



Universities Police Science Institute  
Sefydliad y Prifysgolion ar Wyddorau'r Heddlu



## **Personal, Situational and Incidental Vulnerabilities to ASB Harm: a follow up study.**

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**A report to Her Majesty's Inspectorate of Constabulary  
January 2013**

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## EXECUTIVE SUMMARY

This study makes a significant contribution to the evidence base around the impacts of antisocial behaviour (ASB) upon victims and ‘what works’ in terms of police responses to such problems. It extends and elaborates some of the findings originally set out in 2010 in the Universities’ Police Science Institute’s (UPSI) report ‘Rethinking the Policing of Antisocial Behaviour’ that advocated a shift towards a more victim-centred and harm-based approach. This influenced HMIC’s ‘Stop the Rot’ report of that year. In 2012 HMIC inspected all police forces to check their progress in implementing reforms based upon the findings of the 2010 work. The Inspectorate concluded that whilst progress had been made by all forces in improving their responses to ASB, opportunities for further improvement remained. Accordingly, the analysis set out herein seeks to clarify these opportunities and what police can do to better protect repeat and vulnerable victims of ASB

Driven by an empirical analysis of a survey of nearly 10,000 ASB victims (the largest dataset of its kind) and HMIC police performance assessments, we focus in particular upon the concept of vulnerability. This recognises that some people and communities are more liable to being negatively impacted by ASB because they lack social, economic and psychological resilience to withstand the negative effects associated with such experiences.

- Informed by analysis of the data we identify three main types of vulnerability:
  1. **Personal vulnerability** – results from an individual or group’s characteristics, identity or status. In effect, there are certain individual characteristics that shape susceptibility to being negatively affected by a victimisation experience. For example, mental or physical health status.
  2. **Situational vulnerability** –where the impact of any ASB is amplified by some aspect of the context in which it occurs. For example, neighbourhoods that are socially or economically stressed may be more harmed by the occurrence of ASB. Similarly, areas with low levels of social capital or high crime rates may be negatively impacted by events that, if they occurred in different circumstances, would be less influential.
  3. **Incidental vulnerability** – our analysis demonstrates that there are certain forms of antisocial incident that are likely to induce harmful effects for victims. Most notably, this includes repeated occurrences, but also incidents perceived by victims to be personally targeted.
- **When different combinations of vulnerability are profiled, we find differences in their prevalence and social distribution.** For example, repeat and vulnerable victims are disproportionately drawn from poor socio-economic circumstances, whereas repeat, but not vulnerable, victims are not.
- **Police forces differ from each other in the profile of their callers on characteristics of vulnerability and repeat victimisation.** Health vulnerability, for example, is present in approximately 25 percent of callers in Dyfed Powys compared to 8 percent in City of London. A better knowledge of local victim profiles is therefore central to understanding the underlying nature of the ASB problem.

Our analysis of victim satisfaction and its links with police performance data enable us to highlight a number of areas where there are gains to be made in meeting the needs of ASB victims.

- **The most challenging cases are where victims are both repeat and vulnerable.** The complex and ever-changing circumstances associated with ASB and the victim means that there is no substitute for inter-personal communication at the point of report. Technological ‘solutions’ can identify some, but not all, vulnerable victims.
- **All victims want to feel listened to, taken seriously, and to know what police action was taken as a result of their call.** However, because some victims are more vulnerable and at risk than others, they do not all share the same ‘starting place’. Whilst the needs of repeat or vulnerable victims may be generally well met by police, the repeat and vulnerable victim is most likely to ‘fall through the net’. The percentage of victims who viewed their call to police as having made ‘no difference’ was greater for the most acute category of repeat and vulnerable victim at 45 percent compared to 35 percent for victims who were neither repeat nor vulnerable.
- **The identification of vulnerability and risk should prompt police to consider ‘doing more’ with the victim or ‘doing different’.** This does not have to be resource-intensive; it could be offering greater reassurance, taking more time to communicate or communicating more frequently.
- **Better police performance is unlikely to ‘drive down’ the overall volume of calls on ASB, but it can improve victim satisfaction and public reporting of this type of crime.** The available evidence suggests that reductions in the number of ASB reports may not be a reliable indicator of performance improvements in this domain. In fact, somewhat counter-intuitively, better performing forces were more likely to see the public report issues to them and forces with a high public need tended to have more effective police systems in place. Our analysis suggests that area level deprivation drives call volume; in areas of high deprivation 60 percent could be classified as repeat callers of three times or more, compared with 38% in low deprivation areas.

The key operational implications of our analysis are summarised in an *ASB Call Template* or ‘**ACT**’ model. This model proposes four key stages in the process from receiving an ASB call through to completed action feedback to the victim. These stages are:

1. **The primary ‘inter-personal’ stage:** the use of probing questions at every point of report to establish and record who, where, and why the victim is reporting.
2. **The secondary ‘I.T’ stage:** linking this victim information with any previous contacts, with area data or previous intelligence to add depth and context to the victim report.
3. **Action Planning:** identification of risk and the deployment of resources. This necessitates a degree of ‘tailoring’ responses according to the needs of the victim.
4. **Communicate Action:** timely and appropriate feedback to the victim about what the police response was to their call with due consideration of the needs of the victim.

## Introduction

This document reports findings from a study designed to develop a more sophisticated and evidence-based perspective on the impacts of antisocial behaviour on victims, and ‘what works’ in terms of how police might best meet the needs of those who are at disproportionate risk of harm from ASB. The findings significantly extend and elaborate aspects of the work reported in the 2010 Universities’ Police Science Institute (UPSI) report ‘Rethinking the Policing of Antisocial Behaviour’, that influenced HMIC’s ‘Stop the Rot’ report of that year.

In 2010, HMIC identified a need for police forces to improve how they identify repeat and vulnerable victims, and reiterated in 2012 that ‘improvements in this area must be the next important step in the journey to tackling ASB effectively’ (HMIC, 2010; 2012). The rationale is that any victim who is vulnerable and /or subject to repeated incidents of ASB are at a heightened risk of harm, and should therefore be prioritised by the police and given extra support. However, at the current time, no police force is viewed by HMIC to be effectively and consistently identifying repeat victims and vulnerable victims at the point of report.

To help drive further improvement in terms of police forces’ capacities and capabilities to better meet the needs of ASB victims, in this report we focus in particular upon seeking to understand how and why certain individuals and groups are particularly vulnerable to being negatively affected by ASB. In the 2010 UPSI report, we identified three key changes:

- 1) A shift from a focus upon perpetrators to a greater victim focus by adopting a more harm-based approach;
- 2) Development of improved systems and processes to enable repeat and vulnerable victims to be identified by police and their partners;
- 3) The identification, through data analysis, of those aspects of police and partner responses that were especially valued by and effective for, ASB victims.

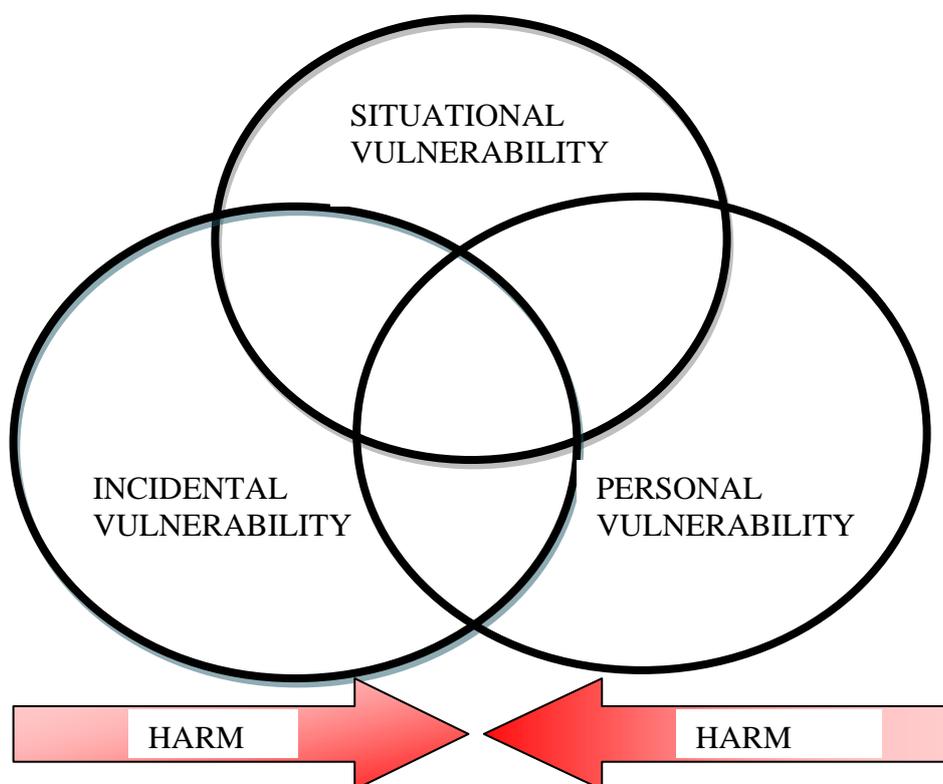
Informed by the research evidence, it is our perception that forces have made progress in terms of being able to identify repeat victims of ASB, but that less success has been had in steering resources towards issues of vulnerability. This is coherent with the view derived from HMIC’s field inspection teams (HMIC, 2012). Accordingly, the current report focuses

upon identifying the factors that shape and influence individual and collective vulnerability to ASB using 2012 data from a victim survey, and HMIC police inspection assessments for the same year.

The concept of vulnerability recognises that some people and communities are more liable to being negatively impacted by ASB, often because they lack social, economic and psychological resilience to withstand the negative effects associated with such experiences. In order to make sense of the data analysed in this report, we introduce three concepts of vulnerability:

4. **Personal vulnerability** – results from an individual or group’s characteristics, identity or status. In effect, there are certain individual characteristics that shape susceptibility to being negatively affected by a victimisation experience.
5. **Situational vulnerability** –where the impact of any ASB is amplified by some aspect of the context in which it occurs. For example, neighbourhoods that are socially or economically stressed may be more harmed by the occurrence of ASB. Similarly, areas with low levels of social capital or high crime rates may be negatively impacted by events that, if they occurred in different circumstances, would be less influential.
6. **Incidental vulnerability** – our analysis demonstrates that there are certain forms of antisocial incident that are likely to induce harmful effects for victims. Most notably, this includes repeated occurrences, but also incidents perceived by victims to be personally targeted.

Figure 1: The Concept of Vulnerability and ASB Harm



The figure above shows that, critically, these different forms of vulnerability are not mutually exclusive, and where they intersect and overlap, the harm experienced is considerably amplified. For example, at the centre core where all three vulnerabilities converge are victims with the maximum accumulated risk factors: they are likely to live in areas characterised by high socio-economic deprivation where exposure to antisocial behaviour is most acute; they are individuals with one or more characteristics that are likely to make them more vulnerable to the effects of ASB; and they are individuals whose experience of ASB may be prolonged, incessant and/or deliberately targeted towards them personally. Whilst the majority of victims are likely to have one or more of these risk factors rather than all of them, it is important to recognise that the overall picture is not static; victims can change from a non-vulnerable to a vulnerable status, for example, and the nature of the antisocial behaviour can change both qualitatively and quantitatively over time.

Developing these three concepts throughout this report helps us to better understand how and why certain disorder incidents, occurring in particular settings, against certain victims, display a power to exert profound negative impacts on health and well-being.

We use two data sources to develop these concepts and to work through their implications for more effective policing of ASB.

1. **MORI Victim Survey:** The first data source is an IPSOS-MORI survey of over 9000 ASB victims (approximately 200 per police force) who telephoned the police to report ASB over a one-month period in 2011 and were randomly selected for interview about their experience of antisocial behaviour, perceptions of the police and individual circumstances. It is important to bear in mind that this data is not a survey of the general public in these police force areas, but a survey of those members of the public who reported to the police about antisocial behaviour.
2. **HMIC police assessments:** The second dataset derives from data collected by HMIC's team of Inspectors from each of the 43 police forces in England and Wales, in respect of the quality of their response to ASB. The efficacy of forces' responses to ASB was assessed in 2012 across a number of key dimensions including management and categorisation. Forces were evaluated on a scale from 'excellent' through to 'poor' for each of the assessed aspects of their response.

# 1. Identifying and categorising Repeat Victims and Vulnerable Victims from the MORI repeat victims survey

The Ipsos-MORI survey for 2012 was commissioned by HMIC to survey people who contact the police to report antisocial behaviour, probing their perceptions of the police, the characteristics and impact of ASB they are experiencing, along with their background details. The survey is a random selection of 9311 callers in England and Wales who contact the police in respect of antisocial behaviour in September 2011<sup>1</sup>.

Our analysis of the Ipsos-MORI survey for 2012 considers in detail the profiles of:

1. Repeat victims;
2. Vulnerable victims;
3. Repeat and vulnerable victims

These profiles are constructed on the basis of three groups of variables:

- Personal and social characteristics;
- Type of ASB experienced;
- Needs in terms of police response.

Different combinations of these three groups are identified in the data, and their perceptions of police and their actions are analysed and compared with victims who are not vulnerable or repeat. The aim is to shine a light on;

- How experiences of antisocial behaviour impact upon victims, taking into account the number and type of incidents;
- How effectively the police are identifying and meeting the needs of different ASB victims;
- ‘What works’ from the perspective of the vulnerable and/or repeat victim in terms of police response(s) to antisocial behaviour.

## 1.1 Repeat Victims (RV)

For the purposes of this report, repeat victimisation is defined as when an individual experiences multiple incidents of anti-social behaviour. A key marker of repeat victimisation

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<sup>1</sup> Ipsos-MORI (2012) ‘Policing Antisocial behaviour – the public perspective: Wave2’.

is that individuals are likely to make multiple calls to the police. However, estimates from the British Crime Survey are that less than one third of ASB is reported by the public so repeat calling is a proxy indicator of repeat victimisation that cannot capture individuals who ‘suffer in silence’ as a result of antisocial behaviour.

- One current benchmark for identifying a repeat victim is three or more calls to the police within a one-year period. Table 1.1 shows that over half of callers in this survey can be regarded as repeat victims using this criterion. The average individual in this survey made 4 calls to the police.
- Nearly 2 out of 10 in the survey can be termed ‘high repeat callers’ having made 10 or more calls to the police over the one-year period. The term ‘persistent caller’ is not used here because it implies the caller is a nuisance to the police in some way.
- Repeat victims, including high repeat callers, are slightly more likely to be men than women and they are not, contrary to some popular stereotypes, concentrated in the older age groups.
- The survey does not ask how long people tolerate antisocial behaviour or suffer repeat victimisation in silence before they seek any police intervention. However, 12 percent of men and 22 percent of women in the survey had not reported ASB in the past due to fear of intimidation or the repercussions of doing so.
- The likelihood of repeat victims contacting the police about the same or related problems increases with the volume of calls made; three-quarters of high repeat callers (10+ calls) were seeking assistance with the same sorts of antisocial behaviour issues, suggesting that either no intervention is being made or those being delivered are ineffective.

## **1.2 Vulnerable Victims (VV)**

Individuals who can be identified as ‘vulnerable’ on one or more characteristics may be at a greater risk of experiencing antisocial behaviour, be more susceptible to being harmed by ASB and require a speedier intervention from police.

### *1. Health*

The most commonly used criterion used to identify a vulnerable victim is that they, or anyone in their household, have a long term illness or disability. Table 1.1 shows that 4 out of 10

callers can be classified as vulnerable on health and that this is more common for women than for men.

The HMIC report ‘A Step in the Right Direction’ (2012) advocated three other fundamental questions to consider when determining the vulnerability status of a caller; the perceived target and motivation behind the ASB incident and the impact it is having on the individual concerned. We have derived indicators to represent these in the data as follows:

### *2. Personal Targeted ASB*

Table 1.1 shows that 4 out of 10 victims consider the ASB they are experiencing to be deliberately targeted at them personally, their family or a particular group they are part of. Women are more likely than men to perceive the ASB they are experiencing in this way. Henceforth, we refer to this as ‘personal targeted ASB’.

### *3. Hate motivated ASB*

Approximately 1 in 10 consider the ASB they are experiencing to have a motivation aligned with hate crime, that is motivated by hostility or prejudice on the grounds of race, religion, disability, gender or sexuality. Note that the survey does not specify that this motivation is against the victim personally. We label this type of antisocial behaviour ‘hate motivated ASB’.

### *4. Quality of Life (QoL) Impact*

The perceived effect of antisocial behaviour on everyday quality of life is used to understand the impact of ASB on the individual concerned. On a scored ten point scale, 1 in 10 victims gave the maximum score of 10 to represent that ASB had a ‘total effect’ on their everyday life. More women than men were in this category.

Table 1.1: Identifying Vulnerable and Repeat Victims in the survey

<b>Vulnerable Victims</b>		<b>Men</b>	<b>Women</b>	<b>All</b>
1.	Health (long term illness or disability)	41	45	43
2.	Personal targeted ASB	35	43	40
3.	Hate motivated ASB	11	12	12
4.	Quality of Life impact (total negative)	8	12	10
Vulnerable victim on any of the above		62	70	66
<b>Repeat Victims</b>				
Repeat Caller 3+ times a year		53	51	52
High Repeat Caller 10+ times a year		18	16	17

### 1.3 Vulnerability and Repeat Victimization (RVV)

The categories of ‘vulnerable victim’ and ‘repeat victim’ are not discrete ones, rather they intersect with each other and they can change over time. Depending on the criterion used to define vulnerability, a sizeable proportion of individuals in the survey have both repeat status and vulnerability issues.

- Less than 2 out of 10 in the survey are neither a vulnerable victim nor a repeat one. Men are more likely to be negative for vulnerable factors *and* repeat calls (19 percent) than women (17 percent).
- If vulnerable on any one of the 4 measures in Table 1.1, 56 percent have called the police 3 or more times, compared with 44 percent who are not identified as vulnerable victims. Therefore using the widest criterion to define vulnerability, over half of the callers in this sample can be classified as ‘repeat and vulnerable victims’.
- A vulnerable status on any of the 4 measures in Table 1.1 increases the percentage of high frequency callers to 21 percent, compared with 12 percent for victims who are not classified as vulnerable on any measure.
- Using the average number of calls as a marker of repeat victimisation, it increases from 4 overall to: 4.7 for victims who feel that their ASB incidents are personally targeted; 4.9 for those with any long-term illness or disability; 5.2 if the victims believes the ASB is motivated and 7.2 for those who feel ASB has a total negative impact on their quality of life.

Clearly it is neither feasible nor desirable for police call handlers to be prioritising over half of callers as repeat and/or vulnerable victims. To meet the aims of this analysis, it is more meaningful to pick out groups of victims who have specific characteristics of vulnerability and /or repeat victimisation that the police can focus upon and to investigate how the likelihood of a caller being in one of these categories intersects with other identifiable characteristics they have, such as their location, age, ethnicity and gender.

To construct these profiles, we derived 8 indicators from the survey data to explore how they fit with victims' experiences and satisfaction with the police. This involves:

1. Separating out repeat victims from vulnerable ones in order to examine the impacts of victimisation and vulnerability singly;
2. Combining the top two indicators of vulnerability – health and personal targeted ASB- with indicators that show the level of repeat victimisation. We infer more extreme levels of repeat victimisation or ‘unmet need’ among those who made 10 or more calls to the police in the last year;
3. Comparing these victim groups with those in the survey who are negative on any vulnerable factor and negative on repeat victimisation.

Table 1.2 below sets out how each victim status is defined in the data:

- **Repeat Victim (RV)** represents anyone who has called the police three or more times in the last year but has NO vulnerability issues on any of the 4 indicators of health, personal targeting, motivated ASB and QoL impact.
- Three measures focus on specific vulnerability factors only where the individual is NOT a repeat victim. These are based on health (**VV Health**) and the respondent's perception that the ASB is personally targeted (**VV Target**). Any victim who perceives that their ASB incident is hate motivated and/or feels that it is having a ‘total effect’ on their quality of life is represented in the measure **VV Other**.
- **Multiple Vulnerable Victim (MVV)** again represents victims who can be identified as vulnerable but NOT repeat callers. This measure identifies individuals who have ‘multiple’ vulnerabilities, that is, have any combination of 2 or more vulnerability factors; health, personal targeted ASB, hate motivated ASB and QoL impact.

- **Repeat & Vulnerable Victim: Health (RVVh)** is the indicator that most resembles current attempts to classify repeat and vulnerable victims. It uses the benchmark of 3 or more calls to police in the last year, as well as the presence of limiting long term illness or disability in the individual or their household.
- **Repeat & Vulnerable Victim: Health & Target (RVVht)** is another measure to represent repeat and vulnerable victims but it adds in any respondent who feels that their ASB is personally targeted. Individuals are in this category if they make repeat calls and are positive on either one or both vulnerability factors for health and personal targeted ASB.
- **High Repeat & Vulnerable Victim: Health & Target (HRVVht)** represents the same individuals experiencing victimisation as above but only if their repeat victimisation is high, as evidenced by making 10 or more calls to the police in the last year.

Table 1.2: Defining Repeat and Vulnerable Victims in the data

<i>Indicator</i>	<i>Vulnerability factor</i>				<i>Repeat Victimisation</i>	
	<b>Health</b>	<b>Personal Targeted ASB</b>	<b>Hate Motivated ASB</b>	<b>QoL impact</b>	<b>Repeat calls 3+</b>	<b>Repeat calls 10+</b>
<b>Repeat Victim (RV)</b>	No	No	No	No	Yes	
<b>Vulnerable Victim: health (VVHEALTH)</b>	Yes	.	.	.	No	
<b>Vulnerable Victim: target (VVTARGET)</b>	.	Yes	.	.	No	
<b>Vulnerable Victim: other (VVOTHER)</b>	.	.	Yes	Yes	No	
	.	.	Yes	.	No	
	.	.	.	Yes	No	
<b>Multiple Vulnerable Victim (MVV)</b>	Any combination of 2 or more vulnerability factors				No	
<b>Repeat &amp; Vulnerable Victim: Health (RVVh)</b>	Yes	.	.	.	Yes	
<b>Repeat &amp; Vulnerable</b>	Yes	Yes	.	.	Yes	

<b>Victim: Health and Target (RVVht)</b>	Yes	.	.	.	Yes
	.	Yes	.	.	Yes
<b>High Repeat &amp; Vulnerable Victim: Health and Target (HRVVht)</b>	Yes	Yes	.	.	Yes
	Yes	.	.	.	Yes
	.	Yes	.	.	Yes

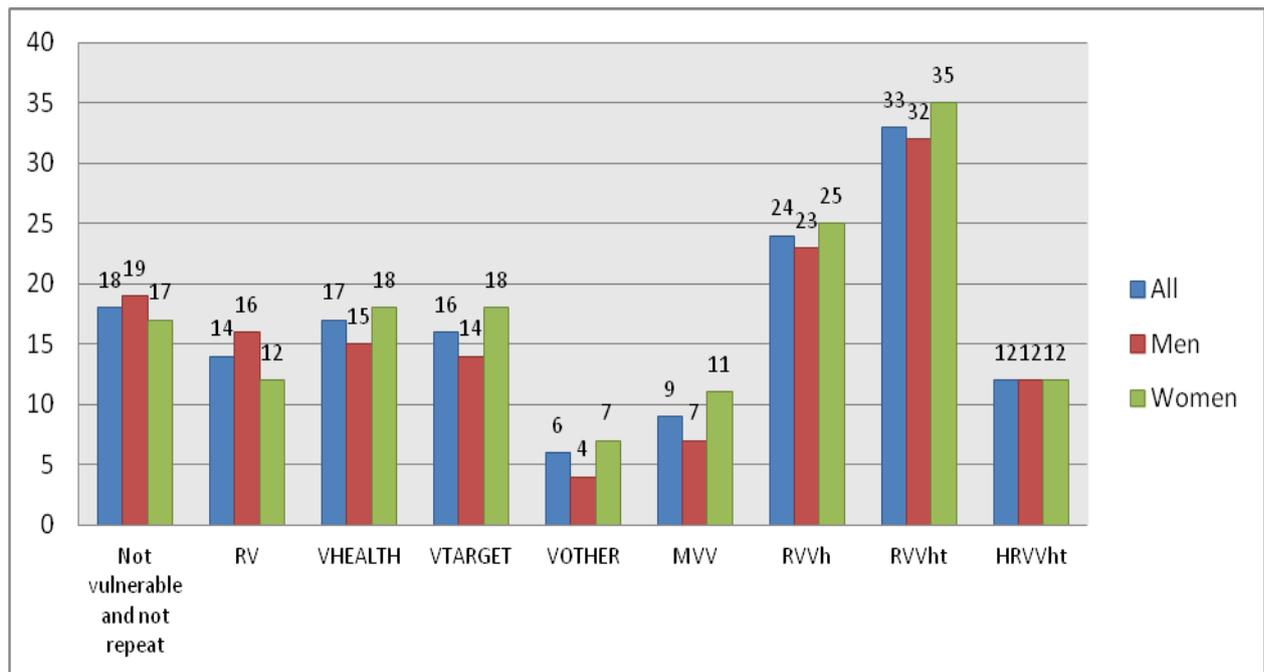
#### 1.4 The characteristics of callers in different victim groups

There are demographic and other factors that may be associated with being a vulnerable and/or repeat victim caller to the police and these are investigated further here. However, in doing so, it is important to remember that the ipsos-MORI survey is not representative of these groups in wider society, but is a random sample of people who made the decision to telephone the police in respect of antisocial behaviour over a one month period. Thus, the findings are indicative of ASB victims who contacted the police during this time. They do not represent the distribution in general society of vulnerability, repeat victimisation or satisfaction with the police among the general public.

