

# Trends & issues

in crime and criminal justice



Australian Government  
Australian Institute of Criminology

No. 496 August 2015

**Foreword** | *The prevention of assault has been a high-profile, long-term concern for government and police agencies. However, while the nature and impacts of certain types of physical violence, such as domestic or sexual assault, have been extensively studied, this is not the case for more traditional forms of physical assault. Understanding the needs of victims of physical assault, particularly in an Australian context, is important in order to ensure that services are adequately able to address these victims' needs.*

*This paper represents the first research to be published using the Australian Institute of Criminology's Database of Victimisation Experiences; a qualitative database that can be used to better explore the nature and impact of violent victimisation. In this paper, the findings of an analysis of cases of non-domestic, non-sexual physical assault are described. While victims experienced a variety of psychological and physical difficulties consequence of assault, this study demonstrates how the impacts of victimisation often extended into wider aspects of victim/survivors' lives.*

Adam Tomison  
Director

## The serious impact and consequences of physical assault

Georgina Fuller

In 2012, there were 116,105 recorded victims of physical assault in New South Wales, South Australia, Western Australia, the Northern Territory and the Australian Capital Territory combined (ABS 2013); equating to a victimisation rate of 969 per 100,000 population. This reflects a trend that has been consistent for the last 18 years of police recorded crime statistics, where physical assault has had the highest rate of victimisation of any of the four major types of violent crime (ie homicide, physical assault, sexual assault and robbery; AIC 2014).

Estimates provided by the ABS' *Crime Victimisation Survey* provide further insight into the nature of physical assault in Australia. In 2012–13, there was an estimated 498,000 people over the age of 15 years who were the victim of a physical assault. An estimated 60 percent (n=294,100) of these were male, while individuals aged less than 34 years were more likely to have been assaulted compared with any other age group (ABS 2014). Females were more likely to be victimised in the home by a family member, whereas males were more commonly assaulted by a stranger in place of recreation (ie pubs or nightclubs) or on the street (ABS 2014).

Yet despite these statistics, the narrow focus of academia and policy on particular types of violence has resulted in the impact of some forms of physical assault being somewhat overlooked. For example, the negative consequences of experiencing domestic violence or sexual assault have been extensively studied. Briefly, the experience of domestic or intimate partner violence has been associated with the development of a wide range of negative outcomes including mental health issues, feelings of shame or guilt and difficulties relating to men (see Ansara & Hindin 2011; Coker et al. 2002; Roberts et al 1998). Similar negative consequences have been found for sexual abuse, as well as other effects such as difficulties in interpersonal relationships, particularly around sexual functioning (see Cashmore & Shackel 2013; Colman & Widom 2004; Watson & Halford 2010).

This type of information is particularly relevant, as it has been used to inform the types of services available to support victims of these types of violence. Yet victims of non-domestic, non-sexual physical assault have not received the same level of attention. In order to address this knowledge gap, the consequences of physical assault victimisation in isolation from other types of violent crime are explored in this paper. The purpose is to discover the impact of physical assault on both the victim and their family. This includes the effect of this type of violence on the victim's physical and psychological health, as well as their social, educational and occupational functioning.

## The impact of victimisation

It has been suggested that individuals actively and continually construct their daily lives based on information received either consciously or unconsciously (Walklate 2007). Janoff-Bulman and Frieze (1983) proposed that the average person holds three basic assumptions about themselves and the world in which they live. Specifically, these assumptions are the perception of:

- oneself as a 'good' human being;
- oneself as invincible or invulnerable; and
- the world as a safe and just place (Janoff-Bulman & Frieze 1983).

These assumptions provide a framework to help the individual organise their daily lives, plans, aspirations and goals. The experience of victimisation violates these assumptions, resulting in fundamental changes in the way the individual perceives and interprets the world around them, including the way they view their own capabilities and self-worth (Cook, David & Grant 1999; Shapland & Hall 2007). Thus, the traumatic experience of physical assault may have ramifications for victims that extend beyond direct consequences (ie physical injuries) and lead to a disruption across a wide range of functions. Research has linked the experience of crime with a number of negative consequences across the psychosocial, financial, occupational, educational and health domains.

