
The London School of Economics and Political Science

Inside the Social World of a Witness Care Unit:

Role-conflict and organisational ideology in a service

By

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Declaration of Authorship

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Abstract

Since the early 1990s, political rhetoric concerning the victim's role in the criminal justice process has shifted. The formation of Witness Care Units was the cornerstone of the government's new strategy to provide additional support to victims and witnesses during their journey through the criminal justice system (CJS). From the outset, the Units were envisioned as being 'multi-agency': that is, representatives from the Police and the Crown Prosecution Service (CPS) were obliged to become involved in victim work, and through such co-operation it was envisaged that victims and witnesses would be better informed, protected and supported. Such measures defined the Witness Care Units in a formal, procedural sense: at the same time, the Units would become arenas relating to the care of victims and witnesses. Therefore, a dispassionate description of a unit – the witness care officers, and their shared values that manifested themselves in the practices of the Witness Care Unit – might expose an attitude towards witness care that differed from that embodied within the national strategy.

Through a detailed ethnographic study of the lived experiences of the practitioners of a Witness Care Unit, this thesis contributes to learning by using new data to examine some of the enduring challenges faced by them as they responded to the changing socio-political context. The study attempts to show that practitioners had differing role perceptions, and three ideal-types of witness care officer (humanitarian, performance-led and disaffected) were derived from the analysis which were a convenient way of making sense of this phenomenon. The competing demands of various organisational, personal, and societal factors was just one example of the contradiction between the 'reality' and the government's declared vision for Witness Care Units.

These findings corroborate the commonly held assumption amongst academics that the CJS is plagued by ambiguity (for example, Rock, 2004). Despite the use of the term 'care' in the implementation of government policy, the thesis highlights that the primary goal of Witness Care Units was to meet the government's imperative to get more offenders brought to justice. Thus, government language purporting to put victims at the heart of the system was more likely to give victims the impression

that they would have a more significant participatory role than they actually were being given.

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List of Acronyms

Common abbreviations used in this thesis are set out below, with any local abbreviations explained in the thesis.

BCS	British Crime Survey
CJS	Criminal Justice System
CPS	Crown Prosecution Service
CSEW	Crime Survey for England and Wales
CJU	Criminal Justice Unit
HMIC	Her Majesty's Inspectorate of Constabulary
MPS	Metropolitan Police Service
NWNJ	No Witness, No Justice
SOP	Standard Operating Procedures
SPOC	Single Point of Contact
VPS	Victim Personal Statement
VSS	Victim Support Scheme
WMS	Witness Management System

Chapter 1 - Introduction

'For too long victims of crime have not been given the proper support and protection they deserve. This must change. I am determined to ensure that their needs are placed at the very heart of the criminal justice system' (Jack Straw, 1999 cited in Sanders, 2002:197).

'We will put victims and witnesses at the heart of the criminal justice system and ensure they see justice done more often and more quickly. We will support and inform them, and empower both victims and witnesses to give their best evidence in the most secure environment possible' (Home Office, 2002:19).

The quotes illustrate the increasing attention that has been paid to victims of crime in England and Wales over the last decade or so. Although these propositions may be considered more aspirational than justiciable, and tend to reflect the politicians' priorities rather than the victims' wishes (Rock, 2004), much of the rhetoric on criminal justice reform has focused on improving the rights of victims. This has included giving them more effective practical and emotional support and assistance by the criminal justice agencies as well as better satisfaction with the criminal justice system (CJS).

At the beginning of the new millennium, the Labour party argued forcefully that victims should be placed at the heart of the CJS and that the role of victims and witnesses in assisting police investigations, and giving evidence in court, was crucial to ensuring justice was served ('Criminal Justice: The Way Ahead' (February 2001)). Up until then, much in the way of victim counselling and advice services was within the voluntary sector, and responsibility for victims and witnesses was spread out across various criminal justice agencies. It was not uncommon for confusion, inefficiency and delay to prevail both in the delivery of services to victims and in the judicial process more generally.

Consequently, a plethora of victim-focused policies and legislative changes were introduced by Government to provide additional support to victims and witnesses during their journey through the CJS. The White Paper, 'Justice for All' (2002),

which culminated in the Criminal Justice Act 2003, promised to initiate a coherent programme of radical reform by pledging to rebalance the CJS in favour of the victim and put the needs of victims and witnesses at the 'heart of the system'. It aimed to modernise the system in favour of victims, witnesses and communities, by helping to tackle and reduce crime and, not least, to improve public confidence.

A national strategy, 'A new deal for victims and witnesses' (Home Office, 2003), set out the Government's approach to providing help and support to victims and witnesses of crime: the Government's vision acknowledged that people caught up in the CJS should be treated as individuals, with individual needs, rather than expecting them to serve the system's needs. Although it could be argued that it was the system which was dominant - the rather casuistical argument was that improving detection and conviction rates would benefit victims by creating fewer of them. It follows that it was never victims' actual needs that were paramount.

In March 2003 the Prime Minister and the Attorney General commissioned a national victim and witness care programme, 'No Witness, No Justice' (NWNJ), to improve the standards of victim and witness care. The NWNJ initiative was designed to deliver a more thoughtful and responsive CJS by changing the way the police and the Crown Prosecution Service (CPS) dealt with victims and witnesses, principally through introducing dedicated Witness Care Units. Witness Care Units were a joint police/CPS programme of work that brought police and CPS staff together as well as voluntary organisations such as Victim Support and the Witness Service. They represented a step change in the way in which every victim and witness was treated by criminal justice agencies and the CJS from the point at which a crime was committed to the point at which a criminal trial was finalised. By the end of 2005, 165 Witness Care Units had been introduced across the whole of England and Wales with the intention of providing a partnership approach to victim and witness care.

A key component to this initiative was the witness care officers who were civilian employees from the police and from the CPS. They acted as a single point of contact (SPOC) for victims and prosecution witnesses and were responsible for helping victims and witnesses overcome problems they may have been encountering and which may have prevented them from attending court and giving evidence. The

officers were responsible for keeping victims and prosecution witnesses informed of the progress of the case, carrying out detailed needs assessments and identifying vulnerable victims and witnesses and giving them appropriate consideration to allow them the best chance of giving the best possible evidence. Support included pre-trial familiarisation visits to courts and help with travel and child care. Emphasis was also placed on victim and witness satisfaction with the CJS, and agency partnerships in a local context (Home Office, 2008; Hall, 2009). Sixteen minimum requirements were set out for NWNJ, most of which related to the level of service to be provided by witness care officers. These included:

- Providing witnesses and victims with information if a suspect was arrested, cautioned or charged;
- Informing victims and witnesses whether the suspect was on bail or not;
- Protecting victims and witnesses from intimidation;
- Telling victims and witnesses promptly of the date of any court hearing; and
- Ensuring a victim was put in touch with the voluntary Victim Support Services which would subsequently provide pre-trial visits and explain court procedures to them.

Witness Care Units were required to have a local protocol which clearly set out their roles and responsibilities. Following the point of charge, the units had responsibility for all victims and witnesses except for those who were already supported through other specialist police units, such as Community Safety Units, and Family Liaison Officers who were responsible for rape and domestic violence cases. The majority of the crimes dealt with by witness care officers were not extreme. Thus, rape, murder and horrifying offences were in fact the exception in everyday practice but it was important that all Witness Care Units ensured that any specialist support units were adhering to the NWNJ minimum requirements.

The case study presented below focuses on the emergence of the victim and witness care agenda and, more specifically, provides an ethnographic account of how the practitioners in one such Witness Care Unit within the Metropolitan Police Service (MPS) responded to these mission statements. It is grounded in an interpretive framework, that is, a set of assumptions used to interpret the factual observations in

order to gain an overall greater understanding of the genesis and workings of the Unit. The research aims to demonstrate how legislative and policy changes were at times mediated, evaluated and reinterpreted in light of the professional ideologies of the practitioners involved (Rutherford, 1993:48-9). These may be defined as sets of beliefs about, and attitudes towards, the purpose of victim and witness care work that are, to some degree, realised or articulated in strategies and manifested in practice. The study further aims to provide an analysis of witness care officers' relationships with victims and witnesses, by showing how witness care officers defined and delivered care within the criminal justice sphere. It is intent upon providing rich insights into the inner workings of this system and producing a detailed reflection of the real on-the-ground experiences and meanings of the organisational culture of one unit in the witness care system. In particular, I shall focus on the inter and intra-organisational tensions that existed when agencies, groups and individuals came together in order to fulfil their role, and explore how the practitioners viewed their experiences of delivering witness care.

I shall subsequently draw together the key threads of the thesis and consider what its findings can offer to advance our knowledge, not just on working with victims and witnesses of crime, but also on what Witness Care Units tell the world about how business is done in the CJS in general. The thesis will look beyond the particular issues to the more general ones by showing how Witness Care Units can inform, and be informed by, broader sociological questions about how organisations work.

1.1. Aims and motivation

The shape of this thesis is dictated by two fundamental criteria, personal and academic. Separately, each factor may not seem compelling, but together they directed my research very strongly towards a study of the contemporary world of the witness care officer.

1.1.1. Personal reasons

My interest in this subject stemmed to a considerable extent from my own background as a member of civilian staff within the police force. It therefore seems necessary to provide a brief explanation of my background prior to undertaking this research. At the time of writing, I had some 24 years' experience of police work in the MPS. My own experiences have not only motivated this research but also shaped its direction. It grew from a naive and childish curiosity about what may lie hidden behind those office walls, into a genuine personal and academic interest in the lives of witness care officers working inside a police station environment. Hence, the hunches and questions that shaped my research came, in part, from my role within the MPS: from the outset I had been privy to the implementation of Witness Care Units, and I became fascinated in unearthing how the witness care officers (who appeared at the outset to be largely untrained as 'carers') handled their roles. The positioning of this case study may be likened to the work of C. Wright Mills who advocated the relationship between the individual and society and concerned himself with the nature of power and social stratification (Eldridge, 1983:23). For example, much of his work focused on the growth of white-collar jobs, and how these jobs determined the values and perceptions of the people who held them, and how the growth of these jobs affected other sectors of society (Mills, 1951). In a similar vein, I was interested in exploring the social actions of the witness care officers and how they were embedded in the social world.

Immediately prior to commencing this research, I was employed by the MPS as a performance analyst. I was responsible for assimilating and interpreting statistical data in relation to reducing witness non attendance at court and increasing guilty pleas and presenting the information in a series of graphs to the Borough Commander and his management team. This information was more commonly referred to as 'cracked' and 'ineffective' trials. A cracked trial required no further trial time, since on the trial date, the defendant offered acceptable pleas, or the prosecution offered no evidence. An ineffective trial was a result of action or inaction by one or more of the prosecution, the defence or the court. Therefore, on the trial date, the trial did not go ahead and a further listing for trial was required. As

a consequence, the time allocated had been wasted, and witnesses had been unnecessarily inconvenienced, thus impacting on public confidence in the system.

Thus, I began to explore the reasons behind victim and witness non-attendance at court and the results of my analyses were used to minimise future errors and to assist in the development of policy. As part of this work, I also became interested in the experiences and opinions of the respondents on the topic. Prior to this, I did not question the public image of the CJS and the notion of care. It became apparent that service provision for victims and witnesses was often neglected or ignored.

However, I certainly did not expect to find care work underpinned by the conflict of interests and control issues explored in this thesis.

The latter years of my career were spent as a junior manager within the Service and I had responsibility for police strategy in the criminal justice domain. This included involvement with the changes to the effective trial management programme, which was implemented with intention to speed up the justice system. During this time, I had also managed a team of caseworkers who prepared case files for submission to the CPS in relation to suspects who had been charged. This role was more commonly referred to as that of a Quality Assurance Manager and involved checking files for evidential quality, content, accuracy and timeliness as well as coordinating the activities required to meet these quality standards. I took personal responsibility for the conduct of cases and provided an important link between the police and the CPS. On a daily basis I was called upon to make decisions; for example, reviewing evidence such as continuity of exhibits, identifying key witnesses and identification evidence. This involved regular contact with the lawyers at the CPS to discuss criminal cases. I also issued memoranda to police officers to clear up any ambiguities in the evidence presented and to request further statements if necessary.

In the late 1990s I became engaged in the implementation of Sir Iain Glidewell's recommendations to maximise efficiency within the prosecution process (Glidewell Report, 1998). This promoted interagency working, the principal aim being to integrate police civilian workers with the CPS to reduce duplication and ensure a fair prosecution.

In 2003, I completed a taught master's degree in criminal justice policy. As part of my final dissertation I researched the extent to which the public formed their opinions about the nature and degree of youth crime through the influence of the media. The study identified that providing increased knowledge could effect a shift in attitudes among the general public. For example, the challenge for the police service was to exploit the high level of public/media interest in order to communicate its goals and priorities, convey its achievements and keep local communities informed. I demonstrated the need for police forces to be proactive and use the full array of media liaison, public relations and marketing techniques in order to promote positive images and enhance public reassurance.

Therefore, my personal experiences played an important role in this research study as they provided me with a valuable source of insight, theory, and data about the phenomena that I was studying (Marshall and Rossman, 1999). The research adds to the literature on fieldwork experiences, particularly from an insider's perspective, an area which has been almost forgotten by many contemporary anthropologists and ethnographers. In Chapter Four I shall examine the challenges involved in doing and writing ethnography from an insider's perspective and also consider the arguments relating to objectivity and impartiality.

1.1.2. Academic reasons

Each year a large number of criminal trials take place in England and Wales involving hundreds and thousands of witnesses, a proportion of whom are also victims. Research undertaken as part of the Criminal Justice Chief Inspectors' joint inspection programme for 2008-09 estimated that, in 2007 alone, nearly 300,000 civilian witnesses were called to give evidence. In view of these high numbers, it is important to understand the role that victims and witnesses play within a political landscape that appears to be continually changing. The increased focus on performance management in the CJS has corresponded with a huge incentive by criminal justice practitioners to get victims and witnesses to court. In turn, this called my attention to the importance of understanding the behaviour of the practitioners involved since the knowledge of how people respond in situations can

lead to the redesign of protocols and the training of individuals to ensure that public satisfaction is maintained.

Although changes to improve the support given to victims and witnesses date back to the 1970s and took off in the 1980s, prior to this, little obligation had been placed on criminal justice practitioners to involve themselves in work with victims and witnesses. The introduction of Witness Care Units was the first real attempt to 'modernise' working practices within this particular area of work, since former business practices did not allow the police to keep up with developments in what was a demanding environment.

As an undergraduate I had read many academic accounts of victims and the police but much of the sociological research focused almost exclusively upon the victim perspective. For example, the relationships between victims and offenders, and the interactions between victims and the CJS, that is, the police, courts and the CPS, and the connections between victims and other social groups and institutions, such as the media, businesses, and social movements have been highlighted. Academic researchers have also been quite hostile to victims and victims' rights (For example, Boutellier (2000), Christie (1986), Elias (1983), Garland (2000), Gottschalk (2006) and Henderson (1985)). But important as these issues are, the unrelenting focus upon them has produced an unbalanced perspective. Hence part of the value of this thesis lies in its demonstration of what witness care work was 'really like' and exposing any existing myths about this particular area of police work. The way in which informal norms were created and enforced within an insular group was a very important aspect towards understanding Witness Care Units.

The academic literature on the occupational culture of police officers, a uniformed occupation with much the same client group as civilian staff, is vast (see, for example Chatterton 1975,1979,1983; Manning 1979; Hobbs 1988; Holdaway 1977,1980,1983; Norris 1989; Reiner 1978,1991,1993; Waddington, 1999). Police officers have been referred to by academics as a 'race apart' (Banton 1964 cited in Reiner 2010:122), 'a man apart' (Judge 1972 cited in Reiner 2010:122), and 'a beleaguered minority' (Alex 1976 cited in Reiner 2010:122). As a post graduate reflecting upon my career, I recalled that during my years as an employee within the police service, police officers were often subject to ill-informed criticism. In all the

torrent of rhetoric about the police per se, police officers and police civilian staff were sometimes elided as if they were identical. They were not. An account of specialist units was unlikely to resemble the occupational culture of frontline officers. Civilian staff in the police force appeared to have been a forgotten occupational group *par excellence*. This apparent gap in the literature naturally attracted me on the grounds that there was interesting research to be done and a doctoral thesis should be original and, if possible, examine a new or forgotten area of inquiry. The thesis therefore attempts to bridge some of the gaps by contributing to the literature on occupational cultures and adding to it the neglected perspective of the work of civilian staff within the police service, who may be privy to details of crimes and traumatic experiences of those involved, and be exposed to crime scene photographs, and victim and witness statements. It occurred to me that this work could have an impact upon witness care officers emotional experiences, as seen in other studies with professionals working in the CJS (Chamberlain and Miller, 2009; Deighton, Gurrus and Traue, 2007).

The findings from the research illustrate that witness care work involved issues that one might not expect, such as the construction and processing of individuals, and authority and control. For example, I shall show that witness care was not necessarily about safeguarding the victim or witness in the lifestyle they were accustomed to before the commission of the offence, but rather about moulding the individual into the accepted and expected format of the process by encouraging him or her to attend court. A similar theme has been recounted by Innes in his work on murder investigations. He described the methods that detectives sought to utilise in order to identify suspects and construct a case against them (Innes, 2003). Witness care officers represented the organisation; they did not have to represent the individual being cared for in the same way that a relative may have done when providing informal care. It was a unique arena within the CJS because all contact with victims and witnesses was conducted on the telephone, hidden away from a public audience. However, not dissimilar to other caring institutions, a degree of emotional detachment was required, that is the ability to maintain certain boundaries.

1.2. Chapter plan

The thesis is organised in the following way. Following this introductory chapter introducing Witness Care Units and setting out the aims and motivation behind this study, Chapters Two and Three provide critical reviews of the literature that has bearing on the emergence and development of Witness Care Units. Chapter Two sets the thesis in context by exploring the political landscape which gave rise to Witness Care Units and constituted the backdrop to its daily routines, and describes the way in which they were set up in the MPS. It also sketches out the components and dynamics of organisational culture and civilianisation of the police force. This background material provides the framework in which the validity of work described in the empirical chapters can be assessed, as these reforms put the organisational culture of police and CPS work at issue.

Chapter Three examines what is known about the impact of crime on victims, including the overall prevalence of victimisation, its physical, mental, financial and social impact as well as the consequences of involvement with the CJS. The official aims of Witness Care Units are problematised and explored in depth. These include conducting needs assessments and improving performance around victim and witness attendance at court. The chapter goes on to explore how emotion work and emotional labour might have an impact on the role of witness care officers.

Chapter Four discusses the methodological techniques that were employed. It explains and justifies the choice of methods used, the problems encountered, and the ethical issues that arose, including the ethical difficulties of conducting ethnographic research from an insider's perspective. This chapter also outlines how the data were analysed, which included the coding of data, identification of themes and subsequent categories to produce a typology of officers' working styles.

The substantive chapters follow. Chapter Five reveals the chronological flow of processes that were involved in the provision of witness care, and describes how policy was put into practice at a local level. The witness care setting involved the allocation of tasks and careful monitoring of performance, and this chapter also addresses the impact of managerial intervention on the daily lives of witness care officers. It also examines how witness care officers were trained for their role, how

they initiated contact with victims and witnesses, and worked in conjunction with other agencies such as the CPS, Courts and Witness Service, to ensure a smooth exchange of information back and forth. It addresses the varying conceptions of what delivering witness care meant to the practitioners involved and provides evidence of a range of organisational cultural disparities, conflicts and contradictions that occurred in this particular working environment. This chapter describes the impact on the Unit of the arrival of staff from the CPS and the experiences of the first CPS witness care officer to join the team, a practitioner from an agency commonly felt to be ‘in opposition’ with police staff even though they were working on the same side and towards the same goal.

Chapter Six introduces the concept of care within a witness care setting and describes the lived experience of providing care from the witness care officer’s standpoint. The witness care officers’ attitudes towards, and interactions with, victims and witnesses, and the significance of emotion, care and organisational processes within the unit and how these concepts were heavily intertwined are the objects of investigation.

Chapter Seven gives an account of the needs-based approach to victim and witness care and recounts the attempts to change the focus from ‘witness management’, and place a greater emphasis on meeting the needs of individual victims of crime.

Chapter Eight shifts its focus to the potential control issues inherent in a witness care officer-victim relationship. The way in which authority could be performed by practitioners had important implications for the organisation, their relationships with victims and witnesses, and their own mental state.

Finally, the concluding chapter draws together the key findings of the thesis and considers what Witness Care Units can offer to the sociology of victim and witness care in particular, and the sociology of criminal justice and of organisational behaviour in general.

As a stand-alone case study, the analysis of the social world of one particular Witness Care Unit is valuable in its own right. What’s more, the study undoubtedly has the possibility of offering lessons for an understanding of the workings of a multidisciplinary approach, which involves drawing together a group of people

from several disciplines to redefine problems and reach solutions. This study claims originality in the following respect: It is the only comprehensive study of witness care officers and constitutes a unique attempt to evaluate the witness care system through an investigation of the values and attitudes informing witness care officers' caring practices. I shall provide a telling analysis of how the care of victims and witnesses is simultaneously defined and undermined by the organisational goal of getting people to court. I shall show that this in itself could put the witness care officer in an invidious position for which there was no ready set of guidelines and which also called upon the effective emotional work of the individual officer. I shall also explore the tension between care and authority and the difficulty that ensued for witness care officers managing the two aspects of their role. Increasing our understanding of the way in which the witness care culture was shaped may increase our understanding of similar principles in other closed occupational and social groups such as Victim Support, Witness Services, and child line counselling services.

Chapter 2 – Setting the Scene: Context and Rationale

The research commenced when Witness Care Units were relatively new structures, and because very little had been written about them, I was obliged to turn elsewhere for ideas. Hence the literature I consulted incorporated a reading of a diverse range of topics, including care in the health service and prison service, contemporary trends in criminal justice policy-making, and inter- and multi-agency organisations, all of which may have had something useful to say about my theme. Additionally, I reviewed the ‘No Witness No Justice’ (NWNJ) pilot evaluation report (Avail Consulting, 2004), as well as Home Office documents, which will be cited later.

Although research on victims and witnesses is continually evolving, the empirical data contained in this thesis are based on a Witness Care Unit at a certain point in time. Therefore deciding upon a cut off date for the literature review became problematic, as I repeatedly fell victim to the ‘illusion’ that a little more time spent researching victims and witnesses would finally tie up loose ends and highlight crucial evidence (Van Maanen, 1979:52). Yet, much of the information that I was collating soon became repetitious (Taylor, 1991:242) and it became clear that I had reached a stopping point. Preparation for the thesis finished effectively in early 2014, and works published after that time were not, and could not, be considered in what follows.

In order to fully understand the rationale behind the introduction of Witness Care Units, this chapter locates their emergence within the context of legislative and policy changes. The chapter goes on to realise political complexities at a local level and examine the expansion of civilianisation in the police service. Understanding the position of civilian staff within the police service is essential to interpreting their role and remit within the policing landscape. Finally, the collaboration between the professionals involved in the witness care process and some of the barriers that may inhibit an effective response to witness care are then discussed.

2.1. Attempts to re-establish the victim in the criminal justice process

Witness Care Units were in effect predicated upon the belief that victims were ‘the forgotten man’ of the CJS (Shapland *et al.*, 1985:1), ‘the non-person in the eyes of the professional participants’ (Shapland, 1983 cited in Rock, 2004: 331) or the ‘Cinderella of the criminal law’ (Schafer, 1960 cited in Mawby and Walklate, 1994:58). They were consequently introduced to eradicate the low status that victims and witnesses were afforded by delivering what became known as a more customer focused service. As Hall (2009) has rightly argued, the government has focused on the management of criminal justice and the provision of service standards, and what has emerged is a notion that victims, as ‘the new customers of the system’, are afforded increased participation in the process.

Traditionally, lawyers and jurists viewed victims and witnesses as one of the instruments to get a trial through the criminal courts (The RT Hon the Lord Goldsmith QC, June 2005). Langbein (2003) has produced a carefully researched history of the English criminal trial: before the eighteenth century there was no agency to keep victims of crime engaged and prosecution of almost all criminal offences was private, usually by the victim, who bore the chief responsibility for ‘bringing offenders to justice’ (Office for Criminal Justice Reform, 2004). It was not until the mid-eighteenth century that the idea of police in an archaic sense began to gradually take over the responsibility for prosecuting offenders. In large towns and cities, citizens in uniform provided a more general system of law enforcement, with the aim of establishing the common good of the community and maintaining moral order, security and the maximisation of national resources. In the regions, the Gentry exercised domination as Justices of the Peace (JPs). The Justices of the Peace Act 1361 established this post which included policing, judicial and administrative functions.

The study of victimisation, including the relationships between victims and offenders, the interactions between victims and the CJS, and the connections between victims and other social groups and institutions has more commonly been referred to as victimology. More recently still, the term ‘victimology’ has been translated as ‘a system of knowledge’ of victims (Dussich, 2006:116). The study of victimology did not emerge until around 1970 (Drapkin and Viano, 1974) and since

then this discipline has been quite widely researched (for example, see Walklate, 1989 or Mawby and Walklate, 1994). Victimology over the past 50 years has almost invariably focused upon victims and witnesses, being driven by the sometimes contradictory goals of analysing and promoting the lot of witnesses. For example, writers such as Christie (1977) and Shapland *et al.*, (1985) have argued that victims need and deserve to be kept informed of the progress of their case and should have rights to respectful and sympathetic treatment from law enforcement agencies.

Projects to assist victims first appeared in the United States in the early 1970s as a result of feminists campaigning for those working in the CJS to give victims more information about their case and to help them to attend court more punctually. In particular, the women's movement in North America had a huge impact on the nature of services provided for female victims by health agencies as well as the police, since, unlike Britain, there was no national healthcare system in the US. Agencies such as Rape Crisis and refuges for the victims of domestic violence represented the efforts of feminist organisations to provide their own services for abused women and influence the ways in which the public and the public sector agencies responded to female victims. As a result, special victim groups were established on a national level.

By the second half of the twentieth century, a number of agency initiatives and greater financial support for new projects in recognition of victims' rights had been put in place in Britain. For example, the Criminal Injuries Compensation Scheme, (latterly the Criminal Injuries Compensation Authority) was introduced in 1964 to acknowledge society's sympathy for victims of crime. Erin Pizzey founded the first shelter for battered wives and their children in 1971, which later developed into the first UK women's aid. In *Scream Quietly or the Neighbours will Hear* (1974), Pizzey reveals that women and children were abused in their homes and could not escape because the law would not protect them. Her writing encouraged national discussion of what had previously been a hidden problem. Victim support schemes, an independent charity for victims and witnesses of crime by which volunteers gave practical and emotional support to victims, started in the early 1970s and expanded rapidly, the first scheme being introduced in Bristol in 1974. The organisation subsequently published its first policy document in 1983 pressing for more

information to be given to victims. In 1988 a pilot project by Victim Support assessed the feasibility of providing information and support about court processes to witnesses, victims and their families, and this led to the establishment of the Witness Service Scheme. The Witness Service established itself as key to the court system by offering help and support to victims and witnesses when they arrived at court, offering everything from practical help, such as completing expenses forms to information about court and legal processes. However, there are arguments to suggest that these initiatives focused on the services provided to the victims rather than on the rights of victims (Maguire, 1988:3) despite rights being extremely problematic and not ever really ceded.

In February 1990 the first landmark in the modern development of victims' rights was achieved with the publication of the 'Victim's Charter'. The Victim's Charter was unique in that it covered the entire CJS, rather than a series of charters for its constituent parts. It built on what was by now an increased awareness of the needs of victims and was seen as a major step towards better treatment for victims. The Charter set out the rights of victims of crime and what sort of service they should expect from the criminal justice agencies (although such 'rights' were of uncertain standing). A substantially revised charter was issued in 1996, which described the 27 standards of service, which victims could expect to receive. However, the extent to which these were legally enforceable was questionable (Spalek, 2006) and according to Williams (1999), they did not create any new rights for victims or offer any mechanisms through which to enforce their existing rights. Paul Rock has produced valuable reconstructions of the policy debates and pressure group activities leading to major government initiatives. *Constructing Victims' Rights* (2004), a modern history of the development of victims' rights in the United Kingdom, describes the progressive redefinition of victims of crime at the turn of the 21st Century and provides a thorough analysis of how and why victims' rights evolved as they did in the UK.

The treatment of vulnerable witnesses is an area which has seen great change over the past 20 years. Since the mid-1990s, there has been growing concern in the UK about how vulnerable witnesses are deterred from reporting crime or giving evidence. The Pigot Report (1989), a report by the Advisory Group on video

evidence, made a variety of recommendations and suggestions for improvement regarding the latter, and this marked the early stages of this process of change. A subsequent research study by the Home Office in 1994 (Maynard, 1994) found that a vulnerable or intimidated witness, or a witness with an intellectual disability may have difficulty understanding the court procedure, grasping their role in it, and overcoming the anxiety involved in giving evidence. The study concluded that changes in the way the police responded to an incident or progressed an investigation would greatly reduce the incidence of intimidation of (non-victim) witnesses. For example, giving minimal information about witnesses' identities to officers over police radios, and providing a contact other than the officer dealing with the case to all victims and witnesses, would ensure that any intimidation was reported immediately. Likewise, utilising Victim Support's services as an early warning system so that potentially vulnerable witnesses could be identified would also have a considerable influence on a person's willingness to support the prosecution process.

In June 1998 the Home Secretary published 'Speaking up for Justice' (Home Office, 1998), a report of an Interdepartmental Working Group on the treatment of vulnerable or intimidated witnesses in the CJS. The report put forward 78 proposals designed to encourage and support vulnerable or intimidated witnesses to give their best evidence in criminal cases. The key recommendations included improvements in the identification of vulnerable or intimidated witnesses, greater communication within the CJS about the needs of a witness, use of appropriate interview methods and pre-trial support, and a range of special measures available for use at the trial. Special measures were a range of facilities designed to enable the witness to perform to the best of his or her ability. Facilities included video-recorded statements to replace the evidence-in-chief; video-recorded pre-trial cross-examination; live TV links; screens around the witness box so that the witness did not need to face the defendant in court; removal of wigs and gowns; assistance with communication if necessary, including the use of an intermediary; and power for the judge to clear the public gallery in cases involving sexual offences or intimidation so the witness could give evidence in private. These new provisions for vulnerable witnesses were subsequently provided for in the Youth Justice and Criminal

Evidence Act 1999 which incorporated most of the recommendations made in both the Pigot report and the Speaking up for Justice report. At the time of writing, the special measures listed above had all been implemented, with the exception of Section 28, video-recorded cross-examination, which was still undergoing pilot studies. Evaluations showed a positive effect on vulnerable and intimidated witnesses. These included a reduction of anxiety and stress (Burton et al., 2006) and a significantly greater likelihood of expressing overall satisfaction with the CJS than among witnesses not offered special measures (Hamlyn et al., 2004). However, these evaluations also identified some difficulties encountered by the police in identifying vulnerable and intimidated witnesses, particularly those with learning disabilities or mental disorders (Burton et al., 2006). This will be discussed further in Chapter Seven.

Following on from the Victim's Charter, criminal justice agencies also made moves to improve the support given to victims of crime and the extent to which victims were kept informed of the progress of a case as well as information about the release of offenders, parole or home leave. Measures were also taken to improve court facilities, such as providing separate waiting rooms. Victims were also given the right to apply to the High Court for judicial review to challenge a decision of the prosecution, and the option of pursuing a private prosecution. These measures were introduced by the 'CPS statement on the treatment of victims and witnesses' (1993) and the Court Users Charter (1994), although these documents were antedated (Rock, 1993). Other facilities and measures that were put in place included a national telephone help line and the opportunity for victims to provide a victim personal statement (VPS) allowing them to explain the extent to which they had been affected by crime - physically, emotionally, psychologically, financially or in any other way. The VPS was especially important in domestic violence cases because it was the victim's opportunity to convey the context in which the offending had occurred, the impact it had had on the victim, how the perpetrator had made them feel and any long-term health issues or other consequences.

The Domestic Violence, Crime and Victims Act which received Royal Assent in November 2004 was heralded as one of the biggest 'shake ups' in domestic violence legislation in 30 years (although the domestic violence component was tacked on at

the last moment). The Act gave police officers new powers for tackling offenders, including making it an arrestable, criminal offence to breach a non-molestation order, with a penalty of up to five years in prison, while ensuring victims received the support and protection they needed. At the same time, the Act introduced a statutory Code of Practice for Victims of Crime. Criminal justice agencies were expected to comply with this from April 2005, but the Code was not published until October 2005 and did not fully come into force until April 2006. The Code of Practice set out the minimum level of service that should be given to victims by imposing obligations on criminal justice agencies including the police, CPS, courts, youth offending teams, probation service and prisons. Under the Code, the police were obliged to offer a domestic violence victim the opportunity to make a VPS. Although not legally enforceable, the Code also required an enhanced level of service to victims and witnesses who were vulnerable or intimidated and gave victims the opportunity to make formal complaints if they considered that they had not been treated fairly.

Improving support for victims and witnesses is now widely accepted as an integral part of what policy-makers in Western Europe, Australasia and North America call the modernisation of the CJS (Office for Criminal Justice Reform 2004). For example, to address what was considered a lack of common minimum rules across European Union (EU) member states, the EU adopted legislation in relation to all victims as well as in relation to specific groups of victims. General minimum standards to ensure that victims could participate actively, have adequate rights and were being treated fairly within criminal proceedings were first established through the 2001 Council Framework Decision on the standing of victims in criminal proceedings. This was superseded by an EU Directive establishing minimum standards on the rights, support and protection of victims of crime, which was adopted on 25 October 2012 [2012/29/EU]. The EU Member States have to implement the provisions of this Directive into their national laws by 16 November 2015.

2.1.1. Victim satisfaction

'By 2011 we will improve victim satisfaction with the Police and victim and witness satisfaction with the Criminal Justice System' (Home Office, 2008:11).

Although great changes have taken place, it could be argued that these were not necessarily as a result of the development of a 'coherent and forward-looking victims policy' (Newburn, 2003:250). Arguments have been put forward to still claim that victims of crime are often seriously affected by their experience, and that reactions by criminal justice authorities are not always supportive (Hoyle and Young, 2002). Victim satisfaction is frequently described through the results of research studies and participants in these studies are people who have sought services from criminal justice agencies. In Britain, the first major survey was carried out by Sparks, Genn, and Dodd (Sparks et al., 1977). As well as trying to ascertain the extent and nature of unreported crime, the survey asked questions about victims' perceptions and attitudes to the CJS.

The first Crime Survey for England and Wales (CSEW) (formally known as the British Crime Survey) was reported in 1983 and has been replicated several times (Hough and Mayhew, 1985; Mayhew et al., 1989; Mayhew and Maung, 1993; Mayhew et al., 1994, Mirrlees- Black et al., 1996). This was a household survey that questioned people about their experiences of crime and the extent and nature of the crime. Its main aim was to estimate the extent of crime independently of statistics recorded by the police. In addition it collected data on 'factors predisposing people to victimisation; the impact of crime on victims; fear of crime; victims' experiences of the police; other contacts with the police; and self-reported offending' (Mayhew and Hough, 1983). However, it excludes a number of types of crime, such as fraud, crimes against commercial premises, homicide and until recently, crimes against children.

At the outset of the new millennium, a critical stage was reached when it was believed that the public were beginning to have so little faith in the CJS that they were no longer willing to make statements or report crimes. In particular, the legitimacy of the police came under attack. Since they provided the main entry point into the CJS, there was a genuine belief that their response would have the most

significant impact on victims of crime and the CJS would ultimately collapse as a result (Hough, 2003, 2004b, 2006; Tyler, 2006; Reiner, 2006). Hough and Roberts (2004) argued that a police force that failed to secure public trust and establish its legitimacy simply did not function effectively (Hough and Roberts, 2004). This steady decrease in the proportion of respondents who judged their local police to be doing a very good or fairly good job was endorsed by research carried out by the BCS. In 1982, 90 per cent of people thought their local police were doing an excellent or good job compared to a decrease to 75 per cent in 2002/2003, and 50 per cent in 2005/2006). However, it could be argued that because this question was changed for the 2003/2004 questionnaire in order to improve the quality of the data collected, and because the reported levels were on a different basis, the data are not comparable. In more recent years, the aspect of police-public contact which has scored the lowest in terms of victim satisfaction has been 'keeping victims informed in relation to their crime'. Compared to other elements of police contact with victims, such as police response rates and initial reporting, evidence has suggested that telling victims about their case is a particularly weak area of performance (55% in 2008/2009).

Official compliance figures against which police forces assessed their performance on the Code of Practice for Victims of Crime were, until 2011, based on a nationally representative Witness and Victim Experience (WAVE) Survey. This was a large-scale quantitative survey which examined the experiences and perceptions of victims and witnesses involved in cases of violence against the person, robbery, burglary, criminal damage and theft and handling stolen goods in which someone was charged. The overall data suggested that the majority of victims were being kept informed and were satisfied with the amount of contact they had. Findings from the final 2009-10 survey revealed that experiences and perceptions of the services received from the CJS varied depending on whether they were a victim or a witness, and the case characteristics, such as the outcome and crime type. Victims and witnesses of violence and burglary were more likely to recall receiving specific services than other crime types. This may have arisen if the CJS agencies interacted more frequently with victims and witnesses of these crime types. Victims said that they were kept informed by CJS agencies more regularly and at an earlier stage than

witnesses. However, compared to witnesses, they were less likely to report being satisfied with the amount of contact they had, indicating that victims and witnesses had different expectations of how often they should be contacted.

The WAVE survey concluded that case outcomes could affect victims' and witnesses' perceptions. For example, victims and witnesses involved in cases which resulted in a conviction were far more likely to think the outcome was fair, than those involved in cases resulting in an acquittal, or dismissal. The same individuals were also more likely to recall the services that they had received, such as information leaflets, information about the case, and the offer of a pre-trial court familiarisation visit than those individuals involved in cases that were dropped or where the defendant was acquitted.

Bradley (1998) has shown that, notwithstanding the inevitable social diversity to be found in a large modern society, different social groupings have different expectations and perceptions of the police. Generally, victims' satisfaction is increased when their expectations are managed, thereby reducing the risk of disappointment about processes or outcomes. Yet, understanding victims' experience of the CJS is still inconsistent and incomplete, particularly since the WAVE survey was disbanded in 2010. There are no consistent measures of victim satisfaction across the CJS and the experience of children and vulnerable victims, in particular, is not routinely monitored. What victims and witnesses want from the CJS and the perceived consequences that criminal justice involvement has on them will be more closely examined in Chapter Three, but now I shall turn to look at how the Metropolitan Police responded to the political changes.

2.2. History of victim and witness care in the Metropolitan Police Service

The history of the Metropolitan Police Service (MPS) is long and complex, with many different events taking place between its inception in 1829 to the present day. Perhaps one of the epochal moments in the history of the MPS was the racially motivated murder of Stephen Lawrence, a young black man murdered in South East London in 1993. The case became a *cause célèbre* and one of the highest profile racial killings in UK history. Police occupational culture was held up to public

scrutiny and following an inquiry led by Sir William Macpherson into ‘the matters arising from the death of Stephen Lawrence in order particularly to identify the lessons to be learned for the investigation and prosecution of racially motivated crimes’ (Jack Straw, 1997), profound cultural changes to attitudes on racism and the police, and to the law and police practice, were brought about.

One of the many recommendations that came out of the Inquiry was the need for police forces to develop new guidelines on dealing with victims, witnesses and their families, and ensure that officers were suitably trained and particularly sensitive where racist crimes were involved. Drawing on lessons from the Lawrence case, the Inquiry also proposed that both the Senior Investigating Officer and the Family Liaison Officer should have a duty to provide as far as was possible, ‘information about the crime and its investigation’ to victims’ families.’ The police were also urged to make greater use of contacts within local ethnic minority communities to help them with victim support, family liaison and interviewing witnesses.

Many senior police officers began to call for changes in the treatment of victims. In an interview given to *The Independent* in March 2002, the then Metropolitan Police Commissioner, Sir John Stevens, pointed to a survey that found that 83% of witnesses who appeared in a court wanted no more to do with the system: ‘... we let the very people to whom the whole system of criminal justice owes its existence and upon whom it relies, get treated with what most people would regard as utter contempt.’ In the same month Sir John gave a seminar at Leicester University in which he accused the legal profession of allowing the guilty to go free at the expense of victims and witnesses, producing as a result, he said, an increase in crime: ‘People will become so disengaged from the system that, if we are not careful, justice will break down, law and order will become meaningless and crime will be given a free reign.’ Sir John called on the courts to provide separate facilities for defence witnesses and to stop lawyers harassing them. A report by the CPS also revealed that only one in 13 allegations of rape resulted in a conviction.

These events appeared to spark an overhaul of the CJS across London and in response, the then Deputy Commissioner Tarique Gaffur was given the task of setting up ‘Operation Justice’: a back-to-back review of all criminal justice

processes across London with the aim of providing a vision for the future, and ultimately, enhancing victim and witness care throughout the MPS.

A cross-section of personnel from criminal justice agencies was identified to look at best practices across the force and map out the key processes. The working party subsequently came up with a 'vision': 'The Metropolitan Police Service will deliver individual victim and witness care and right first time outcomes in bringing offenders to justice.' 'Right first time outcomes' referred to the standard of the investigations conducted by police officers and the quality of the case files that were submitted to the CPS.

Many of the police personnel commissioned to work on the operation said in private that the slow decline in the CJS could be traced back to 1986 when the CPS took over the prosecution of criminal offences and removed the responsibility for prosecution from the police. This was perhaps what one might have expected the police to say, as the police and CPS had been renowned for their tendency to blame the other for weaknesses in performance. Although the CPS acknowledged frequent breakdowns in communication between themselves and the police, they claimed that this was a result of gross under-staffing within their organisation.

It is important to note that prior to the formation of the CPS, the majority of criminal cases were prosecuted by the police force to which the crime was reported. When the CPS was introduced, Criminal Justice Units (CJUs) formally referred to as Crime Support Groups, consisting of police staff, were set up to assist the CPS with the preparation of case files. A designated caseworker was responsible for providing administrative support to police officers and operated what the organisation termed a 'cradle to grave' approach to case building. This meant that he or she had sole responsibility for owning a case from the point of the defendant's charge to the conclusion of the matter. It was a role that entailed gathering evidential statements, preparing tape transcripts, obtaining copies of all material pertaining to the case, warning witnesses to attend court where necessary, and completing the case result. This work involved a spectrum of tasks from liaising with the CPS, to interpreting police officers' scrawl in their notebooks, photocopying and presenting documents in an appropriate format and providing customer service by processing incoming information and enquiries from internal and external agencies as well as

victims and witnesses. The caseworker was to become familiar with the whole picture, including all the intricacies of the case and was in effect the first point of contact for all personnel concerned with the case, whether it was the officer in the case, a victim or witness or the CPS. This concept was designed to maximise efficiency of service, minimise administrative costs and eliminate costly duplication of work. CJUs were only expected to be a temporary measure until the CPS was fully resourced, but in reality, this was never accomplished, and therefore, no one took sole responsibility for victim and witness care on a day-by-day basis.

Although a variety of different processes existed across the force, there was no clarity, ownership or seamless focus on victim and witness care from the beginning of a case to the end. Legally, the CPS had a responsibility to inform victims about the progress of a case and in particular of the decision whether to proceed.

Operation Justice concluded that this was rarely adhered to and consequently, there was no parallel commitment from either the police or the CPS to inform independent witnesses what was happening.

Operation Justice conducted a number of workshops consisting of key personnel from the police and CPS who had involvement in the CJS at both the strategic and practitioner level. The workshops involved a 'mapping exercise' which took into account comments made by people attending public events and consultations held with local authorities and Victim Support's Witness Service. Despite claims by police forces in England and Wales that they had instituted systems designed to keep victims better informed (Shapland and Cohen, 1987), the workshops identified a number of key barriers and blockages in working processes that were considered to have adverse effects on the services provided to witnesses.

