College of Policing

Recognising and responding to vulnerability-related risks guidelines

Summary of practitioner evidence

November 2021

Anika Ludwig
Sharon Reid

college.police.uk

Contents

1. Introduction

This report presents the findings from a review of practice evidence collected to inform the development of the College of Policing's **national guidelines** to support policing to recognise and respond to individuals at risk of harm. The guidelines also set out the organisational support required to support frontline staff to identify and respond to the signs of vulnerability and help keep people safe (the full scope of the guidelines can be found in **related reports and information**).

The guidelines and supporting information draw on the practice evidence presented in this report and an extensive review of the relevant published social research, in the form of a rapid evidence assessment (REA) – available in **related reports and information**. This identified a number of enablers and barriers to identifying risk and vulnerability. These were presented to guideline committee members in a series of evidence summaries, which can be found in **Appendix 5**.

This report presents the findings from the practice review undertaken by the College guideline development team. This review was intended to:

- understand the range of ways in which frontline practitioners identify vulnerable individuals and how they engage with individuals they suspect might be vulnerable to encourage disclosure of risk/harm

- explore how organisations support their frontline staff to identify vulnerability, including what training and development they receive and what supervisory models or other management techniques/structures they use

- identify the types of action that practitioners take to keep people safe, with a view to using these to develop a 'menu' of options informed through practitioner experience

2. Methods

We carried out a range of engagement activities with officers, police staff, specials and subject matter experts, which included a call for practice and interviews. We also reviewed reports and detailed findings from engagement and consultation exercises previously carried out with policing practitioners by the College and other organisations. This included interviews with 16 chief constables and focus groups

with approximately 140 police officers and staff, carried out as part of the College's research to inform its 'Perennial Policing Challenges' work. Desk research was also carried out to understand practice in other sectors and review findings from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

The practice evidence was gathered systematically and its findings represent the views of multiple individuals. However, it does not represent a review of practice in every force in England and Wales. There is also a risk that the voices of those who felt most strongly about an issue will be overrepresented in the findings.

2.1   Call for practice

The **call for practice** focused on collecting examples of police practice and interventions that:

- supported responders to identify vulnerabilities in individuals that could result in harm

- equipped responders to communicate effectively with vulnerable people at risk of harm

- identified the actions that can be taken to make individuals safer, particularly those that address multiple vulnerabilities

The aim of the call was to:

- help build on existing policing knowledge of how officers and staff are supported in identifying and engaging with vulnerability

- map and share current practice across England and Wales

- support the development of evidence-based national guidelines

To identify approaches taken by forces and partner agencies, stakeholders were invited to share their **current practices** in relation to:

- training and development, which, for example, encourage professional curiosity, challenging conversations, reflective practice and supervision, rapport building, displaying empathy or active listening

- any formal/force advice or guidance that is regularly used to inform action or behaviour

- supervisory models and management techniques in place, for example looking at leadership or learning culture

To focus the call for practice, force heads of training were identified and contacted (47 named individuals from all 43 forces in England and Wales).

The call for practice was carried out on three separate occasions using a variety of platforms. Force heads of training were invited to participate in the initial call for practice and it was also shared through:

- College members, evidence champions and ambassadors

- guideline committee members

- Twitter

- staff in the College's Knowledge, Research and Practice (KRP) unit

The call for practice was open for a six-month period and seven examples of practice were received (see **Appendix 1**). Although they did illustrate pockets of interesting practices/interventions, it is currently not possible to extrapolate or recommend any of the examples as national good practice due to lack of evaluation.

2.2   Interviews

Sixteen interviews were carried out with officers and staff working in police forces to identify a range of ways in which frontline practitioners identify vulnerable individuals (what cues to look/listen for). The interviews explored how frontline staff, including call handlers, engage with individuals they suspect might be vulnerable, to encourage interaction. The interviews also covered the 'types of action' that may be available to police practitioners to keep people safe.

Exploratory work was carried out to understand how staff felt forces supported frontline staff to identify vulnerability, including what training and development they receive and what supervisory models or other management techniques/structures they use. This work aimed to identify innovative or notable activity to support professional curiosity and victim engagement.

Three members of staff working in partner organisations were also interviewed as they may:

- operate within a different frame of reference to their policing colleagues and therefore pick up on a different set of cues or signals of vulnerability and/or use different approaches to elicit information from vulnerable individuals who may be reluctant to engage

- have different training techniques or systems in place to encourage professional curiosity engagement

Interview participants were recruited through guideline committee members; from an expression of interest; through College staff; and by using a targeted approach. Interested parties were contacted via email to arrange a suitable date and time to complete interviews. Most interviews (n=17) were completed in person (face to face), during spring 2019. Participants were sent an information sheet and the consent form ahead of the interview, but were given time on the day to review/read this and provide their consent. The interview questions drew on those used in the HMICFRS effectiveness inspections and can be found in **Appendix 2**.

Participants worked for a range of different police organisations and in a number of different roles. In total 19 individuals participated (11 female, eight male). Details of their roles and organisations can be found in the table below.

Force/organisation	Roles
Scottish Social Services (n=1)	Social worker
Rape Crisis (n=1)	Advocacy coordinator
Childline (n=1)	School services volunteer
British Transport Police (n=1)	Response officer
Cleveland Police (n=3)	Enquiry team/front desk
South Yorkshire Police (n=8)	Call handlers, police community support officers (PCSOs), response officer, specialists (domestic abuse, female genital mutilation, honour-based abuse)
Lincolnshire Police (n=3)	Intelligence officers
Avon and Somerset Police (n=1)	Victim support

Analysis

Interviews were audio recorded using the iPhone Voice Memos app and professionally transcribed. Interviews ranged from 25 minutes to one hour and 30 minutes. Transcripts were imported and coded using NVivo 12 software in a number of phases.

Initially all transcripts were coded to correspond with the main questions (see **Appendix 2**).

This provided an initial coding framework, which resulted in 10 initial codes. A second phase of coding was then used to deductively analyse and code for sub-themes within each question to identify relevant themes and categories (results can be found in **Appendix 3**).

2.3   Desk-based research

Desk research was also carried out to understand practices in other sectors and review findings from HMICFRS. These included:

- Review of HMICFRS individual force PEEL effectiveness inspections between 2015 and 2019.

- Review of national PEEL inspection reports for 2015 to 2019.

- Review of national reports in other sectors (mainly healthcare and social care).

- Government reports about the future of policing.

- Review of existing guidance material.

- Review of existing risk assessment tools and grading matrix developed by RATED Scotland.

A preliminary scan of PEEL effectiveness inspections between 2015 and 2018[1] identified factors used to assess police forces, to determine whether specific issues relating to vulnerability and risk may influence a force's grading (outstanding; good; requires improvement; or inadequate). Although some common themes did appear to have an effect[2], there was no clear outstanding issue and the context was often of greater concern than the issue itself. More detailed analysis would be required to take this work further, however it was useful to understand the breadth of the challenge that forces faced.

---

[1] PEEL: Police effectiveness 2015; PEEL: Police effectiveness 2015 (vulnerability); PEEL: police effectiveness 2016; PEEL: police effectiveness 2017; PEEL: Police effectiveness, efficiency and legitimacy 2018/19

[2] Forces rated as inadequate between 2015 and 2018 were often criticised for the following: poor risk assessment; providing an inadequate response to victims; poor identification of vulnerability; inability to identify repeat victims easily (or at all); disconnected IT systems making it hard to spot flags or markers of risk; lack of training; poor supervisions; and a lack of analytical capability making it difficult to set up problem profiles for specific areas.

3.   Results

Key findings:

1. There is no single agreed definition of vulnerability across police forces. Forces applied different definitions of vulnerability.

2. The use of the ABCDE (Appearance, Behaviour, Communication, Danger, Environment) model3 for identification or recognition of vulnerability was considered useful.

3. There are a wide range of risk assessment tools being used by forces. Threat, Harm, Risk, Investigation, Intelligence, Vulnerability, Engagement (THRIVE), the National Decision Model (NDM) and domestic abuse, stalking, harassment and honour-based violence risk identification, assessment and management model (DASH) were most common. Our parallel research into risk assessment tools (available in **related reports and information**) identified that very few had been evaluated.

4. Barriers and enablers to risk and vulnerability showed some overall similarities with the **REA** results. Information from practitioners predominantly identified practical factors associated with dealing with vulnerable individuals (for example physical, interpersonal, social, resource, training, perceptual), while some of the literature focused on very specific cultural or social barriers (such as immigration and deportation worries).

5. A wide range of actions used by officers and partner organisations to keep victims safe was identified. These included short and longer-term interventions.

6. Interviewed officers and staff reported that they often struggled to find the time and resources to debrief and reflect on specific situations, and that they predominantly used 'self-reflection' rather than an official debrief.

7. Participants' responses to questions around vulnerability training were varied, with many stating they had received something they associated with

---

[3] See Appendix 4

> vulnerability but they were unable to specify training type, content and
> usefulness.

3.1   Vulnerability and risk of harm

Definition of vulnerability

In 2015, **HMICFRS** recommended a consistent approach to defining vulnerability[4] and to collecting data about the identification of vulnerable people[5]. The 2017 PEEL: police effectiveness inspection identified that, two years later, forces continued to use several definitions of vulnerability.

HMICFRS found that the proportion of recorded crime involving a vulnerable victim still varied between forces, and five forces were still unable to provide this data. In most forces, HMICFRS saw an improvement that was attributed to better training and support for frontline staff in dealing with vulnerable people. Despite these improvements, 'protecting from harm those who are vulnerable, and supporting victims' was found to be the lowest performing criterion with more forces graded as 'requiring improvement' than anywhere else in the effectiveness inspection, indicating that more work is needed to improve the identification of vulnerability and risk.

Perhaps due to the lack of a consistently used national definition of vulnerability, it was no surprise that interview participants provided a range of different definitions of vulnerability. Even where there were force definitions, participants were not always able to recall it or identify that there was one within their force. Often, where definitions were recognised, participants stated that they used their own interpretation because they recognised that 'vulnerability […] changes from case to case. Somebody could be vulnerable in totally different circumstances' (police practitioner). This is mirrored by a number of responses, stating that just because an individual may fall into one of the protected factors categories (age, gender, religion, sexuality, disability, etc.) it does not automatically make them vulnerable. Definitions

---

[4] The report stated that there was a lack of consistency as to how vulnerability is defined, which means that a victim who has been identified as vulnerable in one force may not be identified as vulnerable in another area, and could receive a different level of service.
[5] The lack of consistency contributed to inconsistencies in the proportion of crime recorded as involving a vulnerable victim.

of vulnerability tended to be less common in partner organisations. Participants stated that their initial assumption was always that everyone who contacted them was considered vulnerable based on the offences they have experienced.

3.2   Identification/recognition of risk/harm

A study on the **prevalence of adverse childhood experiences in Wales** undertaken by Public Health Wales (2017) identified several issues related to the identification of risk and vulnerability. Specifically they concluded the following in Wales.

- There was varied capacity and opportunity across police workforces to effectively assess and respond to vulnerability. Evidence suggests that the assessment of risk is a continual process and officers use professional judgement, 'gut feeling' and experience when responding to vulnerability.

- There was a need for a shared understanding of vulnerability across services. Risk thresholds for intervention did not align across organisations, and some agencies were more risk averse than others, which could cause tensions.

- A whole organisation approach was needed to respond to vulnerability, bringing together the various work streams into one coordinated and corporate approach under the direction of senior leadership.

The finding around capacity and opportunity was supported by findings from the **House of Commons Home Affairs Committee inquiry** on policing for the future. One of the main themes that emerged was 'the increasing volume of police work arising from identifying and managing various forms of vulnerability'. The inquiry surmised that 'these trends were attributed to a multitude of factors, including growing awareness of various forms of vulnerability and the need to protect marginalised individuals from harm, a culture of risk aversion and the impact of funding pressures experienced by other public services (some of which do not operate a 24/7 service), including local authorities and NHS mental health services'.

Participants stated that the identification or recognition of vulnerability was linked not only to the interaction with the officer/staff and the victim/individual, but also the availability of a number of information sources to provide context and information regarding an individual/situation. Some participants indicated that they use the

Vulnerability Assessment Framework[6], which follows the ABCDE model, to guide their identification of vulnerability (especially in call centres) (see **Appendix 4**).

When assessing and identifying vulnerability, respondents said they firstly consider an individual's '**appearance**' and '**behaviour**'. They would look for visible injuries and harms, the state of an individual's clothing and general look, their body language and demeanour. They would also look for signs of aggressiveness, shock, denial, appearing disconnected, displaying an emotional response (such as crying), looking nervous or scared.

> 'You can have somebody that can come in in floods of tears, and then you can have somebody that is potentially in shock. You can get somebody where they've taken an awful lot of courage to come into the police station. They're feeling very frightened. They're feeling very nervous. That's normally a big indicator that there's more to what they may be giving.' (Police practitioner).

Respondents stated aspects of '**communication**' such as cadence, sentence structure, type of language used, vocabulary, overall pattern of speech and tone of voice were important in considering the individual in front of them. 'Their speech pattern and how they're talking and the way they talk' (police practitioner). This was further explored by the careful asking of questions and listening for peculiarities or things that 'don't feel right'. Actively listening and adapting how information is communicated was also considered important to ensure key information was understood. An example was given of an individual known to a police force who had a disability, which meant that when this individual spoke they sounded like they were 'drunk'. Without prior knowledge and careful communication this could easily be dismissed.

Communication skills such as building rapport were also considered important. Rapport building was defined by participants as a relationship based on mutual trust and understanding. It's 'getting information from an individual as best as you can

---

[6] Also referenced in the **Mental health APP.**

without prying too much' (police practitioner) and 'building up a relationship, effectively establishing trust' (police practitioner).

Respondents identified that it can be achieved by:

- using an individual's first name

- generally engaging with the individual in a conversation

- offering open questions that allow an individual to talk freely

- showing that you're actually listening and caring about what they're saying

- talking to them in a way/using language that they understand

- showing that you're interested in them

- actively listening and repeating back what is said to ensure mutual understanding

'Ask a question in the right way and they will quite often open up and just tell you' (Police practitioner).

Respondents agreed the '**environment**' the individual found themselves in was also important. They stated that they would consider what other individuals were 'hanging' around the potentially vulnerable individual, and their location, for example whether they are in a known 'hot spot' for a particular crime/incident. Further aspects such as time of day also have an impact on assessing whether the individual might be in any immediate danger.

> 'Where to start, everything about that person, from their appearance, their demeanour, the language used, body language, previous history, local knowledge, their friends/acquaintances, every aspect of their life.' (Police practitioner)

Other factors such as age, gender, disability, religion, sexual preference along with mental health, homelessness and substance abuse were also said to be considered using professional judgement based on experience, training, known information and intelligence.

Participants' responses to questions around what information sources they might use or interrogate to help identify vulnerabilities predominantly focused on:

- people: seeking out advice from colleagues or line managers or liaising with partner organisations to ascertain a history of issues

- systems: accessing as many computer systems (such as the Police National Computer) as possible that were available to them, as well looking on local intranet pages or searching the internet

- policies: using the relevant force policies and toolkits available to ascertain the next steps

- personal: using their training and professional judgement to reach conclusions

3.3   Use of risk assessment tools

HMICFRS has raised issues of risk assessment and management consistently in national and individual force reports since at least 2014. HMICFRS found some evidence of risk assessment tools being used for different purposes, primarily to manage demand, rather than to tailor services to the needs of victims (HMIC, 2015). Deficiencies in risk assessment featured in seven national reports published in 2017, including those on stalking and harassment, modern slavery and human trafficking, children living with domestic abuse and police effectiveness.

Participants in the interviews conducted for the development of the guideline stated they used a range of risk assessment tools in the evaluation and identification of risk and vulnerability. Most participants stated they used THRIVE, the NDM and DASH, or localised tools such as:

- ABLLS – Assessment of basic language and learning skills

- BRAG – Blue, red, amber, green

- Common needs assessment

- Child sexual exploitation (CSE) checklists

- Intelligence matrix

- **National Risk Framework**

- Repeat vulnerable victims form

- **Resilience Matrix**

- Signs of safety

- **Three-point test**

- **<u>Vulnerability Assessment Framework</u>**

HMICFRS analysis identified that most forces (36 out of 43) use the THRIVE model, or variations including:

- THRIIVES – Threat, Harm, Risk, Investigation, Intelligence, Vulnerability, Engagement, Specific Need

- STRIVE – Safeguarding, Threat, Harm, Risk, Investigation, Vulnerability, Engagement

- THRIVE+

Other tools used include:

- NDM

- ViST – Vulnerability screening tool

- SCARF – Single combined risk assessment form

- SERAF – Sexual exploitation risk assessment framework

- THOR – Threat, Harm, Opportunity, Risk

- RARA – Remove, Avoid, Reduce and Accept the risk

- ARMS – Active risk management system

- MIRAF – Missing individual risk assessment form

- Risk Matrix 2000

- SNAPPER – Sexual, Neglect, Any exploitation, Physical, Professional and Emotional factors, Relevant information

Since 2016, 39 out of 43 forces use DASH for domestic abuse risk assessment (PEEL inspections). A new risk assessment, DARA, is to be rolled out for frontline use, following a trial period. DASH will continue to be used by specialists.

