



**We are victims too:** A peer study into repeat victimisation among people who moved from the streets into supported accommodation in London

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## About Revolving Doors Agency

- Revolving Doors is a national charity that has been working for 25 years to change systems and improve services for people in the revolving door of personal crisis and crime.
- People in the revolving door are characterised by repeat low-level, nonviolent offences, such as theft and minor drug offences, linked to multiple underlying problems, including mental ill health, problematic substance use, homelessness and domestic abuse. Their health, care and offending-related needs go hand in hand with persistent poverty, long-term unemployment, trauma and social exclusion.
- We bring independent research, policy expertise and lived experience together to support effective solutions to end the revolving door.
- We work with policy-makers, commissioners, local decision-makers, and frontline professionals to share evidence, demonstrate effective solutions, and change policy, while involving people with direct experience of the problem in all our work through lived experience forums based in London, Birmingham, and Manchester.

## About Trust for London

- Trust for London is one of the largest independent charitable foundations funding work which tackles poverty and inequality in the capital. We support work providing greater insights into the root causes of London's social problems and how they can be overcome; activities which help people improve their lives; and work empowering Londoners to influence and change policy, practice and public attitudes.
- Annually we provide over £8 million in grants and at any one point support around 300 organisations undertaking charitable work.

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# I. Introduction

Would we take our safety, security and dignity for granted, if we did not have a place to call home? This is the very question Revolving Doors Agency set out to answer in this report. We wanted to understand the extent of victimisation that people with recent histories of sleeping rough are exposed to; and to unravel barriers faced in reporting crime, progressing through the criminal justice process, and accessing support.

This research matters, not least due to the sheer scale and rising levels of homelessness in our town and cities. According to the latest figures, 4,677 people are estimated to be sleeping rough on any one night in England and Wales. In the last year, over 1000 accommodation projects for single homeless people across the country provided a total of 34,497 beds. Research to date has shown that people sleeping rough are vulnerable to repeat and severe victimisation. However, there remains a critical gap in understanding experiences of crime after people move on to supported accommodation and what works to reduce this continued victimisation.

The report brings together the experiences of 26 people who moved from streets into supported accommodation in London. The majority of participants faced multiple issues, including mental ill-health, learning difficulties, and drug addiction, as well as histories of serving time in prison, being victims of domestic abuse and sleeping rough.

Among just 20 participants, we heard 46 detailed accounts of violent crime, including robbery, being held at gun or knife point, physical threats and assault, sexual harassment and abuse.

***“It’s just a vicious circle for people, a dangerous vicious circle, because they can be raped, murdered, anything could happen.”***

Many participants felt that their experiences of sleeping rough, taking drugs, or having mental health problems were factors in their victimisation. Many gave examples of perpetrators picking on visible signs of vulnerability; and of known drug dealers and pimps preying on them when they were unwell, under the influence of drugs and alcohol, financially struggling or less able to protect themselves. Some felt perpetrators targeted them because they understood that people who moved from streets into supported accommodation projects were less likely to report a crime.

Despite the common experiences of severe and repeated victimisation, half of the participants expressed that they would not get in touch with the police or ask a supported accommodation staff member, outreach worker or health professional to help them report the crime –even when they have life threatening injuries.

***“They just accept it, that’s what you do. That what people [who slept rough] do.”***

Participants feared not being listened to or taken seriously. They felt police and criminal justice agencies would use their histories of sleeping rough and offending as a basis to discredit them and many feared that they would be held responsible for bringing the crime on themselves. Some of these perceptions were based on previous experiences where they felt they were not treated fairly or respectfully.

***“We’re guilty before we even start. We’re the one who are causing problems.”***

Many participants felt ashamed, distressed and afraid in the aftermath of crime. Some participants began to avoid leaving their rooms and withdrew from activities that involve socialising and interacting with others. This cycle of repeat victimisation and isolation adversely impacted their daily lives.

Participants who were involved in theft, buying and selling small amounts of drugs, and violent offences were significantly more likely to be victims of violent crime than non-offenders. They were also significantly less likely to come forward as victims, as they felt police and victim support units would only look after a ‘perfect victim’. It is essential that the police and victim support units recognise that people who come into repeated contact with the criminal justice agencies as perpetrators of offences are also frequently victims in their own right.

The complex nature of these problems means that no one agency or organisation can resolve these issues on their own. We need a national debate involving homelessness and criminal justice organisations to consider how best to respond to these findings. In order to make a real and sustained change, we must humbly learn from these accounts.

Importantly, this research was co-delivered with people with lived experience – peer researchers. This research demonstrates how the expertise and voices of people with experience of sleeping rough can offer a unique and deep insight and provide essential evidence to transform services.

## 2. Background

Rough sleeping in England has more than doubled in the last seven years. The latest figures estimate 4,677 people are sleeping rough on any one night. In the last year, 1,121 accommodation projects for single rough sleepers across the country provided a total of 34,497 bed spaces. Rough sleeping is proven to detrimentally impact upon people's lives, including higher levels of self-reported mental health problems, self-harm, substance misuse, and a higher mortality rate<sup>1</sup>, as well as an increased risk of exploitation, abuse and trafficking and involvement in criminal activity.

In criminal justice policy, rough sleeping is often understood as a 'criminogenic situation', associated with nuisance activities, such as begging, street drinking and anti-social behaviour. The crime prevention efforts within police and local authorities whose statutory responsibilities are to resolve identified issues often focus on these activities and as a consequence have to engage those perpetrating the behaviour who may also be sleeping rough. In some cases, the use of enforcement by local authorities to prohibit anti-social or criminal behaviours linked to individuals who rough sleep has caused controversy.

In contrast to the criminal justice policy that frames rough sleepers as perpetrators of crime, the public frames rough sleepers as 'helpless victims'<sup>2</sup> of circumstances, including low literacy, substance misuse, mental illness. This individualised narrative runs the risk of enforcing stereotypes about people who sleep rough, not recognising their agency and the possibility of moving on. Increasingly the homelessness sector is challenging these individualised narratives by talking about the way social systems are designed or can be redesigned to provide comprehensive assistance to those sleeping rough<sup>3</sup>.

This is not to say victimisation of people sleeping rough is entirely overlooked. There is growing evidence that rough sleeping and squatting increase the risk of physical victimisation, sexual harassment and abuse. Men appear more at risk from physical assault and theft, particularly in men only supported accommodation, and women more at risk of sexual victimisation. There is, however, little research about experiences of victimisation among former rough sleepers in supported accommodation.