Firstly, it was recognised that there was a significant lack of knowledge amongst police staff and police officers about the prosecution process, and no 'ownership' of victim and witness care. The latter may be explained by the fact that victims and witnesses were considered a low priority compared to the more pressing performance measures that were imposed upon the police, such as the number of penalty notices issued for disorder (PNDs) and the number of stop and search and arrest figures.

The workshops also identified the fact that there were insufficient resources to maintain a professional level of service, and at the same time, adhere to the stringent time limits that were imposed by the prosecution process. The pressure to obtain judicial disposals encouraged practitioners to focus on only one half of the business process, that was, ensuring that cases were prepared to the correct standard. The review team found that outdated methods of communication, such as fax and letter, were still in use and that these methods failed to meet the organisations' business needs when trying to deal with criminal cases in an effective and efficient manner. In *Courting Violence*, Fielding (2006) looks at aspects of how criminal cases are handled in the crown court with an emphasis on the human perspective. As well as identifying problems in the presentation of testimony and evidence, he delves into the administrative failures. For example, he explains that a second class letter was sent at 6pm the evening before a trial requesting attendance by a witness whose testimony had become crucial. Unsurprisingly, the Judge complained when the witness did not turn up.

Operation Justice also identified a lack of consistency and, in some instances, professionalism in the standard and content of letters that victims and witnesses received at various stages during the criminal justice process. The review team found that there was no uniformity in the information provided. Following a protracted period of negotiation and consultation with numerous departments and agencies both outside and within the MPS, standardised letters for victims and witnesses were devised and agreed. Whilst every contingency could not be catered for, it was anticipated that the vast majority of circumstances had been provided for with a standardised option. For example, a standardised witness warning letter acted as an informational tool to communicate to victims and witnesses the date and location of the trial as well as to provide information on what to expect at court and how to prepare for the court hearing.

In conjunction with the work carried out by Operation Justice, the Metropolitan Police Authority (MPA) commissioned a Service Improvement Review (SIR) entitled 'Bringing Offenders to Justice' (2003). When the MPA was established in July 2000 it took on the duties of a best value authority under the terms of the Local Government Act 1999. A best value authority was set up to consider service

improvement with a view to increasing effectiveness and efficiency in a specific area, thereby ensuring that the public were receiving high standards of policing. They were open to public scrutiny and were intended to ensure that all business areas were operating in the most effective, efficient and economical way possible. The purpose of the Bringing Offenders to Justice Review was to challenge current practices and identify where improvements could be made in the level of service provided by the MPS to victims and witnesses. The review team sought the views of London people by consulting widely at community-led open forums. The team also compared the performance of the Metropolitan Police with other police forces and assessed whether some services could be better provided by other agencies. Consultation with Borough CJUs identified that there was no corporate MPS policy for victim or witness care. Only one Borough already had designated witness liaison officers *in situ* although 99% of their role entailed no more than checking when victims and witnesses were available to attend a trial and subsequently warning them for court.

The findings of the Best Value Review panel were considered by members of the MPA Planning, Performance and Review Committee on 9 January 2003 and implementation of the review's improvement plan fell to a new MPS department headed by Commander Alan Given. Operation Justice also fell under this umbrella and the two projects were merged and renamed 'Justice for London'.

Between March and August 2003, under the influence of Justice for London, pilot Victim and Witness Support Units were set up in Southwark and Lambeth. These were later renamed Witness Care Units and were aimed at providing support for victims and witnesses, particularly in relation to information provision, and to managing their expectations. In reality, the pilot Units were used to explore the most effective and efficient processes so that any identified best practices could be used as a benchmark in Witness Care Units across the organisation. Witness Care Units were intended to form an integral part of the CJU, which already had overall responsibility for all the functions relating to case preparation. It was envisaged that each of the 33 Metropolitan Police Borough Operational Command Unit's (BOCUs) would in time have its own designated Victim and Witness Support Unit.

Whilst the MPS progressed in its endeavour to improve victim and witness care, the amount of external research being conducted in this field was ever increasing and by this stage it was apparent that it was high on the political agenda. Thus, in March 2003, the Prime Minister and Attorney General commissioned a pilot project to effect improvements. The prospect of attending court can be daunting for many reasons, and if a victim or witness does not attend court to give evidence, the outcome may be a failed case. There is also a strong probability that victims and witnesses would be less likely to come forward in the future. This position was summarised by the mantra ‘No Witness, No Justice’. The National NWNJ project established Witness Care Units and provided an opportunity to test the hypothesis that improving the care of victims and witnesses, and enabling them to attend court, was an effective means of placing victims ‘at the heart of the CJS’ and increasing public confidence. However, Sanders et al., (2010) argued that this initiative was one-sided as the needs and interests of defence witnesses were overlooked and ‘No Witness, No Justice’ could be deconstructed as meaning ‘No Prosecution, No Conviction’.

Pilot Witness Care Units were established between July 2003 and January 2004. The areas selected to take part in the pilot scheme were Essex, Gwent, North Wales, parts of South Yorkshire and West Midlands. In practice, the pilot schemes were used to explore best practice as each developed their own approach to witness care, based on a few common principles, including the concept of the dedicated unit for witnesses (the Witness Care Unit), more information for witnesses, an assessment of their needs and support for them to attend court. The evaluation concluded that the pilot schemes had had a positive impact on the majority of the ten performance measures. These included witness attendance at court, ineffective trials due to witness issues, cracked trials due to witness issues, cracked trials due to a late entry of a guilty plea, take-up of victim personal statements, referrals to victims support/witness service, people receiving pre-trial visits, victim and witness satisfaction levels, number of witnesses receiving information at the point of giving a statement, quality of information and support given to witnesses. The good practice that emerged subsequently informed the development of the NWNJ Minimum Requirements which were implemented in February 2004 (see Appendix I). These

were later set out in the Code of Practice for Victims of Crime, which also included minimum requirements for all the statutory criminal justice agencies. There were a number of components for Witness Care Units, which can be broken down into five key headings:

(a) Information provision involved providing up to date information to victims and witnesses about how their case was progressing through the CJS. This included keeping victims and witness informed of hearing outcomes, defendant's bail status, court results, and, where applicable, reasons why cases were discontinued.

(b) Needs Assessments were conducted by the witness care officers and the purpose of these was to build on the information already provided by the officer in the case and to ensure that the needs of individual victims and witnesses were met.

(c) A preferred means of contact was used to communicate with victims and witnesses. The telephone was used as the default method of communication if an alternative method had not been stipulated.

(c) A comprehensive support/contact directory was maintained with the purpose of having an extensive range of options to hand that could be used by the witness care officers to provide tailored interventions to address the needs of victims and witnesses identified in the follow-up needs assessment.

(d) A performance management regime was required to monitor individual performance and identify process and system issues.

These minimum standards had themselves been established as a result of an evaluation and costing exercise conducted by the national NWNJ project team and a wider consultation exercise with pilot area staff, Chief Crown Prosecutors, Chief Constables, and the Victim Support Services. They were underpinned by the Code of Practice for Victims of Crime which set out the service victims could expect not only from the Witness Care Units but also from other criminal justice agencies. By 31st December 2005 the full 'national roll-out' of the NWNJ project was completed and there were 165 Witness Care Units across the country and approximately 1500

dedicated civilian witness care officers who provided support and information to victims and witnesses post charge based on individual need.

2.3. Organisational culture and the civilianisation of the police service

Organisational culture forms the central theoretical area of this particular case study; that is, the practices, interpretations and meanings that arose out of witness care work and the attempts of those involved to make sense of their evolving role within the witness care system. The subject of analysis in this thesis is the body of practitioners who had the mandate to execute the Government's proposals, but at the same time were confronted by a series of fundamental challenges to their accustomed ways of working. An understanding of organisational culture has importance because of its influence on the strategic and operational development of organisations and its impact on all who work there (Hodgetts, 1991; Peters 1992). Therefore, the police culture literature and organisational culture literature in general seems a useful analytic frame for making sense of witness care work.

Although the culture of an organisation is often regarded as a key component of its overall character as well as a determinant of its success, it is contentious and fraught with competing interpretations and different perspectives on what it is and how it functions. Further, its individualistic and organic nature means it is potentially hard to capture, let alone measure. Organisational culture is defined in the research of Deal and Kennedy (1982), Jones (1983), Schein (1992), Kotter and Heskett (1992), Van der Post et al (1998) and Deshpande and Farley (1999) as a set of values, beliefs and behaviour patterns that form the core identity of all organisations. Jones (1983) further contends that organisational culture acts as a cognitive map that influences the way in which the context is defined because it provides the selection mechanisms or norms and values through which people enact events.

According to Schein (1999), culture is the property of the group that is formed when the group develops enough common experience. Hence culture can be associated with a profession or an occupation. Schein states that culture is a very important phenomenon because it is an unconscious set of forces, determining both individual and collective behaviours, values, thought patterns, and ways of perceiving. At the

organisational level, Schein stated that organisational culture is very critical because elements determine strategy, goals, and modes of operating. Berrio (2003) has suggested that one of the reasons for the principle interest in organisational culture is to determine the linkage between it and organisational performance. Deal and Kennedy (1982) instil the notion that organisational culture is a crucial variable in the management of organisational performance.

In the fields of police research and reform, police culture has been a recurring topic of interest since research on the public police began in the 1960s. *The Policeman in the Community* by Banton (1964) is viewed as marking the inception of the sociological study of the police, where it has been hailed as the ‘the first study of policing by an academic social scientist in Britain, and virtually the first in the world’ (Reiner, 1995:121). Some of the other early pioneers to focus on police culture such as Skolnick, 1966; Bittner, 1967; Westley, 1970; and Cain, 1971 provided the inspiration for their successors to gain greater access (both overtly and covertly) to the police organisation (see for example Holdaway, 1989; Punch, 1979 and 1985; Chan, 1997 and Waddington, 1999). Consequently the sociological response to the issue of organisational culture that arises out of police work focuses primarily on accounts of police deviance, ethics, and misuse of force and discretion caused by the existence of cultural traits (Brown, 1981; Cohen and Feldberg, 1991; Goldsmith, 1990; Reuss-Ianni, 1983; Hagan and Morden, 1981).

Institutional racism is itself has been highlighted as a product of police culture. The ability of police culture to supply the categories and assumptions which inform and sustain (sometimes in the face of contrary evidence) conceptions of certain types of offender, certain forms of criminality, certain patterns of influence or causation whilst also reinforcing the merits of certain potential policing interventions and solutions, should not be underestimated.

The police have been traditionally viewed as the agency of social control with a strong focus on their crime-fighting and law enforcement remit despite the fact that these functions form only a small part of their role (Reiner, 2000). One of the criticisms of the earliest research was that it failed to take sufficient account of context (see for example Reiner, 2000 and Manning, 2008). Hence erstwhile ethnographies and other studies may portray a police service that no longer exists in

exactly the same form, since the police now work in a radically different legal environment, with greater demands for police accountability. There have been many changing contexts for police work over the preceding decades (Manning, 2008; Sklansky, 2007), for example, the patrol function was reshaped by community policing initiatives, such as neighbourhood policing teams. The police also found themselves with a mandate to work in partnership with a wide spectrum of groups and organisations, such as the CPS, Victim Support and local councils.

To fully understand the complexity of a police culture, academics have more recently suggested that the idea of a single occupational culture is obsolete (Fielding, 1999). They have begun to draw attention to the variety in police culture both between and within police forces (Chan, 1997) and from ‘street cop’ to ‘management cop’ (Reuss-Ianni and Ianni, 1983). The latter study highlights the differences that exist within police departments. ‘Street cops’ act on instinct and intuition and share overwhelming belief in the moralities of crime fighting. In contrast, ‘management cops’, who comprise mostly desk-bound officers, deploy officers through a command structure and prescribe adherence to performance targets.

Later studies identified that rather than being monolithic, it was more accurate to describe police ‘cultures’ rather than police culture (Fielding, 1994; Reiner, 2000a; Foster 2003). For example Reiner’s research identified various ‘cop cultures’ that emerged from the organisational division of labour. He labelled these: ‘Bobbies’; ‘new centurions’; ‘uniform carriers’ or ‘professionals’ to differentiate between their differing personalities, job orientations and career ambitions (Reiner, 2010:132). Yet despite the plurality of police cultures, research indicates that these cultures have common characteristics threading through them including a focus on crime-fighting, machismo, strong solidarity with colleagues, conservatism, and a desire to maintain the current order (Waddington, 1999a; Reiner, 2000a; Bowling and Foster, 2002).

One of the most significant transitions was the acceleration of police civilianisation to perform a variety of administrative police functions. This raises questions about whether civilians form a culture in themselves. Little had been documented about civilian cultures within the police and Witness Care Units clearly reflected an expansion of the role of civilian staff in the service, a concomitant of the

modernisation programme across public services instituted by New Labour (Loveday, 2007). It is interesting to note that this represented yet another example of the proliferation of the organisational forms of police functions, which Bayley and Shearing (2001) refer to as the ‘multilateralisation’ of policing. At the time of writing, police agencies were employing an increasingly diverse array of civilian employees to do new tasks within specialised units as part of the drive to improve the efficiency and effectiveness of police forces (Loveday, 2007, Skinns, 2009). Civilians were employed in jobs that often required more expertise than sworn police officers, such as performance analysts, forensic scientists and fingerprint technicians. Other police staff were responsible for case preparation and liaison with the CPS, whilst many more played key roles in an ever increasing range of ‘operational’ policing duties (Pertile, 2005).

The employment of civilians within police organisations is not new. Back in the earliest days of the police service, forces employed civilians in ancillary and clerical posts. The first women employed by the police were civilians known as Police Matrons. They were appointed to search, supervise and escort women prisoners held at police stations or the courts, and to prepare female bodies brought in to police station mortuaries for examination by the police surgeon. The Metropolitan Police employed their first two Matrons in 1883, and by the 1890s they were also employed by Manchester police. Very often Matrons were the wives of serving police officers.

Civilianisation relieved demands on police resources since police officers were a relatively expensive commodity, and according to Loveday (1993) made further civilianisation inevitable. It was argued that police officers should not be regularly employed on tasks which did not require police powers, training or experience (Jones et al., 1994). High ranking civilians were placed in important positions, but not necessarily in posts that were previously held by police officers.

More recently, this trend can be illustrated with the recent moves towards community policing: the introduction of the Police Community Support Officer (PCSO) role was one of a high-profile, frontline police civilian worker linking between police and the public, but without powers typically associated with policing. Although research indicated that having fewer powers enhanced PCSOs’

ability to engage with the public, the police force had divided the labour force to meet the demands of a large organisation processing large numbers of people (Paskell, 2007). PCSO's, like witness care officers, had a pivotal role to play in the justice system. Johnson (2007) argues that the integration of PCSOs provide better policing of Britain's diverse communities as PCSOs tend to be more ethnically diverse.

Skinns (2008) has considered the implications of the growing use of members of the extended police family and other criminal justice practitioners working in custody areas of police stations. She argues that the increasing use of police civilian staff may be a force for changing the organisational culture of the police. Not only are they cost effective, but they free up experienced police officers to be deployed on front line duties. Likewise, Shearing and Stenning's work on the growth of private security in the US describes how it has invaded the traditional domain of the public police and is viewed as an addendum to the CJS and in some ways, more than an addendum because it dwarfs conventional policing (Shearing and Stenning, 1981).

In 2010, a report by the Police Federation claimed that public safety was at risk because the number of civilian police staff had nearly doubled over the last decade and the growth in PCSOs and other civilian staff had outstripped the rise in fully sworn officers. This statement was certainly predictable given the fact that the Federation was continually pledging to keep police officer numbers high. However, civilian employees had a great deal more in common with police officers than most people realised: they were dealing with the same public as police officers; the communication problems were the same, as were diversity matters and many other issues. On the whole they played a critical role in customer service work by effectively acting as a public information bureau and allowing police officers to do what they themselves claimed to prefer doing: enforcing the law. It is also worth mentioning that, around this time, Her Majesty's Inspectorate of Constabulary (HMIC) recognised certain civilian roles, such as call handlers and station officers in its definition of frontline policing.

Although there are many distinctions to be made between police officers and witness care officers, like other members of the extended policing family, witness care officers had a pivotal role to play in the justice system. Apart from the fact that

they did not wear uniforms and were not sworn police officers, they came from a variety of different backgrounds and occupational specialties and, more importantly, remained representative of 'the police'. The social world of a witness care officer was much smaller and more intimate than the world in which a police officer moved. A police officer may have faced a variety of situations in private and public space involving law-abiding citizens, suspects, and victims and witnesses, and most of their encounters were face-to-face. But the complexity involved in working with victims and witnesses over the telephone appeared great in comparison. As Rutter (1987) has argued when discussing telephone communication, 'the process of social interaction is genuinely different'.

Although the organisational culture of the police has come under scrutiny, (for example, Banton 1964; Skolnick 1975; Reiner 2000b), there has been only a limited focus on civilian members of police staff, making this aspect of my own work even more unusual. Consequently, the public profile of civilian or 'police staff' in the service remained rather limited and there was a general lack of understanding from the public about the criminal justice process (Loveday, 2007); there was potential for people to get confused about the different agencies involved and who was responsible for each remit. It was possible that much of the public were under the assumption that if they came into contact with the law, they would always deal with a police officer. These public perceptions would subsequently place even higher expectations on witness care officers to meet people's needs, which in turn would lead to a potential loss of confidence from members of the public.

Despite a good deal of academic interest in victims and witnesses themselves (for example, Walklate 2007, Dignan 2005), prior to this study there was a paucity of research on the organisational culture of witness care work, and the many and varied emotions that were generated by interacting with victims and witnesses. While sharing a common preoccupation with crime and criminal justice issues and the norms and behaviours of criminal justice agents and agencies, ethnographic studies of other criminal justice occupations have had differing foci. For example, in *Transforming Youth Justice: Occupational Identity and Cultural Change*, Anna Souhami (2007) provides an ethnographic study of the creation and development of a Youth Offending Team (YOT). She explores the effects that the restructuring of

the youth justice system under the Crime and Disorder Act (1998) had upon practitioner's occupational identities, occupational culture and their everyday working lives. In contrast, Crawley (2004) explores the impact of prison work on uniformed staff in terms of how they think about their job.

The extent to which witness care culture may be different from the police culture remains largely unexplored. Likewise, some behaviours formed within the Witness Care Unit may find partial explanation outside of the police environment. Those elements of working life, such as assumptions, values and beliefs may be shaped by other influences outside the boundaries of the organisation as well as those from within, which will now be discussed.

2.3.1. Competing sentiments

Moves to assist victims have been tied up with the wider development of the government's multi-agency approach to public sector services (Home Office 2003b; Milbourne, Macrae and Maguire, 2003). One of the aims of Witness Care Units was to encourage a shared culture among criminal justice practitioners from different agencies. Through multi-agency cooperation, it was envisaged that the support given to victims and witnesses would become more efficient and effective. Witness Care Units were intended to alleviate the CPS of the need to interact with victims and witnesses and introduce what was called 'joined up working'. For those working within the system, it was supposed to bring about new modes of practice that would be consistent throughout England and Wales, in which practitioners from all agencies would be in clear agreement about the overarching aim of the work with victims and witnesses.

In any discussion of policy formation, it is imperative to remember that the co-operation of the practitioners is vital, given their ability to frustrate or assist its progress (Lipsky, 1980). Instead of bringing about coherence in the work, the provision of witness care introduced a number of uncertainties. The practice of witness care was reliant on all sectors of the CJS not only reaching the high standards required but also fully co-operating. Although collaborative working within the criminal justice sector has been increasingly seen as the way forward and

described as an unproblematic practice involving 'non-conflictual' models of collaboration (e.g. Audit Commission, 1998; Barrow *et al.*, 2002), other research studies have demonstrated that inter-agency collaboration is a complex task, with many potential difficulties. The literature has analysed the complexity of the issue (Liddle and Gelsthorpe, 1994a; 1994b; Sampson *et al.*, 1988; 1991; Sampson, 1991) and identified variations in agencies' cultures and working practices. Where practitioners from diverse professional cultures, such as education, mental health or youth offending teams, are engaged in shared activities, they may find it difficult to negotiate working practices that cross their own well-trodden traditional professional boundaries. The notion of boundary-crossing offers a means of conceptualising the ways in which collaboration between workers from different professional backgrounds might generate new professional practice. For example, Hughes and Rowe (2007) discussed some of the strategic dilemmas, tensions and challenges facing Neighbourhood Policing and Crime and Disorder Reduction Partnerships in Britain and identified that cultural and institutional factors were likely to prove inimical to efforts to respond effectively to community needs.

These distinct variations in occupational life have been shown to lead to rivalry between the different agencies causing both a positive and a negative impact on the working lives of the practitioners involved, which in turn has excited emotions of both a fulfilling and frustrating nature. Several of the studies which have problematised interagency working have focused on conflicts between different 'subcultures' within the same organisation. For example, research on policing has identified differences in role and expertise between CID officers and uniform cops (Reiner, 2000b). Other studies have adopted a narrowly systemic approach, focusing upon managerial or technological 'barriers' to effective interagency collaboration (e.g. Roaf and Lloyd, 1995; Polivka *et al.*, 1997, 2001; Morrison, 2000, Watson *et al.*, 2002).

Simon Shaw's (2006) thesis on the genesis and development of a youth offending team touches on these themes and highlights how the practitioners experienced a series of 'inter- and intra-organisational conundrums'. A related debate is whether moves toward interagency working would encourage police civilian staff to become adept at operating within the discursive practices of colleagues from other agencies,

such as the CPS, or whether more fundamental reconfigurations of professional practice might lead to the emergence of hybrid professional types. Fielding (2006) found this to be the case among police and social work teams investigating child sexual abuse. He illustrates how the impossibility of developing a universal understanding of duties and roles is the main precursor that creates misunderstanding amongst parties. As part of the new witness care regime, prosecutors were encouraged to introduce themselves to victims and witnesses when at court. However, Hall (2009) has argued that lawyers were still keeping to their established trial norms. The degree to which the Witness Care Units facilitated the work of support services, such as Victim Support, may also vary depending on the nature of the relationship between the agencies involved since the potential of other support services could only be realised where witnesses were informed of this service by the police.

For a multi-agency environment to be effective, the organisations involved need to establish protocols and processes for the exchange of information, and agree how cases should be referred amongst them. However, successful partnerships can sometimes be difficult to achieve; the reforms that were made to witness care were not only in the management and delivery of the way in which it was provided, but could be seen as demanding a much wider reorganisation of the structure of the CJS.

Hall (2009) noted the existence of resistant occupational cultures among practitioners and concluded that although, at the time of his fieldwork, reforms had achieved a significant operational impact, the service provided to victims and witnesses may never be efficient and effective until such divergent approaches can be reconciled. Hence team work within the witness care setting was paramount. Any signs of frustration in the relations between the practitioners involved, such as the police, magistrates, and the CPS, could force the system to become fragmented and ultimately fail. Changes to existing practices and systems are only possible if the personnel concerned have a genuine interest in achieving the ultimate goal and that interest works within the structures that make its realisation possible.

Although partnership working is now an institutionalised part of everyday police work in delivering a range of community services and responses, it had the potential to create a distinct challenge for witness care. Inter-agency conflicts, as well as

struggles for the witness care officers in relinquishing some of their authority and control, presented potential problems.

2.4. Conclusion

This chapter has explored the emergence and development of Witness Care Units within the national context in which they were set up. The introduction of witness care officers threatened to further diversify networks of policing and add to an already established mixed economy of policing involving designated detention officers, police community support officers and special constables to name a few. This created scope for a new civilian subculture within the police organisation, with additional responsibility for service delivery. Within the culture of an organisation, manifestations and activities are open to interpretation by individual members. Within these processes are variations in influence that are dependent on the needs and characteristics of those workers within the organisation, as well as their behaviours, attitudes and values. Changes to existing practices and systems are only possible if the personnel most directly concerned have a very real interest in their continuation (Boss, 1967:74). It could be argued that organisational culture is inextricably tied up with performance which confronted practitioners with a series of fundamental challenges to their accustomed ways of working. Not only did witness care officers have to have a clear view of the accepted culture, but were faced with shaping it in such a way that emphasised victims needs and priorities. The next chapter will look at what is known about the treatment of victims and witnesses in the CJS, the impact of crime on them and their likely needs at the time that witness care officers were dealing with them.

Chapter 3 – Shaping the position of the Victim: Pitfalls and Obstacles in the delivery of Witness Care

At first glance, what may have seemed to be a simple programme of reform to advance the victim's position was in fact a part of a continuous change within the wider political and social setting, and it had many underlying factors. There are certain contradictions between what was proposed and what could be realistically done, thus potentially marginalising victims and not giving them appropriate consideration, even though the Government had suggested that the opposite would be the case.

Witness care officers were informally expected to 'manage' and make sense of the system. However there is very little empirical evidence on the effectiveness of the practice of working with victims of crime; research has focused more on topics such as those most at risk of victimisation, the impact that crime has on them, barriers to engaging in the CJS and the experiences of those victims who do. These issues will be examined and in light of the findings, the official aims of Witness Care Units will be problematised. These included getting witnesses to court, identifying vulnerable witnesses, offering support and care and working in a performance orientated environment. Finally, this Chapter investigates the likely emotional nature of work in a Witness Care Unit and introduces some of the key issues related to the study of emotions that are highlighted in the literature.

3.1. The impact of crime on victims

Shapland and Hall (2007) have produced a comprehensive literature review of what is known about the impact of crime on adult victims. They conclude that the effects are numerous and include guilt, loss of trust in society, injury, financial loss. In addition to these, psychological symptoms such as fear of crime and fear of revictimisation are the most common distresses (Norris and Kaniasty, 1994). These effects can vary from person to person and different types of crime are associated with greater or lesser levels of impact on victims. For example, elements such as the amount of violence used, the personal nature of the crime, the duration of

victimisation and the relationship between the victim and the offender appear to influence the severity of impact (Dunn, 2007, 2008; Parsons and Bergin, 2010; Verdun-Jones and Rossiter, 2010). Sexual offences and those offences where the victim is confronted directly by the perpetrator have been shown to have the greatest impact.

The reactions to crime may be immediate, short term or long term. Immediate reactions may include numbness or disorientation, along with denial, disbelief and feelings of loneliness, depression, vulnerability and helplessness. Short term reactions include mood swings from fear to anger, sadness and elation, self-pity and guilt. However, as fear and anger diminish, the victim may encounter long-term problems such as low self-esteem, depression, guilt and self-blame and relationship difficulties.

On the other hand, not everyone who has been offended against will necessarily regard themselves as a victim, let alone vulnerable, while others may not recognise that they have been offended against at all. Becoming a victim is a social process that begins with a criminal offence but requires a cognitive decision by the person against whom it is directed to see themselves as, and assume the status of, victims as part of their strategy for coping with it (Rock, 2002). Some victims are able to readjust to everyday life by establishing more effective, defensive vigilant behaviours and revising his or her attitudes and values. The involvement of victims in the CJS and their experiences will now be discussed.

3.1.1. Consequences of criminal justice system involvement

The integrity of the CJS is reliant on victims reporting crime and giving a statement to the police. If their case is subsequently heard in court, they may be asked to act as a witness and provide evidence, and this process requires a degree of cooperation from the individuals themselves. Despite a range of services designed to mitigate difficulties encountered as a result of coming to court, some victims and witnesses may not attend court voluntarily, retract their statement or refuse to participate altogether. Therefore, promoting victim and witness satisfaction by giving them continued support from the point of charge through their appearance at court and in

the intermediate post-court period is important to ensuring that victims and the wider public have confidence to participate in the CJS. Yet, overcoming victims and witnesses resistant attitudes to the system could present distinct challenges for the practitioners involved and highlights the importance of their relationship with them.

Evidence of victims' lack of cooperation and reluctance to participate in judicial proceedings has been recounted in a number of English works (Lamborn, 1970; Ash, 1972). Some of the reasons for not wanting to take advantage of the help offered include disillusionment, apathy, embarrassment, or distrust. Reporting any crime to police can be distressing, recounting experiences in a public court can be traumatising and, should the police or prosecuting authorities decide not to prosecute the offender, victims can be left feeling embittered and disappointed, leading to secondary victimisation (Herman, 2003; Koss, 2000; Campbell and Raja, 1999 all cited in Parsons and Bergin, 2010).

Victims are often (understandably) reluctant to be witnesses in court because of the character of their own relationship to the defendant or through fear of seeing the defendant again: they may be intimidated by the event that they had experienced and by the perpetrators of it. For example, Kingi (2011) describes how the families of victims of homicide are forced to face the alleged offender in court, and listen to the defence lawyer malign and blame the victim. Rock (2010) touches on this theme in *'Hearing Victims of Crime': The Delivery of Impact Statements as Ritual Behaviour in Four London Trials for Murder and Manslaughter*. Unfavourable prosecution or trial outcomes (acquittal of the defendant) can also be devastating and have a significant impact on the victim (Orth, 2002; Herman, 2005; Parsons and Bergin, 2010). A victim's decision to cooperate may further be constrained by concern for his or her physical, emotional and financial well-being.

Compliance can also be conditioned by an individual's prior experience of the CJS. One should not mask the fact that some victims may also be perpetrators and *vice versa*. Individuals have also been noted to contribute to the likelihood of their own victimisation because they are unable or unwilling to make changes to a lifestyle which would reduce their risks of victimisation (Farrell and Pease, 1993). For example, in cases of domestic violence, the victim is trapped in a continuing violent relationship with the offender associated with reluctance of others to intervene in

what may be seen as a private matter. Evidence suggests that in these type of cases, victims are less likely to call the police again (Mukherjee and Carcach, 1998). These types of crime which are unreported or unknown are commonly described by criminologists and sociologists as the 'dark figure' of crime. This has been reflected in a series of victim surveys in which samples of the population were asked about offences committed against them but which they had not reported. Many of the reasons given for not reporting crime included dissatisfaction with the treatment given by the criminal justice agencies; getting involved with the law was thought to take up too much time and effort, the routine handling of criminal cases rarely offered the victim a sense of personal vindication or participation in the courts of justice; and what the victim wanted done was not necessarily what the system wanted to do. Hough and Mayhew (1983) relied principally on the contention that the majority of these cases were considered too trivial to report, but this may have been a way of playing down the shock that the revelation of the larger extent of crime revealed by the very first Crime Survey for England and Wales might have provoked. The negative impact that engagement with the CJS can have on victims is particularly prevalent when the police and prosecution authorities act in ways that serve to 'side-line' the victim. For example, in an Audit Commission survey (2003), the respondents strongly criticised common difficulties in gaining access to help from the police: being connected by telephone to the wrong person; being asked to leave a message with a person or on an answering machine; leaving messages that remained unanswered, and impersonal attitudes of central switchboard or call centre staff.

Spencer and Stern (2001) highlight the importance of the independent witness, a witness not affiliated with any party in a particular case, but often viewed as having no personal stake in the outcome of a court case because he or she was not the one who was wronged. Their research shows that it is important for witnesses to understand their role and what is expected of them. Lack of information was one of the most significant causes of witness dissatisfaction. Once the trial was over, the witness may have heard nothing about the outcome, any appeal, or whether the defendant received bail in the intervening period. Courtroom procedures have been

found to exclude the victim from participation, and create barriers between the victims, witnesses, and the prosecutors.

Victim Support has also looked at the performance of the principal justice agencies through the eyes of the victims and witnesses who use them. There is much anecdotal testimony from victims that the police can appear dismissive or indifferent when dealing with them. For example, case studies conducted by Victim Support in 2011 suggest that initial police interest and responsiveness dwindle and evaporate, and victims are only kept updated about what is happening in their case to a satisfactory level in around half of all reported incidents. They argue that this represents a widespread failure to meet the requirements set out in the Code of Practice for Victims of Crime. Due to the potentially harrowing nature of their work and the fact that the police deal with crime on a day-to-day level, there is a high risk that members of the police force may become to some degree desensitised to the effects of crime upon the ordinary individual or too stretched to maintain close involvement in the intervening period between the incident and the court hearing.

Findings, however, are mixed as to whether victims of crime who choose to pursue the criminal justice route gain personal benefit. Herman (2003) has critically reviewed research on the impact of CJS involvement. She summarises the primary benefits of the criminal justice agencies involvement as gaining safety and protection for the victim through apprehension, punishment and (in some cases) incapacitation of the offender. She states that victims also receive the opportunity for public acknowledgement of their suffering, validation of their victim status, and in many cases, they receive reparation for the harm that they have suffered.

Other research studies, although typically involving interviews with small samples of victims, have found some positive effects from involvement with the CJS. For example, Foa and Kozak (1986, cited in Parsons and Bergin, 2010) found that participation could be a cathartic experience for victims, with the process of recovery aided by confronting and 'coming to terms with' the victimisation (see also Moriarty, 2005). Studies have also found that participation reduced the need for rigorous avoidance strategies, particularly in cases of sexual violence (Ehlers and Clark, 2000 cited in Parsons and Bergin, 2010). Victims of domestic violence who pursued their case through the court system were found to be psychologically more

upbeat in themselves than non-participants (Dobash *et al.*, 2000 cited in Herman, 2003). Victims of sexual abuse who engaged with the CJS benefitted from having their allegations of abuse acknowledged and validated, and through receiving an apology from their perpetrator (Feldthusen *et al.*, 2000). However, these studies tend to focus solely on severe, traumatising crimes and it may be unwise to generalise their findings to the victims of volume crime.

Parsons and Bergin's (2010) paper, which reviews how victims are affected by engaging in the criminal justice process, notes that existing research has revealed mixed results, but that much of the research is now out of date, or suffers from methodological flaws. They conclude by saying that "the jury is still out" on the impact of CJS's involvement on victim wellbeing. Of course, victims and crimes are very heterogeneous categories and one would not necessarily expect any consistent responses.

A vast array of individuals, agencies, government departments and regulatory bodies have now become involved in victim and witness care. Yet drawing victims into the criminal justice process by providing various services may not necessarily afford them a means of making an impact on the process itself or give them an opportunity to influence decision-making. Victim Support has long argued that it is not in the interests of victims to be involved in decision-making: victims of crime should be informed about these decisions and given a full explanation about the decision reached. Despite this, mediation and conferencing forums are gaining acceptance in the CJS. They aim to provide meaningful opportunities for victims' participation in decision-making about restoration and sentencing, especially with young offenders and minor crimes. I shall now review existing research about victim's needs and then go on to look at some of the potential difficulties inherent in assessing need.

3.1.2. What do victims need from the CJS?

As I have highlighted, the effects of crime on victims vary considerably and this also applies to the effects of crime on victims' needs (for example, see Maguire and Kynch, 2000). A number of academic works have highlighted the need for victims

of crime to receive accessible, timely and accurate information in relation to the progress of their case through the CJS and the support services available to them (Ringham and Salisbury, 2004; Rock, 1998; Maguire, 1985). It has also been suggested that victims have a need for general information about how the CJS works, as well as more specific information about the progress of their case as they may not have understood the decisions taken by prosecutors to amend or drop charges, or the rationale behind a sentencing decision (Shapland and Hall, 2010; Victim Support, 2010; Erez and Roberts, 2009; Shapland *et al.*, 2007). Ringham and Salisbury (2004) elaborate further by suggesting that victims do not want practical help, such as financial assistance or help with filling in claim forms; they need a safe place to express their surge of emotions without judgment or blame. They also need long-term assurances that the crime will not happen again or at least that the system and the community are taking appropriate steps to minimise the possibility of reoccurrence. The likelihood that a repeat crime occurs increases with each subsequent victimisation (Ellingworth *et al.*, 1995). However, the reduction of repeat victimisation in its several manifestations offers a challenge to the police and their partners in crime prevention. In relation to some offences the repeated vulnerability of particular individuals is self evident – domestic violence is probably the most obvious example. But in relation to other crimes, such as domestic burglary or car crime, the extent to which repetition occurs is far from obvious.

Findings from the 2008/2009 CSEW, showed that in 19 per cent of incidents, victims wanted some form of support, information or advice, and yet they received some form of support, information or advice in only nine per cent of incidents. The most common types of support they required was information from the police (ten per cent of all incidents), protection from further victimisation (six per cent of all incidents) or someone to talk to or provide moral support (five per cent of all incidents). The types of support that were received the most were information from the police (three per cent of all incidents), someone to talk to or provide moral support (three per cent of all incidents) and information about security or crime prevention (two per cent of all incidents).

Victims' needs tend to be individual and dependent on a number of factors, but typically they are social, emotional, practical or financial in character. Other needs

may fall under the heading of justice because they relate to the victims' expectations from the CJS (Sebba, 1996 cited in Sebba, 2001) but they may be difficult to deliver. For example, the value of special measures has been evidenced in a survey conducted with vulnerable and intimidated witnesses. The survey highlighted the extensive level of demand for measures among witnesses who were not given access to them (Hamlyn et al., 2004). Witnesses who used special measures rated them highly and, in particular, found the live TV link useful. Similarly, low detection and conviction rates may leave victims harbouring feelings of injustice (Ministry of Justice, 2008; Walker *et al.*, 2009) despite the fact that justice is subjective, and specifically guided by certain rules and values. Research has highlighted that rather than seeking retribution, in some cases, victims prefer restitution or compensation (Doak and O'Mahony, 2006; Shapland *et al.*, 2007). Goodey (2005: 121) has provided the following list of victims' basic needs:

- reassurance and counselling
- medical assistance
- financial and practical assistance to secure property
- information about case progress
- guidance about what to expect in court
- the chance to express how the crime has affected them
- assistance with filling out a form for state compensation
- information about the release date of their offender

While broad categories of need may have been identified, such as information, and safety and protection from re-victimisation (Ringham and Salisbury, 2004; Maguire, 1985), the impact of crime on victims is not easily understood or quantifiable. As discussed above, there is a great variability and individuality in how crime affects victims, and their reactions and needs to overcome the negative experience. For instance, indirect victims of homicide and victims of violent crime may have very strong reactions requiring assistance over a long period of time, or they may, indeed, never fully recover.

Recognition of specific needs was based on identification of vulnerability by the witness care officers as well as the quality of information shared between agencies. The potential problems with assessing, identifying, and supporting vulnerable victims and witnesses as well as identifying those at risk of intimidation and ensuring that the right measures available to assist them will be discussed in the following section.

3.1.3. Assessing need and vulnerability

As part of the strategy to cede a greater level of support to victims of crime, a renewed regard for their needs was applied not only in a 'service and procedural sense' (Fenwick 1997, Ashworth, 1993), but also in response to anxieties about victims being unwilling to testify. This took the form of a needs assessment with respect to service provision, and was one of the minimum standards of service that witness care officers were faced with the difficult task of undertaking. As soon as it was established that a case would be going to trial, the officers had to ensure that victims were able to cope with the seriousness that the impact of the crime had had upon them. The undertaking of the detailed needs assessment ensured that processes could be put in place, tailored specifically for each individual victim or witness. Since 1986, when the CPS was established, the police and CPS have needed to anticipate how witnesses will cope with examination and cross-examination in court. Research suggests that they prosecuted only those cases in which there was a good chance of success. Thus they were often reluctant to prosecute cases that relied on witnesses who they thought would perform badly (Burton *et al.*, 2006).

Burton *et al.* drew attention to a number of deficiencies with regard to the early identification of vulnerable and intimidated witnesses. They reported that the police generally concentrated on obvious cases such as children and victims of sexual offences, and rarely probed to seek less obvious ones. This was particularly true for those with learning disabilities, mental disorders or those that were intimidated. When the researchers administered a questionnaire, 54% of witnesses stated that they were vulnerable, compared to 9% which had been identified by the police.

They concluded that, ‘vulnerability is, ..., a matter of degree and type, the impact of which will vary from one circumstance to another’.

Thus, the early identification of vulnerable witnesses by the Witness Care Unit was considered vital if the administrative and legislative measures for vulnerable witnesses were to have their best chance of achieving the objectives set for them. This was true for court familiarisation visits as well as other special measures, such as pre-recorded evidence-in-chief, where late identification, particularly very late identification (on the day of trial), made the measure redundant.

What emerges, therefore, is the need for a complex approach to identifying and meeting victims’ specific needs which might put witness care officers in a challenging position given that many victims may not be very good at articulating their needs; the effects of crime can be underestimated, or may be beyond the scope of support organisations (Spalek, 2006 cited in Dunn, 2007). Practitioners cannot respond effectively to a problem if they do not recognise its occurrence. Awareness may be increased through training, and guidance on how to spot warning signs and typical behaviours of those who have been intimidated. Conversely, victim precipitation theory suggests that some people cause or initiate a particular confrontation that may eventually lead to them becoming victimised by injury or death. Studies concerning this problem have included patterns in forcible rape concluding that some rapes were victim precipitated (Amir, 1971). More recently, Coy (2009) has identified a number of issues which precipitated young women’s involvement in sexual exploitation. Other studies have suggested that some victims of robbery created temptation-opportunity situations (Normandeau, 1968), and possible victim precipitation has been found when analysing patterns in homicide and murder (Wolfgang, 1967). Naturally, this way of thinking is likely to act upon the perceptions and subsequent treatment of victims by the CJS as well as the public views.

The way in which professionals engage with victims and determine what practical needs, such as safety and security measures, a victim may require to assist him or her in giving the best possible evidence in court may be seen as highly discretionary. It may also be shaped by a number of political, social, economic, cultural and institutional forces all interacting with one another.

3.1.4. A target culture?

The Criminal Justice Act 2003 consisted of two main drivers: in addition to the need to deliver an enhanced level of service to victims and witnesses, with a greater recognition that the victims of crime have rights to respectful and sympathetic treatment from law enforcement agencies, there was an underlying need to reduce the amount of cracked and ineffective trials in the magistrate's courts and crown courts. Emphasis was placed on allowing criminal cases to proceed without delay by raising the witness attendance rates at court and reducing the number of trials that did not go ahead as planned because a witness did not attend.

Evidently, political interests are deeply involved in forming the direction of the CJS and defining the position of the victim and, as such, victims are often used as a reference determining its success. Targets themselves are, of course, also the products of complex political interactions and recently more attention has been given to the issue of case attrition - the loss of cases in the magistrates courts and the Crown Court through dismissal. Many crime cases are dismissed because of the actions of victims and witnesses.

Many of the initiatives to improve collaboration and reduce delays in the magistrates courts were previously introduced in the Crime and Disorder Act 1998: a trial was deemed ineffective if it was cancelled on the day it was due to go ahead and had to be delayed to a later date, and a cracked trial occurred when a case was concluded without a trial because a defendant pleaded not guilty on the day of the trial or changed his or her plea at the last minute or the case is dropped by the prosecution. Both required no further trial time and incurred wasted time and money and led to unnecessary trips to court for victims and witnesses, including police officers.

It could perhaps be argued that rectifying this was the underlying official aim of Witness Care Units, and reducing the rate of cracked and ineffective trials through improved witness attendance at court was largely a cost-cutting exercise rather than out of compassion for the victim and witness. As such, victims were treated rather instrumentally as a means to an end. Although the responsibility for victims was devolved to local agencies, Hall (2009) has argued that the Government retained

considerable control over the local authorities through restricted funding and inflexible, sometimes contradictory, performance targets. These targets had the potential to foster a blame culture amongst criminal justice agencies when targets were not met and this will be examined more closely in Chapter Five.

The way in which the CJS is governed and managed, and whose interests it is designed to serve, should not go unchallenged. According to Lacey (2001), the institutions through which government policy is realised determine the legitimacy and credibility of the government. The principal concern of Government has always been crime reduction and fiscal savings even though witness initiatives have flowed from these initiatives. Yet the Government would argue that cutting crime means fewer victims and safer communities. Sanders (2002) and Bednarova (2011) have also questioned the plausibility of victim-focused policies and whether concern for victims of crime was the real motivation behind the numerous new initiatives that were introduced in England and Wales over the last few decades. Cretney and Davis (1997) observe that police support for the victim is geared to sustaining his or her commitment to the prosecution effort; it is not about protecting him or her from further violence. However, these things are always tangled and confused, politicians and officials have multiple motives, and things done in the politically expedient nature of crime reduction may actually be promoted by other concerns.