Risk assessment has also appeared in the Independent Office for Police Conduct's (previously Independent Police Complaints Commission) top five most common recommendation themes in each of the years 2015 to 2017, while protection of vulnerable people (which requires risk assessment and management) appears consistently in policing and crime plans published by police and crime commissioners.

Risk assessment tools used in policing were reviewed as part of the guideline development, and can be found in **related reports and information**. Few of the tools identified had been formally evaluated.

As well as wanting to understand the use of different risk tools in forces, we were also interested in finding out whether the **College risk principles** were known to police practitioners and whether they were used. Knowledge of the principles was extremely limited (two out of the 19 interviewees indicated they knew of them, with one additional respondent stating they thought they had heard of them). Consideration may need to be given as to whether policing should make better use of these existing principles and how they may sit alongside the new guidelines being developed.

3.4   Disclosure/engagement

Encouraging individuals to disclose abuse or harm was considered important yet difficult. Respondents stated that, in addition to a number of specific actions that they felt encouraged the disclosure of information, empathy and compassion from first responders was also important.

Empathy

A number of factors were considered important when describing/trying to define empathy. These included:

- showing that you care

- providing reassurance/actively listening

- being emotionally and socially aware of others

- being able to sympathise

- being able to put yourself into someone else's shoes while remaining objective and doing your job

- understanding where someone is coming from without 'judgement' and 'being able to relate to someone's experience or lifestyle' (police practitioner)

Discussion around whether empathy could be taught or learned provided a variety of responses, with two thirds of participants stating they thought it could be learned

---

through experience. 'I think certain skills around empathy can be learned. So around listening skills, all that kind of active listening, how you talk to people' (police practitioner).

Compassion

Compassion was considered to involve being able to relate to an individual and showing understanding of their emotions. It was considered important to have a 'caring personality where you're not closed off and in your own world. You are emotionally aware of other people' (police practitioner).

In a discussion around whether compassion can be taught, some respondents felt it could possibly be learned from observing colleagues, but that you had to be open to change and learning. On the whole, almost half of the respondents didn't think compassion was teachable. 'I think you can try and teach people to be slightly understanding and accepting, but to teach them to be genuinely compassionate, I'm not sure' (police practitioner).

3.4.1 Barriers

Barriers and enablers to identifying risk and vulnerability shared by the interviews showed some overall similarities with the findings from the REA. Information from practitioners predominantly identified practical factors associated with identifying and responding to vulnerable individuals (such as physical, interpersonal, social, resource, training, perceptual), while some of the literature focused on very specific cultural or social barriers (such as immigration and deportation worries).

Practical barriers – lack of resources and time

A number of practical barriers to the disclosure of information were identified, which mainly related to a lack of resources, including:

- a limited ability to do standard agency checks
- difficulty in identifying the appropriate partners
- difficulty in general access to information and support agencies
- competing demands and time restrictions on all agencies

- victims having to deal with too many different people (not able to deal with the same officers over a period of time)

- victims having to repeat their statement/explain their situation numerous times to different members of the criminal justice system

Further practical barriers to the disclosure of information were identified related to a lack of time:

- victim needing to provide statements on multiple visits (sometimes to get the best out of them)

- limited number of staff having to deal with a large volume of work

- pressure to complete tasks quickly to get onto the next one means signals/signs can be easily missed

> 'A lot that has to be played by ear as you may not know what to expect ahead of time. Thinking on your feet. Also accepting that may not be able to collect all necessary information in a single visit, and have to accept what you can get at time.' (Practitioner from partner organisation)

Interpersonal barriers – communication

Barriers related to communication skills were identified by respondents, which mainly included:

- frontline staff not asking the right questions or asking leading/closed questions

- frontline staff taking everything at face value/not reading between the lines

- questions being asking by rote and parroting back answers instead of ensuring understanding of the situation

- the victim feeling like they are being interrogated instead of giving their statement (linked to police interview style)

- frontline staff not always recognising peculiarities in statements

> 'People are not very good about speaking about their mental health – there was some training from an organisation that was called Freedom from Torture, people who come from different backgrounds will describe their mental health in different ways.

So people coming from sub-Saharan Africa will talk about having headaches.' (Practitioner from partner organisation)

Social barriers – lack of privacy

A number of social barriers to the disclosure of information were identified, which mainly related to a lack of privacy, including:

- victims having to report in public spaces in stations where there are limited interview rooms

- lack of online reporting

- fear/shame of attending with family member/parents

- victims feeling a burden/wasting time reporting their incident

> 'Sometimes they just want to be able to go and sit in a quiet room knowing that it's totally private and they're not being looked at by other people. That's the biggest issue I would say that prevents somebody engaging with you in a front desk.' (Police practitioner)

Lack of training was identified as a potential barrier to disclosure, especially in relation to more complex incidents such as stalking or coercive control. It was considered that reading between the lines and picking up on signs was especially important for these types of scenario. Processes that were thought to de-skill officers were also considered a barrier to disclosure as they did not necessarily promote professional curiosity.

> 'Somebody decides that call scripting is the right thing. They said, "You've got a new recruit who will find it useful because you've got everything down there", but actually what it does, it de-skills them in being able to have a conversational-style discussion, and asking outside the box...' (Police practitioner)

Perceptual barriers – biases/preconceptions

A number of perceptual barriers to the disclosure of information were identified, which mainly related to bias or preconceptions, including:

- poor demeanour/attitude towards victim

- poor attitude to repeat callers

- subjective personal bias influencing decision making

- unconscious bias influencing decisions

- high workloads leading to pre-judgement, compassion fatigue, desensitisation

> 'With regards to the issues, we've also got members of staff with preconceptions and pre-judging. Sometimes it's a lack of forethought. They don't think to use the tools at their disposal to look for things. Sometimes they take it on face value, and nothing triggers, nothing clicks, because they've become so immune to things.' (Police practitioner)

3.4.2 Enablers

Enablers to effective disclosure of abuse or harm were often found to be the inverse of the barriers and could be grouped into five broad themes:

Building a trusting relationship by:

- giving the victim time to think

- giving plenty of encouragement

- offering alternatives for reporting (such as female officer, interpretation service)

- considering the impact of attending a police station by the victim

- investing appropriate time

- providing space and time to build trust

- offering drinks, tissues, frequent breaks, a seat

> 'It's having that acceptance, knowledge and understanding of sometimes you aren't the best person for somebody to talk to. There might be a reason they don't want to talk to you.' (Police practitioner)

Effectively communicating including:

- adapting language so it is understood

- being approachable and showing compassion/empathy

- using indirect questions to gather information

- being aware of own body language and non-verbal cues and looking for them in the victim too

- gentle probing

- adopting a more conversational style of questioning and asking lots of open questions

- effectively engaging

- gauging reactions to dig deeper

- making use of silence

- managing expectations/being realistic

- monitoring own tone of voice

- being sensitive to the victim and their circumstances

- patiently engaging in the right conversation

> 'A bit of encouragement to say, "Look, you've come this far.
> You're here. You want our help. Let us help you." Generally just
> talking to somebody. Quite often when they've come in and
> they've just had a little chat to you for a few minutes, that's
> generally enough for them to start to feel a little bit calmer and a
> little bit like, "Actually, it's okay. I'm happy to speak and I can
> give you that." Depending on the person as well, but it's being
> able to talk to somebody and keeping that conversation maybe
> calm and not let them get a little bit carried away.' (Police
> practitioner)

Providing information including:

- explaining the process/next steps

- managing expectations

- explaining difficult questions/need for specific information/why it's important

- assessing the credibility of the information source

- keeping the victim informed/updated

- knowing some of the victim's history

'If someone is taking a statement, particularly a sexual offences statement, and they have to ask difficult questions, to explain why you are asking the question. So if the question is "what were you wearing?" Explain that it's not about [judging what they were wearing…] but it's about finding them on CCTV. People appreciate honesty and don't make promises you can't keep.' (Practitioner from partner organisation)

Further enablers to effective disclosure suggested by interviewees included **demeanour** and **staff consistency**. It was stated that victims valued being listened to/believed. A supportive, genuine and encouraging manner helped to reassure victims and meant they felt like they were being treated as individual.

'People really value an idea that they are being listened to and believed and given some time. It is helpful for people because it is a big deal to disclose anything that is traumatic in any way, but particularly to someone in authority who you've met 20 minutes before.' (Practitioner from partner organisation)

Staff consistency or a single point of contact was also considered important to encouraging disclosure, as respondents felt victims found it off-putting to repeat a traumatic event to a number of different people.

Professional curiosity

The simplest way respondents found to describe/define professional curiosity was 'being nosey but having a reason for it' (police practitioner). Most importantly it was about asking questions (lots of different types of questions), digging deeper or exploring further, and not taking everything at face value.

'Generally, I think most of us have done the job long enough that you get a feeling that there's something not right, so sometimes it's generally based on your question set. You might have to ask something else to skirt round it but to get the answer that you need.' (Police practitioner)

The term professional curiosity is readily used by safeguarding boards (such as the **Manchester Safeguarding Partnership**, **Norfolk Safeguarding Adults Board**), especially in safeguarding children and young adults. It is defined as:

- The capacity and communication skill to explore and understand what is happening within a family.

- It is about enquiring deeper and using proactive questioning and challenge.

- It is about understanding one's own responsibility and knowing when to act, rather than making assumptions or taking things at face value.

Professional curiosity may also require practitioners to 'think outside the box' and consider the circumstances more holistically. When practitioners come into contact with individuals who may be vulnerable to harm, interactions with these individuals present crucial opportunities for protection. However, responding to these opportunities requires the ability to recognise (or see the signs of) vulnerability or risk of harm, and inquiring deeper (being curious) to encourage the disclosure of abuse or harm and understanding one's own responsibility and knowing how to take action.

Practitioners should demonstrate a non-discriminatory approach and explore the issues to formulate judgements that translate into effective actions. Some respondents also linked professional curiosity with professional development. 'It's looking at yourself to better yourself. So looking for research places, going onto Google and finding things out' (police practitioner). Being motivated to find out more information that will help somebody else, and sharing that knowledge with others.

3.5   Actions taken to keep people safe

In circumstances where action needed to be taken, interviewees described a variety of options they felt helped to keep people safe.

- **Provision of alarms/surveillance** (such as personal attack alarms, house alarms, CCTV, PCSO welfare checks/alerts).

- **Contacting/referring to partner organisations** (organisations referred to by interviewees included: ambulance services, health services, local GPs, social

services, mental health triage nurses, crisis team, vulnerable adult team, adult protection team, children's services, probation, youth services, housing services, victim support services, charities, national helplines, sexual assault referral centre (SARC), independent sexual violence advisers (ISVAs)/independent domestic violence advisers (IDVAs).

- **Police response** (such as deploying someone, police protection, arrest, charge, interview, bail).

- **Provide shelter/safeguard** (such as police station, safety plan, action plans, removal of victim).

- **Provide information/signposting** (for example provision of information on domestic abuse, religious crime, out-of-hours numbers, refugees, homeless charities, action fraud, victim support, crime prevention, but also collection of case info/intelligence).

- **Legislative powers** (eg, injunctions and orders, breaches of conditions).

HMICFRS PEEL inspection reports also identified a number of safeguarding actions, including:

- allocation of mobile phones

- use of bail conditions/domestic violence protection notices/local places of safety provision

- a range of external support services to which forces refer victims (such as places of refuge; residency orders; counselling)

- parking marked police vehicles outside victims' houses

3.6   Support received by officers and staff

Debriefing and reflection

The interviewees from partner organisations suggested they put more emphasis on having lots of opportunities for informal briefing and reflection throughout the day, with more formalised processes in place on a monthly and quarterly basis including external supervision once every four to six weeks (practitioner from partner organisation). Police practitioners stated that debriefing usually only happens when it 'goes wrong' (police practitioner) but that some debriefing protocol was followed

'whenever we've had any sort of action, big action or warrant' (police practitioner). Call handlers mentioned that there were processes where they could speak to somebody, especially after particularly difficult calls. Others mentioned looking back on jobs that they have logged to get updates as a mechanism of checking whether their initial assessment was accurate and complete. However, predominantly police practitioners were using 'self-reflection' rather than an official debrief.

One interviewee from a partner organisation stated 'we get reflective practice every two weeks, so that's a chance for us to offload in small groups of people, and talk about our particular cases or things that we're worrying about. We get monthly supervisions with our manager, and just training all of the time, just updating training and new opportunities, and are good to revisit what I already know, because it reinforces that I do know that, and then obviously that makes me feel more confident' (practitioner from partner organisation).

Participants stated if they needed to escalate an issue or ask for advice they would most often go to their team leader, duty sergeant or manager. Call handlers we spoke to stated that new members of the team were buddied up to get immediate feedback and reflection on the calls they took. Others mentioned looking at existing policies and the NDM for advice and information or shadowing other teams to get a better understanding of how they can improve in their own jobs.

Training

Participants' responses to the question 'have you received any specific vulnerability training?' was varied, with many stating they had received something they associated with vulnerability but were unable to specify training type, content and usefulness. Where specifics could be remembered, participants mentioned receiving training on how to engage with and speak to people generally to identify what the potential risks might be and to make them 'think a little bit more about what could happen if you don't do certain things' (police practitioner). There was also mention that training received sometimes focused on form filling.

> 'We did receive some training [around vulnerability] when it came to filling in the repeat vulnerable victim form. We received some training about that but that was about filling a form in.'
> (Police practitioner).

Participants mentioned they had done training through:

- specific training courses (such as vulnerability, DASH risk assessments)

- online training platforms (such as College Learn)

- as part of regular training/development days

3.7   Links to existing guidance

To avoid duplication and to determine whether useful information may already be contained in existing College guidance material, the 'Obtaining initial accounts from victims and witnesses' guidance as well as the 'Conflict management using de-escalation, communication and negotiation' guidance were reviewed.

Obtaining initial accounts

- Guideline 1: Rapport building – this section contains some useful information that can be referenced or linked to on how rapport building is useful in obtaining an initial account. Similar skills and techniques will be useful for obtaining information from vulnerable individuals. Questions on rapport building used for the current risk guideline will help develop a better understanding of what rapport building consists of and how it may be demonstrated in practice.

- Guideline 5: Witnesses' own words and open questioning and Guideline 6: Non-leading approach to questioning – both these sections contain useful information on how to effectively question witnesses who may be reluctant to share, as well as demonstrating active listening. These themes are covered in the interview data and participants identified as useful for encouraging disclosure.

- Guideline 10: Identify and record vulnerability and needs – the importance of recognising vulnerability is mentioned in this section. Cross-referencing here will be a useful reminder of why this is important in investigations generally.

Conflict management

- Guideline 1: Conflict management skills – section of situation awareness is useful for the identification of vulnerabilities as it contains many of the factors interview respondents identified as important in risk assessment. The section on active listening skills and verbal and non-verbal communication skills is especially useful.

4.   Sources of evidence

HMICFRS individual force and national PEEL effectiveness inspections 2015-2019

- HMICFRS. (2015). **'PEEL: Police effectiveness 2015 (vulnerability) - A national overview'** [Accessed 25 August 2021]

- HMICFRS. (2016). **'PEEL: Police effectiveness 2015'** [Accessed 25 August 2021]

- HMICFRS. (2017). **'PEEL: police effectiveness 2016'** [Accessed 25 August 2021]

- HMICFRS. (2018). **'PEEL: police effectiveness 2017'** [Accessed 25 August 2021]

- HMICFRS. (2019). **'PEEL: Police effectiveness, efficiency and legitimacy 2018/19'** [Accessed 25 August 2021]

Reports in other sectors (mainly healthcare and social care)

- Public Health Wales. (2015). **'Welsh Adverse Childhood Experiences Study: Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population'** [Accessed 25 August 2021]

- NHS Digital. (2017). 'Vulnerability Assessment: Example Policy'.

- NHS Digital. (2017). 'Vulnerability Assessment: Good Practice Guide'.

- Brighton & Hove Local Safeguarding Children Board. (2017). **'Working Together to improve Professional Curiosity'** [Accessed 25 August 2021]

- Norfolk Safeguarding Adults Board. (2018). **'Professional Curiosity Guidance'** [Accessed 25 August 2021]

Government reports

- Victoria Climbie Inquiry. (2003). **'Independent report: The Victoria Climbie Inquiry: report of an inquiry by Lord Laming'** [Accessed 25 August 2021]

- Civil Contingencies Secretariat. (2008). **'Identifying People Who Are Vulnerable in a Crisis: Guidance for Emergency Planners and Responders'** [Accessed 25 August 2021]

- Ministry of Justice. (2011). 'Vulnerable and Intimidated Witnesses: A Police Service Guide'.

- Home Office. (2014). **'Helping the police to support people with vulnerabilities'** [Accessed 25 August 2021]

- Ministry of Justice. (2016). 'Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures'.

- Home Affairs Committee. (2018). **'Policing for the future inquiry'** [Accessed 25 August 2021]

Existing guidance material

- **Obtaining initial accounts** [Accessed 25 August 2021]

- **Conflict management** [Accessed 25 August 2021]

- **Risk assessment tools and grading matrix developed by RMA Scotland** [Accessed 25 August 2021]

Academic papers

- McLean F and Ryan S. (2016). 'Vulnerability: A review of reviews: Summary of findings from reviews identified from a systematic research map.' (Unpublished).

