings, 11% of robberies, and 26% of sexual offences.[3]

The principal agencies in Britain for supporting victims of crime are the victim support schemes, which rely heavily on the police for referrals. In 1986 only 4% of schemes regularly received referrals from other sources.[4] The first scheme was established in Bristol in 1974, and by December 1987 there were 350 schemes. A central advisory body, the National Association of Victim Support Schemes, was formed in 1979, and in 1987 a government grant of £9m enabled individual schemes to appoint paid coordinators. These developments, a Council of Europe recommendation,[5] and a United Nations declaration[6] all reflect increasing concern for victims of crime. Though some schemes are closely associated with the probation service and the police, independence and confidentiality are highly valued.

In addition to medical treatment victims need emotional support and reassurance not available from other sources such as the family; information about compensation; help with approaches to the Criminal Injuries Compensation Board, social services, crime prevention officers, and legal advice centres; and practical help to repair or recover property after robbery.[4] The resources of the support schemes may not be available to victims of assault who seek treatment of physical injuries simply because there are few or no links between the schemes and either hospitals or general practices. Doctors are often ignorant of wider sources of support, and there may be little time to discuss or initiate this support as most victims are outpatients and most assaults occur late at night and at weekends.[7] Accident and emergency departments and general practices should therefore forge links with victim support schemes.

Though the incidence and duration of psychiatric distress after assault and robbery is not clear, there is growing evidence that this is an important problem.[8] Criminologists and psychiatrists have begun to look at the psychiatric distress that follows assault, and it seems particularly common after assaults at work and after those that result in loss of earnings.[9] A recent study found that anger, difficulty in sleeping, uneasiness, confusion, fear, shivering, inability to perform ordinary tasks, and loss of interest were experienced by more than 40% of victims after robbery or assault.[4] Conversely, many victims clearly suffer little distress and cope well with help from family and friends.[10]

Some victims of assault who attend accident and emergency departments will suffer some psychiatric disorder and will need specialist assessment and care.[9,11] The serious psychiatric sequelae of rape are well described, and psychiatric services have been developed to deal with them. Similar services should be made available to assault victims, though research is necessary to clarify how best to deliver them.

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