Figure 1.1 shows the eight victim categories separately for men and women.

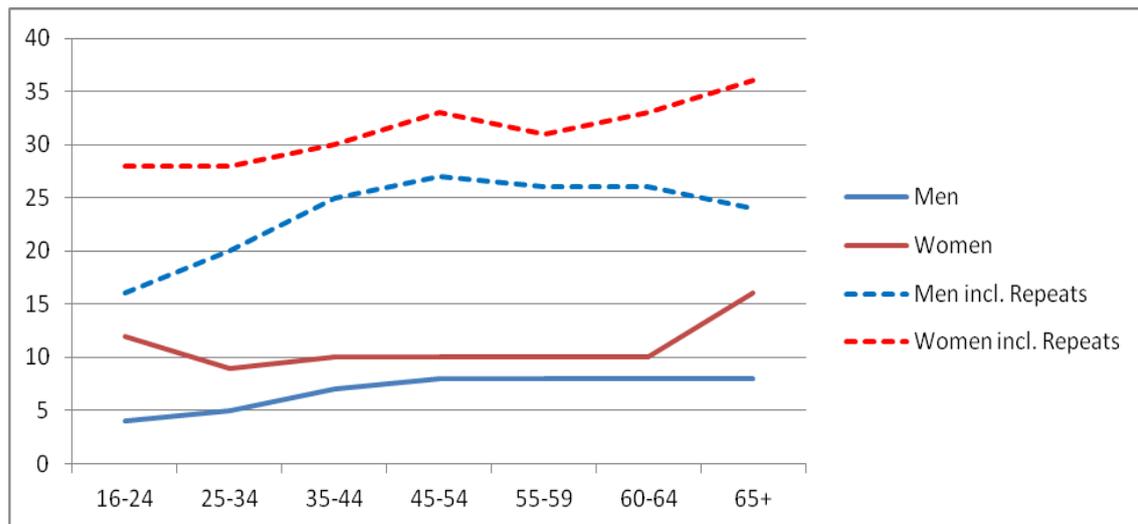
##### Gender

- Men are more likely than women to be repeat, but not vulnerable, callers to the police (RV only).
- Conversely, women are typically more likely than men to be in a category of vulnerable (but not repeat) victim (V HEALTH; V TARGET; V OTHER).
- Vulnerability on health or personal targeted ASB is more common for both sexes than any vulnerability associated with hate motivated ASB and/or impact on quality of life. The former are the two vulnerability indicators that are included in our measure(s) of repeat and vulnerable victims.

Figure 1.1: Types of Repeat and Vulnerable Victim (RVV) by gender (%)

- Women are more likely than men to be a Multiple Vulnerable Victim (MVV). Figure 1.2 shows that this difference persists across the life-course and is most marked for the youngest and oldest age groups.
- The overall percentage of Multiple Vulnerable Victims, defined on vulnerability alone, is low in Figure 1.1. However, Figure 1.2 shows that this is because the majority of people in this category have telephoned the police at least 3 times in the last year. The dotted lines on Figure 1.2 show how the overall percentage increases to over one-third of older women when repeat callers are included in the classification.

Figure 1.2: Age and gender differences in Multiple Vulnerable Victim (MVV) status (%)



- Using the health criterion to define a repeat and vulnerable victim (RVVh), Figure 1.1 shows that approximately one-quarter of the sample fall into this category. This increases to one third when the measure also accounts for victims who feel their ASB is personally targeted (RVVht). Although the latter measure includes a higher percentage of the sample, both indicators of repeat and vulnerable victims show a similar pattern by gender.
- When repeat and vulnerable victims on health and targeted ASB include only those who make a high number of calls to the police, the percentage falls to 12 and there is no gender difference (HFVVht).

### **Ethnic group**

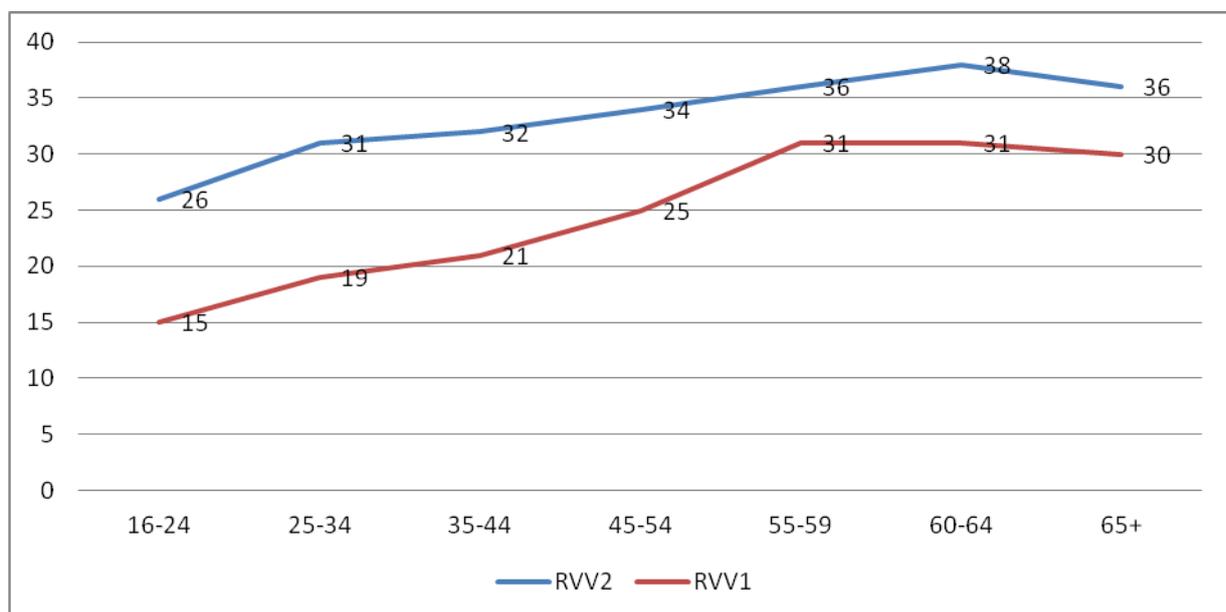
- In the survey, those without any vulnerable factors and who are not repeat callers are more likely to be white (18 percent) than from a minority ethnic group (15 percent).
- However, those vulnerable on health (V HEALTH) or in the category of repeat and vulnerable victim on health grounds only (RVVh) are most likely to be white.
- Minority ethnic callers are more likely to be in the VOTHER category than white callers. This category includes vulnerability associated with hate motivated antisocial behaviour including race and religion.

## Age

- Callers below the age of 55 are more likely than older age groups to be without any vulnerability factors and to have called the police less than three or more times in the last year.
- Health vulnerability reflects the age-related increase in morbidity with over one-quarter in this category of ASB victim at age 65+ compared with 12 percent at age 16-24.
- Callers in the youngest age group are most likely to feel that their ASB is personally or deliberately targeted (22 percent) compared with 16 percent at age 45-54 and 65+.

Figure 1.3 shows a general age-related increase in the likelihood of being a repeat and vulnerable victim caller on both RVVh (health only) and RVVht (health and personal targeted ASB). Including personal targeted ASB alongside health in the classification of a repeat and vulnerable victim clearly includes a greater percentage of younger adults.

Figure 1.3: Age trends in Repeat and Vulnerable Victim (RVV) categories



- Age is not significantly associated with repeat and vulnerable victim status when victimisation is set at 10 calls or more in a year.
- Although repeat calls generally increase with age when combined with vulnerable victim status, the likelihood of being a repeat but non-vulnerable caller to the police becomes lower after age 55 and is at its peak of 18 percent for 25 to 34 year olds.

### *Community and Living Environment*

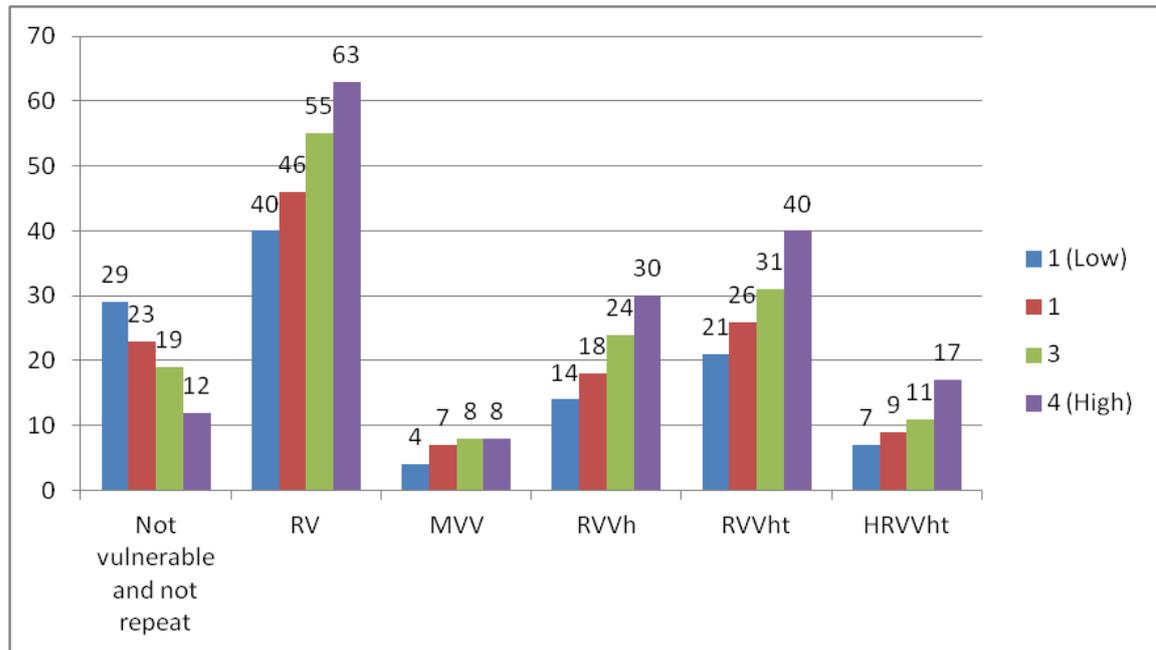
The majority of the indicators referenced above represent forms of ‘personal vulnerability’, in that the increased susceptibility of being harmed by ASB is caused by some aspect of personal status or characteristic (for example health status, age or ethnicity). However, our analysis makes clear that other factors amplify the exposure to ASB harm. In particular, area deprivation is significantly and negatively associated with the likelihood of being a repeat and vulnerable ASB victim. This exemplifies the potential for levels of what we term ‘situational vulnerability’ to influence the differential impacts associated with individual ASB incidents. Figure 1.4 below shows the results using the England measure of deprivation in the survey, for men only<sup>2</sup>. Figure 1.4 shows deprivation gradients in the likelihood of being a repeat victim (RV), and a repeat and vulnerable victim (RVV). As the deprivation score increases, from its lowest at 1 through to the highest deprivation at 4, so too does the likelihood of a victim having telephoned the police at least three times in the last year, being vulnerable on health and/or personal targeted ASB and of being a high frequency vulnerable caller.

- The magnitude of the deprivation gradients is greatest for repeat victimisation, with the percentage of repeat victims increasing from 40 percent in the least deprived areas to 63 percent where deprivation is greatest.
- The impact of deprivation on repeat and vulnerable victim status should not, however, be understated. The percentage in the most ‘acute’ category of high frequency callers with vulnerability on health and/or personally targeted ASB that is, more than doubles from the least to the most deprived areas.

Deprivation gradients were not as marked for vulnerability factors alone and were not statistically significant for men when health or personal targeted ASB were examined singly. Figure 1.4 also shows a ‘reverse gradient’ in deprivation for callers who are not categorised as vulnerable or repeat victims. This confirms that such callers are most likely to be from areas with little or no deprivation.

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<sup>2</sup> The findings are not shown for Wales owing to smaller base numbers, but the trend was the same. Deprivation gradients were also evident for women, but figures are not shown here for brevity.

Figure 1.4: Victim type by level of deprivation in England: men only

- The data shows that Repeat and Vulnerable Victims of ASB are least likely of all the victim types to endorse the cohesiveness of their local area. For example, only one third of men and 35 percent of women who are high frequency callers and vulnerable on health and/or personal targeted ASB agree that their local area is a ‘close, tight knit community’ compared with 44 percent of men and women who are neither repeat nor vulnerable victims.

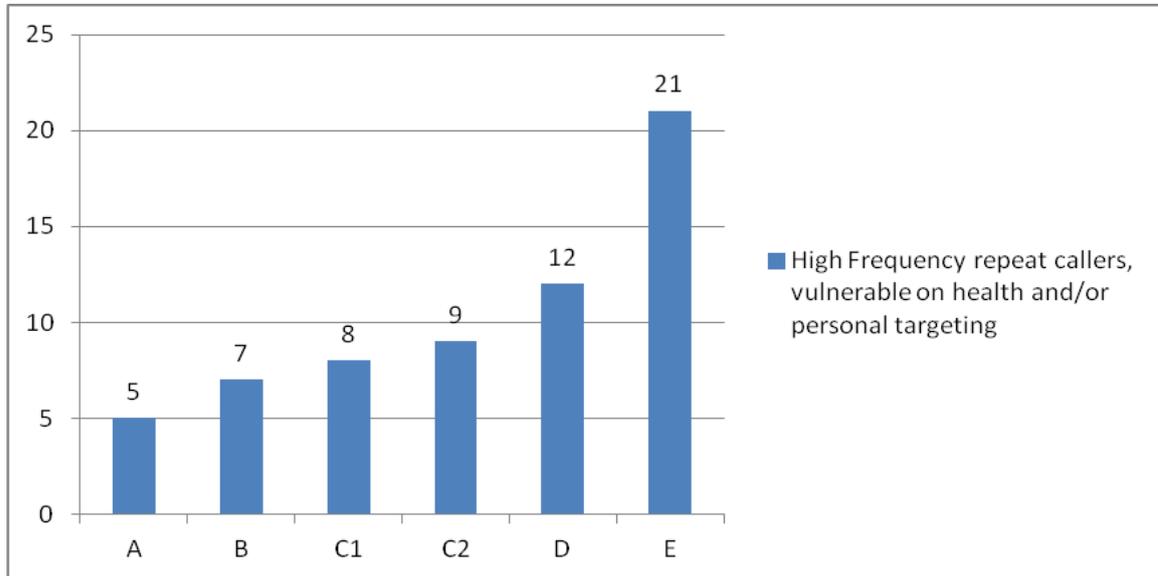
### **Socio-demographic**

Whilst the likelihood of being a repeat victim (RV) or a Repeat and Vulnerable Victim (RVV) is strongly associated with the situational vulnerability induced by local socio-demographic disadvantage, non-repeat and non-vulnerable victim status is associated with more advantageous socio-demographic characteristics including low area deprivation and home ownership.

- We find that all combinations of repeat and vulnerable victim status are concentrated among the lower social grades based on the individuals’ occupational status.

Figure 1.5 shows a social grade gradient for women using the most ‘acute’ measure of high frequency callers with vulnerability on health and/or personal targeted ASB. Gradients were also found for men and were particularly marked for those with health vulnerability.

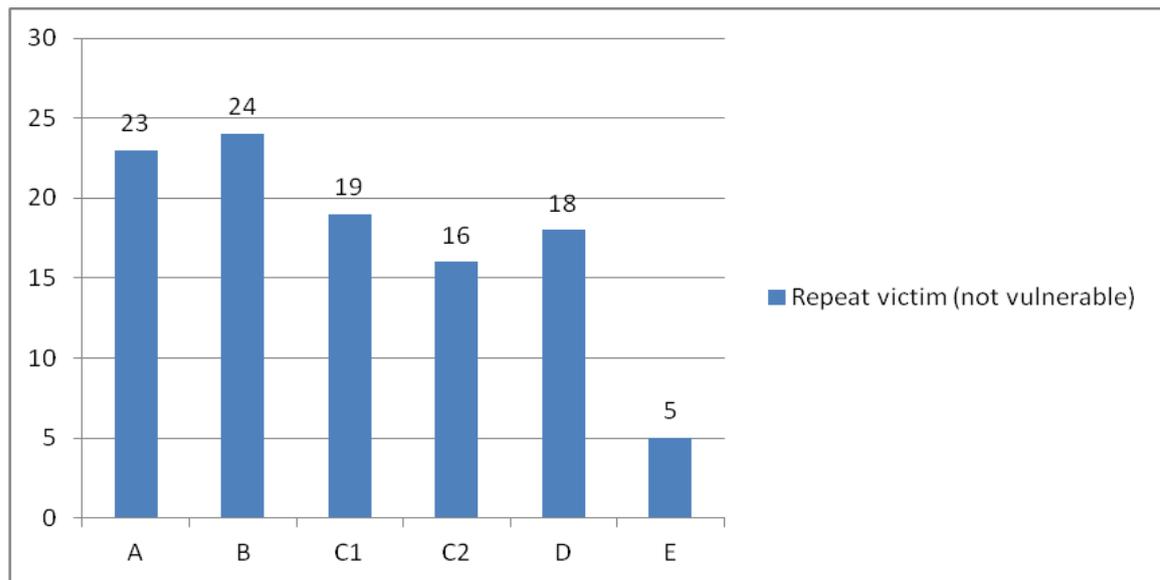
Figure 1.5: High frequency RVV’s by social grade: women



- RVV status was also associated with living in a property rented from the council or Housing Association.

By contrast, repeat (but not vulnerable) victims are most likely to be from the highest social grades (A and B) and much less likely to be in grade E (see Figure 1.6 for men). Further support that this victim group is relatively socio-economically advantaged comes from finding that it is comprised of a disproportionate number of home owners and private renters.

Figure 1.6: Repeat Victims (not vulnerable) by social grade: men



### KEY MESSAGES

**ASB victims can and should be profiled.** Data from a victim caller survey has permitted us to discern both the prevalence and the social distribution of different combinations of vulnerability and repeat victimisation among a sample of callers to the police. The next chapter expands on this point by looking at the importance of contextualising profiles of ASB victims by police force in order to show differences in local caller profile.

**Personal, Situational and Incidental vulnerability among victims of ASB can overlap and change.** Victims of ASB are not a homogenous group, nor a static one. For example, older callers are most likely to be vulnerable on health, as defined by long-term illness or disability, whilst minority ethnic callers may be disproportionately exposed to hate motivated ASB arising from prejudice. Callers with multiple vulnerabilities are likely to be repeat callers, particularly if older and female. It is clear that the risk of being a Repeat and Vulnerable victim is greatest for individuals exposed to a form of situational vulnerability deriving from living in areas identifiable as materially deprived.

## 2. Police forces and victim profiles

This section of the report profiles callers in the survey who fall into each of the victim categories by individual police force. The aim is to provide an indication of what percentage of monthly calls to each force can be categorised by each of the victim profiles identified in the previous chapter. This is important in terms of understanding how the ‘ASB problem’ in different areas is differently constructed, for as the analysis demonstrates, in some police force areas a high proportion of calls about ASB are being made by a small number of high frequency callers. In other areas there is a relatively high prevalence of ASB victims with an underlying personal vulnerability arising out of a health condition, rendering them at increased risk of being harmed by antisocial behaviour.

It is important to bear in mind that the survey data provides a ‘snapshot’ picture of a single month of calls to each force and is not necessarily a representative profile of calls over a longer period of time such as a single year. It is likely that there are seasonal variations in both the volume and profile of callers, for example. Whilst we might make inferences from this type of data about the call management of individual police forces, for example, if they have a high percentage of repeat callers, the previous chapter showed how other factors – such as area level deprivation - have a role to play in shaping the profile of victim types. It is therefore more instructive to view our approach as providing a benchmark indicator for each force of the proportion of their caller workload that can present as vulnerable and /or as repeat victims using the different classificatory questions outlined in Chapter 1.

### *Non- repeat and non- vulnerable victims*

There was wide variation across forces in the percentage of victims who were neither repeat nor vulnerable on any of the factors identified in chapter 1 (health, hate motivated ASB, personal targeted ASB or quality of life impact). Surrey – a locality likely to score low on the Index of Multiple Deprivation - had the highest percentage of non-repeat, non-vulnerable callers at 35 percent. Forces covering large metropolitan areas had a much lower percentage of victim callers who were non-repeat and non-vulnerable: West Midlands (19 percent); Greater Manchester (15 percent); Merseyside (9 percent) and Northumbria (7 percent). The full table is in the Appendix to this report. The key point is that there is local variation in

terms of the ASB problem at an aggregate level and consequently the police response should reflect this. Therefore, in some areas, we would expect to see greater effort put into identifying vulnerable victims.

#### *Repeat victims (RV's)*

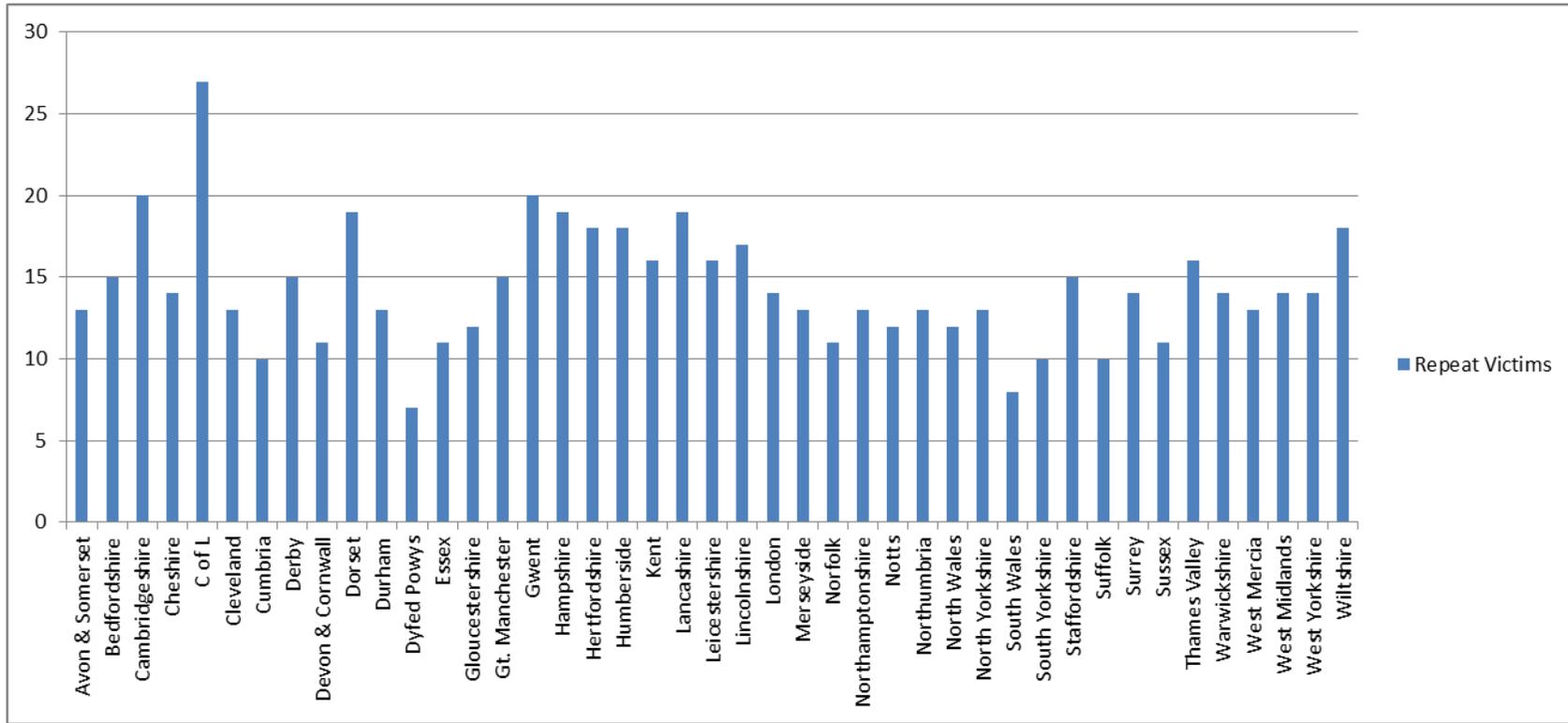
Figure 2.1 shows how the percentage of repeat victims varies across police forces. These are defined as callers who contacted the police three or more times in the last year but who do not present as vulnerable victims. The overall average of repeat victims across all forces was 14 percent.

More than one quarter of callers to City of London force could be classified as repeat, but not vulnerable, victims. For Cambridgeshire and Gwent forces, 2 out of 10 callers are in this category. Forces with the lowest percentage of repeat, but not vulnerable, victims include two Welsh forces; Dyfed Powys and South Wales.