This research demonstrates that the dynamic between rough sleeping and crime is complex. The predominant discourses frame criminals and victims as polar opposites, enforcing the view that the crime takes place between 'a perfect criminal' typified by opportunistic and violent behaviour and 'a perfect victim' typified by innocence and helplessness. The accounts of former rough sleepers provide a different alternative, where they are *'at once frequent victims, frequent offenders and frequently moved on'*.

The impact of crime on individuals can be multifaceted and devastating. In addition to risks of physical harm, the continuing psychological distress over time, including post-traumatic stress disorder has been reported by victims of street crime, physical and sexual assaults<sup>4</sup>. There is evidence, however, that rough sleeping is such an overwhelming life circumstance, that the psychological impact of criminal victimisation is masked by this ultimate state of victimisation<sup>5</sup>.

People who sleep rough and those who moved from streets into supported accommodation are not explicitly recognised within the UK criminal justice process and policies that are designed to support victims, in particular those who are vulnerable. The recent Victims Strategy does not make a specific reference to the needs of those sleeping rough; however, it takes a positive step in promising to provide additional support for victims of the most serious crimes (including trafficking, sexual offences and causing grievous bodily harm with intent), persistently targeted victims and vulnerable victims. This report demonstrates that the majority of people who moved from the streets into supported accommodation should be able to access enhanced support under these three criteria.

## 3. Methodology

### 3.1. About the study

The study was conducted by Revolving Doors Agency and peer researchers, men and women who had experiences of sleeping rough or living in supported accommodation in London.

The study was designed to understand the experiences of victimisation and engagement with police from the perspective of people who sleep rough and those who moved from the streets into supported accommodation. It aimed to answer these questions:

- How common is being the victim of serious and repeated crime among people who moved from the streets into supported accommodation and how these experiences shaped their understanding of crime and victimisation more broadly?
- What is the nature and impact of crime against people who moved from streets into supported accommodation?
- What are the barriers and facilitators for people who moved from streets into supported accommodation in reporting crime, and also progressing through the criminal justice process and accessing support?
- What strategies could services employ which might enhance the reporting of crime and progression through the criminal justice process and accessing support for victims?

### 3.2. Peer research

This was a participatory piece of research located within a community development perspective. This means that people who are normally the subjects of research were directly involved in designing, implementing and analysing this study. A secondary aim was to develop the peer researchers personally in the process.

Participatory research, as an approach, was originally developed in the 1970s and 1980s as an alternative to large-scale survey studies which were perceived to give insufficient attention to people's local knowledge<sup>6</sup>.

One of the unique features of the research is emphasis on the use of peer researchers. They are already in the world of those being researched and share a common language and experiences. This encourages research participants to open up to peer researchers in a way that can be difficult in traditional research due to power dynamics. We recognise that research participants often prefer to speak to someone who is perceived as credible, and their perception of personal experience is key<sup>7</sup>. Aligned to this, is a general mistrust that those with multiple disadvantages have towards perceived authority figures and educational establishments<sup>8</sup>, including university researchers. Implicit in the use of peer researchers is that they will reveal information about their own experiences as a part of the process.

In total, three peer researchers participated in this project. Peers were defined as women and men with experiences of sleeping rough or living in supported accommodation in London. They received Revolving Doors' OCN-accredited training in peer research.



### **3.3. Participants: access and inclusion criteria**

The participants were people who moved from streets into supported accommodation in London. Local services were mapped and contacted jointly by Revolving Doors Agency and partnering councils. A joint letter was sent to services, explaining the scope of the project, and requesting their assistance in recruiting participants for the study.

### **3.4. Methods**

The aim was to conduct semi-structured, indepth interviews with all participants. Given that the research is based on participatory methods, we were purposefully flexible. For example, three women asked a key worker to be in the room with them as they described their experiences so that they could get support should they need it.

In total, there were 26 semi-structured interviews, with 21 men and 5 women reflecting the gender distribution among rough sleepers in London. Interviews were face to face and were co-conducted by peer researchers, with a member of Revolving Doors team as a support, or secondary interviewer. Informed consent was sought from all participants through an information sheet, discussions in the recruitment process and the completion of a written consent form outlining the purpose of the research, areas for discussion and permission was requested to record the interview. Participants were able to end the interview at any time, take breaks and/or ask questions at any point. All participants were debriefed at the end of their interview, including ensuring that participants were not distressed and had support available.

## 4. Research findings

### 4.1. Experiences of victimisation

#### Experiences of crime while sleeping rough

##### **Prevalence of victimisation on the streets**

25 out of 26 participants told us that they had been a victim of crime since they began sleeping rough. We found that victimisation is not only more prevalent and frequent, but also far more serious among people sleeping rough. 15 people have told us about their experiences of being physically assaulted, including being deliberately hit, kicked, strangled on the streets; and 8 about being held at gun or knife point. Three men and one woman talked about their direct experiences of being sexually assaulted. Multiple experiences of victimisation were common with two thirds of the sample, who told us being intimidated with violence was a daily problem while sleeping rough.

*“It seems to be a real prevalent sort of problem with [rough sleepers], I don’t know why, there seems to be a certain factor out there that, you know, seems to lead to those sorts of people being verbally attacked or abused, you know, any sort of thing like that is abuse. I’ve had cans thrown at me, I’ve been spat at, I’ve been kicked in, I’ve been punched. You’ve sort of got to deal with it on a daily basis.”*

Participants expressed that the prevalence and frequency of crime on the streets created a cycle of sleeping rough and repeated victimisation, each night sleeping rough increasing the risk of being a victim of violence, and each violent attack increasing their likelihood to remain on the streets. One woman described her experiences as:

*“It’s just a vicious circle for people [who sleep rough] and it’s a dangerous vicious circle that they are in because they can be raped, murdered, anything could happen to these people. Men and women, not just women, you know, it’s very dangerous.”*

##### **Different perpetrators, different crimes**

Previous research in this area<sup>9</sup> suggests that people who sleep rough, by virtue simply of their circumstances are vulnerable to victimisation by others who sleep rough. In this research, the majority of the participants also experienced a range of crimes perpetrated not just by other people sleeping rough but also more significantly by members of public, those involved in organised crime and trafficking, and individuals affiliated to services they accessed. The culmination of these perpetrators meant that a safe night for a rough sleeper was never guaranteed. One man described his experiences as:

