

“If We Don’t Forgive, It’s Like Holding on to Them”: A Qualitative Study of Religious and Spiritual Coping on Psychological Recovery in Older Crime Victims

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Objective: There is growing need to strengthen support for older crime victims. We aimed to explore spiritual and/or religious (S/R) beliefs in a sample of older victims and understand how this shapes psychological responding and coping with crime. **Method:** Qualitative study with supplementary descriptive statistics nested within a clinical trial. We explored psychological responding and coping in-depth through semistructured interviews with 27 older victims of police-reported crime, purposefully sampled to achieve maximum variation. We inductively analyzed data using a reflexive thematic analysis. We assessed the breadth of S/R beliefs in a large sample ($N = 402$) of initially distressed older victims using an abbreviated version of The Royal Free Interview for Spiritual Beliefs. We assessed continued psychological distress using the two-item Generalised Anxiety Disorder and Patient Health Questionnaire 3 months postcrime. **Results:** Over two-thirds (67%) identified as S/R, but psychological distress scores were similar, irrespective of religiosity. Our qualitative analysis suggests that crime may impact religious identity or practice in some older victims (hate crime) but influences attitudes or coping in others. Positive coping included acceptance, forgiveness, and/or turning to prayer or faith communities. Negative coping included fixation on retribution, superstition, perceived abandonment by God, or an inability to accommodate the crime within their beliefs, amplifying psychological distress. **Conclusions:** Understanding the psychological impact on older crime victims is enhanced by clarifying the role of S/R. Further research, especially on non-Christian religious victims, is needed. Cultural awareness training for trauma counselors and trauma awareness training for faith leaders is recommended.

Clinical Impact Statement

Crime can be psychologically distressing in older people. Of 402 older victims, two-thirds were religious or spiritual. Psychological distress scores were similar regardless of faith. In-depth interviews with 27 older victims found that acceptance, forgiveness, praying and support from faith communities helped distress. Justice-seeking, superstition, feeling abandoned by God or being unable to explain the crime within religious beliefs appeared to make distress worse. It is important therapists understand coping styles in the context of a person’s religious or spiritual beliefs when working with distressed older victims.

Keywords: older victims, crime, coping, psychological distress, qualitative

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Supporting data for the qualitative study is not available as the information contained may compromise the privacy of research participants, who did not agree to their data being shared publicly.

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Supporting older people after a crime is of mounting social concern internationally with global population aging (Burnes et al., 2017; HMICFRS, 2019; Muhammad et al., 2021; Qin & Yan, 2018). Recent data in England and Wales indicates almost a third (28.8%) of crimes committed between 2021 and 2022 affected adults aged 65 and over, possibly driven by a 37% increase in fraud and computer misuse offenses during Covid-19 (ONS, 2022). The psychological impact of crime on older victims can be devastating (Satchell et al., 2022). An estimated 28% of older victims of different crime types suffer prolonged distress symptoms (Serfaty et al., 2016), which is considerably higher than rates of depression (4%) and anxiety (7%) in older adults generally (World Health Organization, 2017). Burglary in older victims has been associated with accelerated mortality (Donaldson, 2003), and violent crime with severe depression, posttraumatic stress, and increased risk of nursing home placement (Brunet et al., 2013; Lachs et al., 2006; Muhammad et al., 2021). Improved psychological support for older crime victims is therefore needed.

To ensure that psychological care is culturally competent, an understanding of older victims' spiritual and/or religious (S/R) needs is important (Moreira-Almeida et al., 2016). Religion refers to an organized system of beliefs and practices to facilitate closeness to the transcendent(s), whilst spirituality is a broader quest for meaning and purpose (Koenig, 2012; Puchalski et al., 2009). Individuals may have high spirituality even with low religiosity (Lucchetti et al., 2021), but belief in either form is considered important for successful aging (Malone & Dadswell, 2018). Across cultures and religious traditions, adopting S/R teachings and practices to cope with adversity is common (Abu-Raiya & Pargament, 2015).

Positive and negative S/R coping styles are associated with positive and negative adjustment to stress, respectively (Ano & Vasconcelles, 2005; Kucharska, 2019). In older abuse survivors (Bowland et al., 2013) and elderly adults nearing the end of life (Pargament et al., 2004) positive appraisals, including collaborating with God and seeking spiritual support, protected against psychological sequelae. Meanwhile, negative appraisals including religious doubt and anguish with God resulted in depression and trauma symptoms. Individuals with meaningful explanations for adversity pretrauma may be more resilient as they are better equipped to accommodate difficult experiences without compromising their beliefs (Leo et al., 2021). However, individuals with rigid views of the world as a safe, fair, and predictable place may be more vulnerable to shattered assumptions after a trauma (Janoff-Bulman, 1989) which may then result in "spiritual struggle" and psychological distress (Ano & Pargament, 2013). Insight into how older victims appraise adversity is therefore needed to understand how S/R coping styles shape psychological outcomes.