#### *Vulnerable on health (VVhealth)*

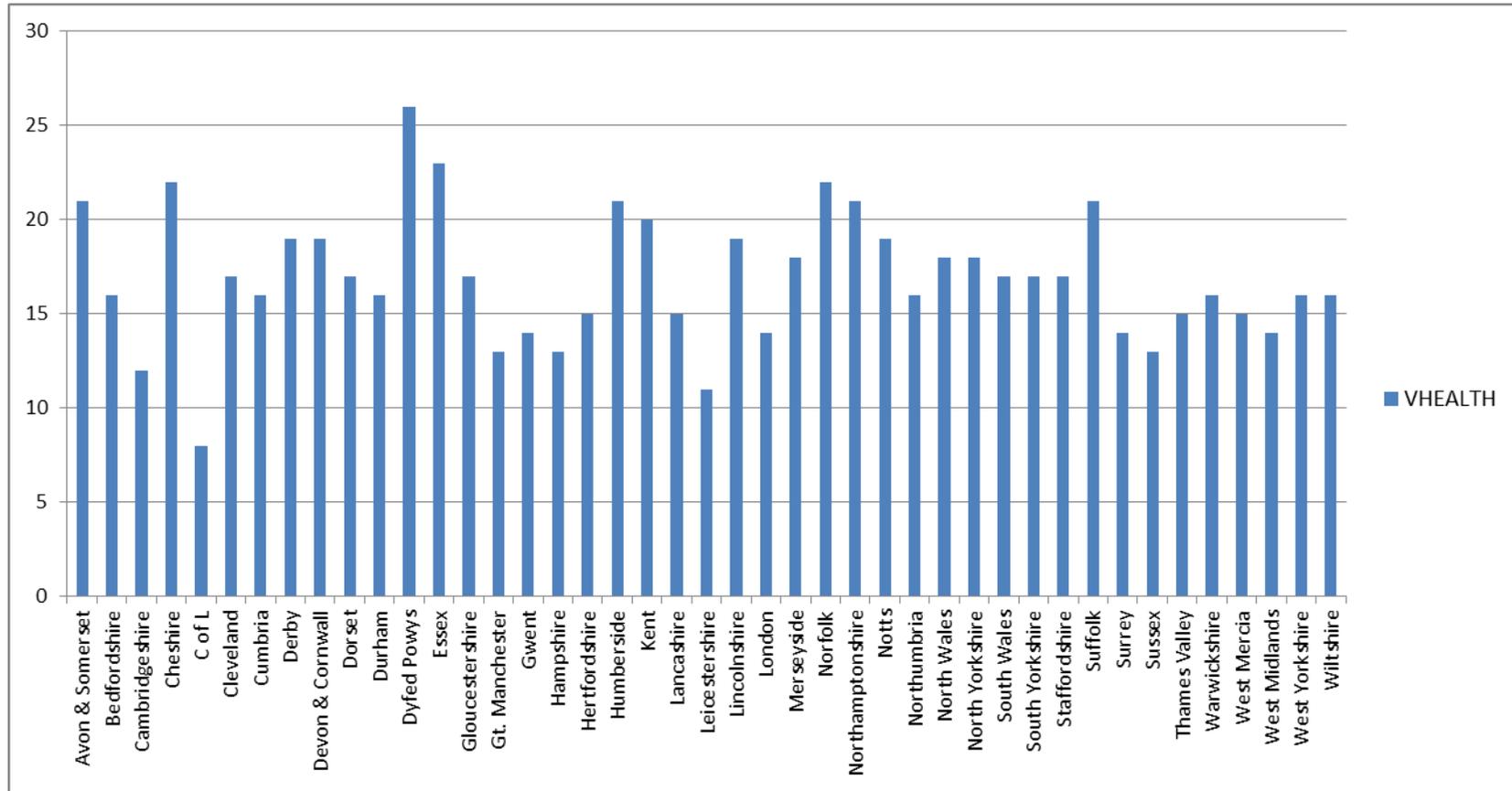
Figure 2.2 shows the percentage of callers in each force who can be identified as vulnerable because of long term illness or disability in their household, but who do not present as repeat callers at the time of survey. There is wide variation across forces in the percentage of health vulnerable victims, ranging from only 8 percent in City of London force to approximately one quarter of victim callers in Dyfed Powys. Other forces where the percentage of health vulnerable victims is above the overall average of 17 percent include Essex, Humberside, Norfolk and Suffolk. It should be recalled that health vulnerability is strongly associated with advancing age; therefore underlying differences in the demographic profile of locales is likely to have an impact on the percentage of callers in this category. Forces with relatively high proportions of these types of ASB victim should examine their capacity to identify this vulnerability factor at the point of report. In relation to their response procedures, they should explore how to work with partners across the health sector.

Figure 2.1: Percentage of Repeat Victims (RV) \* by police force



\* call the police 3 or more times/ year but are not vulnerable on any criteria.

Figure 2.2: Percentage of vulnerable victims on health (VVhealth)\* by police force



\* self or anyone in household has long term illness or disability but are not repeat callers of 3+ call/year.

*Vulnerable on personal targeted antisocial behaviour (VVtarget)*

When vulnerability is ‘incidental’ (in that it reflects the particular nature of the incidents being experienced), such as where antisocial behaviour regarded by the victim as personally or deliberately targeted, the overall percentage of callers across forces in this category is 16 percent. Gloucestershire police force has the highest percentage of victims in this category at 27 percent. Other forces where a high proportion of non-repeat callers present with this type of vulnerability include: Cheshire; Norfolk; Northumbria and North Wales. Police forces characterised by low incidental vulnerability of this type are: City of London; Hampshire; Leicestershire and Sussex. The full table can be found in the Appendix to this report. Personal, targeted antisocial behaviour is examined in more detail by police force in the next chapter.

*Vulnerable on hate motivated antisocial behaviour and/or quality of life impact (VVother)*

The percentage of victim callers who fall in to one or both of these categories of vulnerability alone is very low across all forces. It is highest for Norfolk police force where 1 in 10 callers can be profiled in this way. More typically, around 5 percent of callers show one or both of these vulnerability factors and the lowest percentages are found for: City of London; Cheshire; Hampshire; South Yorkshire; Staffordshire and Surrey. The full table can be found in the Appendix to this report.

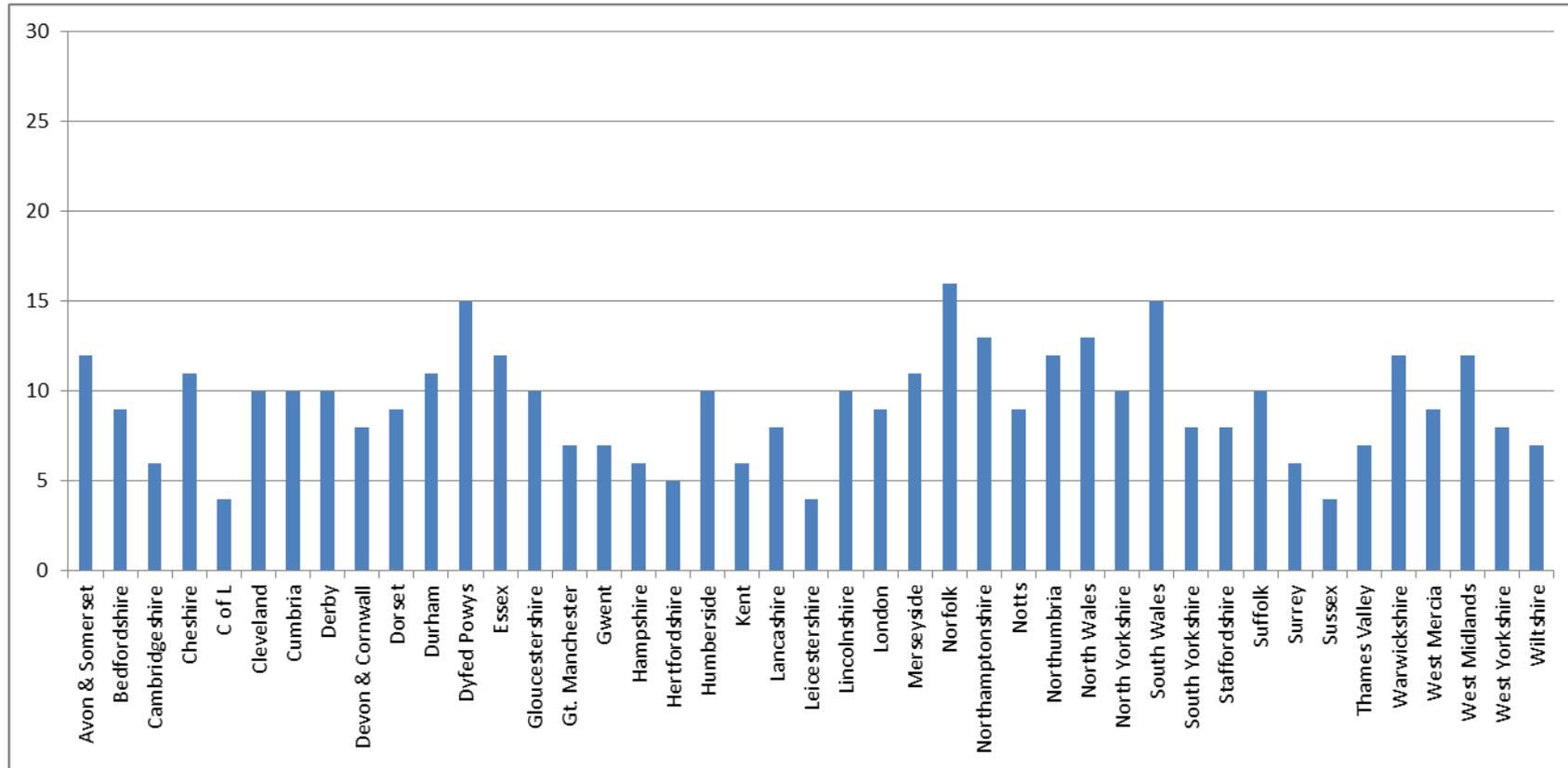
*Multiple Vulnerable Victims (MVV's)*

Figure 2.3 shows the percentage of victim callers in each force who can be identified as multiple vulnerable victims with two or more vulnerability factors on: health, personal targeted ASB, hate motivated ASB or who perceive ASB to have a ‘total’ negative impact on their quality of life. Here then, we start to examine the interaction effects that exist between forms of personal, incidental and situational vulnerabilities. The overall percentage of multiple vulnerable victims is low at 9 across all forces, although it must be noted that Chapter 1 found that most multiple vulnerable victims will be repeat callers to the police on antisocial behaviour. Forces with the highest percentage of non-repeat but multiply vulnerable victims are Norfolk (16 percent) and two Welsh forces: Dyfed Powys and South Wales (both 15 percent). This suggests that in some areas of the country the underlying

nature of the ASB problem is significantly different. For forces in these areas it is especially important that they are able to identify vulnerable victims and do not rely upon measures to detect repeat callers in order to target their responses.

The profiling of victim types so far has shown that forces such as Surrey that cover relatively affluent areas characterised by less material deprivation show an increased likelihood of having callers who are neither vulnerable victims nor repeat victims. Dyfed Powys and Norfolk are both force areas with a high prevalence of health vulnerability among victim callers to the police, with Norfolk also featuring a high percentage of callers with vulnerability on personal targeted ASB, hate motivated ASB and quality of life impact. Two Welsh forces, Dyfed Powys and South Wales can be characterised as scoring higher on identifiable vulnerability factors than on repeat victimisation alone. By contrast, City of London has a low proportion of callers with vulnerability on any factor but the highest percentage of non-vulnerable repeat victims based on 3 more calls to the police over the last year.

Figure 2.3: Percentage of Multiple Vulnerable Victims (MVV's) by police force



### *Repeat and Vulnerable Victims (RVV's)*

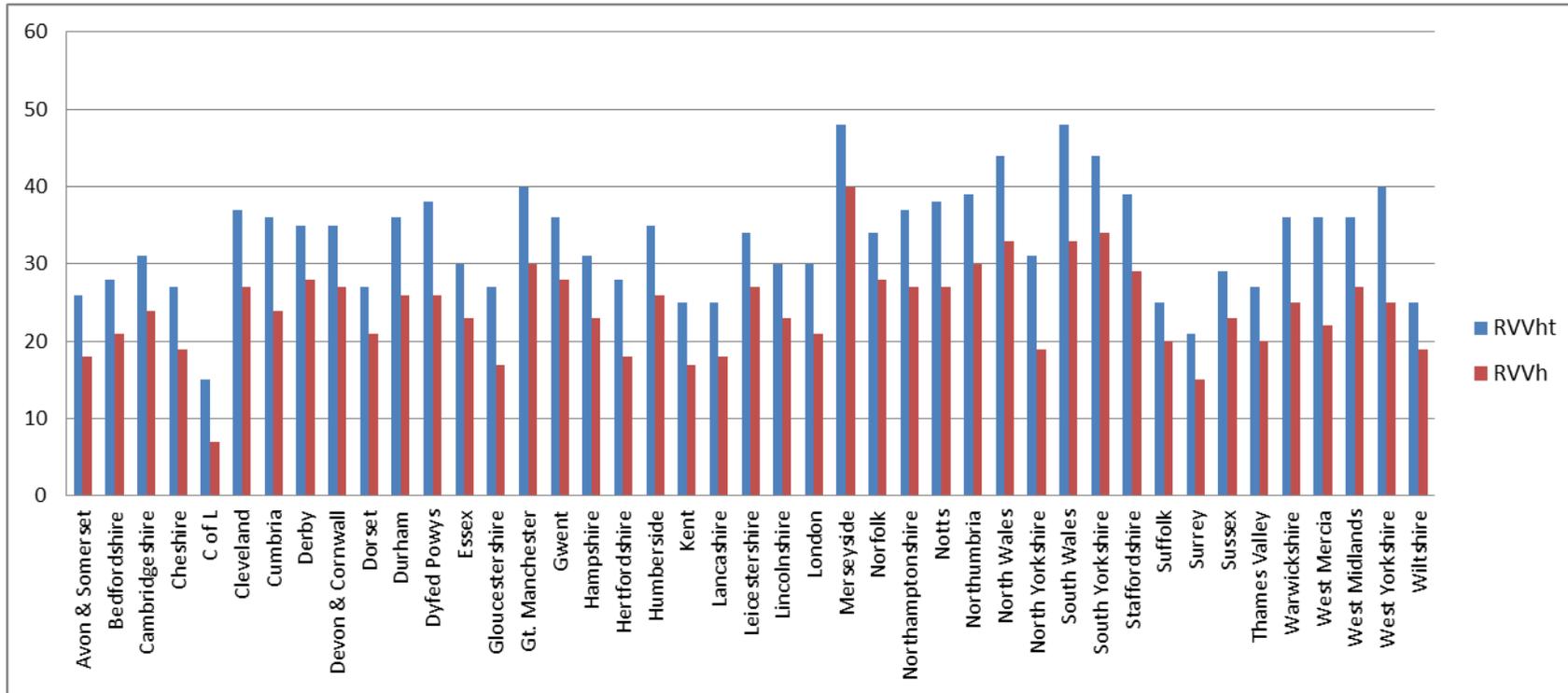
We now focus attention on combining the categories of repeat victim and vulnerable victim. Figure 2.4 shows both our measures on the basis of long term illness or disability (RVVh) and on health and on health plus experience of personal targeted antisocial behaviour (RVVht).

- In most forces, the percentage of callers who have both a repeat *and* vulnerable status is greater than the percentage of repeat victims or vulnerable victims alone. The exceptions include City of London where repeat, non-vulnerable callers dominate and Surrey which is characterised by a relatively low profile of vulnerability and repeat victimisation.
- Adding in vulnerable victims of personal targeted antisocial behaviour to the health measure in order to identify repeat and vulnerable victims typically increases the proportion of 'repeat and vulnerable victims' in each force by approximately 10 percent. Analysis in the previous chapter suggested that the latter indicator will include more young people in this category whereas adverse health status is more common with older age. The differential between these two measures is greatest for South Wales police force where repeat and vulnerable victims increases from 32 percent using health and repeat status to 49 percent when health, personal targeted ASB and repeat status are combined.
- Merseyside has the highest percentage of repeat and vulnerable victims on both indicators, followed by South Wales and South Yorkshire police forces. Forces where RVV's are least common are City of London, Surrey, Kent and Lancashire.

Figure 2.5 focuses on perhaps the most 'acute' category of repeat and vulnerable victim, those who have called the police ten or more times in the last year and who present as vulnerable on health and/or being subject to personal targeted ASB. Stated more conceptually, these are victims who are exposed to the combined effects of personal, situational and incidental vulnerabilities. Using this higher call threshold reduces the overall percentage of callers in each force by around half compared with the indicators of repeat and vulnerable victim in Figure 2.5, but there remains significant variation across forces.

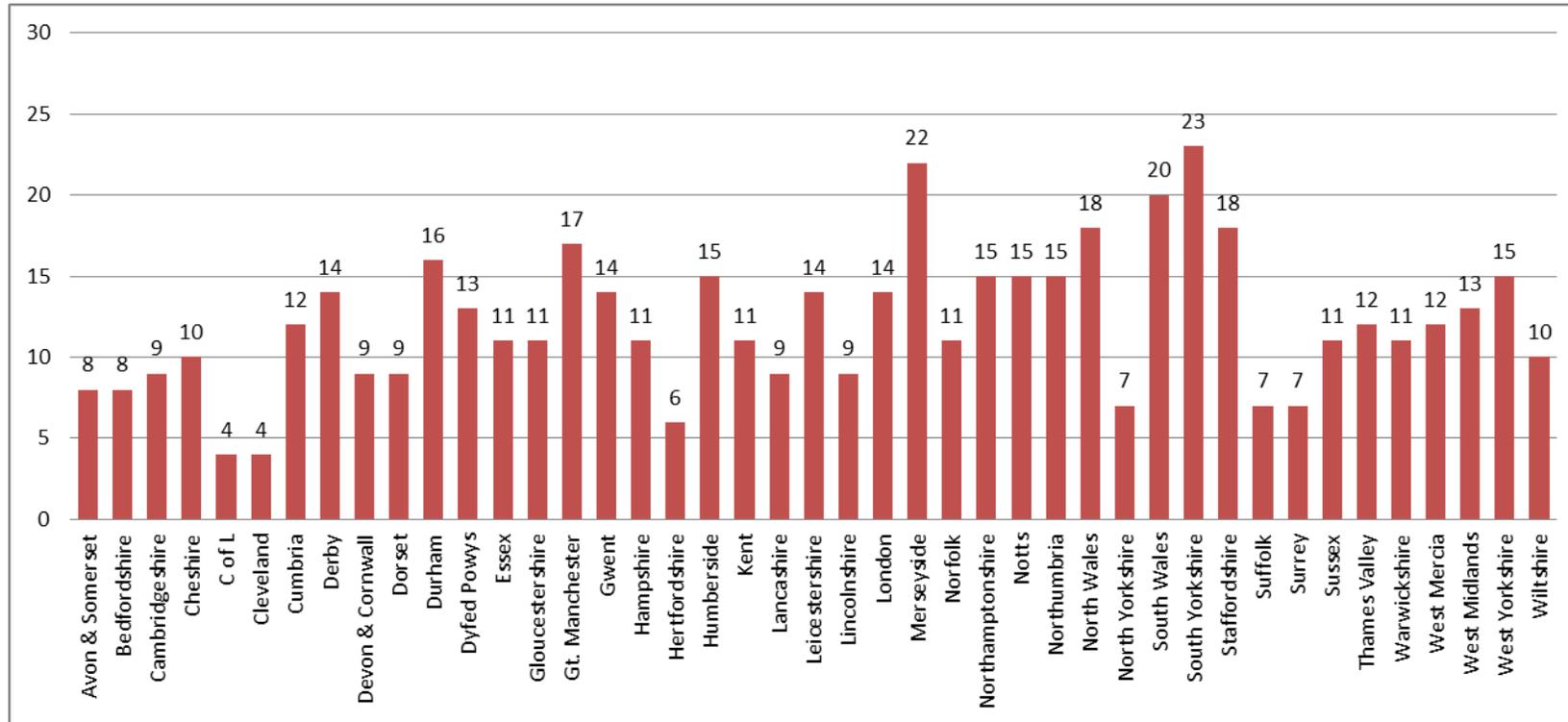
- The percentage of high frequency vulnerable victims is greatest for South Yorkshire (23 percent), Merseyside (22 percent) and South Wales (20 percent). These forces all had a high percentage of repeat and vulnerable victims in the previous figure using a lower call threshold of 3 times a year.
- Other forces with an elevated profile of high frequency repeat and vulnerable victims are Staffordshire, North Wales and Greater Manchester.
- For 14 forces in the survey (approximately one third), the rate of high frequency repeat and vulnerable victims is 1 in 10.
- Forces least likely to have victim callers meeting this profile are: City of London and Cleveland (4 percent) and Hertfordshire (6 percent).

Figure 2.4: Percentage of Repeat and Vulnerable Victims (RVV's) by police force



RVVht: victim is vulnerable on health and/ or personal targeted ASB.

RVVh: victim is vulnerable on health

Figure 2.5: Percentage of High Frequency Repeat and Vulnerable Victims (HFVVht) by police force

\* called police 10 or more times in the last year

## KEY MESSAGES

**Police forces differ markedly in the aggregate profile of their callers on characteristics of vulnerability and repeat victimisation.** Using this snapshot profile of one month of victim calls to the police on antisocial behaviour, we can identify forces where callers are most likely to have vulnerability on health, the experience of antisocial behaviour, hate motivated ASB or quality of life impact. Other forces, whilst having relatively low vulnerability amongst callers may feature more strongly on repeat calls (e.g. City of London).

**Different measures of repeat and vulnerable victims (RVV's) show that they co-occur in the same forces.** Merseyside and South Wales for example, have a high percentage of repeat and vulnerable victims using a threshold of 3+ calls per year and 10+ calls per year. Arguably, the high frequency caller who contacts the police ten or more times over a one year period should be more visible and represent perhaps a more acute unmet need. In the aforementioned forces, approximately 2 out of 10 victims are in this category.

**The underlying nature of ASB problems displays local variation.** It therefore becomes particularly important in some areas that police have the capacity to identify repeat, vulnerable, repeat and vulnerable victims of ASB at the point of report. This understanding should also influence how police treat ASB issues locally and the ways they interact with victims. In the context of an age of austerity, with on-going reductions in the police asset base, it is important to ensure that limited resources are targeted towards those problems causing most harm.

### 3. Victim and Police categorisations of personal targeted ASB

The preceding analysis used survey data from public callers to the police to deconstruct categories of Repeat, Vulnerable, Repeat and Vulnerable Victim. However, in the context of a call being received by police, a key part of the police classification process since 2011 is to identify and record an antisocial using one of the following descriptive categories repeated in full below:

- **Personal** is designed to identify ASB incidents that the caller, call-handler or anyone else perceives as either deliberately targeted at an individual or group or having an impact on an individual or group rather than the community at large. It includes incidents that cause concern, stress, disquiet and/or irritation through to incidents which have a serious adverse impact on people's quality of life. At one extreme of the spectrum, it includes minor annoyance; at the other end it could result in risk of harm, deterioration of health and disruption of mental or emotional well-being, resulting in an inability to carry out normal day to day activities through fear and intimidation.
- **Nuisance** captures those incidents where an act, condition, thing or person causes trouble, annoyance, inconvenience, offence or suffering to the local community in general rather than to individual victims. It includes incidents where behaviour goes beyond the conventional bounds of acceptability and interferes with public interests including health, safety and quality of life. Just as individuals will have differing expectations and levels of tolerance, so will communities have different ideas about what goes beyond tolerable or acceptable behaviour.
- **Environmental** deals with the interface between people and places. It includes incidents where individuals and groups have an impact on their surroundings including natural, built and social environments. This category is about encouraging reasonable behaviour whilst managing and protecting the various environments so that people can enjoy their own private spaces, as well as shared or public spaces. Peoples' physical settings and surroundings are known to impact positively or negatively on mood and sense of wellbeing and a perception that nobody cares about the quality of a particular environment can cause those effected by that environment to feel undervalued or ignored.

Public spaces change over time as a result of physical effects caused, for example, by building, but the environment can also change as a result of people using or misusing that space.

This police categorisation was utilised by most of the forces included in the survey. To mirror this process, victims in the survey were also asked to indicate which ASB category they felt best represented their experience of antisocial behaviour, worded as follows:

- **Personal** *‘an incident you considered to be deliberately targeted at you personally, your family or a particular group you were part of’*
- **Nuisance** *‘an incident that affected the local community in general rather than targeted at individuals’*
- **Environmental** *‘an incident which has more of an impact on the local environment than on local people’.*

#### **Victim-defined personal ASB**

- The top three ASB incidents classified as ‘personal’ by respondents were: (1) rowdy or inconsiderate behaviour; (2) nuisance neighbours; and, (3) vandalism or graffiti.
- Men were more likely to view rowdy and inconsiderate behaviour as ‘Personal’ than women, who more often put these incidents in the ‘none’ category. ‘None’ also included street drinking and vehicle nuisance.