*“You are not guaranteed a safe night, there is criminality within the unit of homeless people themselves and then they are also exposed to the general public. So the whole sector of abuse and criminality become bigger.”*

Nearly three quarters of participants told us that they have experienced some crime including anti-social behaviour and violence from a member of the public. Nearly half thought that the attacks by the public tended to be more violent and serious than those committed by other people sleeping rough. Their accounts are consistent with previous IPPR research<sup>10</sup> which found that wounding of people sleeping rough were more likely to be caused by attacks by the public, rather than other people sleeping rough. One man who acquired a brain injury as a result of a violent attack described his experiences as:

***“I was asleep, and I woke up to a drunk man, he smashed a bottle over my head when I was in my sleeping bag and it split open my head and luckily enough there was an ambulance at Charing Cross train station that bandaged up my head....They didn’t call the police or anything, no.”***

There were marked differences between the types of crime reported by male and female participants. The latest figures suggest that only 14% of people recorded as sleeping rough in England in the last year were women<sup>11</sup>, but many homeless women are ‘hidden’ (for example being exploited in exchange for shelter) in order to avoid sleeping on the streets, where they also face a very high risk of sexual violence. In our research, men were more likely to speak about their experiences such as threats to kill, physical assaults with the intention to cause serious harm and several assaults with injury, while women were more likely to speak about their experience of sexual violence and exploitation. One woman described her experiences of being targeted by traffickers as:

***“When I was on the streets, I, I was approached several times and it wasn’t from homeless persons, it was normal people living in houses and they just come up for evening looking for a girl, rather than going to the professionals, they wanted vulnerable girls....[They] offer you shelter for the night, or offer you few quids [sic], or you know, I definitely saw why some girls will, you know, give in.”***

## **Experiences of crime after moving into supported accommodation**

### **Prevalence of victimisation in supported accommodation**

Given the prevalence, frequency and severity of crimes reported by participants, access to supported accommodation can potentially offer a relief and protection from the dangers of the streets. Supported accommodation projects across the country aim to provide a safe environment and meaningful support so that people can achieve a level of independence to move on with their lives, and to access and sustain permanent accommodation.

Findings from this research make for difficult reading. A significant majority of people who have been victims of crime on the streets continued to be victimised even after they had a roof over their heads. Since moving into supported accommodation, over three quarters of people have experienced or witnessed crime and felt intimidated at least once. Nearly half have experienced physical assault. Five participants have been held at gun or knife point and two people were sexually assaulted.

***“A lot of crimes, actual crime, street robberies, just a whole criteria [sic], you know, right through A to Z. I think if you’re homeless, up here in the hostel, you’ve got more chance of experiencing crime.”***

Reflecting on the prevalence of a wide range of crimes in and around the supported accommodation, many participants came to accept it as “just what happens” or a “part of life.” History of social relationships, experiences of violence and danger, self-defence, segregation between ‘rough sleepers’ and the public not only fuelled the crime, but also normalised criminal activity. A man described this process as:

***“Your behaviour on the street continues throughout [supported accommodation], and if not more so, because you’re in a group where you know each other, you come to each other. So, it becomes okay to behave in a certain way, it’s justified to a degree.”***

Normalisation of criminal activity among people who moved from streets into supported accommodation explains why the criminal activities and victimisation remain hidden and neglected, despite the harmful impact on their lives. ‘Invisibility’ was identified by the participants as the core reason why victimisation continues to happen in supported accommodation:

***“You see, the problem, doesn’t just stop because a person comes from the street to the hostel, they’ve still got those problems, so those problems still exist in this environment. Unfortunately, it’s probably less seen here, because you’re behind four walls.”***

Participants told us that the high level of support needs, including mental ill-health, substance misuse and histories of offending put people at greater risk of victimisation. Participants told us socialising among residents was often difficult and “mixing with the wrong crowd” put them at greater risk of being caught in the cycle of victimisation and criminal activity. One man described his experiences as:

***“Hostels can be dangerous places you know. Anybody involved in drugs is always in danger, you know what I mean. And everybody in here is a drug addict or alcohol addict. It’s not easy living in place like this. A lot of people are fearful for living here.”***

The fear of victimisation was so serious that one man told us that he would rather be in prison, where he felt much safer.

### **Different perpetrators, different crimes**

Participants described a range of individuals who perpetrated crimes they experienced. Nearly two thirds of crimes participants experienced were perpetrated by people they knew. These included residents in supported accommodation, neighbours, and acquaintances, including people they had met whilst buying drugs.

We found people with experience of sleeping rough were still vulnerable to repeat victimisation in supported accommodation. Petty theft (stealing bars of soap, blankets, or small amounts of money), bullying and anti-social

behaviour were common among residents. We found further evidence of more serious crimes: including people being followed to the cash point on days they receive their benefits, coerced to hand over their money, or coerced to aid the perpetrators in taking other residents' money with overt physical threats. Participants told us that they had felt they had no choice. One man described his experiences as:

***“You’re dealing with a bad part of the world. You’ve got the dregs, haven’t you?... It’s horrible outside and be robbed, because you know, they’re down another notch on the chain, you know, then he might get a friend, [who is] 6 ft 6, get you by the head and twist it off...And you’re stuffed.”***

Additionally, participants told us that drugs such as methadone, anti-psychotics and strong painkillers were treated as currency. Some people shared their experiences of being followed to the pharmacist and threatened to hand over their medication, or prescribed medication being stolen from their rooms.

However, the lines between perpetrators and victims were not always clear. With the exception of two participants, all men who took part in this study told us that they saw themselves as both perpetrators and victims of crime – for many, victimisation and criminalisation were inseparable. And this duality of identity gave rise to people accepting crimes committed by other ‘rough sleepers’ more readily.