Much of the research that examines the impact of violent victimisation has focused on the psychological consequences. This includes increased risk to the development of mental health conditions such as post-traumatic stress disorder (PTSD) (see Betts et al. 2013; Freeman et al. 2013). For example, Boney-McCoy and Finkelhor (1995) surveyed 2,000 young people in the United States and found that violent victimisation (eg kidnapping, physical or sexual assault) was linked to the development of adverse psychosocial outcomes such as sadness, PTSD-related symptoms and the flow-on effects from these, such as poor educational functioning. Other studies have linked victimisation with feelings of fear (Ansara & Hindin 2010), anger (Ditton et al. 1999), and stress (Jones 2002). However, engagement with formal and informal support networks has been found to decrease the negative psychological impact of victimisation (Norris, Kaniasty & Thompson 1997).

Despite the research focus, the impact of crime is not just confined to mental health; victimisation may also affect an individual's educational, occupational and relational functioning. As part of a landmark study into the experiences of victims of crime, Shapland, Wilmore and Duff (1985) interviewed 276 victims of physical assault (n=198), robbery (n=40) and sexual assault (n=38) in the United Kingdom. Subsequent interviews took place over a period of time spanning up to three years. The effects of the crimes were studied and separated into four categories—psychological, physical, financial and social. Because of the large proportion of physical assault victims included in the sample, this study is one of the few that has examined the impact of this type of violence.

Shapland, Wilmore and Duff (1985) demonstrated that the effects of violent crime were persistent. Except for financial difficulties, victims reported that physical, social and psychological effects were the most consistent over time, although this varied depending on the type of violent crime experienced. In particular, victims of physical assault reported struggling with the physical effects of the crime. Common

physical injuries reported in this sample were scarring, broken bones and loss of teeth. For these victims, all categories of effect were initially high for a few weeks after the crime; however, the impact diminished over time. This is by comparison with victims of sexual assaults, who reported more consistent levels of social and psychological stress over a longer time period (Shapland, Wilmore & Duff 1985).

More recent studies have supported Shapland, Wilmore and Duff's (1985) findings. For example, studies have demonstrated that the experience of violence (including physical assault) was correlated with negative occupational behaviours such as absenteeism, high job turnover and increased unemployment (see Cook, David & Grant 1999; Hanson et al. 2010). Kim et al. (2013) found that individuals who sustain a traumatic brain injury from a physical assault, as opposed to a non crime-related incident experienced greater difficulties with daily functioning.

Despite the lack of research related to physical assault, these studies do provide some interesting points to note. In particular, while there were similarities in the reactions to violence, victims of physical assault appear to struggle particularly with the impact of physical injuries. To gain a better understanding of the impact of this violence, this research explores the effect of non-sexual, non-domestic physical assault on a sample of 121 victims who contacted Victim Services, NSW seeking compensation in the years 2005–06 to 2010–11.

## Method

The data used in this research are drawn from the Australian Institute of Criminology's Database of Victimisation Experiences (DoVE). The DoVE is a qualitative database comprising 730 psychological evaluations of victims of violent crime in New South Wales who sought compensation from Victim Services, NSW. As part of this compensation process, psychologists evaluated victims in order to assess the validity of their claim. As such, the reports contain the perspectives of both the victim and psychologist.