Table 3.1 focuses on how respondents’ categorisation of their call type is associated with ratings of their overall quality of life (QoL), a qualitative indicator of people’s overall wellbeing ranging from ‘very good’ through to ‘very bad’. The table lists key groups identifiable from the data and the percentage who felt that their overall QoL was ‘very bad’ for each category of ASB.

- Overall, respondents who view their ASB as Personal are more than two times as likely to rate their quality of life as ‘very bad’ (7 percent) than those who consider it to be ‘Nuisance’, ‘Environment’ or none of these (all 3 percent).

- There is no gender difference in the association between different ASB types and quality of life but older adults (aged 55+) and minority ethnic groups are most likely to give a negative rating of ‘very bad’ if their call refers to personal ASB.
- The association between personal ASB and bad quality of life is magnified further when respondents have any vulnerability. In particular, when respondents consider antisocial behaviour itself to have had a total negative impact on their quality of life, nearly one-quarter experiencing personal ASB assess their *overall* quality of life to be ‘very bad’. This percentage is markedly lower at 17 percent and 15 percent if the ASB is in the ‘nuisance’ or ‘environment’ category.
- Repeat victims are most likely to rate their quality of life as ‘very bad’ if they see the ASB as Personal. This is most marked for high frequency repeat callers who made ten or more calls to the police in the last year.
- Respondents who feel disengaged from their local community, rejecting feelings of ‘belonging’ or of a ‘close knit’ community, are more likely to give a ‘very bad’ rating on overall quality of life, but again this effect is greatest for those who view their ASB as personal.

For our purposes, the primary focus is on ‘personal’ ASB incidents. As seen earlier in this report, a respondent’s experience of ASB as personal or targeted is a key vulnerability affecting approximately the same proportion of callers as health vulnerability. Figure 3.1 provides an illustration of the quality of life data for respondents who view their ASB as Personal. The bars on the chart are indicative of the disproportionate ‘harm’ that this type of antisocial behaviour can have.

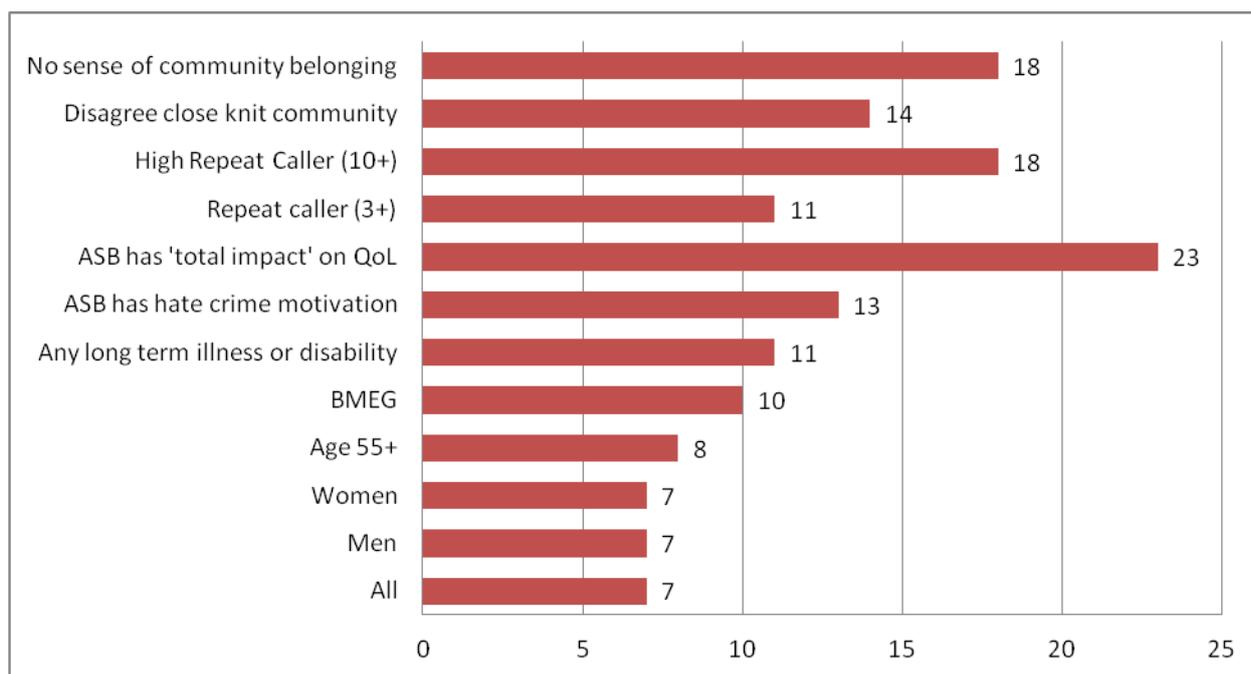
Table 3.1: Percentage rating their overall QoL as ‘very bad’ by ASB type and risk factors.

	<b>ASB call type (by respondent)</b>			
	<b>Personal</b>	<b>Nuisance</b>	<b>Environment</b>	<b>None</b>
<b>All</b>	7	3	3	3
<b>Men</b>	7	3	3	2
<b>Women</b>	7	3	2	5
<b>Age 55+</b>	8	3	3	5
<b>BMEG</b>	10	4	4	0*
<b>Health ( long-term illness or disability)</b>	11	4	4	5
<b>ASB motivated</b>	13	10	9	16*
<b>ASB has ‘total effect’ on QoL</b>	23	17	15	24*
<b>Repeat caller (3+)</b>	11	4	3	3
<b>Repeat caller (10+)</b>	18	7	4	3
<b>Disagree close knit community</b>	14	7	6	6
<b>Reject belonging to local community</b>	18	10	9	13

\* Base number less than 50 cases.

Nearly a quarter of those whose lives feel most blighted by ASB also feel that their overall quality of life is ‘very bad’, making quality of life impact the biggest single risk factor for respondents who perceive their ASB to be personal. A perceived lack of community belonging and being a high frequency caller to the police are the second biggest harm indicators, followed by the feeling that the ASB is motivated by prejudice or that the area is not a ‘close knit’ one.

Figure 3.1: Percentage classifying their ASB as ‘Personal’ who rate their QoL as ‘very bad’



Having shown how significant antisocial behaviour can be for a victim’s overall sense of wellbeing when it is viewed as personal, deliberate or targeted in some way underlines how important it is for the police to capture and record such incidents at the point of contact.

### **Police-defined personal ASB**

For each police force that supplied data on their classification of ASB types, Figure 3.2 compares the percentage of ‘Personal’ ASB incidents defined by the police with those defined by the victim. It is important to remember that this represents a surveyed one month period of calls for each force in September 2011 only.

- There is wide variation in the percentage of ASB incidents classified as ‘Personal’ by individual police forces, ranging from more than 60 percent of cases in: Cheshire, Greater Manchester and Wiltshire, to around 10 percent of cases in: Bedfordshire, Leicestershire and Northumbria.<sup>3</sup>
- 13 out of the 39 forces (33%) in Figure 3.2 classified approximately one quarter of the surveyed ASB incidents as personal.

<sup>3</sup> The survey data records no Personal ASB cases for West Mercia although other ASB types are available.

- 5 out of the 39 forces (13%) classified approximately one third of the surveyed ASB incidents as personal.

### **Comparing victim and police categorisations of ASB as ‘personal’**

Victim classifications of personal ASB do not exceed 60 percent in any force, with most falling between 30 and 40 percent. The greatest percentage of cases, as viewed by the caller, is found for Northumbria (59 percent) and South Wales (56 percent). Victims in Surrey, Wiltshire, Leicestershire and Dorset are least likely to view their ASB call as personal at approximately 28 percent.

Figure 3.2 shows forces where there is a clear lack of alignment between the police and the victim classifications of antisocial behaviour as personal. In forces with the highest percentage of ‘personal’ police-defined cases – Greater Manchester, Wiltshire and Cheshire – these markedly exceed callers’ own perceptions of antisocial behaviour. Conversely, in forces including Northumbria, North Wales and Cumbria, the percentage of victim-defined cases of personal antisocial behaviour far exceed police records of this type of ASB.

Figure 3.3 illustrates the disparity between police and victim caller definitions of personal behaviour by showing the percentage of victim-defined incidents of personal antisocial behaviour in each force that the police classified as ‘personal’ on their records (the ‘consensus percentage’).

The highest consensus percentage is for Greater Manchester force where out of 148 incidents of ASB perceived as personal by victims, 93 percent (n=137) were recorded as such by the police. The consensus percentage was also high for Cheshire and Thames Valley at 72 percent. The previous figure showed that all three of these forces cast their net widely in terms of defining calls as ‘personal’, exceeding victim-defined cases of personal ASB. More commonly, there is consensus in police and victim categorisations of incidents as personal antisocial behaviour in around half of cases.

- The consensus percentage is lowest for Avon and Somerset, Bedfordshire and at less than 20 percent. The previous figure showed that all of these forces under-estimate incidents of personal antisocial behaviour relative to the views of the victim callers themselves. In

casting their net too narrowly, we might infer a degree of ‘unmet need’ among callers in these locales given that victims who feel antisocial behaviour is personal, deliberate or targeted are more likely to be vulnerable to its harmful effects than for other types of antisocial behaviour.

Forces where the overall percentage of police-defined and victim-defined incidents of ASB is in close alignment (Figure 3.2) and where the police concur with the victim on ‘personal’ ASB more than half of the time (Figure 3.3) are: Humberside, Hertfordshire and Dorset.

Figure 3.2: Categorisation of ASB incident as ‘personal’ by police force and victim (%)

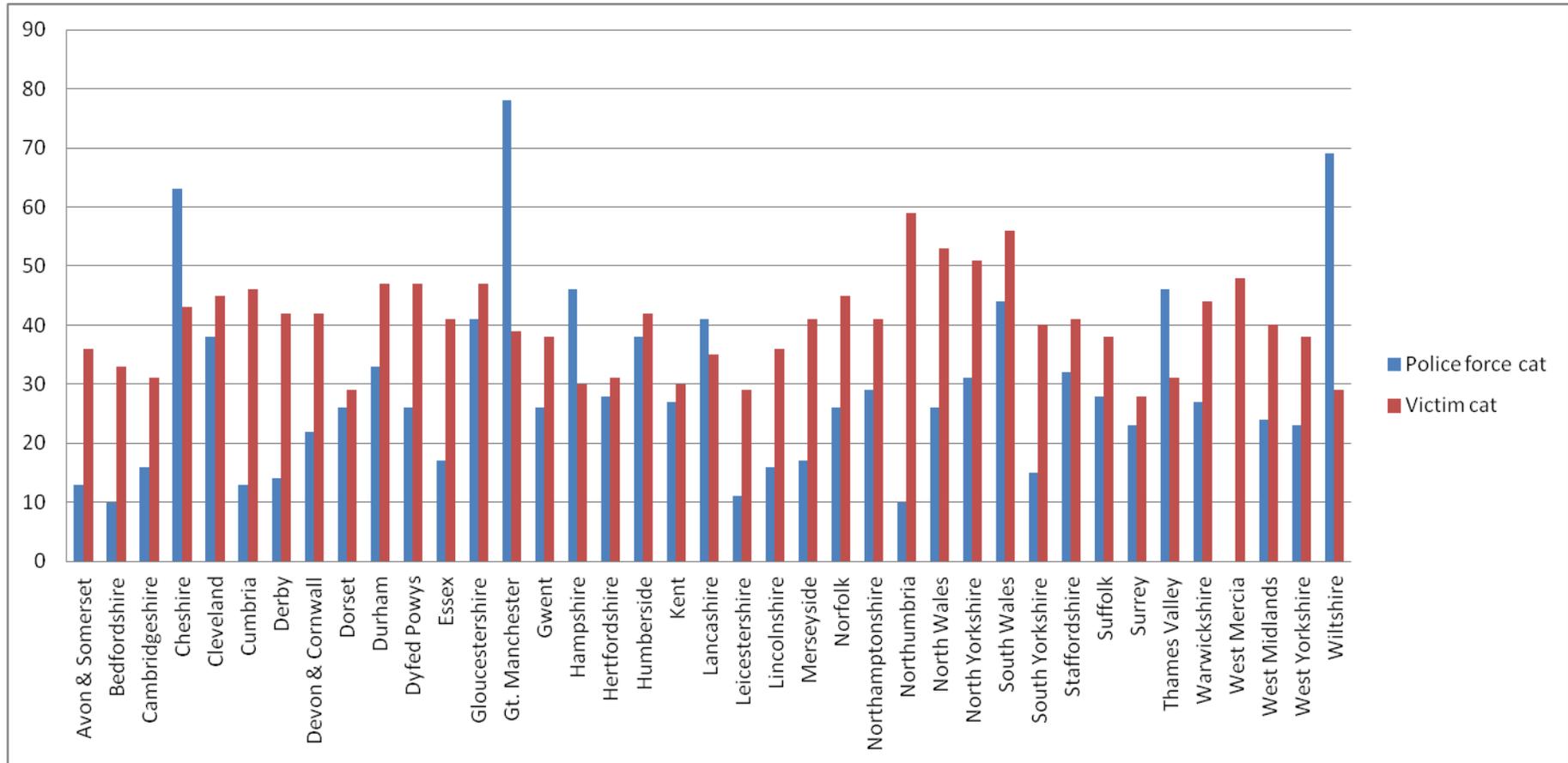
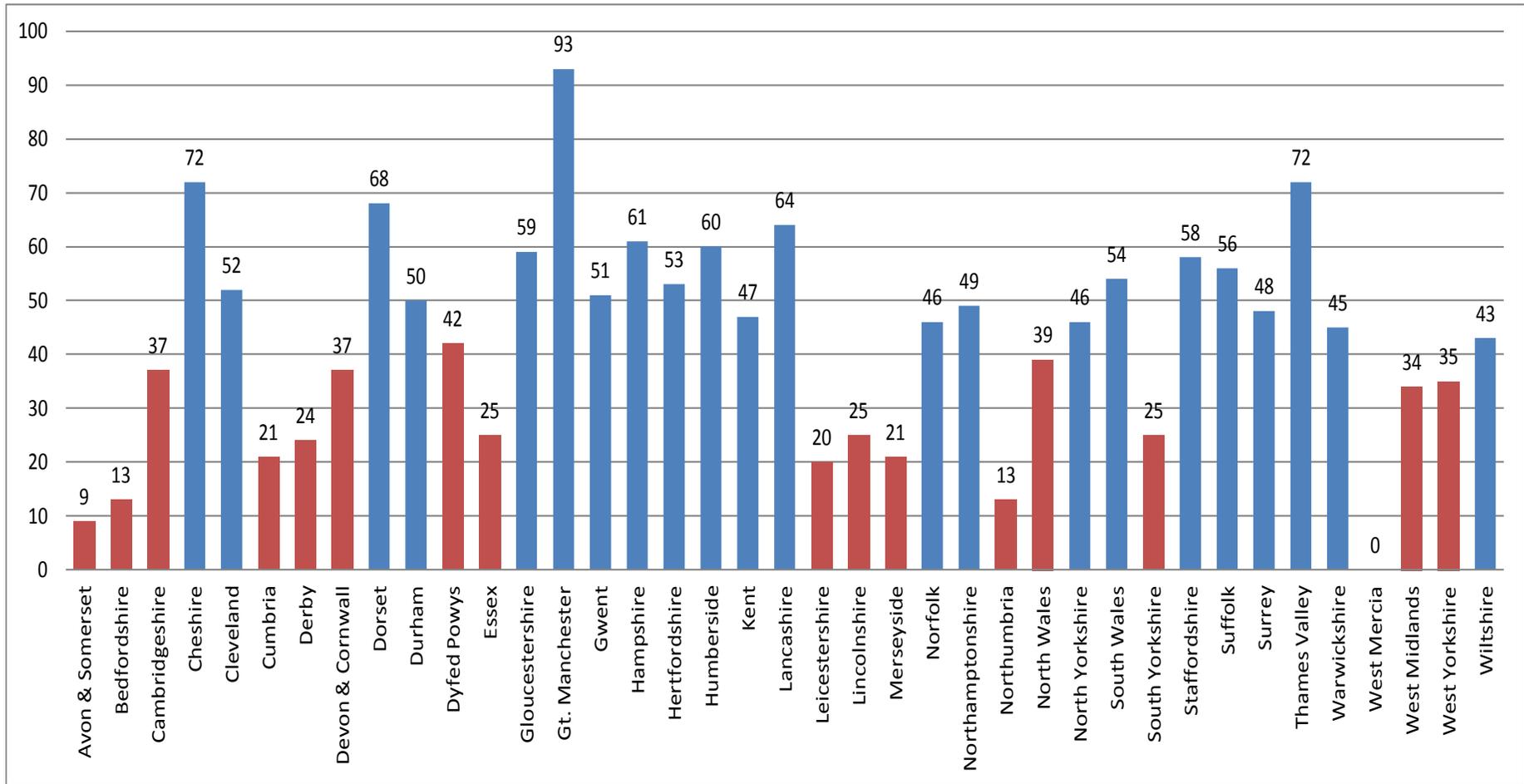


Figure 3.3: The consensus percentage for victim and police categorisations of ‘personal’ antisocial behaviour\*



\*Red bars denote forces where the consensus percentage is less than the overall percentage across all forces (43 percent)

## KEY MESSAGES

**Personal ASB has the most significant negative impact on victims' quality of life and well-being.** The negative impact of personal ASB, over and above nuisance or environmental ASB was amplified for repeat and vulnerable victims. It supports the idea that there is something intrinsically harmful about this type of antisocial behaviour.

**There are police gains to be made in achieving greater police-victim consensus in the categorisation of personal ASB.** At present there is wide variation in the percentage of calls classified as 'personal' by individual forces; we can identify forces out of alignment with victim perceptions by either over-estimating or - more importantly - under-estimating personal ASB relative to callers' own experience. This suggests that further work and guidance is required by police and the Home Office to clarify the criterion for assigning incidents to the three categories. A lack of alignment between victim and police definitions is likely to limit the ability of police to respond appropriately and in ways that promote victim satisfaction.

## 4. Police Action and Victim Outcomes

This section examines the actions that ASB victims recall being taken by the police in response to their ASB call, as well as their satisfaction with these different aspects of police performance. It is important to bear in mind that this victim survey will only record an action if the victim respondent is aware of, and can recall, any being taken. In the sample as a whole, 36 percent of all victims responded that the police had taken no action. In reality there will be a proportion of cases where action was taken but not communicated to the victim: 15 percent of callers said that they ‘did not know’ of any police action.

In total, 49 different police actions are given by respondents in response to the question ‘what action did the police take?’ (Multiple actions can be given by respondents if applicable). In our analysis of the survey, we have condensed these into 11 broader categories<sup>4</sup> representing:

1. Police attend scene
  2. Criminal Justice (recourse to legal acts or notices)
  3. Reassurance
  4. On-the-spot action (e.g. noise abatement, arrests, removal or dispersal)
  5. Restorative justice
  6. Verbal warning
  7. Security
  8. Information
  9. Increase police visibility
  10. Community action
  11. Involvement of other agencies.
- In the survey overall, and for all incidents of antisocial behaviour, the most commonly reported police actions were: police attend scene (60 percent); they took on-the-spot action (30 percent); reassurance was provided to the victim (approximately 20 percent); and criminal justice procedures were invoked (approximately 20 percent).

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<sup>4</sup> The precise coding and definitions of these categories are given in the Appendix to this report.

Out of all the victim types identified in Chapter 1, repeat victims were most likely to say that the police had taken action (54 percent), along with approximately half in each category of repeat and vulnerable victim. However, this percentage fell to 43 percent for those who perceived hate motivated ASB.

Figure 4.1: Police action by police ASB classification\*

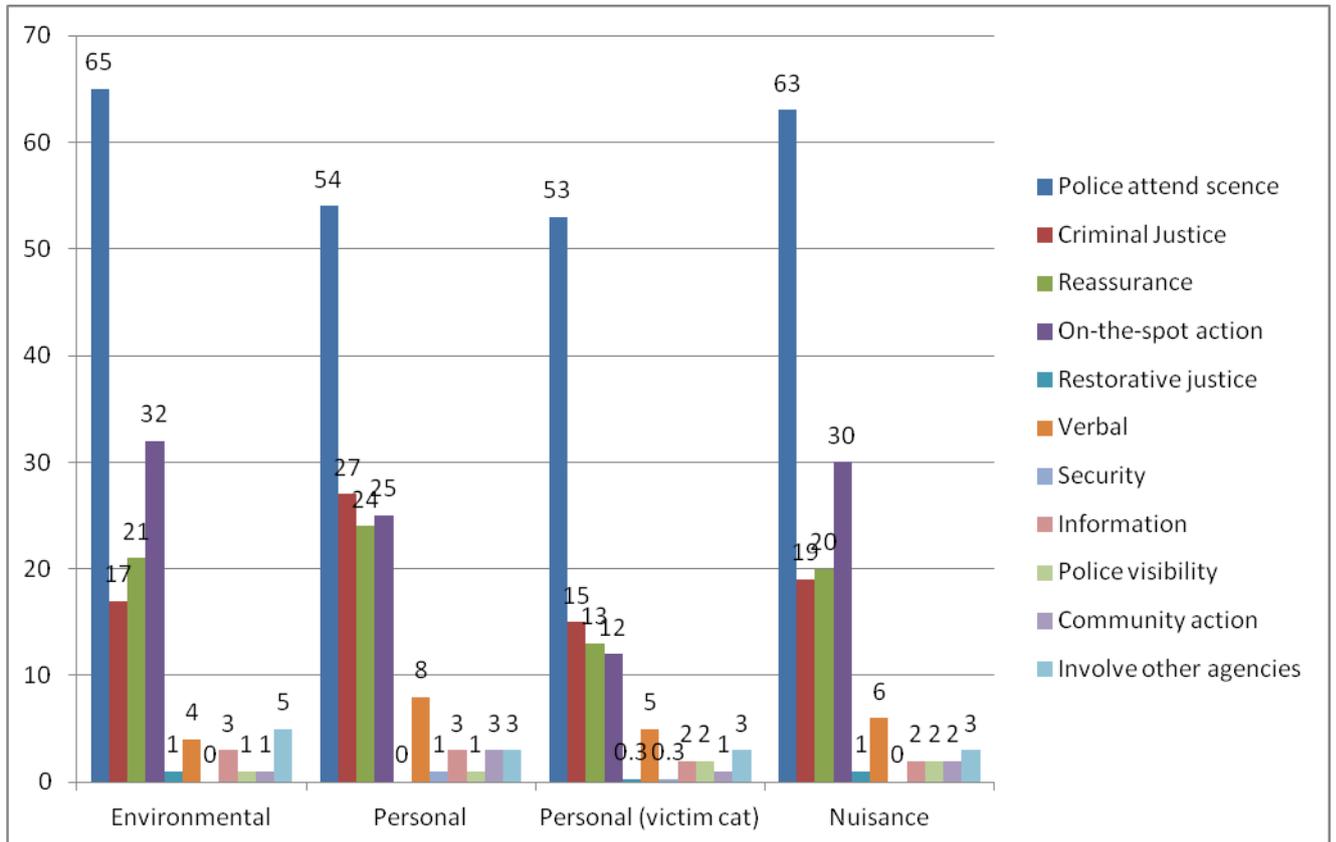


Figure 4.1 shows how the police action(s) reported by respondents varies by the type of ASB incident, as recorded by police. (We have included a category to represent victim-defined personal targeted ASB as a comparison).

Attending the scene is by far the most common police action recalled for all types of ASB, but it is greater for incidents recorded as Environmental and Nuisance than it is for personal ASB. This is perhaps surprising given that it has been demonstrated that the latter is most likely to induce harm.

- Victims of personal ASB are more likely than other ASB victims to recall police reassurance in response to their call, but *only* when the incident is defined and

recorded as ‘personal’ by the police. This confirms the significance of the analysis set out in the previous chapter.

Actions providing reassurance fall from 24 percent among police-defined personal ASB victims to only 13 percent when the respondent themselves define the ASB incident as personal – a level of reassurance below that seen for police-defined ‘nuisance’ and ‘environmental’ ASB. The data shows that this ‘drop off’ effect in police action among respondents self-defining as victims of personal ASB is not limited to reassurance but encompasses criminal justice and on the spot action as well. The latter category of intervention is recalled by respondents in approximately 3 out of 10 incidents of Environmental or Nuisance ASB and is lower for personal ASB. Where police classify an incident as involving personal antisocial behaviour then recourse to the law is more common.

It is of note that many of the police actions shown in Figure 4.1 are at a very low percentage, including the use of restorative justice approaches or the involvement of other agencies. In part, this may be due to the fact that any action of this type is not visible or communicated to the victim in relation to their call. On-the-spot action and attending the scene are arguably more ‘visible’ and immediate responses. A criminal justice response is recorded and reported upon and reassurance is an act ‘done with’ victims. The key finding to emerge from this analysis though is that police respond differently to the different categories of antisocial behaviour.