***“People have mugged me, people have robbed me. Yeah, I have been robbed at knife point as well. Again, the police weren’t called, no authority was alerted, no reports made. Life went on completely all done in the darkness. Life went on. [I didn’t report it, because] I was a little bit like that myself, I was victimising other people as well.”***

One aspect of victimisation among people who moved from streets into supported accommodation, therefore, appears to be the ‘victim-offender overlap’<sup>12</sup>. There is evidence that involvement in a criminal event, whether as a victim or an offender, increases the risk of both offending and victimisation. In other words, individuals who have experienced a type of criminal event (offending) are also more likely to experience the other (victimisation). While it is positive that the criminal justice agencies are increasingly moving away from ‘victim-blaming’, there needs to be a recognition that pure, perfect, or exclusive victims and offenders are rare among people experiencing multiple disadvantages, including people with experience of sleeping rough. It is also essential that people with histories of rough sleeping, and consequently repeat victimisation and offending, understand this overlap. Throughout this research, participants often expressed that being victims of crime did not result in them identifying their rights and entitlement as victims. One man, asked about what it means to be a victim, told us

***“It’s all about good character and that and if you’ve got previous convictions, you can’t be a victim of crime.”***

In much the same vein, despite the prevalence and severity of crimes perpetrated by other residents, participants told us that they were less likely to be victimised by other 'rough sleepers' than 'others' in the community. The accounts highlighted a strong sense of solidarity among residents, driven by a mutual history of sleeping rough. Participants differentiated the crimes by the type of perpetrator, claiming that crimes perpetrated by rough sleepers were "to survive", whereas the crimes perpetrated by others were to "target", "segregate" and "exploit". Six participants gave detailed accounts of why the type of perpetrator matters in deciding whether or not an act should be considered a crime. They suggested rough sleepers were "peers" and "equals", while others were "more powerful", "more calculative" and "greedier".

***“There is a crime that people do in order to survive....I have seen people because they’re alcoholics, and they go out again to steal alcohol, because they don’t have money to cover that. And then there’s greed, you know, people who commit crime because they want more or because they can get away with it.”***

In contrast, participants expressed that the crimes perpetrated by 'others' stemmed from power imbalance and social inequality. Nearly half felt that the crime was motivated by the offender's attitude towards their 'rough sleeper' status, as well as visible signs of mental-ill health, financial difficulties, and drug and alcohol problems.

***“They chose me, instead of someone else, someone normal. They pick on me [because I am] homeless.”***

We found over half of the incidents occur outside, but in the immediate neighbourhood of supported accommodation. There were three participants who spoke about being bullied every time they left the supported accommodation and felt this has happened, "because they know they can because you are homeless." Others told us that 'opportunistic criminals' such as drug dealers, pimps and other abusers targeted people living in the supported accommodation, because they knew "they could get away with it". One man described his recent experience as:

***“I was targeted in the area and I know that for a fact they was [sic] waiting, right, they was waiting for maybe not me, but for someone like me or down that road and they probably knew I weren’t going to call the police, looking at me.”***

## **4.2. Dealing with victimisation**

The Crime Survey for England and Wales (CSEW) estimates that 57% of violent incidents were not reported to the police in the last year<sup>13</sup>. The survey suggests that in the general population rates vary by type of violence, with 51% of wounding incidents in the latest survey year being reported to the police, compared with 40% of incidents of assault with minor injury or no injury<sup>14</sup>.

Our study provides a stark contrast in reporting between people with recent histories of rough sleeping and the general population. Nearly half of the participants who took part expressed that they would not consider reporting a crime to police or any other authority (including housing staff) under any circumstances. Those who would consider reporting would only do so under extreme circumstances that is if they had received life-threatening injuries themselves or witnessed a resident being killed. In other words, crimes such as simple assault, aggravated assault, robbery, sexual assault and rape which did not result in 'life-threatening' injuries are likely to go unreported.

***“If someone does wrong something to me I don’t run to the police. I don’t run to the authorities. I try to sort it out myself personally. Or wait to see if the problem goes away or something but I don’t report nothing to the police or anything to the authorities, man.”***

Participants reflected that their experiences of repeat victimisation and concomitant social exclusion, problematic substance use and mental ill-health while sleeping rough have shaped the way they think about crime, and how they address it. One man summarised this as:

***“You learn to sort of cope with so many things, you learn to fight as well, you know, it’s a part of being on the street I think, you get that ruggedness, you know, that little edge.”***

In-depth conversations with participants about their experiences of often violent crimes, and the ways they had learnt to deal with it on the streets illustrated two polar scenarios: avoidance or confrontation. Most participants told us that they “kept their head down” and “kept themselves to themselves”, so that they are not seen as a potential victim (or a problem). Some participants began to avoid leaving their rooms and any activities that involve socialising and interacting with others. These individuals do not feel they have a network of support at times of need, and their isolation puts them at greater risk. This cycle of repeat victimisation and isolation adversely affected their daily lives, they could not keep appointments with external services that were necessary for them to meet their needs and move on with their lives. One man, who had sustained injuries from an attack on the streets told us:

***“I was getting anxiety about going outside and them approaching me, because I got a punch on the back of my head before, because I didn’t give someone my [prescription medication]....I’ve been locking myself in my room every single day. I go to the chemist in the morning to get my medication but then I lock myself in my room, or I spend every single day inside my room.”***

In contrast, those who chose to confront, expressed that they avoided repeat victimisation by demonstrating they are physically and mentally fit to defend themselves, and verbally and physically fight to stop the perpetrators of crime. One woman told us that:

***“The best thing you can do with a bully, is bully them back, because they can’t handle that...Bullies pick people who are frail, or not fit, or capable mentally to stand up for themselves.”***

These strategies adopted in response to victimisation, not only put people at greater risk of repeat victimisation but also repeat offending. For example, one man told us he “went and smashed [the perpetrator] to pieces” rather than reporting the crime to authorities; while another man told us he sought help from friends to deal with the perpetrator:

***“I got my friends that sort of help me, sort out for me, you know what I mean. I don’t know [how they do it], I leave it to them.”***

These accounts convincingly indicate that the majority of people with recent experience of rough sleeping try to deal with crimes themselves either by avoiding or confronting the perpetrator(s). They tend not to report crimes to police or seek help from other formal support networks, such as keyworkers and victim support services after victimisation. Even though the severity of physical injuries is suggested to increase their likelihood of reporting, their accounts suggested that repeat victimisation, along with their responses to it, was habituated over the time they had spent on the streets. The next section looks at some of the barriers in reporting crime and seeking help by drawing connections between their reactions to crime, reluctance to seek help and current service response.