S/R coping after trauma has been studied extensively, however, several evidence gaps remain. Firstly, despite S/R being integral to the lives of many older people (Zimmer et al., 2016), there have been few attempts to understand this in older crime victims. The limited available studies on older victims have focused on physical or sexual abuse beginning earlier in life (Bowland et al., 2012, 2013). There are no S/R studies on crimes occurring in late adulthood or crimes perpetrated by strangers (Satchell et al., 2022). Secondly, most studies are quantitative (Kucharska, 2019), which often dichotomizes samples into either positive or negative coping. In practice, people are likely to engage in a mixture of coping styles (O'Brien et al., 2019) so qualitative insight into the process of

individual psychological responding and coping over time is needed. Finally, findings on S/R and mental health are rarely implemented in clinical practice (Lucchetti et al., 2021) despite many older adults expressing a preference for S/R to be incorporated into therapy (Stanley et al., 2011).

We aimed to address these limitations for the benefit of trauma researchers and clinicians supporting older crime victims by (1) describing the extent of S/R beliefs in a large sample of older crime victims and (2) conducting in-depth interviews exploring S/R coping and psychological responding with older crime victims of different faiths.

Method

We nested our study within the design of the Victim Improvement Package (VIP) trial (Serfaty et al., 2020), the largest study of older crime victims undertaken. Our study adheres to APA Style Journal Article Reporting Standards for qualitative research (Levitt et al., 2018). The VIP trial including the current study was approved by the University College London (UCL) Research Ethics Committee (6960/001).

The VIP trial tests the clinical and cost-effectiveness of adapted cognitive-behavioral therapy (CBT) for older crime victims aged 65 or over experiencing continued psychological distress 3 months after a crime across nine London boroughs, full details for which are published elsewhere (Serfaty et al., 2020). In brief, the VIP trial consists of three steps. At step one, older victims who report a crime to the Metropolitan Police Service are screened for depressive and anxious symptoms within a month by police Safer Neighbourhood Team officers using the two-item patient health questionnaire (PHQ-2) and generalized anxiety disorder-2 (GAD-2) measures (Kroenke et al., 2003, 2007). At step two, older victims who score positive for distress are followed-up 3 months later and rescreened on the GAD-2 and PHQ-2 by the UCL research team. At step three, older victims who continue to screen positive are invited to participate in a randomized controlled trial comparing a CBT-informed victim improvement package and treatment as usual with treatment only.

We embedded qualitative interviews on how older crime victims cope with psychological distress at step two of the VIP trial (3 months postcrime). Whilst S/R coping was not the primary focus of these interviews, it quickly became apparent that this is integral to understanding coping in older victims and required in-depth examination for the current study. The ongoing VIP trial presented a valuable opportunity to further our understanding by collecting descriptive data in a larger subsample of older victims ($N = 402$).

Measures

We collected demographic data for all participants involved in the VIP trial within a month of the crime. We assessed psychological distress within a month of the crime and at 3-month follow-up, and data on spiritual and religious beliefs were collected at 3 months.

PHQ-2: The PHQ-2 is an abbreviated version of the PHQ-9 and is a rapid and reliable screening tool for depressive symptoms (Kroenke et al., 2003). The two-item measure assesses two core symptoms of depressive disorder, rated based on the preceding two weeks: (1) *feeling down, depressed, or hopeless* and (2) *little interest or pleasure in doing things*. Items are scored on a four-point

Likert scale (0–3) out of a total score of 6, with a cut-off score of 3 or more indicative of depression. The PHQ-2 has been found to have excellent discriminant validity and acceptable sensitivity and specificity (Staples et al., 2019). Its use has been validated in older adults (Li et al., 2007) and it has previously been used in older crime victims (Serfaty et al., 2016).

GAD-2: The GAD-2 is an abbreviated version of the GAD-7, which closely corresponds with the diagnostic and statistical manual of mental disorders-fourth edition, criteria for generalized anxiety (Spitzer et al., 2006). The two-item screening tool contains the first two items of the GAD-7, rated based on the preceding two weeks: (1) *feeling nervous, anxious, or on edge* and (2) *not being able to stop or control worrying*. Items are scored on a four-point Likert scale (0–3) out of a total score of 6. A cut-off score of 3 or more is indicative of anxiety in most populations but a lower cut-off of 2 or more is recommended in older adults (Wild et al., 2014). Meta-analyses indicate that GAD-2 has acceptable psychometric properties (Plummer et al., 2016). It has been validated in older adults (Wild et al., 2014) and previously used in older crime victims (Serfaty et al., 2016).