- Robinson AL and others. (2016). **'Risk-led policing of domestic abuse and the DASH risk model'**, College of Policing [Accessed 14 May 2019]

Appendix 1 Call for practice

1. **Information sheet**

2. **Call for practice form**

3. Call for practice examples

Type of submission	Brief description	Evaluated?
Training	Assists officers to interview witnesses and victims of serious and complex crime using actors and vulnerable people, mental health professionals and others using scenario-based training. It provides a safe learning environment to support professional curiosity and gain insight and confidence when talking to somebody with differences.	Not specified
Training	Mental health training that enables officers to understand the options that are available to them, the perception of service users, whether use of the criminal justice system is appropriate, clinical considerations, National Decision Model (NDM) and perception of service users.	Course feedback form evaluated
Partnership working	Early identification of children at heightened risk of child sexual exploitation (CSE) and early intervention.	Not specified
Partnership working	Topaz – partnership working to identify and safeguard children at risk of CSE, disrupt suspects and effectively investigate such crimes	Not specified

Partnership working	Community triage – mental health incident decision-making model that ensures a correct response.	Pilot showed positive effect on service delivery times and police resources
	Distress brief intervention (DBI) – provides partnership framework to ensure an effective response to people in distress.	DBI still in pilot phase
Guidance	Cyber-crime prevention and intervention.	Not specified
Training and risk assessment	Team of lesbian and gay liaison officers (LAGLOs) follow up actions taken by first responders in same-sex domestic abuse cases with a secondary risk assessment.	Analysis of performance data

Appendix 2 Interview questions

Background (5 minutes)

1. What is the name of the organisation you work for?

2. Please can you tell me a little bit about your role?

3. Roughly how many years have you been in this role/job?

Defining vulnerability (10 minutes)

4. Please can you explain what definition of the term 'vulnerability' you/your organisation uses?

5. Please can you explain what you understand by the term 'risk of harm'?

How to identify or recognise vulnerability-related risk (20 minutes)

6. In your role, how might you go about determining whether someone may be vulnerable or at risk of harm?

7. Are there any risk assessment tools you regularly use to identify and manage risk?

8. [For police only] Have you heard of the 10 principles of risk published by the College? Do you use them?

9. What happens after somebody has been identified as vulnerable or at risk of harm?

10. In your opinion, do you have the capacity and capability to support the vulnerable person?

11. Is any other advice or guidance available to you that you use to inform your actions or behaviours?

12. Are there processes in place for escalating your concerns about a vulnerable person?

13. What steps do you take to ensure that opportunities for vulnerable people to disclose abuse or harm are maximised?

Relevant skills required (20 minutes)

14. What methods do you think encourage someone who may be vulnerable to disclose abuse or harm?

15. **How do you engage with someone meaningfully? What does that look like?**

16. **What does empathy mean to you?**

17. **What does compassion mean to you?**

18. **What does rapport building mean to you?**

19. **What does professional curiosity mean to you?**

Effectively disclosing abuse or harm (15 minutes)

20. **What actions do you take to encourage someone who may be vulnerable to cooperate with the police or disclose abuse or harm?**

21. **What options are available to you for keeping people safe, after the individual has been identified as vulnerable?**

22. **Are you aware of practices used by other sectors on how to engage with vulnerable individuals?**

Training and support received (10 minutes)

23. **Have you received any training in identifying/managing vulnerability/risk?**

24. **Are there any processes in place in your organisations which help support your actions/decisions?**

25. **Do you review how a situation went and where there might be areas of improvement/lessons learned?**

AOB (5 minutes)

26. **Is there anything else you'd like to add that I haven't already covered?**

Appendix 3 Thematic coding results

Name	Files	Refs		Name	Files	Refs
Actions taken	**18**	**68**		**Identification or recognition**	**17**	**47**
Alarms	3	6		**Appearance/injuries**	**5**	**6**
Ambulance or health	6	7		Clothing	1	1
CCTV	1	1		Injuries	2	2
Legislation/legal orders	3	4		**Behaviour**	**3**	**3**
Support agencies	11	18		Aggressive	1	1
No further action	1	2		Disconnected	1	1
Police community support officers (PCSOs)	1	1		Emotional	3	3
Police (attendance, arrest)	7	8		Nervous	1	1
Provide info	8	15		Scared	2	2
Provide shelter	3	3		Shock	1	2
Referrals	7	9		**Body language**	**2**	**4**
Removal of victim	1	1		**Communication**	**8**	**14**
Safety plan/safeguarding actions	6	9		Cadence/sentence structure	2	3
Social work/children's services	8	12		Emotions	2	2
				Language used	6	8
Definition of vulnerability	**14**	**22**		Listening	1	1
No	4	5		Patterns of speech	6	7
Yes	9	10		Questioning style	1	1
				Tone of voice	5	9
Disclosure	**16**	**215**		Vocabulary	3	3
Barriers	**9**	**20**		**Environment**	**7**	**7**
Access to info/partner orgs	3	4		Company/interactions	2	2
Communication	3	3		Danger	2	2
Culture	1	1		Physical location	1	1
Fatigue/job complacency	1	1		Provisions	1	1
Feel a burden	1	1		Time of day	1	1
Hidden messages	3	4		**Information**	**11**	**23**
Information sharing	2	2		Computer systems	3	6
Interpersonal skills	1	1		Frameworks/checklists	1	1
Lack of privacy	2	5		Lessons learned	2	2
Lack of time	1	1		Partner agencies involved	1	1
Lack of training/deskilling	1	1		Priors	2	2
Preconceptions/bias	4	7		Questions	2	2
Staffing	2	2		**Protected factors**	**1**	**1**
Stigma	1	2		Age	2	2
Technology	1	1		Disabilities	1	1

Time/need for multi-visits	2	2		Gender	1	1
Enablers	**16**	**125**		Homelessness	0	0
Comfort/relax (tea, tissues)	6	7		Mental health	4	4
Communication/ questions	15	34		Religion	2	2
Environment/location	2	2		Sexuality	3	3
Flexibility	4	7		Substance abuse	3	3
Information/explanations	7	14		**Training/judgement/ experience**	**6**	**8**
Professional judgement	1	1				
Reaction/demeanour	7	20		**Risk assessment tools**	**16**	**26**
Relationship	6	13		ABLLS	1	1
Space/time	8	13		BRAG	1	1
Staff consistency	2	2		Common needs assessment	1	1
Statements (written, oral)	2	3		CSE checklists	1	1
Trust	7	9		DASH	4	5
Other sectors	**2**	**4**		Intelligence Matrix	1	1
				Karma Nirvana	1	1
Information sources	**12**	**22**		National Risk Framework	1	1
Colleagues	1	1		NDM	5	5
Computer systems	5	9		Repeat vulnerable victims	1	1
Internet	2	2		Resilience Matrix	1	1
Intranet	3	4		Signs of safety	1	1
Partner agencies	3	7		Three-point test	1	1
Policies	6	7		THRIVE	4	5
Reliability	1	1		Vulnerability framework	3	3
Toolkits	1	1				
Training	2	2		**Skills**	**18**	**105**
				Compassion	12	20
Risk of harm	**14**	**18**		Empathy	15	36
Support	**6**	**8**		Professional curiosity	12	19
Vulnerability training	**16**	**40**		Rapport building	11	22

Appendix 4 ABCDE model
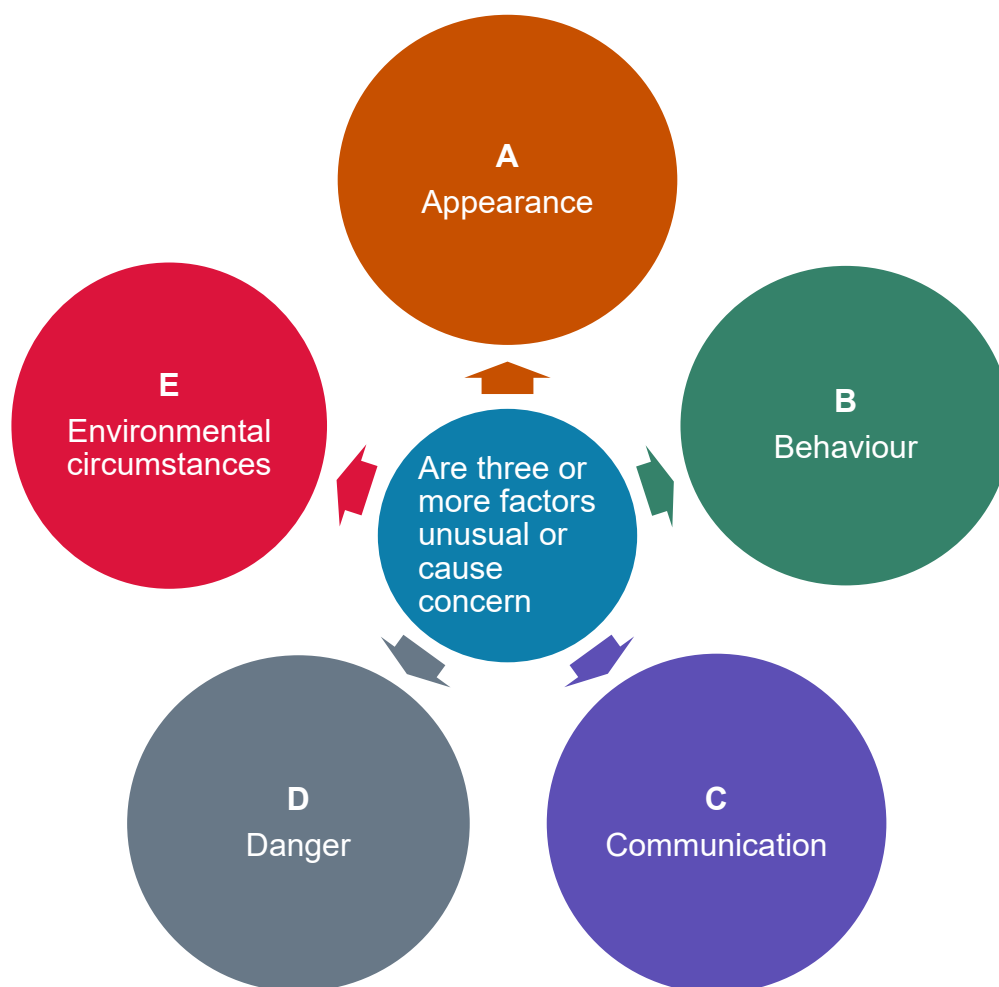
A – Appearance

- Is there something about their appearance that is unusual or gives rise for concern?

- Do they look ill, injured, unsettled or anxious?

- What can be observed immediately about the person in distress?

- What is the demeanour of the person?

- Is there a physical problem such as bleeding, panic attack?

B – Behaviour

- Is there something about their behaviour that is unusual or gives rise for concern?

- Are they excitable, irrational, manic, slow, furtive?

- What are they doing and is it in keeping with the situation?

C – Communication/capacity/circumstances

Communication

- Is there something about the way that they communicate that is unusual or gives rise for concern?

- Is their speech slurred, slow, fast?

- Are their eyes glazed, staring, dilated? What is their body language and are they displaying any subtle signs of stress or fear?

- Do they understand your questions?

Capacity

- Does their capacity for understanding fluctuate?

- Does person appear to have capacity or are there any identified/noticeable issues?

Circumstances

- What are the circumstances?

- Are they unusual or out of the ordinary?

- Does anything give rise to concern? (This could include a hunch or intuition)

D – Danger

- Is there a risk of danger/harm to themselves or another?

E – Environment/circumstances

- Is there something about the environment that is unusual or gives rise for concern?

- What is the time of day? Where do they live? Can they get home?

- Has the incident that they are involved in significantly affected their circumstances?

- What are the circumstances? Are they unusual or out of the ordinary? Does anything give rise to concern? (This could include a hunch or intuition).

- Has there been a significant change in the person's circumstances?

Appendix 5 Evidence summaries

Below are the evidence summaries from research evidence and practitioner information, which has been clustered into 11 themes relating to recognising and responding to vulnerability-related risks.
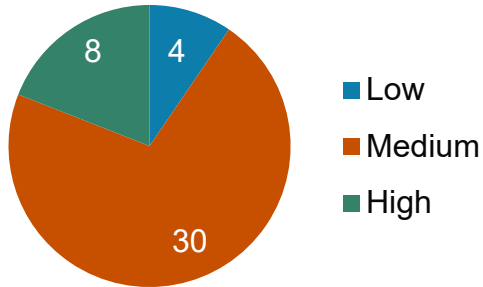
1. Fear

2. Coercive control

3. External barriers to disclosure

4. Internal barriers to disclosure

5. Knowledge and awareness

6. Perceptions and victim blaming

7. Fairness and process

8. Interpersonal treatment

9. Reasons for disclosure

10. Believing victims

11. Communication

Each theme is made up of one page of diagrams providing a snapshot of the demographics and quality of the evidence underpinning each theme, and subsequent page(s) providing a textual outline of the content of each theme.

These summary statements represent a consolidation of the evidence base and will inform guideline development.

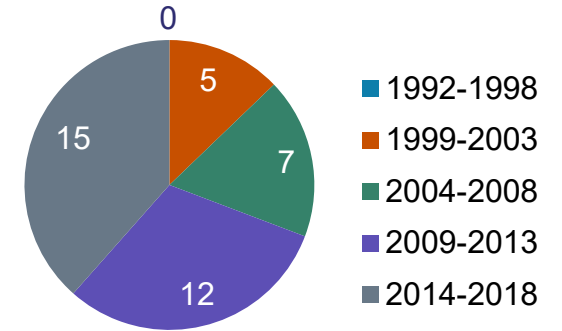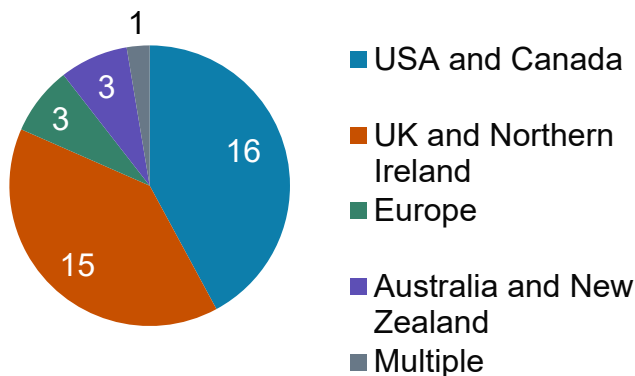## Fear – evidence overview (39 included studies)
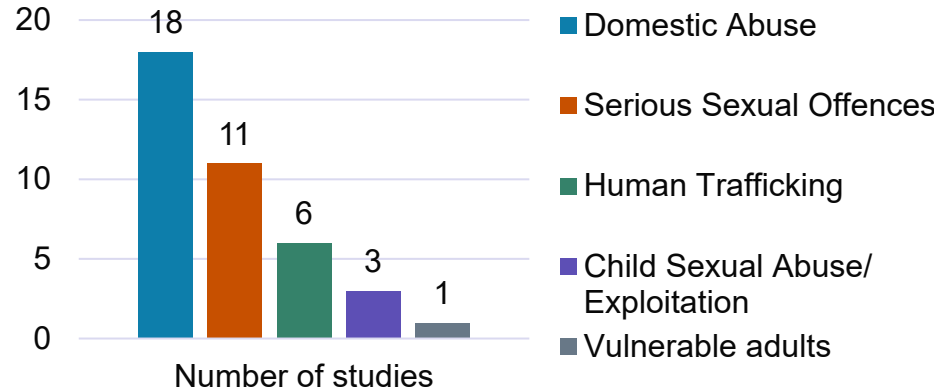
Quality of studies*

- Low: 4
- Medium: 30
- High: 8

Total number of studies per vulnerability

- Domestic Abuse: 18
- Serious Sexual Offences: 11
- Human Trafficking: 6
- Child Sexual Abuse/Exploitation: 3
- Vulnerable adults: 1

Number of studies

Number of papers published by years

- 1992-1998: 0
- 1999-2003: 5
- 2004-2008: 7
- 2009-2013: 12
- 2014-2018: 15

Geographic location of studies

- USA and Canada: 16
- UK and Northern Ireland: 15
- Europe: 3
- Australia and New Zealand: 3
- Multiple: 1

Population characteristics

- Victims/vulnerable people: 22
- Mixed: 10
- Service providers: 7

Study sample size (n=1,875)

- Domestic abuse: 878
- Serious sexual offences: 512
- Human trafficking: 198
- CSE/CSA: 113
- Vulnerable adults: (198)
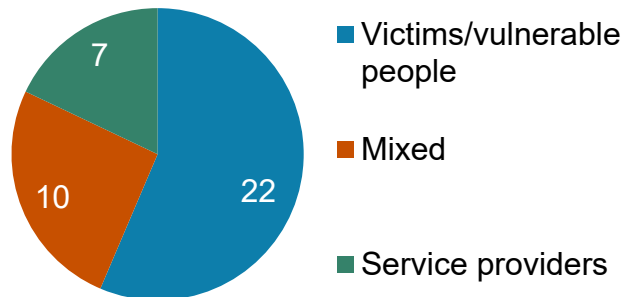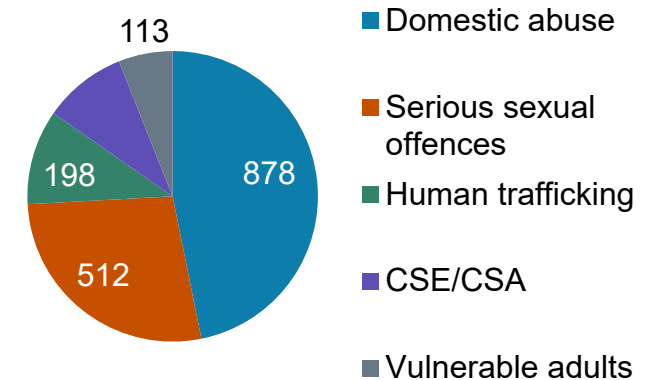
*Assessed using the Critical Appraisals Skills Programme (CASP) checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Fear

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
39	~1,875	38%	21% high 77% moderate	74% domestic abuse and serious sexual offences victims

Fear was a relatively strong theme to emerge from the review of research, being mentioned in exactly one third (33%) of included studies.