### **4.3. Barriers to help seeking**

#### **Internalised disadvantage**

One common theme throughout this research was the pervasiveness of social disadvantages faced by people with experience of sleeping rough. On the surface, these disadvantages appeared as barriers in accessing a safe home, good quality services, opportunities and social networks that are available for most individuals. But the combined effect of these disadvantages often reinforced negative emotions, such as disempowerment, internalisation of a ‘rough sleeper’ label or identity and taught helplessness. One woman told us

***“they just accept [violent crime], and that’s what you do. That’s what homeless people do.”***

Echoing her views, many participants told us how they remain silent in response to crime and passive to injustice, because they have internalised the disadvantages they had experienced: They do not believe things can change for the better for them, or that they have any personal power or control over what happens to them. They do not see themselves as part of an equal society; they feel they don’t deserve the same rights and privileges:



***“Society says you can do that [seek help], but our situation says you can’t do that....It’s perceived as the right thing by the public, by the police, by the social workers, by everyone that’s around you, except for your own kind.”***

Participants expressed that these inequities and injustices they experienced were perpetuated by both people with experience of rough sleeping and the services and institutions they access. As a result, they felt they could not speak out about their experiences because nobody would believe their accounts, or nobody would believe they should have the same rights and privileges as the ‘general public’.

***“It’s difficult to tell your story if you don’t have somebody to believe in you. So, if you are on your own, which you’re if you are homeless, and you completely surrounded by other homeless people, and you are all in the same boat, it’s very difficult.”***

Participants were likely to rely on their personal resilience to deal with both the psychological and physical impact of repeat and severe victimisation. To some, seeking help implied a range of negative outcomes, including loss of status, loss of control and autonomy, incompetence, dependence and a damage of identity<sup>15</sup>. One man told us:

***“If you report a crime, will you then become a victim? Victims don’t talk to people, because they don’t want to be ‘the victim’, because they’ve just seen what happened to the victim, so they shy away. It’s the stigma that’s attached to it.”***

The combined effect of the internalisation of a ‘rough sleeper’ identity meant that criminal activities remain hidden despite their harmful impact on their lives. The hidden nature of victimisation also put them at greater risk of being re-victimised:

***“People doing the crime think they can get away with it more with us, because we’re more vulnerable, nobody would believe in us.”***

Participants felt that the internalisation of disadvantage perpetuated a subculture among people who moved from the streets into supported accommodation that prevented them from seeking help. For example, one participant told us that residents were “trapped in feeling that they live on a certain side of the fence and they can’t go to the police. It’s a criminal mentality, you know, you don’t grass”. Another participant confirmed this by saying those who report crimes or seek help are “speaking against [their] own kind to the enemy”.

It was this separation between “rough sleepers” and “others” that resulted in many victims of violent crime suffering in silence, rather than risk losing their identity as well as support networks. Participants expressed that perpetrators saw acts of revenge as legitimate acts of self-defence against victims coming forward:

***“You will be attacked [if] you’re a grass, you’re a wrong’un. You just robbed me, man, I’m going to the police, you do that, and they’ll beat you to death.”***

Retaliation was a real and grave concern for both men and women with experiences of sleeping rough. For example, one woman told us:

***“girls wouldn’t, couldn’t tell the police, because the minute it come out they told the police, every drug dealer and every animal up there using and abusing them, would turn against them.”***

In some instances, these fears were not just imagined, but based on real life experiences:

***“This other person took my friend’s bank card off him, withdrew [sic] all of the money out of his account, and gave him back the card, and even told him to his face, I have taken all of your money and if you tell the staff, I am going to give your head a kick in. He didn’t speak up about it, he was too scared.”***

The fear of retaliation meant people in supported accommodation could not speak about their experiences, and once again the hidden nature of victimisation put them at greater risk of being re-victimised:

***“There’s a tendency to sort of hide it and that’s why it’s sort of still continues, because it’s hidden, you know, it’s ‘oh, I can’t say anything cos they’re going to attack me for talking about it.”***

These accounts are consistent with the literature that proposes internalised disadvantages interrupts people’s thoughts, feelings or behaviours, even when they are clearly not serving “the best interests of the individual.”<sup>16</sup>

### **Experiences with the police**

This part of the research aimed to identify whether the attitudes, behaviours and approaches of the police services impacted on the ability and willingness of current and former rough sleepers to report crime. Many of our participants had previous experiences of the police prior to their experiences of victimisation on the street or in a supported accommodation environment. These experiences spanned early childhood memories, such as having their parents arrested or being taken into care, to more recent experiences related to sleeping rough, such as being moved on from the streets, as well as other experiences of being detained under the Mental Health Act or being stopped and searched. It is important to recognise that most of these experiences took place in a difficult emotional context, leaving many participants feeling that they were targeted by the police and dealt with “as a problem, not a person”. One participant described his experiences as:

***“When things happen to us, I really don’t think...I mean, we are guilty before we even start. We’re the ones who are causing problems.”***

Participants perceived their 'rough sleeper' status, problems they face such as mental ill-health, problematic substance use and an unkempt appearance put them in the wrong light. They felt the police's approach was not always constructive or respectful, even when they were in urgent and important need. One man described this as:

***“The police have got like an attitude towards homeless just because of the state they are in. Whether they have been assaulted, whether there is blood pouring from them you know the police have got, like, a bad attitude, you know.”***

Many participants felt they were not being believed or taken seriously when reporting a crime, and this made them feel reluctant to contact the police. The recurring theme of 'internalised disadvantages' was at play with many participants perceiving that they would not be believed by other people – including criminal justice agencies:

***“We are not going to be believed because we are homeless, lesser than normal society.”***

***“When you mention the word homeless, people look at you differently, it's as though you deserve to be assaulted.”***

For many participants, being treated with dignity and respect and feeling that they were equals was important, especially at the time of the reporting when they might be feeling distressed in response to the crime. Receiving a caring response was important during the follow up process, even if no further action was possible.

***“Just sit down and spend more time with us, you know what I mean, don't just brush us aside, treat us like everybody else should be treated. Just because we're homeless, we are no different than the rest of the society, we are just people with problems. And trust us, and believe us, and investigate proper.”***

### **Experiences with the criminal justice system**

Participants who used illicit drugs and were involved in petty theft or minor drug offences to feed their drug addictions were significantly more likely to be victims of violent crime than others. They were also significantly less likely to come forward as victims, as they feared the police and victim support units would be interested in hearing from a 'perfect victim'. They felt being involved in criminal activity or previous contact with the criminal justice system would make them appear as less credible or less worthy of support.