3.2. Emotion Focused Service Work

3.2.1. Defining Care

Under the new NWNJ model, it was anticipated that dedicated witness care officers would provide help, support and care to victims and witnesses throughout the life of their case, thereby providing them with a less harrowing experience of the CJS. But the implementation of Witness Care Units could be considered far from universal; defining ‘care’ poses conceptual and methodological challenges, and questions arise as to whether or not victim and witness care can be achieved in a uniform way. There was a potential for different approaches to emerge, entwining a degree of emotional labour with the concept of care and organisational processes. These

differences in levels of care may be attributed to the workings of multiple and interacting institutional factors as well as the diverse personalities of those involved.

The Oxford English Dictionary defines care as the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something. A carer may be defined as ‘someone who gives sustained, close, direct mental and physical attention to the person being cared for’ (James, 1992: 489). But caring for someone in a pastoral sense is no easy task. The provision of care appears to have shifted from informal private sectors to the formal public sector and the criminal justice sector is driven increasingly by standardised protocols. Questions start to emerge about how the notion of care is applied in a broader sense – not just to nursing and family-centred situations - but within an organisational environment.

In the practice of care, emotions are one of the vital parts in a larger whole (Eide, 2006) and this kind of work generates a range of powerful emotions, all of which have to be in some way managed. Indeed, the management of emotions and emotion work emerged as a key theme in the research and will be expanded upon as the thesis develops. Emotion work in this sense was performed by witness care officers as they managed their own as well as victims’ and witnesses feelings with the primary intention of improving court outcomes.

One of the most important intervention strategies available to witness care officers was to assist victims in regaining some power and control over their lives. This would involve sharing information with them, responding to their cues, and addressing how the CJS could be most responsive to their needs, particularly in terms of whether or not they should be referred to any support services. During the performance of their duties, witness care officers exercised a great deal of authority and discretion and routinely made judgement calls on a case by case basis.

However, simultaneously providing care and support and maintaining an authoritative role may be considered incompatible if the person in the authoritative position is unable to detach himself or herself from the situation. Harris (1980) suggests that containing effectively the simultaneous functions of care and authority are problematic. Authority can also be used or misused (Pappas, 1990), and this could particularly be the case in a witness care environment where one or the other party may be seen to enjoy a monopoly of power.

3.2.2. *What is emotion work?*

There is a large and growing sociological literature on service work, with much of it focused on the dynamics of the service encounter (Korczynski and Macdonald 2009, McCammon and Griffin 2000). Many service jobs involve a high level of contact between workers and customers. Like classic sociological studies of service encounters (Whyte, 1948; Gold 1952), research on frontline or interactive service jobs focuses on the social relations of work and the balance of power and control in these low-level jobs. Interaction with customers is a feature of work in both fast food and insurance, and Leidner (1993) describes how both sets of employers attempt to control workers' and customers' behaviour by routinising their interactions.

In service organisations, effectiveness is thought to hinge partly on the emotions expressed by employees (Czepiel, Solomon and Surprenant, 1985). For example, the way in which employees manage their feelings and expressions can influence the effectiveness of their interactions with customers and thus play an important role in influencing customer satisfaction and service quality (Youngdahl and Kellogg, 1997; Freemantle, 1998; Parkinson, 1991; Pugh, 2001), job satisfaction (Landy, 1986; Pekrun and Frese, 1992), an organisation's culture (Fineman, 1993, 1996), and organisational power and politics (Hill, 1994). Thus organisational norms play a big part in both the experience and expression of emotion (Pierce 1995; Sutton 1991), and legal institutions, in particular, are the very institutions in society that are designed to deal with the most intense emotions and emotional conflicts (Karstedt, 2002). According to Morris and Feldman (1996), emotion work possesses the following characteristics: (a) it occurs in face-to-face or voice-to-voice interactions with clients; (b) emotions are displayed to influence other people's emotions, attitudes and behaviour; and (c) the display of emotions has to follow certain rules.

Managing one's own emotions and achieving the required result is thought to be an important aspect of client-employee relations. This kind of emotion management is what is commonly referred to as 'emotional labour'; a term first coined by the sociologist, Arlie Hochschild (1983), in her influential study of airline flight attendants and debt collectors, *The Managed Heart*. Hochschild focuses on workers' emotional toil and at the centre of her interest is how organisations may demand

emotion work from employees, and how employees of certain organisations may manage and shape their emotions to produce the desired outcome in the state of mind of other people. She conceptualises emotional labour as an under-reported, invisible component of service sector ‘people’ work largely undertaken by women and implies the display of organisationally desired emotions even in unpleasant situations. This concept of ‘emotional labour’ leads one to consider how witness care officers managed their emotions when performing their role in what was potentially an emotional arena, where victims’ often recounted the aftermath of a crime, and the authenticity of expressions of sympathy voiced by them.

According to Martin (1999), police work involves substantial amounts of emotional labour by officers, who must control their own facial and bodily displays of emotion in the presence of other officers and members of the public. Although policing is often viewed as stereotypically masculine work that focuses on fighting crime, policing requires the ability to maintain order and provide a variety of interpersonal services to gain trust and compliance. According to Martin, a police officer who displays too much anger, sympathy, or other emotion while dealing with danger on the job will be viewed by other officers as someone unable to withstand the pressures of police work. As a consequence, in order to distance themselves from ‘prisoners’, police officers were found to use derogatory titles such as ‘prigs’ (Young 1991:111) and in order to manage their workload whilst abiding by certain ‘rules’ (Smith and Gray 1983:171), suspects were dehumanised, slotted into coded offence categories and treated with reference to culturally accepted biases. Mawby and Gill (1987:156) quote a senior police officer saying, ‘*We don’t want police officers tied up with helping victims, they have not got the time.*’

Other authors have since sought to alter and extend Hochschild’s definition of emotional labour. Frontline service jobs were an initial focus, but research has gradually expanded to consider interactive work in its broadest sense; this includes professionals’ interactions with clients and coworkers, as well as interactions involved in caring and family work.

Several researchers (Steinberg and Figart, (1999b) Wharton, Kunda and Van Maanen, Leidner, Himmelweit, 1999) have followed Hochschild’s example by adding their own interpretation of emotional labour and focusing on a variety of

sectors of the service industry such as academia, paralegal work, and interactive service work. With a greater focus on customer care, an increasing number of employees within organisations are required not only to manage their own emotions, but to manage those of others as well. A number of studies in recent years have also examined the role of emotion in organisational settings (see, for instance, Mumby and Putnam, 1992; Waldron, 1994; Fineman, 1993; Fineman, 2000). Studies of interactive work in all its forms has called attention to the many ways that interaction at work is organised, regulated, and enacted. For example, Steinberg and Figart (1999a:13) used the definition of emotional labour as work 'involving face-to-face or voice-to-voice contact, especially in service work' where it was the worker's responsibility to make the customer feel good or bad. Examples include doctors who have to show compassion towards a patient or a sales person who must stay calm if faced with an angry customer. One of the most extensive and detailed definitions of emotional labour has been that proposed by Noon and Blyton, who define emotional labour as 'those (increasingly common) situations where service employees are required, as part of their job, to display specific sets of emotions (by verbal and/or non-verbal means) with the aim, in turn, of inducing particular feelings and responses among those for whom the service is being provided' (1997:124).

Further, a number of interactive studies have explored the concept of emotional labour in relation to caring work. The emphasis on caregiving as a type of emotional labour represents an important link to the literature on care work more generally (England, 2005). The care literature converges with emotional labour research in a mutual interest in understanding the dual nature of caring.

Lopez (2006:137) argues that employers can self-consciously create conditions that 'encourage relationship building and emotional honesty' in the workplace. What he calls "organised emotional care" is an approach in which, rather than prescribing expectations for workers' interactions with others, employers instead aim to create opportunities for caring relationships to emerge on their own. On the basis of his analyses of three nursing homes, he suggests that care work can be organised on a continuum, ranging from an approach that requires workers' compliance with organisational expectations for emotional labour to one that is less prescriptive.

Caregiving has been understood both as an expectation or norm with which female and male workers are differentially expected to comply, as well as an informal aspect of workers' interpersonal relationships at work. For example, the concept of emotional labour has been related to nursing by Smith (1992) and many of Smith's observations are relevant to this study. Her work looks at the study of the quality of nursing on particular wards and the experiences of student nurses who were assigned to these wards for their clinical learning. She touches upon aspects of gender, hierarchy, caring and power in relation to emotional labour.

3.2.3. Performing work

One of the key features of emotional labour made explicit in Hochschild's study, is that the emotions that the employee is unofficially asked to display are not necessarily genuine. That is, they do not make any effort to actually feel the emotions that they are displaying. In many cases, human behaviour can be understood using the metaphor of the actor and the stage: the display is merely a 'performance' and the emotional labourer an 'actor' with a role to play and a script to follow. The performance metaphor has been used by some commentators (for example, Goffman, 1969) to provide a 'dramaturgical' perspective on social life generally, in which social life is envisaged as a series of scripted exchanges in which individuals act out roles consistent with the image of self that they wish to project. Individuals play many different roles during their day-to-day lives, switch roles and perform different scripts. According to Goffman, there is an appropriate image that should be displayed depending on the role being performed by an individual, and, as such, each individual should ensure that the image portrayed is compatible with their role in an attempt at 'impression management'. Goffman terms this as the 'basic unit of socialisation.'

In *The Presentation of Self in Everyday Life* (1959), Goffman employed a theatrical metaphor in defining the method by which one human being presented himself or herself. According to Goffman, in order for such performances to be successful, the performer must keep information from the audience that contradicts the image the performer is trying to present. This is achieved through the control of front and back

stage regions, which is the theoretical backdrop of Goffman's study. The front region is where the individual as the actor performs to the audience. The individuals' activities within this region embody certain standards, which include matters of politeness and decorum. The back region or 'backstage' is reserved for the opposite response, where masks can be dropped and his or her suppressed emotions make an appearance and, more particularly, preparation is made for being on stage. This is where the actor conceals his performance props and where he participates in activities that 'might discredit his performance out front' (MacCannell, 1973:589). *The Presentation of Self in Everyday Life*, though detailed, does not provide a comprehensive description of interactive processes and is restricted to face-to-face interaction.

3.2.4. Surface acting and deep acting

Surface acting, first defined by Hochschild (1983), is a form of emotional labour, and is similar to a Goffmanian performance. It requires the individual to feign emotion so that what is really being felt is not displayed to the audience. This sort of acting may include putting on a façade as if the emotions are felt when interacting with customers. The employee is not alone in this feigned social acting; there are service scripts to assist them. Often these scripts are engendered and implemented by the organisation. Accordingly, emotion work has been defined as the psychological processes necessary to regulate organisationally desired emotions as part of one's job (Zapf, 2002; Rafaeli and Sutton, 1987; Grandey, 2000). However, many scholars claim that Hochschild ignores the instances whereby one spontaneously and genuinely experiences and expresses the expected emotion without exerting any effort (Ashforth and Humphrey, 1993). For example, a bartender may show genuine caring when trying to comfort a depressed customer.

Deep acting involves modifying one's inner feelings to match the emotional expressions the organisation requires. It involves what Hochschild classifies as an exhorting feeling, whereby one actively attempts to evoke or suppress an emotion along with the expression of the emotion. Emotional switching was an emergent theme in witness care work - it involved the ability to change one's emotional

demeanour quickly. It occurred frequently, particularly in the move from a highly emotionally-charged case to one that was less taxing and emotionally demanding.

3.2.5. Emotional labour and organisational control

It has been argued that emotions are linked to social settings: cultural practices influence, regulate and define emotions and ‘regulation rules’ control and inhibit the display of emotions (Karstedt, 2002). Karstedt argues that organisations try to convert their employee’s emotions into ones suitable for participating in organisational tasks and targets. Although Hochschild (1983) discussed the unpleasantness of having the organisation control one's personal feeling state, a few studies have tested the idea that “the degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and determining the procedures to be used in carrying it out” minimises the stress of the emotion regulation process (Hackman and Oldham, 1976:258). This research, among others, has demonstrated that employees who have more job autonomy have more positive affect, internal motivation, and self-confidence compared to those with less job autonomy (Adelmann, 1987; Champoux, 1991; Saavedra and Kwun, 2000).

Weiss and Cropanzano (1996) suggest that emotional events at work may help explain employee attitudes and behaviour. Some cultures are more institutionally oriented, with strong norms about regulating emotions to fulfil institutional roles and standards, whereas other cultures are more impulsively oriented and value expressing unregulated emotions (Gordon, 1989). Although the MPS did not have special policies on how witness care officers should conduct themselves, there appeared to be very clear societal norms and rigid expectations on how they should behave, which will be discussed in Chapter Five. This was made evident by the learning and sometimes the disciplinary processes that were invoked by management if a member of staff failed to adhere to the standard operating procedures. Thus, rules may have controlled and inhibited the officers display of emotions, and prevented the arousal of emotions.

Although emotional labour can be seen from the dramaturgical perspective as a variant of what occurs in most other social contexts, that is to say the playing out of a script where displays of emotion may be inauthentic, the primary difference between emotional labour and other social contexts is the requirement for the emotional labourer to follow 'display rules' (Ekman, 1973; Ashforth and Humphrey, 1993) prescribed by the employer. In circumstances where the ways in which an employee is to act are prescribed, the individual's discretion over the nature and choice of displayed feelings is removed or reduced, and the emotional performance forms part of the effort-wage bargain in the same way that physical performance does (Noon and Blyton, 1997).

Hochschild extends the analysis of emotion work further when she introduces the idea of the control or management of emotions by others, including commercial enterprises and, more specifically, organisations. According to Hochschild, there are certain organisations that allow the employer, through training and supervision, to exercise a degree of control over the emotional activities of employees. This happens when 'within institutions various elements of acting are taken away from the individual and replaced by institutional mechanisms' (Hochschild, 1983).

Leidner (1999) adheres to the definitions of emotional labour presented by Hochschild, and notes that sometimes managers attempted to control not only the workers' appearance (uniforms, hair style, fingernails), and demeanour, but also the workers' moods and feelings. Leidner (1999) also suggests that managers have control over recruitment processes and are therefore better placed to employ certain types of worker who can convey emotions deemed to be appropriate for the role. For example, a manager may assume from the appearance and manner of a cocktail waitress applicant that she will adapt to the flirtatious environment he or she believes their customers expect and appreciate (Spradley and Mann, 1975).

However Leidner maintained that the unpredictable and complex nature of some kinds of interactive work prohibited managers from determining all interactions and noted that sometimes the wishes of the customer could often be different than those of the manager or organisation, which subsequently put the service worker in a difficult position. As a general rule it is necessary to please the customer, but there

are times when the customer does not recognise his or her prescribed script for the service interaction, and as a result the interaction may become problematic.

According to Grandey (2000), affective events at work have an immediate impact on an employee's emotions. In particular, if the event interferes with the employees' goals, one of which is to express and induce positive emotions, the event will be appraised negatively (Frijda, 1986; Lazarus, 1991). In other words, the event may be seen as stressful and have a detrimental effect on their work. For example, Bailey (1996) obtained descriptions from employees about how they coped with 'difficult' customers, during the course of their working day. Twenty-two out of 49 respondents described a customer interaction where he or she considered that the customer was too demanding or angry about an organisational factor. Their responses supported the idea that such interactions may increase emotion regulation at work.

Thus emotions interweave with cognition and behaviour and are influential in shaping the outcomes of numerous organisational phenomena. As identified by Brown (2000; 252) in exploring ways of dealing with the demands of police work, "Emotional control is an important part of the officer's occupational identity, both in terms of the public's expectation and demands of the informal culture". With this in mind, an important aspect to consider was whether the affective events imposed on the witness care officers affected their professionalism and the quality of the service and the practice of care that they provided to victims and witnesses, or whether they provided a regulated space for their emotions.

3.3. Conclusion

I have summarised the main bodies of literature informing my research, which include the position of the victim in the CJS and the impact of crime on victims. In addition, how victims' needs are determined and who determines them is also an important concern. One of the key issues that has been raised is that need is a problematic conception because of its subjective and individualistic nature (Maguire, 1991; Dunn, 2007) and I shall draw upon this further in Chapter Seven. Distinguishing between those victims who are eligible for special service provision

and those who are not highlights preconceived notions about the deserving and undeserving victim. Victims have a different mix of needs and concerns, some that require in-depth consideration and understanding to resolve successfully and others that require little more than brief reassurance. These varying needs, together with the perceptions of the police held by different groupings, will ultimately shape the relationship that exists between them and the police.

Much of witness care work relies on the public's willingness to cooperate in reporting crime, attending court and giving evidence. Thus, public trust and confidence was a key element of the witness care remit. Overall, the literature suggests that the strategies most likely to be effective in improving public confidence were offering continued support, providing information and addressing practical and support needs. However, one might speculate about the extent to which the cooperation of victims affected the employees of the CJS. Added to this, the pressure to achieve quantitative targets may have an influence on individuals' working practices in different ways. Indeed, victim cooperation and assistance may have made it easier for a witness care officer to exercise his or her responsibilities. Lack of cooperation may have led to frustration and anxiety.

I shall draw upon the literature to bring interpretive meaning to how emotion in a Witness Care Unit was governed and controlled by both employees and management. The expression and management of emotion are prevalent and unavoidable in nearly every organisation. Many affective issues are played out, regulated and attuned to work routines to form an occupational culture. When referring to police culture, Waddington (1998, 292-93) points out that it is '*... an expression of common values, attitudes, and beliefs within a police context.*' I shall examine the degree to which emotion work was involved, if any, to encourage victims and witnesses into the courthouse to give evidence. I shall also attempt to map out the variables that determine the forms that emotional labour took in witness care work; in particular, the dynamics of the communication and interaction between the the witness care officers and the two principal parties – the CPS and the victims and witnesses – will be studied and described.

The following schematic brings all the threads together and illustrates some of the elements that have been described and will be addressed. This study intends to get

behind the public face of the witness care system and probe the working practices that lie behind it. Do the concentric layers sit comfortably within one another or is there role-conflict and contradiction between them?

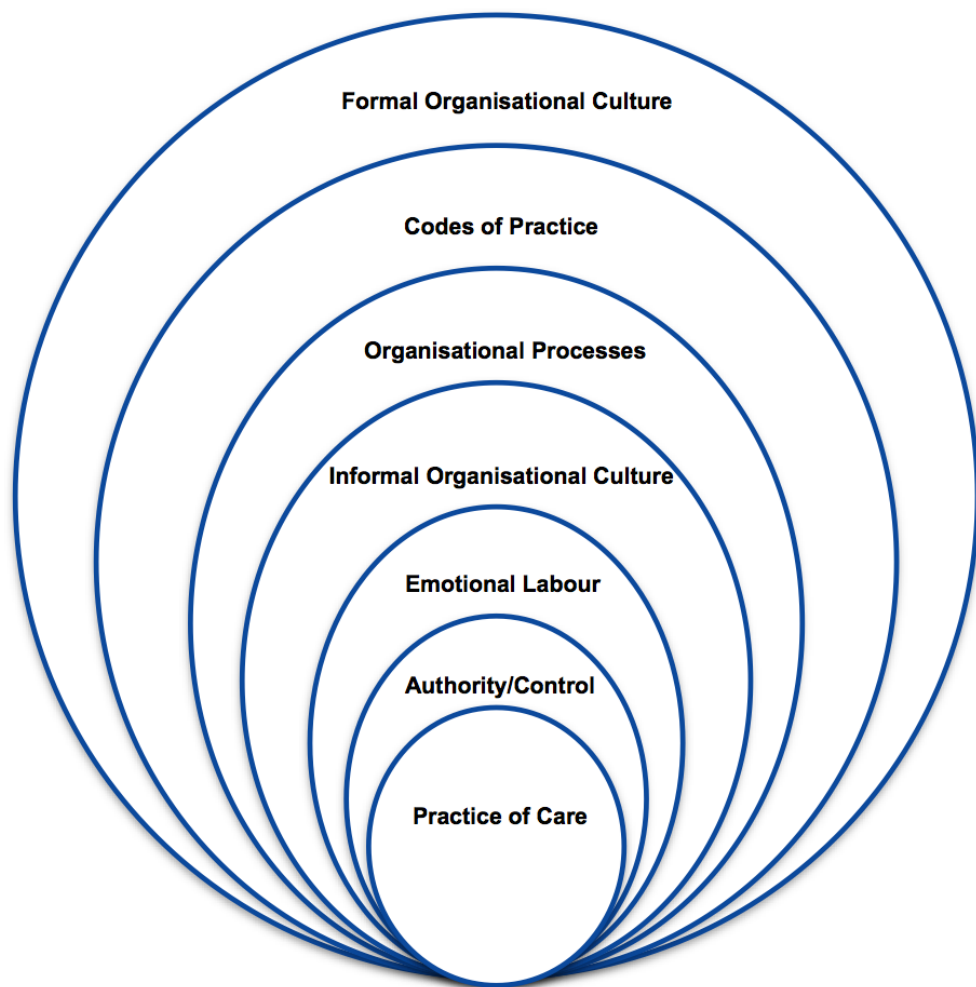


Figure 1: A ‘top down/bottom-up’ view of witness care

Chapter 4 - Methodology

4.1. Research questions

This case study aimed to understand the occupational culture of the witness care officer and to present a holistic account of the social structure of the group whilst capturing the richness and detail of its working life and values. This will be explored by the social/professional representation of the officers, and the extent to which they performed emotional labour. The study was also a useful lens through which to view how victims and witnesses were defined and managed at the beginning of the 21st century. Specifically, I wanted to explore the following subsidiary questions:

- How did the way in which the witness care officers were obliged to work affect the care of victims and the other objectives of the organisation - namely the prevention of trials cracking and the securing of convictions?
- Was emotion work built into the organisational structure, the organisational culture, or both?

4.1.1. Methodological techniques

Research can be unpredictable and demanding in terms of both time and energy, and an approach was required that allowed freedom and flexibility to explore my research questions and, at the same time, permitted issues to emerge that were reliable and credible. In pursuit of this goal I employed an eclectic and open approach and pursued the inquiry through a case study. This method is particularly suited to researching complex social phenomena not easily covered by other methods, and in far more detail than might be possible if there were a large number of research participants involved (Yin, 2003). The overall idea is that different research methods are used which serve complementary functions. Therefore, I have used the methodological techniques of overt observation and semi-structured standardised interviews as the core methods of data collection and have incorporated some document analysis as a supplementary method.

My reasons for this mixed methods approach was twofold. Firstly, in order to address my research questions it was necessary to explore the practitioners' perceptions and experiences in depth. I was interested in uncovering the ways in which they formed judgments about their experiences of criminal justice practices and of victims and witnesses in particular. It would have been very difficult to gain such an in-depth understanding through a structured questionnaire because I would not have been able to follow up on respondents' answers with probes or clarification. Secondly, during interviews, I discovered a tendency among the practitioners not to talk in detail about the intricate details of their work, preferring instead to present a 'textbook' type account which skimmed over particular pressures, stresses and tensions they faced. Given that self-reports of intangible and unobservable feelings and inner emotion work may have been difficult to validate through formal interviews only, I considered an observational methodological approach to be a useful way of assessing this kind of data. It is important to understand that the honesty and openness of subjects can never be guaranteed. Therefore, utilising the interviews in tandem with the observations proved invaluable, not least because people do not always behave the way that they claim to (Deutscher, 1973; Ackroyd and Hughes, 1992). Comparing different kinds of data and different methods to see whether they corroborate one another is known as triangulation (Campbell and Fiske, 1959; Denzin, 2005). Discrepancies occasionally arose between what I was told in interviews and events that occurred during the daily routine. Whether this was to do with expediency, pragmatism or the dislocation of ideals and necessity I cannot say. However, in order to engage with the research questions in a really searching manner, I determined that a systematic detailed observation of behaviour and first-person accounts would gain a greater understanding of my research subjects.

4.1.2. Subject of the case study

This was a single site ethnographic case study of a Witness Care Unit by one group of actors situated in a police station in a London Borough. Having become firmly convinced of my own desire to research this subject and of its academic value and originality, there was no question of where to carry out the fieldwork. This was

dictated first and foremost by practical considerations: the fact that I was based at a location where a Witness Care Unit had been newly established, the choice was more or less made for me. The Witness Care Unit thus served an ideal site at which to undertake a study of the occupational culture of the witness care officers. If something exciting or of interest took place, I would easily be on site to visit the field and all being well obtain the data as early as possible. I would also be able to achieve sufficient access to my subjects while maintaining a level of objectivity and impartiality (as their community would be initially foreign to me; my role being situated in a separate unit).

It could be argued that a case study of one particular Witness Care Unit cannot contribute strongly to knowledge of anything other than a specific geographic site at a given point in time. Similarly, one can not assume that Goffman's study of a mental asylum was applicable to all mental institutions (Goffman, 1961). However, an in-depth study of one site can identify analytical themes potentially applicable elsewhere, for which more systematic and generalisable methods can be used (Fielding and Thomas, 2008). Although all Witness Care Units followed National Standards, they were likely to differ in certain respects. For example, different policing areas are known to be characterised by different social problems, levels of socio-economic deprivation, and crime. Although each unit would almost certainly have displayed common working practices, each was made up of different characters, and as each was continually changing, the story of each individual Witness Care Unit would inevitably have been unique. However sustaining the detailed attention needed for qualitative research (Ragin, 1987:ix) across a number of the 165 Witness Care Units around England and Wales would have been impossible. Therefore I was obliged to exchange extensivity and generalisability for the benefits of one, intensive case study. The aim of this research was not to give a nationally representative picture by analysing and comparing the everyday practices of several Witness Care Units. The purpose was to understand the practitioners and the relationships that unfolded between the personnel involved. More importantly, it was the individuals' subjective stories that I wished to tell. This study uses the individual as the unit of analysis, specifically the individuals' perceptions of witness care officer and victim-witness relationships (Geddes, 2003: 177). Undoubtedly, this

stand-alone case study will offer interesting lessons which might be applied elsewhere in other multidisciplinary organisations.

Following on from the previous chapter which highlighted relevant literature and research, I will start by examining the merits of ethnography and the challenges and benefits of insider research. I shall then discuss the methods that I applied, and how I collected my data. I go on to discuss some of the issues that arose in the research process itself, both in conducting interviews and observing the practitioners go about their work. This leads me to discuss the ethical issues that I considered throughout my research and I finish the chapter by outlining how my research data were transcribed and analysed and providing a description of my research sample.

4.2. Ethnography

Ethnography has been defined as the ‘science of cultural description’ (Wolcott 1975: 112) or the interpretation of cultures (Geertz, 1973). It is the study of social interactions, behaviours, and perceptions that occur within groups, teams, organisations, and communities. The use of ethnographic method in sociology has its origins with the Chicago School of the 1920’s and 30’s. As a method, it represents a collection of techniques ranging from formal and semi-formal interviews to surveys, but at its core is participant observation. This method is more commonly conducted by a single investigator, who ‘lives with and lives like’ those who are studied for prolonged periods of time (John Van Maanen, 1996:11).

As Hammersley states, ‘The task [of ethnographers] is to document the culture, the perspectives and practices, of the people in these settings.’ What perhaps makes this approach unique in comparison to other methodologies is its focus on the immersion of the researcher. The aim is to ‘get inside’ the way each group of people see the world (Hammersley, 1992; Agar, 1986) so that the researcher can, in some extended sense of the term, ‘converse with them’ (Geertz 1973: 24) and gain knowledge.

Tope et al. (2005) argue that immersion allows trust to build and breaks down barriers to information that would otherwise be inaccessible. Van Maanen, (2001:235) asserts that the work of ethnography is to: ‘make the exotic familiar and the familiar exotic, to problematise what is taken for granted, to suggest in writing

what it is like to be someone else'. Ethnographic fieldwork is aimed at finding out things that are often not seen as important by others but belong to the implicit structures of people's lives. Most of what we observe of people's cultural and social behaviour is performed without an active awareness of what they are doing. Consequently, it is not something they have an opinion about, nor an issue that they can comfortably put in words.

Unlike the quantitative research process, in which parameters and variables are defined and controlled at the outset, ethnography relies on what Liebow (1967) described as 'the snowball effect', where the conversations and contacts established early on in the fieldwork, lead to further research directions and findings.

However, the study of human behaviour places the researcher in a complicated role where informants often become friends and the lines between one's position as researcher or friend is often challenged, readjusted, and confused. Adler et al. (1986:364) emphasise that, 'critical to both of these roles is the balance between involvement and detachment; researchers should avoid immersing themselves too deeply in their settings. The appropriate tack is to hang around with, get to know, and follow the flow of research subjects, but to refrain from becoming personally or emotionally involved with them.' Likewise, Ybema and Kamsteeg (2009) argue that ethnographic fieldwork calls for a 'dual stance' in having 'an intimate familiarity with the situation' whilst simultaneously viewing it from a distance and with detachment.

Observing people in their own environment has been referred to as a 'naturalistic' science. The research subjects are based on selection and relevance criteria that are not set by the people under observation but by the academic discipline within which it operates (Jarvie et al, 1983). According to Hammersley and Atkinson (1993:6) naturalism argues, that, as far as possible, the social world should be studied in its 'natural' state, undisturbed by the researcher.

The enormous variety of social contexts where ethnography can or has been used makes it nearly impossible to structure the way in which ethnographic research is carried out across the many disciplines that make use of it. That members of the police service are generally treated with suspicion and tend to be close-mouthed are characteristics of a culture that may be ideally suited to this method. Much of the

justification for ethnographic research on policing rests on the observation that what police do cannot be reduced solely to law enforcement (Goldstein, 1960, LaFave and Wayne, 1962).

Ethnography has been conducted in a variety of criminal justice settings, and has provided methodological insights into how the research was undertaken, for example, with the police (Hobbs 1988; Holdaway 1982; Punch 1979; Reiner 1978, 2000b; Van Maanen 1978); the courts (Baldwin 1985, 2000; Brown, 1991; Darbyshire 1984; Rock 1993; Parker *et al.*, 1989); in prisons (Cohen and Taylor 1972; Irwin 1970; King 2000; Morris and Morris 1963); and in community penalties (Ditton and Ford 1994; Fielding 1986; May 1991). It has also been applied in a wide range of settings such as home cultures and particularly in the study of life at the bottom of the social structure, including deviance (Spradley, 1970, Humphreys, 1970, Goffman, 1963).

Ethnography has also been successfully used in studying religious orders and behaviour, and has been applied to the study of work, especially factory and assembly work (Beynon, 1984) and occupational subcultures, including the factory work of women (Pollert, 1981) and education (Willis, 1979, Ball 1981). In health care settings, ethnographers have presented in depth studies of hospital social life and order. For example, Stockwell's (1984) work on patient typification by nurses, and Glaser and Strauss's (1968, 1972) work on death and dying in the hospital and other settings. An interest has also been shown in using ethnographic methods in the study of elderly care settings including the geriatric ward (Fairhurst 1990, Evers 1981) and in residential and nursing home care (Hockey 1990, Gustafsson, 1972). There have also been instances where researchers have employed this method in settings where they are 'members'. For example, Roth's (1963) well-known work on the internal arrangement of the hospital was based in part on his own experience as a tuberculosis (TB) patient.

Ethnography is today widely used and accepted as an approach to social research, yet it remains controversial particularly in terms of whether social reality exists independently of people's involvement with it, or whether (as in social constructionism) it is only created by the human process of ongoing interaction (Giddens, 2006:152). Other concerns about ethnography relate to the rhetorical

devices that ethnographers deploy, the presuppositions on which these are based, the functions they perform and so on.

Hammersley's (1990) critical article on ethnography in sociology has fuelled contemporary academic debate as to how ethnography should be carried out, the way ethnography presents theoretical description, the validity of this as theory and its place as a method within contemporary social research. Hammersley's criticisms centre around what he suggests is a lack of fit with methodological rigour; and he negatively equates ethnographic theorising with 'common-sense descriptions' (1990:609). Secondly, he argues that ethnography is open to 'become a vehicle for ideology' (1990:610) because of an insufficiency of thorough description of the values and assumptions of the researcher. Not only is the researcher instrumental in the process of collecting the data to be analysed but the ethnographer must also reliably interpret the data in order to categorise the subjects and elaborate upon the relevant social issues denoted by the subjects (Padgett, 1998).

These arguments suggest that the observer cannot be neutral or objective or operate outside his or her own value system and assumptions, and participants can give false or misleading information in the presence of the observer. But this can be said of all research, research being only the art of the possible. There are a number of strategies for ensuring credibility of the ethnographer's account in qualitative research projects. Fielding and Thomas (2008) suggest a number of solutions to these obstacles when conducting interviews. These include ways of putting respondents at ease, and personalising the discussion. Douglas (1976) suggests that a researcher should test a participant's account by comparing one informant's description of something with another informant's description of the same thing.

Despite his reservations, Hammersley still remains committed to this form of research and there is now a great deal of writing about reflexivity, the process of examining both oneself as researcher, and the research relationship. Reflexivity or self-searching involves examining one's 'conceptual baggage', one's assumptions and preconceptions, and how these affect research decisions, particularly, the selection and wording of questions. Reflecting on the research relationship involves

examining one's relationship to the respondent, and how the relationship dynamics affect responses to questions as typified by the work of C Wright Mills (1940).

Mills employed the term 'motive-talk' to describe the rationalisations people use to explain their behaviour to others and to themselves. Such motives should not be understood as fixed or abstract forces within the individual but should be understood as external products that individuals employ to provide adequate and meaningful descriptions of their own behaviour. In this respect such meaningful descriptions are understood as 'accepted justifications for present, future or past programs or acts' (1940:907). Adopting a similar approach, Scott and Lyman introduced the term 'accounts' (including excuses and justifications) as an elaboration and refinement of motive talk. Lyman and Scott (1970) explain how social actors provide 'acceptable utterances' to 'account' for action that is considered untoward.

In response to Hammersley's criticisms of ethnography and ethnographic practice, Stanley (1990) argues that his perspective is founded upon the values of the positivist tradition within sociology and upon the validation techniques of the natural sciences, which are wholly inappropriate for ethnographic research. She goes on to argue that although ethnographic accounts may not always fully explain the values of the researcher, the problem of the presentation of written work as 'truth' affects all forms of methodology and sociological accounts (Stanley, 1990: 619). Therefore, without the use of thorough reflexive input, all forms of methodology could be criticised for mystifying knowledge and presenting accounts as truth.

I took the view that researchers should examine their own motives when undertaking a lengthy thesis. It has to challenge them, engender enthusiasm and totally take over their lives for several years. It can be exciting, stimulating and rewarding. But the approach generates huge volumes of data which can be difficult to handle, is time consuming, frustrating and emotional. Delamont (1992:vii) argues that each stage of a research project is a 'mental golden journey', but warns her readers that, 'qualitative research is only suitable for people who care about it, take it seriously, and are prepared for commitment'. For Becker, researchers always have

to take sides, and the greatest test is to ensure that unavoidable sympathies with research participants do not render their work invalid (Becker, 1967).

Whilst acknowledging that those 'qualities' are a fundamental pre-requisite for good research, what is also important is the on-going challenge the research generates throughout the whole of the research process. On reflection, this piece of research became part of my life for eight years. My own unfounded fears of losing interest never materialised and as the research progressed, the fascination and commitment towards it intensified. At times it was also extremely difficult, frustrating, but was never a lonely and isolating experience.

4.2.1. Insider research

This is perhaps a good point to discuss the merits or disadvantages of an insider approach. Reflecting on my research process provides an opportunity to examine the challenges of ethnographic research beyond its time-consuming nature and I shall therefore examine the challenges involved in doing and writing ethnography from an insider's perspective.

Alvesson (2003) describes self-ethnography as a detailed account of a cultural setting to which the researcher has 'natural access', is an active participant, and is more or less on equal terms with other participants. Here, the researcher merely draws attention to his or her own cultural context and uses participant observation and interviews in order to gain a deeper understanding of a group's culture. This should not be confused with auto-ethnography, which is a form of self-reflection and focuses on the writer's subjective experience rather than, or in interaction with, the beliefs and practices of others (Ellis and Bochner 2000).

Alvesson goes on to highlight the difference between conventional ethnography and self-ethnography. He describes ethnography as 'breaking in' to a particular research setting by trying to create knowledge through understanding the natives, and self-ethnography as 'breaking out' of taking a particular structure for granted by attempting to analyse the responses and behaviours of fellow organisational members from a certain distance.

There are a number of self-ethnographic accounts: Kauffman (1988) and Fleischer (1989) conducted studies of prison staff in the United States. Before going to university, Kauffman worked as a prison warder and Fleischer, a professor, took 12 months sabbatical leave and became a warder to undertake his study. Both studies highlight the dangers of overly identifying with the staff, but there is no doubt that their research graphically illustrates the roles and lifestyles of prison guards in America.

Reiner (2000a) states that nowadays the police themselves generate the majority of research on policing issues. He indicates that serving police officers have completed research projects, which have subsequently resulted in influential publications. For example the accounts of former police officers turned academics such as Malcolm Young, Simon Holdaway, PAJ Waddington and Joel Caplan may be more credible because their experience may enhance their understanding, resulting in a more accurate interpretation of police behaviour. Holdaway maintains that the most beneficial way to conduct ethnographic research and research the characteristics of the institution is to be 'one of them' (Holdaway, 1982). The study reported and analysed here seeks to add to the literature on fieldwork experiences from an insider's perspective.

4.2.2. Benefits of self-ethnography

Reflecting on my research from a temporal distance, I would argue for the benefits of adopting a self-ethnographic strategy. One rationale for self-ethnography, which I think is particularly relevant to this research, is that the insider is, potentially, better positioned to reveal 'the true story', than the stranger-ethnographer who will normally experience some access problems, particularly on the level of depth access, i.e. stories on sensitive matters (Alvesson, 2003). It also affords access to the 'backstage culture', allows for richly detailed description, and provides opportunities for viewing or participating in unscheduled events (DeMunck and Sobo, 1998:43).

Jennifer Brown has argued that it is possible to group 'police researchers' into four categories (Brown, 1996): 'Insider Insiders', 'Outsider Insiders', 'Insider Outsiders'

and 'Outsider Outsiders'. 'Insider Insiders' are police officers who work for periods of time as 'in-house' researchers, and 'Inside Outsiders' are qualified civilian researchers who are 'bought in' by the police service to research a particular area of policing. Brown argues that research by both these groups tends to be oriented to management requirements and the researchers may be unduly constrained about what they can and cannot research or how they should go about their research because of overarching 'management' agendas.

'Outsider Outsiders' are described as all external commentators and researchers on policing. Although they have a great amount of freedom over their choice of research areas and how they go about their research, this may be limited or inhibited by the availability of research funding and access. Access can be denied to outside researchers who fail to convince chief officers or other key players of the value of their research or their own research credentials.

However, the 'Outsider Insiders' are the former police officers-turned-academics who have provided crucial 'insights' into the inner workings of the police (Holdaway, 1983; Young, 1991) and have gone on to use their insider knowledge of policing - and the privileged access their past career has given them - to good effect (Brown, 1996:181-3).

I would certainly argue that a broad knowledge on the part of the researcher can offer significant benefits to the research process which may lead to theoretical development that is better grounded in experience and observation than an outsider would present. Whilst I had not worked directly with any of my participants prior to this research, I believe that my position as a fellow police staff member provided me with the advantage of an immediate mutual understanding of certain aspects of MPS life, which would not have been possible for an outsider. For example, on a practical level, when I asked interviewees to air their views about the MPS IT systems, all correctly assumed knowledge on my part of the way the process 'should' work according to MPS policy. As an insider with a fair understanding of the work processes, I did not find myself asking very basic, mundane and naive questions, such as what the many acronyms stood for or what certain basic procedures were.

Therefore, entering the research with a clear understanding of MPS structure, policies and procedures increased efficiency in the sense that it eliminated a

requirement for me to spend significant time researching these areas in order to facilitate my understanding of the context in which my participants were working, which, in turn, allowed me to spend more time discussing and analysing the research issues. That is not to say that the naïve outsider may not ask questions to initiate detailed accounts, it is merely suggesting that this is something which the insider does not expect to need to delve into.

However, I was aware that experience is a considerably more complex concept than it is usually taken to be in everyday use. Because of the focus of this study and the kinds of questions that were being examined, there was a need to reconcile my search for authentic understanding in order to capture what was distinctive about the members of this particular setting. These methods, utilised and endorsed by ethnography, complement phenomenological insights, that is, the study of ‘phenomena’ - appearances of things, or things as they appear in our experience, or the ways we experience things. Thus, the meaning of things such as perception, thought, memory, imagination, emotion, desire, and volition to bodily awareness, embodied action, and social activity were constructed from my own experience. As one of the major influences on phenomenological enquiry, Schutz (1967) proposed that individuals approach the life world with a stock of knowledge made up of common sense constructs and categories. Both ethnography and phenomenology approach knowledge as contextual and interpersonal and accept that knowledge of reality is socially informed and constructed via the instrumentality of the researcher, and that the determination of truth is subjective.

My occupational and educational experience was therefore greater than the period of fieldwork, which in itself was a valuable resource. I was uniquely placed to give such an account because I had access to information others on the outside did not, since most criminal justice agencies are uncomfortable about opening their doors to the academic gaze. I also had a wealth of knowledge that an outsider would not have been privy to. My status as an insider afforded trust; i.e. access to settings, detailed conversations etc. Tierney (1994) argues that interviewees feel more comfortable and freer to talk openly if they are familiar with the researcher. It follows that insider research has the potential to increase validity due to the added richness, honesty, fidelity and authenticity of the information acquired. I also

believed that I had some historical and social contextual understanding of the problems and issues of the area that I was researching. At the beginning of my study I had spent some twenty years in the employment of the MPS, primarily within the criminal justice sphere, the latter eight years being in a managerial capacity. I had been closely involved in the MPS's programme to modernise criminal justice in London by working more closely with its 'partners': the CPS, courts, probation and witness services, in an attempt to reduce the number of failed prosecutions. During this time I had developed an interest in how criminal justice practitioners perceived and engaged in their work. I had also completed an MSc in the study of criminal justice policy.

I would suggest that, in the context of this kind of research, the most important advantage, and one that has the potential to elevate self-ethnography over more conventional ethnography, is the potential to build an immediate trust between the researcher and his or her participants and be able to stimulate more penetrating discussion (Alvesson, 2003). This reduces anxieties associated with, for example, an interview process, resulting in open and in-depth discussions. However, I acknowledge that, being an insider, it is possible that I neglected to ask certain salient and pertinent questions that someone new to the field would ask. An outsider who displays signs of naïvety and gullibility may be considered unthreatening and participants may be more likely to openly discuss their controversial views. This follows what Brewer (1993:133) termed an 'acceptable incompetent'.

When I began the research, I felt that I was already accepted as part of the team. This was made evident by the fact that I was included in various activities, both professional and social, and the participants never treated me with any less respect than that accorded to a colleague. As an academic, the team bestowed a role of 'expert' on me when it came to my written skills, and occasionally I would be asked to read an essay that someone was writing as part of a post-qualifying course, or top and tail an email for grammatical errors. This was a role that I felt very comfortable with and provided me with a greater insight into their social world. Two of the respondents regularly questioned me on the progress of my research.

Openness is something I was fortunate enough to experience with almost all of my participants and this resulted in detailed discussions around the nature and causes of

barriers to career progression, the difficulties with multi-agency working, and practical recommendations which either supported or built upon areas for improvement already identified by the organisation. I would argue that in this context, trust was generated as a direct result of a number of shared, taken for granted assumptions about the research context and perhaps, even at times, participant perception of bias towards a particular point of view on the part of the researcher. I considered that my familiarity of the research topic helped me to identify a 'fishy' or self-serving account. Likewise, the mixed methods approach, or data triangulation, that I discussed briefly at the beginning of this chapter helped to validate the claims that might arise from such a study.

Additionally, I regarded my age to be in my favour. Being in my late thirties at the commencement of this research, coupled with my previous police experience, enabled me to build up some credibility or even trust. I considered that, unlike many young and budding academics, my ability to understand, communicate with, and effectively interact with a diverse workforce stood me in good stead.

Although playing the naive, questioning novice has its advantages, I used my insider knowledge of individuals to follow up particular issues, and I was able to follow these participants over the life of the research.

