

ABSTRACT

The Impact of Violent Crime on Health: A Community Profile (August Town)

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Violent crime is a leading cause of mortality and morbidity in the region of the Americas and in Jamaica. Jamaica has the dubious distinction of having the highest homicide rate in the Caribbean and one of the highest in the world. Violent crime accounts for significant percentages of life years lost and exacts tremendous human, social, economic and political costs on societies. The magnitude of the health impact of violent crime in Jamaica is undoubtedly tremendous, however it is largely unmeasured.

A cross-sectional community survey was done to investigate the impact of violent crime on the health (physical, psychological, psycho-social and social) of the residents of the August Town Community. An anonymous, pre-designed questionnaire was utilized to collect data from female community residents, fifteen years of age and older. Three hundred and twenty seven respondents were successfully interviewed.

Findings suggested that all the respondents had their health impacted by the incidence/prevalence of violent crime in their community. The magnitude of impact for the dimensions of health ranged from 86.6 - 97.2 per cent. Total health impact, a

composite measure of the dimensions of health impacted (physical, psychological, psycho-social and social) had a weak inverse relationship with age and total social cohesion. The converse was found for community involvement and the knowledge and perception of violent crime in the community. The percentage variance of total health impact was found to be attributed more to total social cohesion than age, community involvement and the knowledge and perception of violent crime in the community. These findings suggest that norms of reciprocity and trust (social cohesion/social capital) are significant intervening variables in the social milieu responsible for the genesis of health impact attendant on the level of violent crime in the August Town community.

There was almost a universal view held by residents of the August Town community that the capacity to reduce the level of violent crime in their community inhered there. The majority of respondents also perceived that there was social action working in the community to reduce the level of violent crime there. This finding augers well for community efficacy. The health team and politicians were given a low rating as having the capacity to reduce the level of violent crime in the community. A low rating was also ascribed to the perceived social action of the health team and politician working to reduce the level of violent crime in the community. The health team that serves the community did not perceive that they had a role in violent crime prevention/mitigation other than the traditional curative role.

The study has highlighted the overwhelming impact that violent crime exacts on the health of communities. It has also unearthed the 'unconventional wisdom' that exists in communities and the potential for community efficacy in solving the problems that confront these vulnerable communities. For the health team and the public health specialist in particular, this study has highlighted a window of opportunity for promoting healthy social change to reduce the incidence of violent crime in vulnerable communities.

Further research needs to be done for a full exploration of the magnitude of impact that violent crime exacts on the health of communities. Priority needs to be afforded by government in the forging of partnerships with the major stakeholders to prevent/mitigate the incidence of violent crime nationally, using the community as the unit of intervention.