One participant who was stabbed while buying drugs told us he did not report the crime or seek any help from health services because:

***“It's all about good character and that and if you've got previous convictions...you can't be a victim of crime. You're an ex-offender.”***

Another participant told us that he was attacked in the early hours of the day, when he was on his way to exchange stolen goods for drugs, but he never told anyone what happened:

***“He stopped me from walking and this other mate got behind me and started choking me...I’ve lost my voice, so this is all because he was doing like the death choke and I passed out the first time and I woke up he was hitting me in the head, his mate was hitting me in the head and then er, he did it again and this time I woke up, I was on the floor, and all me stuff had gone. I didn’t even think about calling the police, I ain’t gonna lie to you, I didn’t even think about it. They ain’t going to find them, they are never going to find them, they’ve gone, all that’s going to cost me, and I ain’t being funny, in my experience, they’re going to look at me, do a name check probably and probably won’t take it any further because they’ll say I’m not a credible person.”***

The current victim support provision allows victims of crime to access appropriate support services directly, whether they have reported a crime or not. In this research we found that these services were often not known or accessed by people with recent or current experiences of sleeping rough.

### **Experiences with housing and support staff**

Participants were broadly positive about the way housing and support staff helped them through difficult life situations. They felt the staff were approachable and friendly, and generally helpful in liaising with police and health services. Indeed, we have found that the housing and support staff were the enablers in all eight occasions where the crime was reported to the police and victims received the support they needed.

Some participants chose to seek help from housing and support staff, because they felt their stories would not matter without the endorsement of another authority figure. They felt the police were more likely to listen to and believe in the accounts of housing and support staff than those of ‘rough sleepers.’

Others chose to report it directly to housing and support staff, because they knew action would be taken, without them having to bear the responsibility of calling up the police, following up on the case, or facing potential ill consequences, such as retaliation. However, some participants were reluctant to approach their keyworkers, as they were not sure if the matters would be handled sensitively and confidentially:

***“People are afraid of being overheard talking to people or there are some people who are just straight out don’t do that sort of thing. I’m not one of those people that really confides in your social worker, or you know, a staff member, because it’s a very difficult situation to handle – it’s got to be done like it’s a secret. That’s how I’ve sort of looked at it so I tend to stay away really.”***

There was a broad resentment among participants that the low-level incidents such as petty theft and minor drug offences were over-looked by housing and support staff. Participants felt that ignoring these minor incidents normalised criminal activity and put them at the risk of repeated or serious victimisation. One woman told us:

***“They let them get away with [lots]....They let them hurt you first before they do anything about it”***

### **Experiences with the healthcare agencies**

Participants told us they would be most likely to seek help from doctors, nurses and pharmacists in the case of serious physical or sexual assault. Several respondents thought the medical staff would be equipped to notice physical injuries that resulted from assault and could help them speak to the police. For example, one woman told us:

***“If I was going to die, [I would get help] but apart from that no, I wouldn’t tell anyone ....I suppose if it was a serious assault, my first port of call would be an ambulance and I think it would be then down to the ambulance to inform the police, but I would not inform the police directly.”***

However, there was no unanimous agreement on the role of healthcare agencies. For example, one man who was stabbed in a fight in supported accommodation, was taken to the hospital in an ambulance. He told us he never reported who stabbed him, even when “he was bleeding to death”. He was aware that his secrecy caused “a massive danger, not just to [him], but to everyone else.”

Participants described that routine appointments with healthcare staff can provide opportunities for professionals to pick up on visible injuries or behavioural clues of victimisation and for individuals to disclose what had happened to them. One participant told us that his daily visits to the pharmacist to pick up his methadone could be an opportunity to seek help:

***“Every day when I get there, he should be looking, looking at me face, looking at me hands, see if there are any marks or bruises ....I ‘d tell him yeah, because I trust the pharmacist. They’ll bring you into a side room and talk to you about it, do you want me to help, do you want me to report this.”***

However, a number of participants described a lack of compassion and empathy in the healthcare services they access. Participants felt that the healthcare staff had their own outcome measures (such as reducing substance misuse) rather than listening to what mattered to people. One participant told us:

***“No, well, [the visiting GP] ain’t worried about those things. He’s telling you: ‘yes, but how much heroin have you taken this week?’ and I go ‘doctor, me [sic] arms broken’. ‘Yes, but how much crack have you smoked?’ The focus on that is unbelievable.”***

#### 4.4. Experiences of reporting crime

Despite the high prevalence of repeat and serious victimisation among people who moved from the streets into supported accommodation identified in this research, we found only eight cases that were in fact reported to the police. In seven out of eight cases, the decision to report the crime was taken out of participants' hands, as the police were already alerted by the supported accommodation staff.

We were told about two cases which resulted in arrest and prosecution: an incident where a resident fell unconscious after being hit by a fire extinguisher, and a second incident where a resident was raped in a shared bathroom in a hostel. In both of these incidents, housing and support staff got in touch with the police, encouraged residents to provide evidence and accompanied them in the police interview. Participants, who told us about these cases, told us that the police were polite, empathetic, caring and supportive during the process of reporting. They also felt the police gave them thorough support and adequate information during the investigation. Both perpetrators were arrested and charged with offences. Participants told us, despite the positive experiences they had with the reporting, investigation and court process, they were not satisfied with the outcome: They felt while the housing and criminal justice agencies were good in dealing with individual cases, they were not equipped to address the underlying causes of violence in the supported accommodation.

We were told about three cases which the supported accommodation staff reported to the police but then the victims did not follow up: An incident where a resident was in a hit and run accident chose not to follow up on the case as he believed it was an accident (and not intentional harm); an incident where a resident was assaulted in the supported accommodation chose to withdraw his report because of fear of retaliation; and a third incident where a resident was robbed at a cashpoint, reported to the police but felt he was not taken seriously at the time of reporting.

For many participants, there were three factors that helped them to report and follow up on the report: seriousness of the incident and its impact; authorities' willingness to listen; and a desire to prevent re-occurrence of crime.

#### 4.5. Peer support

As part of this research, we have explored whether people who moved from the streets into supported accommodation would find peer support helpful in reporting crime in the future. For the purposes of this project, we defined peer support as the help and support that people with lived experience of homelessness are able to give to one another.

