Trauma support team (TST) to respond to victims of violence

A dedicated police team based in London's major trauma centre hospital to assist with evidence and investigations related to victims of violent crime attending hospital.

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Key details

Does it work?	Untested – new or innovative
Focus	Reoffending
Topic	Community engagement Crime prevention Criminal justice Diversity and inclusion Ethics and values Intelligence and investigation Operational policing Violence against women and girls Violence (other) Vulnerability and safeguarding
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Key details

Partners	Police Community safety partnership Education Health services Local authority Voluntary/not for profit organisation
Stage of practice	The practice is at a pilot stage.
Start date	July 2021
Scale of initiative	Local
Target group	Adults Children and young people Communities General public Victims Workforce

Aim

- Facilitate a multifaceted approach working collaboratively with partners.
- Improve partner relations and in turn improve trust and confidence in the Metropolitan Police Service. The team are physically collocated in offices next to partner agencies based on the trauma ward within the hospital.
- Improve initial evidential and forensic evidence gathered for violent crimes. The trauma team is trained regularly in evidential capture and packaging. This allows golden hour principals to be met as the securing of evidence is timely, exhibits are packaged correctly and other forensic opportunities, such as swabs, are always considered.
- Improve victim engagement, support, trust and willingness to support an investigation. The trauma team officers are trained in taking a trauma-informed approach as well as in active listening skills,

making them more empathetic with victims.
- Improved secondary investigation through increased statements obtained and increased actionable intelligence reporting.
- Save frontline police officer time. Officers can withdraw much earlier from continuity, and improved relationship with medical staff allows for more timely and accurate police specific medical updates.
- Improve access and efficiency of third-party material. The trauma team can advise officers on the correct procedures to follow by linking in officers with the correct clinician or department.
- Improve intelligence gathered. Taking a trauma-informed approach and considering intelligence opportunities at all times has seen a year-on-year increase of 417% in intelligence gathered.
- Improve safeguarding of victims of violent crime. Having a multi-agency approach allows the most suitable and effective safeguarding measure to be implemented.

Intended outcome

- Increase the number of positive outcomes in violent crime investigations using crime data.
- Reduced re-victimisation and offending.
- Improve safeguarding.
- Increase the number of intelligence reports submitted.

Description

Background

Prior to the implementation of the trauma support team (TST), officers were regularly attending the hospital from across London and other force areas to perform the role of ‘continuity’ or to complete primary and secondary investigation. This was inefficient and time consuming. Continuity was often performed by officers who had little experience within a health setting and lacked knowledge on evidential forensic collection. This resulted in sub-standard evidential capture within the ‘golden hour’ and limited collaborative working with partner agencies.

Initial rapport between police and victims of violent crime was regularly poor. It was common for victims of violent crime to refuse to engage with a police investigation, often having had prior negative experiences with police and/or come from communities with low perceptions of police legitimacy. Hospital staff did not know who to engage with from police to improve the situation and

victim experience. There was minimal intelligence being gathered from the hospital footprint and opportunities to improve safeguarding upon discharge were being missed.

About the TST initiative

The TST initiative involves a team of dedicated officers with specialised training within the hospital to respond specifically to victims of violent crime. The team is made up of one detective sergeant and eight police constables/detective constables.

Training

Officers are trained in:

- forensic evidence-gathering and the most up to date forensic packaging techniques
- how to take a trauma-informed approach to victims of crime
- active listening skills usually given to hostage crisis negotiators

They also receive top-up training four times a year in improving statement taking, intelligence reporting and forensic capture, as well as refreshers on trauma informed approach and ad-hoc topics.

Approach

The key difference with officers on the team is to engage with the patient as a victim of crime. They think about the reasons why the person has ended up in the position they have and what factors in their life may have influenced this – being more empathetic and taking a more human approach. They deliberately do not make judgements based on previous involvement with the police.

Shift pattern

The shift pattern is generated around hospital admission data covering the busiest periods of violent crime admittances, Monday to Thursday 9am to 11pm, and Friday to Sunday 1pm to 7am.

Location

The team is based within the hospital and has a dedicated police office located on the trauma ward.

The TST is physically located in offices next to partner agencies based on the trauma ward within the hospital, including the After Trauma Team and trauma consultants.

This gives the partners better access to police information, reducing time wasted on hold to 101 and live updates for their patients who are victims of crime. Having the site-based TST also gives partners a single point of contact (SPOC) for any arising issues.

Evaluation

An evaluation is being led by the police. This involves analysis of crime report data, Metropolitan Police Service intel system, time saved spreadsheets as well as conducting questionnaires.

Questionnaires were conducted with the police and NHS staff. An internal survey was conducted anonymously via Slido and the NHS research team conducted their own internal survey prior to and following implementation.

Overall impact

- Increased positive outcomes for investigations (higher charge rate) especially with black victims of crime and those under 25 years of age.
- Improved trust and confidence from partners as measured by the internal NHS survey.
- Increased intelligence gathered as measured by an increased in intelligence report submissions.

Learning

This initiative has taught the force the benefits of a trauma-informed approach to victims of serious violence and multi-agency working.

Challenges and limitations of implementation

- The implementation of the team was completed quickly – this means that there was a lack of evaluation framework built prior to set-up with a lot of work being done to assess impact of team retrospectively.
- Staffing – officers on attachment means there is relatively high turnover of staff, additionally due to issues with recruitment the pilot was not fully staffed for first three months.
- Lack of resilience – team does not have officers on ‘spare’ shifts regularly, this means that when a team member is sick or on leave, the gap is generally backfilled using overtime, and these officers may have a lack knowledge of processes in the hospital.

- Amount of time victims admitted for – the amount of interaction the team engage with victims is dependent on how long they are admitted to the hospital for treatment – this can range from a few hours to a few weeks.
- Initial embedding with partners – this took time to explain role and ensure understanding of functions amongst staff working for partner agencies (such as St Giles Trust, Serco, NHS).
- BCU/Other forces awareness and buy in – initially there was a lack of awareness and a lack of trust of team due to it being a new function. This was resolved after the team had assisted with a few cases for each area and delivered a good service.

Best available evidence

Currently, the Crime Reduction Toolkit does not include best-available evidence on trauma support investigation teams based in hospitals. See the crime reduction toolkit for the best-available evidence on accident and emergency navigators.

Other useful resources include:

- Knife crime – A problem-solving guide
- Homicide – A problem-solving guide

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