There was considerable crossover between fear and coercive control, with specific and generalised fear reflecting both the abusive behaviour of perpetrators and the disempowered status of victims.

Also in common with coercive control, fear was found in research with victims across several strands of vulnerability, including domestic abuse (18 studies), human trafficking (11), serious sexual offences (6) and child sexual abuse (CSA)/CSE (3).

Fear of offender, threats and violence: victims frequently displayed fear of their abuser, and a consequent reluctance to disclose abuse or seek help. 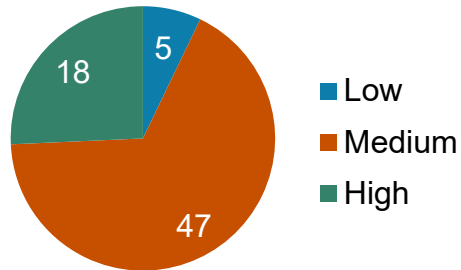This fear may be based both on threats and other abusive behaviours, but may also reflect an imbalance of power. Threats are wide-ranging and may be directed to the victim, or indirect (such as threats to harm the victim's family, or other people or things important to them). The violence used to underpin and reinforce threats may be physical and sexual. Both threats of and actual violence are designed to put the victim in a state of dependence or subjugation.

Disempowered: victims' sense of disempowerment is manifest in lack of confidence, low self-esteem, depression and feelings of worthlessness. Disempowerment is also prompted by abusers' manipulative behaviour, including convincing the victim the abuse was their fault or didn't really happen; making malicious counter-allegations or presenting the victim as mentally unstable; telling the victim that the police won't help or playing on victims' fears and lack of self-confidence to discourage seeking help; and speaking for victims who can't speak English.
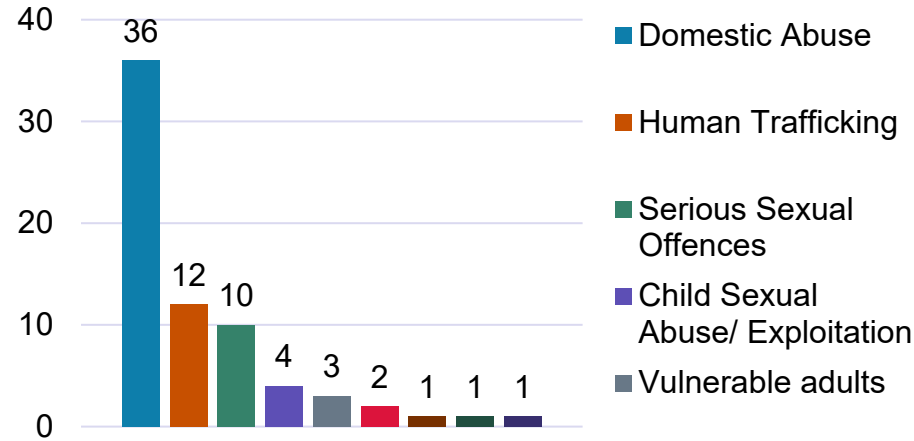
The majority of research studies were split evenly between the US and UK.

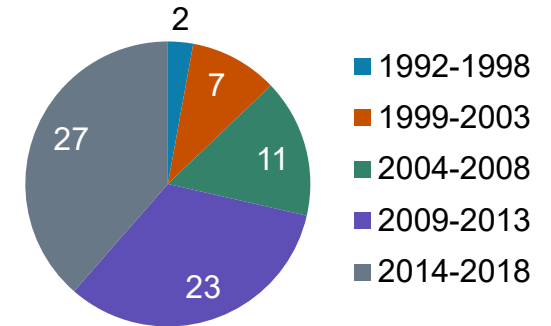## Coercive control – evidence overview (70 included studies)
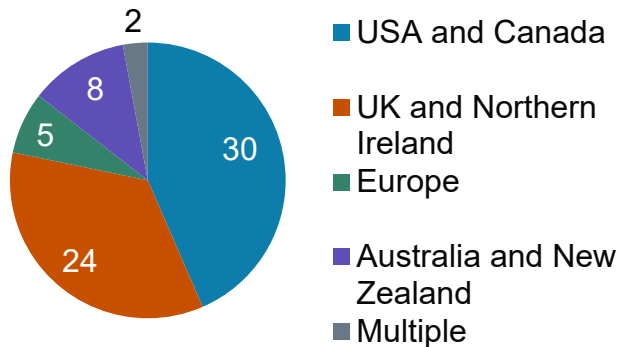
Quality of studies*

Pie chart:
- Low: 5
- Medium: 47
- High: 18

Total number of studies per vulnerability

Bar chart values: 36, 12, 10, 4, 3, 2, 1, 1, 1

Legend:
- Domestic Abuse
- Human Trafficking
- Serious Sexual Offences
- Child Sexual Abuse/ Exploitation
- Vulnerable adults

Number of papers published by years

Pie chart:
- 1992-1998: 2
- 1999-2003: 7
- 2004-2008: 11
- 2009-2013: 23
- 2014-2018: 27

Geographic location of studies

Pie chart:
- USA and Canada: 30
- UK and Northern Ireland: 24
- Europe: 5
- Australia and New Zealand: 8
- Multiple: 2

Population characteristics

Pie chart:
- Victims/vulnerable people: 45
- Mixed: 16
- Service providers: 7

Study sample size (n=3,621)

Pie chart:
- Domestic abuse: 1425
- Serious sexual offences: 477
- Human trafficking: 542
- CSE/CSA: 494
- Vulnerable adults: 257
- Stalking and harrassment: 305
- Vulnerability (general): 69
- HBV
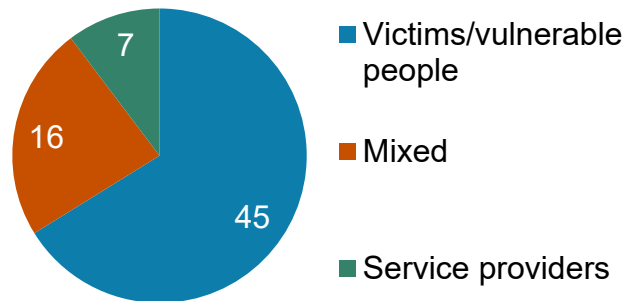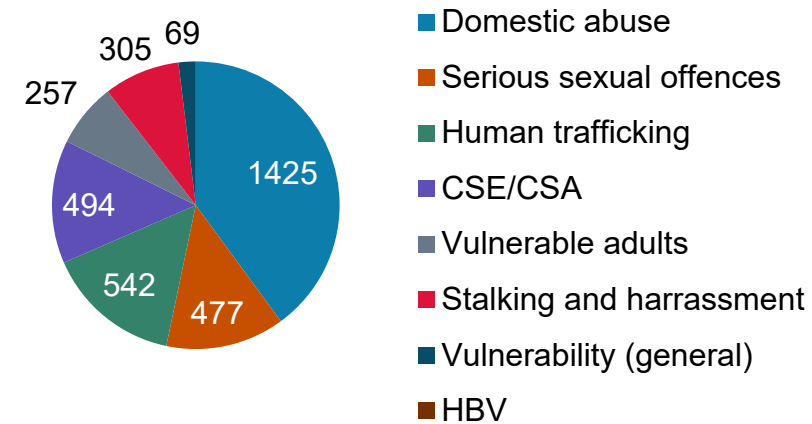
*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Coercive control

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
70	~3,621	34%	26% high 67% moderate	83% domestic abuse, serious sexual offences and human trafficking victims

Coercive control is a range of abusive behaviours intended to keep a victim subordinate and create a state of entrapment. Reference to coercive control was present in 59% of the included research studies, comprising the views of over 3,600 respondents. Just over a third (34%) of studies came from the UK.

Coercive control emerged very strongly as a theme in domestic abuse (36 studies) but also cut across numerous other strands of public protection and vulnerability including human trafficking (12), serious sexual offences (10) and CSA/CSE (4).

Several sub-themes were identified that represented behaviours used by perpetrators and/or the effect of those behaviours on victims' ability to disclose their experiences and seek help.

Immigration status: insecure immigration status used by the abuser as a direct threat/method of control, or victims of DA not wanting their partner punished as they fear it will affect their immigration status; victims' fear of police or of being deported or punished; fears that they do not have the same rights as victims born in the country or a general fear of discrimination.
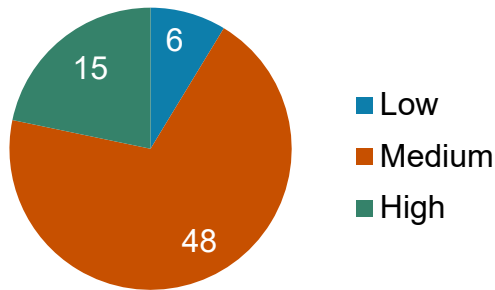
Monitoring and isolation: restrictions placed on victims' movements; abusers discouraging or preventing victims from contacting family, friends and agencies; abusers not letting victims speak with police or other agencies by themselves.

Dependence: victim dependence on the perpetrator financially; for housing, transportation, child care/family relationships; as a carer; due to immigration status; debt bondage/not wanting to return home (human trafficking). Loss of access to goods and services in community (such as drugs/alcohol for homeless), or community support.
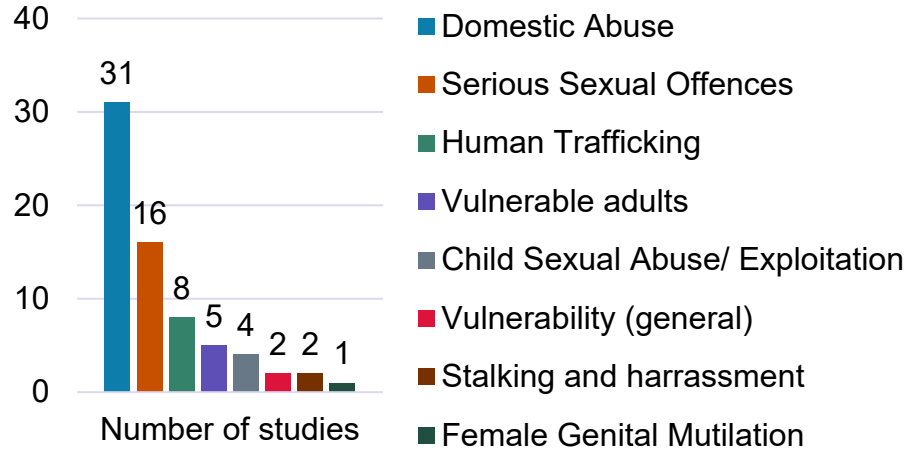
Repercussions: fear of repercussions if disclose or engage, including retributive action by the perpetrator; the possibility of 'dual punishment' (if the abuser makes a counter-allegation); the effect on children.

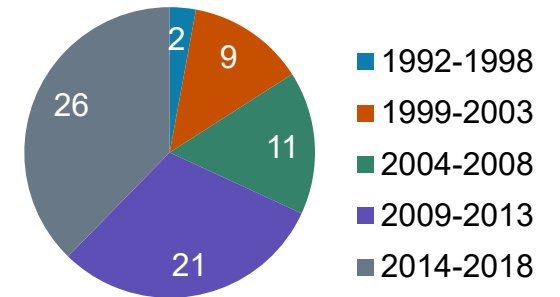**External barriers to disclosure – evidence overview (69 included studies)**
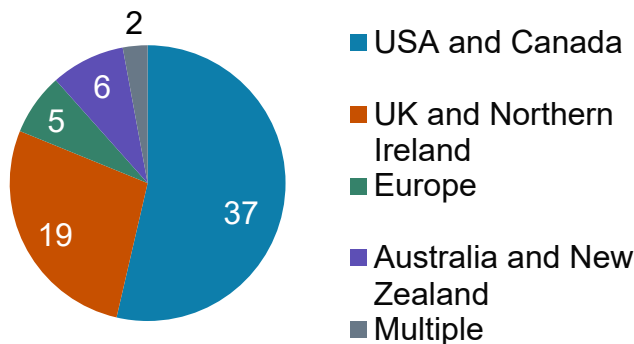
Quality of studies*

- Low: 6
- Medium: 48
- High: 15

Total number of studies per vulnerability

- Domestic Abuse: 31
- Serious Sexual Offences: 16
- Human Trafficking: 8
- Vulnerable adults: 5
- Child Sexual Abuse/ Exploitation: 4
- Vulnerability (general): 2
- Stalking and harrassment: 2
- Female Genital Mutilation: 1

Number of studies

Number of papers published by years

- 1992-1998: 2
- 1999-2003: 9
- 2004-2008: 11
- 2009-2013: 21
- 2014-2018: 26

Geographic location of studies

- USA and Canada: 37
- UK and Northern Ireland: 19
- Europe: 5
- Australia and New Zealand: 6
- Multiple: 2

Population characteristics

- Victims/vulnerable people: 48
- Mixed: 10
- Service providers: 10
- Perpetrators: 1

Study sample size (n=2,382)

- Domestic abuse: 1140
- Serious sexual offences: 661
- Human trafficking: 340
- CSE/CSA: 93
- Vulnerable adults: 293
- Stalking and harrassment: 222
- Vulnerability (general): 69
- FGM: 14
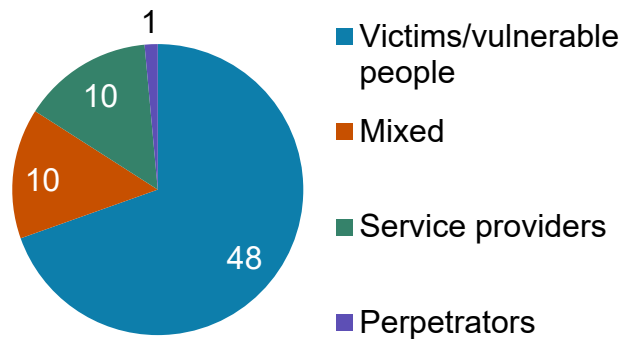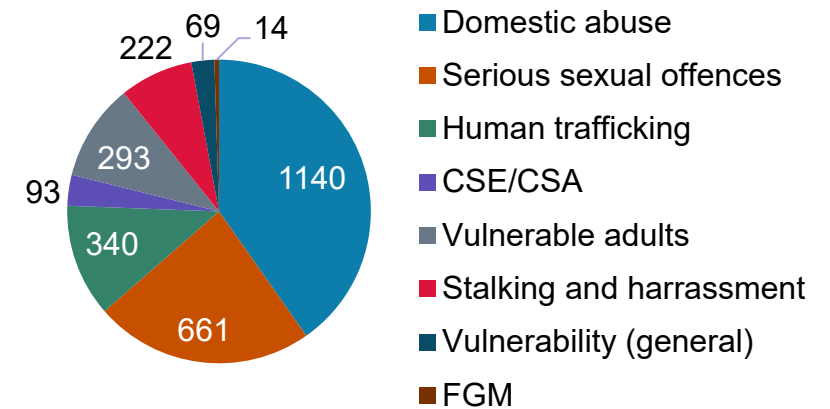
*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: External barriers to disclosure

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
69	~2,832	28%	22% high 70% moderate	68% domestic abuse and serious sexual offences victims

The research review identified barriers to disclosing abuse that were external to victims' direct experiences of abuse and its impact. These concerned cultural influences, general perceptions of the police and other agencies, and actual past experiences of engaging with agencies. Such barriers were mentioned in more than half (58%) of included studies including the perceptions of more than 2,800 respondents.

Cultural (and societal) influences: in some cultures, (patriarchal) abuse may be regarded as customary, common or acceptable. Victims may fear being criticised for not respecting the cultural norm of family privacy or for bringing shame or unwanted attention to the relationship, family or wider community. Others may fear breaking up the family or believe that seeking help represents failure. They may fear insensitive responses, being ostracised or that their victimisation reflects badly on them. These fears may be heightened when their gender or age are not considered typical of victims in their experience, or they feel restricted by generational or societal norms and values (such as taboos around sex and sexuality).

General perceptions: some victims reflected pre-existing negative perceptions of authority figures in general, or the police specifically, including a lack of trust in the system and fear of the police. These perceptions may be influenced by past experiences, the experiences of others or perceptions carried over from other countries or generations where police were seen as oppressive or corrupt. Children may be scared of police and the uniform. Victims may also be reluctant to disclose for fear that it would be ineffective. For example: they wouldn't receive help; no one would care; appropriate action would not be taken against the perpetrator or they, the victim, wouldn't receive fair treatment. Perceptions of the legal system more generally also impact decisions to disclose. Some victims did not understand the process, lacked faith in the system or felt the time, energy and resource required to pursue legal action was not worthwhile.