#### **4.1 Victim Satisfaction**

Having seen how actions vary by type of ASB, the focus now shifts to how police action relates to victim satisfaction. The measure of satisfaction used in the survey is being ‘very’ or ‘fairly’ satisfied with ‘the way police dealt with ASB on this occasion’. In the survey as a whole, victim satisfaction on this measure was at 63 percent. An important point is that *any* police action, as recalled by respondents in this survey, is strongly associated with greater police satisfaction; approximately 8 out of 10 say they are ‘fairly’ or ‘very satisfied’ with the way police dealt with antisocial behaviour across all ASB types. Coherent with this, victim satisfaction levels drop markedly if the respondent does not know whether or not the police took action (to 50 percent for environmental and nuisance ASB, and 61 percent for personal

ASB). This underlines the importance of the police communicating their response to individual victims.

- Satisfaction is lowest when the respondent affirms that ‘no action’ was taken by police, to 34 percent of victims of environmental ASB and approximately 40 percent of personal and nuisance ASB.

Turning now to the specific actions that police *do* make in response to an ASB call, we regressed each category of police action onto our measure victim satisfaction with how ASB is being dealt with, controlling in the model for the main effects of age and gender. The police actions are statistically significant in the regression model are presented in Table 4.1 as Odds Ratios. Put simply, an Odds Ratio greater than 1.00 is indicative of an increased likelihood of victim satisfaction. For example, the table shows that, for all incidents of ASB, there was a 38 percent increase in the odds of victims being satisfied with the police response if they recall them attending the scene.

A total of 4 police actions are significant predictors of victim satisfaction with police response:

- (1) Attending the scene;
- (2) Police invoking Criminal Justice procedures;
- (3) Taking on-the-spot action, and;
- (4) Implementing measures to reassure victims.

It should be noted, however, that these 4 police actions are by far the most commonly recalled by victims in the survey (Figure 4.1). Other actions – such as restorative justice – are reported by such a small proportion of the sample that their effects are unlikely to reach statistical significance in the model. The models do, however, show the relative impact of the four main police actions on victim satisfaction across the different ASB categories.

- For all ASB, the odds ratio of victim satisfaction is greatest when police take on-the-spot action. However, it increases more than twofold for nuisance and environmental ASB. (Figure 4.1 showed that around one third of victims in these categories report on-the-spot action from police and this includes actions like dispersal and noise abatement).

Making use of the powers and procedures associated with the Criminal Justice process has the biggest impact on satisfaction among victims of environmental ASB (OR 3.47). Intriguingly though, the data suggests that victims of environmental ASB are far less amenable to having their levels of satisfaction improved by reassurance interventions. In part this may be because police are less likely to introduce these kinds of measure with only 2 out of 10 victims of environmental ASB reporting receiving a reassurance response from police.

In contrast, the positive effect of police reassurance on victim satisfaction is most pronounced for personal targeted antisocial behaviour, whether defined as such by the victim or police (OR 1.65 and OR 1.61). When the victim self-defines their ASB as personal, criminal justice actions have the biggest impact on their satisfaction with how the police are dealing with the incident (OR 1.69), followed by reassurance from the police (OR 1.61). However, under a police categorisation of personal ASB, the key actions are having the police in attendance (OR 1.41) and offering reassurance (OR 1.65).

Table 4.1: Odds Ratios of police actions on victim satisfaction by ASB type

Police action	Police Category of ASB				Victim defined
	All ASB	Environmental	Nuisance	Personal	Personal
<b>Attend scene</b>	1.38***	ns	1.33*	1.42*	1.40 **
<b>Criminal Justice</b>	1.55***	3.47*	1.63*	ns	1.69 ***
<b>On-the-spot action</b>	1.99***	2.19*	2.51***	ns	1.41 *
<b>Reassurance</b>	1.45***	ns	1.57***	1.65*	1.61 **

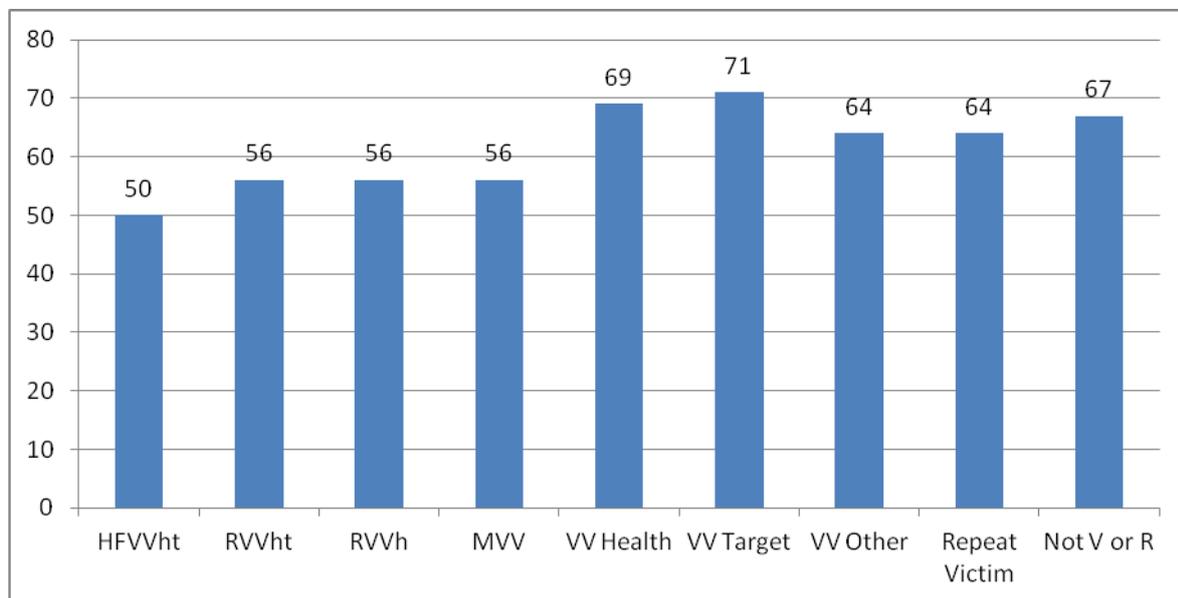
Regression model controls for main effects of age and gender. \* P<.05; \*\*P<.001; \*\*\*P<.001.

The preceding analysis shows that police do and should tailor their response according to different ASB problems. However, what really drives victim satisfaction in this area is the knowledge that the police take any action at all. ‘Any action’ is therefore a powerful signal to the victim that their concerns are being listened and responded to.

### Police action and satisfaction by victim type

We now focus on how police action and victim satisfaction differ by victim status, using the categories of repeat and/or vulnerable victim identified in Chapter 1. Figure 4.2 shows lower satisfaction with ‘how ASB was dealt with’ among any category of ‘repeat and vulnerable victim’ compared to victims that are either ‘vulnerable’ or ‘repeat’. Only half of the most ‘acute’ repeat and vulnerable victims – those who call the police ten or more times in the last year – are satisfied, increasing to 56 percent for other repeat and vulnerable callers and for those who have two or more vulnerability factors.

Figure 4.2: Percentage satisfied with the way ASB dealt with by victim type



In order to try and discern any differences in how the police act, and how specific actions relate to police satisfaction for different victim types, correlations in the data between police action(s), victim status and satisfaction were examined. It should be noted that although all of the correlations reported here reached statistical significance in the data, they were small in magnitude for specific actions. Correlations where there was no significant correlation between the victim group and the action are labelled ‘ns’ (non-significant).

### Police actions and victim types

In Table 4.2, the correlations in red indicate cases where there was a negative association between a victim type and a police action. For example, being in a repeat and vulnerable

victim group is negatively associated with the ‘attend scene’ police action. The correlations marked in green indicate cases where there was a positive association between that victim type and a police action. For example, being in a vulnerable victim group on health or personal targeted ASB (RVVht) was associated with a greater likelihood of ‘verbal warning’ actions from police. The table does not take into account the nature of ASB incident and it cannot always be assumed that the negative correlations marked in red are always a negative outcome for the caller: for example, victims who are neither vulnerable nor repeat are associated with less criminal justice police action, but this might be expected if such action hinges on repeated incidents of, or exposure to, antisocial behaviour.

Overall, there are three positives to take from this table:

- ‘Any’ police action is more likely for the two victim groups most established and identifiable by existing police systems; the repeat victim and the repeat and vulnerable victim on health.
- There is some evidence to suggest that there is greater likelihood of a reassurance response from police for victim types that are most likely to need it (also, less reassurance for victims who have neither a repeat nor vulnerable status), but this is not the case for all repeat and/or vulnerable victims.
- There is no evidence that RVVs have an increased risk of being ‘kept in the dark’ about any police action in relation to their ASB reporting. These victims, together with Multiple Vulnerable Victims (MVV’s) and those vulnerable on personal targeted ASB (VVtarget) showed a negative correlation with a response of ‘not knowing’ about police action.

Table 4.2: Correlations between victim type and police actions

	Repeat and Vulnerable Victim groups								Not V or R
	HFVVht	RVVht	RVVh	MVV	VVHealth	VVTarget	VVOther	RV	
Attend scene	-0.04	-0.06	-0.03	-0.06	ns	-0.09	ns	0.06	0.08
Criminal Justice	0.05	0.08	0.04	0.05	ns	0.07	ns	-0.03	-0.07
On-the-spot action	0.05	0.04	0.04	-0.04	-0.03	-0.06	-0.04	0.07	ns
Reassurance	ns	0.03	ns	ns	ns	0.06	ns	-0.02	-0.04
Verbal warning	ns	ns	ns	0.06	0.03	0.07	ns	ns	-0.04
Info	ns	ns	ns	ns	ns	ns	ns	ns	ns
RJ	ns	ns	ns	ns	ns	ns	ns	ns	ns
Community activity	ns	ns	ns	ns	ns	ns	ns	-0.03	ns
Any action	ns	0.02	ns	ns	ns	ns	-0.03	0.04	-0.02
No action	ns	ns	ns	0.03	ns	0.04	0.04	-0.06	ns
Don't know	-0.03	-0.08	-0.03	-0.06	ns	-0.08	ns	0.07	0.07

Table 4.3: Correlations between satisfaction and police action by victim type

	Repeat and Vulnerable Victim groups								Not V or R
	HFVVht	RVVht	RVVh	MVV	VVHealth	VVTarget	VVOther	RV	
Attend scene	ns	0.05	ns	ns	ns	ns	0.14	ns	-0.09
Criminal Justice	0.19	0.17	0.16	0.2	0.14	0.18	0.13	0.17	0.14
On-the-spot action	<b>0.23</b>	<b>0.21</b>	<b>0.22</b>	<b>0.16</b>	<b>0.19</b>	<b>0.17</b>	<b>0.21</b>	<b>0.27</b>	<b>0.24</b>
Reassurance	0.16	0.16	0.15	0.19	0.18	0.19	0.16	0.15	0.17
Verbal warning	0.06	0.08	0.07	0.08	0.06	ns	0.15	0.1	0.07
Info	0.08	0.06	ns	0.07	0.06	0.06	0.1	0.06	0.06
RJ	<b>0.06</b>	<b>0.05</b>	<b>0.05</b>	ns	ns	ns	ns	ns	ns
Community activity	ns	ns	0.04	ns	0.06	ns	ns	ns	0.09
Any action	0.4	0.4	0.39	0.36	0.38	0.32	0.35	0.46	0.43
No action	0.08	-0.39	-0.38	-0.32	-0.35	-0.28	-0.34	-0.41	-0.39
Don't know	0.06	0.17	0.17	ns	0.13	ns	0.15	0.17	0.16

Table 4.3 presents correlations between specific police actions and satisfaction with ‘the way ASB is being dealt with’ for each victim type. An important point to note is that, although modest in magnitude, all of the correlations are *positive*. Therefore, there are no police actions that are having a negative impact on satisfaction. As stated earlier, if the victim is aware of *any* action by police in relation to their call, this has a clear positive impact on their satisfaction levels. It is the victims’ perception of ‘no action’ by police that is typically associated with lower satisfaction.

The table shows different profiles of police actions impacting on satisfaction for different victim groups. For example, actions aligned with restorative justice are positively correlated with satisfaction for the three categories of repeat and vulnerable victims (RVVht; RVVh; HFVVht), but not for victims who are vulnerable or repeat only. That RJ is a significant factor for the satisfaction of those both vulnerable and repeatedly victimised is noteworthy as restorative justice is being actively promoted by government. However, as shown earlier, its recall by victims themselves is very low, suggesting that, although it might be particularly effective for those victims most at risk of the harm of ASB, it is not widely implemented.

Overall, there is uniformity across victim types in relation to police action and satisfaction: all who report ASB respond positively to criminal justice, on-the-spot action and reassurance. We suggest, however, that there remain potential gains for police if they target more of particular actions towards certain victim groups most in need. Potentially there is an opportunity for forces here to target interventions such as reassurance to repeat and vulnerable victims at risk of disproportionate harm and distress from the ASB they are experiencing. Other actions, less commonly recalled by victims but linked to greater satisfaction include the provision of information (to the victim or the community) and verbal actions against suspects by police.

## **4.2 Call Satisfaction**

The focus now turns to victim satisfaction associated with the quality of the caller-police interaction at the time of report. Table 4.4 shows the percentage of respondents in each victim group who expressed any satisfaction with the police on:

- (1) Action taken by police;
- (2) How ASB is dealt with by police in the local area;
- (3) How police handled the call;
- (4) The way they were treated by Police Officers during the contact;
- (5) How seriously their call was taken;
- (6) How well they were listened to;
- (7) The ease of getting hold of the police;
- (8) The way in which they were provided with information post-call.

For the sample overall, satisfaction is very high at 80 percent or more for various quality aspects of the call itself – including how it was handled, how they were treated by police, listening and getting hold of the police. Satisfaction is lower at 66 percent for post call information – an area that is likely to include communicating ‘any action’ to the victim as discussed in the previous section. A majority of respondents were satisfied with the way ASB is dealt with by police in the local area, but satisfaction on this indicator was markedly lower than for any other at 55 percent.

- An important and positive finding was that VVs and RVs had greater than average satisfaction with their call to police; satisfaction with how police handled the call was 86 percent for those vulnerable on personal targeted ASB and 85 percent for those with health vulnerability, for example.
- Satisfaction with the provision of post call information for key groups of vulnerable victim was greater than that for callers neither repeat nor vulnerable. Again this is a positive finding for the police as it suggests that the quality of their initial interaction is often perceived well by vulnerable victims.
- This is not, however, replicated for repeat and vulnerable victims (RVV’s). For these victims, the satisfaction profile changes markedly. A much lower percentage are satisfied with qualitative aspects of their call. Taking those with the most acute need as an example (HFVVht), satisfaction with how police handled their call is 73 percent, far lower than for victims who are in neither category at 86 percent.

- A drop in satisfaction for Repeat and Vulnerable Victims is also clearly evident for action taken by police and for how ASB is dealt with by local police; only 39 percent of victims in HFVVht are satisfied compared with more than half overall.

These findings suggest that whilst the police may have made important inroads in terms of how they communicate and converse with the vulnerable victim or the repeat caller, there remains a challenge in terms of meeting the needs of victims who are both Repeat *and* Vulnerable. These callers, by definition, are likely to present with the most challenging circumstances and are likely to be individuals with interacting or changing vulnerabilities in terms of their personal characteristics, their living situation and the type of ASB they are experiencing.

Table 4.4: Call Satisfaction by Victim type

	<i>Respondent satisfaction with ...</i>								
	How police dealt with ASB last time called to report it	Action taken by police	How ASB dealt with by police in local area	How police handled call	Way treated by PO's during contact	How seriously call taken	How well listened	Getting hold of police	Way provided with info. post call.
All sample	63	84	55	82	80	77	84	85	66
Not vulnerable and not repeat victim	67	88	65	86	86	81	90	88	65
RV: Repeat victim only	64	83	54	83	83	78	87	85	66
VHEALTH: Vulnerable on health	69	89	63	85	83	82	87	88	70
VTARGET: Vulnerable on targeting	71	87	63	86	84	82	87	88	74
VOTHER: Other vulnerable	64	87	55	84	80	80	84	86	65
MVV: Multiple vulnerable victim	68	88	60	85	82	82	85	87	72
RVVH: Repeat & Vulnerable Victim: health	56	81	46	79	75	71	77	82	63
RVVht: Repeat & Vulnerable Victim (health & targeting)	56	80	46	78	74	70	77	82	63
HFRVVht: High frequency Repeat & Vulnerable Victim (health & targeting)	50	78	39	73	68	65	72	78	59

### 4.3 Call Impact

Table 4.5 examines how victims feel about the impact of their call. Thirty five percent of callers who are neither vulnerable nor repeat victims said that their call ‘made no difference’ to the problem and this was higher for men (37 percent) than for women (33 percent). Similar percentages were found for those who were repeat victims.

- The percentage of men who felt their call made ‘no difference’ is lower if they are vulnerable on health, vulnerable on personal targeted ASB or are a Multiple Vulnerable Victim relative to non-vulnerable and non-repeat men. This suggests that men with a vulnerable *or* repeat status are more likely to perceive call impact.
- The opposite trend was found for women. The percentage saying that their call made ‘no difference’ was greater than for non-vulnerable non-repeat women if they were a repeat victim or had any vulnerability – particularly on quality of life and/or hate motivated ASB. This suggests that women with a vulnerable *or* repeat status are less likely to perceive call impact.
- For both sexes, the percentage believing their call made ‘no difference’ increased markedly if they were both a repeat *and* vulnerable victim (RVV). Approximately 4 out of 10 RVV’s on health or on health and personal targeted ASB. For the most ‘acute’ group of high frequency callers vulnerable on health and/or personal targeted ASB, 46 percent of men and 44 percent of women felt their call made no difference. The perception of these victims that their call fails to bring about any change in the antisocial behaviour they are experiencing is, of course, likely to be a key reason for their high volume of calls to the police.

Table 4.5: Percentage who feel their call ‘made no difference’ to the problem they were calling about by victim type.

<b>Victim Type</b>	<b>All</b>	<b>Men</b>	<b>Women</b>
<b>Not vulnerable and not Repeat</b>	35	37	33
<b>Repeat victim only</b>	36	37	35
<b>Vulnerable on Health</b>	33	32	34
<b>Vulnerable on Targeting</b>	34	34	34
<b>Other vulnerable</b>	39	37	40
<b>Multiple Vulnerable Victim</b>	35	34	36
<b>Repeat &amp; Vulnerable Victim (health)</b>	41	41	40
<b>Repeat &amp; Vulnerable Victim (health and targeting)</b>	41	42	40
<b>High frequency Repeat and Vulnerable Victim (health and targeting)</b>	45	46	44

#### 4.4 Future behaviour

Respondents to the survey were asked a prospective question about whether or not they would report the same type of ASB to the police in the future. Table 4.6 shows the percentage who rejected the idea of contacting the police on this issue again, in other words, callers who see themselves as becoming ‘non-reporters’ of ASB. The percentage who say they will not report the same ASB in the future is low at 6 percent for men and women who are neither vulnerable nor repeat victims. With the exception of vulnerable victims on health, the percentage of future non-reporters typically increases with vulnerability, with repeat status and is most marked for the repeat and vulnerable victim (RVV).

- Future non-reporters are approximately 1 in 10 for men who are vulnerable on hate motivated ASB or quality of life impact, as well as for men who are multiple vulnerable victims (MVV’s).

- Around 1 in 10 repeat and vulnerable victims (RVV's) also take the view that they would not report the same ASB in the future. This applies to both men and women.

Table 4.6: Percentage who will not report same type of ASB in the future by victim type

<b>Victim Type</b>	<b>All</b>	<b>Men</b>	<b>Women</b>
<b>Not vulnerable and not Repeat</b>	6	6	6
<b>Repeat victim only</b>	5	7	3
<b>Vulnerable on Health</b>	6	6	6
<b>Vulnerable on Targeting</b>	6	8	5
<b>Other vulnerable</b>	8	11	6
<b>Multiple Vulnerable Victim</b>	7	9	6
<b>Repeat &amp; Vulnerable Victim (health)</b>	9	9	9
<b>Repeat &amp; Vulnerable Victim (health and targeting)</b>	9	9	9
<b>High frequency Repeat and Vulnerable Victim (health and targeting)</b>	10	9	11

### KEY MESSAGES

**It is important to ASB victims that the police communicate ‘any action’ well.** The evidence set out in this Chapter has started to clarify ‘what works’ and what does not in terms of the police response to ASB from a victim perspective. It has been shown that communicating *any* police response to the victim is important for them to feel satisfied that antisocial behaviour is being dealt with.

**Actions by police should consider the benefits of ‘doing more’ or ‘doing differently’ for different types of ASB victim.** There was no indication in the data of greater uncertainty among repeat and vulnerable victims about whether or not the police took action but the importance of police communicating with *all* victims, including those seen as difficult or problematic cases must be underlined. A greater time investment may be required in order to

explain and keep updated the repeat and vulnerable victim. This reflects how those individuals who can be identified as repeat and vulnerable victims are, by definition, disproportionately exposed to, and harmed by, antisocial behaviour. Not all victims therefore come from an equal 'starting place', there are underlying vulnerability factors that need to be accounted for in both the amount and the type of actions that the police perform. Our analysis here on victim satisfaction, perceived impact of call and future intentions, indicates that whilst the needs of vulnerable *or* repeat victims may be well met, those of 'repeat *and* vulnerable victims' are most likely to 'fall through the net'.

The analysis found a number of actions (criminal justice; on the spot action and reassurance; verbal warning and information provision) to be uniformly positive for victim satisfaction, regardless of whether or not that victim was repeat and/ or vulnerable. However, in order to get the same 'satisfaction effect' from those most vulnerable and/or repeatedly victimised, the police may need an over compensatory response. That is, engaging – perhaps repeatedly - with these victims on reassurance, on communicating actions and making information available to them. The same applies to the quality of the call interaction itself where an additional investment may be required in order to meet the satisfaction of repeat and vulnerable victims.

The data suggested that actions associated with restorative justice practices may be of particular benefit to the repeat and vulnerable victim. These actions currently form a very low percentage of all actions but their effect on those most acutely affected by antisocial behaviour may be disproportionately positive.

**There is no 'one size fits all' police response.** Police need to do the analytic work needed to first identify the victim type and produce a differentiated response. The response may be invoking a specific action of benefit to that type of victim or simply investing more in core police actions to bring about gains in victim satisfaction. Getting the action and the interaction right for the needs of victims is key because a failure to do so risks turning the victim away from police to be a 'non reporter' of antisocial behaviour in the future. This research suggests this risk is elevated for victims who are both repeat and vulnerable, the very victims whose needs are most acute.

## Chapter 5: Links with HMIC Inspection data for 2012

Having focused on the analysis of victim responses to antisocial behaviour among a sample of callers to the police, this chapter introduces HMIC inspection data for police forces in England and Wales. The inspection data contains wide-ranging questions on different aspects of police ‘system performance’ in relation to ASB, including management and record keeping, perceptions of police interventions, use of IT and the identification of victim types. For each question, the 43 police forces are assessed on a 4-point performance scale; ‘excellent’, ‘good’, ‘fair’ or ‘poor’.

From the HMIC data we derived system performance variables covering five key areas of the police response to ASB. These were:

1. **Performance at point of report:** ASB categorisation; identification of repeat victims; identification of vulnerable victims; identification of local priorities.
2. **I.T input and analysis:** to record ASB incidents; identify trends and hotspots.
3. **Follow up contact:** contact victim to update on police action; record follow up contact.
4. **Harm and Risk Assessment:** consideration of harm and ongoing risk assessment to all affected by ASB
5. **Management and Communication:** management through NIM processes; CID and NPT staff regularly briefed about ASB issues and local issues.
6. **Overall system performance:** a summed scale using all of the above.

This chapter is presented in two main sections.

1. **System performance:** we begin by presenting the HMIC performance indicators themselves to show the distribution of scores by police force and to investigate how different areas of system performance are associated with each other, if at all. Each outcome was assigned a numerical value from 1= Excellent to 4=Poor<sup>5</sup>. A low score is therefore associated with good or excellent performance and a higher score is indicative of poorer performance on that indicator. Where more than one variable

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<sup>5</sup> The definitions of HMIC assessment criteria are given in the appendix

was used to represent system performance (as in the case of point of report), these values were summed and the resultant scale used to show the overall outcome for forces and their position relative to other forces.

2. **System performance and victim outcomes:** this section makes links, where appropriate to do so, between the HMIC performance data and the ipsos-MORI survey of victim callers on antisocial behaviour. It investigates how police performance may or may not correlate with victim perceptions and caller characteristics.

## 5.1 System Performance Indicators

### 1. Point of Report Variables

Four variables in the HMIC data related to police performance on ASB at the ‘point of report’; the first occasion the victim has contact with police - typically a telephone call handler. Specifically, these concerned; categorisation of ASB (as nuisance, personal or environmental); the identification of repeat callers; vulnerable callers and local priorities.

Table 5.1 shows that the majority of forces were graded ‘fair’ on their categorisation of ASB, an assessment that means ‘performance is variable.’ It was evident that this operational measure of categorising ASB at the point of report presented more challenges for forces when compared with whether or not they had ‘established force wide-definitions in place’ or had ‘staff trained on the force definitions of ASB’. Nearly 20 percent of forces are rated ‘poor’ in Table 5.1, compared with 7 percent on force-wide definitions and none on staff definitions. The table also identifies those forces that would benefit from improving their ASB categorisation processes.