	N	%		N	%
<b>Gender</b>			<b>Weapon used</b>		
Male	78	64	Knife	16	13
Female	43	36	Firearm	6	5
<b>Age at report</b>			Blunt	6	5
14 years and under	5	4	Opportunistic (ie sticks, rocks, broken bottles)	14	12
15 to 17 years	7	6	Personal (ie fists, feet)	53	44
18 to 19 years	3	2	Other	3	2
20 to 29 years	28	23	Not stated	23	19
30 to 39 years	28	23	<b>Injury</b>		
40 to 49 years	22	18	No injury sustained	13	11
50 to 59 years	18	15	Minor injury/not specified	33	27
Greater than 60 years	3	2	Serious (non-life threatening)	56	46
Not specified	7	6	Serious (life threatening)	16	13
			Not stated	3	2

The purpose of the database is to enable an examination of the nature and experiences of victimisation for four categories of violent crime—physical assault, sexual assault, domestic violence and robbery. For more information regarding the methodology behind the DoVE see Fuller (forthcoming).

In total, 121 cases pertaining to non-sexual, non-domestic assault were included for analysis. This was the full sample of primary victims of physical assault available for analysis in the DoVE. Cases were only excluded if they pertained to secondary victims; that is, witnesses or family members of victims who were seeking compensation. The individual reports were coded and the themes explored using NVivo 10—a qualitative analytical software tool.

### Limitations of the data

Given that the sample is drawn from individuals who sought compensation from Victim Services, NSW, it is necessary to acknowledge potential issues regarding generalisability. There may be inherent, qualitative differences between those in the sample (who sought assistance from a government agency) and other types of victims (those who do not engage with government or other services or choose not to seek compensation). Further, the reports from which is data was gathered were produced and structured for the

specific purpose of compensation. Thus, there is the potential for them not to be a complete representation of the impact and consequences of this crime, or to be biased in favour of more serious outcomes. Yet, in the absence of similar data and given the rich qualitative information contained in these reports, the data from the DoVE is a suitable measure of the nature and impact of victimisation.

It should also be noted that due to ethical limitations regarding the privacy of the information contained in the dataset, direct quotes will not be reported. Instead, information from the psychological evaluations are paraphrased.

### Characteristics of the assault

Presented in Table One is a summary of some of the characteristics of the sample of victims and the assaults they experienced. Over half of the victims in this sample were male (n=78; 64%) and aged between 20 and 39 years (n=56; 46%). Though not described in Table One, most victims were assaulted by a single, male offender. This is in line with assault characteristics more generally, where males are overrepresented as both the victims and offenders in physical assault (ABS 2014). In this sample, 66 (55%) victims reported being victimised by one offender, while 15 (12%) were victimised by two. Eighteen

(15%) reported being the victim of five or more offenders; this included one situation of mob violence.

The most common types of weapon used were parts of the body such as feet and/or fists (n=53; 44%), followed by a much smaller proportion involving the use of knives (n=16; 13%). Opportunistic weapons, which were present in 14 cases, refer to weapons that the offender was able to source from their immediate surrounding at the time of the offence (eg beer bottles, rocks). While injuries were common—concussions or brief loss of consciousness in particular—life-threatening injuries were only present in approximately 16 cases (13%).

Assaults most often occurred in the victim's home or another residential setting (n=46; 38%), followed by the street/footpath (n=19; 16%) or in recreational settings (eg pubs and clubs; n=10; 8%). However, it is important to note that none of the residentially located cases involved ongoing domestic or family violence. Domestic violence was defined for the purposes of the DoVE as violence occurring in private residential locations between individuals in intimate or familial relationships. Fights between friends and at parties or one-off altercations between family members are examples of the types of non domestic-related physical assaults that typified the types of cases examined here.

In just over half (n=64; 53%) of the cases, the victim and offender were strangers. Assault involving acquaintances accounted for another quarter of cases (n=29; 24%). Aside from individuals the victim had just met, acquaintances also included neighbours and peers who the victim indicated they did not know particularly well. The remaining 28 cases involved family members (n=9; 7%), work-based relationships (eg colleagues or clients; n=5; 4%), 'known others' (n=9; 7%) and five cases where the relationship was not stated.