4.2.3. Challenges of self ethnography

Being an insider can also be a source of problems, which have been the cause of much debate and scrutiny. At the research proposal stage I thought of research ethics as simply a matter of obtaining the 'informed consent' of my participants. But whilst reflecting on the process, I was alerted to the 'inequality and potentially treacherous' (Stacey, 1988: 21-27) nature of the relationship between researcher and those being researched, and the potential for exploitation. One of the key questions that frequently arise is the effect the researcher's insider status has on the research process and whether or not the validity of the research is compromised. Positivists may argue that, because of the researcher's involvement with the subject of study, the researcher is no longer 'objective' and his or her results may be distorted. For example, the researcher's relationships with the subject may have a negative impact

on the subject's behaviour causing him or her to behave in a different way to which he or she would do normally. There are also claims that the researcher's tacit knowledge, loyalties or hidden agendas will lead him or her to misinterpret data, make false claims, or distort data which could ultimately lead to missing potentially important information. Although I took the view that this can be overplayed and the researcher is more often than not heavily dependent on his or her research subjects, these and other ethical issues were still a concern for me, and seemed of particular relevance to the self-ethnographer who, unlike traditional ethnographers, will remain a part of the community they are researching long after the research project is complete.

Balancing closeness and distance is a key problem for much ethnographic research, particularly when researching one's own practice. Alvesson (2003: 188) acknowledges that: 'cultural belongingness means a high degree of closure to the rich variety of potential ways of interpreting one's organisation' and cautions that the self-ethnographer must make strong efforts to avoid 'staying native'. One way to avoid 'staying native' is to acknowledge and reflect upon data as constructions and to interpret data from a temporal distance and a fresh theoretical perspective (Phillips and Jorgensen, 2002). My view is that it is vitally important within self-ethnography for the opinions and experiences of my participants to be central to the research and for the personal experiences and emotions of the researcher to be excluded as far as possible in both 'doing' and 'writing' ethnography. However, in 'doing' ethnography, in particular undertaking one-to-one interviews, I found both the concept of remaining impartial and maintaining a social distance challenging, and I occasionally found myself instinctively sympathising and empathising with my participants. In this respect, the interactionist social psychologist, George Herbert Mead (1934), has argued that empathy (or, as he termed it, the 'ability to take the part of the other') is a valuable human ability that the researcher should exploit in order to understand how people experience the social world. Thus, in order to balance this, I employed a variety of techniques to counter the effects of my instincts on the research; I was careful not to verbally disclose my opinion and to use open, rather than leading questions when asking about perceived barriers, and I

consciously made attempts to exclude my personal experiences and emotions when writing up findings.

While the extent of officers' openness during our interactions was debatable, such confidences and revelations that they did provide created some ethical dilemmas for me. Whilst all were willing to disclose instances where they had experienced particularly traumatic events in their lives, which ultimately had an impact on how they performed their role, a few participants specifically requested that I did not report what they said either within my dissertation or to their colleagues within the Unit (despite my re-assurance of confidentiality). From the outset, because of my status within the organisation, I regarded many of the respondents as friends and colleagues as well as subjects of sociological concern. Consequently, some information was given to me on the basis of comradeship rather than in my capacity as a researcher. This fact raised an ethical question about the limits within which information obtained by this method could legitimately be used. I concluded that each piece of information should be considered on its own merit. I therefore judged each piece of information as legitimate or illegitimate on the basis of the context in which it was given, so that the trust placed in me would not be abused. There is no generic way to assess sensitive information unless it is challenged at a later date. However, it can be characterised by examining some of the topics that may have been perceived as sensitive such as sexual behaviours, deviance, drug abuse, death and other topics sometimes labelled as taboo subjects (Lee, 1993; Lee and Renzetti, 1993; Liamputtong, 2007).

In this case study, I used some of the more pertinent anecdotes as they provided depth to the character of the individual respondents and their role within the social organisation of the team. They also enhanced the understanding of many of the issues that affect people in today's society. I subsequently used a conventional strategy and produced what I had written to some of my subjects for comment and approval. I was surprised at how many participants did not object to being referred to by their real names. However, as I began to write up the research, it quickly became apparent that the idiosyncrasies of the Borough that I was researching meant that the area could easily be identified. Therefore I have referred to its locales by pseudonyms in an attempt to preserve their anonymity and protect them from

any negative outcomes should any data used in this thesis be considered incriminatory.

I acknowledge that I unavoidably entered the research with taken for granted assumptions about, for example, the way in which the officers interacted with the Crown Prosecution Service and how their relationships had an impact on victims and witnesses. I accept that such assumptions had the potential to influence my participants and colour my research objectives and outcomes. However, I had to overcome any inevitable preconceptions I had of what I might find prior to entering the field in the capacity of an academic. I tried to enter the arena with an untainted and objective mind-set, in which to conduct the research, if that is at all possible, and I looked from the inside in a way that as a manager I would never have done, that is, things I normally took for granted had to be put under the microscope and every assertion had to be tested against the evidence. Rather than considering the institutional goals, my primary focus was the informal occupational culture with a view to understanding and appreciating the practitioners' own distinctive traits. As a PhD student I also had to concern myself with trying to understand how the Witness Care Unit functioned as a social entity, while as a member of the MPS, I had to concern myself with attaining the performance targets laid out by the government. However, I felt that managing the two roles simultaneously positively informed one another. But I would stress how important it is for the self-ethnographer to both acknowledge their own assumptions as part of the process and, to make a conscious effort not to allow such assumptions to guide or dominate the research process and/or influence the participants. This is why I found it useful to temporarily withdraw from the part of the observer from time to time which is consistent with the principles of the Chicago School (also see Hobbs, 1988; Hobbs and May, 1993). This also allowed me to remove myself from the actual and sometimes deviant practices of the social group. As Edwards (1993: 184) notes, the researcher is always a variable in the research process, bringing his or her own life experiences and perspectives to bear. In the context of my study, my life experiences and perspectives as a civilian member of police staff determined the focus of the research, the data I collected and my analysis and interpretations of what I observed.

There are no definitive answers about the value of the insider role. However, it is important to be aware of the issues and to realise our own limitations as researchers (Hammersley, 2000). I was forever conscious of ethical issues that needed to be considered such as the dualities of my role and the ethics of disclosure. I felt that as long as I was open and transparent with my colleagues, my research was not impaired, as the participants were aware that they were being studied with a view to obtaining material for a thesis. Although the majority of participants appeared to have limited understanding of what an ethnographic study and a thesis entailed, they viewed my research favourably, and they were happy to answer most questions put to them since my line of questioning was new to them. Their only apprehension was talking about their managers or colleagues. Although I found that storytelling was an integral part of organisational life between individuals of the same rank, I got the impression that they did not want to cause trouble for themselves by relaying information to a member of staff from another office.

There is widespread debate about the basis for ethical decision-making in social research. Some social researchers argue that adhering to specific ethical rules in relation to research can affect the very issue that is being studied, such that it becomes impossible to conduct the research (Homan and Bulmer, 1982; Homan, 1991; Punch, 1998). This issue is particularly relevant to psychology experiments but is also relevant to research in sociology and anthropology, particularly ethnographic research.

4.3. The beginnings

I felt that it would be beneficial to all parties concerned if I could choose a topic that was related to policing in London. I was familiar with the kind of research that the MPS conducted in support of policymaking and policy implementation, and I sought to find out how I might contribute to this sort of strategic research. Prior to the start of any formal research, I met with Commander Alfred Hitchcock who was responsible for overseeing the development of policing practice in criminal justice matters within the MPS. My intention was to gauge whether my aspirations were worthwhile and seek permission to conduct this study. The MPS' policy towards researchers had changed over the years. Police buildings would no longer afford

free un-escorted access, and personnel were careful to supervise what those with the 'power of the pen' witnessed when they visited an institution. I was therefore fortunate in that Commander Hitchcock subsequently granted me permission to carry out this study, and in effect, I had a 'free rein'. Free rein meant that I could gain access to areas for connected issues relating to witness care, and this provided countless opportunities to witness 'front stage' and 'backstage' performances (Goffman, 1969) in places where aspects of witness care 'action' occurred (Goffman, 1971). It also provided opportunities for me to break through the narrow constraints of policy focused evaluation exercises on crime. I therefore came across opportunities to exploit the access that I had been granted in order to use it as a tool to prise open other areas of research.

Nevertheless, selecting the Witness Care Unit that I was going to study was perhaps the easiest of the initial steps; I still had to persuade local management to give me permission to research the Unit and its practitioners. At this point, the research remit was very vague, amounting to little more than an interest in victim and witness care and the work of the various agencies. I subsequently approached the head of criminal justice services in the Borough where I worked and a meeting was arranged for a later date to discuss exactly what the research would entail, what I required of the team and what would be required of me in return. The research raised a number of ethical and moral questions about my interaction with the team and the use to which information would be put, matters which have already been discussed earlier in this chapter. We discussed the possible repercussions and the potentially disruptive effects of the research on daily routines and I made assurances that my presence would be as unobtrusive as possible. The criminal justice manager granted permission for the research to be conducted, however it was stipulated that any interviews were to be done in my 'own time' rather than in the organisation's time. This did not include the participants who agreed to be interviewed.

Having been given the 'go ahead', as a preparatory exercise in mapping out the contextual boundaries of the research, I contacted the chief inspector who had been responsible for implementing the witness care project in London. I received the following response:

I would be more than happy to help. I think it would be better if you came to see me and I will talk you through it (bring a large holdall with you for all the papers). We will need about two hours.

(Chief Inspector – Operation Justice)

This was followed by 15 months fieldwork between September 2006 and December 2007 at a time when the Witness Care Unit appeared to have gained a degree of stability.

4.4. Data collection

Before turning to the crux of the methodology, some consideration must be paid to the manner in which data were acquired, as well as assessing the flaws in the techniques chosen and the problems encountered.

As discussed earlier, I chose a qualitative approach as I considered this to be the most useful and credible means to achieve the research aims and objectives that I had presented. My data collection methods included: maintaining a research diary of key observations and conversations; observing inter-agency meetings; examination of witness care policies; and semi-structured interviews with a sample of both male and female witness care officers at various stages in their careers. I also conducted a review of a random sample of case files. These methods will now be discussed in turn.

4.4.1. Face-to-face and semi-structured interviews

As a staff member within the organisation I was researching, it was relatively easy for me to recruit the witness care officers to participate in the study, due to the occasional interactions that I had previously had with them as I went about my normal daily activities. By this I mean that I would have brief conversations with them in the lifts, or stop for a quick chat in the canteen when I stopped by to pick up a cup of coffee. It was natural for police staff to share a certain camaraderie even if they did not work in the same office. This may have been because we were in a minority compared to the numbers of police officers, and therefore shared a certain togetherness.

At the interim stages of my research, I sent an email to all the witness care officers giving my own account of what my research entailed and what I hoped they would be able to contribute should they be prepared to participate. I was honest with respondents about the research leading to a qualification, as well as my intention to discuss the research at seminars, conferences and within articles. I constructed a draft interview guide (see Appendix II for the schedules) and conducted semi-structured interviews with the witness care officers to supplement the observational research. Semi-structured interviews allow for the same basic interview guide to be used in all interviews, but unlike structured interviewing allow the researcher to deviate from the guide, ask questions in a different order and follow up on interviewees' responses by asking additional questions that are not included in the interview guide (Bryman, 2008). Indeed, a relaxed and informal interview strategy was employed because it offered 'freedom to probe into answers and adapt to different interviewees and situations' (Stewart and Cash, 1994:49) and yielded the maximum amount of data with a minimum of digression.

It could be argued that a potential methodological flaw with this aspect of the research is that the number of people included in the study was relatively small, and therefore generalisations should not be made from these data. Nevertheless, eight male and 14 female witness care officers were interviewed comprising twenty two interviews of seventy to one hundred minutes duration, generating around thirty hours of data.

The interviews were conducted soon after the research began. The reason for doing them earlier rather than later was because it allowed me to gain a fundamental understanding of the field. The interview process also allowed the practitioners to better understand the direction of the research and ease many of their tensions and anxieties. For example, almost nobody with whom I spoke had heard of 'ethnography' or 'participant observation', and at first, some witness care officers appeared suspicious of my activities, questions, or interactions that fell outside the parameters within which the procedures and aims of 'research' were deemed by them to lie. Therefore, prearranged interviews seemed to fit comfortably within this paradigm, whereas spending time on the Witness Care Unit was possible only a month or so after my research began, when I was between roles. By this stage,

people had also got to know me better and I had established a relationship of trust with particular individuals. However, it would be naïve to assume that the witness care officers felt able to express their views with complete frankness. Indeed, the most revealing data I gained on officers' perspectives were not collected during formal interviews, but during informal conversations, 'off the record'. It was usually during these 'off the record' moments that I managed to get important information, such as someone's perception of a victim, the decoding of a specific standpoint someone had taken, or an interpretation of a role-conflict, and so forth.

Additionally, during the course of my fieldwork, I interviewed two CPS lawyers, two CPS witness care officers and one voluntary worker from the Witness Service. Interviews were not conducted with any police officers and this does not affect the strength of the findings, as the research was predominantly concerned with the working practices of civilian staff.

My intention was to interview all team members but as the team expanded and annual leave was taken, it was not possible to accommodate everyone in my schedule and two of the female officers were left out. However, this did not mean that I did not observe them in the field. I also considered interviewing all the respondents twice with a view to generating a deeper and richer understanding of each individual's role identities. However, second interviews were not possible with the majority of respondents because of resource constraints and the turnover of staff. Many of the original witness care officers had moved on to pastures new or were unavailable for a second interview. Therefore I was only able to interview six of the respondents a second time.

The interviews were conducted in a private office, which was located on another floor of the police station in which the Witness Care Unit was housed. A prepared statement was read to all participants at the beginning of each interview describing the purpose of the interview, how the information would be gathered during the interview and how it would subsequently be used. I stressed repeatedly and emphatically to them that their participation in the interview process was to be purely voluntary. I did not seek permission from my superiors to tape record the conversations, as I was aware that there was a policy against electronic recording devices. Hence contemporaneous notes were taken at each session, which included

paraphrased summaries to record the responses of my interviewees as well as verbatim quotations of the more interesting statements and expressions. Although this latter method can, of course, engender its own problems of focus and attention, I followed the principle of minimum inference. This requires that the reporting of research findings should be 'as concrete as possible, including verbatim accounts of what people say..., rather than researchers' reconstructions of the general sense of what a person said, which would allow researchers' personal perspectives to influence the reporting' (Seale, 1999:148). Further, verbatim respondent quotations 'are important for revealing how meanings are expressed in the respondents' own words, rather than the words of the researcher' (Baxter and Eyles, 1997:508).

I also made notes on non-verbal communication such as silences, laughing, and worried expressions. It is widely accepted in our society that people's paralinguistic (i.e., non-semantic characteristics of the voice) and nonverbal (i.e., posture, gestures, and facial expressions) behaviours play an important role in conveying information about their personality traits. These informed part of the analysis, which will be discussed later.

Each of the interviews commenced with a request for a brief life history from the respondent. This provided useful information about what had driven each practitioner to joining the organisation. This question also served a second function: it helped to make the respondent feel comfortable in the interview environment. By getting them to talk about themselves in an informal way, I was able to establish a sense of who they were as individuals. As a consequence they generally became more relaxed with me. Primarily, questions were designed to capture information in two areas: (a) collection of basic data concerning occupational history and the nature of the role; and (b) interviewees' attitudes, opinions, and perceptions of the nature of their role. The latter included questions surrounding their views on the meaning of care in their work. I asked two types of question; those that invited a professional response and those that did not. For example, I solicited the views of staff that were considered to be acceptable for public circulation versus those views that staff might have otherwise been reluctant to divulge, or at least divulge in a report.

I asked questions that they did not appear to consider about themselves, such as whether or not they felt that they were doing a satisfying job by achieving results and making a difference. I inquired whether or not they welcomed the initiative and if it brought them real rewards and an incentive to continue doing their job. The questions also focused on what were perceived to be good and bad outcomes of a typical day. Through these case histories and biographies, I was able to gain an insight into how witness care officers dealt with their emotions in difficult cases as the eloquence, detail and enthusiasm of the responses varied markedly. Through these interviews I was able to tap into the practitioners' points of view, identify significant categories of human experience up close and personal, and map the ways in which those points of view were shaped by, and in turn shaped, the organisation.

I would argue that all researchers are personally invested and partial in their interpretations, whatever their relationship to the interviewee (Bordo 1990), but (as with any research) conscious reflexivity to achieve an emotional and critical distance is essential to avoid over-simplistic description. According to Hammersley (2000), the key aim is to minimise the impact of biases on the research process, to carry out research in conscious of its socially situated character and to make the researcher's position *vis-à-vis* the research process transparent. By making the research process transparent and honest, it is argued that readers can construct their own perspectives, which are 'equally as valid as our own' (Cohen *et al.*, 2000:106). Therefore, with this in mind, I commented on general issues, but attempted to restrict my own personal views, which could overly influence the response, but I made individual judgments depending on the respondent. Non-verbal clues prompted interviewees and informality encouraged conversation, impossible with written surveys (Fontana and Frey 2005). In order to analyse the participant's answers, I felt that it was important not only to be transparent with my colleagues but also not to harp on about problems or failings. For example, Liebling (2004) found it very productive to ask prison staff what they felt they had done well or were proud of in their recent work. She proposed that a truer test of the quality of prison life was what staff and prisoners had to say about those aspects of prison life that 'mattered most': relationships, fairness, order, and the quality of their treatment by those above them. During the interviews, I found that the some workers were

more outspoken than others and remarked that the interview had provided them with an opportunity to express all their '*moans and gripes*'. However, I felt that they misled themselves into believing that I could make a difference and 'sort out' their concerns.

Furthermore, it appeared that because of my gender, the female witness care officers were more willing to discuss personal or emotional issues with me. For example, female officers confided in me their experiences of domestic violence, assuming that as a woman I would be more empathetic. These conversations arose when the officers were asked to discuss whether or not their role had an impact on their domestic circumstances. Overall, I got the impression that the interviews gave all the witness care officers a chance to think about their role objectively for a change, rather than just responding to the intricacies of victims' and witnesses' chaotic lives. It also became apparent, after the first few interviews, that witness care officers were keen to speak at length about their experiences with the CPS, and this gave me an opening to explore their perceptions of multi-agency working at a later stage by encouraging them to recite both positive and negative experiences.

At the conclusion of each interview, I provided each participant with a copy of my hand written notes to clarify accuracy. This ensured that staff were in agreement with what I had written and also gave them an opportunity to correct any mistakes which might have been made. From my perspective I could then be confident that the interviews were a valid representation of their views and responses.

4.4.2. Participant observation

A considerable amount of time was engaged in overt participant and non-participant observation. In view of the fact that the subjects of my research were willing and informed participants, I decided not to opt for the more ethically dubious method of covert observation, which was conducted for example by Holdaway in his capacity as a police officer (Holdaway, 1982). At the time, Holdaway argued that covert observation was the only realistically viable method in which to research the characteristics of the institution, its organisational culture and the working lives of lower-ranked officers inside the British police. He went on to say that any other

form of method would have been ‘unrealistic’ (1982: 63) in providing illuminating insights of routine police work and the organisational culture of the police.

However, in addition to possible ethical questions about this type of secretive research, there is always the problem of the researcher ceasing to remain detached, aloof or personally separate from the people that he or she is researching. The ability to record data openly is also a major problem, since the researcher is limited in what he or she can record, and questions of both data reliability and validity may arise that cannot always be easily answered by the covert researcher (Van Maanan, 1982). A major criticism of covert methods is that researchers are pretending to be people that they are not and the subjects of the research are kept in the dark of the true identity of the researcher, resulting in ‘out-and out-deception’. (Bulmer, 2008).

The Witness Care Unit was an open plan environment on the sixth floor of a police station in central London. I was given a desk and computer for my own personal research as well as ordinary work. The desk was situated in a central part of the room and was at the end of a bank of five other desks. My right side was adjacent to an unblocked gangway that stretched the length of the room and had a fire exit at both ends.

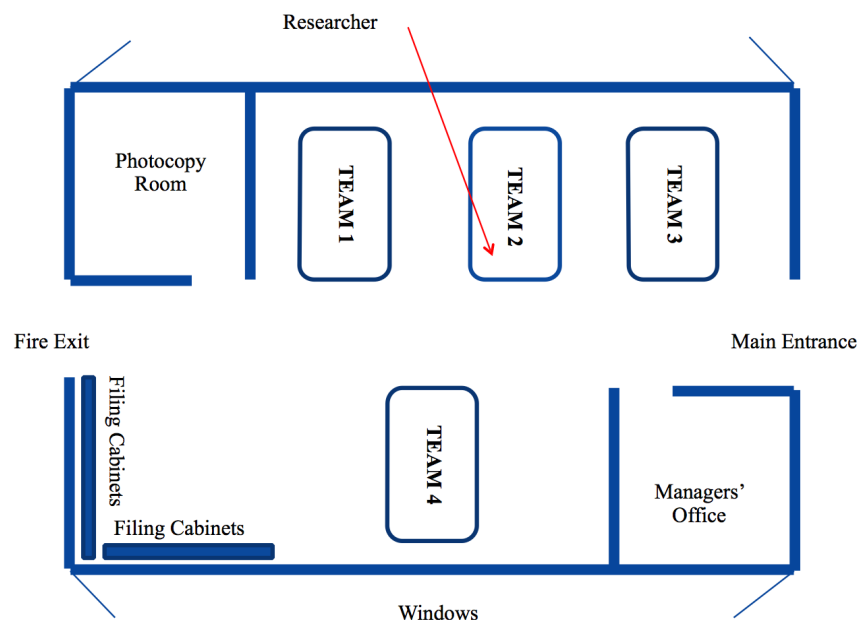


Figure 2: Office Plan

From this prominent spot, I was able to gain access to my emails and perform any urgent work-related tasks, while at the same time quietly observe the everyday activities of the Unit. The open plan layout made my role easier in terms of observing the practitioners and communicating with them, as everyone was in a centralised area. It also meant that no time was wasted going between offices. I was in a position where phone conversations or conversations between employees could be overheard easily. However, when there were several conversations going on at any one time, the ambient volume was raised and I got caught up trying to listen to both conversations at the same time. However, I overcame this by focussing on one scenario at a time. Throughout this participant observation I recorded detailed handwritten field notes and I always had a notepad and pen at the ready to document any significant events.

The observational research had a slow start and I began to panic and form the impression that nothing was happening, the practitioners were just going about their daily business, and there was nothing that looked surprising or out of the ordinary. However, I began to realise that the ordinary was what I was there to observe and what I was really looking for were the insights hidden in the ordinary (Becker, 1998). Becker also said that the occasions where nothing was happening could also be revealing. Fieldwork involves 'active looking, improving memory, informal interviewing, writing detailed field notes, and perhaps most importantly, patience' (DeWalt and DeWalt, 2002, p.vii). Merriam (1998) suggests that where to begin looking depends on the research question and the researcher's purpose for conducting the study in the first place.

I participated in the daily office rituals, but at the same time carefully observed everything that took place. For example, I made tea and coffee for the workers and paid into the 'tea club'. There were formal discussions, which took place when the teams got together for their regular meetings, and less formal interactions while the witness care officers performed the daily activities of office life such as making phone calls, completing paperwork on cases, and in the 'back places' (Goffman, 1959) such as the designated smoking area and canteen where gossiping and disagreements took place. Often, at lunchtimes, I was invited to the canteen to eat my sandwich with some of my subjects. They laughed, joked and griped about the

daily working practices and rituals that took place within their arena of the CJS. I heard sexist, racist, and localised gripes and grudges which highlighted intra-agency conflict, tension, and bitterness, which at some point had to have an impact upon the CJS *per se*. By localised, I mean that the subjects of my research were in one another's physical proximity and used a desired language and culture that was confined to their specific area. I also spent considerable time talking to practitioners about their work and lengthy periods observing them in their workplace environment. I listened to their conversations with their colleagues and one sided telephone conversations with victims and witnesses, the CPS and other external agencies. Although I was an 'insider', I was still only an 'observer'. When undertaking substantive ethnographic research, being in the thick of it does not necessarily constitute 'being a fully-fledged part of it' (see for example, Hobbs, 1988).

I observed the telephone work being carried out by every witness care officer that I interviewed, including the two officers that I was not able to interview and the two CPS witness care officers. I could only hear one side of the conversation, that of the witness care officer. However, I could always get a good sense of the direction in which the conversation was going. For example, silence on the part of the witness care officer often meant that the person on the other end of the line had a lot to say. Invariably they were either conveying their dismay at the process or expressing their woes to the listener in some form or another. Throughout each phone call, I took notes and afterwards I discussed the call with the witness care officer to clarify parts of the conversation. Although this could be considered to be, in effect, eavesdropping, the participants were co-operative and some even appeared to enjoy the opportunity to discuss their cases. I noted what skills and knowledge each witness care officer used to deliver the telephone conversation. One of the most challenging issues appeared to be handling different 'difficult' victims and witnesses - irate victims, offensive victims and defensive victims. When observing telephone calls, each witness care officer's style and expression varied: some witness care officers had clearly mastered the art of telephone conversations while others struggled with it to some degree or another. I subsequently evaluated the calls and my findings were used to assist me in identifying strengths and weaknesses in call

handling and ultimately defining the working style of each witness care officer. For example, some officers had a tendency to issue multiple, repetitive responses to victims and witnesses. These were usually standard terms and phrases that they had learnt over time, that Schutz (1964) would refer to as 'recipe knowledge'.

During the course of my fieldwork, I listened to approximately twenty telephone conversations by each individual. I listened to the entire conversation of the phone call as I considered that listening to just parts of the conversation may have chanced misinterpreting the context. On two occasions, a witness care officer put the other person on speaker phone so that those in the office who were sitting nearby could hear him or her. On both occasions, the witness was screaming down the phone and preventing the witness care officer from getting a word in edge ways. I observed the other officers nearby having a small chuckle amongst themselves and got the impression that the witness care officer on the telephone wanted others to acknowledge what they were having to cope with.

The most informative data were generated within the physical boundary of the office where the practitioners spent most of their day and where interactions between witness care officers and victims and witnesses could be heard. The use of participant observation enabled me to 'immerse' myself in the Witness Care Unit, thereby getting to know the key actors in the Unit, and obtaining a deep understanding of social action and its subtleties in different contexts. Participant observation also gave me an opportunity to gather empirical insights into both formal and informal organisational culture and social practices that were normally 'hidden' from the public gaze.

I tried to identify what it was that witness care officers were doing and how they worked in partnership with the CPS and Witness Service. The qualitative approach was particularly useful here because it could lead to the production of an account of the values and beliefs which shaped the daily work, and concerns of the witness care officers. For example, how they interpreted their experiences, and how other subjective aspects were understood. In this way I was also able to explore empathies and what motivated them. Overall, I considered that listening and learning from the witness care officers themselves was the most appropriate research method to explore the social relationships surrounding this particular group of individuals.

The main blocks of data collection (179 hours) took place between September and December 2006. Other data were collected in follow-up visits in the months following this period and in continuing regular visits between March and December 2007. The intensity of the research varied throughout the period of fieldwork. The first phase of the research required my presence within the Witness Care Unit on a daily basis for the purposes of both observation and interview. Following this, there were periods during which I attended the team for only a couple of hours a day and even times when I withdrew from the field altogether (what Glaser and Strauss (1968) deem 'drifting off'). This process helped me to refocus my mind on what I had observed and allowed me to try to make sense of it (Taylor, 1991: 241-242). Because I became so involved and comfortable with the team, and was able to drift into the culture of the organisation and 'go native', there were times that I became *blasé* about what I was observing.

All quotations, descriptive passages and phrases in italics within the thesis are the exact words of the interviewees. The purpose of this was to avoid too much reconstruction or reinterpretation of reality, and also to let readers have a clearer view of what took place in the field.

4.4.3. Supplementary methods

My research was supplemented by other methods of data collection to provide greater contextualisation. These methods took the format of informal conversations with professionals from other Witness Care Units, and volunteers from the local Witness Service about the practices, values and sensibilities of the witness care system. These conversations usually took place following inter-agency meetings. As part of my research, I was invited to attend the routine Local Criminal Justice Group (LCJG) meetings and the monthly victim and witness sub-group meetings. LCJG meetings were instrumental in delivering strategies for developing a more effective criminal justice service within the Borough and were the primary vehicle for ensuring that government targets were met. The meetings were structured to ensure that senior officers from all partner agencies were represented and able to contribute to the overall strategic development of victim and witness care. The LCJG was required to undertake six monthly self-assessments of their performance

in meeting their obligations under the Victims' Code and NWNJ. The members appointed sub-groups to examine particular issues such as the level of cracked and ineffective trials due to witness issues and attendance levels. Observations of meetings such as these allowed me to understand how members interacted with one another and how decision making processes were governed. Following the meetings I wrote up detailed fieldwork notes. Although these notes were not analysed in the same way as my research interviews or observational fieldwork that took place in the Witness Care Unit itself, they did inform the analysis and interpretation of my research data.

I was permitted access to all areas of the office, and in addition to the ethnographic methods employed, I undertook a content analysis of case files in an attempt to uncover any gaps in my research, answer specific questions and satisfy my conclusions, particularly in relation to witness attendance at court, trial outcomes, referrals and pre-trial court visits. I reviewed a random sample of ten per cent of cases (240 cases). A two stage random sampling strategy was employed: the sampling frame used was derived from the Witness Care Case Management System (CMS). This was the administrative IT system used by witness care staff for case management purposes. The system generated a list of data (case file information) for every case handled by the Unit in 2006. The data was imported into Excel and the RAND function in Excel was used to generate a random number for each row. The random values were subsequently sorted into ascending order, and by selecting the first 240 rows, the desired sample size was obtained. The sampling strategy allowed each case to have an equal probability of being selected. It was particularly suitable for this exploratory task as it offered a way of reducing the amount of data without having to decide what data was important.

Fieldwork was subsequently carried out to collect information on the selected cases from the case files held by the Witness Care Unit. The documentation contained within each case file, such as the handwritten risk assessments, contact logs, and letters (including letters of appreciation from victims) were subsequently examined. Documentary analysis can be particularly useful when researching the law, court proceedings, or governmental agencies, as documents indicate what an organisation produces, how it certifies certain kinds of activities, categorises events or people,

codifies procedures or policies, explains past or future actions, and tracks its own activities (Lindlof, 1995:208).

I discovered that documentary analysis in this particular study was an important guide to events and processes, as well as a source of basic information. Some of the information contained in these documents suggested further questions that needed to be asked and situations that needed to be observed as part of the research. Many documents indicated how the practitioners were taught to track the activities of cases. Documentary analysis was also particularly critical in understanding the officer's own interpretations of a victim's vulnerability or needs and providing first-person accounts of their actions. This method enabled me to become better acquainted with the work of the team in an unobtrusive and a non-reactive manner. Robson (1993) lists this 'unobtrusive' nature of evidence as one of the advantages of working with documentation. Another advantage of documentation is that it allows the researcher to 'observe' evidence without being observed and therefore his or her presence does not affect the outcome of the observation (Robson, 1993). However, as with any research that uses data collected from case files, the quality of results was dependent on the availability of the case files.

Utilising these data in conjunction with the fieldwork permitted a form of triangulation and increased the concurrent and external validity of the study. I was able to corroborate findings across data sets and thus reduce the impact of potential biases that can exist in a single study (Cohen and Manion, 1994).

4.5. Interpreting the data

After conducting the fieldwork, it was necessary to find the method of interpreting the data that would best classify and describe the various aspects of the witness care officers' daily encounters from their perspectives. The data collected from the semi-structured interviews, document analysis and field notes produced a wealth of detail regarding witness care officers' perceptions of their work, and, in turn, informed the analysis and interpretation.

I took an iterative approach to data collection in that the data analysis was an ongoing process from the initial stages of collecting the data, and involved constant

comparison of the data. I repeatedly interpreted the witness care officers' narratives in the light of the research aims and objectives and I repetitively asked myself questions regarding the respondents' attitudes. For example, how did internal and external influences affect the witness care officers' working styles? How did they translate care into practice? What were their preferences and difficulties in their work? I also considered whether the participants' demographic and career information appeared to have a bearing on how they went about their work. Figure 3 is based on Seidel's work and demonstrates that the qualitative data analysis process is not linear, but 'iterative and progressive', 'recursive' and 'holographic'. The model consists of three parts: 'Noticing', 'Collecting', and 'Thinking about interesting things'. These parts are interlinked and cyclical and they all contribute to the assimilation of the data. For example while thinking about things the researcher simultaneously notices further things, collects them and then the cycle is repeated (Seidel, 1998).

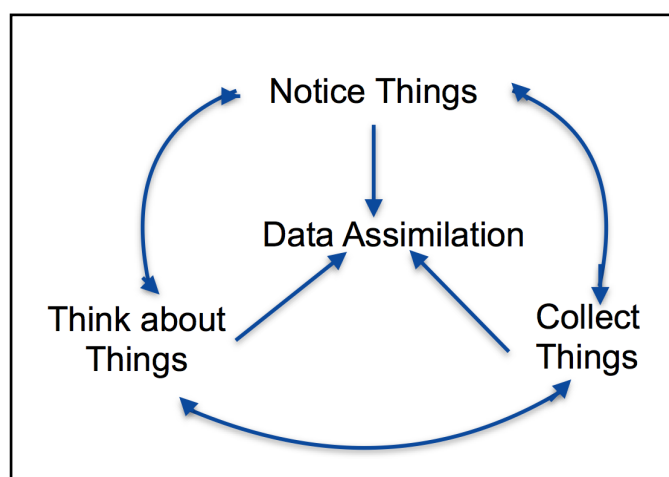


Figure 3: Qualitative Iterative Data Analysis Process

I would describe my method of data analysis as a traditional manual coding technique, as opposed to using contemporary Computer Assisted/Aided Qualitative Data Analysis Software (CAQDAS). It involved taking text gathered during data collection, segmenting sentences (or paragraphs) and grouping features and elements of the data under themes associated with my own interpretation of the officers' set of beliefs and attitudes towards their work (Creswell 2009:186). I am aware that there are CAQDAS tools that assist with qualitative research, such as

coding. This software may have saved considerable time, enabled a more systematic analysis and, more importantly, enhanced the transparency of the analysis process, but I considered that there were benefits to this more traditional method of data analysis. Firstly, given that I would have had to familiarise myself with the software, including its strengths and weaknesses in order to feel secure about using it, I did not feel that it would have reduced the time allotted for my analysis. Secondly, the human brain has a phenomenal capacity to process data and identify patterns without the expense of automated software to interpret meaning from data. One of the major concerns of CAQDAS has been that of decontextualisation. Users have stated that they no longer sense a closeness to the data, the software having a 'behaviourist orientation' (Fielding and Lee, 1998; Barry, 1998). Thirdly, since the sample size was small, I found it easier to organise the data and combine categories, as computerised methods may not always be reliable, particularly when using slang words or expressions. On the other hand, it could be argued that a researcher who codes data manually may have a tendency to make assumptions and read between the lines, which could result in the results being skewed (Bright et al., 2007).

Kutsche (1998) states that when one is trying to analyse interview information and field notes, he or she is trying to develop a model that helps to make sense of what the participants do. The technique that I adopted can be broken down into three key stages which are shown in Figure 4. These processes will now be described.

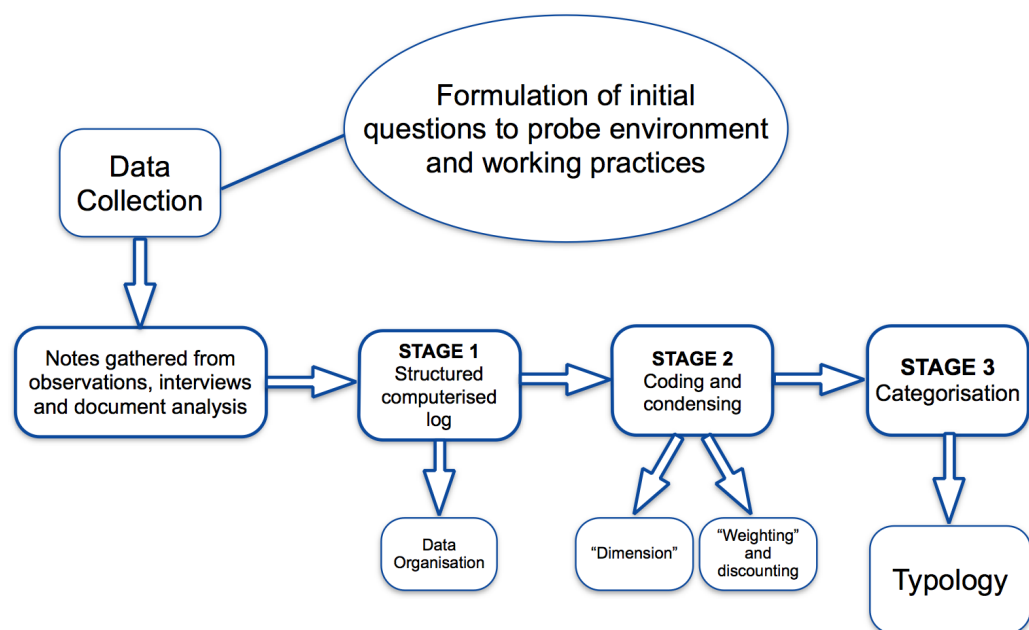


Figure 4: Model of Qualitative Data Analysis

The first stage involved the transfer of the hand written field notes (interview, observational and case file data) to Microsoft Excel to produce a log of data gathering activities. This process made the field notes retrievable, and cleaned up what appeared, at first, to be overwhelming and unmanageable. The log contained four key Sections. Section One contained a list of participants and Section Two listed the dates and times when, and the places where, the events occurred. Section Three contained my observations of events as they unfolded. The primary criteria for observation were the actions and reactions of participants themselves as they applied to the research questions. Finally, Section Four contained my interpretations of the events and participants, including personal interaction between the participants and myself. Following a period of time and reflection, further comments were noted concerning the observational data.

The second stage of my analysis was a transitional process between data collection and organisation and a more extensive data analysis. This is referred to as coding and was guided by the key aims of the study and what I considered to be important concepts. The broad themes identified for the coding were: definition of care, implementation of care, approaches for assessing need, and care and authority. The latter two themes were derived from my insider sense of the issues that would likely emerge in real life. Equal weight was given to the three sources of research data when carrying out this coding technique and each row of data was assigned its own unique code to summarise or condense the data as well as reduce it. For example, several of the codes were used repeatedly throughout because they shared similar characteristics, commonalities, discrepancies, patterns and structures in relation to similar attitudinal patterns and core values (Coffey and Atkinson, 1996). Miles and Huberman describe this organisation of data into something meaningfully reconfigured as data reduction. 'Data reduction refers to the process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in written up field notes or transcriptions' (1994:12). Not only do the data need to be condensed for the sake of manageability, but they have to be transformed so that they can be made intelligible in terms of the issues being addressed. As a result some field notes were discarded because they did not resonate with the other data, and although interesting, were excluded to reduce distractions. For example, a

participant's comments on the location of the toilets or smoking area within the building were unrelated to the key concepts.

This technique enabled me to make continual judgements with regard to the relevance and consistency of the data (see Miles and Huberman, 1994). Throughout this stage, codes were revised or removed and additional codes were created as new themes emerged from the data. However, I tried not to force my data into existing codes. I subsequently assigned a weight score to each of these coded segments to indicate how important each particular coded segment was. The weighting was on a scale of one to ten, with one being the most relevant to the research questions. Counting the frequency with which themes occurred was also useful to confirm their importance and highlighted the complexities of the witness care role and the challenges that the work presented.

The third stage focused on categorisation. The coding exercise revealed a number of key codes that were applicable to the broad themes and could be subsumed under three major categories which I have labelled humanitarian, performance-led and disaffected. Some of the related categories under the humanitarian theme were victim satisfaction, support and knowledge. Under the theme performance-led, some of the categories were control, targets, and rules and processes, and the disaffected theme produced categories such as bureaucracy and streamlining resources (Appendix III contains a sample of the coding process with extracts from the data).

4.5.1. Typology of working styles

Following the categorisation of the data, each individual was assigned to one of the categories that closely resembled his or her working style. It became helpful to consider these three broad categories in the context of Weberian 'ideal types' (Giddens, 1971:141; Weber, 1964). 'Ideal types' are heuristic devices, abstractions which are intended to aid analysis by artificially simplifying and exaggerating the features of some phenomenon in order to guide inquiry. They are analytical instruments which are used to accentuate reality for analytic ends.

An ideal type does not in itself correspond to all the constituent parts of the phenomenon under consideration since, given the best of circumstances, it would be

impossible for any person to display, and unnecessary to attempt to capture, all of these qualities consistently as ‘situations and interactions are never static’ (Hein, 2001), and individuals’ perspectives are often more complex, shifting and contradictory. I have therefore suggested that these categories should be seen more as ‘ideal types’ rather than discrete ontological categories, as there was a clear discrepancy between how things were supposed to be in the sense that they were close approximations to the phenomenon under scrutiny. This may have been because they were powerless to influence the ideology in the area of implementation or powerless to resist change (Liebling, 2004). For example, the organisational approach to victim and witness care involved policies, procedures, aims and objectives and, at times, witness care officers had to show enough flexibility to be able to adjust to the practicalities of their working environment, or to respond to the requests of management. There was also a diversity of cases involved, and a witness care officer may have considered that he or she was pursuing an ideal, but that ideal may have been difficult to reconcile due to the complexity and nature of the case that they were dealing with. Their own sense of morality may have even come into play, even if this meant going against the prevailing opinion. Nonetheless, these ‘ideal types’ of witness care officers described and shared reasonably consistent understandings of caring in their work, as well as views of victims and witnesses, and orientations towards managers and the organisation, which enabled the construction of a typology (Figure 5).

Witness Care	Performance-led care	Disaffected care	Humanitarian care
Definition of care	<ul style="list-style-type: none"> • Provision of practical help to improve victim's situations. • Formal embedding of a vision in the organisation – clear structure/hierarchy • Representative of 'the police' • Multi-agency working - i.e. an integrated system of care 	<ul style="list-style-type: none"> • A loaded term • A 'witness liaison' service 	<ul style="list-style-type: none"> • Direct emotional involvement • Victim satisfaction • Personal reward • Demand-oriented care • Reassurance policing
Implementation of care	<ul style="list-style-type: none"> • Organisational policies and procedures - process-led • Emotional dissonance • Performing work - 'front stage' • Requirement to act within legal and ethical boundaries 	<ul style="list-style-type: none"> • Duty led - formality • Acquiesced to organisational policies, but did not necessarily agree (e.g. lack of resources and systems not 'fit for purpose') • Formed relationships with victims whose vulnerability appealed to their parental sense of obligation • Surface acted • No self-reflection 	<ul style="list-style-type: none"> • Emotion intensive • Performing work - 'back stage' • Informal subculture - group membership • Vocational work - derived considerable job satisfaction
Needs-based approaches	<ul style="list-style-type: none"> • Formal communication and clear decision making rules • Imperatives such as conviction rates • Aimed to treat all victims the same 	<ul style="list-style-type: none"> • No recognition that victims could change over time. • Keeps to the script and co-operates. 	<ul style="list-style-type: none"> • Aware of the social vulnerabilities of victims • Subjective views • Role conflict
Care and authority	<ul style="list-style-type: none"> • Political environment/control 	<ul style="list-style-type: none"> • Cliques and subcultures • Ability to move between a 'care mode' and a 'control mode'. • Restraint and professional distance in the deployment of authority. • Streamlining of resources and making efficiency savings 	<ul style="list-style-type: none"> • Consciously integrated care and control - authority delivered through the relationship with the victim and their working knowledge. Respect and esteem inspired co-operation and trust. • Burnout

Figure 5: A typology of working styles – concepts and features

The typology was based on my observations and the witness care officers' personal opinions, interpretations, points of view, emotions and judgment. At one extreme, six officers in my study could be classified as disaffected carers. That is to say that while they did not profess antipathy towards victims and witnesses or their role in general, they appeared, almost unquestioningly, to accept the systems and processes, despite an underlying acknowledgement that they were problematic. At the other end of the spectrum were a slightly larger group of officers (ten in total) who could be classified as humanitarian carers, that is to say officers who were flexible and committed to the organisation. They attempted to do everything in their power to meet the needs of vulnerable victims and witnesses, but had a tendency to adopt the role of 'burnouts' (Kaufman 1988). The other eight witness care officers could be described as performance-led carers, who were considered to be inflexible and methodically followed the processes and procedures laid down by the organisation.