Table 5.1 Categorisation of ASB at point of report

<b>Score (1=Exc to 4=Poor)</b>	<b>N</b>	<b>Forces</b>
Good	13	
Fair	22	
Poor	8	Gloucestershire; GMP; Gwent; Surrey; Thames Valley; Warwickshire; West Mercia; West Midlands.
N=	43	

Tables 5.2 and 5.3 show that the majority of forces are rated ‘fair’ on their performance in identifying either repeat victims, or vulnerable victims. Performance on these two measures of victim identification is not associated with performance on categorising ASB.

Table 5.2 Identification of repeat complainants at the point of report

<b>Score (1=Exc to 4=Poor)</b>	<b>N</b>	<b>Forces</b>
Excellent	2	Dyfed Powys; West Mercia
Good	4	Humberside; Merseyside; North Wales; Northamptonshire.
Fair	32	
Poor	5	Bedfordshire; Cambridgeshire; Devon & Cornwall; Gwent; Warwickshire
N=	43	

Table 5.3 Identification of vulnerable complainants at the point of report

<b>Score (1=Exc to 4=Poor)</b>	<b>N</b>	<b>Forces</b>
Good	3	West Mercia; Dyfed Powys; Avon & Somerset
Fair	33	
Poor	7	Bedfordshire; Cambridgeshire; Devon & Cornwall; Kent; Nottinghamshire; Surrey; Sussex.
N=	43	

There is a strong positive association between the identification of repeat victims and the identification of vulnerable complainants,  $R^2=.57$ ,  $p<0.01$ . Forces that are performing well on identifying repeats tend also to be good at identifying vulnerable victims (and vice versa). This is shown in table 5.4 below which presents a combined score of performance on identifying both repeat and vulnerable victims. It is evident that the same forces tend to appear in the top and bottom scored categories of performance.

Table 5.4: Summed scale showing distribution of forces on identification of repeat and vulnerable victims

Score (1=Exc to 4=Poor)	N	Forces
1.5 (highest rating)	2	West Mercia; Dyfed Powys
2.5	5	
3.0	27	
3.5	6	
4.0 (graded 'poor' on both)	3	Bedfordshire; Cambridgeshire; Devon & Cornwall.
N=	43	

There is no association between the identification of local priorities at the point of report and the identification of repeat and/ or vulnerable victims. The former measure is an indicator of a forces' awareness of neighbourhood concerns across their area. As Table 5.5 shows, the forces in the top rating and bottom rating categories for local priorities are typically different from those shown for repeat and vulnerable victims.

- The police performance profile for local priorities is distinct from that for the identification of repeat and vulnerable victims.
- A single force, Cambridgeshire, is assessed as 'excellent' on identifying local priorities but 'poor' on the identification of victim types at the point of report.
- Only Bedfordshire police force had a 'poor' assessment on both victim identification and local priorities at the point of report.

Table 5.5: Identification of local priorities at the point of report

Score (1=Exc to 4=Poor)	N	Forces
Excellent	6	Merseyside; Lancashire; Cambridgeshire; Cleveland; Durham; Nottinghamshire
Good	3	
Fair	28	
Poor	6	Bedfordshire; Essex; Lincolnshire; London Met; Sussex; Wiltshire.
N=	43	

Scores from the four ‘point of report’ measures outlined above were summed together to give an indicator of overall police performance.

Table 5.6: All-round performance at point of report\*

Score (1=Exc to 4=Poor)	N	Forces
2.25 (good)	5	Cleveland; Merseyside; Dyfed Powys; Lancashire; West Mercia.
2.50	3	
2.75	12	
3.00	9	
3.25	9	
3.50	4	Devon & Cornwall; Gwent; Surrey; Warwickshire.
3.75 (poor)	1	Bedfordshire
N=	43	

\* combining ASB categorisation; identification of repeat victims; identification of vulnerable victims; local priorities.

The overall results show that:

- Bedfordshire police force is an outlier on overall performance at point of report; it is the only force to score ‘poor’ on three out of the four questions (and ‘fair’ on the remaining question).
- The typical profile of the relative top all-round performers at point of report are forces with a ‘good’ assessment on three out of the four indicators and ‘fair’ on the remaining one.

## 2. IT input and analysis

To analyse the use of IT to support ASB responses, we focused upon two indicators from the HMIC assessment – the use of IT to record incidents of ASB reported by any means (not just the telephone) and the analysis of data to spot trends and hotspots.

There is no association between these two IT measures, therefore it is not typically the case that forces performing well at using computer systems to record reported incidents will be the same ones performing well at using IT to identify ASB trends and hotspots (and vice versa). However, exceptions are found for West Midlands police force, achieving ‘excellent’ assessments on both IT measures, and for Essex police force rated ‘poor’ on both measures.

Tables 5.7 and 5.8 show that only a few forces are assessed as ‘poor’ on their use of I.T. A number of forces are at a minimum ‘good’ standard in recording incidents reported by any means and perhaps have improved capability for identifying repeat and vulnerable victims via their computer systems.

Table 5.7: All reported incidents of ASB recorded on the force system

Score (1=Exc to 4=Poor)	N	Forces
Excellent	3	Devon & Cornwall; Warwickshire; West Midlands
Good	16	
Fair	21	
Poor	3	Essex; MPS; Nottinghamshire
N=	43	

Table 5.8: Trends and hotspots are identified through IT systems

Score (1=Exc to 4=Poor)	N	Forces
Excellent	10	Cheshire; CoL; Cleveland; Dorset; Durham; Humberside; Lancashire; South Wales; Surrey; West Midlands
Good	16	
Fair	15	
Poor	2	Essex; Sussex
N=	43	

- There was a significant positive association between force assessment on use of IT to identify trends and hotspots and their assessment on identification of local priorities at the point of report;  $R^2=.38$ ,  $p<.05$ . This suggests that the effective use of computerised data, whether geo-referenced or analysed for individuals or incidents, may facilitate a more contextualised police response at point of report which in turn feeds in to better local intelligence on priorities.

### 3. Follow up contact

On both indicators of follow up contact, the majority of forces achieve a minimum evaluation of ‘good’. No force is assessed as being ‘poor’ on follow up contact with victims.

Table 5.9: Complainants of ASB contacted to update on police action

Score (1= to 4=Poor)	N	Forces
Excellent	7	Cheshire; GMP; Lancashire; Northamptonshire; Staffordshire; Surrey; West Midlands.
Good	21	
Fair	13	
Poor	2	Lincolnshire; Wiltshire
N=	43	

Table 5.10: Follow up contact with complainants is recorded

Score (1=Exc to 4=Poor)	N	Forces
Excellent	8	Cheshire; Cumbria; GMP; Lancashire; Northamptonshire; Northumbria; Surrey; West Midlands.
Good	23	
Fair	12	
N=	43	

- Forces with good all-round performance at the point of contact tend also to be good at contacting ASB victims with an update on police action (and vice versa),  $R^2=.67$ ,  $p<.01$ , as well as recording follow up contact,  $R^2=.81$ ,  $p<.01$ .
- There is a positive association between assessment on follow up contact with victims and the use of IT systems to identify ASB trends and hotspots,  $R^2=.39$ ,  $p<.05$ . Forces performing well on making follow up contact also tend to be those performing well on identifying local priorities at the point of report,  $R^2=.36$ ,  $p<.05$  (and vice versa).

#### 4. Harm and Risk Assessment

The majority of forces were assessed as 'fair' in terms of their ability to carry out assessments to all affected by ASB.

Table 5.11: Consideration of harm and on-going assessment of risk to all affected by ASB

Score (1=Exc to 4=Poor)	N	Forces
Excellent	7	Cheshire; Dyfed Powys; Hampshire; Humberside; Lancashire; Northumberland; West Mercia.
Good	9	
Fair	25	
Poor	2	Essex; Gloucs
N=	43	

The HMIC assessment on consideration of harm and risk are significantly and positively associated with grades on the identification of repeat victims ( $R^2=.34$ ,  $p<.01$ ) and the identification of vulnerable victims ( $R^2=.36$ ,  $p<.01$ ).

- Forces performing well on identifying repeat and vulnerable callers tend to be the same ones that provide effective harm and risk assessment to *all* victims of ASB (and vice versa).

Forces achieving a minimum standard of ‘good’ in both of these areas are Dyfed Powys and West Mercia. The relative poor performers in this area are: Bedfordshire; Cambridgeshire, Devon & Cornwall. Consideration of harm was not, however, associated with performance on providing a graded response policy for ASB, nor was the latter measure associated with performance at point of report.

- Neither was there an association between performance on harm and risk assessment and the recording of incidents on an IT system or to provide trend and analysis. To put it another way, investment in I.T solutions should not be assumed to automatically translate into an ability to detect those incidents posing most harm and risk to victims. Computer systems are no substitute for inter-personal contact with the victim to identify risk at the point of report, particularly as risk is itself dynamic and can easily change from one call to the next.
- The harm grade is associated with police performance on follow up contact, both in terms of recording contact,  $R^2=.42$ ,  $p<.01$  and making contact,  $R^2=.36$ ,  $p<.01$ . Forces that achieve a minimum standard of ‘good’ on both recording contact and providing an on-

going assessment of harm and risk to all victims are: Cheshire; GMP; Lancashire; Northumbria and West Midlands.

## 5. Management and Communication

In UPSI's 2010 report it was identified that using NIM processes to manage ASB problems and briefing police teams thoroughly about local ASB were both strongly associated with greater victim satisfaction. In the current study, the majority of forces are assessed as 'good' or above on measures associated with management and communication.

Table 5.12: Force manages ASB problems through NIM processes

Score (1=Exc to 4=Poor)	N	Forces
Excellent	5	Cambridgeshire; Dorset; Lancashire; Staffordshire; Surrey
Good	23	
Fair	14	
Poor	1	Essex
N=	43	

Management using National Intelligence Model (NIM) processes was found to be associated with an evaluation of effectiveness at briefing staff about on local ASB issues;  $R^2=.44$ ,  $p<.01$ .

Table 5.13: CID/ Response/NPT staff regularly briefed about ASB issues and specific local ASB issues

Score (1=Exc to 4=Poor)	N	Forces
Excellent	7	Avon & Somerset; Cambridgeshire; Durham; Gloucestershire; Merseyside; Norfolk; Northamptonshire
Good	20	
Fair	14	
Poor	2	Lincolnshire; West Yorkshire
N=	43	

- Forces that are performing best using NIM processes to manage ASB are also more likely to be performing well across a number of different areas, namely: identifying local priorities at the point of report  $R^2=.41$ ,  $p<.01$ ; using IT to identify ASB trends and

hotspots,  $R^2=.55$ ,  $p<.01$ ; the on-going consideration of harm and risk,  $R^2=.35$ ,  $p<.01$  and making contact with victims to update them on police action,  $R^2=.37$ ,  $p<.01$ .

- Performance on briefing staff about local ASB issues is associated with overall performance at the point of contact ( $R^2=.31$ ,  $p<.01$ ) and with ability to identify local priorities at the point of report ( $R^2=.4$ ,  $p<.01$ ).

In sum, the findings of this analysis strongly confirm that these two areas are important components in providing a robust police response to ASB issues.

## **Overall Performance Scores**

It is clear from the preceding tables that system performance varies a great deal by force across the six areas of: point of report performance; IT input and analysis; harm and risk assessment; follow up contact, management and communication. For example, West Mercia and Dyfed Powys forces show particular strength in the identification of repeat and/or vulnerable victims and West Midlands force performs well in its use of information technology and in the area of follow up contact with victims. Table 5.14 combines all of these areas together for each force by summing scores across all of the variables. The resultant scores show a disparate spread of forces, divided here into the top performing third (green), the middle third (amber) and the bottom third (red).

- Lancashire constabulary emerges as the top performing force overall, whilst Essex are at the bottom of the scale.
- The majority of forces are situated in the middle of the overall performance scale.

Table 5.14: Overall system performance in key areas of ASB.

<b>Score</b>	<b>N</b>	<b>Forces</b>
<b>1.58</b>	<b>1</b>	<b>Lancashire</b>
<b>1.92</b>	<b>1</b>	<b>West Mercia</b>
<b>2.00</b>	<b>1</b>	<b>West Midlands</b>
<b>2.08</b>	<b>2</b>	<b>Cleveland; Staffordshire</b>
<b>2.17</b>	<b>6</b>	<b>Cheshire; Durham; Dyfed Powys; Humberside; Leicestershire; Merseyside</b>
<b>2.25</b>	<b>4</b>	<b>Avon &amp; Somerset; CoL; Northumbria; South Yorkshire</b>
<b>2.33</b>	<b>3</b>	<b>Cambridgeshire; Northamptonshire; Surrey</b>
<b>2.42</b>	<b>4</b>	<b>Cumbria; Hertfordshire; North Yorkshire; Norfolk</b>
<b>2.50</b>	<b>7</b>	<b>Dorset; GMP; Hampshire; Kent; North Wales; Nottinghamshire; South Wales.</b>
<b>2.58</b>	<b>2</b>	<b>Derbyshire; Thames Valley</b>
<b>2.75</b>	<b>3</b>	<b>Gloucester; Suffolk; Warwickshire</b>
<b>2.83</b>	<b>2</b>	<b>Devon &amp; Cornwall; West Yorkshire</b>
<b>2.92</b>	<b>2</b>	<b>Lincolnshire; Sussex</b>
<b>3.00</b>	<b>1</b>	<b>Bedfordshire</b>
<b>3.08</b>	<b>3</b>	<b>MPS; Gwent; Wiltshire</b>
<b>3.25</b>	<b>1</b>	<b>Essex</b>

## 5.2 System Performance and Victim outcomes

The HMIC indicators used in the previous section were created in the MORI victims' survey by coding police forces into appropriate bands to represent performance on each indicator. The analysis then explored to what extent, if any, police force assessment was associated with;

1. Victim satisfaction
2. The volume or type of ASB victim callers.

### Victim Satisfaction

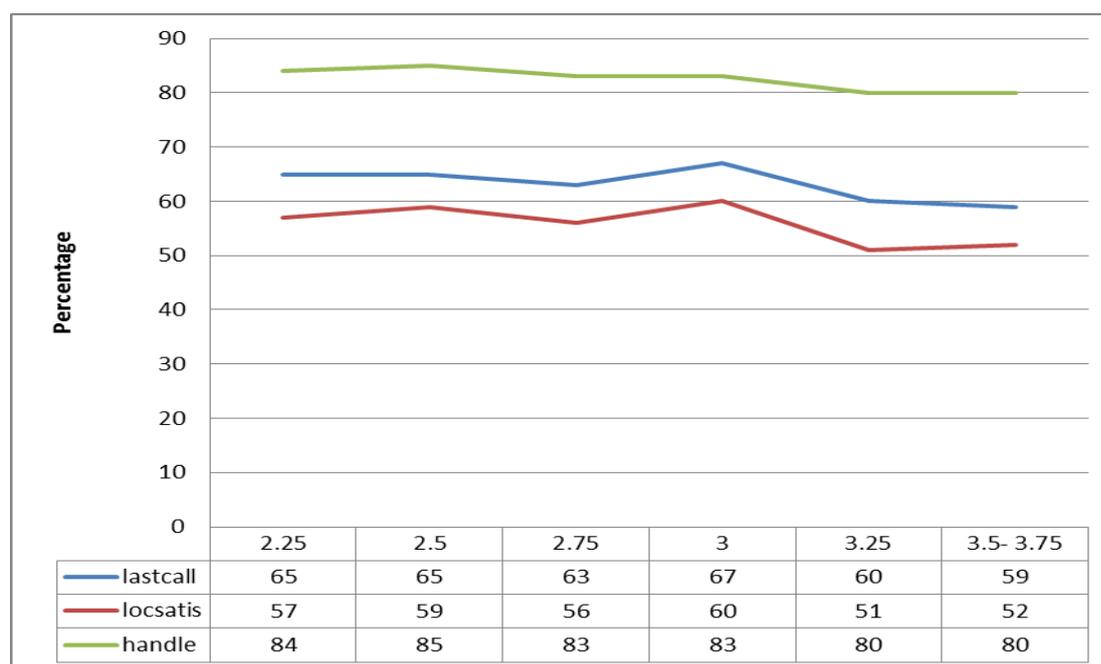
4 satisfaction questions in the survey were examined in relation to the HMIC indicators.

These were satisfaction with:

- (1) **lastcall**: how police dealt with ASB last time called to report it
- (2) **polaction**: action taken by police
- (3) **locsatis**: how ASB dealt with by police in local area
- (4) **handle**: how police handled call

### Point of report

Figure 5.1 shows how the derived HMIC indicator of overall police performance at point of report was significantly and positively associated with victim satisfaction on last call, local police response to ASB and call handling. (A lower score in Figure 5.1 equates with better performance). Those forces that were assessed as having better quality systems for ASB were more likely to have victims say they were satisfied with how they had been treated and the police response. This tends to validate the HMIC evaluations and allows us to investigate in more detail the nature of these associations.

Figure 5.1: Victim satisfaction by overall police performance at point of report.

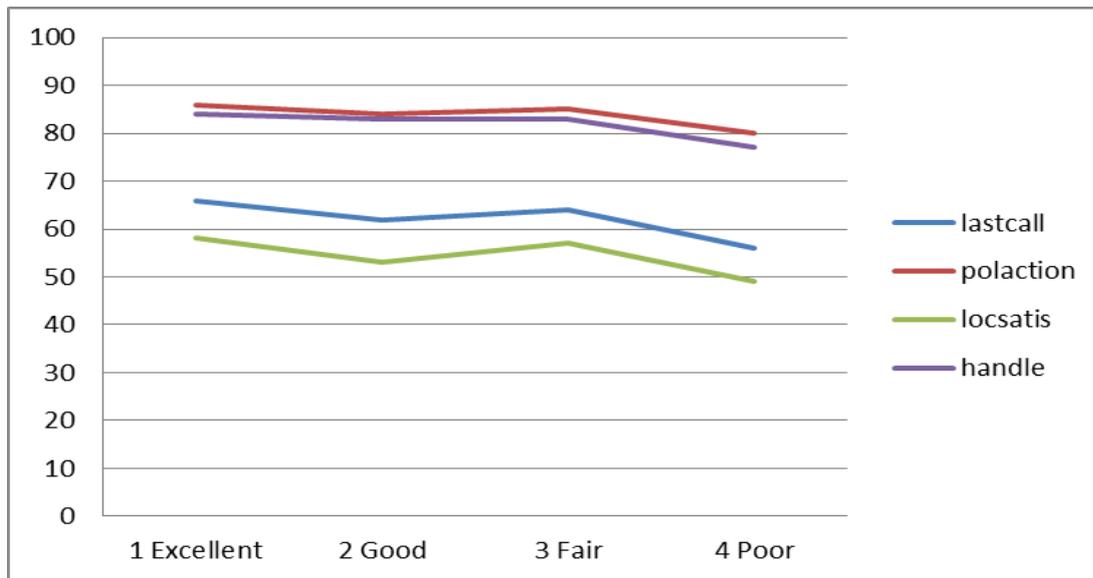
The figure does not show a linear decrease in victim satisfaction with overall performance at point of report. However, it is the case that victim satisfaction with key areas of police ASB response is significantly lower for the HMIC poorest performing forces at point of report compared to those at the higher end of the graded spectrum<sup>6</sup>. There is a victim ‘satisfaction deficit’ of 6 percent on last call satisfaction when comparing the top and bottom of the performance scale, with deficits of 5 percent and 4 percent for local police ASB response and call handling satisfaction respectively. To put it another way, if the poorest performing forces could match the best in key areas of categorising ASB, identifying different victim types and local priorities, we would expect them to see increases in victim satisfaction of these magnitudes.

When point of report indicators are examined singly in relation to victim satisfaction, the most significant grading relating to victim satisfaction is that of identifying local priorities. Figure 5.2 shows that victim satisfaction is significantly lower on all measures for those police forces with a HMIC assessment of ‘poor’ on the identification of local priorities compared to forces with an ‘excellent’ assessment. The victim ‘satisfaction deficit’ is most

<sup>6</sup> The bottom two scores were combined in Figure 1 because only a single force scored 3.75 on the scale. However, levels of victim satisfaction fall by approximately 10 percent for this force on each indicator of victim satisfaction relative to forces scoring 3.5.

pronounced for last call satisfaction (10 percent) and satisfaction with the local police response to ASB (9 percent). That this measure of police performance emerges most strongly in relation to victim outcomes suggests that a contextual, localised appreciation of ASB and its consequences is important to victims.

Figure 5.2: Victim satisfaction by assessment on identifying local priorities at point of report.



A good force assessment on the identification of repeat and vulnerable victims at the point of report was associated with greater victim satisfaction with how police handle calls on ASB ( $R^2=.03$ ,  $p<.001$ ). The victim ‘satisfaction deficit’ on this measure was 4 percent comparing forces at the top and bottom of the performance scale.

A ‘good’ HMIC assessment on classification of ASB at the point of report was associated with greater victim satisfaction with how ASB is dealt with by police in the local area ( $R^2=.03$ ,  $p<.001$ ). Satisfaction was 58 percent on local police response to ASB for forces rated ‘good’, 55 percent for those ‘fair’ and 53 percent for forces with an assessment of ‘poor’.

ASB categorisation, identification of victim types and local priorities at the point of report are all aspects of police performance that have a tangible, measurable impact on the victim experience. Any gains that the police can make in these areas are likely to make individuals feel better about their call experience, as well as with the police response to ASB more generally.

### Follow up contact

There is evidence that HMIC evaluated performance on follow up contact is associated with victim satisfaction with the provision of post-call follow-up information. Forces ‘good’ or ‘excellent’ in this area had higher victim satisfaction in the survey on local police response to ASB, how their last call was dealt with, how their call was handled and the provision of post-call information than forces assessed as ‘fair’ or ‘poor’.

The victim ‘satisfaction deficit’ for follow up contact was greater for women (8 percent) than for men (4 percent) when appraising their local police response to ASB. This would suggest that a good police performance on re-contacting victims may be particularly important for women in helping to shape their localised view of police performance more generally.

Table 5.15: HMIC assessment on follow up contact and victim satisfaction with information provision

Victim types	HMIC assessment on making follow up contact with victim to update on action			Satisfaction deficit
	% satisfied with information provision	Excellent or Good	Fair or Poor	
All		68	62	-6
Men		66	61	-5
Women		70	63	-7
High frequency RVV		62	51	-11
RVV health and personal ASB		65	60	-5
Repeat victim only		70	59	-11
VV personal ASB		77	69	-8

In general, police performance on follow up contact was not associated with satisfaction levels among particular groups of repeat and / or vulnerable victims. The exception was for a measure of victim satisfaction with the provision of post-call information. Table 5.15 shows that HMIC assessment on follow up contact to update the victim on police action was positively associated with post-call satisfaction among a number of identifiable victim types.

- For the sample as a whole, there was a ‘satisfaction deficit’ of 6 percent between ‘good’ and ‘less than good’ forces.

- The ‘satisfaction deficit’ was nearly two times greater for two specific groups of victims, repeat callers (with no vulnerability) and high frequency repeat callers who have vulnerability on health and/or personal targeted ASB.
- The ‘satisfaction deficit’ was significantly increased, albeit to a lesser degree, for victims identified as vulnerable on the basis of personal targeted ASB or identified as both repeat and vulnerable on health and personal ASB.

Effective post call contact by the police is therefore likely to be of particular importance to these identifiable victim groups. Any police gains in satisfaction here may be of benefit in reducing repeat calls; a high frequency caller receiving good quality feedback from the police is likely to be less inclined to ring back. Getting post call contact right is therefore important to try and reduce the volume of repeat callers, with or without vulnerability present.

- This analysis suggests that forces performing less than well on re-making contact with the victim and updating them on police action are particularly failing the acute cases of victims with vulnerability and/or experiencing repeat victimisation. This may feed into a cycle of greater caller demand.

It is for this same group of high frequency repeat and vulnerable victims that an association was found between assessment on follow up contact and satisfaction with ‘how police dealt with their call’. Satisfaction was significantly lower (47 percent) for ‘less than good’ forces on follow up contact compared with 52 percent satisfaction for ‘good’ or ‘excellent’ forces. This finding, for a group of victims whose level of need is arguably most acute, reiterates the idea that keeping victims ‘in the loop’ can help satisfy them that their call is being responded to and may ultimately reduce the volume of calls made by that individual.

- There was no association between police assessment on follow up contact and victim satisfaction with action taken by police. Police effectiveness on follow up contact may therefore have most impact on victims’ interpersonal appraisal of their ASB call, rather than the perceived effectiveness of any police intervention.