Past experiences: victims may be hesitant to trust police and feel that additional disclosures would be harmful rather than helpful. Previous negative experiences can affect future decisions about whether to approach the police, and may extend to experiences with the wider criminal justice system as well as other professionals (such as healthcare providers, social services), and even friends or family.

Practitioner information

No. of interviews	Sample	Organisations
Four	Four police officers/staff	Cleveland Police, South Yorkshire Police

Practitioners identified some cultural barriers to reporting/disclosing harm/abuse, as well as barriers associated with reporting in front of family members/parents.

> 'You've got some people, […] who may come into the front desk with family members, so they may not be willing to disclose anything because they don't want a family member to know.' (Police practitioner)

External barriers to reporting predominantly focused on a lack of privacy in some police stations and limited means of reporting incidents.

> 'Again if that person is wanting to report something, whether or not it's physical abuse, sexual abuse, something that is very private, something that is very difficult to discuss, it may be that they've never actually said it out loud, so for them to come in and say something […] I've
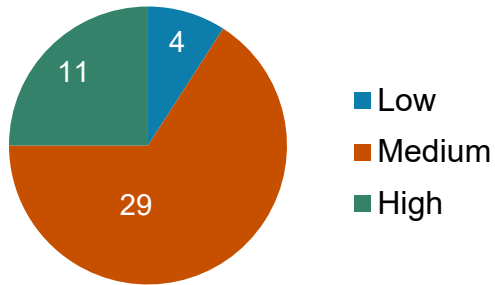
offered them the opportunity to write it down as an alternative, because they might not physically want to say the words. They're quite happy to write down what's happened.' (Police practitioner)

> 'When someone comes in and they don't really want to talk to you, at the moment we offer paper over the desk. If they don't want to talk to us in a face to face, we do offer them 101. That's the options.' (Police practitioner)
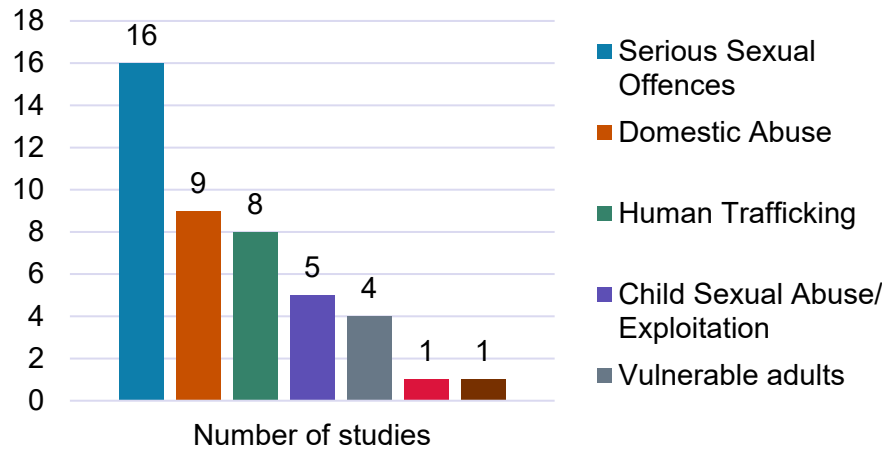
> 'They always have the option of phoning in if they didn't want to visit. If they've made the bigger step of walking in a police station, I don't really want to go, "Well go outside and use the phone then if you don't want to tell me".' (Police practitioner)

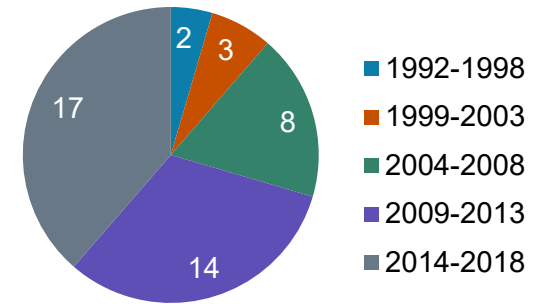## Knowledge and awareness – evidence overview (44 included studies)
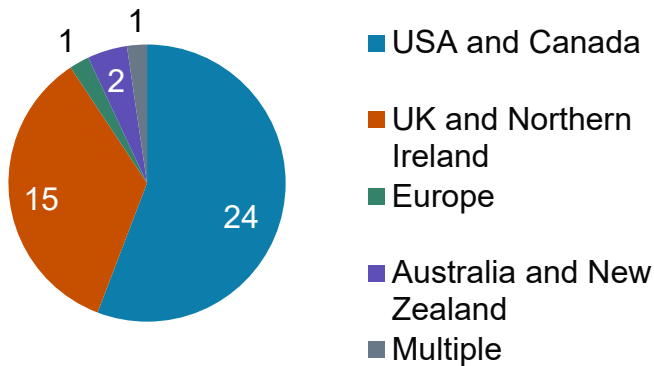
Quality of studies*

- Low — 4
- Medium — 29
- High — 11

Total number of studies per vulnerability

- Serious Sexual Offences — 16
- Domestic Abuse — 9
- Human Trafficking — 8
- Child Sexual Abuse/Exploitation — 5
- Vulnerable adults — 4
- 1
- 1

Number of studies

Number of papers published by years

- 1992-1998 — 2
- 1999-2003 — 3
- 2004-2008 — 8
- 2009-2013 — 14
- 2014-2018 — 17

Geographic location of studies

- USA and Canada — 24
- UK and Northern Ireland — 15
- Europe — 1
- Australia and New Zealand — 2
- Multiple — 1

Population characteristics

- Victims/vulnerable people — 22
- Mixed — 13
- Service providers — 8
- Perpetrators — 1

Study sample size (n=2,384)

- Domestic abuse — 573
- Serious sexual offences — 638
- Human trafficking — 523
- CSE/CSA — 421
- Vulnerable adults — 156
- Stalking and harrassment — 35
- HBV — 38
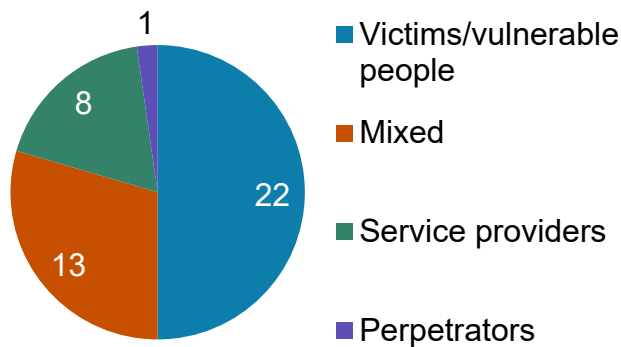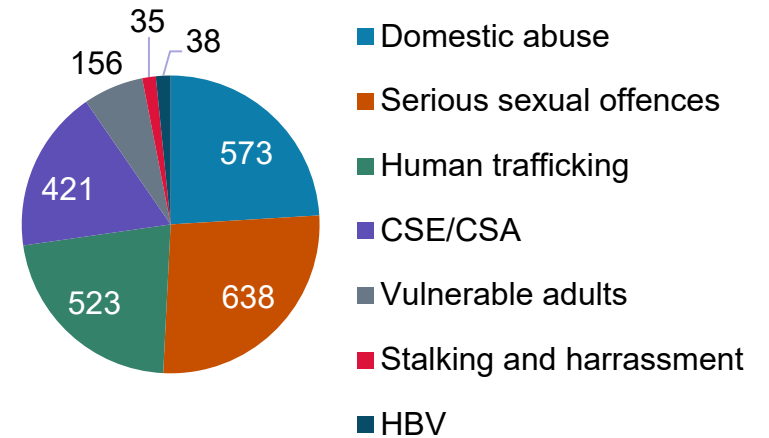
*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Knowledge and awareness

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
44	~2,384	34%	25% high 66% moderate	56% domestic abuse and serious sexual offences victims

Knowledge and awareness was a relatively strong theme emerging from the review of research, mentioned in 37% of included studies. This theme covers both victim and police knowledge and awareness, both of which impact disclosure of abuse. The evidence comes from victims and vulnerable people, as well as service providers (including police officers).

Victim knowledge and awareness: victims not knowing what help is available to them, or how to access help, and/or unfamiliarity with the legal system makes them more vulnerable to coercion by a perpetrator. Key issues include: not being sure how police can help or whether they will help; sense of loss of control when engaging with agencies/not knowing what would happen next; fear of the perpetrator manipulating the system; language barriers; unfamiliarity with the legal system in a new country; children relying on adults to report crimes on their behalf.

Police knowledge and awareness: lack of cultural awareness or a lack of personnel from multi-ethnic backgrounds; awareness of impact and needs relating to, for example, disability and mental health; appreciation of 'intersectionality' (multiple barriers experienced by, for example, women who are non-white, or people who are non-white and disabled); lack of understanding of coercion and control (including arresting the primary victim); lack of understanding of the impact of trauma.

Practitioner information

No. of interviews	Sample	Organisations
17	Two partner agencies, 15 police officers/ staff	Rape Crisis, Social Services, Avon and Somerset Police, Cleveland Police, Lincolnshire Police, South Yorkshire Police, British Transport Police (BTP).

Specialist practitioners (working in the field of domestic abuse or victim services) identified that frontline officers and staff sometimes failed to fully understand more complex incidents such as stalking and coercive control, when reported by victims or witnesses.

'Feeling that the officer hasn't got what's really happened, certainly with a stalking where the victim is frightened to go out of the home.' (Police practitioner)

'Looking at the emotional impact on that individual, if it's something involving a sexual act, so the harm caused by that. And again that might be physical but also obviously emotional underlying all of this. So looking at all those forms of abuse […] and seeing what it is in terms of establishing the significant harm.' (Police practitioner)

'To be able to actually deal with somebody who is vulnerable, you need to have an understanding, just even a minor one, of what that potential vulnerability is.' (Police practitioner)

Most interview responses around knowledge and awareness centred on training. Practitioners stated that they had received something they associated with vulnerability training but were unable to specify training type, content and usefulness. Where specifics could be remembered participants mentioned:

'A lot of the training was about engaging and speaking to people and finding out what they're telling you, what the potential risks are, not just for the here and now but afterwards as well.' (Police practitioner)
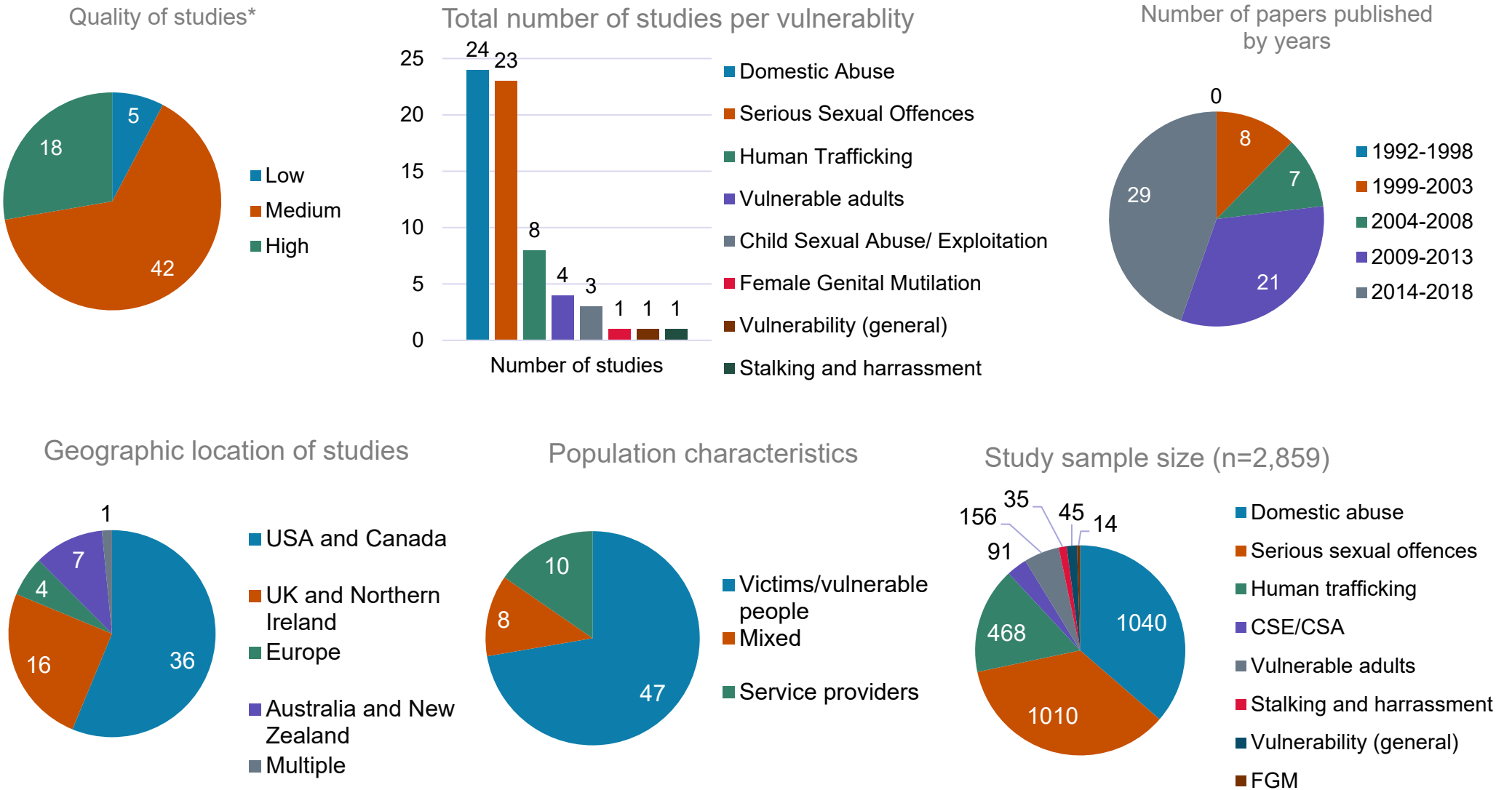
'It was a course and I think the course was called Vulnerability and Risk. I don't know if it taught me things, I think it made me think a little bit more about what could happen if you don't do certain things.' (Police practitioner).

There was also mention that training received sometimes focused on form filling.

'We did receive some training when it came to filling in the repeat vulnerable victim form. We received some training about that but that was about filling a form in.' (Police practitioner)

'The only training that I've received is a council training regarding DASH risk assessment, council training which goes to social workers, child services.' (Police practitioner)

Preconceptions and victim blaming – evidence overview (65 included studies)

Quality of studies*

- Low: 5
- Medium: 42
- High: 18

Total number of studies per vulnerablity

- Domestic Abuse: 24
- Serious Sexual Offences: 23
- Human Trafficking: 8
- Vulnerable adults: 4
- Child Sexual Abuse/ Exploitation: 3
- Female Genital Mutilation: 1
- Vulnerability (general): 1
- Stalking and harrassment: 1

Number of studies

Number of papers published by years

- 1992-1998: 0
- 1999-2003: 8
- 2004-2008: 7
- 2009-2013: 21
- 2014-2018: 29

Geographic location of studies

- USA and Canada: 36
- UK and Northern Ireland: 16
- Europe: 4
- Australia and New Zealand: 7
- Multiple: 1

Population characteristics

- Victims/vulnerable people: 47
- Mixed: 8
- Service providers: 10

Study sample size (n=2,859)

- Domestic abuse: 1040
- Serious sexual offences: 1010
- Human trafficking: 468
- CSE/CSA: 91
- Vulnerable adults: 156
- Stalking and harrassment: 35
- Vulnerability (general): 45
- FGM: 14

*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Preconceptions and victim blaming

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
65	~2,859	25%	28% high 65% moderate	72% domestic abuse and serious sexual offences victims

More than half (56%) of the included research studies referenced 'victim blaming' by police or other agencies, or described victims' feelings of being judged by service providers. Such attitudes and feelings were observed across vulnerability strands and were equally prevalent for victims of domestic abuse and serious sexual offences (the latter including perpetrators who were strangers and acquaintances).

Victim blaming: the police (creating the impression that) they blame the victim (in part) for their vulnerable position.

Judgement: police making judgements about, or victims feeling judged, in relation to their behaviour and/or personal characteristics or circumstances, including: age, disability, gender, ethnicity, sexuality and life circumstances (such as socioeconomic status, chaotic lifestyles, alcohol/substance use).

These perceptions were prevalent in a range of countries and jurisdictions. More than half (55%) of included studies were from the US or Canada, while a quarter (25%) were from the UK. Studies were also included from Australasia and various European countries. Approaching half (45%) of studies were published in the past five years.

Practitioner information

No. of interviews	Sample	Organisations
Six	Two partner agencies, four police officers/staff	Rape Crisis, Social Services, Lincolnshire Police, Cleveland Police, BTP, South Yorkshire Police

Six interview participants commented on biases and preconceptions being a major barrier to the effective disclosure of information. They noted aspects such as: poor demeanour/attitude towards victim by first responder, frustration with repeat callers, subjective personal bias/unconscious bias, pre-judgement, compassion fatigue and desensitisation to scenarios.