Based on the victim's descriptions, the majority of assaults did not stem from pre-existing feuds. Assault often resulted from arguments or perceived slights; however, other precipitating events included pseudo robberies (where demands were made for property but property was not actually targeted).

The majority of victims in this sample were in either the first and second stage of crisis response (Bard & Sangrey 1986; Cook, David & Grant 1999). Although some victims were attempting to adjust to their new perspectives, none had fully entered the third stage of actual adjustment and integration.

## Results

### Victim's pre-crime perceptions of self and world

Victims reported diverse and varied pre-crime backgrounds (ie prior to the index assault). Only a minority of individuals reported poor functioning in one or more areas of their life prior to the assault (n<24). It is also important to note that the majority reported no prior issues with their mental health (n≈104; 86%). Where prior issues with mental health were present, it usually involved affected individuals seeking assistance for specific life events; for example, assistance with grief following the death of a parent or difficulties during adolescence. Few victims (n=19) reported experiencing issues with mental health at the time of their physical assault victimisation.

Victims' perceptions of self and their world prior to the assault aligned with the three assumptions proposed by

Janoff-Burman and Frieze (1983) listed previously. Specifically, victims tended to view themselves as more positive prior to the assault. For example, one female victim described herself as having been a trusting, resilient and optimistic person before the assault, one engaged fully with life (PA1184). Another male victim stated that he used to feel strong, full of energy and was considered by others as a fit sportsman (PA1185).

Similarly, while feelings of safety were not often explicitly discussed, victims reported active and engaging social lives, reflecting a view that their world was a safe and happy place.

### Consequences of assault

#### Impact of physical injuries

Within this sample, life-threatening injury or serious traumatic brain injuries (TBI) were rare. However, concussion or loss of consciousness was common, as were post-assault problems with memory and concentration. A loss of consciousness or concussion was explicitly mentioned in approximately 25 (21%) cases. The prevalence of these conditions suggests that many of the victims included in this sample may have experienced mild to moderate TBI.

However, TBIs and related conditions were not the only negative physical side effect experienced by victims in this sample. Scars and other physical markers were also connected with poor functioning. Both of these physical consequences could have direct and indirect effects on the victim. For one victim of a 'king hit', direct effects included strong headaches which were brought on suddenly, seizures and loss of consciousness. This victim also sustained damage to nerves in their face (PA11188). For another, the scarring around his eye led to sight problems, which caused problems with coordination and prevented him from playing sport (PA0659).

Direct effects like memory and coordination problems impacted some victim's lives considerably, causing difficulties in their educational, occupational and social functioning. Due to problems with her concentration, one victim's ability to study

diminished, resulting in poorer academic performance (PA0532). Another victim was no longer able to work because the injury to his hand sustained during the assault meant he could not carry out the everyday duties of his trade (PA0501).

However, scars and pain could also have an indirect effect. These physical injuries not only served as triggers for traumatic flashbacks and re-experiencing the event, but also impacted on victims' perceptions of themselves. One victim who was slashed in the face at a party felt the scar made him resemble a criminal (PA0510). In another case, the psychologist reported that the facial scar received during a 'glassing' served as a constant reminder of the incident to the victim, leading her to feel angry, sad and fearful every time she saw it (PA05155).

#### Psychological impact

As expected, the experience of physical assault had negative psychological consequences for victims in this sample.

Depression, anxiety, fear, hypervigilance and anger were common reactions to experiences of physical assault. In the 31 cases where results from the Beck's Depression Scale (which asks respondents to rate feelings of sadness, self-dislike, pessimism and agitation) were available, 93 percent (n=29) of individuals received scores that placed them on the severe end of the spectrum. One victim with severe depression reported in the previous two weeks a multitude of psychological reactions attributed to her victimisation. These included ongoing feelings of depression, hopelessness, failure and worthlessness as well as suicidal thoughts, difficulties with decision making, inability to experience pleasure from previously enjoyable activities and hyperarousal. In addition, she also reported psychophysical responses such as decreases in appetite, libido, sleep and concentration (PA06102).