One woman told us that peer support could be most effective in helping people to open up:

*“Once in a while, you do come across that policeman who is compassionate, who does get down on a level and wants to talk and wants to learn ‘how can I help’ and goes beyond duty. You know to help somebody who is in distress, somebody who has been beaten up, or somebody who is drunk...my experience was always when the police was trying to communicate, homeless people ‘I’m not talking to you’, and it takes another one in the community walking past to get them to open up, you know.”*

A man said peer support workers could help people open up, because they are not seen as part of the 'establishment'.

***“It’s more comfortable, because, like, you’ve been in the same boat....So many homeless people who didn’t feel comfortable to talk to the staff when you consider something wrong...just open up and let it, because they aren’t establishment, yeah.”***

Another shared the view and added:

***“You’d open up a little bit more because you feel less vulnerable, less attacked, less labelled.”***

Many participants reflected on the immediate relationship established between people with similar experiences. One man told us:

***“People would click [with peer support] straightaway. They’re going to trust them straightaway. Because they recognise. They know....Put that nametag away, you’re a person first of all. People respect other people who have been on the street, know these situations.***

While another suggested:

***“It’s a feeling you get from somebody, yeah? Like, when you turned around when I first came in and said ‘You was homeless’. That tells me that alright, he might have learnt something from experience, not through books. You’ve been there. And if you’ve been there, you can relate to somebody, because you had the same feelings, same thoughts.”***

There was also a suggestion that peer workers would be more powerful than other professionals:

***“Because they have experiences of their own or maybe they can make a change, maybe they are more powerful than other people and they can be more supportive.”***

In addition to the social and emotional support, participants suggested that peers can offer practical support:

***“That would be so helpful ‘oh well, let’s go to the police station, let’s go to the hospital with you, or let’s go to the doctor’s with you’....I am sure a lot of people will use it.”***

## 5. Key findings

### 5.1. High prevalence of severe and repeated victimisation

This research paints the risks of victimisation among people who moved from the streets into supported accommodation and the barriers they face in reporting crime and accessing the help they need. The study suggests that serious and repeat victimisation is common, and experiences of physical and sexual assault are alarmingly high. It also indicates that a significant majority of people who have been victims of crime on the streets continued to be victimised after moving into supported accommodation. Participants' accounts highlight that repeated experiences of violence, danger from childhood to adulthood and unequal social standing and relationships meant they had come to accept crime as part of their lives.

The research does not definitively explain why they are so much more at risk than people with no experience of sleeping rough or staying in supported accommodation for single homeless. However, participants' own assessments indicate a range of reasons: that they were targeted, and deliberately exploited especially when they were on the street; unwell or under the influence of drugs and alcohol, financially struggling or less able to fend for themselves; that they were often in dangerous physical and social environments; and that they were targeted because current and recent rough sleepers are known to be less likely to file a report or be taken seriously by criminal justice agencies.

### 5.2. Victim and offender overlap

This research identifies that substance misuse and a history of offending put people at greater risk of victimisation and limited their abilities to report crime. It demonstrates that a key facet of victimisation among former rough sleepers is the overlap of victim and offender identities: Many people who moved from the streets into supported accommodation who took part in this study saw victimisation and criminalisation as inseparable and identified as both perpetrators and victims of crime simultaneously. However, they conceived that the criminal justice agencies would be more likely to support 'pure and exclusive' victims and ignore the victimisation of people who have victimised others. This also meant they did not know about and access to their rights and entitlements as victims.

### 5.3. Stigma attached to repeat victimisation

The research highlights that victimisation was all too common, but 'being a victim' was highly stigmatised among people with recent experiences of sleeping rough. Many participants had experienced violence, verbal, physical and sexual abuse not just on the streets and in supported accommodation, but also in childhood and early adulthood. The experience of repeat victimisation was often associated with negative emotions and identities, including loss of status, control and autonomy, dependence and helplessness – and these negative associations prevented them from identifying as victims and seeking help.



The combined effect of stigma attached to repeat victimisation meant that criminal activities remain hidden despite their harmful impact on their lives. The hidden nature of victimisation also heightened the risk of being re-victimised. For many, the experience of repeat victimisation had a lasting and enduring impact on their physical and mental wellbeing, leading to lasting trauma, isolation and fear. Others had been caught in the cycle of victimisation and offending. Receiving the right support, at the right time, can stop the cycles of both victimisation and offending.

#### **5.4. Significant barriers to reporting crime**

People who moved from the streets into supported accommodation face considerable barriers to getting help, especially accessing the criminal justice system. This research showed that less than a third of serious and violent crimes are not disclosed to anyone, and the rates of reporting to the police, especially in the absence of support from key workers, was close to nil.

The majority of people who moved from the streets into supported accommodation in our sample, had previous experiences of the police prior to the experiences of victimisation on the street or in supported accommodation. These experiences spanned early childhood memories, such as having their parents arrested or being taken into care, to more recent experiences related to being detained under the Mental Health Act, stopped and searched or arrested. As a result of these experiences, many participants expressed they were fearful of not being believed, being dismissed, or not being seen as credible. Where victims did report to the police, experiences were mixed; some expressed that the police officers were understanding, supportive and sensitive to the trauma they had experienced as a result of physical and sexual assault, while others felt that they were not taken seriously or not being treated fairly or respectfully.

Current and former rough sleepers viewed housing and support staff and healthcare agencies as intermediaries between themselves and criminal justice agencies. They felt these agencies could give them the credibility when they report crimes, follow up the cases on their behalf and protect them from facing potential ill consequences of reporting crime, e.g. retaliation. However, some participants were reluctant to approach housing, support or healthcare workers as they were not confident that the matters would be handled sensitively or confidentially.

The research also highlights that individuals who had positive experiences with reporting, investigation and court process, felt while the criminal justice agencies were good in dealing with their individual cases, they were not addressing the underlying causes of crime and repeat victimisation –social inequalities including homelessness and health problems such as problematic substance use and mental ill-health.

Overall, the study highlights there were three factors that helped people to report and follow up on the report: seriousness of the incident and its impact; authorities' willingness to listen and a desire to prevent re-occurrence of crime.

### **5.5. The need for a voice for people with lived experience**

This report was only made possible by the accounts of people who shared their experiences of repeat victimisation on the streets and in supported accommodation. Their accounts should set the direction of those who commission and deliver criminal justice and homelessness services. It is vital that we humbly learn from their experiences and continue to involve people with direct experience in the design and delivery of services that will support others to report crime and progress through the criminal justice system.