'Overall, more work needs to be done to prevent misconception and prejudgement. Just because

you've dealt with this person 17 times in the past doesn't mean that what they're reporting now isn't important.' (Police practitioner)
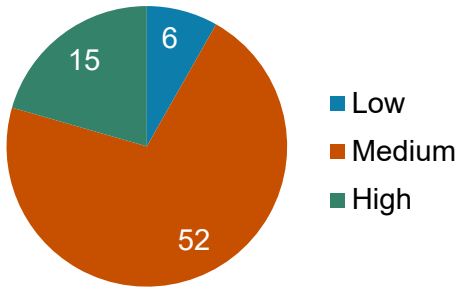
'Subjective personal bias, because it doesn't matter how well trained you are, how many years of experience you have […] that the main barrier is compassion fatigue. To constantly remind […] the initial contact officers […] to instil in them the impact that emotional trauma can have. And remaining completely objective, even though compassion fatigue does creep in. It's just about recognising that in yourself and making sure that you deal with every scenario as a blank piece of paper.' (Police practitioner)

'With regards to the issues, we've also got members of staff with preconceptions and pre-judging. Sometimes it's a lack of forethought. They don't think to use the tools at their disposal to look for things. Sometimes they take it on face value, and nothing triggers, nothing clicks, because they've become so immune to things, if that makes sense.' (Police practitioner)
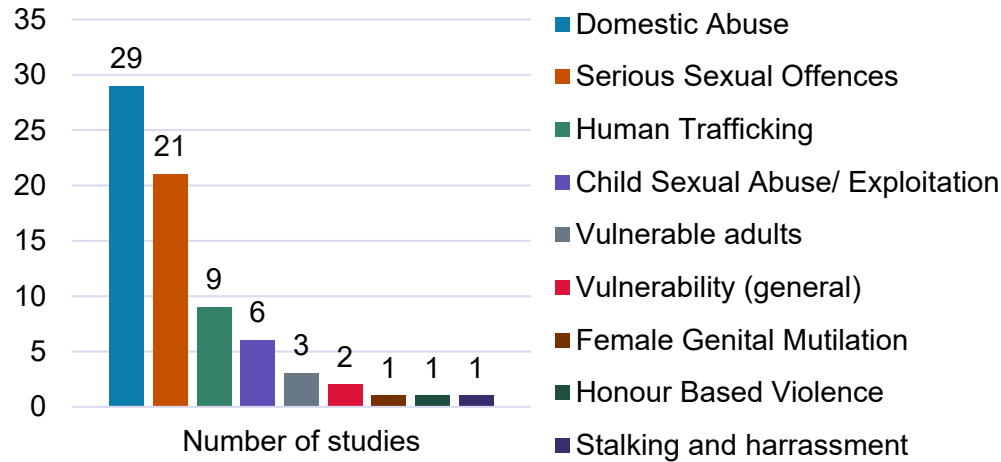
'Because also you can sometimes become desensitised to stuff if you're doing it day in, day out. So, like I say, kind of reflecting on that so you don't become complacent and dealing with the people individually.' (Police practitioner)

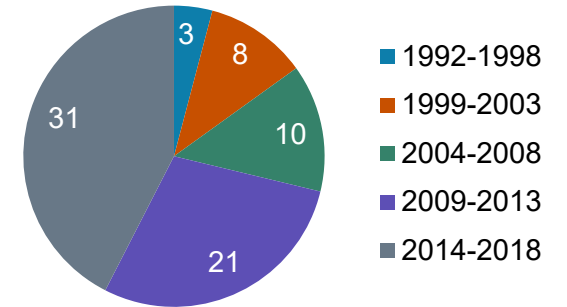**Internal barriers to disclosure – evidence overview (73 included studies)**
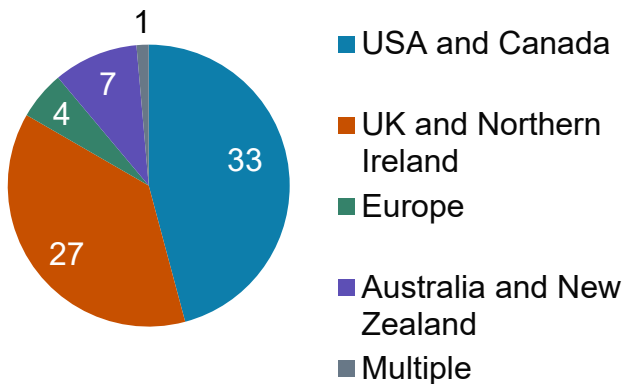
Quality of studies*

- Low: 6
- Medium: 52
- High: 15

Total number of studies per vulnerability

Vulnerability	Number of studies
Domestic Abuse	29
Serious Sexual Offences	21
Human Trafficking	9
Child Sexual Abuse/ Exploitation	6
Vulnerable adults	3
Vulnerability (general)	2
Female Genital Mutilation	1
Honour Based Violence	1
Stalking and harrassment	1

Number of papers published by years

- 1992-1998: 3
- 1999-2003: 8
- 2004-2008: 10
- 2009-2013: 21
- 2014-2018: 31

Geographic location of studies

- USA and Canada: 33
- UK and Northern Ireland: 27
- Europe: 4
- Australia and New Zealand: 7
- Multiple: 1

Population characteristics

- Victims/vulnerable people: 47
- Mixed: 13
- Service providers: 13

Study sample size (n=3,694)

- Domestic abuse: 1173
- Serious sexual offences: 1030
- Human trafficking: 573
- Vulnerable adults: 301
- Stalking and harrassment: 14
- Vulnerability (general): 191
- FGM: 69
- HBV: 38
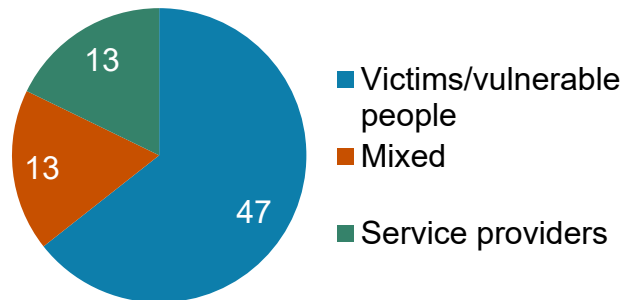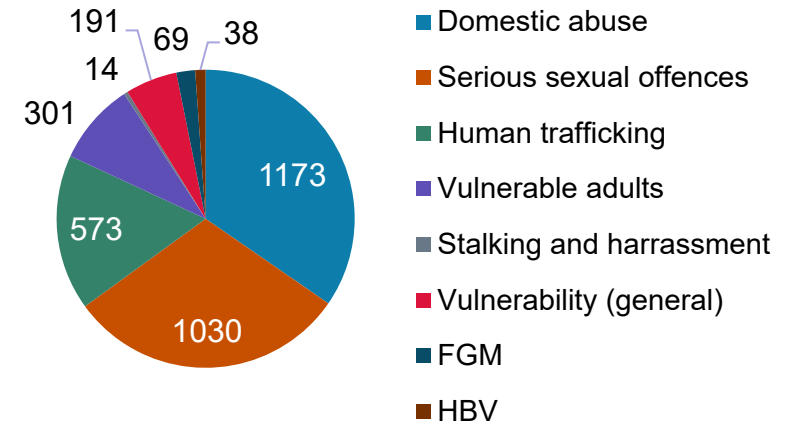
*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Barriers to disclosure – internal

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
73	~3,694	37%	21% high 71% moderate	69% domestic abuse and serious sexual offences victims

The research review highlighted barriers to disclosing abuse that were internal to victims' experiences of abuse and its impact. These internal barriers emerged from 73 (61%) of the included studies covering almost 3,700 respondents. Internal barriers to disclosing abuse included:

Confidentiality: concern about information being public and the possible effect on relationships, networks and employment.

Shame: feeling shame, guilt or embarrassment about abuse suffered; feelings of anxiety, anger, fear, confusion and frustration; fear of what people might think of them/of exposing family to shame.

Stigma: perception of stigma attached to victimisation. Traditional gender norms and/or heterosexist attitudes of society may affect willingness to disclose.

Self-blame: feelings of regret; blaming reactions from other parties (such as friends or family, or past experiences with professionals); feeling at fault for putting themselves in the situation or not alerting the police right away; feeling that they somehow deserve the abuse as punishment or that it's their fault (common in victims of coercive control).

Recognising/naming abuse: victims may not perceive what they have experienced as abuse, or as something that it is legitimate to report to the police. Reasons include: victim is uncertain about how to define the experience or does not register immediately that the experience was unwanted; unsure or unaware that the experience qualified as a crime (for example unfamiliarity with systems; exploitation; wouldn't be considered a crime in their country of origin); not sure if the abuse is 'bad enough', especially in relation to non-physical abuse such as controlling behaviour, lower-level physical abuse (pushing, shoving, slapping) or sexual offences perpetrated by someone who is known to the victim; victim is uncomfortable about the legal or common language used to label the experience.

Minimising abuse: victims minimising or not disclosing fully the extent of the abuse due to, for example, threats from the perpetrator(s), or lack of trust in the police.

Normalisation: the abuse becoming 'normalised' such that the victim views it as a normal part of their life.

Concern for the abuser: feelings of guilt, confusion, loyalty, love, compassion; don't want them to go to prison; concerned about treatment of perpetrator by police or community.

Included studies were split evenly between the US and UK, with studies also identified in Canada, Australasia and some European countries.

Practitioner information

No. of interviews	Sample	Organisations
Five	One partner agency, four police officers/staff	Rape Crisis, Cleveland Police, South Yorkshire Police

Practitioners also reported shame and stigma as barriers to disclosure. 'You'll see an awful lot of people that you'll find that may come in feel they're a burden, feel they're wasting your time' (police practitioner). The also reported barriers associated with age and culture.

> 'You might have somebody that's under age, a juvenile […] that doesn't want to say too much because a parent or a guardian is stood with them. You can sometimes gauge that they might want to say more, but they daren't because of that.' (Police practitioner)

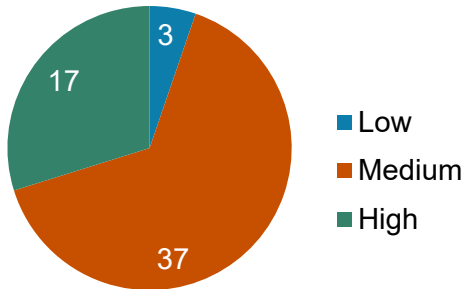Recognising abuse was mentioned by partner organisations as a significant barrier.

> 'If someone was disclosing physical violence or ongoing sexual violence, ongoing sexual violence can be tricky as people tend to disclose it before they recognise what it is.' (Practitioner from partner organisation)

Lack of privacy/confidentiality was recognised as an internal and external barrier to reporting.
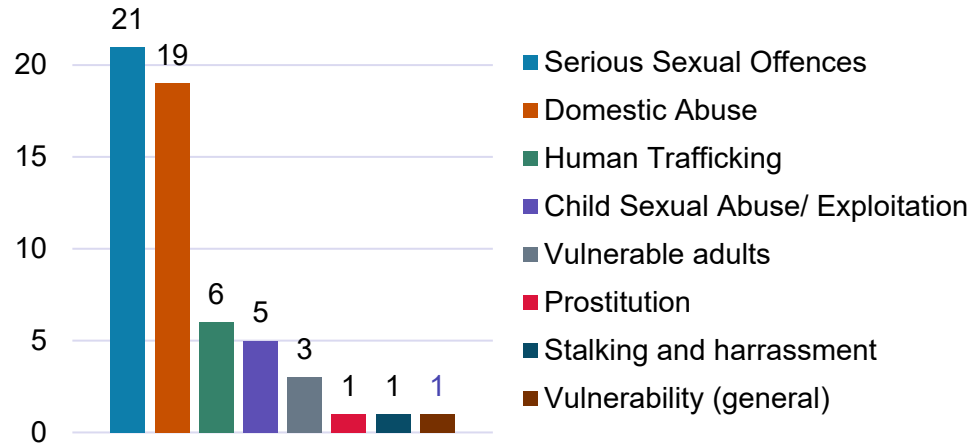
> 'Sometimes they just want to be able to go and sit in a quiet room knowing that it's totally private and they're not being looked at by other people. That's the biggest issue I would say that prevents somebody engaging with you in a front desk.' (Police practitioner)

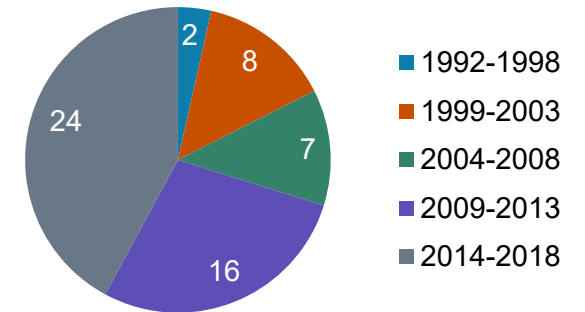# Believing the victims – evidence overview (57 included studies)
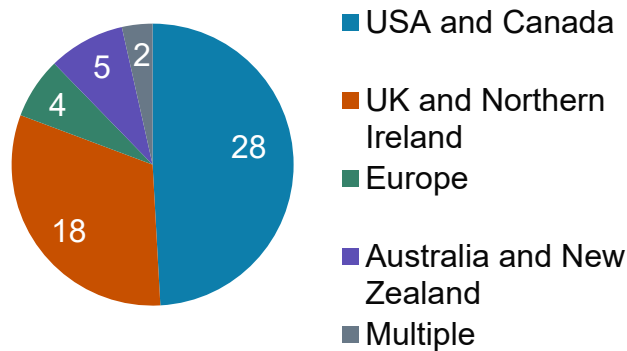
Quality of studies*

Pie chart showing quality of studies:
- Low: 3
- Medium: 37
- High: 17

Total number of studies per vulnerablity

Bar chart:
- Serious Sexual Offences: 21
- Domestic Abuse: 19
- Human Trafficking: 6
- Child Sexual Abuse/ Exploitation: 5
- Vulnerable adults: 3
- Prostitution: 1
- Stalking and harrassment: 1
- Vulnerability (general): 1

Number of papers published by years

Pie chart:
- 1992-1998: 2
- 1999-2003: 8
- 2004-2008: 7
- 2009-2013: 16
- 2014-2018: 24

Geographic location of studies

Pie chart:
- USA and Canada: 28
- UK and Northern Ireland: 18
- Europe: 4
- Australia and New Zealand: 5
- Multiple: 2

Population characteristics

Pie chart:
- Victims/vulnerable people: 39
- Mixed: 13
- Service providers: 5

Study sample size (n=3,013)

Pie chart:
- Domestic abuse: 685
- Serious sexual offences: 1160
- CSE/CSA: 576
- Human trafficking: 275
- Vulnerable adults: 215
- Stalking and harrassment: 35
- Vulnerability (general): 45
- Prostitution: 38

*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Believing the victims

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
57	~3,013	32%	30% high 65% moderate	70% domestic abuse and serious sexual offences victims

Being believed was reported to be one of the most important aspects of the interaction for victims as it validates their experience and confirms that they were right to disclose it. The importance of being believed was one of the strongest themes, appearing in almost half of the included research studies comprising collectively approximately 3,000 respondents.

The theme was prominent in research across several vulnerability strands, including domestic abuse (19 studies), serious sexual offences (21), human trafficking (6), and CSA/CSE (5). Fear of not being believed was consistently cited as a barrier to reporting and victims reported experiences of police appearing to doubt their accounts. Perceived reasons for being doubted included:

- that the victim knew the perpetrator; won't leave the perpetrator
- credibility questioned due to circumstances of offence (for example alcohol was involved)

- victim's life circumstances or characteristics (such as age; mental health)
- victim's uncertainty of specific details/inconsistencies in victim's accounts
- police placing more trust in other people's accounts than the victim's
- victim accused of exaggerating/being hypersensitive
- being questioned why they didn't fight back
- told they would be charged if found out to be lying
- perpetrator manipulating the police
- not behaving like a 'real' or 'good' victim
- disbelieved because of calm reporting demeanour
- reluctance to go to the police immediately

Forty-one percent of the research studies concerning belief were published in the past five years, suggesting the issue is still prominent for victims. The issue of belief also appeared in research across multiple jurisdictions. Almost half of studies (49%) were published in the US or Canada, and just under one third (32%) in the UK. Consistent findings were also found in research in Australasia, Sweden and studies covering multiple countries. Police were seen to

demonstrate belief in the victim's account both directly, through verbal reassurance, and also indirectly, by how they treated the victim and how thoroughly they investigated the report.

Practitioner information

No. of interviews	Sample	Organisations
Seven	Two partner agencies, five police officers/staff	Rape Crisis, Social Services, Cleveland Police, South Yorkshire Police, Avon and Somerset Police

Seven interview participants commented that individuals valued being listened to and that being believed enabled them to disclose their situation. Being believed was closely linked with the demeanour of the individual taking the statement, where attributes such as a supportive manner of questioning, being genuine and encouraging as well as reassuring were considered important factors towards building a supportive environment.