I relied on the member check technique to help improve the accuracy, credibility, and validity of my study. Member checking was done mainly during the interview sessions and involved restating or summarising information to the participant and then further questioning the participant to determine accuracy. I also completed member checks towards the end of my research by sharing all of my findings with the managers in the Unit, as they were familiar with the setting and the participants involved. This exercise allowed them to critically analyse the findings and comment on them. The managers were complimentary with their feedback and affirmed that the categories reflected their views and experiences of working with the individuals involved. For example, one manager laughed at my description of one of her staff and exclaimed,

Yes.....that sounds just like her!

(Manager - Witness Care Unit)

Although member checks are not without fault, they serve to decrease the incidence of incorrect data and the incorrect interpretation of data. The overall goal of this process is to provide findings that are authentic, original and reliable. Each officer appeared to have a set of beliefs about and attitude towards the purpose of their work, which were expressed consciously or unconsciously, and these observations will be elaborated upon in the substantive chapters.

The typology played a recurrent role in this work. By reducing the chaotic variety of social reality into a manageable number of categories, it aided demonstration and inquiry and ultimately facilitated a structured approach to the research questions.

Firstly, it is important to present some of the 'raw data' that led me to my typology. Gender, ethnicity and experience can be quantified fairly readily; personality and emotion are more difficult. I have devoted a significant proportion of the thesis to the latter, and so the facts and figures behind the former are included below for completeness.

4.6. The profile of respondents

In this section I shall describe the research sample analysed and their demographic characteristics. All the officers were of the same rank, Band E, formally referred to as Administrative Officers. In relation to length of service in the MPS, they were distributed throughout a wide range of between 1 year and 22 years. Seventy five per cent had less than 5 years' service, with twenty five per cent between 5 and 22 years. Therefore, more than half the sample were relatively new to the service and the majority had either come from the private sector or this was their first job since leaving school. There was a higher proportion of male police officers across the organisation; female staff were found to be in the majority in administrative and customer service roles. This was the case in the Witness Care Unit where the majority of staff were female, indicating that this gender were possibly more interested in performing this role or were assigned to it because they were assumed to be more interested. This suggests a parallel with the early days of women in policing when they were placed in specialised roles and hired for their distinctive skills in mediating problems associated with women and children (Joseph and Taylor, 2003). Caring has also been linked closely to gender. For example, respondents in James' (1989) studies talked about the feelings that caring work engendered in them and eloquently identified the personal costs of such work to the carer. James (1989) discusses the gendered nature of emotional labour as it is enacted within healthcare settings and the way in which caring work gets constructed as 'naturally female', deriving naturally from women's position and work within the family, and therefore devalued as a commodity. At the time of my

study, there were 16 females in the Witness Care Unit. Males were in the minority with 8. The sample was 42% white, with 14 of the 24 respondents from other ethnic groups.

The table below reflects the fact that the witness care officers fell into more than one category. However, the male sample was positively skewed as the profession was predominantly female. It should also be noted that none of the witness care officers who were representative of the traditional ‘old school’ style of working had higher educational qualifications. The ‘other’ category denotes those officers who did not fulfil the category of school leaver or ‘old school’. These respondents fell somewhere in between, some having been employed in the private industry or another organisation within the public sector such as the prison service. The composition was as follows:

	Name	Working Style	Male/Female	Ethnic Origin (White or ethnic minority)	School Leaver/ Old School/Other	Academic
1	Adele	Performance-Led	F	W	SL	N
2	Alex	Humanitarian	M	W	SL	N
3	Ben	Disaffected	M	W	SL	N
4	Charlotte	Performance-Led	F	W	Other	Y
5	Chloe	Disaffected	F	E	SL	N
6	Chris	Humanitarian	M	E	OS	N
7	Claire	Performance-Led	F	E	Other	N
8	Dylan	Performance-Led	M	W	Other	Y
9	Emily	Humanitarian	F	W	Other	N
10	Grace	Humanitarian	F	E	OS	N
11	Hannah	Disaffected	F	E	SL	Y
12	Jake	Disaffected	M	E	OS	N
13	Joshua	Humanitarian	M	E	Other	N
14	Linda	Disaffected	F	W	SL	N
15	Lucy	Humanitarian	F	E	OS	N
16	Mandy	Performance-Led	F	E	SL	Y
17	Megan	Humanitarian	F	W	SL	N
18	Mia	Humanitarian	F	E	Other	N
19	Nathan	Humanitarian	M	E	SL	N
20	Rebecca	Disaffected	F	W	Other	N
21	Ruth	Performance-Led	F	E	Other	N
22	Sadie	Performance-Led	F	E	SL	Y
23	Sam	Performance-Led	M	E	OS	N
24	Sophie	Humanitarian	F	W	OS	N

Figure 6: Profile of Respondents

As a general observation, it appeared that the influx of new staff over the previous four years had slowly changed the ethos of the police service and many of the younger members of staff had great difficulties with some of the more established members of the organisation. Many of the criticisms and divisions within the Witness Care Unit were expressed by the staff who had recently arrived, while some of the older members of staff were less forthcoming with their views than the younger members. That is not to say, however, that the older members of staff did not hold strong views. They merely appeared to keep their own opinions and feelings private and were motivated by the desire for social acceptance and the need to please. As a result they only discussed impersonal safe topics such as cooking and popular television series.

One of the problems here is that some of the staff are not willing to change. They have been here too long and are set in their ways. The younger staff are starting to break down the old regimes.

There was little doubt that the influx of civilian staff over recent years had begun to challenge and alter the atmosphere inside the police service. The new members of police civilian staff had created friction between themselves and some of the regimes and older members of staff. As one younger officer pointed out early in the research,

The place is in the dark ages -full of dinosaurs.

From my own personal experience, I found that the Police Service had attempted to break down the old regimes, however as another officer pointed out,

These things go in cycles.

This variation in both dissident and conformist types ensured that different situations and views were represented in the data (Sharkey and Larsen, 2005). This would allow the conclusions to adequately represent the entire range of variation, rather than representing only the typical members or some average subset of the range (Maxwell 2005).

4.6.1. Previous occupations / Age at joining the service

Very few of the respondents came from skilled or semi-skilled occupations and had trade qualifications, such as fitters, motor mechanics, nurses etc. At the time of writing the MPS was actively recruiting school leavers and young people. Only one of the respondents described her previous job as a social worker. The average age range for joining the service was 23 years; 41% joined between the age of 20 and 22 years.

The overall academic qualifications of the staff were low in relation to their salaries. All of the respondents held the minimum number of five GCSEs. Only four respondents possessed 'A' Level or higher qualifications. However, what was considered by many officers to be of more valuable than educational achievement to their role was their 'life experience' in dealing with other people. The Inspector heading the project explained to me,

What we are looking for is strength of character, smartness and the ability and courage to give and take orders. Educational qualifications are important but life experience and self-discipline are equally so. That's why the service likes ex-service personnel.

Many of the witness care officers were under no illusions about their lack of academic or professional qualifications. Many believed that the MPS was a secure profession, especially in times of economic recession. Although many of the staff "wished" that they could find alternative secure employment outside the police service, they realised how difficult it was to find in what were such trying times.

4.6.2. Marital status / Residential status

The area around the police station consisted of expensively priced private and rented accommodation. Fifty eight per cent of the officers in the unit owned their own home and the remainder lived with their parents or were renting a property. Only six officers were married, three of whom were divorced. Many witness care officers who worked in the London police station found the price of property so inflated that they were willing to travel daily to their place of work from the outer suburbs. Some officers who had rented property in London soon ended up moving to outlying small towns and villages in the Home Counties. One officer remarked,

It is a better quality of life, especially for my young son.

Therefore many of the staff in the Witness Care Unit travelled a good hour or more to their place of work. A quarter of the staff travelled in excess of 20 miles per day and the majority of these officers used public transport.

I travel over 30 miles a day, because I want to live in the area where I was brought up. Keeping my roots and family ties, it's worth it. I'm lucky to have a job in these times of severe unemployment so I don't mind the travelling.

4.6.3. Reasons for joining the Witness Care Unit

Out of a total of 22 respondents who were interviewed, only one witness care officer said that they joined the unit because they 'wanted to help victims'. Some staff overwhelmingly joined the profession because 'it was a job', while others were not afforded a choice where they worked when they applied to work for the MPS. A smaller number of respondents joined for the 'career prospects' (3 officers) and were hoping to become a police officer. This may seem alarming to people outside the profession but it is, nevertheless, a rational decision for men and women working in an area of social deprivation and high unemployment, with few educational or professional qualifications or skills.

4.7. Conclusion

In this chapter, I have discussed the methods employed in my study, including the methodological issues that related to my research, and I have attempted to provide a frank appraisal of the strengths and weakness of my study. I have discussed my personal reasons for wishing to undertake this research and for choosing a mixed methods approach to this study, combining the exploratory nature of ethnography with interviews. I have described my experience of gaining access to the field and the advantages and disadvantages of being an 'insider' returning to a world in which I spent most of my adult working life. I have then discussed my experience of interviewing people I had previously known in passing and how, in an organisation devoted to achieving government targets, I needed to be constantly aware of not taking my data at face value; that the participants responses to the ethnographer were another valuable source of information.

I have outlined the method that was used to analyse the data and through this process, three ideal types of working style emerged. Although all the core values of the participants did not fall neatly into the three distinct categories, as theoretical constructs, the terms are most usefully understood as ideal types and a convenient way of making sense of a phenomenon.

The small-scale nature of the study, and the subjectivity of the researcher mean that, inevitably, it is not possible to generalise on the basis of the findings of this study. However, I would argue that the relationships I established with the witness care officers and uniqueness of my own perspective has enabled me to gain a fresh insight into the complexities, contradictions and challenges of providing care and support to victims and witnesses.

The next chapter describes the backdrop of events which led to the formation of the multi-agency witness care unit and how the autonomy of the unit was secured through recruitment, training, and established protocols. The nature of witness care work will then be described including the working lifestyle and social norms of the witness care officers.

Chapter 5 - The Anatomy of a Witness Care Unit

Love and work are the cornerstones of our humanness.

Sigmund Freud (1856 - 1939): *Life and Work*, Hogarth Press, London, 1955

5.1. Introduction

The following account describes the processes involved in the formation and development of the Witness Care Unit, as the practitioners involved understood them. The selection, recruitment and training of the officers will be discussed together with the activities that they performed. Briefly, witness care officers were appointed to serve as a direct point of contact for victims and witnesses by ensuring that they met their expectations and gave them a high-quality level of service. These components encompassed protection from perpetrators and re-victimisation, and the ability to participate in the CJS process and obtain information and services, with a continuity of support through all stages of the justice process. Simultaneously, the officers were required to perform and coordinate the office's administrative activities by storing, retrieving, and integrating information for subsequent dissemination.

At the start of my fieldwork, some two and a half years after the Witness Care Unit had been established, the Unit was very much an informal but professional office setting and most of the staff were familiar with each other. Inevitably, not everyone was fond of everyone in the office, but they were able to foster a good working relationship by presenting a pleasant and business-like image to others, and everyone was on first name terms. The open plan office design appeared to encourage a relaxed, team-working environment, and ensured close interaction between the staff was maximised. As a result it was almost tranquil, which boded well because the witness care officers often spent up to ten hours a day, five days a week in the office. The Unit displayed a similarity to many modern offices: the uniformity enhanced by the ubiquitous presence of desktop computers. Piles of paper and notebooks added to the picture. Typically a landline and a personal mobile telephone would be found on the desk, and probably a diary of some

description. Hand cream and a bottle of water, and some personal items (photographs, postcards, plants and fluffy animals) added character to the scene and jostled for space on the crowded desks. Ten out of the 24 witness care officers chose to wear headsets the majority of the time to make and receive telephone calls on a range of work-related issues. Conversations took place between victims and witnesses, police officers and the CPS as well as other partnership agencies. Although headsets were not compulsory, they gave the workers hands-free access to the telephone while being able to input information into a computer or write at the same time, giving an uncanny resemblance to that of a commercial call centre. Call Centres began to break out of their commercial (financial service, sales and telecommunications) boundaries from the mid-1990s and there is now a wealth of literature about the development and use of call centres in many public services such as health, the civil service (Fisher, 2004) and police (Bain et al 2005). For example, *First contact: A thematic inspection of police contact management* was published by HMIC in November 2005 and provided a catalyst for police forces to improve their handling of telephone calls and other forms of contact from the public.

5.2. Planning and installation phase

In 2003 the Justice for London project team had undertaken an evaluation of the CJUs workload, and made recommendations about the numbers of witness care officers that would be required to fully engage with the new witness care initiative. The Borough Command Unit (BCU) where the unit was based was granted a percentage of the funds required to recruit six members of staff from outside the organisation. This meant a large-scale restructuring of the existing CJU to appoint the remaining numbers of staff. The role of the witness care officer was strongly publicised by members of the project team to the existing CJU as well as the organisation as a whole. The team provided consistent exposure of the benefits of the restructuring by communicating the changes via their website, question and answer feedback sessions and PowerPoint presentations.

The unit evolved from an existing witness liaison team, which had previously consisted of four members of police civilian staff, each holding responsibility for

communicating details of upcoming court cases to victims and witnesses. There was a hierarchical structure: the criminal justice portfolio within the police service was under the direct supervision of the CJU Manager (see Figure 7). This arrangement was based on the idea that the CJU Manager would interact well with the other criminal justice organisations, such as the CPS, Victim Support and court services. He or she would also have overall responsibility for the performance and operation of the whole of the criminal justice portfolio, which included a team of case builders who assumed responsibility for evidence gathering, preparation of case files for court and quality assurance (ensuring the case files complied with the National Standards), a warrants section, a traffic section and a post prosecution team.

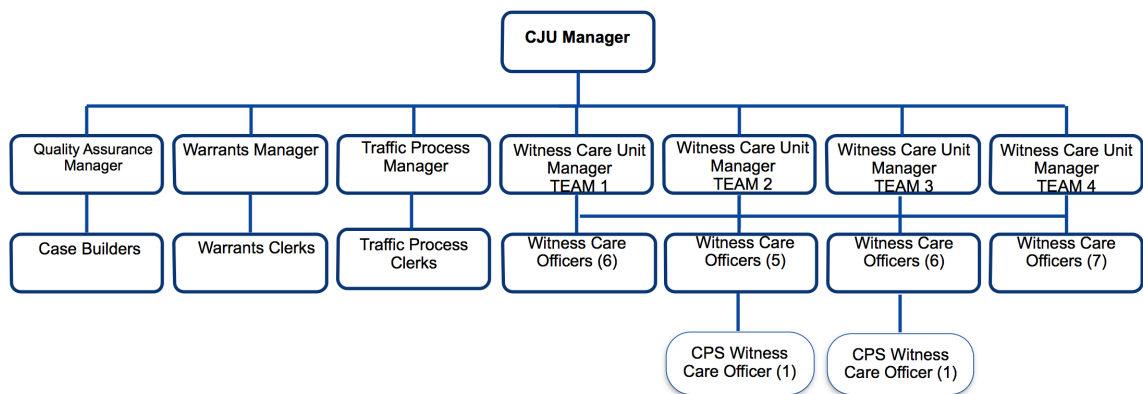


Figure 7: Criminal Justice Unit Line Command

In addition to the CJU Manager, witness care managers oversaw the work of the witness care officers who were split into four teams. The make-up of each team was determined by the managers when the Unit was initially established. The numbers in brackets indicate the number of witness care officers on each team. Team Four had seven members of staff as two people job shared, that is, they shared the responsibility for one full-time job. Teams Two and Three also had a CPS staff member working with them. The CPS staff were expected to assume responsibility for the same duties administered by the witness care officers.

The managers explained to me that they had tried to ensure that each team was equally balanced in terms of individual knowledge, experience and skills. This was done using their own personal knowledge of each individual and their requisite

experience within the MPS. For example, as I have indicated in the previous chapter, the witness care officers had a mixed background: some had experience of working in the MPS, whilst others were school leavers, this being their first job in the outside world.

All four established members of the original witness warning team accepted an invitation to join the new team. However, they told me that, at first, they were uncertain about how their new role would differ from what they had done previously, and were dissatisfied with the absence of consultation in the early phase of planning. They were also apprehensive about being asked to take on new jobs that they perceived to be ‘not for them’, ‘boring’, or ‘less important than their previous tasks’. They suggested that they needed more information about the new policies and procedures that were enforced upon them and that they were not asked to participate in any redesign activities, such as how the work would be tasked and filed. Over time they were satisfied with the policy changes but they became increasingly overwhelmed with high caseloads and a perception of ever-increasing requirements. They were expected to learn and adapt to more technologically mediated forms and more importantly, voice-to-voice contact with victims and witnesses. They underwent a move from a system dealing with victims and witnesses on paper, largely managed by letters, to a more victim-focused and performance-orientated unit where the vast majority of contact with victims and witnesses was done over the telephone. Their key role was to ensure that victims had confidence in the CJS and attended court. However, confidence is intangible and can only be analysed through the use of measures gleaned from surveys. In this case, it could also be undermined by the unpredictable behaviour of the victims themselves, which I shall turn to later.

Resistance to change is an expected part of any organisational change (for example see, Dent and Goldberg, 1999; Bridges, 2003; Kotter, 1995 and 2002; Senge, 1999). As is common in these situations, workers tend to resist change when it is seen as a threat to their professional practices, status, or identity (Lawler and Bilson, 2004) and this was certainly the case where the existing members of the witness liaison team were involved. One member informed me that she became insecure and experienced a sense of inadequacy, as she felt that the organisation placed little

value on her previous working style. It was at times such as this that office gossip abounded in the workplace and individuals attempted to influence their colleagues thought processes. There were speculations on where the Unit would be based and who their managers would be, since the reorganisation also required changes in reporting lines for a number of staff.

These inaccurate rumours may have come about because a conversation had been misinterpreted or because management did not inform the staff what was going on. One of the existing witness care officer's explained:

At first, the degree of trust that some of my colleagues had towards management was very low. I could see where they were coming from as the managers did not always communicate what was going on and they rarely let us to express our ideas or opinions, or allowed us to make suggestions. We knew that there were going to be changes but there was always a sense of uncertainty, and the details were few and far between.

(Sophie - humanitarian witness care officer)

Although the existing staff had previously experienced organisational change, they had a settled pattern of operation and were comfortable with their working environment. They said that they felt the prospect of integrating their team into a larger pool of staff and training additional staff in their area of expertise was not attractive at first, as these changes would erode their status; because of the wide scale expansion of their rank across the police force, they would no longer be performing a unique position and said that their knowledge as individuals would no longer be sought after. Another witness care officer told me,

Although I have got used to the new environment and working practices, I preferred the intimacy of a small office: police officers knew me by name and 'popped in' to see me for advice and an occasional informal chat.

(Lucy - humanitarian witness care officer)

The organisational change required new social adjustment within the group, and some individuals were not ready to accept this challenge as it involved breaking their social ties. The planned transitional change was deemed intense as there was greater standardisation and formalisation, and the new working processes were

compared to those of a production line despite increased telephone contact with victims and witnesses.

I was used to dealing with each case on its own merit. Now, there is a uniform system for dealing with every case which takes up more paperwork and less time to build up a rapport with those people who genuinely need the care and support.

(Sam - performance-led witness care officer)

Conversely, the new recruits to the organisation entered the new department highly motivated and committed to their job.

When I first heard about the job, I jumped at the chance of giving it a go as I enjoy working in customer-oriented roles.

(Alex - humanitarian witness care officer)

New recruits embraced the challenge as it was a totally new sphere of activity for some of them, and their personal desire for success dictated the extent to which they engaged in proactive behaviour. However, early experiences have a profound impact on people and I discovered that these stages of a person's career within the Witness Care Unit were marked by some vivid attitude changes: the motivation of these new workers diminished with time and, although some witness care officers appeared to be more dedicated than others, in general they all appeared to share a common way of thinking about their work and described their roles in strikingly similar terms. This may be because most organisations are constrained by policies and rules and when a newcomer enters, he or she is socialised into the working culture and confronted with a social structure that becomes ingrained in him or her regardless of individual characteristics (Hall 1977). Dessler refers to this as the '*ongoing process of instilling in all employees the prevailing attitudes, standards, values, and patterns of behaviour that are expected by the organisation and its departments*' (Dessler 1999:249).

In the case of the MPS, the senior officers within the organisation had already identified the goals they had for their employees and had carefully developed streamlined practices to achieve the desired results. It was also clear that they wanted the NWNJ project to succeed. However, because of the sheer scale of the task, the implementation process was lengthy, too prolonged and at first not altogether properly understood by those who were tasked to expedite it. This had an

impact on the Unit's socialisation process by hindering the success of the people who were enthusiastic and self-motivated coming into his or her new job.

I was expecting to receive some one-to-one mentoring, but as it happened, we were all in the same boat and everyone was trying to find their feet at the same time. Something I was shown on one day, usually in terms of what paperwork was required, may have changed the next.

(Ben - disaffected witness care officer)

In order to fill the remaining witness care officer vacancies, the NWNJ project team undertook a review of the Unit's structure and resources, and the other police staff were selected from other units within the criminal justice portfolio; the majority of whom came from what was previously referred to as the Traffic Process Section. This section investigated all traffic collisions and incidents by collating documentary evidence and making prosecution decisions. At the time the Witness Care Unit was being set up, the MPS was involved in a campaign to centralise all traffic work, and as a result disbanded all locally run units. The organisation was therefore obliged to find alternative positions for those members of staff who did not wish to move to a different workplace and, as a result, transferred many to the Witness Care Unit. However, there was a constraint in that they were required formally to apply for the new position. Other workers in the criminal justice arena considered the role to be 'easy' and said it would offer an escape route from casework, which involved preparing evidential case files, submitting them to the CPS for criminal proceedings and working with the CPS to progress the case. The caseworker role was deemed to be intensive and stressful, but whether or not the witness care role was any less demanding will become clearer as the thesis develops. Viewing the work as 'easy' implied a certain understanding of what was involved. But what appears to be minimal effort for one person can be a challenge for another. Anyone who put themselves forward for the role on these grounds may have been naively unaware of the tight deadlines and public scrutiny involved in making the witness care initiative a success.

According to the witness care officer recruitment literature, applicants were required to possess the following desiderata from the 'National Competency Framework' to perform the role adequately: respect for race and diversity, team working,

community and customer focus, effective communication, problem solving, planning and organising, and personal responsibility. Yet, while all these identified skills were required, little emphasis seemed to be placed on being exposed to emotionally demanding interpersonal interactions, such as confrontation with distressed or angry victims. In short, the role appeared to call for a regulation of feelings and expressions in that it required the witness care officer to manage his or her emotions so that they were consistent with the demands of organisational processes, regardless of whether they were discrepant with internal feelings. A way of achieving this is to decrease investments in relationships with recipients by emotionally distancing oneself from them (Maslach, Jackson and Leiter, 1996). But decreased involvement may appear to take the guise of a cynical and dehumanising attitude toward recipients, reduced empathy, and a propensity to engage in “blaming the victim” (Schaufeli and Enzmann, 1998). Thus, it appeared that witness care officers needed to master the art of constantly switching between compassion and showing a professional emotional expression. In a similar vein, nurses are required to express a wide variety of emotions during their interactions with patients. They have to switch between keeping a certain emotional distance toward their patients to secure a professional attitude on the one hand, and showing a caring, compassionate attitude on the other. (Lief and Fox, 1963). To what extent this was applicable to witness care officers will be considered during the course of this thesis.

When I asked one of the new external recruits how she had ended up being a witness care officer with the police service she replied:

I was made redundant by my previous employer and initially applied to be a CAD (Computer Aided Despatch) Operator. However, after I found out that I was successful with my application, I was posted to the Witness Care Unit. Apparently my grade is transferable, and I was told that as long as I was a good communicator, I would be able to perform the role.

(Rebecca - disaffected witness care officer)

Another newly appointed recruit found out through her local community newsletter that there were jobs on offer at her local police station, and she subsequently applied. Another worker had been approached because she had customer service

experience, and yet another anticipated it would be more interesting than working in the Human Resources Department of the MPS.

The appointment of staff to the Unit was staggered and some workers did not start until it was officially up and running and in a transitional phase. So, to recapitulate, the new Unit consisted of individuals who had been redeployed from other units, along with external applicants who had applied to work within the criminal justice sphere but not specifically in witness care. These were the workers who had fallen into the witness care role by chance and had no previous experience of working within the CJS, which may be characteristic of the experience of any other individual starting a new role in an unfamiliar organisation. In addition, a retired police officer who had previously worked in the CJU was also appointed to fill the role of a witness care officer. Having a retired police officer attached to the Unit was not unusual. As police officers retire after 30 years' service, they are regularly re-employed as police civilian staff. These individuals will inevitably bring with them many of the cultural characteristics and traits they developed during their many years 'on the force', and certain aspects of police culture will undoubtedly be reflected in these members of police staff. However, in some cases, the preservation of outmoded ways of working and inappropriate attitudes has been a problem. For example, following an HMIC inspection on the modernisation of the police workforce, examples of posts were identified where the role requirements were so police-specific that the appointment of a retired officer was a foregone conclusion (HMIC, 2004). However, this discussion is beyond the scope of this work. When I asked the ex-police officer how he found the role, he replied,

I have been privy to so many unpleasant incidents on the streets that dealing with people over the phone is a breath of fresh air.

(Chris - humanitarian witness care officer)

I shall now turn to look at how the witness care officers were trained for their role, which is an important aspect of implementing any new program of reform.

5.3. Training

A minimum requirement of NWNJ was that witness care officers should be provided with appropriate training. Local police and CPS managers were given discretion to decide what training should be given to ensure the witness care officers were fully equipped to undertake their responsibilities. The opening phase of the Witness Care Unit that I studied began in March 2004. The newly appointed witness care officers commenced their training in anticipation of the official launch, which was scheduled to take place in early April of the same year. An established witness care officer informed me that the initial socialisation phase for witness care officers was a week's course, away from his or her place of work, to learn the ropes of his or her new role. Their primary activity consisted of verbal and written communication and, during the classroom-training period, the new witness care officer was made aware of the purpose of the witness care role and learnt what kind of behaviour was appropriate and expected of them when conversing with vulnerable and intimidated witnesses. The majority of this in-house training was organised by the NWNJ project team and consisted of role-plays, group discussions and videos, which were run by in-house trainers, usually police officers. The participants said they found the course valuable and interesting, but many said that it did not sufficiently prepare them for the real world, such as how to talk to victims and witnesses and sometimes volatile behaviour from victims and witnesses that an interactive service worker might be subjected to. These concerns were later raised in the *Report of a Joint Thematic Review of Victim and Witness Experiences in the Criminal Justice System*, (HMIC, HMCPSI and HMICA, May 2009).

There was also little training on mastering specific conversational techniques or controlling ones emotion towards victims and witnesses.

If someone bursts out crying over the phone, you are not taught how to deal with such emotional occurrences.

(Mia - humanitarian witness care officer)

Several respondents said that they found it challenging to differentiate between the professional ideal of witness care work learned in the classroom and the matter-of-fact, utilitarian, businesslike approach that they faced in the office, an approach manifested by management. I was told that the classroom was a much more relaxed

atmosphere where there was continual banter and good-humoured teasing. In this, they had much in common with other occupational groups, such as the police, whose transition from training to practice may be equally bumpy: academics have shown that the realities and complexities of police academy training can have very little to do with real police work (for example, see Niederhoffer, 1969; Van Maanen, 1978; Fielding, 1988). As revealed earlier, a significant proportion of witness care officers were 'school leavers'. In light of the above, this led me to question whether these individuals were adequately prepared for the special demands of this type of work and whether the nature and level of the training had an adverse impact on their motivation levels.

Role-playing served as a vital tool for training staff to use active listening skills. The role-plays were supposed to involve simulations of real-world situations likely to be encountered by personnel throughout the course of their work. A witness care officer explained to me that some role-play scenarios were based on actual incidents that had occurred, while others were designed in anticipation of situations likely to happen in the future. In role-play, the participants took the role of, for example, a victim of domestic violence who was no longer willing to pursue her allegation and attend court. Another participant would then play the role of the witness care officer at the police station. A number of scenarios required a clear outcome or key information to be relayed to the victim. In order to achieve this, the participants were given a certain degree of freedom as to how they chose to develop their characters.

One witness care officer told me that when properly done, the role-plays could be extremely effective in assisting participants to empathise with victims of crime and to open their eyes to prejudices which they might have had themselves. Role-play is a method that takes considerable skill to carry out effectively and requires time to learn if the trainers or trainees have not used it before. In the context of this training, the time necessary to acquire and develop role play directing skills did not appear to be available to those being trained. The MPS did not use trained actors to portray victims and each witness care officer was encouraged to take turns in different victim roles, which proved to be counter-productive as many said that they felt exceedingly uncomfortable in simulated situations. There were also limited

facilitators to judge all the participants and provide constructed feedback, and although the training session was designed to be highly participatory and draw upon the practical day-to-day problems of victims and witnesses in the CJS, some participants did not take role-playing seriously and thought it was a huge joke. Likewise, those who did not have roles to play lost interest. Another witness care officer explained that the acting detracted from the value of the learning experience and in some instances the conversation drifted off to some other topic, such as football, the weather or what they were planning to do for dinner that evening. Others said that they found it difficult to take on another persona and place themselves in someone else's shoes. Unless they had been faced with a similar situation, they said that it was hard to identify with the real experience, and try to consider what might have been happening in the mind of a victim, to appreciate their words, their language, and their behaviour. This supports the work of Stevenson and Sander (2002) who reported that although role-play was widely used as a learning activity in communication and interpersonal skills training, students did not always find it helpful. In their study of medical students they found that introducing role-play to a group met with some resistance and/or anxiety from some participants. Role play and presentations was the least preferred teaching method by 32% of new medical students. Of these students, 75% believed it to be ineffective while 25% reported personal reasons (e.g. embarrassment) for their response.

5.3.1. Victim or witness?

During the brief training sessions, the witness care officers were taught to refrain from using the term 'victim' when communicating with members of the public and to use the term 'primary witness' instead. Although there are no official figures to support this, this concurred with claims made by the MPS NWNJ project team that many people did not like being referred to as a 'victim', and in the parlance of criminal court officials, victims were referred to simply as 'witnesses'. On balance, if a person had suffered harm, the common notion was that they wanted to be reminded of the event as little as possible. It may also have been perceived that true victims are those who give up on life and its uncertainties: who are lost to addictions, or who commit suicide. Smartt describes a victim as 'a person who has

suffered direct, or threatened, physical, emotional or pecuniary harm as a result of a commission of a crime' (Smartt, 2006: 16). Conversely, the term has also been associated with meanings of weakness and passivity. Some victims are perceived as underdogs (Dunn, 2007; Williams, 1999, Dignan, 2005).

When describing someone who has been sexually assaulted, the most common way to describe the person who has been assaulted is to refer to them as a 'victim' of sexual assault. This follows a logical progression: someone has been victimised, therefore they are now a victim. However, this could also be seen from a different perspective: if a person has been assaulted and lived to tell the tale, they are a survivor. The alternative term is often preferred, as it implies the seriousness of the experience with crime and portrays images of strength and courage. Also whole groups may become regarded as victims; this would typically involve hate crime.

Meredith (2009) argues that the use of the term 'victim' as an identity can have different implications, depending on who is using it, claiming it, rejecting it or attributing it to others. She argues that someone who has been the direct or indirect victim of some harm, caused intentionally or due to an unintentional event, is just one use of the word 'victim'. The identity of 'victim' can also be used in the sense of a label or status either by people affected by a crime or an accident to describe themselves, or by others when they refer to such people in their discourse. Finally, it can also involve interests: the desire to gain social recognition, to seek justice, to benefit from reparations, to influence public opinion, to highlight the guilt of perpetrators, etc. It can also motivate either the harmed person to claim victim status or another person to attribute this status to others.

Davis, Russell, and Kunreuther (1980) found that most of the victims they spoke to had definite ideas about what they wanted from the CJS, including awarding them restitution, warning the defendant to stay away from them, incarcerating the defendant, or dropping the case. For these persons, the extent to which they believe that their cooperation will help bring about a desired result is likely to be at least as significant as the costs they might incur by cooperating (DuBow and Becker, 1976).

Christie (1986) has described the notion of the ideal victim, that is, a person who is easily given the status of being a victim. Ideal victims are perceived as innocent, vulnerable and deserving of help, sympathy and attention. The media have been

highlighted for playing a part in maintaining these views by constructing particular representations of victims according to the newsworthiness of each story and their selectiveness (Greer, 2007). Also campaigners use ideal victims to emphasise the importance of their own particular interests and thus exclude other groups of victims (Dignan, 2005).

On the other hand, the term ‘witnesses’ may also be misleading because most witnesses in criminal courts, such as defence witnesses and bystanders, are not victims of crime. They may be eye witnesses to a crime, hearsay witnesses who know aspects about a crime because they have heard relevant information, or expert witnesses who have relevant information according to their expertise (for example the doctor who examined the body in a murder case). A victim usually refers to an identifiable person who has been harmed individually and directly by the perpetrator or defendant, rather than merely society as a whole. Davis, Russell, and Kunreuther (1980) maintain that using the term ‘witnesses’ to describe victims has implications for the way we think about these people, as ‘witnesses’ may easily be viewed as having no personal stake in the outcome of a court case. They were not the ones who were wronged, and they are not in any sense parties to the case. It is reasonable to think of these persons as motivated by a sense of civic duty, and concerned primarily about the costs of agreeing to cooperate with the prosecutor.

Hence the use of the term primary witness gradually faded out, as many practitioners maintained that they were victims and not witnesses. For the purpose of this thesis, a witness is defined as a person who provides or is due to provide testimony about relevant information that he or she possesses related to criminal proceedings. A victim is defined as a person who has been directly affected by a crime, and possesses important evidence to prove its existence.

5.3.2. ‘On the job’ training

Immediately after the one-week training course, the newly appointed witness care officers were flung in at the deep end and given ‘on the job’ training. From my discussions with the witness care officers, I gathered that they were bombarded with information about court processes and general administrative tasks. New starters in

the front-line environment knew very little about the police and the CJS as a whole, and had a huge learning curve to traverse. In the majority of instances they had only learnt about these processes as part of their 'on the job' training and through experience rather than through specific instruction or written documentation. As these staff would soon be giving advice to victims and witnesses and ensuring that they were provided with the right information in a timely fashion, it was important for them to learn as quickly as possible to prevent embarrassing the organisation. For example, a failure to perform adequately may have resulted in a breach of the Code of Practice for Victims of Crime and a subsequent complaint from the victim. Likewise a failure to warn a crown witness or adhere to a court order may have forced the court to issue a wasted costs order against the police. These are just a few examples of the types of criticism that the organisation tried to avoid.

Whereas staff training and awareness-raising events took place in other forces, the Metropolitan Police area did not have a rigorous recruiting and selection process. Nor did it have an intense period of induction where witness care officers were expected to work alongside experienced members of staff to gain an insight into their role and understand how it fitted into the CJS as a whole. When the Unit was first set up, it was in an early, unformalised period and, as such, it was a case of everyone having to find their feet simultaneously. However, working practices became more formal over time as processes and procedures were put in place to address essential witness care activities.

It was apparent that the practitioners had to develop a good understanding of court procedures and processes, but not necessarily of legislation, as it was extremely rare for a victim or witness to ask specific questions relating to the law. It was clear that the majority of new staff had little experience of the adversarial system. For example, they had to learn to interpret court results and their meaning so that they could fully explicate the information to a victim or witness. But their knowledge improved with 'on the job' training: if they were asked a question that they did not know the answer to, they were required to seek assistance from their line manager and familiarise themselves with the subject matter before going back to the victim with the answer. On speaking to many of the staff some two years after the Unit had been in operation, the majority still did not consider themselves to be specialists in

the field, although they appeared to have a broadly similar understanding of what was expected of them in a procedural sense. A few witness care officers had been given the opportunity to visit the local magistrates court and meet with some of the volunteers from the Witness Service. They said that this had increased their understanding of the organisation and, having familiarised themselves with the court building, they felt that they were able to provide better advice to victims and witnesses about the facilities and arrangements at court.

5.3.3. Activities

The Unit operated three shifts: the early shift was from 7am to 3pm and the late shift from 11am until 7pm. Witness care officers not scheduled to work either of these shifts worked a flexible 8 hour tour of duty (either 8am to 4pm, 9am to 5pm or 10am to 6pm). Shift work was introduced for operational requirements, primarily to provide services to the public outside normal office working hours. Some victims and witnesses preferred to be contacted at home in the evenings or early mornings. Officers also spent their time in the early evenings notifying victims and witnesses who were on standby to give evidence at the crown court the following day.

I noted that all witness care officers began their day by signing the attendance register and logging on to their workstation to commence trawling through the 40 or so email messages and tasks they found waiting every morning. This correspondence ranged from general Borough-wide news to messages from police officers in relation to their forthcoming attendance at court, and the occasional email from a victim or witness. Naturally, there were also light-hearted emails inviting staff to police officer's leaving 'dos' and other social events. As one witness care officer explained:

If a witness care officer is particularly conscientious, he or she could easily spend 24 hours a day in the office.

(Emily - humanitarian witness care officer)

Throughout the day the witness care officers received new case assignments. For every given case, they assumed a SPOC. The rationale behind having a SPOC was that a victim or witness could have immediate contact with a trusted, named person

in order to share information and ensure quicker access to the right kind of support if necessary. This was supposed to make the service more personal and easier to understand for victims and witnesses. The public, particularly victims and witnesses, were claimed by the Government to be the major beneficiaries of this initiative through improved communications during the prosecution process and speedier notification of results (Criminal Justice Act, 2003).

It should be noted that the witness care officers were only responsible for cases where a suspect had been apprehended, charged, and was due to appear before the court. Additionally, in some serious and sensitive cases (e.g. cases involving offences of rape or death) it was more appropriate for a specialist police officer (e.g. Child Abuse Information Team (CAIT) officer) to remain the SPOC for the victim and other witnesses.

When assigned a new case the witness care officer had to obtain a copy of the case summary and list of witnesses from the evidential case file. The case summary was written by the officer in charge of the case in his or her unique idiosyncratic style and it represented his or her interpretation of the events from what they had been told or witnessed. It enabled the witness care officer to acquire an overview of what the case was about and the circumstances surrounding the incident. In the majority of instances, the information contained within the summary did not come from direct observation and predominantly erred on the side of the victim, recounting his or her version of events. An officer wielded a certain amount of power when making an event a matter of record: although it should be acknowledged that the police account is prosecution-oriented, such observations about people were not always made with an open mind, they recorded mere inquisitorial suspicion about the defendant, and could almost be seen to characterise a person. Because all files were kept for a minimum of six years following an alleged offence, the courts could use this information at a later date as evidence of the defendant's bad character should he or she come to notice again for a similar matter. The selected facts and interpretation of events could also be presented in a way to influence a lawyer's decision on how best to proceed with a case.

With a vivid imagination one could conjure up all sorts of pretexts from the case summaries. Many of the case summaries and eyewitness statements that witness

care officers were provided with gave vivid descriptions of the circumstances surrounding the offence, which could carry one's imagination along with the account.

After reading the facts of the case, I may form my own personal opinion about the case, but I would never disclose my thoughts to anyone. I try not to judge other people

(Grace - humanitarian witness care officer)

Once a witness care officer had been allocated a new case, he or she had to fulfil a number of responsibilities. Firstly, they ascertained what support options the officer in the case had discussed with the victim and whether or not he or she had been referred to Victim Support. Secondly, they were required to consider the extent of a victim's vulnerability and make a proper assessment of his or her needs. In some cases, the witness care officer would pass this information to the Witness Service so that he or she could be offered pre-trial witness preparation and support. This service consisted mainly of volunteers, was confidential, free of charge and independent of the police and courts. Referrals were completed over the telephone, via fax or email, and the witness care officers appeared to have a good rapport with the staff in this organisation. Many witness care officers found it fundamental to their role to find the time to discuss individual cases with the Witness Service. Finally, witness care officers were responsible for keeping the victim informed of progress in the case in the run up to the court hearing and take any necessary steps to provide an enhanced level of protection as the trial date approached.

The witness care officers were in constant contact with CPS lawyers to discuss the availability of prosecution victims and witnesses for court hearings or applications for special measures. Other agencies that the Unit had regular contact with were voluntary services such as childcare services as well as the courts and internal bodies such as the police Sexual Offences Investigative Trained officers (SOIT). The following flowchart attempts to highlight how the flow of information was directed between the Witness Care Unit, the victims and witnesses themselves and other internal and external bodies.

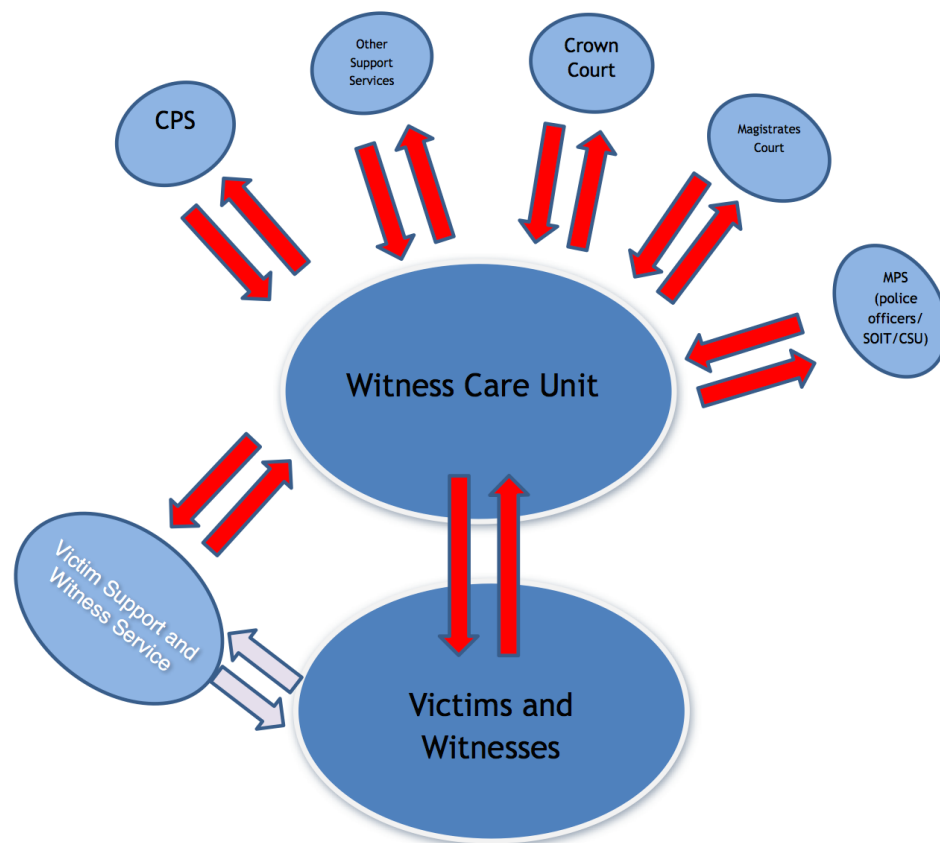


Figure 8: Flow of information

Each team member carried a varying caseload, the average number of files managed by a witness care officer at any one time being approximately 80 to 100. The table below shows the average number of cases that were handled by the Witness Care Unit in any given month. Approximately one third of these cases would result in a magistrates or crown court trial. Each case has an average of four prosecution witnesses. There was a small rise in cases in 2009, but overall the numbers remained constant between 2008 and 2010. Unlike other Witness Care Units in the MPS, this particular unit dealt with high volume crimes. Many suspects were seen to come through the doors of the police station on a regular basis for different or repeat offences.