The Royal Free Interview for Spiritual and Religious Beliefs: We asked a large subsample of older victims who screened positive for distress within a month of the crime three items from The Royal Free Interview for Spiritual and Religious Beliefs (King et al., 2001) as part of the 3-month follow-up. The three questions were: (1) *Would you say that you have a religious or spiritual understanding of your life? (Religious/spiritual/religious and spiritual/neither religious nor spiritual);* (2) *Do you have a specific religion?* (3) *Do you believe in a spiritual power or force other than yourself that enables you to cope personally with events in your life? Please circle the number which best describes your view from 0 (no help) to 10 (great help).* The Royal Free Interview for Spiritual and Religious Beliefs has acceptably high criterion validity, predictive validity, internal consistency (0.74–0.89), test–retest reliability, and it can differentiate between people with high and low spiritual beliefs (King et al., 2001).

Qualitative Sampling

We conducted one-to-one semistructured interviews between June 2018 and August 2019 with 27 older crime victims who had reported a crime to the Metropolitan Police Service between 3 and 9 months previously. We identified older victims through their involvement with the VIP trial. We invited participants during data collection visits and, if agreeable, arranged separate visits for the interviews. This had the benefit of establishing rapport before the interview. We obtained informed consent for all participants.

We used purposive sampling to obtain maximum variation across gender, age, ethnicity, and crime type as well as both positive and negative outcomes on the GAD-2 and PHQ-2 at 1- and 3-month postcrime. As the importance of spirituality and religion quickly became apparent, we sought to recruit older victims of different faiths as well as those who identified as atheists and secular. We excluded older victims if they had insufficient knowledge of English, speech or hearing difficulties, or lacked capacity to consent. As there is no agreed-upon sample size in qualitative research (Baker & Edwards, 2012), we set a target of 25–30 a priori. We selected this as it would (A) provide a variety of perspectives, (B) ensure inclusion of diverse characteristics, (C) be proportionate to the focus of the research

question, and (D) be achievable with available resources (Gilgun, 2014). By 27 interviews, we considered variety in characteristics, crime types, beliefs, and perspectives to have been obtained.

Interview Schedule

Our semistructured interview schedule was originally designed to explore (A) how earlier experiences shape how older victims make sense of and cope with the crime they experienced in late adulthood and (B) older victims' views on service use and help-seeking for crime-related distress. We covered both aspects in the same interview by dividing the topic guide into before the crime, the crime itself, and after the crime. We encouraged participants to adopt a life course narrative throughout the interview, starting by asking participants to describe where they grew up and what that was like. The topic guide did not ask about religious or spiritual views, but we purposefully kept interviews flexible to accommodate unanticipated topics. We found participants often spontaneously discussed religion or spirituality when asked about their upbringing or views on the crime. We adopted active listening and a non-judgmental but inquisitive manner.

JS conducted interviews in-person through home visits or at UCL as preferred by the participant. Interviews were mostly one-to-one except for three participants who chose to have a family member present. Interviews lasted on average 73 min (range 34–132 min). We audio-recorded, transcribed, and anonymized interviews, and then deleted the audio files.

Analyses

We conducted summary statistics on the quantitative measures. We inductively analyzed the qualitative interviews using NVivo 12 (released in 2018). We adopted reflexive thematic analysis as its flexible framework is well-suited to interpretivist research aimed at understanding different perspectives (Braun & Clarke, 2020; Petty et al. 2012). JS achieved familiarization by conducting the interviews, transcribing a proportion of them, and reading all transcripts. Through an iterative process of assigning initial codes and discussing ideas through supervision and rereading interviews, JS developed a coding framework for the entire dataset. Through this process, JS identified that religion and spirituality were commonly discussed and warranted more detailed examination. ND then read through each interview, highlighted quotes referencing religion or spirituality, and assigned initial codes describing these. JS and ND refined these codes through weekly discussions and jointly developed an in-depth coding framework for the religious and spiritual data. JS and ND's combined efforts meant both a broad overview and in-depth insight were achieved.

Positionality Statement

Jessica Satchell and Nicola Dalrymple are training for a PhD and MSc, respectively, in mental health research at UCL. Jessica Satchell was raised in the UK and baptized and confirmed into the Church of England but identifies as agnostic. Nicola Dalrymple was raised in Ireland and baptized and confirmed into the Church of Ireland; she identifies as a nonpracticing Christian. We acknowledge our greater exposure to Christianity, but we approached the data inquisitively and with the belief that one does not have to practice a religion to appreciate its importance to others. We adopted a naïve approach

during interviews and encouraged participants to “state the obvious” (e.g., “what do you mean by ‘a normal Jewish upbringing?’”). We both refrained from reading background literature before analysis. We both kept a reflexivity diary and discussed our findings with supervisors Gerard Leavey and Marc Serfaty (agnostic and atheist, respectively).

