

Comments

SHOPLIFTING

Shoplifting was in the British news again, following the tragedy of Lady Barnett, and the advent of Christmas. In recent years the numbers convicted have greatly increased, although they probably represent only a minority of those arrested, and some aspects of the criminological background may be interesting. When every fifth woman entering a department store and a supermarket was followed a few years ago, 1 in 84 was seen to steal; made up of 1 in 131 in department stores and 1 in 49 in supermarkets, from a total of 1,000 cases. Using their sixth sense, detectives do rather better, arresting 1 in 34 in department stores and 1 in 10 in supermarkets. In the U.S.A. 1 in 15 randomly followed stole.

In 1971 Rosalind Wescott wrote a thesis on shoplifting, based upon data from a principal security firm. Shoplifting is part of 'wastage'—goods not accounted for by sales. They estimate that wastage is made up of dishonesty or error as follows (error in brackets): short delivery 35 per cent (10 per cent); shop-soiling of goods 15 per cent (10 per cent); shop-assistants at point of sale 25 per cent (5 per cent); shoplifting 25 per cent (<1 per cent). Even if an incomplete delivery is made good later, the reception clerk may say "Take it away; it will make my books wrong". Store managers are commonly paid according to profits. When shoplifting became excessive, some adopted the practice of 'bouncing', colluding with the check-out girl to charge people for what they had not bought. A large firm recently issued an order forbidding this. One may conclude that most people steal from their place of work—office stationery, off-cuts of valuable metals, false meal-claims etc. The level at which it is classed as pilfering or even theft is variable. For housewives, supermarkets are places of work in housekeeping, and in fact a great deal of shoplifting consists of women stealing 50p of extras when spending £8–£10 on groceries. Many, perhaps most, are seen to do it for several successive weeks, but this is not evidence which can be given in court.

The security firms' statistics of arrest, rather than prosecution, show that the age of shoplifters is the same as in other forms of theft—the majority are young people between 10 and 18; they are usually not prosecuted but reported to the local authority or

parents. Women of 45–60 nevertheless make a noticeable bulge in the age graph of female offenders, which declines sharply after about 20. Since 1976, I understand, arrests of males have exceeded females, no doubt because they do the shopping more often. Mistakes or false accusations are almost certainly quite rare, if only because it exposes the store to prosecution, and the detective to getting the sack.

Psychiatrists are mainly interested in the small (and perhaps diminishing) minority of neurotic and depressed women, and others, who steal with minimal motive of gain. Nevertheless their behaviour in most cases shows that they intend to steal and the pressure from solicitors to say that they had no criminal intent becomes wearisome. Whether they mean that they do not have full or untrammelled intent is not clear, but the courts are quite prepared to acquit without giving reasons or to convict but give an absolute or conditional discharge if the circumstances are presented in a psychiatric or probation report without recourse to such fictions. It would be more rational, however, if they were capable of convicting but ordering a conviction not to be recorded, as in hospital orders.

The situation seems to have altered quantitatively rather than qualitatively since Mrs Prince and I studied 500 London shoplifters in 1959. The presence of depression in such cases seemed to be confirmed when we studied their subsequent convictions for any offence in the next ten years and also admissions to mental hospitals, though this was only possible in the second quinquennium (*British Medical Journal*, 1971). At least 5.8 per cent of those (the great majority) with only the one offence in 1959 had since been admitted, 12.2 per cent of those with a subsequent offence, 12 per cent of those with a previous offence, and 19.6 per cent of those with both previous and subsequent offences (which often included other types of offence)—an overall 8.4 per cent. The age specific rate of admission in those years was 2.5 per cent, so it seemed that ex-shoplifters had two or three times the expected rate. Most of the admissions had been for depressions or suicide. It suggested that shoplifting in these women was the earliest symptom in a gathering depression; but there are certainly some who are pushed further into depression by the shame of arrest.

A recurring story is that a post-menopausal woman has been seeing her G.P. for many weeks for a

number of vague symptoms, and receiving tranquillizers and antidepressants. After a time she feels he is wearying of her and stops going. A month or so later she is convicted. There are, of course, other conditions, anorexics who steal food, the senile, and psychosomatic problems of shoplifting alternating with attacks of rheumatism or skin disease. The motive is often obscure, and the objects stolen useless or very trivial, but most often it seems to be a sudden impulse to give themselves a treat, like a child stealing for lack of love; to punish others by punishing themselves; hysterical secondary gain; or, in the newly poor, to keep up appearances. As with minor sex offences in men, which they resemble in many respects, it is sometimes a response to serious mental illness in someone close. All depressed patients, however, are aggressive, either to themselves or others, and the element of well-concealed resentment and spite is detectable. In 1959 we thought that 10–15 per cent of cases fell into the disordered group, but I understand that a modern fully clinical study of a large group suggests 5 per cent. One can understand that shopkeepers weary of the popular assumption that all shoplifters are of this type.

Only about 10 per cent of first offenders are ever reconvicted, and it seems doubtful if the neurotic or depressed case is any more likely to be reconvicted than others, since the crisis is often quite temporary. Some obviously need psychiatric or social treatment for the current situation, regardless of the question of reconviction. Whether a private warning would be effective in preventing reconviction is something which needs proper study. I doubt if the rare and very serious chronic impulsive cases (the old kleptomaniacs) can be picked out before they are convicted for a second time. Certainly all second offenders should be very carefully assessed. Even very thorough psychoanalytic treatment, as with other impulse disorders, may reveal the psychopathology without effecting a cure. The future may lie with behavioural treatment, which can be effective, even if the patient is quite sceptical of its value. Group therapy of all shoplifter groups is also described, but it is not clear if these are recidivists.

Reference

British Medical Journal (1971) Mental health aspects of shoplifting, *iii*, 612.

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