

# Accessible Justice? Rape Victimisation and Psychosocial Disability

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# A note on terminology

- “psychosocial disability” - expresses a more than purely medical model of conditions and experiences labelled as ‘mental illness’
- Recognises social factors as ‘disabling’
- Mental ill-health / Intellectual disability

# Victimization amongst adults with PSD

MIND 2007 survey of 300 people living with mental distress

- 71% victimised at least once in the past two years
- 34% victim of theft /other financial crime
- 22% physically assaulted
- 10% sexually assaulted

## Pettitt *et al* (2013) survey of 361 victims with SMI

- 45% any crime in past year
- 18% victims of assault
- 23% theft / criminal damage
- 40% of women – rape / attempted rape
  
- 43% experienced more than one type of crime in the past year

- Australia: Chapple *et al* (2004)
  - 962 participants with a psychotic disorder
  - 1 in 6 suffered violent victimisation in the previous year (3.5 times higher than the general population)
- USA: Teplin *et al* (2005)
  - 936 participants with SMI
  - more than  $\frac{1}{4}$  victims of violent crime within the past year (more than x 4 higher than general population)

# Impact of victimisation

- Pettitt et al report (2013) –
- Relationship breakdown, financial hardship, physical health, housing problems
- 98% reported emotional or MH problems as a result of victimisation
- 40% female victims (23% male victims) of sexual/domestic violence had attempted suicide

# Barriers to reporting

- Fear of disbelief
- Previous dismissive treatment by police
- Fear of being sectioned
- Discouraged by third parties
- Intimidation

# Unmet need for support

- Needs not assessed
- Denied access to special measures
- Criminal justice personnel lack training to deal with victims with complex needs
- Problems with identification / reluctant to disclose PSD

# PSD and attrition: a known unknown

- Police / prosecutors do not routinely monitor or keep records of people with PSD as victims of crime
- Impact of mental health on case progression has generally not been subject to systematic analysis

# MPS Rape Study

- London MPS: comprehensive dataset of all allegations of rape received in April and May 2012 (n=679)
- Full police records of each rape complaint in the sample coded
- Complainant mental health included as an analytical category = 23% of sample

# Method

- Multivariate logistic regression analysis of dataset. Significance tests used to identify differences between cases involving complainants with / without recorded mental health conditions
- Limitations: nature and severity of the MHC not recorded; variable may be under / over inclusive

# Findings

	Recorded MHC	No recorded MHC
No-crime	11%	5%
NFA	45%	38%
Referred to CPS	13%	21%
Charged	4%	10%

# Findings: other 'vulnerabilities'

	Recorded MHC	No recorded MHC
Intellectual disability	13%	2%
Homeless/missing	9%	2%
Alcohol/drug dependency	14%	4%
False report	9%	2%

# Findings: case characteristics

	Recorded MHC	No recorded MHC
Physical resistance	28%	37%
Inconsistency	17%	9%
Intoxicated	22%	31%

# Findings: perceived credibility

	Recorded MHC	No recorded MHC
Police noted doubts about the case	54%	24%
Police noted doubts about C credibility	37%	17%

# Findings: victim cooperation

	Recorded MHC	No recorded MHC
Police noted difficulty contacting C	28%	21%
Police noted poor C cooperation	39%	30%

# Summary

Rape complainants with recorded MHCs significantly more likely to:

- experience additional, circumstantial vulnerabilities
- have their credibility explicitly doubted by police officers
- see their case discontinued by the police / CPS

# Remaining data gaps

- PSD and attrition – a known unknown
- Absence of reliable evidence base inconsistent with obligations imposed by equality legislation and international human rights obligations

# Key references

- L. Ellison, K. Hohl, V. Munro, P. Wallang, 'Challenging Criminal Justice? Psychosocial Disability and Rape Victimization' *Criminology and Criminal Justice* Online First 1 August 2014
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