Results

Descriptive Statistic Findings

We asked 421 older victims who had initially screened positive for distress within a month of the crime the questions from the *Royal Free Interview for Religious and Spiritual Beliefs* at 3-month follow-up. Of these, 19 (4.5%) declined one or more questions, producing a sample of $N = 402$ with complete data. The mean sample age was 74.5 ($SD = 7.42$; range = 65–96 years) and included 257 females (63.9%). Theft was the crime most frequently reported ($n = 187$, 46.5%), followed by house burglary ($n = 95$, 23.6%), fraud and distraction burglary ($n = 40$, 9.95%), criminal damage ($n = 26$, 6.47%), robbery ($n = 30$, 7.46%), assault ($n = 20$, 4.98%), and harassment or stalking ($n = 4$, 1%). Forty-three percent continued to screen positive for distress at 3-month follow-up. A breakdown of responses to the *Royal Free Interview* is provided in Table 1 with comparative GAD-2 and PHQ-2 scores. As data were normally distributed, these are presented as mean scores and standard deviations.

Over two-thirds (67%) of our sample identified as S/R. The low mean scores for “belief in a spiritual power of force that helps with coping” in the “neither religious nor spiritual” group has face validity. Belief scores were lower in the spiritual group compared to the religious group; it was the addition of religion that appeared to elevate these scores in the spiritual and religious groups. The GAD-2 and PHQ-2 scores appeared similar whether religious or not despite the large sample size, confirming qualitative methods were best suited to understanding the nuances within coping styles.

Qualitative Sample Characteristics

Our qualitative sample ($N = 27$) ranged from 65 to 94 years (mean age = 74; $SD = 8.05$) and consisted of 16 (59% females). The

sample was predominantly White British ($n = 17$, 63%) whilst three (11%) were Asian Indian, two (7%) Black African, one (4%) Black Caribbean, one mixed ethnicity, and one self-identified as “other” ethnicity. Ten participants were raised in London, the rest were raised in other parts of the UK, India, Namibia, Ghana, Tanzania, South Africa, Jamaica, and Poland. Participants were most commonly victims of personal theft ($N = 10$, 37%) and house burglary ($N = 5$, 19%) but others were victims of assault, fraud, distraction burglary, harassment, robbery, and criminal damage. Twelve (44%) scored positive for psychological distress on the GAD-2 or PHQ-2 at 1- and 3-month postcrime (“continued symptoms”), six (22%) scored negative both times (“coping well”), and nine (33%) scored positive at 1 month but negative at 3 months (“recovered”). Most participants were Christian ($N = 14$) followed by Jewish ($N = 4$), Atheist ($N = 3$), and secular ($N = 2$). The views of older victims of different faiths were actively sought and the remaining four participants were Muslim, Hindu, Buddhist, and of stoic ideology. Those who identified with a faith varied from those who considered themselves devout to those who did not practice. Participant characteristics are summarized in Table 2.

Qualitative Findings Overview

A thematic analysis of the religious and spiritual themes across our sample revealed that religion was raised by the participants in three overarching ways: (a) the experience of the crime; (b) their outlook on the crime; and (c) how they coped with the crime. Religion could be helpful and unhelpful in how they felt and coped as a result. An overview of themes is provided in Table 3.

Experience of the Crime

Religious and spiritual themes were common in participants’ descriptions of the crime and its impact. In the most literal sense, three Jewish participants (P18, P21, and P24) described crimes motivated by antisemitism. One was assaulted during peaceful activist work, another was asked whether he was Jewish before being assaulted whilst out shopping, and the third experienced “a virulent antisemitic rant... the level of abuse, aggression, it’s definitely a hate crime” (P21). These participants expressed feeling let down by the

Table 1
Responses From Older Victims on the Royal Free Interview Compared with Mean GAD-2 and PHQ-2 Scores ($N = 402$)

Religion, coping, and psychological distress against life understanding		Q1. Would you say that you have a religious or spiritual understanding of your life?			
		Spiritual ($n = 32$)	Religious ($n = 164$)	Spiritual and religious ($n = 73$)	Neither religious nor spiritual ($n = 133$)
Q2. Do you have a specific religion?	Christian ($n = 204$)	13	117	58	16
	Muslim ($n = 30$)	0	21	6	3
	Jewish ($n = 14$)	2	10	1	1
	Hindu ($n = 20$)	0	12	7	1
	Sikh ($n = 2$)	0	2	0	0
	Other ($n = 2$)	1	1	0	0
	No religion ($n = 130$)	16	1	1	112
Q3. Coping	Belief in spiritual power or force which helps with coping with personal events in your life 0–10 mean (SD)	5.22 (3.43)	7.67 (2.69)	7.56 (2.53)	0.44 (1.50)
Psychological Distress	Mean (SD) GAD-2 score at 3 months	1.5 (2.21)	2 (2.13)	2.10 (2.08)	2.05 (2.15)
	Mean (SD) PHQ-2 Score at 3 months	1.5 (2.16)	1.47 (1.76)	1.5 (1.74)	1.41 (1.91)

Note. GAD-2 = generalized anxiety disorder-2; PHQ-2 = two-item patient health questionnaire.

