

Common reactions after a crime

How did you feel before and now, after the crime?

	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 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Withdrawn	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 your feelings and reactions become unbearable or too intense seek assistance from your GP or let us know. Once you have completed this questionnaire you can use it to help you discuss things with your GP.

Are there issues you think we, or someone else might help with?

Remember - you can talk to us about these issues

Victim Support Scotland National Helpline 0345 603 9213

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

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.

A checklist of common experiences after a crime is attached. You may wish 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 checklist could assist you to recognise and deal with matters that are of concern to you. Talking about this information with Victim Support Scotland will help us put in place the most appropriate services for you.

Remember

- You have experienced a stressful event
- Give yourself time to recover
- It's best to avoid making dramatic life changes
- Monitor your drug / alcohol intake
- Talk to someone you can trust about what you are going through
- If your feelings and reactions become unbearable or too intense, you can seek assistance from your GP or let us know



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 affected by other events in your life and by your personal circumstances or if you have previously been a victim of crime.

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

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

It may be helpful to discuss this with Victim Support Scotland.

Are there issues you think we, or someone else might 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
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 prescribed or unprescribed 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 issues you think we, or someone else might help with?

Remember - you can talk about these issues

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