Year	Charge Centre	Charged and bailed to court	Charged and detained for court	Totals	Monthly average
2008	A	2628	1856	4484	683
	B	2366	1351	3717	
2009	A	2404	1655	4059	702
	B	2978	1385	4363	
2010	A	2679	1326	4005	683
	B	2927	1265	4192	

Figure 9: Number of cases handled by the Witness Care Unit

Discounting victimless crimes, the table below illustrates the most common types of cases that the Unit worked with and their volume for the same three year period. It should be noted that offences against the person, theft, and public order related offences all featured high on the Unit's workload. I should also point out that the majority of common assaults (approximately 85%) were domestic violence related. Domestic abuse was recognised as a widespread problem in the Borough. Although the Domestic Violence, Crime and Victims Act 2004 furnished greater authority to police and the courts in dealing with cases of domestic violence and in providing protection to victims, the issue of domestic violence is difficult to understand, complex in terms of gender relevance, complex in terms of its effects, and complex in terms of interventions to prevent and deal with its occurrence. The attrition rates - that is the process by which reported domestic violence cases were lost from the legal process, and thus did not result in a criminal conviction, were very high. (Hester *et al.*, 2003).

However, it could be argued that there are possible extraneous influences on attrition rates, such as community characteristics. For example, it is important to understand that the policing borough under observation was an extremely diverse borough, from some of the grandest Georgian streets, to deprived housing estates

and some of the most expensive shops and markets in town. Each of these areas presented their own challenges to policing and required a policing response tailored to individual needs.

Offences	2008	2009	2010
Theft from shop	715	872	807
Use threatening words / behaviour to cause harassment alarm or distress	375	381	323
Common assault	345	298	282
Criminal damage to property valued under £5000	245	284	269
Assault by beating	221	396	389
Robbery	196	210	266
Section 4 words / behaviour - fear unlawful violence	161	192	233
Assault a person thereby occasioning them actual bodily harm	154	182	180
Receive stolen goods - Theft Act 1968	124	89	86
Burglary other than dwelling - theft	111	100	88
Burglary dwelling and theft - no violence	100	105	105
Theft from the person of another	90	83	91
Affray - unlawful violence	86	120	111
Theft - other - including theft by finding	86	84	117

Figure 10: Number of cases by offence type

The extent of involvement in a case varied according to offence type, since there were offences that did not have a direct, immediate and tangible victim. For example, the unit dealt with several crimes recognised as fraud or theft where the victim was an organisation rather than an individual person. An example included fraud committed upon a banking institution or business whereby a person engaged in an act or pattern of activity with the sole purpose of defrauding a bank of funds.

In such cases, professionals found themselves in the witness box giving evidence on behalf of their company and were called to give factual evidence. As one officer explained, these witnesses were not normally classed as vulnerable and witness care officers found it less time consuming to keep these types of witness on board.

There is less interaction involved, which means I can spend my time on the more sensitive cases.

(Megan - humanitarian witness care officer)

The well-documented delays in the judicial system meant that some cases were finalised quicker than others (for example, see Vereeck and Muhl, 2000; Torre, 2003). The more drawn-out cases led to victims and witnesses being engaged for a longer period of time, and, as such, witness care officers were obliged under the Code of Practice to keep regular contact with them, as well as juggling their newer allocations. The officers' emotions in very short interactions were usually of low intensity, whereas in longer interactions, more intense emotions were often displayed, and the whole process was less scripted. According to Grandey (2000), the demands of frequency and duration that are placed on an employee during the course of their work are situational factors that may increase the likelihood that an employee must fake expressions or modify feelings.

I was struck by the range of tasks the witness care officers were asked to perform and the sheer volume and variety of inquiries and requests. In a sense, the Witness Care Unit was an arena for dual behaviour, a unique arena within the CJS because a great deal of contact with victims and witnesses was conducted on the telephone, hidden away from a public audience.

However, the telephones were not continually going wild, and the telephone conversations were not heavily scripted and monitored in the name of service quality, nor was there an Automated Call Distribution System (ACD) which mechanically processed in-coming telephone calls and distributed them. Each witness care officer had his or her personalised number and voicemail, which were given out to the victims and witnesses that they were assigned to.

Witness care officers took both inbound calls and made outbound calls in an effort to keep victims and witnesses engaged with the criminal justice process. They preceded victim and witness contacts with a first-name introduction such as 'Hello, my name is.....'. The aspiration by many officers to create a lasting impression on behalf of the organisation may have potentially exploited extensive emotion work. Sometimes this was evident in the way a witness care officer occasionally vented his or her feelings with impunity once the phone was put down. The telephone merely acted as a prop and a witness care officer had the added benefit of being able to make him or herself inaccessible from aspects of the 'front stage' environment while trying to create an identity of his or her choice. Embarrassing behaviours could be conveniently eliminated, giving the witness care officers far greater control over the front stage 'face' which he or she presented to the world. Meanwhile the 'back stage' was where materials or information needed by the front stage were processed and informal conversations and office banter took place.

The majority of witness care officers tried to maintain proper phone presence by giving their full attention to the conversation and promoting a confident demeanour. This was important, since a small percentage of our interpretation of communication is based on actual words. Although communicating by phone involved some of the facets of face-to-face communication by way of voice tone, volume and pauses, some of the visuals that convey part of the message may be lost, and without other cues, the 'real' message could be misinterpreted. For example, when discussing electronic mail communication, Shapiro and Anderson note, 'Immediate feedback from body language, interruptions [from the listener], or other cues we have developed as a society to aid the intercommunication process is lacking in this medium' (Shapiro and Anderson, 1985:26).

Almost all of a witness care officer's time was devoted to routine administrative duties, the most frequent of which was collecting and disseminating dates of non-availability for prosecution witnesses, sending written court warnings and leaflets on the role of witnesses and the location and facilities at court, and keeping an up to date log of events on each case. The officers also had a weekly working roster, devised by the managers, outlining who should take care of ancillary duties such as disposing of the paper sacks filled with confidential waste, collecting and

distributing the post, and collecting the tea club money. The majority of these tasks were standardised and monotonous and there was limited time for completing them. Although these were mandatory tasks, they diverted the officers away from the seemingly emotional pressures of victim and witness interactions. Some witness care officers even avoided falling into the tedious routine by using their innovation and joviality to help fuel enthusiasm for their job. For example, one of the teams appeared to have a great togetherness and team spirit, which was typified by personalised name posters hanging from the ceiling, each cleverly capturing the essence of the witness care officer concerned. These cleverly crafted visual clues gave an insight about the person, such as their hobby or favourite animal. When I asked about these, I was informed that one of the officers on the team had produced them when they had 'a bit of downtime'. It was idiosyncrasies such as these that influenced my derivation of the ideal types.

The habit-forming regimented procedure was evident in the arrangements for warning witnesses. Witness care officers were required to follow a number of regular steps, as shown below, in order to notify victims and witnesses of the trial date. These practices made for order and predictability in the witness care setting:

- Witnesses/victims should be informed of the court date by their preferred means of contact as soon as possible after receipt of the memo from the CPS.
- Following this warning, a letter of confirmation must be sent enclosing an acknowledgement slip. If the acknowledgement slip is not returned within 14 days further attempts must be made to contact the victim/witness by the WCO.
- If contact is still not made, the matter should then be referred to the OIC who must also attempt to contact the Victim/witness.
- If this also fails a 'please allow' [a request for a uniformed police officer to call at an address] message can be sent as a last resort only. It is the responsibility of the Early-turn clerk to ensure that this message is chased up to make sure it has been actioned.
- If contact has still not been made at this stage the OIC must be informed so that this matter can be raised with the CPS lawyer acting at Court.

(Witness Care Units Standard Operating Procedure
(SOP), MPS Notice 2 of 21/2010, 19th May 2010)

In order to monitor the attendance of witnesses at court the completion of forms was an important part of the role of a witness care officer. Among the forms used were the VWSU2 form (a list of witnesses required to attend court), a referral form (to refer a victim or witness to the Witness Service), witness warning letters, and requests for travel tickets and/or accommodation for witnesses travelling from abroad or other parts of the UK. For example, in one particular case, a young Australian was a key witness to a serious assault, in which a man was hit over the head with a bottle in a nightclub. At the time of the event he was on holiday and returned to Australia shortly after. However, the witness care officer kept in touch with the witness, which proved somewhat difficult because of the time difference, and communication was mainly via email. The witness care officer subsequently arranged his flights and accommodation so that he could return to the UK to give evidence at the trial, ensured his safe arrival in the country, and provided necessary support throughout the duration of his stay.

All efforts to make contact with victims and witnesses were gleaned from the contact log which appeared to be one of the most important documents of the case file. The information provided a continuity of victim and witness care and established a chain of events, which for the most part, described the role of the witness care officer, and documented all communications had with victims and witnesses. The NWNJ minimum requirements dictated that witness care officers were obliged to contact victims and witnesses every 28 days, regardless of whether or not they had anything to add since their last conversation. The log contained a record of all outbound and inbound contacts through any contact method including email and telephone, and more importantly it ensured the witness care officer's accountability, and what the police would call an audit trail. As is true for many occupational groups, witness care officers developed their own professional jargon and shortcuts to talk or write about their work. For instance, abbreviations such as 'DoH' and 'BFCC' stood for 'date of hearing' and 'Blackfriars Crown Court' respectively.

As well as the time spent completing the forms, which some officers considered to be the bane of their lives, there was also a substantial period of time taken up by faxing, photocopying and typing the letters. Although an electronic system

supported the operational activities and all the forms were computerised, providing a more compact format of retaining documentation, the witness care officers meticulously printed them out on a colour printer and kept copies in an orange file docket. The files did not vary very much in terms of the nature of the documentation contained within them.

A typical file would contain an individualised contact log, copies of all letters and email correspondence sent to victims and witnesses, including email receipts and written confirmation guaranteeing their attendance at court. The case files also recorded hand-written personal information such as the victims and witnesses up to date contact details, which were rarely available elsewhere. Although most witness care officers agreed that electronic data provided a more cost-effective alternative to retaining the textual case files, one officer commented that having a hard copy of all the paperwork connected with the case helped reduce the potential for institutional memory loss when a worker permanently left the Unit or was on holiday.

It was a consequence that the greater the duration of the case, the larger the file became, and the thicker files were, on the whole, of greater evidential value than the thinner ones. The more substantial files captured information about cases of greater complexity and/or of a controversial nature; the thinner case files, in contrast, were in general more formalistic and subsequently more routine in nature. Of course, not all the extensive files necessarily followed this pattern: it may have been that a trial had been adjourned on a number of occasions or some of the witnesses lived abroad. In the latter example, an enormous amount of paperwork would be generated in relation to their flights and accommodation. However, in the main, the more substantial files were a consequence of longer contact logs as a result of lengthier dialogue with victims and witnesses.

What set one file apart from another was that each individually captured the experience of the witness care officer and the interaction between a prosecution victim or witness and themselves. Further, each file provided depth and insight into each witness care officer's working style. However there was evidence to suggest that, at times, some witness care officers forgot that these victims were not just numbers, but human beings, the initial goal being to deliver a service to victims and witnesses and help desensitise the issue of crime. For example, I was fascinated to

find scrawled on the cover of a case file '10.15 Newton Abbott 'Barking Boy' 16-1 favourite'. This suggests that witness care officer who wrote it may have become distracted from the task at hand and preoccupied with what he or she perhaps considered a more favourable diversion.

Much of the witness care officer's time was spent inputting data into the Witness Management System (WMS). This was a central database used to store contact details of all victims and witnesses in each given case and it enabled the witness care officers to manage case information. By generating a series of prompts for the witness care officers to follow, it controlled the quality of the service provided to victims and witnesses. It was also the main tool used nationally by Witness Care Units to monitor targets laid down by the government in relation to customer satisfaction. WMS was linked to the Case Management System (CMS), which was a database used by the CPS to assist them to manage the progress of a case. Both the WMS and the CMS shared the same prosecution data allowing both the police and CPS to view specific data relating to victims and witnesses at the same time. However in order to realise its benefits, the system heavily relied upon both police and CPS staff to accurately input information into the system. A witness care officer explained to me that when the WMS was first introduced, all existing cases had to be converted onto the database, a 'tedious' process, which took longer than expected.

When the Witness Care Unit came into being, the WMS was not in operation and the witness care officers had to resort to handwritten contact logs, which proved to be time-consuming and produced a huge amount of paperwork. Because of the fact that they had become familiar with handwritten logs, they insisted on printing out the computerised versions. One witness care officer commented,

The electronic system can't provide all the organisational and individual benefits already provided by the paper system.

(Lucy - humanitarian witness care officer)

When the system was eventually introduced in 2005, the number of staff authorised to use the system was limited at first, as budgetary constraints prevented everyone from having a licence. However these access issues were eventually resolved as more licences became available. All users had to be personally registered on the

system and were given their own licence. When logging onto the system the witness care officers entered their own unique identification number and a four-digit code that was created by their ActivCard based on their own unique PIN number. These tightly controlled organisational procedures ensured that the system did not malfunction as a result of too many people being logged into it at any one time, and could identify each individual from their user ID.

5.3.4. Managerialism

It was purely coincidence that the line management of the witness care teams was undertaken by female management, as the post did not require a woman. However, each manager had a different style of management. For example, I would describe one of the managers as being oriented towards high performance and favourable outcomes. Another was more accommodating and susceptible to any problems that the witness care officers encountered. She did not immediately place blame on a member of staff when she could not contact a witness or had failed to warn a witness to attend court. The other manager was very methodical and tended to deal with the allocation of cases and miscellaneous paperwork, such as CPS memos and letters from victims and witnesses. Although the management styles may have been considered different in that they carried distinctive features of their own professional personalities into their roles, this did not appear to have an impact on their work, as they were all expected to work to the same organisational standards and ethics. Thus, they had the ability to improvise within the constraints of their role.

Each manager was allocated a team for the purposes of line management responsibility. However, they only had responsibility for the police staff employees. The two members of CPS staff that were attached to two of the teams were accountable to a manager who was employed by their own organisation. This brought about a certain incongruity because their managers were physically distant in the sense of managing them and appraising their work. This gave the CPS officers the freedom and discretion to create their own roles around them, but could also have an effect on the social world of the Witness Care Unit because they were somewhat estranged from the Unit. If one of the managers had an issue with one of

the CPS witness care officers working in the unit, they had to address their concerns with the CPS management.

Several themes emerged which demonstrated collegial trust and the value of autonomy within the teams: the teams appeared to work well together and there was no 'us' and 'them' culture, which I had frequently come across throughout my service. Although there were small groups of people who tended to interact with each other more regularly and intensely than others in the same setting, within the boundaries of team membership, the teams appeared to be an exceptionally unified and happy group. This included camaraderie and good natured teasing. A sense of shared responsibility was noticeable when it came to taking phone calls and completing mundane tasks such as disposing of the confidential waste, signifying cohesion. This atmosphere may have been an effect of everyone starting in a new Unit within a short space of time.

Typically, the less experienced team members drew on their colleagues' expertise when processing enquiries from victims and witnesses. The examination of work for the three teams suggested that some degree of autonomy was pivotal for sharing the range of knowledge that existed amongst the members. This concurs with some of the findings confirmed by O'Reilly (1992). Findlay *et al.*, (2000) also show that good team organisation enables members to offer diagnostic solutions to operational problems. Lively (2000:33) suggests that workers respond to the emotional labour demands of their jobs by engaging in 'reciprocal emotion management' for one another. Care-taking thus is understood not only as a job requirement, but as an informal coping mechanism.

The witness care managers were 'middle managers' as all the strategic decision-making took place at the CJU Manager's level. They functioned as a 'Quality Performance Manager' since one of the key purposes of this role was to ensure that the witness care officers complied with the minimum requirements of the NWNJ project by ensuring they fully understood the objectives and performance indicators. It was in the relentless completion of such administrative tasks, described above, that middle managers were able to monitor and consider in supervision, which allowed a surreptitious but effective form of surveillance to be maintained. Managers were able to check through files to ensure that the relevant paperwork had

been completed. For example, they assessed the timeliness and quality of needs assessments and ascertained whether these had been undertaken. The paperwork thus provided easily accessible evidence of task completion and individual commitment. For example, if a witness care officer failed to remind a victim or witness of their upcoming court appearance seven days before the hearing, which was one of the minimum requirements, or did not refer a vulnerable victim to the Witness Service, it would become apparent that they were not adhering to the NWNJ minimum requirements. They would not only be subject to scrutiny and possible disciplinary procedures per se, but there was also a likelihood that the case would collapse.

The managers did not hesitate to delegate work and authority to staff, relying on staff to handle the intricate details and at the same time valuing the use of manuals and checklists. They criticised the inflexibility of government policies and carefully adhered to the laws and regulations by carrying out quality control on all witness care files to identify areas of non-compliance. They ensured that their staff assumed personal responsibility for their actions and did not blame the rules or others. They conceived their principal duty as maintaining the division of labour between the witness care officers and ensuring that each team member clearly understood their role and responsibilities.

Work was organised through the flow of cases coming into the Unit. Unless there was a specified reason such as urgency, training needs or the experience of the witness care officer, cases were allocated to workers in strict rotation. There were no debates relating to who should accept the case. Workers were nominated by their supervisor and rarely had a choice whether or not to 'take on' a particular case. On the rare occasion, a witness care officer would put in a 'bid' for a specific case. This was usually if they had a good rapport with the Officer in the Case or the matter was linked to another case that they were already assigned to. The managers recorded the case allocations on a spread sheet. Although the spread sheet of cases allowed individual cases to be tracked and atypical cases to be identified, it was luck of the draw what offence type an officer was handed. It was not unusual for a witness care officer to be dealt a number of domestic violence cases in a row. The spread sheet also provided management with information on numbers of cases per witness case

officer. I viewed the allocation of cases to be straightforward but lackadaisical. It took a short time compared to the other work that the managers had to do, but it was generally considered to be a tiresome chore.

Each case was handled by a witness care officer, who had a number of cases 'on hand' at any given time. Case work was regarded as an individual activity; each witness care officer worked largely on his or her own cases and only consulted with the managers if he or she desired. That is not to say that the witness care officers produced results at the same speed. On different tasks and different days, witness care officers worked at different speeds. Still, when they worked too slowly to meet the Unit's needs, it was the responsibility of the manager to take corrective action by setting out and agreeing objectives and work plans which were 'specific, measurable, realistic, time-bound' and consistent with the organisation's overall objectives and policies. By confronting the situation, establishing priorities and limitations, and providing appropriate feedback, managers were expected to give slower workers the boost they needed in order to raise productivity. They had to motivate and manage performance within a highly pressured and potentially monotonous work process. For example, one of the managers made me aware that she had given support and encouragement to one of her members of staff in relation to managing and organising her daily workload.

As a result of interventions, middle managers were unpopular with some team members and were typically referred to, when they were not able to hear, as being 'petty'. Some witness care officers found it hard to approach their managers and said that their staff management style was often to devalue staff competence, distrust them and so rely on a personal interventionist approach. Others highlighted the need for management support, recognition and praise of their work, suggesting that their productivity and success could be greater if their work was valued by the organisation to a larger extent. An employee's perception that he or she works in a supportive climate has been found to relate to job satisfaction, lowered stress, and turnover intentions, and even higher team performance (Cropanzano, Howes, Grandey, and Toth, 1997; Eisenberger, Cummings, Armeli, and Lynch, 1997; Howes, Cropanzano, Grandey, and Mohler, 1999). However on the surface, the majority of witness care officers were loyal to their superiors, but only for the

reason that such loyalty may have yielded personal benefits. Schneider and Bowen, (1985) have demonstrated that support from supervisors should create a positive working environment. If the interpersonal relationships are positive and supportive, it is also possible that less emotional labour on the employees' behalf will be necessary.

At first, team meetings were rare: a lot of business communication was conducted via email as the managers claimed that this method of communication made life easier and quicker and aligned all team members in a common understanding of team activities and needs. Ultimately it was the staff that urged the managers to hold regular meetings in order to give them the opportunity to ask questions and resolve issues through open discussion. Later, meetings took place on a monthly basis. Observation of staff interaction at these meetings suggested different levels of procedural understanding. In addition to fundamental issues raised by the witness care officers in connection with the allocation of work and problems they were experiencing with the IT, there were frequent concerns aired about the use of radios in the office, and whether staff who performed shift duties should receive less work than those who did not perform shift duties. Although witness care officers were rarely in the public eye, the managers enforced a strict dress code. They expected staff to wear smart office clothing in order to present a professional and favourable image of the MPS to their partners. However, staff negotiated with the managers to permit the wearing of jeans on Fridays with the proviso that they would donate money to charity. These were very much superficial concerns: there were rarely discussions in relation to on-going political debates about matters such as the Code of Practice for Victims of Crime or Victim Impact statements and how these issues directly affected their work.

As well as carrying out staff performance reviews, the managers were also involved in appointing new staff, and dealing with personnel matters. They were very conscious of the importance of negotiating and in particular maintaining good relationships with their superiors. Although they coordinated the daily flow of work, they did not adopt a hands-on style. The managers were provided with a daily list of new criminal charges that had been administered to assist them in allocating the work. Because the number of witnesses in each case varied, and could often

increase as cases were built and the matter progressed, it proved difficult for the managers to ensure a fair distribution of work. There was no assessment of the potential complexity of the case, the experience of the witness care officer or the current caseloads of available staff. The manager would allocate each case to the next member of staff on a rotational basis.

Work allocation was based upon meeting the aims and objectives of the Unit. Even though the principles of fairness and transparency should have underpinned workload allocation practice, the workload allocation methods and the structure of the office, that is, separate teams of witness care officers and managers, may have served to hinder the development of strong and effective working partnerships. Although the witness care officers were split into teams, it must be stressed that this did not involve employees working collectively on cases and sharing decision-making with other group members. Each witness care officer had responsibility for his or her own caseload. Nevertheless, this is not to say that they worked in isolation from their fellow employees, as examples of team spirit were evident and they were required to cover for their colleagues while they were on leave, and answer each other's telephone calls during busy periods. The individual teams were established to identify line management responsibility, but in order for the Unit as a whole to ensure a smooth delivery of service, co-operation and communication between the teams was essential for the reasons given above.

The majority of the manager's time was spent in the office, away from the hustle and bustle of the rest of the Unit. Within the confines of their office, they were not always alerted to the nature and variety of occurrences that took place between the witness care officers and the victims and witnesses over the telephone. Therefore they could not attempt to control and direct how witness care officers displayed emotions to victims and witnesses or ensure that display rules were observed. This may have been because the managers were also embroiled in their own bureaucracy, such as attendance management - the act of managing and or controlling attendance in the workplace to minimise loss of resources due to employee 'downtime'. Staff absenteeism meant that managers had to ensure that the work was covered. At times, needs demanded that they engaged in casework themselves that was usually otherwise the responsibility of the witness care officers. Occasionally they were

required to intervene in cases where there were particularly sensitive victim and witness issues. For instance, from time to time, it was not unusual for witnesses to be sent to the 'wrong court' or told the 'wrong time'. On these occasions, the answerability lay with one of the managers who was obliged to investigate where the fault lay and make attempts to ensure that such errors did not recur in the future. However it is important to appreciate that outside influences such as the CPS had a bearing on this side of the business and, although collaborative working was introduced to address these types of issue, the level of co-operation on both sides was vitally important.

5.4. Bringing agencies together

The CJS is a complex system of interacting sub-sections. The involvement of agencies both inside and outside the justice system had a big impact to play in delivering the new definition of justice for victims and witnesses, and were considered an integral part to the CJS: organisations included local councils, housing associations, education authorities, social and children services, the NHS, Victim Support and Witness Services, the CPS and the police. When I started this piece of work, multi-agency working had not only become relevant across criminal justice, but also across health, and social care, and was thought to provide a resource to support better and lasting partnerships and an integrated work ethic.

Research by Saulsbury and Bowling (1991) found that a multi-agency approach (which consisted of local authority, police and voluntary sector workers) held greater potential than unilateral efforts by individual organisations particularly when dealing with racial harassment and attacks in North Plaistow, London. Their research identified a number of 'good practices' among the agencies involved. However it has also been claimed that agencies that formed part of the inter-agency coordination often had different terms of reference and operated under different constraints: these included their own agendas, working practices, protocols and priorities (Coles, 2000; Hughes and Rowe, 2007). Such differences had the potential to lead to conflict and tension within the system. For example, Liddle and Gelsthorpe, (1994) point out that inter-agency relations are: 'highly complicated, seldom static, and influenced by a variety of institutional, individual and local/

historical factors'. In a literature review of inter-organisational relationships, Smith, Carroll and Ashford (1995:11) specifically note that 'coordination concerns the combination of parts to achieve the most effective or harmonious results'. But it may be difficult to achieve the coordinated action that is required to attain a common goal.

Crawford has differentiated a number of 'ideal-types' of partnership working. The multi-agency approach unites a variety of agencies in relation to a given issue, yet the core functions of those agencies remain unchanged (Crawford, 1997: 119). Conversely, inter-agency relations 'entail some degree of fusion and melding of relations between agencies'.

In 1998 Sir Iain Glidewell published his report '*The Review of the Crown Prosecution Service*'. He stated that integrated units would 'Bridge the gulf between the police and the CPS.' It was also considered that working spatially in an integrated way would improve local business arrangements, cut costs and reduce efficiency. Hence, with the introduction of Witness Care Units, the care of victims and witnesses became a multi-agency responsibility. Throughout my fieldwork it became apparent that intra- and inter-organisational relationships played a critical role in shaping the flow of information, and proved fundamental in the success or failure of NWNJ, since the actions of one organisation shaped another's possibilities for action. However, it appeared that developing an inter-agency role across the CJS was not always achieved without its difficulties, and a number of boundaries appeared to exist between the practitioners involved. What follows is a description of the complex and multifaceted relationship that appeared to exist between the witness care officers and the CPS.

5.4.1. CPS witness care officers

It was some eighteen months after the Unit had been set up that two members of staff from the CPS joined the established team. The appointment of CPS members of staff was the clearest evidence of change. However, there were mixed views among the witness care officers as to whether or not having CPS employees working among them was a good thing. Witness care officers admitted to

harbouring preconceptions or concerns about working with individuals from the CPS prior to them joining the Witness Care Unit. At first the CPS employees were considered to be outsiders from an agency commonly felt to have set values and be 'in opposition' to police staff even though working on the same side and towards the same goal. Some of the difficulties between the police and CPS were fuelled by disagreements over whether to prosecute a case or not and high discontinuance rates (Nash and Savage, 1995). Burton (2011) likens the relationship between the police and the CPS to that of the parties of the then Coalition government. The CPS role was nominally to prosecute the case in court and move a case through the CJS, and the witness care officer role was to assist the victim. It became apparent that at first there was no sense of shared identity and culture between the CPS workers who were appointed into the role, and the other witness care officers. The CPS workers within the team regarded themselves as specialist practitioners and typical of their mainstream CPS colleagues; as such, they appeared to distance themselves from the other members of the team.

Following their arrival, there was some initial confusion and uncertainty with regard to these practitioners' roles and workloads, despite the fact that they were expected to perform the same role as their police counterparts. Not only did the Witness Care Unit comprise of staff other than police workers, it consisted of members of another agency thought to have a very different ethos to that of the established witness care officers. For example, successive versions of the Code for Crown Prosecutors have made it very clear that the CPS is not the victim's lawyer and prosecutors do not act for victims or their families in the same way as solicitors act for their clients. The merging of staff into inter-agency teams threatened to disrupt practitioners' accustomed sense of occupational identity and membership. For example, one officer explained to me,

It was a period of uncertainty, and morale was low. There were also concerns that we would have less freedom and more supervision than before.

(Chris - humanitarian witness care officer)

One of the difficulties involved with developing an inter-agency role was in relation to resources. I discovered that there was refusal by the MPS hierarchy to allow CPS staff the use of police databases and IT systems because they did not have a

sufficient level of security clearance. As a result the CPS workers displayed a reluctance to follow the systems and processes laid down by the MPS:

I had to create my own system at first.

(CPS witness care officer)

Conversely, there was a consensus among the witness care officers that the CPS ranked them lower in the organisational hierarchy. This corroborates Stenross and Kleinman's (1989) view that professionals consider emotional labour as low-level work, and they try to push it off onto others. This is contrary to the model explored by Skinns whereby she argues that the police seek to govern auxiliary staff from a distance with auxiliary staff operating as 'junior partners' (Skinns, 2009). One of the officers commented,

We are regarded as admin staff and don't get the level of respect that we deserve.

(Claire - performance-led witness care officer)

Differences with the approach to work of CPS employees was a source of tension as the CPS workers were asked to put aside their accustomed roles and ways of working in place of a new, shared approach. On reflection, there should not have been an aura of tension as their interests were not competing, merely their conceptions of the problems at hand and of the appropriate solutions to them. However, this tension follows Gilling's (1994:251) and Souhami's (2007:24) argument that the integration of different agencies creates scope for inter-organisational conflict for an indefinite period.

The two CPS workers identified themselves first and foremost as witness care officers, but I got the impression that they considered themselves to be estranged from their parent agency. My perceptions may have been influenced by the fact that the CPS employees were at a slight disadvantage having joined the team later, and, as such, the other workers had already familiarised themselves with each other. Further, the MPS witness care officers outnumbered the CPS practitioners and the MPS workers tended to become the protagonists of the team. Consequently, I noted that there was a technically rational division of labour structured around skills that the CPS practitioners had acquired in their parent agency. That is, they were judged to be best placed to access their own organisation's database and act as 'runners'

between the CPS office and Witness Care Unit to deliver key information about witness attendance at court. One of the CPS officers stated that, at first, the transfer from the CPS to the Witness Care Unit was a culture shock to her. I had an inkling that they found it hard to differentiate their occupational self-identity within the team as being part of their governing agency, but also separate from it.

I don't believe that my MPS colleagues consider me as one of them.

(CPS witness care officer)

Despite being located within a police building, a strict entry control into the offices of the CPS was installed at first, and for legal reasons, police workers were asked not to enter, touch or remove any files without advance notice. Retaining this stance could be viewed as asserting authority. However I noted that, over time, the relationships between the police and CPS personnel appeared to become more relaxed as they got to know each other more intimately. The CPS witness care officers appeared to become highly motivated and in favour of the NWNJ initiative and more often than not, the door to the CPS offices was propped open inviting entry. This was deemed a huge change for them: having worked for an organisation that was renowned for its privacy and independence, and had in the past resisted organisational change, they were now working alongside police staff, interacting with members of the public and often at the receiving end of victim's problems. It became clear that parts of both organisations had begun to meld; yet the practitioners chose to attribute this process to the individuals within the Unit rather than any structural function of the organisations concerned.

5.4.2. Every man for himself?

During my fieldwork, a number of sub-groups were established to advance different types of work. For example, a victim and witness sub-group was an on-going forum that met monthly to discuss and analyse cracked and ineffective trials, and review and develop local systems to address the needs of vulnerable and intimidated witnesses. I found that consistency of attendance and of commitment to the group by partner agencies were of vital importance in order to function effectively as a multi-agency group. Yet the group appeared to face barriers to participation and co-

operation, which allowed it to drift without a clear strategy being formulated. I was alerted to occasions when competing viewpoints could tip the balance away from the best solution.

Simply arranging joint meetings is often a common problem and issues are even more serious when the professionals involved have different views and belong to different organisations, each with their own lines of management and accountability.

(Manager - Witness Care Unit)

The CPS never complete their actions and rarely send a representative to the meetings.

(Ruth - performance-led witness care officer)

I was informed that in the few meetings that a CPS representative did attend, it was usually a junior member of staff that turned up. A manager in the Witness Care Unit stated,

Although I have a lot to contribute to these meetings, I feel that my views and assessments are not getting through to those that matter.

(Manager - Witness Care Unit)

One of the witness care managers said that the police side of the business ‘drove the agenda’ with a ‘real commitment to victims and witnesses’.

In the end we compiled our own monthly analysis of victim and witness non-attendance, but there is only so much we can do if you haven’t got the other agencies on board.

(Manager - Witness Care Unit)

It was acknowledged on both sides that these should have been good opportunities for the agencies to meet together and learn about each other’s work. However, there appeared to be a distinct lack of incentive to bring together the key skills and experience needed to bring about any changes or possible improvements in the services available to victims and witnesses of crime.

The pressure of work on the CPS and police allow for little time to discuss issues, attend meetings, read reports and generally to provide and to receive shared information.

(CPS Case Worker)

This supports Gilling's work on the engagement of partners where he found that whilst some agencies dominate, others were marginalised and peripheral to the partnerships (Gilling, 2003). The Audit Commission (2002) also recognised that relevant partners should be involved in information-sharing and decision-making and that each agency's roles and responsibilities should be clearly defined.

Crawford (1997) suggests that there is a need to recognise difference, as opposed to assuming 'unity', as a means of managing conflict. The engagement of partners in the partnership process is likely to be affected by personal qualities; legal status (i.e. statutory agency or not); occupational cultures; available resources, including knowledge and time available to attend meetings; and ultimately authority.

I noted that the memos from the CPS requesting actions to be completed were succinct and to the point, and appeared to have been written in a hurry.

This case has been listed at court for a s.6(1) committal: warn an officer to attend with the exhibits. Failure to do so may mean that the case is not proceeded with.

(CPS Memorandum)

Witness care officers had to locate, contact and account for their victims and witnesses to the CPS. The following response from the CPS with regards to one particular case suggests that the witness care officer had not made sufficient attempts to contact the witness or had not supplied enough information to the CPS lawyer to allow him or her to make an accurate assessment of the case. On the other hand, this may demonstrate little understanding of the practical and emotional difficulties experienced by not only victims and witnesses but also the witness care officers who were appointed to keep victims informed of the progress of 'their' cases as they wound their way through the criminal justice process:

At this stage I am not satisfied that all avenues to locate the witnesses have been exhausted. For example, given OIC still has contact address for victim, has been able to speak to friends of victim who appear to be in contact with the victim, it seems that an alternative method such as a police letter to the victim being delivered by his friends has not been explored.

The fact of the matter is that two defendants have spent a substantial time on remand (and continue to remain in custody) because of the allegation of the victim. HE WILL BE FOUND AND SPOKEN TO (AND IF APPLICABLE A WITHDRAWAL STATEMENT TAKEN). I am sure an appropriately worded letter is something the police are able to explore as an avenue. Or 'his friends' ought to know which bar the victim frequents (after all they have a civic duty to assist police, particularly where others are being deprived of their liberty).

(CPS Memorandum)

To expand further, during my interviews with the witness care officers, certain language, categories, and assumptions emerged reflecting attitudes and beliefs about the CPS. The relationship between the Witness Care Unit and the CPS was defined by many witness care officers as one of conflict. Tension derived from the blurred boundaries between the professions in respect of their work with the case. The CPS was portrayed as indirectly showing too little concern for the care of victims and witnesses. Witness care officers believed that the CPS employees over-estimated their role in customer service and consequently inflated the importance of their own interactions with victims and witnesses. For example, there were concerns from some witness care officers that the CPS did not always take into account victim's needs. They stated that the CPS made decisions that were not always in a victim's best interests, such as the decision to charge an offender. Both agencies had different targets which could independently influence arrest and charging decisions.

Many victims just want the police to defuse the situation from escalating further, and more often than not, just need someone to speak with, mediate the situation and deter the offender from further abuse or violence.

(Nathan - humanitarian witness care officer)

Once the police have taken the suspect away, the victim no longer wishes to go to court.

(Adele - performance-led witness care officer)

Some witness care officers stated that the CPS could be biased towards applying for special measures on behalf of the victim, while the police could be vehemently vying for some form of care and special attention for the victim.

We are not even met halfway by the CPS and have no say over anything. Sometimes I feel that the CPS is ungrateful for the work the Witness Care Unit does, but without victims and witnesses they wouldn't have a job to do.

(Nathan - humanitarian witness care officer)

In a report published by the Justice Committee in 2008, the then Director of Public Prosecutions, Keir Starmer, was recorded to have said that out of 30,449 applications that were made for special measures in 2008, 28,858 were granted by the courts. He considered these figures to demonstrate the significant work that was being done on behalf of victims and witnesses and the fact the CPS was identifying the right cases for special measures.

The primary responsibility for identifying vulnerable witnesses lies with the police and not prosecutors. Sometimes we receive notification of vulnerable victims too late and we have no choice but to go ahead with the case in any event as the courts will refuse late applications.

(CPS lawyer)

I found that the CPS had a very distinct worldview, or *Weltanschauung*, concerning the treatment of victims within the CJS which could be different to that of the police, although not necessarily to the detriment of the prosecution process. This became apparent in my conversations with the CPS clerks and lawyers. They highlighted different policies and work undertaken by the CPS to improve the service for victims. These include the Prosecutors' Pledge, setting out the support that victims can expect from the CPS; the Direct Communications with Victims scheme, introduced in September 2002—and subsequently incorporated into the Code of Practice for Victims of Crime—setting out how the CPS would communicate directly with victims.

We also fully recognise the services that witness care officers provide to victims and witnesses.

(CPS lawyer)

During the course of my fieldwork it was suggested on more than one occasion by different witness care officers that they considered one of the roles of prosecution lawyers was to be involved with the witness early on in the proceedings to allow them to build a rapport:

Lawyers should have greater ownership of cases instead of cases being passed from lawyer to lawyer all the time. An intimidated witness is likely to be scared of testifying, so being introduced to the prosecuting lawyer this could help to put them at ease and increase the effectiveness of their testimony.

(Nathan - humanitarian witness care officer)

The progress of criminal cases was often accompanied by periods of no movement or backsliding and it could be a particular challenge relaying the reasons to a victim if inter-agency working was poorly coordinated. The timeliness and extent of information received from the CPS, such as a list of witnesses required to attend court, dictated the quality of support and care that a witness care officer could offer.

There appeared to be some duplication of work by the Witness Care Unit, the CPS, Victim Support and the Witness Service, but there were also examples of the victim receiving little or no information as a result of a lack of communication and clarity of roles. For example, one of the witness care officers described a case where the prosecution witnesses had turned up at court to give evidence and discovered that the defendant had pleaded guilty at an earlier hearing. Undoubtedly, they were angry that they had been inconvenienced, and the witness care officer received the brunt of his anger.

Occasionally cases were transferred to other courts within Greater London to spread the workload. Each case was assessed and the CPS and police were consulted for their views. However the agencies did not always appear to consult each other and witnesses with disabilities could, for example, sometimes be at risk of being moved from their local court to an unsuitable location which did not become apparent until the last minute.

Officers also relayed their frustration when the courts and CPS set trial dates that were not compatible with victims and witnesses availability. They alleged that the memos that they had sent to the CPS had been lost in the internal dispatch system despite the close proximity of the CPS to the Witness Care Unit.

There is still a perception among the general public that the CJS is in complete disarray and receiving inaccurate information does nothing to change their negative views.

(Chris - humanitarian witness care officer)

Although prosecutors were supposed to inform victims of major developments in 'their' cases, such as discontinuance or a substantial reduction in the charge, it was not clear whether this was happening or not and I was not able to get an informative answer from any of the CPS personnel that I spoke with. Uncertainties such as this could cause conflict and tension among the practitioners.

It can be difficult for some practitioners with day-to-day responsibilities within the CJS to view the system as a whole, and as a result they tend to place more emphasis on their particular sub-section or a part thereof.

(Manager - Witness Care Unit)

Witness care officers told me that they were rarely informed of the reasons behind the decisions made by the CPS and this sometimes made it difficult to provide a comprehensive reply to a victim or witness.

We don't always have immediate answers to give victims and witnesses and have to rely on the CPS to tell us what we need to know, such as whether or not an application had been made to change the trial date, whether the victim is still required to attend court having provided a withdrawal statement etc. Victims look to us for support but we don't always know what to say if we haven't been passed on any information from our partner agencies despite requesting it.

(Hannah - disaffected witness care officer)

It was therefore questionable whether one agency (the police) should have been responsible for informing victims of decisions that had been made by other agencies (the CPS and courts). There are limits as to how much can be explained by letter or phone or even in person by someone who has not been part of the decision-making process in question. Victims may therefore be more dissatisfied than if they had not been given any information at all. Dignan (2005) argues that the 'information provided to victims is often incomplete, late in arriving and fails to provide explanations for what has been decided and why.' He goes on to argue that there is no opportunity for victims to discuss the decisions and their implications with those who are responsible for making them.

There is, of course, the twin anxiety of leaking information improperly to the witness and of being open to the charge of coaching. Although the CPS had reacted to their enforced growing proximity to the victim and lawyers were encouraged to

introduce themselves in court to victims and witnesses, one of them explained to me:

I can't have a full discussion with them or ask any leading questions, as I am compelled to abide by a professional conduct.

(CPS lawyer)

Apart from the most serious cases, the prosecution may have been considered to be at a disadvantage because the defence saw their witnesses out of court prior to the trial. Although the personnel in Witness Care Units were there to provide support and advice and act as a focal point of contact, they very rarely saw any of the victims or witnesses face to face; most communication was administered through telephone calls, letters, email and so forth. Whilst the witness care officers were working behind the scenes, the victim and witness had to face an unknown person in court who was prosecuting their case on their behalf (or that of the State).

Therefore it could be argued that Witness Care Units were just another set of professionals befogging the way of victims receiving justice and that the offender versus the state was still unequivocally the relationship at the heart of the CJS. Hence the suggestion made by Nils Christie (1977) that the state had stolen the conflict between the offender and the victim still had some bearing. Because the CPS prosecuted for the state, the consequence of conviction was punishment, not compensation, and therefore there was no legal requirement that the CPS took any heed of the wishes or interests of the victim (Rock, 2004). This also suggests that the CPS still considered crimes to be offences against society as a whole.

On the face of it, the CJS appeared to have an integrated care system, but when the door was opened and a thorough look at the inside was taken, one got the impression that witness care officers, police officers, and crown prosecutors were working in silos. The difficulty appeared to be that there were constantly changing relationships between the police and the CPS depending upon the nature of the task to be performed. In one instance the two organisations may have been aloof from one another; in the next, they worked together effectively and harmoniously. Suspicions and acrimony surfaced, only to subside quickly. At a minimum, though, it must be recognised that the two organisations inevitably crossed each other's paths due to the blurring of distinctions between the police and the CPS, and

because of the joint performance targets. Yet their roles were interdependent and while both had separate responsibilities within the CJS, they had to inevitably work in partnership to enforce criminal laws effectively.

However, the impact of these changing relationships had the potential to adversely affect victim levels of satisfaction. Although the scope and function of policing practice has expanded over the years, the police have continued to be bound by myths, traditions and archaic ideas about their role, which may also include their role in the delivery of victim and witness care.

Public attitudes have not really changed. I find that it depends on the age group - adolescents can be rebellious and will generally be against anything that the government is trying to promote. Some older people can be set in their ways.

(Chris - humanitarian witness care officer)

There was also a general consensus among the witness care officers that the public continued to view the police officer as the sole authority of policing practice and criminal justice decision-making.

Some victims get confused by who's who in the proceedings. Most people think that they are talking to a police officer over the phone and some often think that they will see me in court on the day of the trial. Many wouldn't understand the system even if there was more awareness, as many people struggle with the legal language as it is.

(Grace - humanitarian witness care officer)

Hence several witness care officers commented that victims and witnesses regarded them in the same vein as their police counterparts.

We are tainted with the same brush as police officers.

(Linda - disaffected witness care officer)

It was suggested that police dramas on television as well as the strength of people's connections to their community influenced their behaviour. Therefore Witness Care Units were not widely recognised because they were not portrayed in television dramas, such as The Bill.

Television crime dramas are referred to quite a lot by all sorts of witnesses.

(Sadie - performance-led witness care officer)

In view of these findings, there appeared to be a necessity for greater public understanding, awareness and cooperation in elevating the status of Witness Care Units, not only in terms of their role, but also in terms of the personnel who were employed within the units. Conversely, it seemed that witness care officers should not assume that victims and witnesses were not cooperating with the process, when they may have been struggling to follow the processes and roles and responsibilities of the key players. Close relationships between the Witness Care Unit and victims were necessary to ensure that victims were fully aware of the range of services available in their areas, thus giving them confidence in the CJS.

5.5. Conclusion

As I have shown, much of the front line service work performed by witness care officers was routine behaviour which was monitored to a certain extent. While witness care officers had some control over how they went about their daily business, their autonomy was somewhat restricted by organisational controls. Yet the organisation employed them to act as a lubricant, smoothing out the rough spots between the organisational need to achieve government targets and the demands of victims and witnesses. In order to achieve this, competent communication and telephone skills were involved and an ability to build a rapport with victims and witnesses. Simultaneously, all witness care officers were expected to work with information technology. These tasks were numerous and showed how involvements grew beyond the instrumental in ways that the organisation may not have envisaged.