Table 2*Characteristics of Each Participant in the Qualitative Interviews*

P No.	Crime type	Religion	Gender	Age	Ethnicity	Previous anxiety or depression	Living alone	Positive GAD/ PHQ 1 month after the crime	Positive GAD/ PHQ 3 months after the crime
1	Burglary	Christian—Catholic	F	70	White British	YES	NO	NO	NO
2	Harassment	Christian—Church of England	M	71	White British	NO	NO	YES	YES
3	Burglary (attempted)	Atheist	M	74	White British	NO	NO	YES	NO
4	Burglary (place also turned upside down)	Christian	M	70	White British	NO	NO	NO	NO
5	Theft from a motor vehicle	Muslim	M	71	Asian Indian	YES	YES	YES	YES
6	Distraction Burglary	Christian	F	82	White British	YES	NO	YES	YES
7	Distraction Burglary	Christian	F	76	White British	YES	YES	YES	YES
8	Theft from person	Christian—Catholic	F	65	White British	YES	NO	YES	YES
9	Theft from motor vehicle	Atheist	M	71	White British	NO	NO	YES	NO
10	Theft from person	Christian	F	78	Black African	NO	YES	YES	NO
11	Criminal damage to property—under £500	Christian—Catholic	F	67	White British	YES	NO	YES	NO
12	Theft from motor vehicle	Christian	F	68	Black African	NO	YES	NO	NO
13	Harassment	Christian	M	65	Asian Indian	YES	YES	YES	YES
14	Theft and fraud	Christian—Anglican	F	83	White British	NO	YES	YES	NO
15	Fraud	Stoicism	M	87	White British	NO	YES	YES	NO
16	Theft from motor vehicle	Atheist	M	76	White—other	NO	NO	YES	NO
17	Racially/religiously aggravated assault	Buddhism	M	66	White British	NO	YES	YES	NO
18	ABH	Jewish	F	70	White—other	NO	NO	YES	YES
19	Robbery (intimidation with a knife)	Jewish	M	72	Other ethnicities	NO	NO	NO	NO
20	Theft	Christian	F	83	White British	NO	YES	NO	NO
21	Theft including intimidation	Jewish	F	73	White British	YES	YES	YES	YES
22	Burglary	No religion	F	94	White British	NO	YES	NO	NO
23	ABH	Christian	F	65	Black—Caribbean	YES	YES	YES	YES
24	Racially/religious common assault	Jewish	M	68	Mixed—other	NO	NO	YES	NO
25	Burglary	Hindu	F	71	Asian Indian	NO	YES	YES	YES
26	Fraud	No religion	F	91	White British	YES	NO	YES	YES
27	Theft from motor vehicle	Christian	F	66	White British	NO	YES	YES	YES

Note. GAD = generalized anxiety disorder; PHQ-2 = two-item patient health questionnaire; ABH = actual bodily harm.

police who they felt had failed to recognize the assaults as antisemitic hate crimes and respond accordingly. They also reported a collective sense of anguish, explaining that a crime against one Jewish person is considered a crime against all Jewish people. Although the fourth Jewish participant (P19) in the sample did not attribute the most recent crime he had suffered (being robbed of his bicycle at knifepoint) to antisemitism, all four Jewish participants recounted multiple incidents of physical and verbal assault motivated by antisemitism throughout their lifetime. For these participants, the recent crime was part of a pattern of repeat victimization.

The crime impacted religious practice in other participants. For example, a Christian participant whose house had been burgled expressed sorrow that her gold crucifix had been stolen due to its sentimental value (P1). Another Christian participant reported that she was “particularly upset” her car had been damaged “as I was meant to be going to church that day” (P12). Another Christian participant (P8) reported that she had stopped going to church altogether as she no longer felt safe leaving the house after having her purse stolen whilst out shopping.

Nonreligious older victims did not comment on religion when recounting the crime, likely because they did not consider it relevant. However, an atheist older victim (P26) who was defrauded by a neighbor acting as her carer believed the crime had happened because she was lonely. The absence of routine and community—

provided by activities such as going to church—was relevant to her experience.

Outlook on the Crime

Participants often spontaneously shared their outlook when describing their experience, which for many was rooted in religious or spiritual beliefs. Some participants were able to make sense of the crime within their religious belief systems whilst others struggled, and this shaped how they felt about the crime as a result.