Elevated levels of anxiety, fear and hypervigilance were used as indicators of changes in a victim's assumptions of safety. Beck's Anxiety ratings were available for 33 cases and of these, 66 percent (n=22) scored in the 'severe' range. These victims

reported experiencing symptoms including tension, irritability or panic attacks in the previous two weeks.

Fear and anxiety were closely related.

Potentially unpredictable situations (such as those involving public places) led to feelings of anxiety or paranoia related to a fear of re-victimisation. For example, one victim stated that public places now caused her great anxiety because she was constantly concerned someone was going to attack her from behind. As a result she was no longer able to function in crowded, busy or noisy locations (PA06107). Similarly, another young man's fear of re-victimisation led him to cease catching public transport and only shop in the company of others (PA0663).

Victims also feared visiting public places as they could potentially re-encounter their offender. Side effects of this fear included withdrawing from public life—refusing to leave home, avoiding certain areas or shopping districts. In six extreme cases, victims either had or were in the process of completely relocating in order to decrease the likelihood of encountering the offender.

Victims could seek to control this fear and anxiety through hypervigilance. Hypervigilance is a condition where the individual remains in a consistently aroused state in response to real or perceived threats. The relationship between hypervigilance and anxiety is still being defined; however, it has been linked to the maintenance of anxiety through constant visual scanning (Dalglish et al. 2001) and the increased likelihood of interpreting ambiguous cues as threatening (Beck, Emery & Greenberg 2005). For victims in this sample, hypervigilance manifested as a preoccupation with security and safety or repetitive checking or scanning behaviours. For one victim who was attacked in his home by a gang, the fear of being attacked again was paramount. His primary hypervigilant behaviours included becoming hyperaware and constantly scanning for the offenders when out in public. He also reported feeling incredibly anxious if he did notice people who resembled the offender (PA1194).

For another, who was stabbed while on a bush walk, the hypervigilance was not as overt but still cause for concern. She

described being constantly aware of her personal safety and security and when out in public and was fixated on her perceived level of vulnerability (PA1184).

Further, victims reported that this feeling did not abate when in their own homes. Ten victims made direct reference to hypervigilant behaviours while at home, including constantly checking doors and windows or installing more complex security systems. One individual, who was the victim of an unprovoked assault on the street, reported extreme behaviours including compiling a physical list of hiding spots throughout the house in case she was threatened while at home (PA0528).

Finally, the experience of physical assault could produce feelings of intense anger. However, there was variation in where that anger was focused. Specifically, anger could be focused on the offender, situation or directed at the victim at themselves.

Not all anger, however, had a particular focus. Some victims reported sudden and intense outbursts of anger. One victim was no longer able to work in public because of difficulties in controlling his anger (PA0511).

It is not possible to link causally changes in psychological functioning with a violation of pre-held beliefs and assumptions. However, the ways in which these difficulties manifest, such as fear of the unknown and obsessions with safety do suggest a negative change in the way a victim perceives the world around them.

One of the strongest themes to emerge from the sample was the difficulties victims faced in attempting to return to their normal lives. Difficulties returning to and maintaining study or employment, and relationship problems were common. The economic and social impacts of victimisation are just as important to understand as the physical and psychological impacts because they also mediate the likelihood of a successful recovery. The negative consequences in these areas can also have long-lasting consequences for the victim and their family.

### **Economic impact**

Experiences of fear, psychological illness and physical injury post-assault could

cause problems with occupational and educational functioning. For example, the ways in which a victim's functioning in these areas could be compromised included:

- being unable to work because of the fear of encountering the attacker in the street while undertaking their daily duties;
- an inability to re-engage at work due to the development of serious mental illness directly related to the physical assault; or
- injury sustained during the assault affecting the ability to return or complete or the work.