The research highlights the pervasiveness of social disadvantages faced by people with experience of sleeping rough and its impact on reporting crime. On the surface, these disadvantages appeared as barriers in accessing a safe home, good quality services, opportunities and social networks that are available for most individuals. More significantly, these advantages reinforced a range of negative emotions such as disempowerment and hopelessness. Many felt as 'rough sleepers', they had no personal power or control over what happens to them, and they felt they do not have or deserve the same rights and privileges as everybody else – and this is why they did not report crime, or seek help after being victims of crime.

The final section of this study also illustrates that people who moved from the streets into supported accommodation felt they would be more able to speak about their experiences and seek help if they had access to another peer, who could relate to them, understand the difficulties in coming forward as victims, and support them throughout the process.

## 6. Recommendations

The multifaceted nature of problems identified in this research means that no one agency or organisation can resolve these issues on their own. An effective response will require working across organisations and sectors to deliver a coordinated response to tackle repeat victimisation of current and recent rough sleepers. This is an area that requires the strategic leadership of local authorities, Police and Crime Commissioners (the Mayors) and the Victims' Commissioner as well as changes to operational practice across police, supported accommodation, outreach services, health services and victim support services.

### Our research points out to five principles for all victims to access fair justice

- **Trauma-informed systems:** Many people who moved from the streets into supported accommodation have experienced severe and repeated crime from childhood to adulthood. These traumatic experiences can have a lasting impact on their physical and mental wellbeing and can manifest in low-levels of trust, help seeking, fear, anger and isolation. These interrelated issues can be highly challenging for services, even more so in the homelessness and criminal justice sectors where the staff do not have clinical training. Receiving trauma-informed and personalised support, at the right time can encourage individuals to come forward as victims, and help them access fair justice, and thereby stop the vicious cycle of homelessness, victimisation and offending.
- **Peer-support models in housing and criminal justice:** People who moved from the streets into supported accommodation have expressed that they would be more able to speak about their experiences and seek help if they had access to another peer, who could relate to them, understand the difficulties in coming forward as victims, and support them throughout the process. We ask strategic leaders and commissioners to pilot a peer support model to support people facing multiple disadvantages, including histories of rough sleeping and offending throughout the criminal justice pathway, to help them engage with criminal justice agencies, victim support and mental health services.
- **Lived experience voice:** Policy makers, commissioners and service providers should work with people with lived experience as equal partners to influence policy, develop strategies and deliver services across the system. This should include developing a new strategy for victim support, focusing on people facing multiple disadvantages, including experiences of rough sleeping and contact with the criminal justice system.
- **Focus on rights and entitlements:** The Victims' Code requires the police to refer victims to appropriate support services, but victims can also access these services directly, regardless of having reported a crime or not. However, our research highlights that many former rough sleepers did not know about their rights and entitlements as victims and did not access any support. It is vital that services work together to provide information about what constitutes a crime, how to report it, as well as clear information about people's rights, what to expect from the police and other criminal justice agencies and how to complain.

- **Sharing good practice:** The research does not definitively explain why people who moved from the streets into supported accommodation are so much more at risk than general population. However, the accounts of people with lived experience of sleeping rough highlight that many do not report crimes or seek help, because they believe 'rough sleepers' do not have the same level of power and control over their lives or deserve the same rights and entitlements as victims. It is important that agencies work together to collate evidence and good practice examples on what works in empowering people with these experiences to have the confidence and ability to access fair justice.

## Operational changes for all victims to access fair justice

### Local authorities, homelessness services should:

- Challenge 'rough sleeper' label among people who sleep rough and those who moved from the streets into supported accommodation by adopting a person-centred and strength-based approach, shifting the perspective from looking at risks to looking at coping mechanisms and enforcing their rights and entitlements as equal citizens.
- Introduce and follow robust safeguarding procedure from escalating to prevent low-level crimes to escalate, and provide emotional and practical support, including advocacy services for victims after an incident.
- Explore innovative models of building on the support networks of people who moved from the streets into supported accommodation in order to both prevent repeat victimisation and encourage trusting relationships to rely on after an incident.

### Police services should:

- Undertake outreach work to develop a community presence within supported accommodation, build trust and raise awareness of available support.
- Consider the use of intermediaries, such as Registered Intermediaries, Liaison and Diversion services or Appropriate Adults to ensure victims who are current or former rough sleepers give their best evidence at police interviews.

### Victim support services should:

- Advertise their services in services accessed by people who sleep rough, and those who moved from the streets into supported accommodation, including day centres, supported accommodation and GP surgeries. The information should be made available in a highly visual and easy to read formats.

## Strategic changes for access to fair justice

### The Victims' Commissioner should:

- Bring the 'victim voice' to the table by establishing a special reference group for people facing multiple disadvantages, especially people who have experienced both sides of the criminal justice system as victims and offenders. This group should develop a new strategy to better understand needs and deliver victims' services.
- Oversee the implementation in local areas and hold criminal justice agencies and homelessness services to account for compliance with the Victims' code, through reporting, monitoring and transparency.

### Police and crime commissioners should:

- Include the high prevalence of severe and repeated victimisation among people who sleep rough and those in supported accommodation in their Police and Crime Plan and related processes for action planning, consultation and carrying out Equality Impact Assessments.
- Convene partners across public health, criminal justice agencies, housing and support services and voluntary sector to understand local need and design, commission and evaluate appropriate local responses.
- Work with people with lived experience of multiple disadvantages, including rough sleeping to influence local strategy, hold criminal justice agencies to account and deliver effective victims' services.

### College of Policing should:

- Introduce trauma-informed approaches in their training programme to reflect the needs and experiences of people who sleep rough and those in supported accommodation as victims (and offenders) and ensure it is disseminated among police forces.
- Introduce guidance for police officers to identify whether a person who is sleeping rough or who has moved from streets into supported accommodation has been targeted for mental ill-health, learning disabilities, or for sleeping rough to better understand the scale of hate crimes across the country.

### Public health commissioners should:

- Prioritise the impact of repeat victimisation and offending on health in the Joint Health and Wellbeing Strategy and the work of Health and Wellbeing Boards.
- Work with Clinical Commissioning Groups to build the evidence base for repeat victimisation by encouraging healthcare providers to record and monitor the accommodation status of people who sought medical help after a physical or sexual assault.

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