The collectivist nature of Judaism meant that Jewish hate crime victims tended to view their experience through the lens of intergenerational cultural trauma. They were motivated by the principle of *Kol Yisrael Arevim Zeh Baze* (“all Jews are responsible for each other”) to seek justice for the crime: “Out of communal responsibility towards my Jewish family and Jewish people” (P24). These participants were visibly distressed by their experiences. In contrast, the Jewish participant who did not attribute his experience of being robbed at knifepoint to antisemitism responded with remarkable calmness, which he attributed to earlier experiences of victimization teaching him to cope: “It does give you a little bit of confidence, I suppose” (P19). He appeared to have normalized these earlier experiences: “A typical day was school, games,

Table 3*Thematic Map of Religious and Spiritual Themes in Older Crime Victims*

Theme	Subthemes	Codes
Experience of the crime	Religion directly impacted	Crime happened because of their religion ("hate crime") Police did not recognize the crime was against their religion A crime against one person is a crime against all Jewish people
	Religion indirectly impacted	Theft of crucifix Discovered crime on way to church Not feeling confident to go outside means cannot go to church
Outlook on the crime	Impact and justice for the community Resilience	Participants motivated to seek justice for the Jewish community Previous experience of overcoming hate victimization gave confidence to deal with current crime
	Violation of religious beliefs Desire for justice Acceptance of religious beliefs	Crime goes against God's teachings about right and wrong It is not fair that the perpetrator got away with it Perpetrator did not know about God's teachings about right and wrong Perpetrator needs help from God Choosing to forgive Perpetrator is suffering The crime was destined to happen Cannot change what has happened
Coping with the crime	Community support	Friends at church The community coming together Loneliness /a lack of community support
	Comfort through prayer	To give strength God as someone to confide in A safe space to vent emotion
	Abandonment from God	Asking God why this happened Safety is dependent on diligent praying

friends... being Jewish we were attacked. I was used to that. A very normal childhood."

Christian participants often viewed the crime within their understanding of fundamental moral imperatives. Some drew on the principle of "don't do to others, things you wouldn't like done to you" (P10), struggling to understand why they had been targeted when they had not wronged the perpetrator: "You just think God, how did this happen?" (P6). Another participant expressed outrage that the perpetrator had not been reprimanded for his wrongdoing: "I think it's very unfair, the principle of him getting away with it" (P8). For these participants, this sense of injustice and abandonment from God exacerbated their distress.

In contrast, other Christian participants made sense of their experience without compromising their beliefs. One participant reasoned that the perpetrator may not have received the same teachings: "Maybe they didn't study the Bible to teach them God's love and discipline" (P12). Another expressed empathy and understanding toward the perpetrator: "I've asked God to bring them to a place of facing up to their own responsibility so that they can get their life sorted out" (P4). In contrast to distressed older victims who often focused on retribution, this participant explained that consciously choosing "mercy not judgement" helped him cope: "I choose to forgive... many people [say] 'I'm gonna get my own back' or whatever... it doesn't mean we deny the pain we might feel [but] if we don't forgive, it's like holding onto them." These participants appeared able to make peace with the experience and seemed calmer as a result.

Acceptance was not specific to Christianity. The Buddhist participant also acknowledged that the perpetrator may have had a difficult life: "Buddhism does help you stay calm, he was the one suffering and not me, a man of mental anguish" (P17). The Hindu participant expressed the belief that the crime was

predetermined and destined to happen: "I believe that whatever it is in your destiny, it will happen. This is what I believe. No matter, whatever you do. The health-wise, the crime-wise" (P25). Acceptance was also seen in nonreligious participants. For example, an atheist older victim who suffered theft from his car remarked: "I've come to learn that the world does not owe me anything" (P16) and similarly, an atheist older victim of fraud commented: "The best religion I could think of was to be stoic... I didn't check my bank account because I couldn't see the point in upsetting myself" (P15).

Coping With the Crime

Religion was often spontaneously discussed by participants when asked whether they had sought formal help for psychological distress as many reported turning to their faith community or prayer instead of mental health services. Whilst older victims were often comforted by turning to faith, others felt abandoned, which exacerbated their distress.

Community

Turning to their faith community for support was commonly cited by older victims. Christian participants tended to refer to specific members of their church who they felt able to share their concerns with: "If we need support, we talk to certain circles of our friends within the church community" (P4). This support could be practical as well as emotional: "[Name] has been marvelous, if I get into any difficulty, she will come round, I can't do paperwork, but she's cleared that all up" (P7). The Christian participant who stopped attending church because she did not feel safe going outside sought formal help through Victim Support instead but cited having

someone to talk to as the most helpful aspect: "I could talk about it to get it off of my system, there are certain people you can talk to about it and certain people you can't" (P8). This suggests the benefits of faith communities are through enhanced social networks and are not religion specific.

The Jewish hate crime victims also cited community as a source of support but instead of turning to specific friends, they described the whole community coming together to aid them in their "communal responsibility" to achieve justice: "The Jewish community extends beyond borders, I had phone calls from Toronto and Sydney" (P18). For these participants, their community provided a sense of identity, purpose, and belonging that was a source of comfort in itself: "I think that sense of being part of something bigger than myself helps me, if you don't feel you're a part of something then who are you? My Judaism gives me that" (P18).