> 'People really value an idea that they are being listened to and believed and given some time. It is helpful for people because it is a big deal to disclose anything that is traumatic in any way, but particularly to someone in authority who you've
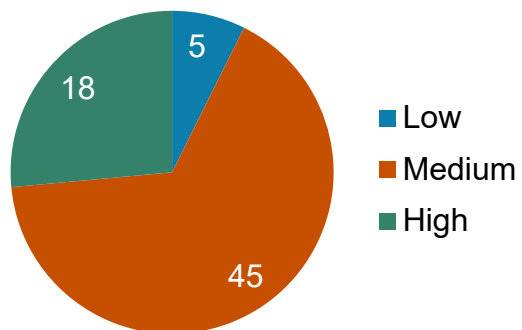
met 20 minutes before.' (Practitioner from partner organisation)

'Overall, more work needs to be done to prevent misconception and prejudgement. Just because you've dealt with this person 17 times in the past doesn't mean that what they're reporting now isn't important.' (Police practitioner)
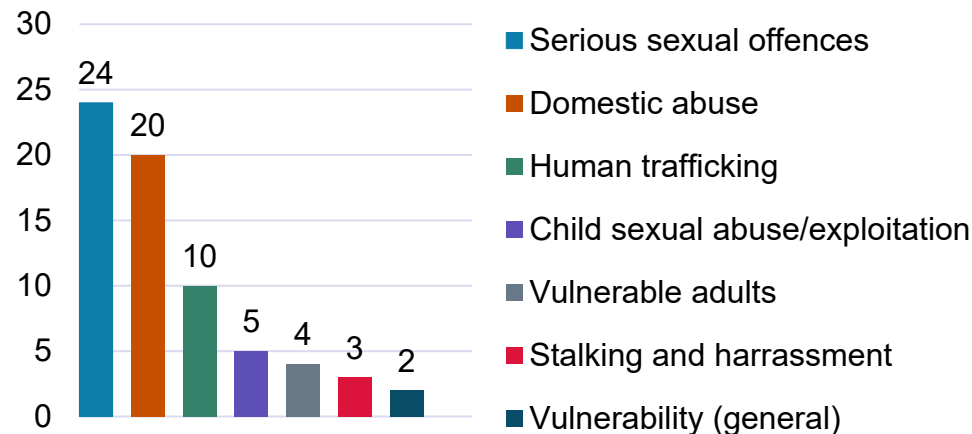
'If they (the individual) get a good reaction or a reaction they find supportive from one part of the disclosure that would tend to lead to them disclosing more. If they get a reaction where they're not believed or trivialised, they won't disclose anything else.' (Practitioner from partner organisation)

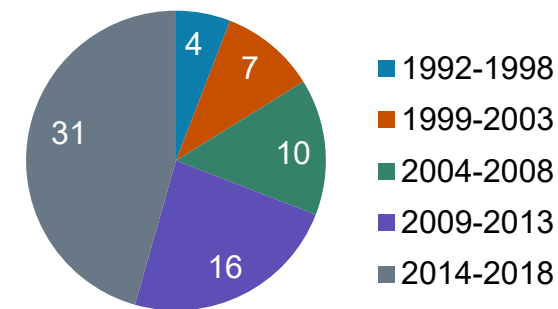## Interpersonal treatment – evidence overview (68 included studies)
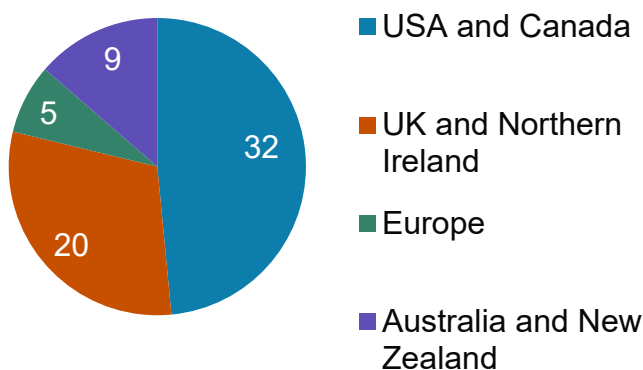
Quality of studies*

- Low — 5
- Medium — 45
- High — 18

Total number of studies per vulnerability

- Serious sexual offences — 24
- Domestic abuse — 20
- Human trafficking — 10
- Child sexual abuse/exploitation — 5
- Vulnerable adults — 4
- Stalking and harrassment — 3
- Vulnerability (general) — 2

Number of papers published by years

- 1992-1998 — 4
- 1999-2003 — 7
- 2004-2008 — 10
- 2009-2013 — 16
- 2014-2018 — 31

Geographic location of studies

- USA and Canada — 32
- UK and Northern Ireland — 20
- Europe — 5
- Australia and New Zealand — 9

Population characteristics

- Victims/vulnerable people — 50
- Mixed — 10
- Service providers — 8

Study sample size (n=3,305)

- Domestic abuse — 607
- Serious sexual offences — 1069
- CSE/CSA — 438
- Human trafficking — 499
- Vulnerable adults — 96
- Stalking and harrassment — 527
- Vulnerability (general) — 69
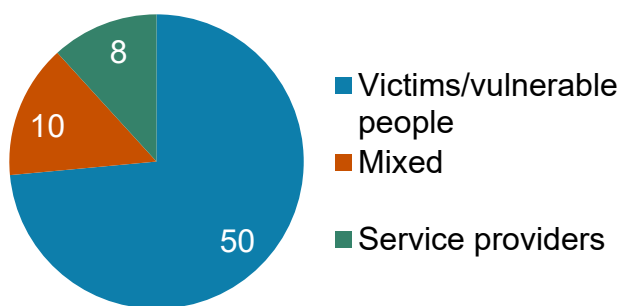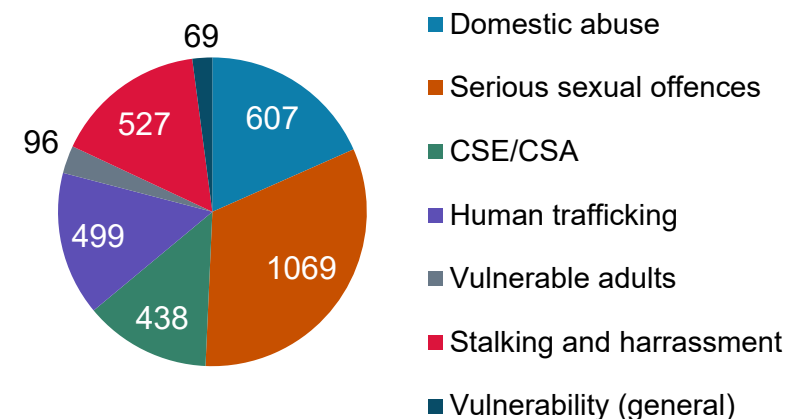
*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Interpersonal treatment

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
68	~3,305	29%	26% high 66% moderate	65% domestic abuse and serious sexual offences victims

Interpersonal treatment, specifically the importance of sensitivity in interactions, was a strong theme emerging from the review of research.

Interpersonal treatment was mentioned in more than half (57%) of included studies, which gathered the perceptions of more than 3,000 respondents. Almost half of studies (46%) were published in the last five years.

Sensitivity and revictimising: lack of sensitivity to the victim was a strong theme, with the police response described variously as unsympathetic, cold, remote and detached. Some victims reported being treated like a case or crime scene rather than a person and that the police depersonalise and put consideration of victims' welfare and support needs second to their input as a source of information. A related theme was that not treating victims with sensitivity results in them being **revictimised** or reliving the experience and the trauma.

Victims reflected more positive experiences when they perceived the police response to be **reassuring**, empathetic, supportive and focused on their needs. A fairly strong sub-theme was a preference for female officers, though some victims said the officer's attitude mattered as much or more than their gender.

Practitioner information

No. of interviews	Sample	Organisations
14	Three partner agencies, 11 police officers/staff	Rape Crisis, Social Services, Childline, Avon and Somerset Police, Cleveland Police, Lincolnshire Police, South Yorkshire Police

Practitioner evidence very much focused on how to create a safe space and develop a relationship to encourage the sharing of information. Most respondents (n=14) focused on investing time, providing space and building trust. Practical examples of this included:

- the offering of drinks/tissues/breaks/a seat
- giving them time to think
- offering encouragement
- offering alternatives – such as a female officer, interpretation service

- considering the impact of attending police station/being sensitive to the situation

- developing a relationship/dialogue

> 'It is a bit of encouragement to say, "Look, you've come this far. You're here. You want our help. Let us help you".' (Police practitioner)

> 'Take a reasonable amount of time to build a trusting relationship with people, which police don't really have much time to do. […] It's about telling people they have time to think about what they want.' (Practitioner from partner organisation)
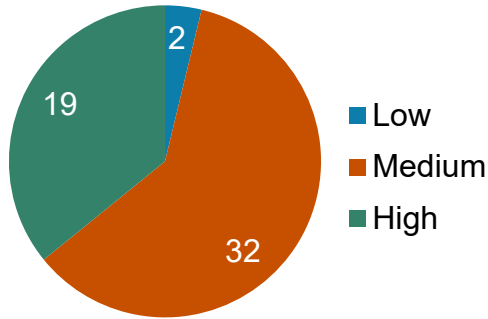
> 'Giving them the time, letting them think that they've got the time to tell you what they need to.

You're not ushering them out the door. It doesn't matter if there's people waiting, they're the priority at that moment.' (Police practitioner)
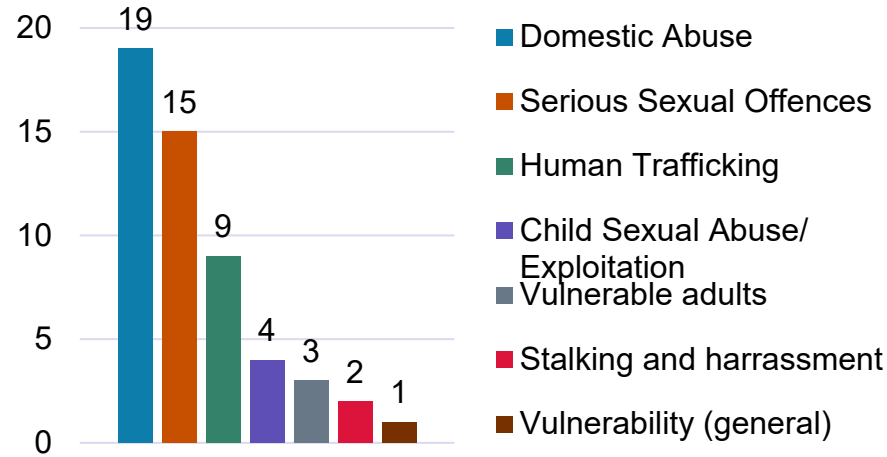
'You can get somebody where they've taken an awful lot of courage to come into the police station. They're feeling very frightened, […] nervous. Generally I can then say, "Do you want to speak to a police officer in private?" […] "Would you rather speak to a female/male officer?"' (Police practitioner)

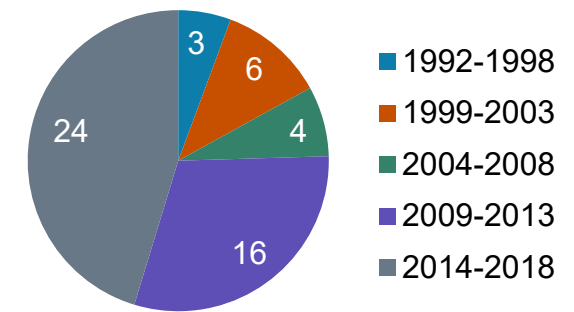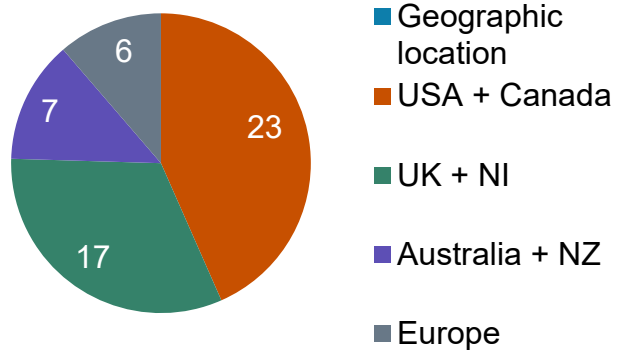## Fairness and process – evidence overview (53 included studies)

Quality of studies*

- Low: 2
- Medium: 32
- High: 19

Total number of studies per vulnerability

- Domestic Abuse: 19
- Serious Sexual Offences: 15
- Human Trafficking: 9
- Child Sexual Abuse/Exploitation: 4
- Vulnerable adults: 3
- Stalking and harrassment: 2
- Vulnerability (general): 1

Number of papers published by years

- 1992-1998: 3
- 1999-2003: 6
- 2004-2008: 4
- 2009-2013: 16
- 2014-2018: 24

Geographic location of studies

- Geographic location
- USA + Canada: 23
- UK + NI: 17
- Australia + NZ: 7
- Europe: 6

Population characteristics

- Population characteristics
- Victims / vulnerable people: 38
- Mixed: 10
- Service providers: 4

Study sample size (n=2,797)

- Serious Sexual Offences: 827
- Human Trafficking: 592
- Domestic Abuse: 552
- Child Sexual Abuse/Exploitation: 398
- Stalking and harrassment: 340
- Vulnerability (general): 45
- Vulnerable adults: 43
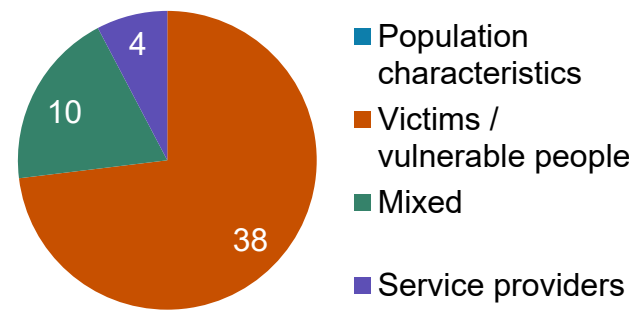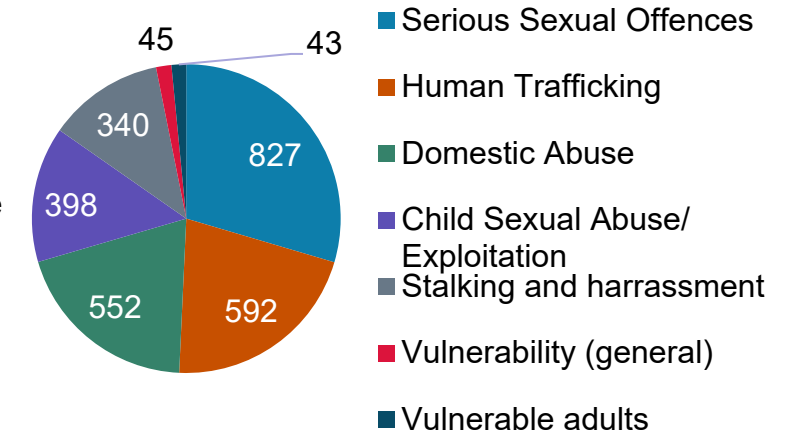
*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Fairness and process

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
53	~2,797	32%	36% high 60% moderate	64% domestic abuse and serious sexual offences victims

Discussions about fair and respectful treatment of victims by police were identified in 45% of included studies and covered a range of vulnerabilities. Approaching half (45%) of studies were published in the past five years.

Two main sub-themes are presented below, which capture the experiences and perceptions of respondents. There are close links between some of the findings presented here and the theme 'interpersonal treatment'.

Perceived interest: the following perceptions of police impacted negatively on feelings of fairness and the victim experience:

- perceptions that police will wait for something to happen before doing anything
- it being the victim's responsibility to make a change to their circumstances to stop the harm

- police don't care, aren't going to help or are indifferent to their circumstances and just following a process
- receiving insensitive, impersonal, dismissive, hostile or 'cold' treatment
- feeling that their opinions and needs do not matter/are not understood, or that they are wasting police time
- assumptions made about how victims are feeling

Explaining: important factors in fair and respectful treatment included (active) listening; showing interest in what the victim has to say and taking it seriously; explaining how the process works; and providing follow-up information.

Creating an appropriate environment for disclosing abuse, including for formal interviews was also important.

Practitioner information

No. of interviews	Sample	Organisations
17	Two partner agencies, 15 police officers/staff	Rape Crisis, Social Services, Lincolnshire Police, Cleveland Police, BTP, South Yorkshire Police, Avon and Somerset Police

Practitioners commented that it was important to explain the process/next steps to victims to manage expectations and to keep them informed/updated. It was also suggested that it is important to explain why difficult questions needed to be asked or why specific information was needed/why it was important/required.

