

# The Harm Reduction Unit: a truly integrated approach to tackling stalking and serial domestic abuse.

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**Harm  
Reduction  
Unit**  
Supporting victims,  
managing risk



# November 2015: The Clinics

- **Share** Information – sharp focus on stalking and perpetrators
- **Identify** stalker type
- **Manage** any identified risks
- **Analyse** to inform the most effective needs led risk management plan for that individual case.

# How?

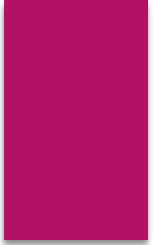
- Permission by senior leaders
- Practitioner-led
- Diversity of core professionals in regular attendance and case specific professionals invited
- Psycho-socio legal integrated approach
- Individual case discussion, risk formulation and management plan developed.
- Case data recording using CAS Forms – statistical analysis to demonstrate positive outcomes on-going including longitudinal research of cases (recidivism rates)



## Integrated Anti-Stalking Unit

Supporting victims, managing risk



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- Multi-Agency Stalkers Intervention Programme: Police Transformation Fund collaborative, proof-of-concept project for 2 years.
  - The Suzy Lamplugh Trust, Hampshire Police, MOPAC, Metropolitan Police and respective NHS Partnership Trusts (Mental Health), including comprehensive evaluation.
  - Over £4m in total with over £800k awarded to Cheshire
  - Commenced 1<sup>st</sup> March 2018 (recruitment, SOPs etc). Sites became fully active in September 2018.
  - Evaluation by the Jill Dando Institute (UCL)



# Unit

Supporting victims, managing risk





## TRIAGE

- Clearly not stalking?
- Urgent Action



## SCREEN

- Will the IASU add value?
- Urgent Action



## ACTION

- Case Discussion
- Direct to Service

# Why is motivation important?

- All stalking victims want the stalking behaviour to stop. Criminal justice sanctions are usually secondary to this desire.
- Legal sanctions are insufficient in isolation as they do not address the underlying motivation of the stalker. They may provide temporary relief to remove the physical risk of attack however the stalker's fixation remains unaddressed or in many cases, heightened.
- Motivational classifications inherently linked to levels of risk.

# Management Strategies

- Tactical and investigative advice
- Communication and risk sharing
- Victim safety planning
- Health care pathways and consultation
- Legal proceedings
- Brief, therapeutic psychosocial interventions

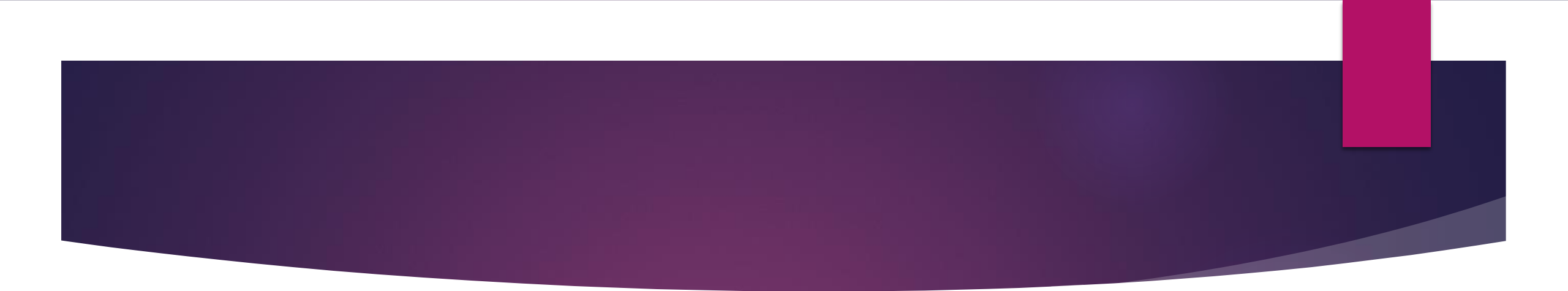


# MASIP HEADLINES: CHESHIRE

The outcomes for the police force data reflect favourably on the three LAPs; each of them had a greater proportion of cases that resulted in a charge. Proportionately fewer resulted in a caution in Cheshire and Hampshire forces, which are considered an inappropriate outcome for stalking cases.