Atheist and secular participants were not expected to have referred to religious communities to help with coping, and we did not examine their coping styles in-depth as this is considered elsewhere. It was noted, however, that although some turned to family and friends for support, communities in other settings were not otherwise mentioned. The secular older victim of carer fraud cited losing a friend as the most painful part of the crime: "I feel sad, depressed, very tearful... I had a friend, just down the corridor" (P26). Taken together, the social, practical, and emotional support associated with connection to faith communities was protective against distress whilst the absence of community—religious or otherwise—was a risk factor in older victims.

Prayer

Prayer was another commonly cited coping method. Some prayed to God as a higher power asking for help to overcome their distress: "I pray to God always to give me strength to manage" (P12). However, the same participant and others also viewed prayer as a two-way dialogue that they actively participated in: "I talk to God, I get a lot of assurance from that, I feel more comfortable and relaxed." The use of words "talk" and "conversation" suggest prayer offers similar benefits of having someone to confide in as provided through a tangible church community: "It's like talking to the Lord, just like you would a friend" (P7). With God offering a consistent and unconditional presence, prayer facilitated a safe space for reflection and emotion regulation after the crime: "If you feel angry then maybe you pray or have a conversation with God, I feel at peace" (P4). These participants described feeling "relaxed," "comfortable," and "at peace" and appeared to be coping well.

Other participants expressed anguish with God: "I keep crying and asking God 'why am I suffering? I've reached this age and I'm still suffering?'" (P23). Others voiced anxiety that further crimes would happen if they did not pray for safety when going out. These participants would also thank God for providing protection each time they returned home without a crime occurring: "Thank God when bad things don't happen, I thank God the window is not broken" (P5) and "Please give me a sign that I haven't been robbed and thank you very much for looking after me" (P7). These older victims appeared to be in a cycle of heightened anxiety in which praying provided short-term relief before accumulating as they prepared to go out again.

Discussion

We aimed to explore religious and spiritual beliefs in a sample of older crime victims and understand how this shapes responding and coping with crime. Over two-thirds of older victims in the larger sample identified as S/R. Older victims in the qualitative interviews referred to religion when describing the crime, their outlook on what happened, and how they coped. Variation in emotional coping was not explained by religious identity alone as resilience and distress were observed in both devout and nonreligious participants. Instead, positive coping (acceptance, forgiveness, turning to prayer and/or faith for comfort) and negative coping (fixation on retribution, superstition, perceived abandonment from God, and inability to accommodate the crime within religious beliefs) was observed. This is consistent with existing research on positive and negative religious coping, which has been found to be associated with positive and negative changes in depressive symptoms respectively (Abu-Raiya & Pargament, 2015; Ano & Vasconcelles, 2005). However, these are not mutually exclusive, and individuals may engage in both when processing trauma (O'Brien et al., 2019). The relationship between the trauma of being a crime victim, religion, and psychological well-being is nuanced.

Our finding that religion was intertwined with victimization in Jewish participants coincides with recent reports that antisemitic hate and online abuse are escalating in response to the conflict in Israel and Gaza (Community Security Trust, 2021a, 2021b). The psychological impact is often compounded in hate crime victims compared to nonhate crime victims because of its targeted nature (Benier, 2017). Nonhate crime victims may be reassured that their experience could have happened to anyone but hate crime victims cannot escape that their crime happened because of who they are and that negative stereotypes associated with their identity were used as justification (Craig-Henderson & Sloan, 2003). The adverse psychological impact of hate crime also extends beyond targeted victims to others sharing that identity (Craig-Henderson & Sloan, 2003).

The remarkable resilience observed in the Jewish participant who was robbed at knifepoint may have been because he did not view it as a hate crime. However, his comment that previous victimization had given him the confidence to manage is also consistent with "The Stealing Effect" (Liu, 2015). This theory argues that overcoming moderate trauma in early life produces an inoculative effect against subsequent trauma, whereas severe trauma overwhelms coping, and no prior trauma results in the "shattering" of core assumptions about the world as a safe, fair, and predictable place (Janoff-Bulman, 1989). This may also explain the variation in emotional responses across other participants. Christian participants who struggled to understand why the crime had happened when they had lived righteous lives may have been experiencing a shattering of core beliefs rooted in Christian teachings. Their emotional distress appears consistent with "spiritual struggle" arising from having these beliefs challenged (Exline et al., 2014). Christian participants who were coping well accommodated their experience within their religious framework by acknowledging suffering in the perpetrator. This was also observed in the Buddhist participant, consistent with The Four Noble Truths of Buddhism that suffering is inherent to being human. Taken together, our findings are consistent with research in other populations which suggests that developing meaningful explanations for adversity pretrauma is important

for resilience (Leo et al., 2021). Variation in emotional responses was also explained by differences in desired outcomes. Retribution was sought by Jewish hate crime victims and distressed Christian participants alike. As <6% of crimes currently result in conviction (Home Office, 2022) lack of resolution may compound the psychological impact after a crime. In contrast, participants who were coping well often expressed empathy and forgiveness. Intervention studies in older adults have found that incorporating forgiveness enhances psychological well-being (López et al., 2021). However, research in other trauma populations suggests this may be inappropriate where hurt is ongoing (Gismero-González et al., 2020).