In the following chapter I shall explore the notion of care and the factors affecting the operation of care in the witness care setting. Thus, through their own viewpoints, the following chapters seek to provide an understanding of the constraints and influences that witness care officers were under when carrying out their day-to-day responsibilities.

Chapter 6 - Emotion and the Care Ethic

I don't want to be at the mercy of my emotions. I want to use them, to enjoy them, and to dominate them.

Oscar Wilde, The Picture of Dorian Gray (1891)

6.1. Introduction

In this chapter I shall primarily be concerned with exploring the notion of care as interpreted and implemented by witness care officers. To date, there has been no comprehensive qualitative exploration of how these officers conceptualised and managed care work.

First and foremost I shall investigate how meaningful, respectful, and supportive relationships developed within the *material reality* of a Witness Care Unit, where a number of distinct functions were fulfilled by the witness care officers, which were the products of different and sometimes conflicting aims and philosophies. For example, conversations were conducted over the telephone, workloads appeared to be high, and many officers claimed that stringent performance measures were placed upon them by management.

I explore how institutional culture shaped the experience of care, and whether officers demonstrated an appreciation of the structural constraints faced by victims and witnesses. Examples included obstacles in their quest for information, adverse effects on both psychological and physical health, fear of attending court and lengthy court adjournments (see also, Shapland, 1981).

The three 'ideal types' of working style were a convenient way of making sense of this complex reality. The study exposed a diversity in the ways of understanding what 'care' meant in witness care work, what role it played in easing the pains of victimisation, and how witness care officers implemented the concept of care in their work.

'Care' in the sense of 'caring for' has many different meanings and associations. Among the terminology used, it has been taken to include nurture (Oakley, 1974), treatment (James, 1991), protection for children 'in care' (Packman, 1986), and even

custody for the disturbed criminal (Rowett and Vaughan, 1981). The notion of care can also be applied in a broader sense – not just to nursing and family-centred situations – but to organisational environments such as the police. Within the professional criminal justice arena, the Witness Service was commonly regarded as an organisation charged with taking on a more caring role, which was ‘hands on’, and ‘face-to-face’ (see Jacobson et al., 2015). A comparative study of the Witness Service staff and the witness care officers with regard to the emotional involvement with victims is beyond the scope of my present work but may be a matter for further inquiry.

6.2. The practice of care

Understanding the role of care in witness care work drew my attention to its attendant emotional effects, and that in its turn had important structural implications for the way in which officers could express and work through the anxieties and strain they may have felt doing care work. My initial assumption was that specific work activities such as making decisions, negotiating, and counselling would be more than just a set of robotic responses, they would be shaped by emotion. For example, the nature of the work suggested that witness care officers were probably expected to provide the victim or witness with a certain reassuring emotional exchange. Apart from police officers who were deployed in specialised roles such as that of a Family Liaison Officer, most ‘rank and file’ police officers appeared to have relatively fleeting dealings with the victim of a crime. Witness care officers, however, spent sustained periods of time on the telephone talking to the same victims time and time again, many of whom had suffered a variety of personal traumas. It could therefore be argued that the quality of their interactions needed to be effective to have any influence on victims and witnesses. This concept is more commonly referred to as emotion work which was discussed in some detail in Chapter Three.

Stephen Fineman (1993) suggests that emotional engagement in organisations is taken for granted; it is part of the social creation and personal expression of work and organisational life. Ashforth and Humphrey (1995) further imply that

organisations fail to recognise emotional activities as an integral part of the 'human resource' and this was predominantly noticeable with witness care work. One approach to empirical investigations into emotion and care is to ask people to describe their subjective experience of caring. When the witness care officers were questioned, some did explain situations involving emotional support or emotional labour in some detail, with reference to their own feelings. People with a history of caring for a loved one, for example, were more likely to make particular types of empathetic responses. Conversely, other staff did not like to, or did not tend to, discuss their own emotions, either in general or with someone they did not know very well (for example, myself). Differences in the kind of language witness care officers used, how open and relaxed they were, and their language skills, all had an influence on how they related to their own use of emotions.

During my fieldwork, I observed displays of 'representative' emotions. Witness care officers partook in a series of intense performances to accomplish a certain goal and the extent to which a witness care officer presented an ideal self in light of varying degrees of negotiation represented his or her ability to present. It was unclear whether this was something that was expected by the organisation to help sustain its self-image. Although nothing was explicitly written in the form of guidance for witness care officers, the nature of the job suggested that they should encourage polite and courteous relations without revealing their own personal opinions, and show sensitivity as well as inspire confidence and trust.

Concurrent with the maintenance of a professional and courteous manner, the preservation of social distance appeared to be critical. This could be likened to Simmel's description of 'the Stranger', who is far enough away that he is unknown but close enough that it is possible to get to know him. The stranger bears a certain objectivity that makes him a valuable member to the individual and society. People may let down their inhibitions before him and confess openly without any fear. This is because there is a belief that 'the Stranger' is not connected to anyone significant and therefore does not pose a threat to a person's life (Simmel, 1976).

Typically a high degree of social distance exists between strangers. Thus, in the case of victims and witnesses, witness care officers were well-placed for decreasing social distance and establishing common ground. Yet the borough's population was

ethnically diverse (in 2011, 34% of the borough's residents were from black or minority ethnic groups, compared to the England average of 9%; a further 22% were non-British white residents including Irish and others originating mainly from English-speaking countries in the new world and from Eastern Europe and beyond) and several officers in the unit spoke English as their second language. Therefore they considered that they were in an advantageous position to be able to relate to different cultural norms. The MPS standard operating procedure specifically stipulated that the use of other languages by multi-lingual staff was discretionary and no pressure should be placed on any worker if they did not wish to communicate with any witness or victim in any language other than English. Even though many witness care officers from black or minority ethnic backgrounds considered English to be their first language, they found that they were able to connect better with these communities through language commonality. This may indicate a low degree of 'social distance', a concept which has been incorporated in social psychological theories to address a variety of dyadic role relationships.

I speak fluent Bengali and I find that I can offer victims a better level of understanding when I converse with them in their own language [Bengali], particularly when it comes to explaining the court processes and legal expressions.

(Mia – Humanitarian witness care officer)

Whilst observing the employees in the Witness Care Unit and engaging in general conversation, I found that the ability to manage their own emotions, as well as those under their contact, varied according to the 'ideal type' of working style. As such, there was a varying degree of intimacy between witness care officers and victims and witnesses. It was this contrast in the difference and quality of care provided by witness care officers that led me to focus on differences between staff, in their emotional skills as a carer, their personalities, and the environment they were working within.

Some officers appeared to be very popular amongst both victims, witnesses and police colleagues and strove to provide individual support for the victims and witnesses. Others were driven by organisational rules and protocols, while there were those who lacked apparent motivation and training and showed discontent with the systems and processes involved. What was intriguing was that there

appeared to be an intermediate position where officers could perform emotional responses without completely feeling the emotions that were supposed to underpin them. This is well-researched in the literature and has been discussed in Chapter Three. Using the elements from my typology of ideal types, the next section is an explicit description of how the witness care officers operationalised caring in practice and engaged in varying degrees of emotion work. While some witness care officers appeared good at deploying care tactically without it affecting the officer personally, others clearly ‘felt the pain’ of the victim or witness.

6.3. A typology of witness care officers approaches to care

As discussed in Chapter Four, I constructed an explanatory model of three ‘ideal types’ of witness care officer and identified the characteristic features of each type in order to understand the interrelationship between their working styles and practices. The analysis found that each witness care officer predominantly conformed to one of these three ‘ideal types’, which I termed humanitarian, performance-led, and disaffected role-styles. Although no individual witness care officers’ style consisted entirely of features belonging to one particular style all the time, each caring style was found to have a distinctive set of internally consistent features, and so this study was justified in classifying the features into these different categories. In the following section I outline each philosophy and practice of care, and in particular, draw attention to the characteristics of each approach, and how caring fitted with their adherence to subcultural norms.

Humanitarian carers were those witness care officers who described care as the main part, or a large part, of their job, although they varied in whether they called this ‘care’ or something else, such as ‘help’, ‘support’, or ‘victim satisfaction’. They demonstrated an ethic of care in their work, where they were confident and highly engaged. Three characteristics that they appeared to value greatly were their personality, their empathy, and their knowledge.

The majority agreed that it was part of their job to care, and paradoxically, their caring interactions appeared to be motivated out of genuine interest, rather than professional obligation. There were a total of ten officers in this category and I

conceptualised their caring as victim-led, as they responded to victims needs as they saw fit and rarely allowed bureaucratic processes to infringe upon their values. They took a flexible approach to their job, and often adapted the institutional rules to obtain a better working relationship and victim compliance. As such they developed a working relationship with the victims and interpreted rudeness with a sense of nonchalance. This meant that they recognised that victims were individuals who had bad days, forgot things, or were just simply naïve about the CJS. The witness care officers in this group did not differentiate one victim from another, and believed that all victims had equal moral worth. These carers took pride in their work - these were *'their cases'*.

I don't like passing my cases over to someone else who won't have had the opportunity to form a relationship with the victim and get to know their idiosyncrasies.

(Grace - humanitarian witness care officer)

Humanitarian carers were a vital source of information to victims - they responded to queries on issues such as expenses, pre-trial court visits, and supplied information on the role of witnesses and the facilities at the court. Many became personally involved with the problems that many victims and witnesses had to deal with, such as hidden family problems, unemployment and housing issues, all of which influenced their behaviour at some time or another. Some victims would trust and disclose to individual witness care officers their personal worries and fears about their health, family and work.

Some victims even want to tell me what medication they are on.

(Sophie - humanitarian witness care officer)

The following is an extract from a letter, which was written by the wife of a prosecution witness:

...As I stressed on the telephone, I am worried that the strain of the court hearing will have an adverse effect on his health. My husband is of ill health and takes 11 pills a day....

Upon receipt of this letter, the witness care officer was quick to contact the writer to put her mind at rest. Her husband was referred to the Witness Service and a pre-trial court visit was arranged.

In return, humanitarian carers appeared to be comfortable with the ethos of 'customer service', and particularly skilled at listening to people and developing a sense of empathy in their role, something that Coulehan (1995) believes to be a cognitive skill developed by practising various communication techniques. Empathy is often characterised as the ability to 'put oneself in someone else's shoes', and see things from his or her point of view (Berger, 1987), which in phenomenology is seen as enhancing the capture of other 'life-worlds' (see, for example, Atkinson et al., 2006). This was demonstrated in the way in which these officers attempted to relate to, communicate with and understand victims and witnesses, the situations in which they lived and the experiences and feelings they had. Humanitarian carers appeared to be genuinely tolerant and less likely to react aggressively with irate callers, as they had a natural ability to talk. They were more likely to have a social worker's orientation toward the job and considered that the best way to defuse any tension between the victim and the CJS was, where possible, to try to understand the victim and attend to his or her grievances. Without being able to understand what another person might be feeling, they may have been less thoughtful in their delivery of care, and might have acted in ways that were unhelpful. For example, failure to refer them to the Witness Service, or consider putting the wheels in motion for a special measures application or simply making assumptions that were inaccurate indicated a breakdown in relationships.

Consequently, it may be possible that the ability to build up a friendly, pleasant relationship with victims acted as a way of generating voluntary compliance since these workers were able to report mainly gratifying positive outcomes which they considered to be as a result of giving their continued support to a victim of crime. Such outcomes took the form of compensation being awarded to the victim at court, or a guilty verdict following a protracted wait for the trial to be heard. Narratives often contained passages outlining their ideal role and articulating their core values regarding the treatment of victims: empathy, trust, and caring for more than basic needs.

I don't think anyone would go into this [witness care] without the purpose of really providing support. Isn't that everyone's aim?

(Mia - humanitarian witness care officer)

Witness care, for me, is to bring added support to reduce the burden that victims may feel that they're under. This is my goal.

(Nathan - humanitarian witness care officer)

As such, humanitarian carers knew many of their victims and witnesses on a very private and intimate level, and there was a marked difference in the way that they spoke to young victims as opposed to adults. They considered most victims' emotional displays to be authentic, not false, and even justified; none regarded the act of demonstrating one's concern for others as evidence of being weak, but this could develop into signs of emotional exhaustion, which will be discussed later. Nevertheless, these officers were able to tell signs of distress, such as tearfulness, confusion and agitation, and their understanding of the extent of the impact of the crime on a victim or witness appeared to be genuine. The victim's role or responsibility in the crime did not concern them and sympathy came naturally to them, that is, they were exercising the natural instincts of human beings. Some humanitarian carers admitted to liking certain victims and to being sympathetic to their feelings of frustration and anxiety. One particular witness care officer firmly believed that sympathy and genuineness came hand in hand:

I can't put on empathy. Those that are not being genuine cannot possibly be sympathetic to victim's needs.

(Chris – humanitarian witness care officer)

I discovered that some victims just wanted someone to talk to and confide in; they would telephone the unit on a regular basis, often up to two or three times a week, and pour out their troubles. Although there was no requirement to ration the calls, the high workload posed a dilemma for these witness care officers as they tried to grapple with their regular customers in addition to the new cases that they had been allocated. Humanitarian carers suggested that most victims' emotional displays were genuine and justified and some even acknowledged identifying with their feelings. They commented that they often found themselves talking to people as though they were life-long friends, and became so involved with them that some even had lunch and dinner invitations. However, the MPS had rules on accepting gifts, hospitality or other benefits or services that would place them, or be perceived to place them,

under an obligation, or compromise their judgement and integrity. One victim wanted their witness care officer to go to court with them and hold their hand, which, in reality, was the role of the Witness Service and was not feasible for a witness care officer to do. Some victims would even appear to be upset that it was not the role of the witness care officer to escort them to court. This may have been because the trial was the climax of the witness care ritual and once a victim or witness arrived at the courthouse, the proceedings were out of the control of the witness care officer and he or she was no longer empowered to control the events. As soon as the court proceedings commenced, the CPS took centre stage.

However, sometimes a relationship between the victim and witness care officer developed to the extent that the victim made contact with the officer on a regular basis after the case had finished. Humanitarian carers enjoyed receiving positive feedback from victims and witnesses; and where the victim or witness appeared pleased, content or appreciative, they reported deriving much satisfaction from their role. One witness care officer told me that she had received several letters from victims expressing their appreciation, including a box of chocolates from a victim as a token gesture for the support and encouragement that they had received throughout the case. In contrast, if a court result ended in an unfavourable outcome for the victim and the witness care officer had engaged in a great deal of emotional labour, there was a potential for him or her to become upset or exhausted, resulting in eventual burnout. This is a term which describes the gradual emotional depletion, loss of motivation, and reduced commitment of workers. In fact, three of the workers who were in the humanitarian category had lost interest in their work after three years and moved on to employment elsewhere. I also witnessed a number of witness care officers perusing the internal job vacancies on a daily basis.

I can't help taking matters seriously and as a result it affects my home life. I don't laugh anymore. However, it's an experience - it has certainly opened my eyes as I didn't realise there was so much disturbing crime around.

(Grace - humanitarian witness care officer)

The positive or negative outcome for the victim depended not only on his or her interpretation of the practitioners' response but also on the practitioners' ability to understand the victim's perspective and respond accordingly. It appeared that longer

durations of providing care and support were associated with stronger emotional reactions. Like many police officers, who were expected to maintain a reserved, detached and professional demeanour, and distance themselves from intense emotional reactions invoked by tragic events (Pogrebin and Poole, 1988), witness care officers were expected to possess the type of mental assertiveness that allowed them to maintain their boundaries and psychic integrity when faced with the emotional demands of another person.

Another witness care officer recounted a case where she had to warn the victim of an indecent assault to attend court on some ten separate occasions:

It was evident very early on that the victim was becoming increasingly agitated and disengaged with the criminal justice process, and the numerous court adjournments did not help. Each time a new date was set, she was adamant that she would not be attending on the next occasion, as she just wanted to put past events behind her.

I made regular telephone calls to the victim over an eighteen-month period and got to know the victim very well indeed. My communication skills were truly tested but I firmly believe that if it weren't for the relationship that I was able to build up with the victim, she would never have endured the whole process.

The defendant eventually pleaded guilty and was sentenced to twenty-one months imprisonment. The victim was over the moon and personally thanked me for all my efforts. In fact I spoke to her on a number of occasions after the verdict. I also received a Quality Service Report [a report which acknowledges outstanding work by an individual and is kept on their personal file] from my line manager for my commitment and dedication to my role.

(Mia - humanitarian witness care officer)

Humanitarian carers demonstrated several of the characteristics of Goffman's '*people worker*' (Goffman 1961:74-83) as they developed '*human feelings*' towards victims and witnesses and coped with their differing personalities. Some witness care officers admitted to liking certain victims and to being sympathetic to their feelings of frustration and anxiety. However this relationship could, at times, conflict with being impartial and it could be argued that some victims may receive a better service and more privileges than those provided by one of the other ideal types of carer. Although humanitarian carers spent many hours conversing with members of the public in an effort to gain their trust and confidence and keep them

‘on board’ for the duration of the prosecution process, I got the impression that sometimes they became caught up in their idealistic need to make everything perfect for people, and then personally blamed themselves if things did not turn out satisfactorily on the basis that their own dignity had been compromised. For example, a witness care officer explained to me that she had persuaded a victim that it was in her best interests to attend court, and although the victim attended, she broke down in tears in the witness box, ran out of the courtroom and refused to return to finish giving her evidence:

Often people are fine right up to the day of the trial and then their nerves get the better of them and they back down on the day. I feel guilty about putting pressure on her to attend court in the first place

(Alex - humanitarian witness care officer)

Humanitarian carers had an ingrained need to make sense of human action and were particularly disheartened when victims and witnesses no longer wanted to go to court and give evidence. Some regretted sending a final reminder because it was at this point in the process that victims and witnesses suddenly made the decision to ‘steer clear’ of the prosecution process:

This is human nature. The nearer to an event someone gets, the more nervous they become.

(Mia - humanitarian witness care officer)

I can’t blame them because I wouldn’t even provide my details to police if I witnessed a case. Victims and witnesses get mucked around too much – in many circumstances they are forced to put their lives on hold while they wait for the crown courts to list their case. The self-employed, such as shopkeepers give up their day to attend court and lose a day’s wages.

(Lucy - humanitarian witness care officer)

Humanitarian carers’ personal drive to support victims and witnesses was the cause of their high *self-efficacy*, that is, the determination to take on challenging tasks, rather than write them off as impossible. However, what was noticeable was that they became so mentally close to their work that they often found it difficult to switch off their emotions:

It can be a very stressful role - although we have a laugh and joke in the office, I go home and think about all the things I haven't done and what I need to do tomorrow.

(Joshua - humanitarian witness care officer)

Although humanitarianism was not gendered (6 females and 4 males), three female workers revealed that watching police dramas on television in the evenings often triggered memories of events and conversations that had occurred during the day. They reported that the portrayal of victims on television in fictional police dramas captured certain truths about policing realities and they were able to visualise the victims in their own cases being involved in similar scenes of 'shocking' violence.

Humanitarian carers also had an investigative side and sought to demonstrate their ability to track down victims and witnesses who had *gone to ground*. For example, one officer located someone through the immigration service:

I made several attempts to contact the witness and discovered that he had been evicted from his home. I asked police in his local area to make enquiries into his whereabouts but they were unable to find him. I contacted the immigration authorities and discovered that he was living in a refuge. I spoke to the witness through the manager at the refuge and explained what giving evidence at the trial would involve. The witness agreed to participate and I arranged financial assistance to cover his transport costs to get him to court.

(Grace - humanitarian witness care officer)

Some humanitarian carers got the impression that a number of victims and witnesses failed to appreciate not only their contribution but the efforts of the CJS to deliver justice. Often huge efforts were made to continue with a case after the victim had decided to withdraw his or her allegation and in certain cases the CPS would apply for a summons to get the victim or witness to court.

I don't understand why they don't want our help. I have had victims accuse the organisation of treating them as the accused rather than the aggrieved.

(Emily - humanitarian witness care officer)

When, for example, a witness care officer was forced to relay to a reluctant witness that he or she may be summonsed to attend court, they were confronted with an ethical dilemma, because some of the officer's humanitarian principles or commonly held beliefs had been offended in that an element of compulsion was

now being introduced. Although they may all have had differing views about what was in the victims' best interests, these actions may have committed them to violating the trust and support that they had previously built up with the victim. The witness care officers' own values may also have conflicted with the organisation or society as a whole. Such situations also indicated that high levels of emotional labour were involved in order to try and work out the best response and then cope with the less than satisfactory outcome. Humanitarian carers reported that mentioning a witness summons did not gain someone's consent and compliance, and in fact was less desirable than a strategy built on voluntary or willing cooperation.

Using the witness summons line has a detrimental effect on the whole conversation.

(Chris – humanitarian witness care officer)

Some victims claim to be threatened by the police but I find that if I show a degree of understanding and patience, victims and witnesses are more likely to back down and support the criminal justice process.

(Megan - humanitarian witness care officer)

Emotions could run high in the Witness Care Unit, particularly among the humanitarian carers as they found themselves pulled in various directions whilst trying to respond to the many statuses they held. This may be considered as a form of role conflict in which the demands of the caring role and the demands of the organisational role are mutually incompatible. Therefore compliance with both concepts is difficult. This was a dominant and recurring theme in my analysis and was used to determine the typology of ideal types.

According to Crawley (2004), organisations have their own 'feeling rules' about the kinds of emotions it is appropriate for employees to express (and to indeed feel) at work. Despite being largely invisible, they are the product of working arrangements and the social history of each workplace, and it is imperative that employees learn them. Certainly, most witness care officers understood the need to manage emotion at work since there were unwritten risks associated with the expression of emotions that were deemed 'inappropriate' to the witness care role. Humanitarian carers recognised that if they became upset, angry or fearful every time a victim abused

them, they would be unable to perform their duties properly, but the underlying anger in itself often threatened and reduced witness care officers' will and ability to care through their interaction with victims and witnesses.

As I have shown, providing care and support to victims and witnesses was more than just a job to many humanitarian carers – they had a vocation for the task. By this I mean that they were particularly devoted to their work, going 'beyond the call of duty' in doing their work, and they did the job because they liked doing it or felt a need to do it, that is, they 'cared'.

Working in a Ford factory is just a job, but every victim and witness is different in his or her own right.

(Chris – humanitarian witness care officer)

This was also demonstrated in the way that humanitarian carers passionately described their most satisfying moments.

I remember arranging for a victim of assault to be flown over from Kazakhstan to give evidence behind screens at the Youth Court. When the youth was found guilty I felt that all my efforts had been worthwhile.

(Nathan - humanitarian witness care officer)

What's satisfying for me is when a defendant receives a substantial criminal conviction and there is relief for the victim. Then I feel that all the effort I have put in to getting all the witnesses to court has been worthwhile.

(Mia - humanitarian witness care officer)

Humanitarian carers tended to overcome constraints such as tight budgets and inadequate resources, such as poor IT equipment, and sought help from the other support services, which aided in humanising victim programmes. They were open and honest with victims and this led to the building of a good relationship and produced some positive outcomes. For example, humanitarian carers did not resort to half truths or make inferences just to get someone's hopes up,

I have heard police officers telling victims that the case may be dealt with without the need for them to give evidence in court. I think this is wrong.

(Megan - humanitarian witness care officer)

One of the most important organisational factors was team work and that was influenced by the extent to which witness care officers helped and supported their

colleagues to achieve team goals. However, effective team work was heavily influenced by how witness care officers perceived one another. For example some witness care officers were regarded by humanitarian carers as 'lazy' or as having 'different working styles'. Humanitarian carers took a particularly critical stance towards their peers. They became frustrated with colleagues who 'fobbed off' victims and reported that they always picked up the slack when others did not 'pull their weight'. They also said that coping with the actions of their peers was more emotionally trying than coping with victims and witnesses. This group had a tendency towards visible mood swings which was apparent in their sudden unresponsive manner. I observed several instances where a humanitarian carer's emotional reaction was subject to change according to the situational pressures of the moment. For example, when a witness care officer was allocated a complex case with a high number of witnesses, this required the officer to work at a faster pace than she might be physically able to follow. Grappling with this and other cases subsequently had had an effect on the way that she engaged with victims and witnesses and her colleagues. In these situations, this group often approached their manager to relay their frustrations in an attempt to dispel conflict and avoid rocking the boat. Controlling emotions, it appeared, was an essential element in maintaining control over often very difficult circumstances, and was central to the ability to be able to manage conflict and maintain power, which will be discussed in Chapter Eight.

To summarise, humanitarian carers offered an understanding of the degree to which patterns of obligation should operate, such as patterns of responsibility and genuine care giving. Their central focus was on the victim or witness. They were essentially self-willed individuals who were not commanded by policy decision, nor could they be turned on or off by patterns of inducement or lack of encouragement. Although they were subject to supervision and control, the extent of their involvement with victims and witnesses was not something which the organisation could manage or even influence to a marked extent. This is evidenced by the sorts of tasks that these carers were willing to undertake, the way in which these tasks were performed, and the emotional labour that was portrayed in their work.

The second type of carer may be referred to as a **performance-led carer**. There were eight witness care officers in this category. They provided a consistent momentum to their work, yet demonstrated a constrained form of care that I conceptualised as pragmatic and supportive. They adopted a model of witness care work that embodied prevailing organisational concerns with performance and civility. They carried out their duties as officially laid out by the police service, in accordance with the rules and protocols, trying to keep strictly to the rules. These carers considered rules and protocols to provide direction in achieving what had been deemed important. As such, they functioned as a member of a complex bureaucratic organisation, performing bureaucratic work (see Lipsky, 1980). This was evidenced by their detailed contact logs. Performance-led carers were deeply involved in the concept and purpose of witness care work and the political rhetoric that society and the government attached to it.

Performance-led carers talked about how performance targets exercised a powerful position within their working lives. The phrases they used to express this included, 'The whole day is affected by key performance indicators', 'targets rule my life', 'they dominate my life', 'we are governed by them', 'I'm very aware of them all of the time'. Such terms conveyed both the pervasive role that these measures were perceived to have in shaping the workplace and the depth to which they penetrated, becoming an all embracing, continuous and conscious presence. The officers often described these measures as fundamental to the practice of witness care: 'they underpin everything we do', 'they're my bread and butter', and 'they are our core business'.

The MPS produced a monthly scorecard as a measure of relative achievement, and, as a way of benchmarking, comparisons would often be drawn with other witness care units in the geographical area. The scorecard was prominently displayed in the vestibule area of the Unit and presented at staff meetings to form part of performance management discussions. As a result, there appeared to be a rivalry between witness care units as performance-led carers tended to treat the document as an official league table. It was frequently described in terms such as: 'it's a league table', 'it shows you in a better or worse position'.

I found that the younger and short service employees tended to be higher in bureaucratic orientation than the older and longer service ones. They experienced less of a preference for variety in work, less of a propensity to risk-taking and had lower expectations about the pursuit of change or the questioning of formal authority. That is not to say that these workers had no individual occupational identity and no control over their work or over the organisational policies that influenced the quality of their working life. Unlike many bureaucrats, they were capable of making decisions for themselves but appeared to prefer officialdom and efficiency.

However, there was some evidence of carers moving from one caring type to another through the course of time and experience. For example, one witness care officer admitted that,

For me, the job has lost its spark. I used to be interested in individual cases and their outcomes, and empathised with victims. But with the performance targets and high workload, I have lost that caring instinct and in some ways the job has become a competition to achieve results.

(Dylan - performance-led witness care officer)

Hence it was possible that some of the witness care officers who started out as humanitarian carers reverted to performance-led carers, as they held the belief that it was situationally impossible to provide care in a performance-oriented environment. Thus the emphasis on targets had been imposed to the detriment of the humanitarian doctrine, with the result that many performance-led carers had become apathetic towards the victims and witnesses. This mirrors Rutherford's research on the working credos of prison governors. He notes that role adjustment and stakeholders' influence may cause the conversion of working credos. He also argued that one of the predominant ideologies among prison governors was efficiency; however this was often imposed without regard for the caring credo to the extent that the governors had become indifferent towards the prisoners well-being (Rutherford, 1993).

Performance-led carers were therefore motivated to think of bureaucratic procedures as if they were a sacred ritual, and because of their high level of commitment towards achieving government targets, they anticipated potential problems and

moved to address them before they developed. For example, they alerted the CPS early on in proceedings if they considered that a victim or witness was hard to pin down or indifferent about attending court. They made repeated calls to victims and witnesses to make it clear that their attendance was mandatory and remind them of the court date and time. These repeated reminders could ensure expeditious progress toward organisational goals. When I asked a performance-led carer what they found most satisfying about their role one of the responses was:

When the victim co-operates by responding to phone calls and returning the reply slips.

(Charlotte - performance-led witness care officer)

In terms of a performance-led carer's relationship with victims and witnesses, this work conflicted with an individual approach, replacing it with stereotyping mechanical responses, and strict adherence to formal procedures. They meticulously kept to the rules, appeared to see everything in black and white, rarely conversed with victims on an intimate or personal level, and sometimes adopted a superior or even oppressive stance. These features were a recurring theme throughout my analysis which appeared to indicate that they were 'representative of the police'.

Although performance-led carers demonstrated engagement with and confidence in their work with victims to a point, caring for victims and witnesses took a pragmatic form; emotional affect was not absent from their work, but it was circumscribed by the constant need to achieve government targets: the activities and behaviours of these witness care officers were governed by widely disseminated, formalised, and often ethical codes, which prescribed universally adopted standards. Such codes of practice implicitly imposed a series of emotional displays and behaviour expectations.

The regime described above led me to conclude that, reminiscent of police officers, performance-led witness care officers were unlikely to form cordial relationships with victims and perhaps feel real, and socially appropriate, emotions without 'organisational manipulation'. They viewed some victims as vulnerable, and were identified as caring by complying with the NWNJ minimum requirements, but appeared to be able to shut down emotionally and move on to the next task at hand.

Performance-led carers used emotional labour to help build rapport with victims and witnesses and hide the reality of the situation in what was otherwise defined as a service relationship.

I probably sound heartless, but I don't take my work home with - I forget about it until I come in the next day.

(Dylan - performance-led witness care officer)

The impersonal character of performance-led carers could have benefits in that a lengthy and often frustrating process promoted equal treatment of all victims and witnesses, meaning that everyone was given the necessary support dependent upon their needs. The bureaucratic procedures that they employed discouraged favouritism, meaning that personal friendships with victims and witnesses were not considered and therefore had no effect on their decision-making process. This is redolent of one of Parson's pattern variables, particularism vs universalism. Parsons (1982) [1951] suggested a set of dichotomous variables to capture differences in value-orientation between pre-modern and modern societies. A 'particularistic' culture has an emphasis on interpersonal relationships, whereas in a 'universalistic' culture relationships are formally detached and situations are judged according to uniform criteria whereby everyone is treated equally. Thus, performance-led carers could be viewed as having a universalistic, or rule-based approach.

There were also occasions in which performance-led carers failed successfully to influence a victim to attend court. They became frustrated when victims retracted their statement and the case was discontinued by the court. The negative outcome reduced their job satisfaction and led some officers to doubt their own skills. One performance-led carer described a fairly common situation. He understood the situation in terms of the organisational need to inform the victim of the trial date, but it was not clear how well he understood why the victim did not wish to attend court. He declared that the victim or witness had wasted police time and diverted valuable resources away from victims of crime who genuinely needed the support from the criminal justice agencies.

There is a limit to criminal justice resources and it is a waste of our time when victims and witnesses do not wish to attend court or fail to turn up.

(Sam - performance-led witness care officer)

Both humanitarian carers and performance-led carers were selfless in that they worked long hours and ‘went the extra mile’ to do what they could realistically achieve in their day to support a victim or witness. Many commented that they rarely took time out of the office for a tea break and worked through their lunch hours. Even the smokers among them said that they had shorter breaks than other smokers in the Criminal Justice Unit. One performance-led witness care officer told me that he had, on occasion, albeit rarely, telephoned witnesses from home to remind them to attend court the next day.

The performance-led carer was representative of the approach taken by the organisation and this is what stood them apart from humanitarian carers; by working in parallel with the criminal justice agencies, he or she aimed at a cooperative and enabling role. Relations with victim and witnesses were semi-professionalised and concern with an individual’s welfare could be seen to be marginal. However, like the organisation, these carers shifted their approach according to the pressures of the particular circumstances and the policy requirements inherent at that time.

Evidently, some victims had needs very different from others and it was up to the witness care officer to tailor the support to suit the individual. Therefore this style of caring could be criticised for failing to provide appropriately responsive care, and allowing themselves to be dictated by organisational and governmental policies, which prevented them from thinking ‘outside of the box’.

The third category of witness care officers I shall refer to as **disaffected carers**. Out of the 24 officers that I observed throughout my fieldwork, I placed only six officers in this category. Although disaffected carers outwardly portrayed an air of passivity, I interpreted their behaviour as a sign of underlying aggression, and an inward resistance to many of the rules, protocols and resources. This interpretation came from some of the comments that I occasionally heard them mutter, such as ‘antiquated system’ and ‘waste of resources’. They demonstrated a form of what has been termed *bureaupathic behaviour*, which was first illustrated by Victor Thompson in 1961 as a response to bureaucratic structure. Thompson (1965) explains that bureaucrats sometimes adopt behaviour patterns to exert control over people by using their authority. This type of behaviour is characterised by excessive aloofness, disaffected attachment to routines and procedures, resistance to change

and a petty insistence upon rights of authority and status. Thompson called such patterns pathological because they did not advance organisational goals; rather, they reflected the personal needs of the individuals who were performing the job. However that is not to say that disaffected carers totally lacked interest in their work and did the least possible.

Disaffected carers suggested that professional standards and values diminished under the influence of these so called bureaucratic structures. Although they refused to become too controlled by them, disaffected carers saw the government as embodying a greater or lesser degree of authority. They did not try to purely avoid the constraints, but interpreted the central government's policies or administrative measures in a way that enabled them to fulfil their conception of their role. Using their discretion, which they had to a considerable degree, they manipulated the centrally prescribed policies, and, furthermore, they challenged or sometimes circumvented the central policy regulations in order to develop other courses of action. One disaffected carer said that the minimum requirements had major implications for him when attempting to define his roles and boundaries and admitted,

I go home and moan to my wife about the job to let off steam. I also have a laugh with colleagues but sometimes I just despair with the bureaucracy of it all.

(Ben - disaffected witness care officer)

Disaffected carers were concerned about tensions between the Witness Care Unit and the CPS, and strongly rejected intervention from the partner-agency. For example, they often became frustrated with the actions and points of view of others, in particular the CPS, and found communicating with them quite demanding. Hence when things did not go their way, fighting the governmental power represented by the prosecutorial process exposed declining morale and stress.

What's frustrating about the job is seeing cases being adjourned for silly reasons – all your hard work has gone out the window.

(Chloe - disaffected Witness care officer)

As a consequence, they had an isolated view of the organisation, and disconnected themselves from a victim's pain as well as the integral workings of the partner agencies such as the Witness Service and CPS:

Although I offer victims the opportunity of a pre-trial visit, I do not have much dealings with the Witness Service personnel themselves.

(Ben - disaffected witness care officer)

Disaffected carers appeared to have strong views about decisions affecting their role, including decisions related to resource allocation, decisions regarding staffing, technology, wages, and other factors that affected the Witness Care Unit, but they avoided airing their views in front of the right people, such as the managers. It was usually their colleagues that were at the receiving end of their gripes and moans.

Any decisions relating to day to day office activities, such as form, letter and database content, should be in the hands of the practitioners who work in the Unit. This is not always the case and I wonder whether it is because the organisation does not value our work.

(Ben - disaffected witness care officer)

The letters are appalling – there is a witness-warning letter in Welsh but no case result letter in Welsh. In my previous role I was able to change the wording on some of the corporate letters so that they read more eloquently, now I can't.

(Jake - disaffected witness care officer)

The bureaucratic paperwork procedures seemed to conflict in particular ways with their sense of self and their view of their roles as witness care officers. Another witness care officer informed me:

Some standardised letters aren't as clear as they should be - they are also quite lengthy and not always to the point. Therefore I tend to highlight the date and time of the trial so that it stands out.

(Linda - disaffected witness care officer)

As well as becoming caught up in complaints about the bureaucratic procedures of paperwork, they considered the antiquated IT systems a tiresome anachronism and claimed that they were unfit for purpose. They were intolerant of computer error and failed to recognise that a computer system was only ever as good as the human data inputters.

In contrast to the holders of the humanitarian and performance-led personality, disaffected carers regarded moral and ethical issues concerning victims as marginal,

and focused on material things and menial tasks rather than spiritual, intellectual or cultural matters. In the main, they indicated that they were hampered by a lack of financial and personal resources.

How disaffected carers related and communicated with others may be likened to one of Eric Berne's 'ego states', the *adaptive child* (Berne, 1964). According to Berne, the adaptive child reacts to the world around them, either changing himself or herself to fit in, or rebelling against the forces they feel. The adapted child also lacks spontaneity – the thinking and behaviour is adapted or inhibited in response to other people's expectations or difficult circumstances.

Time pressures forced disaffected carers to reduce direct contact with victims, they avoided dealing with controversial matters and tended to be alienated from victims in both beliefs and practices. As a result, they could not guarantee perfect efficiency or satisfactory outcomes. During the semi-structured interviews, most of them could describe at least one caring interaction, but these were sometimes singular incidents, which stood out against a climate of indifference. Whilst they appeared to show a certain amount of sympathy towards amiable people, and most were confident that they could deal with emotions that required a tender and patient response, they were ill-equipped to deal with a victim's anger. If someone was seen as objectionable, some workers admitted that they found it difficult to put on a voice that was not patronising, and still show the vocal equivalent of a good 'face' for the sake of the organisation. Where relationships with victims were more distant, understandings of care were more constrained. These witness care officers lacked confidence, and care was a loaded term for them. A way of avoiding confrontation was to agree with the victim's point of view, or completely ignore their presence by paying no attention to the telephone when it rang.

Coulehan (1995: 223) suggests that detachment should be avoided wherever possible because it leads to '*emotional numbness and a general discounting of the affective life.*' It could be argued that a bigger picture or holistic view of the organisation was needed in such an environment that was frequently part of larger public-private systems of service delivery. I found that witness care officers with a holistic viewpoint, such as the humanitarian carers and, to a certain extent, the performance-led carers, understood how the Witness Care Unit fitted into the

environment in which it operated. They had a strong desire to care and serve the public, and a positive impact on society through their actions.

However, disaffected carers were popular with their colleagues and had a tendency to form cliques with those who shared similar organisational interests and/or similar personalities. Dalton (1959) found that cliques form across organisational lines to pursue the self interest of individuals and as such, cliques were an important part of power relations in organisations.

In the Witness Care Unit every case file had its own unique reference number, which was the key case identifier. Interestingly, disaffected carers appeared to know all their cases by the defendant's name and the unique reference, but did not always recall the names of all the victims and witnesses who were part of the case. To them, the victim or witness was just a case file, a name on a computer system or a piece of paper. I concluded that seeing a reference number as opposed to a human being made it easier for them to distance themselves from the reality of the case.

Disaffected carers found it difficult to cope with the pressure of work for reasons other than the emotional strain that engaging with victims and witnesses entailed. For example, the appearance of their contact logs reflected an anxiousness to get the job done as quickly as possible: they carried out this duty in a perfunctory, lackadaisical manner without any reference to specific interactions or other pertinent detail. A box-ticking mentality emerged, which involved fulfilling a task and then moving swiftly on to the next job at hand. Their record keeping was haphazard and they rarely recorded detailed telephone communications and email communication with victims and witnesses. This information may have been valuable to anyone picking up the case for the first time as it would have provided greater understanding of a victim's personal circumstance. They appeared to have a repertoire of set scripts, which they would reel off to individuals in the same way an invigilator would brief examination candidates on the rules and regulations of the assignment. The lengthy and extravagant speech was usually intended to persuade, but lacked certain intonation and the social amenities that tie a conversation together. By performing this task in a detached manner, these carers attempted to eliminate difficult decisions. Whenever possible, they involved the CPS in decision making and in reviewing actions. This way, the psychological burden that may arise

from making a decision was taken out of their hands. This may be seen as redistributing responsibility for tasks as they would then inform a victim or witness that the issue at hand was being handled by the CPS.

Disaffected carers appeared to engage in 'deep acting' when they were confident that they were responding to victims in the correct manner. This is a type of emotional response to control one's internal emotions, and direct them to believe that they actually are happy, and enjoying the interaction with the other person (Hochschild, 1983). However, when these carers appeared unsure how to react, many became flustered and any signs of deep acting were overlooked. Therefore, the context in which emotional labour was undertaken for these witness care officers related to the successful emotional support of the victim or witness and a positive outcome.

The motions demonstrated by disaffected carers may be seen as a variant of Mertonian ritualism in which people obey norms outwardly by 'going through the motions,' but they lack inner commitment to their roles and the underlying values of the social system (Merton, 1968). According to Merton (1968), ritualism occurs when formalistic goals become more important than the main substantive goal of an organisation. Merton called this phenomenon 'goal displacement'. He observed that this occurs when an individual is frustrated with trying to achieve the goals they once believed to be within their reach and abandons them in favour of playing by the rules. This strategy is closely related to lowering one's standards which makes one's current situation seem less adverse than it otherwise would be (see Suls, 1977). According to researchers, within any society, organisation members engage in rituals, however these informal practices may foster or hinder management's goal for the organisation (Baker, 1980; Deal and Kennedy, 1982; Peters and Waterman, 1982).

These ritualistic behaviours may also be seen as a way of enabling these officers to successfully deal with difficult situations or circumstances. The following section explores the extent to which the witness care officers adapted and adjusted to the demanding and emotional effects of their role.

6.4. Coping strategies

Witness care officers were in constant contact with people who had witnessed a crime or who had been at the receiving end of a crime. The recovery of a victim's normal emotional state was not certain and they would not always be assured a satisfactory conclusion. Hence, the work situation could arouse very strong and mixed feelings in the witness care officer such as pity, compassion and resentment. Likewise, victims expressed strong feelings stimulated by their past experience, experiences recounted by their peers, and uncertainty of the CJS. As a result they often made psychological demands on witness care officers which increased the difficulties of their job. For example, victims appeared to deploy a particular way of expressing themselves to ensure that the witness care officers experienced their feelings. One witness care officer stated:

Witnesses who relay their problems to me over and over again in such a telling manner leaves me feeling utterly drained, I feel completely exhausted, and sometimes even depressed.

(Rebecca - disaffected witness care officer)

Another witness care officer suggested that by refusing to attend court or participate in a needs assessment, witnesses were trying to force a reaction out of the witness care officer and ultimately the organisation.

In many ways, the witness care officers had to establish a strategy for dealing with everyday reality. It has often been alleged that police officers develop a thick skin, since the public do not expect them to show any emotions. For example, Brown (2000) notes that for inexperienced officers, coping with trauma whilst maintaining a sense of purpose is difficult, but over time the comradeship and fellow support from their colleagues help them cope with these pressures. I was therefore interested in finding out what coping strategies for suppressing emotion were employed in the Witness Care Unit and whether some officers created a social defence system to manage the anxieties inherent within their work. The concept of social defences of organisations can be traced back to the work of Jacques (1955) and Menzies (1960). They described a social defence as the different strategies by which mental pain is kept at a distance through the use of complex bureaucratic structures, work routines and protocols.

On the whole, all three 'ideal types' of carer appreciated that many victims were not just nervous about attending court, but they were scared, and it was very often the system that they were angry with. According to them, a lot of the anger that people expressed was directed at what they considered to be lenient penal practices and could be attributed towards their lack of understanding of the CJS. This is substantiated by Lupton (1999) in her research on crime control, citizenship and the state. Like other professions where the role entails intimate interactions with distressed individuals, such as that of medical staff, ambulance crews and police officers, the findings indicated that there were some subtle differences in the coping skills of the three 'ideal types'.

