

Common Reactions After a Crime

If you have been a victim of crime it is normal to experience a range of physical, emotional and social reactions.

These reactions may last for a few days, weeks or months, and in some cases longer. The reactions will vary from person to person and will change over time.

This leaflet includes checklists of common experiences after a crime. You may find it helpful to complete the checklists, either:

- on your own,
- with the help of a member of your family,
- with a friend,
- or with Victim Support Scotland

Completing the checklists could assist you to recognise and deal with matters that are of concern to you. Talking about this information with Victim Support will help us put in place the most appropriate services for you.

This questionnaire is for you – complete it if and when you want to, keep it private or share it with whoever you feel comfortable talking to.

The impact of crime can also be influenced by other events in your life and by your personal circumstances or if you have previously been the victim of crime.

Please tick any of these that have applied to you in the past 12 months – they may have an impact on how you feel about or cope with crime that has happened.

- | | |
|--|--------------------------|
| Serious illness | <input type="checkbox"/> |
| Family or close friend seriously ill | <input type="checkbox"/> |
| Death of a close family member or friend | <input type="checkbox"/> |
| Separated from a partner | <input type="checkbox"/> |
| Job loss | <input type="checkbox"/> |
| Job change | <input type="checkbox"/> |
| Serious money problems | <input type="checkbox"/> |
| Moving house | <input type="checkbox"/> |
| Housing difficulties (or eviction) | <input type="checkbox"/> |
| Pregnancy/child birth | <input type="checkbox"/> |
| You are sole carer (for children) | <input type="checkbox"/> |
| You are sole carer (for relatives) | <input type="checkbox"/> |
| Experienced crime before | <input type="checkbox"/> |
| Close family member or friend experienced crime before | <input type="checkbox"/> |

It may be helpful to discuss this with Victim Support. Are there any issues you think we could help with?

Remember

You have experienced a stressful event

Give yourself time to recover

It's best to avoid making dramatic life changes at this time

Monitor your drug/alcohol intake

Talk to someone you can trust about what you are going through

If at any time you feel that you can't cope with your feelings and reactions, get help from your GP or let us know

Have you experienced any changes in the following (tick if you think any apply to you)?

	12 months before the crime	Now	4 weeks after the crime
Sleeping pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking (alcohol) habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much you go out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to go out alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems at work/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past we have helped people with similar issues and we may be able to help you.

Are there any issues you think we could help with?

Have you experienced any changes in the following (tick if you think any apply to you)?

	12 months before the crime	Now	4 weeks after the crime
Confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspicious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling you can't cope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often have mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panicky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Talk to someone you trust about what you are going through. If at any time you feel that you can't cope with your feelings and reactions, get help from your GP or let us know.



Contact Us

**Call our Helpline on
0800 160 1985**

Find your local service at
www.victimsupportsco.org.uk
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 @vsscotland

 Victim Support Scotland

President: **HRH The Princess Royal**

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REMEMBER – you can talk to us about these issues