In one case, the injury the victim sustained during the assault inhibited his ability to find replacement work, as employers were reluctant to hire someone with a pre-existing complaint (PA0668).

Being unable to return to work or study can have ramifications for the victim's financial security. For example, one victim who was assaulted within his place of work was no longer able to continue running his business. It was reported that this victim now had little faith in his ability to provide for the future and considered bankruptcy as the only solution to his financial problems (PA0511). For a few other victims, the stresses associated with attempting to return to work or losing their jobs because they were unable to cope, compounded the negative psychological symptoms associated with the attack. For example, one victim, who for financial reasons had to continue working, experienced anxiety and a feeling of being trapped by her situation (PA0536). Another victim's anxiety affected his job as a taxi driver and he reported that he no longer felt confident in picking up customers. He consequently worked fewer shifts and made less income than before the assault (PA10129).

### **Social impact**

The relationship between physical assault victimisation and social relationships was complex. Social ties to intimate partners, family and friends provided victims with valuable support, helping them to deal with the negative consequences of the assault. Relationships, however, were also tested as a consequence of the physical

assault, sometimes leading to a complete breakdown of a victim's social network.

Immediate family members and intimate partners were primary sources of social support for victims in this sample. The assistance they provided varied from minor emotional support to more intense, day-to-day caregiving; for example, ensuring the victims maintained personal hygiene or providing alternative living arrangements when the victim could no longer stay in their own home. Given that some individuals were dealing with severe physical injuries as a result of the assault, the impact of the victimisation could drastically alter the nature of these relationships, especially if the other person had to step into the role of primary caregiver. In one instance, a victim's oldest son became her caregiver as well as taking on the responsibility of looking after the household (PA10121), while, in another, the victim was reliant on their partner and parents to attend to their toiletries, dress, and transportation. This was due to an injury sustained during the assault which limited the victim's use of their hands (PA1184).

These close relationships often bore the brunt of the victims' change in psychological functioning. Irritability, anger, depression and PTSD resulted in strain or worse—a relationship breakdown. One defacto couple eventually separated due to the friction and constant fighting that occurred following the victimisation, and the emotional and psychological changes to the victim (PA0526). This caused great upset for the victim.

Partners who were interviewed as part of the compensation process corroborated the impact that the victimisation had on them. One poignant example involved a couple acknowledging that while they still loved each other, they could no longer be together because the victim's anger, alcohol use, lack of motivation or desire had irreversibly damaged their relationship. The psychologist noted that both parties were profoundly and devastatingly affected by these changes and the impact on their relationship (PA0670).

Further, these changes did not just affect those close to the victim; friends and

colleague relationships also suffered. The experience of physical assault led victims to withdraw or isolate themselves from these broader social networks. The reasons behind this withdrawal tended to fall into either one of two categories—they had lost motivation to engage with life or anxiety associated with unpredictable situations such as in crowds or public places. For 12 victims, the presence of crowds or members of the public heightened their anxiety because they were no longer comfortable around people they did not know.

Those who reported withdrawing from and avoiding social contact, however, also felt that this contributed to their feelings of isolation. In some cases, both the psychologists and victims felt that this exacerbated or facilitated the development of mental health conditions such as depression or anxiety.

### Post-crime perceptions

Finally, the experience of physical assault caused many victims to develop negative views about themselves and the world. For two victims, this involved feeling weak, or worthless, and for one, that their future was hopeless (PA1189).

These feelings could also be linked to how the victim interpreted their actions as contributing to their victimisation or inability to respond to the assault. For example, one victim reported feeling guilty because, if he had not gone to the location of the attack, it would not have happened (PA0666), while another was angry because he felt that there was nothing he could have done to have prevented the unprovoked attack (PA0517).