Whilst praying for protection is common across faiths, the observation that some older victims were rigid about praying both before and after going out may be viewed as superstition in a religious context or safety-seeking in a therapeutic context (Salkovskis, 1991). Safety-seeking behaviors are important targets in cognitive-behavioral interventions as they provide short-term relief for anxiety but can exacerbate anxiety longer-term (Helbig-Lang & Petermann, 2010).

Clinical Recommendations

These findings raise considerations for trauma researchers and counselors. Despite increasing secularism in society and clinical practice, religious identity and spiritual beliefs remain important for many older crime victims. Clinicians should acknowledge that this can shape a patient's experience of trauma and how they cope with it. It is crucial that clinicians engage with this therapeutically and not alienate patients by rejecting or challenging their beliefs.

Protective factors for psychological distress in older victims of different crime types include acceptance, empathy, and community support whilst aggravating factors include desire for retribution, challenge to belief systems, and superstitious or safety-seeking behaviors. Positive and negative coping styles do not appear to be specific to particular religions and may also apply to nonreligious older victims. Treatments may range from appraisal focused (e.g., cognitive therapy) to more behaviorally focused interventions (e.g., acceptance and commitment therapy). Recent intervention work in older crime victims is consistent with this as cognitive-behavioral approaches consider both appraisals and behaviors. Preliminary research on spiritually informed interventions also holds promise but requires further testing in non-Christian older victims (Bowland et al., 2012).

Older adults are less likely to seek formal help for trauma symptoms compared to somatic complaints (e.g., van Zelst et al., 2006). These findings support earlier research that many older adults turn to faith and faith communities instead (Pargament et al., 2000; Stanley et al., 2011). This emphasizes the importance of community outreach and trauma awareness training for religious and/or spiritual leaders. Participants who sought support from faith communities appeared to have enhanced social networks and the absence of this was observed in the atheist older victim suffering loneliness. This does not mean nonreligious older victims should be directed toward religious communities as this would be incompatible with their beliefs, but it does highlight the potential benefits of secular community support groups or therapy targeted toward enhancing social connection (Zagig et al., 2021).

Finally, hate crime victims appear particularly vulnerable to psychological distress and counselors should be aware of the sociocultural context their experience fits within, as well as the potential for secondary traumatization when working with patients from marginalized groups.

Strengths and Limitations

Our study addresses a gap in the literature as more research from the perspective of older crime victims is needed (Reisig et al., 2017). Qualitative interviews are well-suited to understanding individual experiences of specific events (Höltge et al., 2018). Our study explored in-depth an unanticipated theme that arose during research for the VIP trial and highlighted the importance of understanding the religious/spiritual context when treating older crime victims for psychological distress. A further advantage of embedding our study within an ongoing clinical trial was that we were able to collect supplementary descriptive data, which strengthened our interpretation of the qualitative data and its applicability to treating distress in older victims.

As religion was not the primary research question, saturation was not achieved. It should not be assumed that older victims who did not refer to religion do not have views on this, nor do our findings cover all beliefs of older victims across religions. Efforts were made to include different faiths, but the sample was predominantly Christian, and nonreligious participants would also have been exposed to Protestant influences as they grew up in the United Kingdom. We identified participants through their involvement with the VIP trial (Serfaty et al., 2020), which works with police-reported crime victims. As victims from ethnic minorities less commonly report crimes to the police (McCart et al., 2010) they may have different views to those expressed here. Sexual crimes were also not covered in these interviews because of the trial selection criteria. Given the many different beliefs around sex across religions, further research to understand the impact of sexual crimes on older victims of faith is needed, but clinicians should be mindful of religious beliefs when working with older victims of sexual crimes. Finally, we focused on depressive and anxiety symptoms as these were targets of our VIP intervention. Although additional screening using the Primary Care posttraumatic stress disorder screen for DSM-5 (Prins et al., 2016) and the Impact of Events Scale (Horowitz et al., 1979) would have provided helpful context, depression and anxiety are major components of trauma sequelae (Drapeau et al., 2012).

It is important to acknowledge that qualitative research does not seek to be generalizable. Our study does not claim to be exhaustive or representative of religious and spiritual coping in older crime victims. Instead, we seek to shine a spotlight on these issues and emphasize the importance of further research. In conclusion, understanding the psychological impact of crime on older victims is enhanced by clarifying the role of religion, and improved insight is likely to be beneficial to both faith leaders and trauma researchers.

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