	Cheshire	Cheshire comparator	Hampshire	Hampshire comparator	London	London comparator
Charges / summons	17.7%	14.6%	21.1%	16.6%	17.5%	13.8%
Cautions	0.3%	2.3%	1.9%	12.4%	2.0%	0.6%

*Table 1 – Charges and cautions for the three LAP forces, and their comparator forces.*



Cheshire had **the most developed data collection processes**, and we are confident that they were able to pick up on most, if not all, re-offending (even if this did not result in a charge or conviction). The rate of re-offending for perpetrators who had completed a health intervention in Cheshire was 17.6%, which is at the lower end of the range reported in research studies where a psychological intervention has been used with stalkers. This **suggests that Cheshire's health interventions were successful.**

Interviews with stakeholders and perpetrators indicated **a high level of satisfaction with the bespoke intervention provided** and there was **a degree of confidence in the perpetrators** that they had the tools necessary to address their obsession and fixation in the future.

**Victims were overall satisfied with the support provided to them by the VAs.** In particular, the VAs kept victims informed and empowered them to manage their own safety and support the investigation.

# ALWAYS A COST SAVING TO THE STATE

The returns on investment are x2.8 for the state (i.e., for every pound spent there is a cost saving of £2.80) and x3.5 for victims (for the best-case scenario). For the worst-case scenario the benefit/cost ratio is 82.4 (**so, £82.40 saved for every pound spent**).

What could have happened (costs avoided)		Benefit/cost ratio
Indirect costs to the victim <sup>10</sup>	£ 71,438.41	
Costs to the state for violence with injury <sup>11</sup>	£ 20,179.26	
TOTAL COSTS TO STATE	£ 20,179.26	2.8
TOTAL COSTS TO VICTIM	£ 71,438.41	3.5

What could have happened (costs avoided)		Benefit/cost ratio
Indirect costs for V <sup>7</sup>	£ 2,682.45	
Harm to new V for violence without injury <sup>8</sup>	£ 23,636.47	
Costs to state for violence without injury <sup>8</sup>	£ 7,718.67	
Costs to society for P's suicide* <sup>9</sup>	£ 2,254,500.00	
TOTAL COSTS	£ 2,288,537.59	82.4

# January 2021

## Harm Reduction Unit

Supporting victims,  
managing risk



- ▶ Detective Sergeant (CC)
- ▶ Constables x 3 (CC)
- ▶ Consultant Forensic Psychologist (NWBH)
- ▶ Clinical Practitioners x 2 (Forensic Practitioner RMN and Specialist Occupational Therapist) (CWP)
- ▶ Specialist Victims Advocate x2 (CC)
- ▶ Probation Officer (NPS)

# Recipe for Good Practice

- Clear vision
- The right people
- Collaborative = Integrated
- Working with partners vs. partnership working
- Clear pathway / parameters
- Flexibility
- Transformational leadership
- Practitioner-led
- Autonomy
- Organisational Injection

## Headline Statistics

### April – May:

- 100% victim engagement rate with Specialist Victims Advocates
- 10 Stalking / Domestic Abuse victims receiving direct support from Specialist Victims Advocates
- 67 stalking crimes received bespoke tactical and investigative reviews / plans.
- 10 SPOs advised to consider
- 7 MAPPAs supported
- 216 Domestic Abuse / Safeguarding disclosures made to National Probation Service / Community Rehabilitation Companies
- 29 HRU Constable direct case interventions (investigative support).
- 6 SPO applications made or supported by HRU Constables.
- 8 stalking cases open to Health Care Professionals
- 4 direct therapeutic interventions for stalkers
- Active HRU caseload: 62 cases (combination of victims and perpetrators of stalking, serial DA, sexual violence and querulance

### Snapshot Case Study May 2020:

Our Specialist Victims Advocate has been providing bespoke safety-planning, practical support and advice to a victim who has been stalked for over 5 months by an acquaintance who had felt unable to support a prosecution for many reasons including fear, professional and personal repercussions and the substantial impact of the behaviour on her life.

Working closely with the Initial Investigation Team, the victim was able to provide a very detailed witness statement. The Force Stalking SPOC provided tactical advice and recommended the case be transferred to CID.

During the course of transfer, the victim was contacted by the suspect to say he would be attending her address that evening with a gift.

The HRU Constable covering the relevant policing area was able to coordinate immediate police action as well as further safeguarding activity for the victim, provided by the Specialist Victims Advocate.

The suspect was promptly arrested and a legal framework now in place to control the risk whilst pre-charge advice is sought from the CPS.

Although stressed, the victim is really happy with this outcome so far.



# Thanks

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