These negative perceptions were also present when victims described their world views. For example, one victim stated that his belief and trust in the legal system had been profoundly altered as a result of his physical assault. He was no longer able to make sense of his world and could not understand how he would ever feel safe again (AR05104). Another felt that his life would never be the same again due to his fear and mistrust of others and that prior

to the attack he had been very naïve in his view of the world as a safe place (PA05154). A third victim now lived his life constantly expecting to be assaulted, indicating that he too no longer viewed the world as a safe place (PA06101).

## Discussion and conclusion

For many victims, the impact of physical assault is severe and pervasive. As illustrated by the victims in this sample, the impact may extend beyond psychological and physical injury to permeate all aspects of a victim's life; for example, leaving them incapable of returning to study or work and becoming isolated from family and friends. Further, the support provided by intimate partners and wider social networks may be compromised if, as a result of the assault, family and friends find themselves assuming extra responsibilities or dealing with the victim's psychological needs. Unlike Shapland et al's (1985) study, the limitations of this sample means it is not possible to accurately identify the longevity of these impacts. Thus, while the findings of this research strongly indicate the seriousness of the impact of physical assault victimisation, it is not possible to conclude how long these symptoms last or evaluate the effectiveness of treatment.

It is important that discussions of the needs of victims of physical assault remain distinct from other types of violence such as sexual assault or family and domestic violence. While commonalities, such as poor psychosocial functioning, exist in the reactions of victims of violent crime generally, the experiences of victims of physical assault are not the same as those of victims of sexual assault or domestic violence. For example, while victims reported developing and struggling with negative psychological outcomes, the impact of physical injuries was a particularly salient characteristic of the non-sexual, non-domestic assaults described by this sample. This is in line with the findings from Shapland et al's (1985) study where victims of physical assault showed greater physical effects than victims of either robbery or sexual assault. This does not suggest

that victims of sexual assault or domestic violence do not suffer physically because of their experience, rather that the impact of injury and scarring is particularly relevant to the experiences of physical assault victims.

This research has focused on describing the impact and consequences for victims of physical assault. It has stopped short of identifying specific needs due to the complexity of this issue. The recognition of victim's rights and needs has come a long

way (see Rock 2014; Shapland et al 1985) and in Australia, many states and territories have dedicated government compensation and/or victim support schemes. However, as Dunn (2007) and Rock (2014) have discussed, the concept of a victim's needs is problematic. For instance, the response of victims can vary dramatically depending on a wide variety of factors, including severity of the assault, prior experience with crime, or presence of social support networks. The

requirements of one victim may be drastically different from those of another, hampering the identification of broader needs. Further, not all of a victim's needs can and should be met by formal service delivery. In order for more meaningful recommendations to be made regarding service delivery, a focused survey designed to qualify the relationship between impact and need for victims of physical assault is necessary.



Georgina Fuller is a Research Analyst in the Violence and Exploitation team at the Australian Institute of Criminology.

General editor, *Trends & issues in crime and criminal justice* series:  
Dr Adam M Tomison, Director,  
Australian Institute of Criminology

Note: *Trends & issues in crime and criminal justice* papers are peer reviewed

For a complete list and the full text of the papers in the *Trends & issues in crime and criminal justice* series, visit the AIC website at: [aic.gov.au](http://aic.gov.au)

ISSN 1836-2206 (Online)

© Australian Institute of Criminology 2015

GPO Box 2944

Canberra ACT 2601, Australia

Tel: 02 6260 9200

Fax: 02 6260 9299

Disclaimer: This research paper does not necessarily reflect the policy position of the Australian Government