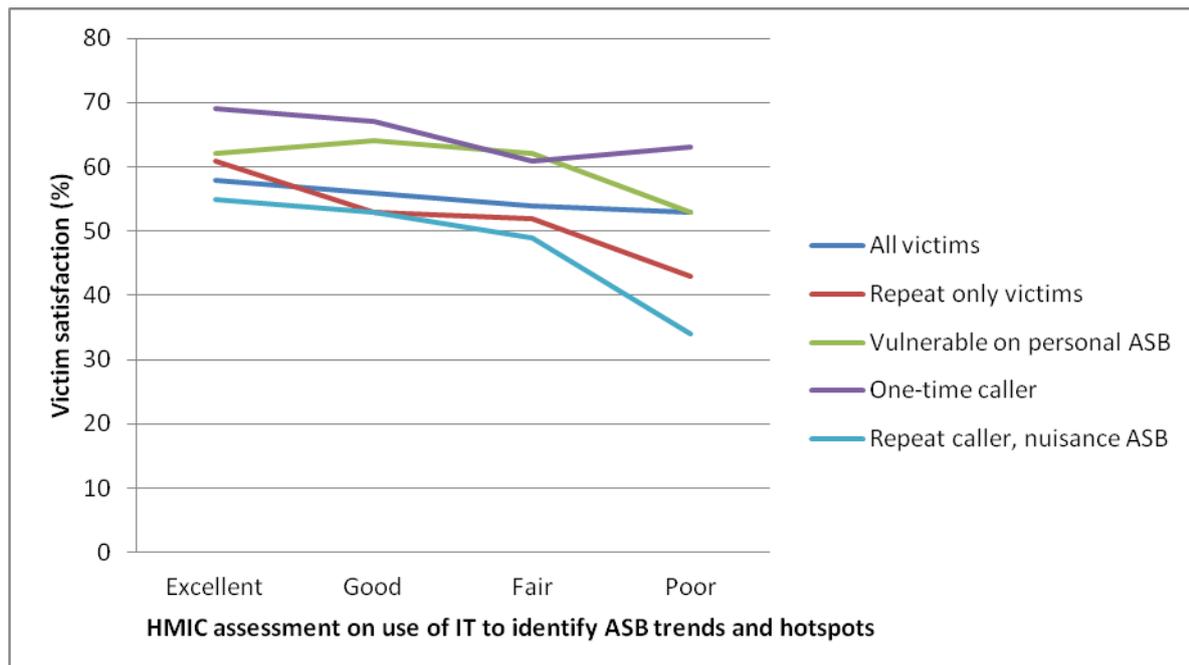
### IT Trends and Hotspots

Figure 5.3 shows an association between HMIC assessment on the use of IT to map trends and hotspots and victim satisfaction with how local police deal with antisocial behaviour. For all victims, there is a modest decrease in satisfaction as police performance on this measure becomes poorer. However, for certain identifiable groups of victims, the association between police performance on IT and local satisfaction is much more pronounced.

- For the repeat caller, particularly the repeat caller about ‘nuisance’ ASB, satisfaction drops more markedly as police performance on IT hotspots and trends becomes poorer. By definition, repeat callers to the police are either experiencing repeat victimisation themselves or are repeatedly witnessing evidence of antisocial behaviour in their locality, hence are likely to be highly aware of it as localised problem.
- Satisfaction among vulnerable victims who view the ASB they are experiencing as personally targeted or motivated is also more strongly linked to police use of IT technology.

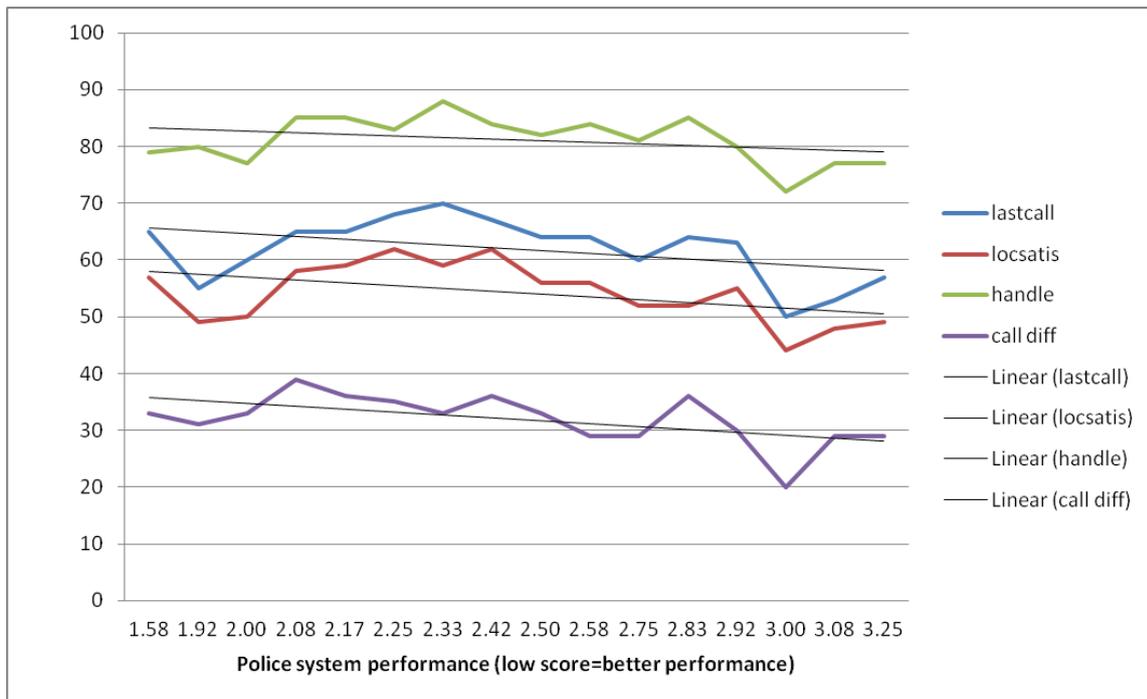
For both groups of victims, effective police use of computerised data in this way may provide reassurance or facilitate an earlier, possibly more effective police intervention.

Figure 5.3: HMIC assessment on use of IT to identify trends and hotspots and victim satisfaction with local police on ASB



We conclude this section on police performance and victim satisfaction by examining how overall police system performance – on all areas discussed– is associated with perceptions. Figure 5.4 shows the overall performance scale, as listed earlier in Table 5.14 and key victim outcomes.

Figure 5.4: Victim outcomes by overall system performance of HMIC police forces



The trend lines added to the table for each measure confirm that victim satisfaction has a significant, if modest, downward trajectory as overall police performance becomes poorer. The table also shows that:

- A relatively small percentage of victims feel their call made a ‘big difference’ to the ASB problem they contacted the police about (call diff) and there are peaks and troughs in force performance on this measure.
- What is striking is that, for each victim outcome, there is a dip at 3.00 on the scale. Table 5.4 shows that this value represents a single force – Bedfordshire – and confirms that this force is an outlier, not only on performance at point of report, but also on low levels of victim satisfaction.

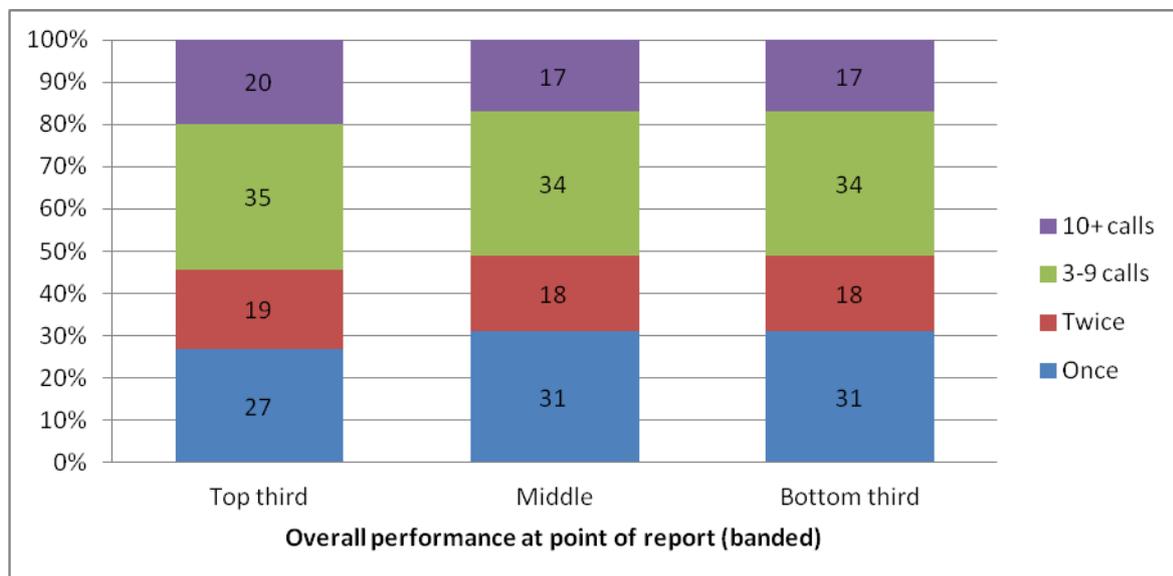
### 5.3 Caller Characteristics

Having shown how police system performance relates to victim satisfaction, we now turn to how system performance is linked to caller characteristics. We focus on call volume, that is, the number of calls victims make to the police on ASB, as measured in the victim survey over a one month reference period.

Figure 5.5 uses the derived overall measure of police system performance (illustrated in Figure 5.4). For ease of interpretation, forces in this distribution are banded into thirds representing the top, middle and bottom performers overall.

- Top performing forces on system performance have the greatest percentage of repeat callers, particularly ‘high repeat’ callers contacting the police 10 or more times over a one year period.
- Forces in the middle or bottom of the overall performance distribution have a slightly higher percentage of one-time callers compared to the top third.

Figure 5.5: Call volume by police performance at point of report (banded)



These findings appear counterintuitive as we might anticipate that forces with good overall systems in place to deal with antisocial behaviour calls would ‘drive down’ the number of repeat callers, particularly the ‘acute’ needs of the high repeat caller. To fully understand these results we need to consider two key factors: (1) the wider socio-economic context in

which the police forces operate and (2) the links between deprivation and police performance in the survey.

Table 5.6 shows a strong and clear association between level of deprivation and call volume in England. Higher deprivation generates fewer one-time callers, more repeat callers, and more high repeat callers. Table 5.16 shows that high deprivation is also linked to more repeat callers ringing the police about the same problem, as well as more repeat callers contacting the police about separate problems.

Table 5.6: Call volume and level of deprivation: England

Call volume	Level of deprivation: England			
	High	Mid-High	Mid-low	Low
%				
<b>One-time caller</b>	24	29	35	43
<b>Called twice</b>	16	19	19	20
<b>All repeat callers (3+)</b>	60	52	47	38
<b>Repeat 3-9 calls</b>	38	34	32	28
<b>High repeat 10+ calls</b>	22	18	15	10
<b>N=</b>	2385	1817	1352	1126

Table 5.7: Type of repeat caller and level of deprivation: England

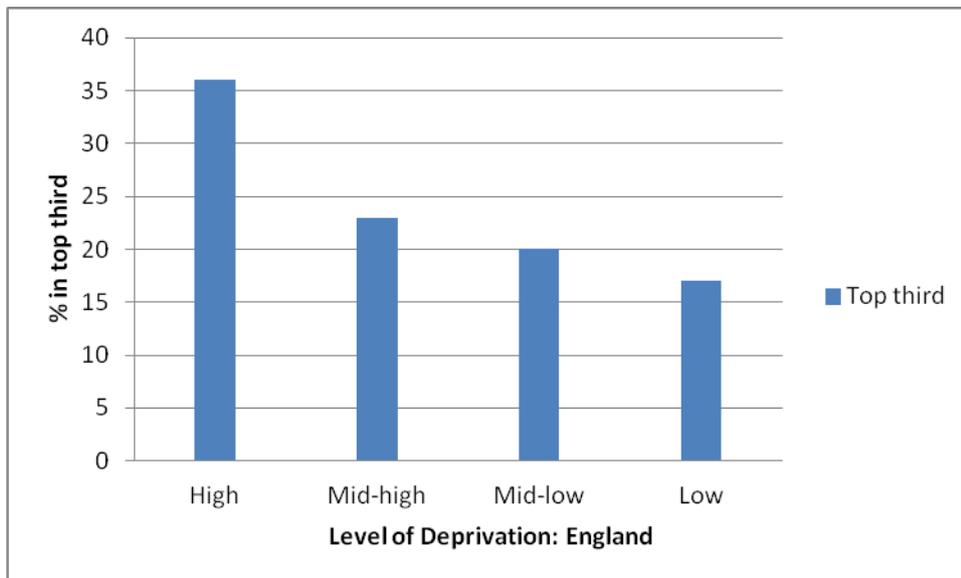
Type of repeat caller	Level of deprivation: England			
	High	Mid-High	Mid-low	Low
%				
<b>Repeat caller, same problem</b>	39	37	32	27
<b>Repeat caller, separate problem</b>	20	15	13	10
<b>N=</b>	2446	1849	1382	1147

Keeping in mind that deprivation is a key upwards driver of calls received by police on antisocial behaviour, the victim survey data also shows that good system performance by police forces in England is positively associated with deprivation. Figure 5.6 confirms that:

- In the most deprived localities in England, 36 percent of callers are from police force areas that are in the top third of the overall distribution of forces according to their assessment by HMIC. This percentage decreases markedly and consistently as the level of deprivation becomes less. In areas of low deprivation, only 17 percent of

callers are from forces scoring in the top third of the distribution for overall system performance. Therefore, **forces performing best overall tend to serve victims in areas characterised by high deprivation.**

Figure 5.6: % of callers from top-third HMIC forces\* by area deprivation



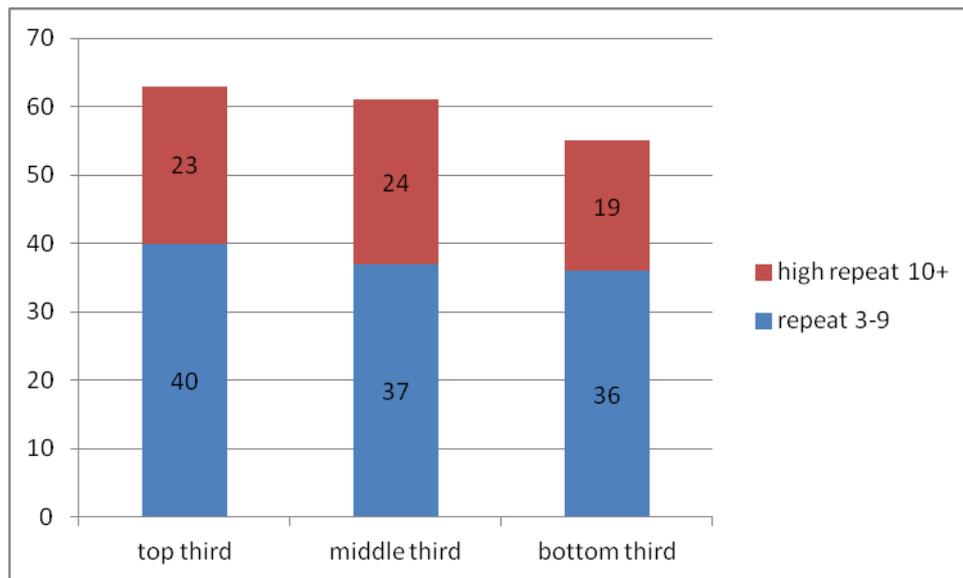
\* based on overall system performance indicator of ASB.

This link between good performance and high deprivation can help us understand why better performers have more high repeat callers and fewer one time callers, owing to the strong links between deprivation and call volume. Figure 5.7 shows that the relationship between good police performance on ASB and a high volume of repeat callers is accentuated in areas of high deprivation in England.

In areas of high deprivation, the top third performing forces have 4 out of 10 victims making between 3 and 9 calls per year, and nearly one-quarter making ten or more calls over the same period.

The overall volume of repeat callers is substantially lower for the bottom third of forces in areas of high deprivation.

Figure 5.7: High area deprivation, police performance and call volume.

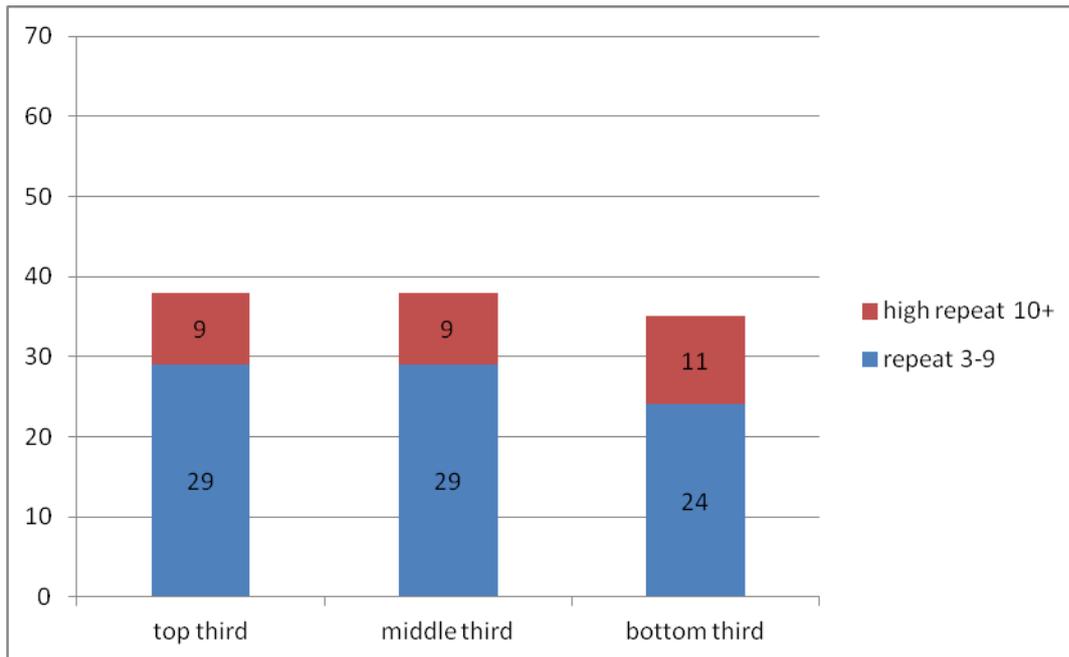


When we examine this for areas that are least deprived in England, this relationship no longer exists (Figure 5.8). There is a dramatic drop in repeat callers when deprivation is no longer a key factor. There is no difference in the overall volume of repeat callers for forces in the top third of the performance distribution compared to the middle third.

- High repeat callers are most commonly found among forces in the bottom third of the performance distribution when material deprivation - a driving factor of call volume - is removed from the equation. It is this concentration of high repeat callers in the bottom third of forces that is likely to be a reflection of poor police performance on key aspects of handling ASB calls.

What this analysis shows is that having good police systems in place to categorise ASB, identify victims and local priorities does not equate with a simple reduction in call volume, and it is not a straightforward solution to the problem of repeat callers. However, the data show that police performance is strongest in those areas that most need it; where both caller demand and ASB incidents are likely to be multiple and sustained. Better police systems may have evolved out of a demand or 'need' to handle a large demand of ASB calls, and the delivery of an effective policing response in this area may also encourage more callers.

Figure 5.8: Police performance and repeat callers in low deprived areas (England)



### KEY MESSAGES

**High call volume does not equate with poor police performance on anti-social behaviour.** In most cases, our analyses found those forces where public needs are likely to be greatest in relation to ASB tend to have the more effective police systems. There are exceptions to this, but the overall pattern is reassuring. High ASB reporting levels can mean police have a better handle on where ASB problems are and can respond more intelligently and appropriately to emergent issues in their local communities. Understanding that these are the parameters within which police operate is important for establishing what is and is not possible to change through effective policing. Reductions in overall ASB reporting levels by the public in isolation may not be a healthy indicator if it signals public dissatisfaction with service provision and a consequent withdrawal from engaging with police

**IT is important in adding context and depth to the police response, but it is not a ‘silver bullet’.** The empirical data identify a modest but statistically significant association between HMIC assessment and various facets of victim satisfaction. Thus it can be concluded that forces that invest in improving their call handling of ASB reports, use the NIM to manage cases and engage in follow-up contexts with victims, should be able to generate improvements in levels of victim satisfaction. However, there is no substitute for inter-

personal communication between police and a caller in order to establish the nature of the circumstances associated with both the ASB and the victim.

**Situational vulnerability, as marked by area level deprivation, drives call volume on ASB. This has important implications in terms of measuring the efficacy of police responses to ASB.** Having good police systems in place doesn't straightforwardly reduce the overall volume of ASB calls, or repeat calls, received but it does improve victim satisfaction and make them more likely to report to the police in the future (which may further drive call volume). The influence of deprivation also has further implications. The present survey based analysis is a relatively 'blunt' tool for understanding the relations between police performance, overall volume of ASB and victim satisfaction. At a local level all forces should be encouraged to add a 'deprivation overlay' to their ASB data to help 'tune' their responses to areas of greatest situational vulnerability.

## 6. Conclusions

The analysis of survey data from a sample of victims contacting police forces in England and Wales about antisocial behaviour reaffirms that this type of problem is pervasive and has the potential to cause significant harm to the individuals' concerned. The questions asked in this report focused on profiling different 'types' of victim based upon combinations of their personal characteristics, type of ASB experience and needs in terms of police response. This contrasts with approaches that have tended to talk about ASB victims as an undifferentiated mass. By doing so, the purpose is to enable police to target their response more precisely to where it is needed. This is a vital consideration against a backdrop of reductions in policing funding.

In undertaking this task, the analysis has been necessarily detailed and complex in order to try and comprehensively unpack the nature of the problems involved. In so doing, it is possible to state with some confidence where police should focus attention and resource. In effect, the analysis has sought to deconstruct the notion of the vulnerable victim of ASB to illuminate that there are in fact different forms of vulnerability in play. Police should therefore be seeking to tune their contacts with victims and their service responses to ensure they are able to detect and differentiate between these. The key forms of vulnerability identified are:

- **Personal vulnerability** – where an individual's status or characteristics amplify their exposure to harm. The analysis identifies health, ethnicity and age as factors shaping aggregate levels of personal vulnerability;
- **Situational vulnerability** – where a neighbourhood's (or other area) state or characteristics amplify the harm of ASB (compared with other areas). The chief driver of increased situational vulnerability identified being deprivation, but levels of community cohesion and neighbourhood crime rates can also be anticipated to feature strongly;
- **Incidental vulnerability** – is where some feature of the ASB incident alters its negative impact. In this regard the evidence generated highlights repetition and personal targeting as the most important variants of incidental vulnerability.

The analysis of data on different types of victim showed that the repeat caller is often an individual who feels that their first report of antisocial behaviour has been, or continues to be, unsuccessful. In this sample of victim callers, a repeat caller of 3 times or more a year was in the majority. More worryingly, 17 percent of the sample was ‘high frequency’ repeat callers contacting the police 10 times or more over a one year period, and three-quarters of these victims were seeking assistance with the same sort of antisocial behaviour issue. This suggests one of two problems;

- the ASB is not being correctly identified at the point of report, or;
- the police response to the ASB incident call is ineffective.

From a call management perspective, it is imperative that the police monitor the volume of calls made by any one individual as we might infer a more acute or unmet need amongst the high frequency caller. In many instances, the police identification of a repeat caller is built into the call handling software and the individual can therefore be ‘flagged’ as a repeat caller at subsequent contacts. This approach is a valuable one, but we argue that repeat victimisation – measured by the number of calls made - should not be the primary focus of police efforts to identify what type of victim they are in contact with. This argument is based around the key findings of this report:

### **The category of ‘repeat caller’ is a diverse one**

The analysis identified victims who were repeat callers to the police on antisocial behaviour but who could not be regarded as a vulnerable victim on a range of measures. These individuals tended to be:

- Male;
- Drawn from socially advantaged backgrounds as evidenced by their social grade and housing.

When vulnerability was added to the mix, however, the composition of any category of ‘repeat and vulnerable victim’ was overwhelmingly ‘situational’, characterised by socio-economic disadvantage and area level deprivation:

- The repeat caller who is not vulnerable is therefore socially distinct from the caller who is both repeat and vulnerable and these two groups are likely to differ markedly in the support they need from the police.

It was clear in our analysis that the vulnerable victim will often be ‘visible’ to the police by the fact that they make repeated calls for assistance and also that repeat victim status co-occurs with vulnerability more than it occurs singly. However, what is important for the police to take on board is that a reliance on software to identify victims by their number of calls alone will be insufficient to discern what type of victim is reporting to the police and how their needs can best be met.

### **Strategies to identify the vulnerable victim**

We derived a number of vulnerability indicators in our analysis. Taken singly, the two most common among our sample of callers were ‘personal vulnerability’ based on health status (a long term illness or disability) and ‘incidental vulnerability’ deriving from the antisocial behaviour itself being perceived as deliberate, personal or targeted. Other significant vulnerability factors were based on whether or not the ASB was perceived to have a hate crime motivation or if it was having a total negative impact on a person’s quality of life.

- A victim with any one of these vulnerabilities showed evidence of an increased ‘harm risk’, being more likely to rate their overall quality of life as ‘very bad’.

The effects of hate motivated ASB, health vulnerability and ASB impact on people’s overall wellbeing were amplified for victims experiencing antisocial behaviour they believed to be personally targeted in some way. We therefore advocate that, at the point of each report, call handlers make efforts to discern a callers vulnerability status, particularly that regarding health and their perception of ASB as personal and targeted. Unlike repeat victim status, there is no simple software fix to enable vulnerability characteristics to be recorded. It is dependent upon the use of probing questions by a staff skilled in the qualitative aspects of call handling.