> 'If someone is taking a statement, particularly a sexual offences statement, and they have to ask difficult questions, to explain why you are asking the question. So if the question is "what were you wearing?", explain that it's […] about finding them on CCTV. People appreciate honesty, and don't make promises you can't keep.' (Partner organisation)

> 'Sometimes, you try and bring people down a little bit, and explain why something's happened, or not happened, and try and get them to understand that you understand what they have been saying.' (Police practitioner)
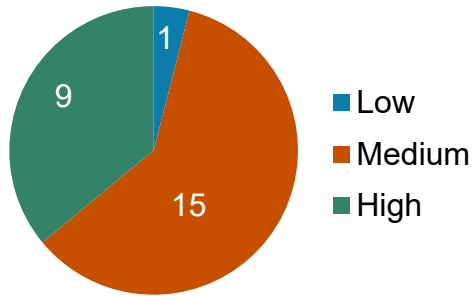
> 'Being open and honest, but managing what you as a person can deliver to that other person.' (Police practitioner)
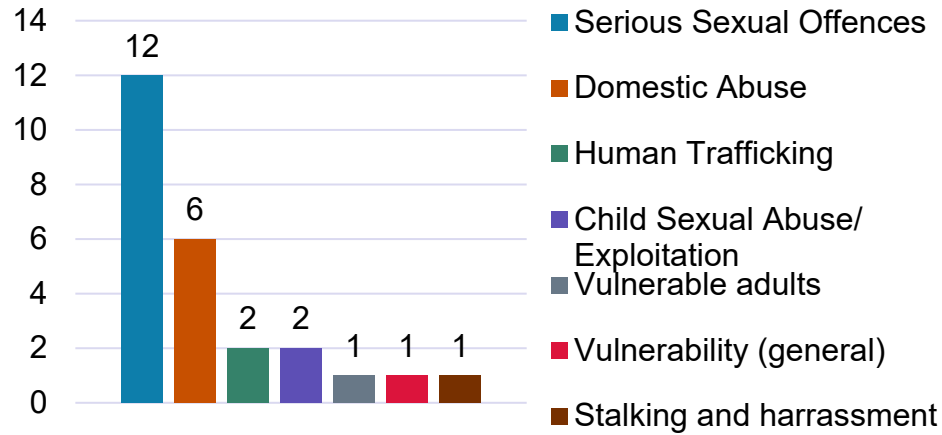
> 'So, treating them as individuals. Contacting them in a timely and efficient manner, because obviously that does build in trust from them to police, so that they trust us. Being open and honest, and kind of realistic. So, never promise anything that I can't do for them.' (Police practitioner)

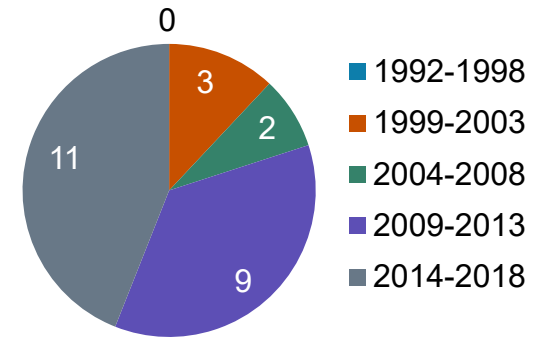**Reasons for disclosing – evidence overview (25 included studies)**
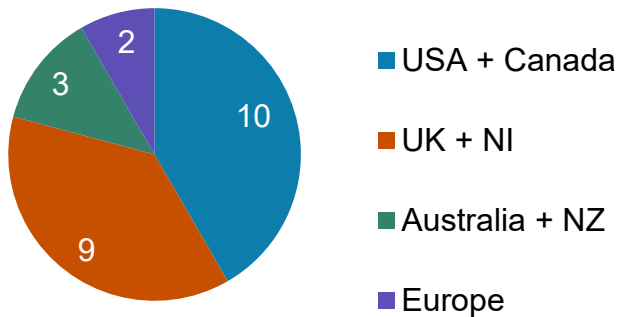
Quality of studies*

- Low: 1
- Medium: 15
- High: 9

Total number of studies per vulnerability

- Serious Sexual Offences: 12
- Domestic Abuse: 6
- Human Trafficking: 2
- Child Sexual Abuse/Exploitation: 2
- Vulnerable adults: 1
- Vulnerability (general): 1
- Stalking and harrassment: 1

Number of papers published by years

- 1992-1998: 0
- 1999-2003: 3
- 2004-2008: 2
- 2009-2013: 9
- 2014-2018: 11

Geographic location of studies

- USA + Canada: 10
- UK + NI: 9
- Australia + NZ: 3
- Europe: 2

Population characteristics

- Victims / vulnerable people: 19
- Mixed: 5
- Service providers: 1

Study sample size (n=896)

- Serious Sexual Offences: 370
- Domestic Abuse: 327
- Human Trafficking: 88
- Child Sexual Abuse/Exploitation: 41
- Vulnerable adults: 35
- General: 24
- Stalking and harrassment: 11
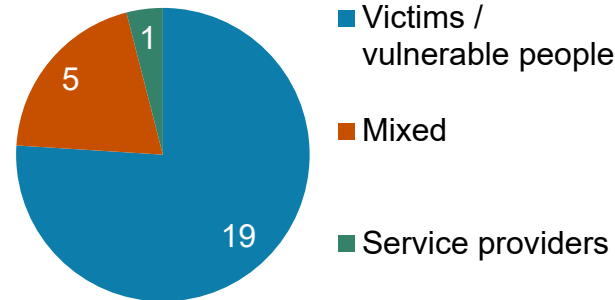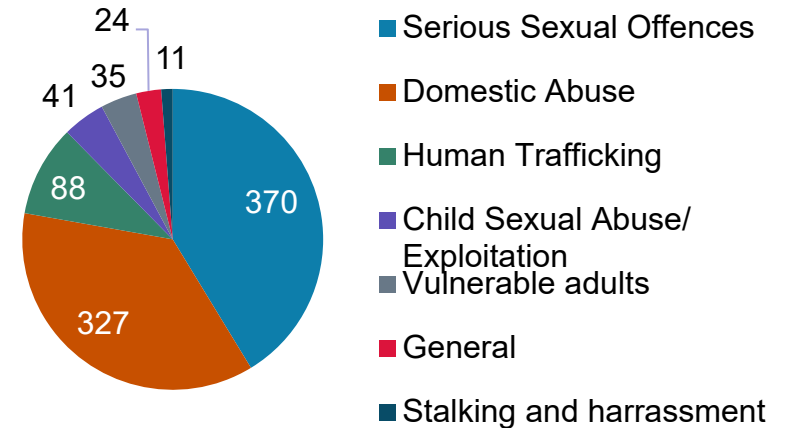
*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Reasons for disclosing

Research evidence

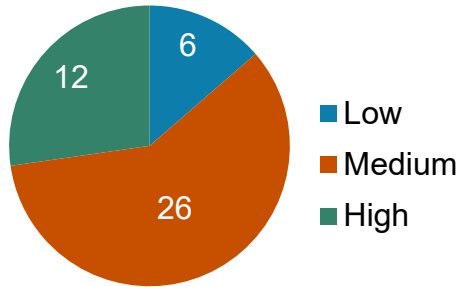| No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
25	~896	36%	36% high 60% moderate	72% domestic abuse and serious sexual offences victims

A range of reasons and motivations for seeking help and disclosing abuse were identified through the review of research. Reasons for disclosing were most commonly discussed by victims of domestic abuse (12 studies) and serious sexual offences (six studies), although views of victims and service providers from other vulnerability areas were also captured. Understanding these motivations may help to encourage victims to engage.
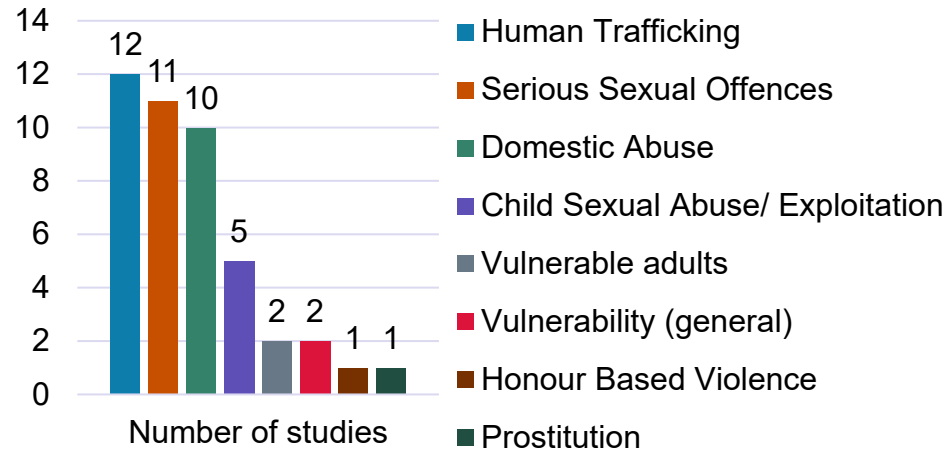
Reasons for disclosing

- to help catch the perpetrator and have them prosecuted (retribution, justice, to send a message)

- validation/to have a voice and be heard

- moral or ethical obligations (to protect others/sense of duty)

- to protect themselves

- being ready to leave the abuser

- reaching a breaking or turning point where they've had enough, sometimes triggered by an escalation in abusive behaviour

- impact of the abuse on others, especially children

- persuaded by others/when others give them the 'extra push'

Communication – evidence overview (44 included studies)

Quality of studies*

- Low: 6
- Medium: 26
- High: 12

Total number of studies per vulnerability

Number of studies
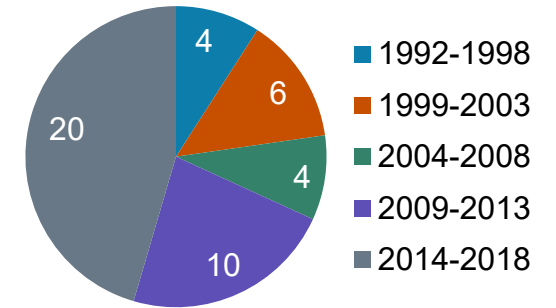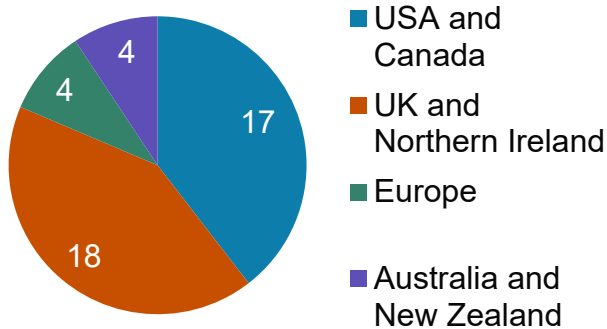
- Human Trafficking: 12
- Serious Sexual Offences: 11
- Domestic Abuse: 10
- Child Sexual Abuse/ Exploitation: 5
- Vulnerable adults: 2
- Vulnerability (general): 2
- Honour Based Violence: 1
- Prostitution: 1

Number of papers published by years

- 1992-1998: 4
- 1999-2003: 6
- 2004-2008: 4
- 2009-2013: 10
- 2014-2018: 20

Geographic location of studies

- USA and Canada: 17
- UK and Northern Ireland: 18
- Europe: 4
- Australia and New Zealand: 4

Population characteristics

- Victims/vulnerable people: 23
- Mixed: 11
- Service providers: 10

Study sample size (n=2,230)

- Domestic abuse: 775
- Serious sexual offences: 526
- CSE/CSA: 451
- Human trafficking: 322
- Vulnerable adults: 32
- HBV: 64
- Vulnerability (general): 38
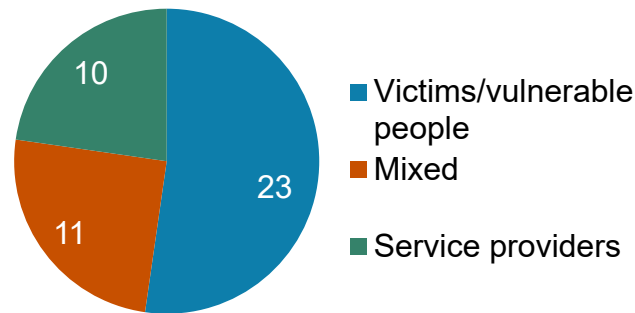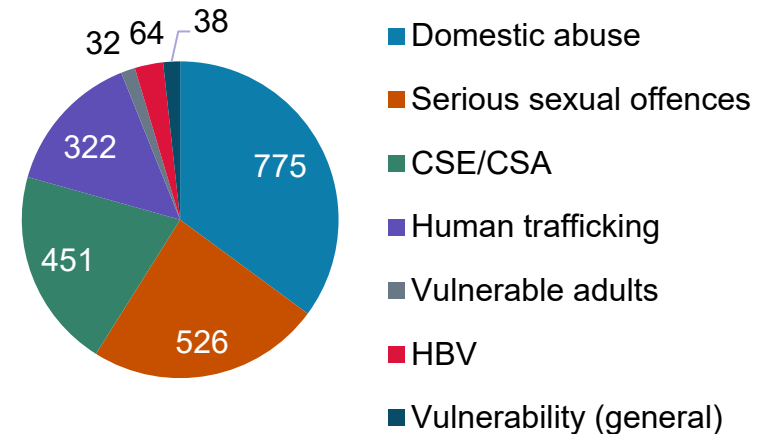
*Assessed using the CASP checklist for qualitative research. Available from: **casp-uk.net/casp-tools-checklists/**

Evidence statement: Communication

Research evidence

No. of studies	Total sample size	UK studies	Quality of evidence	Vulnerability
44	~2,230	41%	57% high 59% moderate	75% domestic abuse, serious sexual offences and human trafficking victims

Communication between police and victims (covering language, building rapport and asking questions) was a relatively strong theme emerging from the review of research. Communication was mentioned in more than one third (36%) of included studies, which gathered the perceptions of more than 2,000 respondents across several vulnerability strands, primarily human trafficking (12 studies), serious sexual offences (11) and domestic abuse (10).

The evidence comes from a range of countries and jurisdictions, with the majority of included studies split evenly between the US and UK (39% and 41% respectively).

Language: a lack of interpretation services for non-English speakers/sign language users, using family members, children or perpetrators as translators, or a lack of awareness of how to communicate with people with intellectual disabilities may mean victims are unable to communicate with police, or unable to disclose fully. Language also refers to using victims' preferred terminology (such as survivor); some use of terminology (such as gender-specific) can exclude people.

Building rapport: building rapport with victims came out especially strongly in relation to CSA/CSE, but was referenced also in relation to other vulnerability strands. It was suggested that building rapport takes time, and is improved by consistency and stability of support (both in terms of approach over a series of encounters as well as number of staff involved). In relation to children in particular, police need to avoid appearing as intimidating/authority figures.

Asking questions: need for the police to be aware of the impact of trauma and tiredness, as well as other factors such as disability on people's ability to understand and respond to questions. Police should take their time, go slowly and not appear judgemental when asking questions.

Practitioner information

No. of interviews	Sample	Organisations
19	Three partner agencies, 16 police officers/staff	Rape Crisis, Social Services, Childline, Cleveland Police, Lincolnshire Police, South Yorkshire Police, Avon and Somerset Police, BTP

All practitioners interviewed identified communication as an important factor when developing a relationship with the victim and encouraging the disclosure of information/abuse/harm. Practitioners highlighted the importance of asking open and sometimes indirect questions to get a conversation flowing and to relax the victim. A gentle, probing conversational style of questioning was recommended, and the importance of making use of silence was also highlighted. Using leading or closed questions was seen as both a barrier and an enabler to effective disclosure.

> 'Questioning is so important. So many people use closed questioning. You don't get anything out of them. You use your open questions, you get your whos, your whats, your hows, your whens, your whys, all of it in there. If you don't use open questions, you're going to miss key information. But also, sometimes, it's picking up on those key phrases that somebody would say.' (Police practitioner)

> 'And quite often you can offer a leading question which would then allow that person to just tell you it. I think if you have an inkling that there's more to discuss, if you ask it in the right way, depending on whatever it is they're reporting, they will quite often open up and just tell you.' (Police practitioner)

Further barriers to effective communication/disclosure highlighted included: taking everything at face value/not reading between the lines, asking questions by rote/parroting back answers, interrogating the victim and not recognising peculiarities in language or content. To improve communication, interview participants recommended: adapting the language to the person/situation, having an approachable manner, showing compassion and empathy, having awareness of body language/non-verbal cues (not just the victims but also their own), monitoring their tone of voice, and being sensitive and patient.

Rapport building was considered important by practitioners (n=12) to encourage a conversation. Definitions varied:

- 'Getting information from an individual as best as you can without prying too much.'

- 'Being able to hold a decent conversation with somebody without anybody feeling on edge.'

- 'It's building up a relationship, effectively establishing trust.'

When asked how to encourage it, practitioners stated:

- Using their first name.

- Generally engage with the individual in a conversation.

- Showing that you're actually listening and caring about what they're saying. Show that you're interested in them.

- Talking to them in a way/using language that they understand.

Interview participants were also asked to define the following terms:

Empathy

- Showing that you care. 'It's [something] that shows that you're bothered. You're bothered about what they're telling you, that you're going to do your very best for them and being able to

reassure them that that's what you're there for' (police practitioner).

- Being emotionally and socially aware of others. 'Empathy means being able to sympathise with somebody without attaching your own emotions to it' (police practitioner).

- Being able to put yourself into someone else's shoes while remaining 'objective' and doing your job. 'You are not to take on their grief, you are not to take on their worries and their concerns. You are to listen to them, acknowledge them and do your best as a detective' (police practitioner).

- Understanding where someone is coming from without 'judgement' and 'being able to relate to someone's experience or lifestyle'.

A number of individuals also identified the importance of understanding the difference between empathy and sympathy.

About the College

We're the professional body for the police service in England and Wales.

Working together with everyone in policing, we share the skills and knowledge officers and staff need to prevent crime and keep people safe.

We set the standards in policing to build and preserve public trust and we help those in policing develop the expertise needed to meet the demands of today and prepare for the challenges of the future.

college.police.uk