## References

- Ansara D & Hindin M 2011. Psychosocial consequences of intimate partner violence for women and men in Canada. *Journal of Interpersonal Violence* 26(8): 1628–1645
- Australian Bureau of Statistics (ABS) 2014. *Crime victimisation, Australia, 2012–13*. ABS cat no. 4530.0. Canberra: ABS
- Australian Bureau of Statistics (ABS) 2013. *Recorded crime victims, Australia, 2012*. ABS cat no. 4510.0. Canberra: ABS
- Australian Institute of Criminology (AIC) 2014. *Australian crime: Facts and figures*. Canberra: AIC
- Bard M & Sangrey D 1986. *The crime victim's book*, 2nd ed. New York: Brunner/Mazel
- Beck A, Emery G & Greenberg R 2005. *Anxiety disorders and phobias: A cognitive perspective*. New York: Basic Books
- Betts K, Williams G, Najman J & Alati R 2013. Exploring the female specific risk to partial and full PTSD following physical assault. *Journal of Traumatic Stress* 26: 86–93
- Boney-McCoy S & Finkelhor D 1995. Psychosocial sequelae of violent victimisation in a national youth sample. *Journal of Consulting and Clinical Psychology* 63(5): 726–736
- Cashmore J & Shackel R 2013. *The long-term effects of child sexual abuse*. Melbourne: Australian Institute of Family Studies
- Coker A et al. 2002. Physical and mental health consequences of intimate partner violence in men and women. *American Journal of Preventative Medicine* 23(4): 260–268
- Colman R & Widom C 2004. Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child Abuse & Neglect* 28(11): 1133–1151
- Cook B, David F & Grant A 1999. *Victim's needs, victim's rights: Policies and programs for victims of crime in Australia*. Research and Public Policy series no 19. Canberra: Australian Institute of Criminology. <http://aic.gov.au/publications/current%20series/rpp/1-20/rpp19.html>
- Dalgleish T et al. 2001. An experimental investigation of hypervigilance for threat in children and adolescents with post-traumatic stress disorder. *Psychological Medicine* 31: 541–547
- Ditton J, Farrall S, Bannister J, Gilchrist E & Pease K 1999. Reactions to victimisation: Why has anger been ignored? *Crime Prevention and Community Safety: An International Journal* 1(3): 37–54
- Dunn P 2007. Matching service delivery to need, in Walklate S (ed), *Handbook of victims and victimology*. Portland, OR: Willan Publishing
- Freeman D et al. 2013. Paranoia and post-traumatic stress disorder in the months after a physical assault: A longitudinal study examining shared and differential predictors. *Psychological Medicine* 45: 2673–2684
- Fuller G forthcoming. *The database of victimisation experiences*. Technical and Background Paper. Canberra: Australian Institute of Criminology
- Hanson R, Sawyer G, Begle A & Hubel G 2010. The impact of crime victimisation on quality of life. *Journal of Traumatic Stress* 23(2): 189–197
- Janoff-Bulman R & Frieze I 1983. A theoretical perspective for understanding reactions to victimization. *Journal of Social Issues* 39(2): 1–17
- Jones C 2002. Victim perspective of bank robbery trauma and recovery. *Traumatology* 8: 191–204
- Kim H, Colantonio A, Dawson D & Bayley M 2013. Community integration outcomes after traumatic brain injury due to physical assault. *Canadian Journal of Occupational Therapy* 80(1): 49–58
- Norris F, Kaniasty K & Thompson M 1997. The psychological consequences of crime: Findings from a longitudinal population-based study, in Davis R, Lurigio A & Skogan W (eds), *Victims of crime*, 2nd ed. United States: Sage Publications
- Roberts G, Lawrence J, Williams G & Raphael B 1998. The impact of domestic violence of women's mental health. *Australian and New Zealand Journal of Public Health* 22(7): 796–801
- Rock P 2014. The public faces of public criminology. *Criminology and Criminal Justice* 14(4): 412–433
- Shapland J, Willmore J & Duff P 1985. *Victims in the criminal justice system*. Vermont: Gower Publishing Company
- Shapland J & Hall M 2007. What do we know about the effects of crime on victims? *International Review of Victimology* 14: 175–217
- Walklate S 2007. *Handbook of victims and victimology*. Portland, OR: Willan Publishing
- Watson B & Halford W 2010. Classes of childhood sexual abuse and women's adult couple relationships. *Violence and Victims* 25(4): 518–535