- Our analysis of victim satisfaction with call listening skills, along with general overall treatment by police during a call showed that overall performance was high but that

there was most room for improvement when conversing with victims who had a repeat and vulnerable status.

### Action Point 1

*The starting point for police call handlers should be simple standardised questions that 'guide' the conversation and provide a way in which to probe the context in which any individual is experiencing antisocial behaviour. Although there is often reticence about asking people 'personal' questions about their health status, for example, it should be noted that social surveys have a long tradition of questioning members of the public on these topics and there is no evidence that people take offense or refuse to answer questions of this nature. We suggest that the questions used in this survey of victim callers provide a useful starting point from which to record a vulnerable victim status. This should not be regarded as a 'one off' exercise carried out only at the initial contact the victim makes with police. Victim status is subject to change over time. For example, with repeated incidents of victimisation, an individual may move from a non-vulnerable status to a vulnerable one. It cannot be assumed therefore that the circumstances of a repeat caller will remain unchanged.*

### **Locality is important**

Our analysis confirmed a wide variation in the type of victims presenting to police forces in England and Wales over a one-month period. Better recording and identification of the different forms of vulnerability, alongside repeat victim status, will enable forces to build up and analyse their own profile of victim callers on antisocial behaviour.

- A particular area highlighted in our analysis was the apparent disparity between what the police and the victim judge to be 'personal' incidents of antisocial behaviour.

At present there is a situation where forces can be identified who appear to 'over-compensate' incidents of personal targeted ASB, but the majority tend to 'under-compensate' and potentially miss incidents of personal targeted ASB. Whilst this is perhaps understandable given that the three-category classification of ASB as 'nuisance', 'personal' or 'environmental' has only recently been introduced, it suggests there is more work to be done by police to understand what these categories represent to those experiencing the ASB. We have shown here that when the victim perceives their ASB as personal, it is central to their overall wellbeing. Making any extra time investment to probe the victim on both the

nature of the incident and their personal circumstances is therefore likely to have a pay-off both in terms of more accurate recording of ASB and victim satisfaction with the police. A failure to correctly classify *who* is reporting antisocial behaviour and *why* can bring about a dis-alignment in victim perspective and police response, as well as statistically significant reductions in victim satisfaction.

### Action Point 2

*We suggest that individual forces interrogate their own databases for a time period of 12 months or more in order to identify what types of victim are presenting most frequently. The survey analysis of force differences reported here is limited in its representativeness as it covers only a one-month period. The local victim profile of police force areas will be shaped by 'macro' factors such as the level of deprivation in the areas covered by the force, as well as the demographic profile. Data linking individual records on victims to Census and geo-referenced data can assist in providing a more rounded view of local priorities and victim needs. It is here robust computer systems and I.T can add-value to, and shape, a grounded contextualised response to ASB in local areas.*

### **Communicating Action**

Focusing now on what the police can actually *do* to help resolve ASB from the victims' perspective, what emerged most strongly from our analysis was:

- Police action is itself a clear signal to the victim that ASB is being 'dealt with', that they are being listened to and taken seriously.

There was no single identifiable action taken by police that had a negative impact on victim satisfaction with the police, it was the fact that the victim could identify *any* action being taken that had the greatest positive impact on how they felt police were dealing with their call. Although the police score high on key markers of satisfaction overall, satisfaction levels are markedly lower for the repeat and vulnerable victim. It is these victims who are most likely to feel that their call has no impact and who will repeatedly call the police for assistance until perhaps they reach a 'tipping point' where they become non-reporters to the police and most exposed to the harmful effects of ASB.

A key starting point for police would therefore be to ensure that they communicate well with all victims about how their call has been acted upon. ‘Action’ does not always require resource-heavy interventions; it may be as simple as a phone call, a letter or additional reassurance where it is most needed.

- An all-round improvement in communicating action to victims could markedly reduce the number of repeat callers, many of whom call about the same issues.

It is particularly important to invest in communicating action with the repeat and vulnerable victim, working with other agencies if necessary in cases where communication is more difficult or problematic.

- Key police actions identified in this survey of victim callers were: on-the-spot action; criminal justice; reassurance and a police presence at the scene.

This shows that police action does not always have to focus on dealing with the perpetrators of ASB, it can involve working directly with the victim themselves.

- There are likely to be quick police gains to be made with the repeat and vulnerable victim by engaging with them on reassurance, for example, as these victims are by definition disproportionately at risk of the harmful effects of ASB.

There was no indication from our analysis that the police ‘did more’ of this type of action with repeat and vulnerable groups, but we argue that;

- The more vulnerable starting point of these victims means that more reassurance work may need to be done with these victims and more frequently.

Reassurance, good communication and other victim-centred actions such as providing other sources of information available to them in their community are likely to have the greatest pay-off with the repeat and vulnerable victim. In the current economic context of austerity, it is notable that these activities are not resource intensive, but may require a little more time and good interpersonal skills. The desirable outcome from this extra time and person investment is that the victim feels reassured, content that the police are listening and dealing

with the problem and they henceforth do not become a high frequency caller due to dissatisfaction or frustration.

A more resource intensive activity that may have particular benefits for the repeat and vulnerable victim is restorative justice. Whilst generally very low in its prevalence,

- Restorative justice had the most positive impact on the satisfaction levels of repeat and vulnerable victims.

This is a significant finding because restorative justice by its very nature involves the victim and the perpetrator(s) in a supported process of seeking a resolution. At its core is communication, conflict resolution and closure, therefore there may be cases where it is particularly beneficial to victims who have been suffering with antisocial behaviour for some time and who feel particularly powerless as individuals to move forward in their everyday lives.

### Action point 3

*Forces should look in detail at their victim profile and use this data to establish a formal policy statement on what type of response they will give to different types of victim. We strongly advocate that all available evidence is used in police action planning in order to respond appropriately to the diversity that exists among the victims of antisocial behaviour. Refuting popular stereotypes, the research evidence contained in this report shows that the repeat and vulnerable victim cannot be regarded as an elderly, affluent member of society with too few demands on their time other than to make 'nuisance calls' to the police about matters of trivia. All too often, the repeat and vulnerable victims are individuals living in difficult circumstances reaching out repeatedly to the police for assistance with an antisocial behaviour issue that is having a real and significant impact on their everyday lives.*

To illustrate the key operational implications of our analysis, Figure 6.1 presents an *ASB Call Template* or '**ACT**' model. This model shows four key stages in the process from receiving an ASB call through to completed action feedback to the victim. These stages are:

1. Primary (Inter-personal)
2. Secondary (I.T)
3. Action Planning

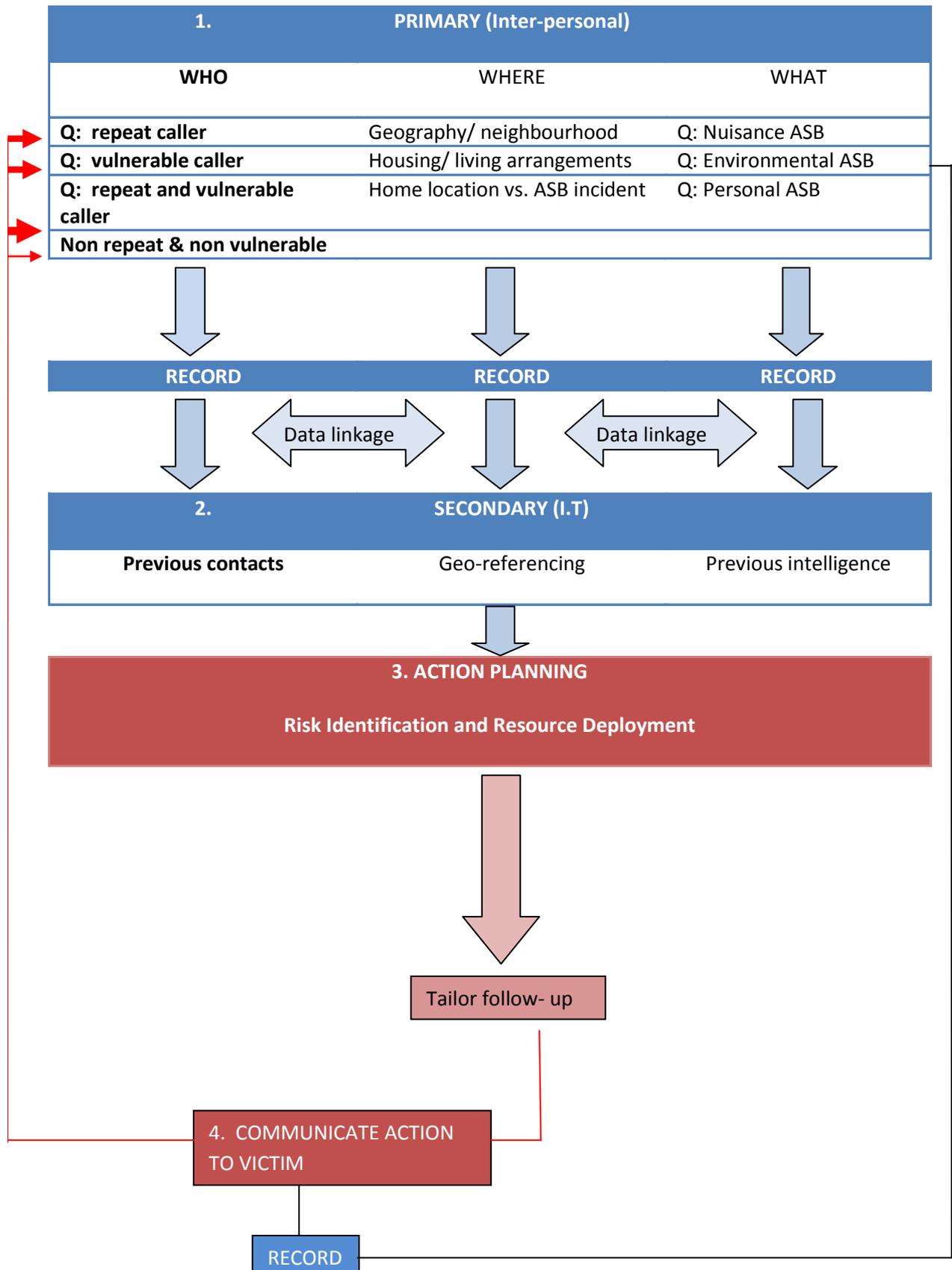
#### 4. Communicate Action

What the model makes clear is that the primary, inter-personal interaction should be viewed as the first stage in the process of elucidating from the caller: *Who* they are; *Where* they are and *What* type of ASB they are experiencing. Areas where probing questions should be used are marked with a “Q” on the figure, for example, to find out if the caller meets the criterion of a vulnerable victim, or a repeat and vulnerable one. Note that the figure advocates the use of a question to confirm a repeat caller status, not simply an automated ‘flag’ response on a computer system.

I.T has a role secondary to the inter-personal conversation. It provides a means to satisfactorily record the victim information and then to make linkages between different types of data; previous victim contacts; area deprivation or geo-referenced areas and previous intelligence on the ASB incident itself. Information technology provides a means of providing added depth and context to an ASB call in order to feed into the third stage of Action Planning.

Action planning in the model includes risk identification and resource deployment; it is the outcome of assimilating victim information, the harms associated with their status, and the ASB they are reporting. Providing an appropriate response to meet victim needs should involve a degree of ‘tailoring’ depending on whether they are a vulnerable and /or repeat victim. It is important for *all* victims that police action is communicated to them and that action(s) are recorded on the computer system. However, this feedback process is likely to be especially important for repeat and/ or vulnerable victims who, as discussed in this report, may require more intensive engagement in order to feel reassured and satisfied with the police response.

Figure 6.1: ASB Call Template (ACT)



## **Appendix**

### **Chapter 2**

- A.1 Percentage who are not repeat callers\* and are not vulnerable\*\* by police force
- A.2 Percentage who are experiencing personal, targeted antisocial behaviour\* but are not repeat callers by police force.
- A.3: Percentage who are vulnerable on hate motivated ASB\* and/ or score ASB as having a 'total impact' on their QoL\*\*

### **Chapter 4**

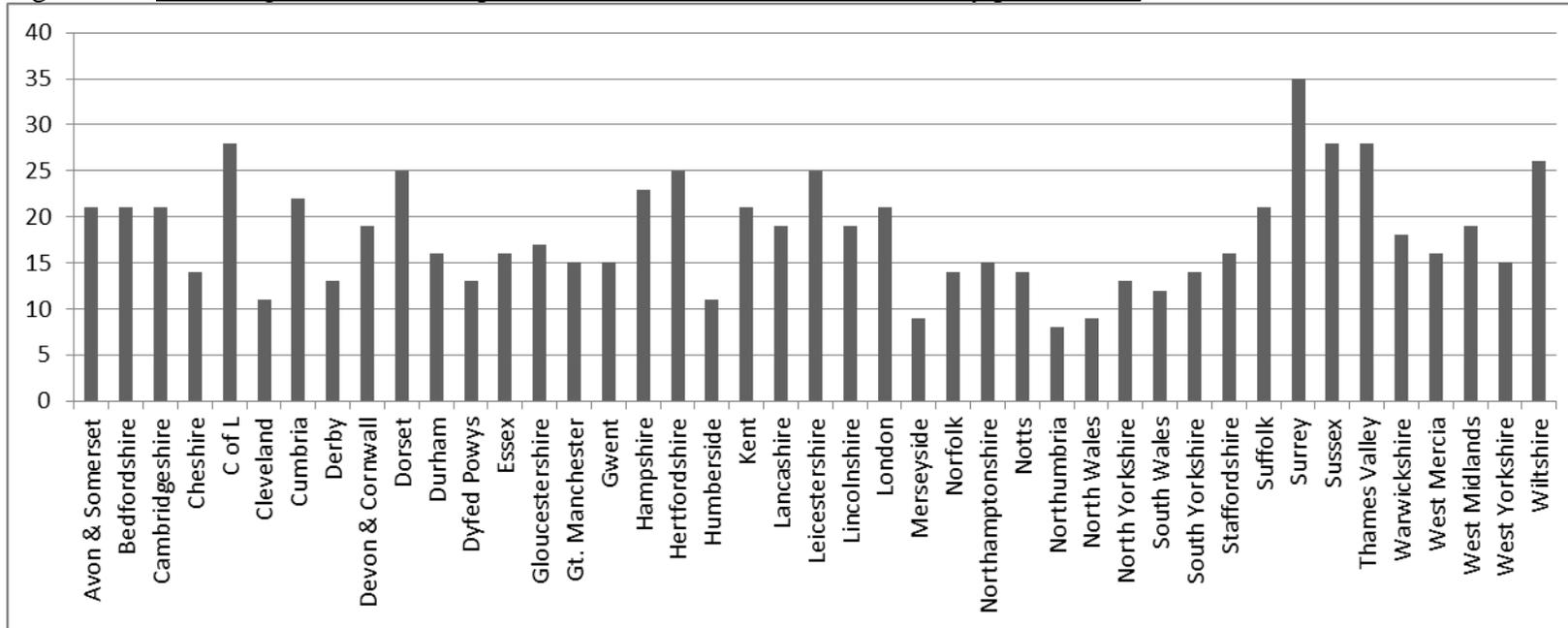
Coding police actions from the survey

### **Chapter 5**

Definitions of HMIC assessment categories

**Chapter 2**

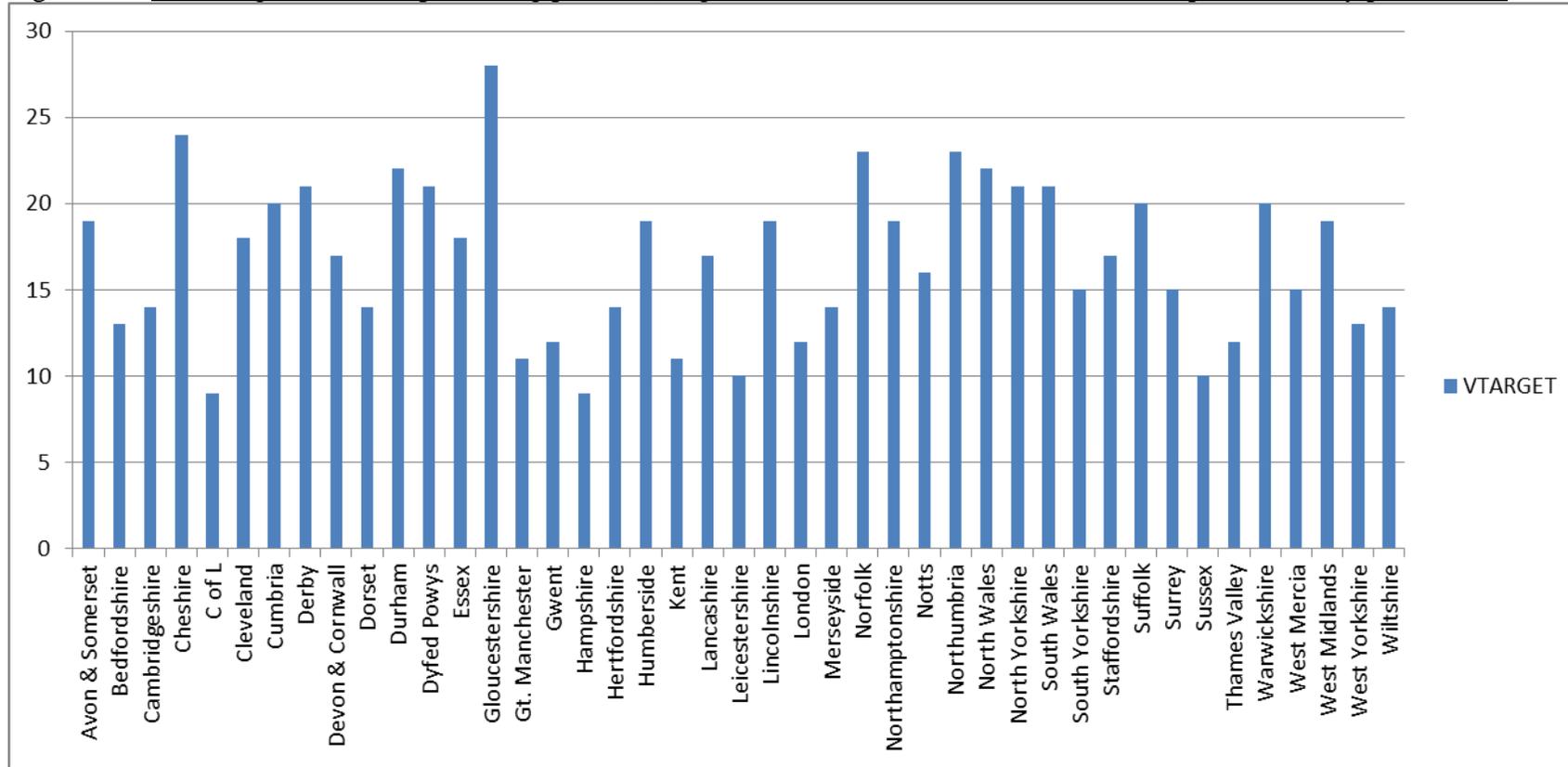
Figure A1: Percentage who are not repeat callers\* and are not vulnerable\*\* by police force



\* did not call 3 or more times

\*\* do not have any vulnerability on: health, personal targeted ASB, hate motivated ASB, impact on quality of life.

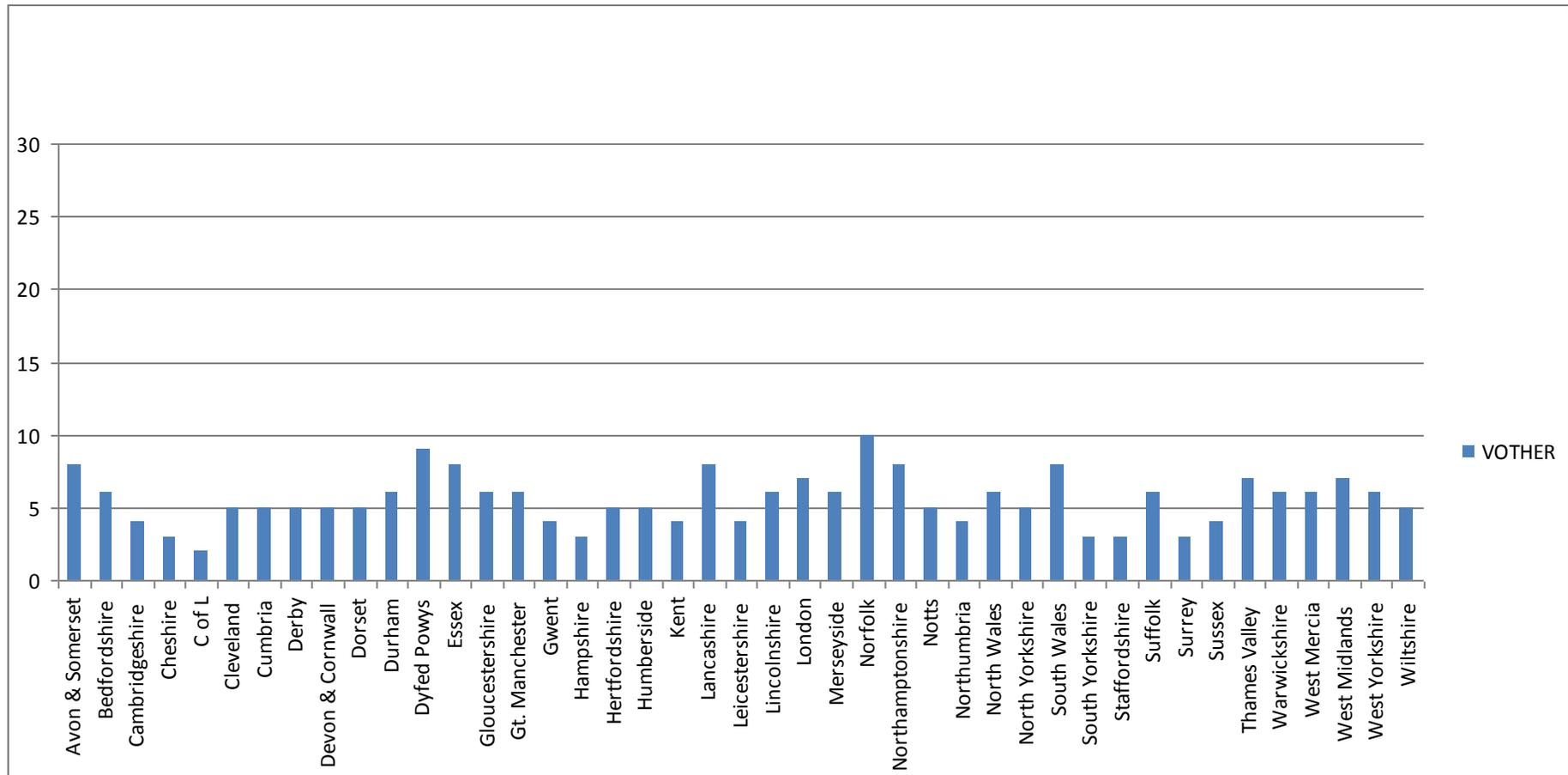
Figure A2: Percentage who are experiencing personal, targeted antisocial behaviour\* but are not repeat callers by police force



\* Respondent views ASB to be targeted at them personally, their family or a particular group they are part of

\*\* did not call 3 or more times

Figure A3: Percentage who are vulnerable on hate motivated ASB\* and/ or score ASB as having a ‘total impact’ on their QoL\*\*



\* respondent perceives ASB to be motivated by prejudice on gender, race, religion, sexuality or disability.

\*\* respondent scores a maximum 10 on a scale representing the impact ASB has on their everyday quality of life.

## **Chapter 4**

### **Coding of Police Actions from the survey**

**1. Attended scene**

**2. Criminal Justice**

Issued any legal notice, order, injunction, fixed penalty, warning letter, took statements, taken to court or charged/caution perpetrators.

**3. Victim reassurance**

Came to see them

**4. On-the-spot action**

Removal of trespassers; dispersal; confiscated items; stopped noise; made arrest; removed vehicle; search

**5. RJ**

Made offender apologise; offender pay for damage; made clear up graffiti

**6. Verbal**

Spoke to parents; verbal warning; spoke to offender.

**7. Records and security**

Checked records or CCTV; installed cameras or CCTV

**8. Information provision to victim or wider community**

Sent victim info; posters, leaflets or stickers

**9. Increased visibility**

Patrols; increased patrols

**10. Community activity (intelligence/ reassurance / prevention)**

Spoke to neighbours; community meeting or mediation; contact or visit school; made enquiries to solve problem

**11. Involvement of other agencies.**

## **Chapter 5**

### **Definition of HMIC assessment categories**

**Excellent:** exceptional performance which is consistently above and beyond the required standard.

**Good:** defined as meeting the standard, although there may be minor dips in performance.

**Fair:** awarded where performance is variable but meets most of the requirements of the standard. Remedial action may be needed.

**Poor:** when performance fails to reach an acceptable level. Immediate remedial action is needed.