Humanitarian carers appeared to have the ability to confront the victims' emotional outbursts by sympathising with them and taking the view that anger was a natural reaction to victimisation. To a certain degree they allowed victims and witnesses to take their frustrations out on them until they were sufficiently calm to be told the information they needed to know. However, as I spent time around the Unit I was struck by the comradeship within the place. Teamwork seemed to play a compelling role in their working lives. A substantial body of literature addresses the importance of peer support and trust of co-workers and supervisors in buffering the effects of stress related to police work (Dignam et al., 1986; Morris et al., 1999). Waddington (1999) describes the exchanges between police officers as palliative and likewise the humour between witness care officers could also be seen as a soothing banter. Elements of domesticity were present: debates about culinary endeavours, football talk, and discussion about popular television programmes. Small groups took it in turns to make the tea or have a cigarette break in the outside annex to the canteen. These were just some of the responses to dealing with difficult or vulnerable victims and these methods certainly appeared to work for most humanitarian carers.

The level at which work was carried out by performance-led carers can at best be described as being perfunctory. As such, other people's crises were treated as routine work, each task was carried out as a formality and the value of its significance was rarely considered. There were set practices for every scenario, with which each witness care officer became familiar over time. For example, if a victim withdrawal statement was given by a victim, it was passed onto the CPS and a copy

was kept in the file. I noticed that the officers rarely took time out to read the content of the statement. The standardisation and uniformity of tasks paralleled conveyor belt activities by virtue of their repetitiveness. However, the work also demanded continual attentiveness and commitment to the task at hand to ensure that witnesses were warned to attend court on the correct day and at the scheduled time. What is significant is that the series of rules, regulations and procedures which were established by the organisation, were relied on heavily by these officers as a form of coping strategy. These workers claimed that the workload and repetitive routines directly related to goal setting, encouraged them to detach themselves from any unwelcome emotions, often regarded as a good thing. They invariably tried to keep all encounters with victims and witnesses to a minimum because the fear of negative encounters placed an emotional toll and took up valuable time. Researchers have referred to this type of professional distancing as 'automatic' or 'robotic' (Hochschild, 1983).

On the other hand, disaffected carers admitted 'working up' sympathy when confronted with an unruly or obnoxious victim they initially disliked. They appeared to mentally replace their anger or irritation with sympathy by finding reasons to pity them, which is also illustrated by the flight attendants in Hochschild's study (1983:55). For example, one officer recounted a case where the victim was a serving prisoner and had been assaulted by a fellow inmate. Detainees are often assigned a certain status along a continuum of passivity and danger and the officer took the view that the incident could have been avoided if the victim hadn't got himself into trouble in the first place, and had to endure the consequences of prison life. In these circumstances the witness care officer found it difficult to show any compassion towards this individual and feigned sympathy about the crime. Other examples of 'working up' sympathy included dealing with victims who had been engaged in high-risk or anti-social behaviour leading up to the crime, had a criminal record, had alcohol or drug problems, or were known 'troublemakers'. Disaffected witness care officers were somewhat vocal at times and did not seem to hesitate in discussing cases with their colleagues. Openly expressing emotional reactions common to the role to other people in the Unit appeared to be their way of coping with difficult victims, and indirectly, support may have assisted them in

surviving. These activities may also have been considered an attempt to move beyond the 'us versus them' dichotomy and engender feelings of solidarity within the Unit.

One humanitarian carer admitted taking a colleague who appeared to be distressed out of the office to allow her to 'cool off' and have the opportunity to discuss her issues and concerns. On this particular occasion, the individual did not want any support and preferred to deal with her issues in their own way. However, the stress literature shows fairly clearly that disclosure of emotional events helps individuals cope with stress and provides a buffer against health risks (Carver, Schein, and Weintraub, 1993; Pennebaker, 1990). Conversely, Barbara Ehrenreich (2009) has argued in favour of heeding one's fears and negative thoughts, and being alert to the outside world, even when that includes absorbing bad news and entertaining the views of 'negative' people.

Surprisingly, very few witness care officers reported dealing with victims and witnesses who behaved in an offensive manner to the extent that they were rude and likely to cause them any significant discomfort. However, on the rare occasions that this did happen, only a small number of officers acknowledged a display of paralysis and helplessness to the extent that anger would simmer inside them for ages after the conversation had taken place. For example, one disaffected carer recalled a general practitioner who refused to give evidence in a trial as he was not prepared to leave his practice short-handed and lose a day's earnings.

He was very condescending and insisted that his written statement would suffice.

(Linda - disaffected witness care officer)

In general, witness care officers holding the disaffected working style were younger and had less experience in the police service than witness care officers holding any of the other styles (See Figure 6 for the socio-demographic information on the sample's ideal types). As new arrivals, they took some time to come to terms with the working practices and after a while they constructed their own ideals, and learnt to cope with the complexity of relationships and the social processes of negotiation. It is possible that, at first, they were more affected by organisational culture and policies since their working experience was limited and, for many, this was their

first introduction to the working arena. By contrast, witness care officers holding the humanitarian and performance-led working styles were older, more experienced, and held a broader outlook on the world in general, some to the extent that they had become regimented. The more outspoken and experienced the individual, the more likely they were to put difficult situations behind them and carry on in a seemingly impassive fashion. This follows the mantra, 'we learn from experience,' and that working practice is a lived experience. The following trends occurred as witness care officers became more experienced: the average length of calls decreased, less time was spent on assessments, fewer pinpointing questions were asked, greater time was spent on paperwork, and decision-making became more intuitive. One of the factors common to older, more experienced workers was the accumulation of a variety of different life experiences over a greater period of time than those of younger people. It could therefore be argued that if life experiences interacted with individual personalities, life experiences could influence the ways in which witness care officers interacted with others, and the more life experience represented the epitome of individuality rather than organisational influences.

Long-term workers have learnt how to cope with the demands of the job. As a newcomer to this type of work I would dwell on things at home. However nothing affects me anymore as I have heard it all. I haven't got time to reflect upon individual cases.

(Megan - humanitarian witness care officer)

Further, many of the experienced witness care officers were only able to recall encounters with trauma, which had occurred in the early stages of the implementation of the Unit, whereas the less experienced witness care officers found it difficult to detach themselves from sensitive cases that they were involved in at that point in time. One witness care officer remarked:

One of the first cases I dealt with when I joined the Unit concerned a Polish girl who had been kept as a sex slave: I had vivid dreams about the case. Nowadays I find that coping with the sheer volume of work overshadows any contact with the victims and witnesses themselves.

(Adele - performance-led witness care officer)

Menzies (1960) introduced the idea that organisational members would make use of organisational processes in their struggle against anxiety. These processes subsequently led to the further development of organisational structures, procedures and roles that were designed to support their defensive needs. Although this may have been an ideal situation in practice, these structures may have been perceived as impersonal in a Witness Care Unit as they restricted the flow of communication between victims and witnesses. According to Kayes and Vince (2006), these rationalised routines limit reflection, and lack of reflection reinforces social defences, allowing people to perform expected 'ways of working' in an organisation. Indeed, the majority of humanitarian carers agreed that it was situationally possible in an environment where the telephone acted as the main source of communication, to maintain a professional distance from the victims. However, they resented not being allowed their independence, and accepted grudgingly the discipline imposed by the organisational routine. Social defences do initially reduce anxiety, but they also eventually 'replace compassion, empathy, awareness and meaning with control and impersonality' (Kets de Vries, 2004:198).

6.5. A new welfare state?

Many academics have pointed out since the 1960s and 70s that most police time is spent not on crime control or law enforcement, but rather acting as a 'secret social service' (Punch 1979; see, also, Banton 1964; Cumming, E. *et al.*, 1965; Bittner 1974, etc.). Providing help and support has always been considered part of a police officer's role (Cumming, E. *et al.*, 1965). Monkonnen (1981) argues, quite persuasively, that the original American police had a broad community problem solving mandate. As peacekeepers more than law enforcers, the police provided food and shelter to the homeless, located missing children and intervened in a variety of housing problems experienced by the urban poor. Brogden (1982) contributed to the debate in the UK and argued that the police establishment had a broader mandate than keeping the peace and punishing law breakers. Between 1856 and 1880, as the idea of the new police spread to the provinces, they were often given a wide range of functions. These included matters such as collection of rates,

road surveying, weights and measures inspection, and dealing with vagrants under the Poor Law legislation (Steedman, 1984).

Thus, the police were, in many ways, the central agency of municipal government. It was only after a specialisation of other services evolved that the police were able to more narrowly define their role as that of law enforcement. Similarly, in a study conducted by Levens and Dutton (1980) almost half of police officers' time was spent on social service activities, including family disputes, which required the police to manage volatile conflict situations and to act as social workers, psychologists, and marital counsellors. These threats to the traditional notions of policing (Heidensohn, 1995) may be explained by changing family patterns, such as more people living in single-parent families, cohabitation, more poverty and larger numbers of unemployment and homelessness (Charles *et al.*, 2008; Grundy, 1999).

As police officers' duties encroached into the social work arena (Dominelli, 2004), one of the strategies devised with the intention of assisting with this area of ambiguity and tension was the multi-agency approach in which police, social services, victim support, and the CPS handled a problem together. The incarnation of this strategy was the creation of Witness Care Units; offices populated by members of the police force and the CPS.

Leira (1992) draws attention to how care in the family environment involves the intervention of public authorities, especially the welfare state, and private agents. Tronto (1993) has further developed the idea of care as both a practice and a disposition, in the sense of compassion or benevolence. The themes they raise may be relevant in the context of both the organisational priorities and the general activity administered by witness care officers. Reminiscent of many welfare organisations and state departments, Witness Care Units were created in order to respond to social need (Mendoza and Vernis, 2008) to serve the ends of the CJS. The role of the witness care officer was intended to provide brief reassurance to encourage victims and witnesses to attend court. The intent was that they should act solely as information providers: they were not to play a key role in providing social support to help victims' psychological well-being. There were other organisations set up for this purpose, for example Victim Support Schemes or the Witness Services, which were more concerned with more immediate and face-to-face work.

A salient point is that the staff employed in the Witness Care Unit were not specialists in the sense of being counsellors or lawyers. Nor were they the officers who made the arrests and/or took statements from the victims or witnesses: they were members of civilian staff.

However, it is often simply impossible to refuse requests for wider engagement and restrict dealings to an instrumental role. Demand for a service is a necessary and inevitable consequence of diffuse relations with people in need. Despite this, there were conflicting views, evidenced by the witness care officers interviewed for this research, as to whether care was an important concept to place at the heart of their work. Throughout the semi-structured interviews that I conducted with the officers, I sought their views, and ‘take’, on the name of the Unit, and I did not find it surprising to learn that, almost without exception, they considered it to be a misleading term. Many said that it gave out the wrong signals, because people frequently associated the term ‘care’ with psychological help, as was more commonly used by the health service.

I associate the term with a care home whereas witness care officers are supposed to be information givers.

(Charlotte - performance-led witness care officer)

The majority of the witness care officers considered themselves more properly to be witness liaison officers, the sole purpose of their role being to ensure that victims and witnesses attended court. With perhaps the exception of the humanitarian carers, the majority of witness care officers did not consider ‘care’ in the sense of caring for a person’s physical, mental and emotional, social and spiritual wellbeing as the focal part of their role. Help, support and basic administrative work were among the words used to describe their work. Yet this could not always be achieved with a customary telephone call: to a victim or witness, a witness care officer appeared to symbolise a certain measure of comfort and security and this brought another remit altogether to that of a witness care officer - that of confidence builder and *de facto* social worker and the accessible public face of the CJS. A good relationship with a victim or witness was productive because it helped build up his or her confidence to enable him or her to give evidence in court. It was therefore crucial that a witness care officer was able to engage people in meaningful dialogue. But at the same time,

and against this background of bureaucratic routine, witness care officers' contact with victims and witnesses gave them a much more holistic view of the world of crime. The workers were expected to listen and be supportive of other people's misfortunes. The professionalism, communication skills and overall attitudes of witness care personnel could be taken to reflect upon the police organisation and served as a measure by which public confidence was judged by the government.

Some witness care officers claimed that they should have been trained counsellors, as they often felt powerless when faced with a victim who burst into tears and lost control: they found these types of interaction emotionally trying. This was not surprising as even workers who are trained counsellors find it difficult to deal with people who lose control (Joffe, 1978). Although witness care officers had not been expressly told that part of their remit was to pacify and appease victims, they agreed that this was a matter of public relations and was part and parcel of the job. My observations of some of the witness care officers at work revealed that they could almost become surrogate family members or amateur social workers.

Practitioners working in the Witness Care Unit pointed out that there was a certain amount of duplication or overlap between their role and the work of Victim Support. They got caught up in assisting people with their personal lives despite having next to no training in providing emotional support. The demands that were made upon them, as civilian members of police staff, were extremely diverse and not initially envisaged as part of a witness care officers role. There were times when witness care officers may not only have followed organisational prescription, but may have decided to give that 'little extra' during a social exchange with victims or witnesses. For example, I discovered that one witness care officer assisted a victim of domestic violence with getting her house locks changed to deter the accused from entering the premises. Another witness care officer offered direction to a victim who was completing an application for criminal injuries compensation, and another assisted a burglary victim with getting home repairs, security improvements and insurance. Such examples have been described as prescriptive or philanthropic emotion management (Bolton, 2000). These could also be considered to be examples of individuals in effect taking the role of a victimised person, by making an assertion that he or she was encountering an unjust set of circumstances. But at the same

time, this type of support on a witness care officers' part could be seen as inducing the witness to testify.

Witness care officers had close contact with many victims for several months leading up to a trial right through to the conclusion of the case. With the exception of high profile cases, such as murder cases, police officers had face-to face contact with the victims and witnesses following the incident, and again in court at the trial stage. During the interim period, police officers invariably passed on all responsibility for victim and witness contact (apart from cases involving rape and homicide) to the witness care officers who were left to field requests and complaints, and serve as the 'human face' of the organisation (Kanter, 1977) and do all the public relations work. Police officers appeared to have an expectation that civilian employees should sit at a desk and answer calls all day and they dismissed a great deal of the work performed by witness care officers as mundane.

Although police officers spend a lot of time peacekeeping and maintaining safety on the streets rather than on crime fighting, research has documented the way in which 'street cops' tend to value the hard core policing functions such as pursuing 'real' criminals and policing public order over the less coercive aspects of the job (Stenross and Kleinman, 1989; Chan, 1997; Reiner, 2000b). Copious paperwork and 'run-of-the-mill' office tasks, such as dealing with telephone calls, were often considered the bane of police officers' lives, stopping them from performing more active, visible police work. This was one of the reasons why they welcomed Victim Support in the 1970s. Martelli, T. *et al.*, (1989) suggested that police officers experienced less job satisfaction if a large proportion of their time was spent dealing with administrative tasks than if they were faced with a dangerous job on the streets, something that Holdaway (1979) called 'action-oriented hedonism'.

Although it may not be possible to extrapolate simply from the USA 25 years ago to the UK now, there are some similarities. Stenross and Kleinman (1989) reported that law enforcement detectives disliked dealing with emotional crime victims, and detectives wanted other workers, like a receptionist or public-relations person to handle them, since they considered emotional labour with victims to be low-status nurturing work. These detectives wanted what the authors' called a 'buffer' or 'organisational shield' between themselves and the victim, and they subsequently

used these shields as well as a professional demeanour to emotionally dissociate themselves from victims. Because crime was a routine event for detectives, Stenross and Kleinman reported that the detectives had a hard time feeling genuine sympathy for victims of crime. Loftus (2010) evidences the contemporary continuance of the presence and impact of police culture. This all the more substantiates that police civilian staff were taking over the role of reassurance policing, or otherwise referred to as 'soft policing' (Innes, 2005).

6.6. The organisational practice of care

Alongside these welfare concerns, the primary task of witness care officers was to ensure that all prosecution witnesses had been warned to attend court, when required, to give evidence. That was the chief pressure on them and one of the key government indicators introduced to measure performance. This activity consisted of both verbal and written communication. If a victim or witness was required to give evidence, they were given a customary phone call and sent a standard letter confirming the arrangements. This was followed up by a routine telephone call up to seven days prior to the court hearing to remind them of their responsibility. But success was dependent on the participation of the victim or witness and officers explained that they could not prevent people from failing to turn up at court; they could only provide them with the best possible care, support and encouragement.

However, persuading victims and witnesses to attend court often posed significant challenges for witness care staff and required a certain degree of tolerance and patience on their behalf. Intimidation by perpetrators or simply the prospect of 'stepping into the unknown' could influence victims into withdrawing an allegation. Referral to Victim Support, which was usually done by the person taking the initial report of a crime, or referral to a self-help group, could help to reduce anxiety. But sometimes not even this support could sway a witness to attend court. A witness care officer confided the following:

Sometimes discussing with a witness what is likely to happen in court can put their mind at ease, but occasionally other options need to be explored. For example, in one of my cases, a female who witnessed an assault was extremely nervous about giving evidence at court as she lived in the area where the assault took place and

didn't want to experience any repercussions should the defendant discover her identity.

(Sophie - humanitarian witness care officer)

Witness care officers found that people who were self-employed tended to be reluctant to go to court, their main argument for not wanting to attend court being that they did not get reimbursed adequately for the loss of their daily earnings. Since all allowances and expenses payable to witnesses were governed by regulations made by the Attorney General, there was a maximum amount payable. This maximum, the 'relevant amount', should have been proportionate to the time, level of expertise and effort given for attending court appearances, but it by no means compensated all prosecution witnesses as the extract from the following letter from a prosecution witness suggests:

...We spoke the other day with regards to the case against A and the charge of theft that he has pleaded not guilty to. Although I agreed to both myself and my father, Mr J attending the hearing, I wanted to see if there were any developments in the case with regards to the possibility of neither of us attending court or in a worst case scenario just my father attending, as I have been in consultation with my father who sees no reason for my attendance on 9th March. This is due to the inconvenience of losing one day's work as I am a freelancer...

Likewise, getting in touch with witnesses employed in both the private and public sector, such as store detectives and prison officers, often proved difficult because they tended to move around a lot and work unsociable hours. Similarly, views of expert witnesses were often considered the deciding factor by the CPS in hard-fought cases. But securing their attendance at court was not always easy as they found it difficult to cancel pre-arranged appointments. The following extract was taken from a memorandum attached to a file:

...There is also a problem regarding the attendance of the third civilian witness, the translator. She has informed the Witness Care Unit that she will not be attending court again in this matter as she was not paid for her previous attendance in relation to this matter...

(CPS Lawyer)

Barriers to the delivery of victim-centred care predominantly related to bureaucratic structures, increased management and budget restrictions. These could preoccupy the witness care officers from focussing on their job fully and in turn have an impact

on the Unit's performance. According to Rosengren (1970), one of the issues in service organisations is how to strike a working balance between the rational structures of bureaucracy and what he calls the ethic of conviction, which tends to make all organisations something less than bureaucratic. Bureaucracies also tend to be internally divided into niches in which different roles, emotions, and so on may be fostered. It has been argued that regulation rules control and inhibit the display of emotions and restrict emotional action, which may or may not be a good thing (Karstedt, 2002; Frijda, 1996).

Although there may have been many areas of good practice, which assisted witnesses and victims to provide evidence in court, the organisational cultures that were embedded within the Witness Care Unit, and similarly within any organisation (see Morgan, 1986), could have contradicted and worked against its formal policy rhetoric. For example, the introduction of the Code of Practice for Victims of Crime in April 2006 dictated that communications with victims should be completed within strict timescales. The mandatory code replaced the Victims Charter, which set out 27 standards that victims or their families could expect from criminal justice agencies, and placed 34 obligations on the police up to the point of charge and a further 14 obligations on the Witness Care Unit following charge. These obligations included notifying victims of the date of all criminal court hearings, including any set down for consideration of an amendment to the sentence originally passed, and any subsequent amendments to that date, within one working day of receiving the date from the court. Making sure that these obligations were met was a job in itself.

An important issue regarding the institutional practice of care was revealed in my interviews with the witness care officers. Many remarked, in one way or another, about the conflict of interest between the desire to immerse themselves and take time to care for victims and witnesses, and the imperative to process the cases and meet performance targets. Comments such as 'I don't have time for

.....' and 'I would like to do this if I only had the time.....' revealed the struggle to meet the needs of the individuals and the organisation.

Although the aim of Witness Care Units was to provide as much information as possible to victims and witnesses, it was infrequently that straightforward, and complexities often arose. Part of the mystique of the CJS is that it is often

communicated in an apparently foreign code and regardless of a person's educational background, he or she seldom had an in-depth knowledge of the personnel and processes involved, such as the complicated and, in places, confusing English Court System, mainly because it has developed over 1,000 years rather than being designed from scratch. Many witness care officers described situations where victims were distressed, usually due to their confusion about the criminal justice process. For instance, I discovered that victims did not always understand the implications of a sentence. It was down to the witness care officers to explain the meaning and effect of a sentence to them, and respond to any questions the victim may have had. This argument is supported by Matthews *et al.*, (2004) who studied jurors' understanding of the CJS and found that the key impediment to their understanding of proceedings was the use of arcane terminology.

Time constraints allowed little scope for the witness care officers to explain the intricacies of the CJS in non-technical language. The sheer numbers of victims and witnesses that witness care officers were in contact with on a daily basis not only prohibited any lengthy conversation and placed enormous constraints on them, but also hindered their performance in terms of adhering to the Code of Practice for Victims of Crime. So it was the pressure to achieve government and statutory targets that not only minimised the amount of time spent talking to victims and witnesses, but also limited employee discretion.

The bureaucratic and performance-oriented stance of management placed constraints on the witness care officers and influenced the way in which they worked. Emotional engagement was considered a positive behaviour in the managerial ranks of the MPS. In the case of witness care units, performing the skills of emotional labour was important in achieving impartiality and preserving the integrity of the justice system by enticing victims and witnesses into the courthouse to give evidence. However, whilst managers purportedly monitored the timeliness and accuracy of witness warnings through random sampling of case files, the ineffective and cracked trial rates in the magistrates' courts due to witness issues remained high during the first 12 months in which the Witness Care Unit was in operation. In 2006, the percentage of ineffective trials in the local magistrates' court was 38.7%, and the percentage of cracked trials was 27.2%. Of these 9¼% and

7½% respectively were as a result of witness issues. Although these appear to be low figures, it was a major frustration for the organisation when an offender was tracked down and apprehended, only for the case to collapse later because the victim or witness to the crime failed to turn up at court or refused to give evidence. Despite strong political arguments for greater public involvement in criminal justice, it was clear that not all victims and witnesses wanted to participate.

Although a lot of victims and witnesses have benefited from regular updates and support, a lot get fed up with constant phone calls.

(Jake - disaffected witness care officer)

Following a National Audit Office Report in December 1999 (*Criminal Justice Working Together*), which identified that over £41 million a year was wasted on ineffective hearings in the magistrates courts, the Public Accounts Committee (PAC) called for improved co-operation and joint management amongst the agencies involved to finalise cases quickly and reduce court delays. It could also be concluded that promoting a better quality of service provided an opportunity to re-engineer business processes to cut costs, while simultaneously protecting service delivery by playing a victim-first role. It was therefore in the CJS' best interests to ensure that witnesses attended court at the earliest opportunity to save unnecessary adjournments and wasted costs. The notion that victims have been employed as political tools and used to suit the purposes of the CJS is not new (Elias, 1993; Williams, 2000). For example, Lee has demonstrated that, traditionally, victims' interests operated as a retrospective justification for police action rather than as an active basis of it; consequently victims' interests were defined by the external agencies rather than by victims themselves (Lee, 1998:83).

Accountability for performance management may have detracted from the objective of providing dedicated victim and witness care. It could be argued that the emphasis on officialdom, which most of the performance-led carers were committed to, had been imposed to the detriment of the humanitarian doctrine. Their association with the bureaucratic organisation could ultimately prevent them from serving the best interests of victims and witnesses, a fundamental requisite of their role. However, the organisational practices appeared to have a positive effect on them and these officers intellectually thrived in the bureaucratic environment. For example, they

had higher levels of knowledge, personal responsibility, self-direction, and open-mindedness. They allowed the administrative structure to restrict their freedom and make them dependent on the organisation which, in turn, controlled them and inhibited the application of their knowledge and skills. Disaffected carers voluntarily conformed to the bureaucratic characteristics of the organisation, which occasionally resulted in rule bending or unintentional incompetence when the rules were not clear. However their blind adherence to rules often inhibited the exact actions necessary to achieve organisational goals. Humanitarian carers were not commanded by policy decision, or turned on or off by patterns of inducement or lack of encouragement. In effect, they may have been responding to the shortcomings of the organisation. Their central focus was on the victim or witness, although caring could also be integrated with other responsibilities such as reducing the cracked and ineffective trial rate.

6.7. Conclusion

This Chapter has tried to reproduce and analyse the notion of care from the perspective of witness care staff. Studying what witness care officers interpreted by 'care' revealed that many officers were using a caring approach, whether they embraced the term or not. Humanitarian carers had a more obvious caring approach and derived greater meaning from their work: they offered a better understanding of the degree to which social obligations of kinship should operate, such as patterns of responsibility and genuine care giving. Although they were subject to supervision and control, the extent of their involvement with victims and witnesses was not something which the organisation could manage or even influence to a marked extent. This is evidenced by the sorts of tasks that these carers were willing to undertake, the way in which these tasks were performed, and the emotional labour that was portrayed in their work.

The performance-led carer appeared to be representative of the approach taken by the organisation; by working in parallel with the criminal justice agencies, these carers aimed at a cooperative and enabling role. Relations with victim and witnesses were semi-professionalised and concern with an individual's welfare could be seen

to be marginal. However, like the organisation, these carers shifted their approach according to the pressures of the particular circumstances and the policy requirements at that time. This style of caring could be criticised for failing to provide holistic care, and allowing themselves to be dictated by organisational and governmental policies, which prevented them from thinking ‘outside of the box’. Evidently, some victims had needs very different from others and it was up to the witness care officer to tailor the support to suit the individual, which performance-led carers may have not always achieved.

Disaffected carers had an ambiguous position within the Witness Care Unit. This ambiguity could be expressed in terms of their almost flippant character. The Witness Care Unit was not their main focus, to the extent that they distanced themselves from it. They considered themselves to have an intermediate role within the CJS, whereby the main outcomes were focused elsewhere. However, as a result of robust managerialism, they faced difficulties in practicing their work as they desired and eventually submitted to the influence of the organisation. Therefore concern with a victim’s welfare had something of an instrumental quality to it. Disaffected carers may be likened to Goffman’s notion of role-distance in which people try to advertise how little investment they have in the persona they are performing (Goffman, 1961).

The humanitarian caring style was distinctive in that the primary concern for the witness care officers embracing this was the victims and witnesses in their charge. In their view, they sought to empathise with victims, considered them as moral agents and believed that they should be treated with humanity. The other two caring styles were more concerned with organisational and managerial factors. Perhaps, if there were one particular caring style that went against the official view, and was more outside the frame when it came down to effectiveness and emotional distancing, it would have to be the disaffected carer.

It appeared that witness care work was not exclusively concerned with caring behaviours and processes but that it could not exist without them. Findings indicated that the Witness Care Unit was not set up solely to act as an agent to heal the harm done to a person who had been victimised; it was driven by efficiency, effectiveness and value-for-money objectives. However, in terms of assuming, as

Hochschild did, that management determines all emotional displays and that the carer does not feel any genuine emotion for the vulnerable people in their care is an overly pessimistic view. To remove autonomy from emotions not only undermined the choices witness care officers made when deciding to undertake this type of work, but also undermined their compassion and empathy for those they were caring for.

The concept of care is both ambiguous and contested, and merits further discussion. Part of the problem is that the term has been used in such diverse ways that it is in danger of losing its core meaning. In the case of witness care, care was an activity with costs, both financial and emotional, which extended across both public and private boundaries. The intent was to indicate concern for victims and witnesses and to give voice to a more dignified way of thinking about them. However, the terminology may have had little impact on actual care. With this in mind, the next section will discuss how the assessment of need underpinned the delivery of victim and witness care. Recording and reporting of individual need formed the basis of daily interactions between victims and witness care officers, and I shall examine how the 'ideal types' identified appropriate interventions and solutions.

Chapter 7 - Care and Awareness of Victim's Needs

The movement towards community justice has at times failed to consider victims' needs sufficiently despite its ostensible aim of encouraging the return of the 'ownership' of criminal justice to those most affected by its decisions.

(Brian Williams, 2005)

7.1. Introduction

Crime is often described in terms of three primary impacts: physical, financial and emotional. Since the 1970s, awareness of the emotional effects of crime on victims and their need for support in dealing with the impact of crime has become increasingly evident (for example, see Maguire and Corbett, 1987). Although the above statement is pronounced with a certain amount of conviction, what can genuinely be achieved for victims is misleading, not least because there is a great variability and individuality in how crime affects victims, their reactions and needs to overcome the negative experience.

Under the *Code of Practice for Victims of Crime* (2006), the police had a statutory duty to ensure that all victims had a needs assessment conducted 'at an early stage' to establish if they fell into one of three priority categories: the victims of serious crime, persistently targeted victims, and vulnerable or intimidated victims. There were various points throughout the journey a victim or witness took through the CJS where a formal or informal needs assessment took place. These included the point at which a police statement was taken, when a victim was referred to Victim Support or a victim or witness became the responsibility of a Witness Care Unit following the charge of a suspect.

It is important to note that there is an important distinction here between the 'procedural rights' of victims, that is, rights in relation to the trial process itself and 'service rights', such as the right to be kept informed about the progress of cases and decisions made, and the right to counselling and other types of support. Witness Care Units were designed to be a single point of contact for victims and witnesses with regard to 'service' rights, and the Witness Care Unit was dependent on having

access to information about the progress of cases from all of the relevant agencies involved in the case up to the point of sentencing.

However the key questions to be answered were how a witness care officer assessed victims and witnesses, and on what basis or by what means did this assessment take place. It has been argued that the concepts of assessing need and meeting need are far from straightforward – they are too imprecise and fraught with difficulties. For example, Newburn (1993) and Spalek (2006) argue that defining need is subjective and it is not always clear whose needs are being taken into account - those of victims, or those of the State. People may have a desire, want or need for a particular service but for the purpose of planning and delivery of services, what is relevant to service providers is a need for what they have to offer, not wants or desires (Percy-Smith 1996; Zeithaml and Bitner 2003). Additionally, victims may not always be very good at specifying their needs and, if one spells out a list of possible needs, the answer may well be ‘sure, why not?’ There may also be a tendency for people to overstate their needs, while others may understate them. There are occasions in which, for the best interests of either the individual involved or the general public, it is necessary for the victim to receive a particular service, even though the individual has no desire for it. Therefore meeting victims’ needs may be equally difficult, both to provide and to ‘prove’.

This chapter will focus on the difficulties inherent in the concept of assessing need, the techniques that the witness care officers deployed to assess need as well as the telltale signs they looked for, and in what manner inferences were drawn about character and need.

7.2. The needs assessment

Victims can play an important part in the whole process of apprehending and prosecuting an offender. They may provide evidence, make statements, attend identification parades, view photographs of known criminals and give up their time by attending court as witnesses. Some victims will have been informed by the police or a victim support scheme volunteer of their rights in relation to compensation or making a claim to the Criminal Injuries Compensation Authority (CICA), but for

the most part, too little is known of their needs and too little provided by way of services. Assisting victims in the identification of their needs could not only be thought of as an essential beginning step in their journey to recovery, a relief from the trauma, distress and discomfort experienced by some victims, but assessment could also be considered a key step towards the wider aims of the CJS: to bring more offences to justice. For example, victims may have both learning disabilities and mental health issues and a combination of adjustments may be required to enable them to participate in the court process. If their needs are not met, such victims are unlikely to engage in the prosecution process.

Under NWNJ, needs and case management issues of a victim or witness were assessed on an individual basis. Witness care officers were expected to give all victims and witnesses a customary telephone call to introduce themselves at the outset of a prosecution, and conduct an initial needs assessment to evaluate the most appropriate level of support. Needs assessments have been undertaken in a variety of contexts for many reasons by different agencies, and they signify different things according to who uses the term, and when and where it is used. They have more commonly been referred to as the process of assessing need and, at the time of writing, it was a frequently used term by all agencies involved in the welfare of vulnerable adults, children and adolescents. It was also a key method in health service planning (Stevens and Raftery, 1994).

However, research suggests a lack of clarity about the meaning of the phrase ‘needs assessment’ (Cohen and Eastman, 1997). As Summers argues, a needs assessment is not only about choosing appropriate methods, or identifying relevant issues, but it is also about the principles or values on which the needs assessment practice is built upon. Such principles and values have profound influences on both the process and outcomes of the needs assessment (Summers, 1987:4).

When Witness Care Units were first piloted, Victim Support played a major part in drawing up the needs assessment. It was split into three categories: information needs, practical needs and support needs. The information needs component required the witness care officers to establish the extent of a person’s awareness of the legal process once a case went to court. ‘Practical needs’ covered questions touching on the personal circumstances of the witness. Because reactions to being

victimised were individual, those needs could vary independently of the type of crime they had suffered. Support needs covered any general concerns a victim or witness may have had about attending court, and it was down to the witness care officer to explore if they would benefit from a referral to any other support agency.

In the case of witness care, the needs assessment conducted by the witness care officers was intended to be on similar lines to triage in the health service. It sought to answer the question, 'Is there any potential risk to this witness?' Because victims suffer in many different ways and some victims' needs may not emerge until a while after the event, such as those that would be indicated by a diagnosis of post-traumatic stress disorder, the risk assessment and monitoring process was intended to be continuous. The primary aim of the assessment was all about identifying people who were vulnerable so that steps could be taken to ensure their needs were met. The assessment addressed a range of key issues such as whether a Victim Personal Statement (VPS) had been taken. Support ranged from providing conduct money to enable a victim to get to court; to matters that required a multi-agency response such as referral to the appropriate support services and consideration as to whether special measures would help a victim give evidence at court. In the course of the individual needs assessments, witness care officers were required to identify any language or communication requirements, medical or physical conditions, and religious and cultural needs that may have had an impact on availability for, and attendance at, court. Unlike jurors, witnesses were not entitled to statutory time off work for attending court and many led demanding lifestyles that made it difficult for them to give the necessary commitment. Some of the recurring issues, at least in anticipation of the trial, were in relation to travel, loss of earnings and childcare. Childcare was considered a common barrier to attending court: pregnant women or women with children often needed the help of registered child minders and other services such as transportation that, if not addressed, prevented them from going to court. Transport was a real problem for people who were unemployed or disabled and living outside London or in the more remote suburbs of London, and it was sometimes difficult or impossible for these people to get to court unaided. Access to certain court buildings for people with physical disabilities could also be a concern. But if these issues were identified, there were services available that would collect

them from their own homes and take them to court. (For a fuller discussion of what victims need, see Strang, 2002, pp8-23).

The witness care officers maintained an up to date directory of local support services and other community resources that could be called upon to assist victims. When new support services were discovered, they were vetted, added to the directory and made use of as and when required. Although the degree to which the directory was used varied, there was an extensive number of voluntary and statutory services in London that ran alongside the Witness Care Unit and were on hand to provide vital complementary support. For example, there were the small local voluntary organisations, whose services were provided to victims outside the criminal justice arena. These included services to assist with improving personal and home security, and assist with financial difficulties. In addition there was a range of childcare agencies, nurseries and playgroups and even a pet minding service. While vital, these were used by the witness care officers on a less frequent basis and were less frequently monitored as the majority were officially registered and inspected by government officials. The witness care officers also had details of counsellors and psychologists who were qualified in helping victims cope with disfigurement. Other support services included an advice and advocacy service for people under the age of 26 who were in need of assistance or advice (used largely in cases of family conflict), and services for the blind, partially sighted, deaf and hard of hearing. I also discovered that most courts had a chaplaincy which provided an added dimension to the existing support schemes and structures. A quiet room was set aside in the court building for anyone to use for a few minutes quiet reflection or prayer. It was for the use of people of all faiths or no faith and was sought out by many victims and witnesses.

The most frequently used service was the Witness Service, and witness care officers were responsible for liaising with the volunteers who were ultimately in charge of helping victims and witnesses with the practical and emotional effects of attending court, and organising victim pre-trial court familiarisation visits.

As soon as a victim or witness has been identified as vulnerable, I arrange a pre-trial court visit to familiarise them with the court setting. This includes access to the building, waiting arrangements and procedures in court, including the use of

screens and video link. A pre-trial visit to the court is a good thing because it avoids the need for them to attend early on the day of trial to see the facilities.

(Sam - performance-led witness care officer)

Some businesses and schools were actively opposed to staff and/or pupils supporting the prosecution process by attending court and giving evidence, despite the fact that they were obliged to give their employees and pupils time off to attend a court case if they were a witness. The reasons for this may have been that they were trying to protect their pupils and staff, or the integrity of their organisation as they did not want it to be made public that one of their employees had been associated with crime.

In these type of instances, I normally contact the employer or school head to discuss the importance of the person's role as a witness. Once this has been explained most employers are willing to facilitate their employees' attendance at court.

(Dylan - performance-led witness care officer)

The needs assessment only suggested the probable need for services, since establishing information from people was difficult in itself. Some individuals may not be the best judge of what they need as they may lack appropriate knowledge about what is available to them. Victims' circumstances could also change over time and what victims said they wanted and what they actually needed changed as their situations developed (Goodey, 2005) to the extent that some victims attempted to minimise contact and interaction with the witness care officers and even 'went to ground'.

Identifying all vulnerable and intimidated witnesses was not unproblematic, as some did not display any obvious signs or avoided displaying any signs. It was not always possible to recognise all signs and symptoms of vulnerability as some people may display atypical behaviour. Mawby and Walklate (1994) questioned how one distinguishes between the victim who is unaffected by the crime, the victim who experiences emotion but does not express it, and the victim who expresses his or her emotions in private (1994:34). This also correlates with Shapland's study on victim's attitudes to the CJS and to compensation. She suggests that '*suffering an*

effect does not necessarily imply the existence of a need for any particular kind of support. Indeed, it is impossible to measure 'actual' need (Shapland, 1986:219).

The concept of need is often inextricably tied up with issues of fairness and social justice, and a subset of victims needed restitution. Restitution not only provided repayment by the offender for the damages incurred but it held the offender accountable as the person responsible.

From my experience some victims only appear to be interested in gaining adequate recompense for their losses. The first thing victims of crime want is not justice but compensation from the offender – even for its symbolic value.

(Chris – humanitarian witness care officer)

This is reminiscent of research conducted by Shapland (1984) and Hough and Mayhew (1983). They concluded that compensation was important to victims of crime and was one of the highest favoured court disposals although, as Shapland argued, compensation has a symbolic as well as a simple pecuniary value. More recently, Victim Support (2010) has contended that in the age of austerity, the economy dictates criminal justice policy and appropriate levels of compensation. Late and non-payment of compensation is a source of real dissatisfaction for victims who suffer injury, damage or loss as a result of a crime. Although a witness care officer could assist a victim to complete a compensation claim, there was no guarantee that any money would be awarded to them by the courts. Firstly, compensation was only awarded if an offender of a crime of violence was convicted of a crime. And secondly, the court only usually ordered the guilty party to pay the victim, or the victim's dependents, compensation in the case of a death or injury, or where losses or damages resulting from the incident had occurred. In addition, offenders lack the means to pay (Flood-Page and Mackie, 1998) or avoid paying (Daily Mail, 2009).

Finally, because the magnitude of need varied for each victim depending on his or her circumstances, not all victims needed the same intensity of service. I noted that some victims needed definitive answers to straightforward questions, answers that were real and not conjectured: 'What happened? Why did it happen? What is being done about it?' Other victims needed to feel empowered, recovering the sense of autonomy and control that was taken away from them during the offence by the

perpetrator. Although these needs could be multiple and diverse they were all about their quest to restore control and meaning to their lives. The next section discusses what the witness care officers considered to be the most important risk factors when determining individual vulnerability and the challenges they faced when conducting assessments over the telephone.

7.2.1. Factors determining vulnerability

From a witness care officer's viewpoint, relaying information and identifying witnesses who were vulnerable was often something of a challenge for them, particularly as they were required to assess a person's vulnerability and confirm a person's understanding through a telephone conversation. There was always a risk that the wrong information could be given or interpreted, or the wrong decisions may have been made. It seemed important not to prejudge victims' needs on the basis of their character or the nature of the crime that they had experienced. Therefore, to determine need required an adequate knowledge of effective interventions and an appropriate decision about what level of intervention might be required.

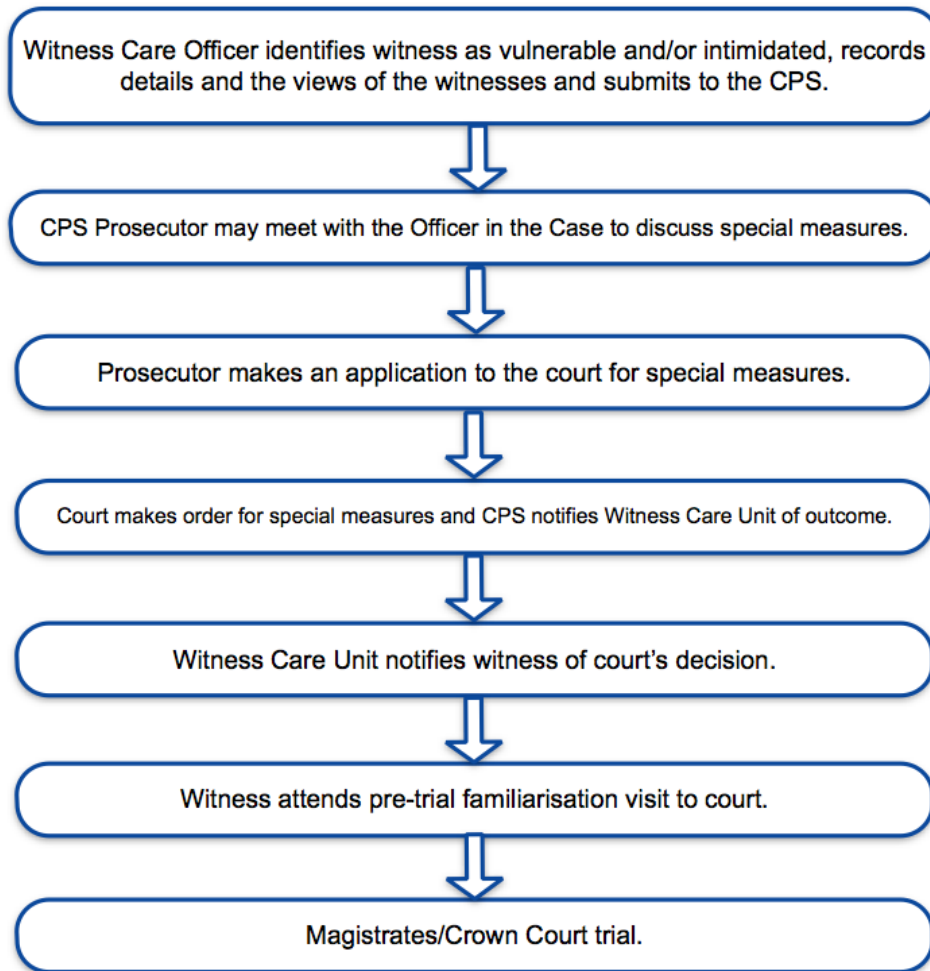
At the initial contact stage, the witness care officers often had no prior conception of how witnesses would respond to them.

I only know in advance if a victim is suffering distress and anxiety if the police officer in the case has indicated this on the case summary.

(Ben - disaffected witness care officer)

Although the police officer's first face-to-face contact with the victim was the obvious time to assess a victim's immediate needs, this was done rarely as a routine point of call unless there were obvious visible signs of vulnerability. In an ideal situation, the assessment would start at the point at which an officer took a person's statement, be further assessed by the CPS duty prosecutor, and finally, the witness care officer would monitor and review the individual's needs. The diagram below shows the official sequence of events when identifying vulnerable and intimidated victims and witnesses if identification had not taken place at an earlier stage.

Figure 11: Special Measures discussions between the Witness Care Unit and the CPS



Dependent on how they practised their style of caring, witness care officers typically made use of one or more different methods to undertake a needs assessment. These were quantitative or qualitative in character and would utilise primary or secondary data. Primary data was gathered directly from the victims following telephone discussions or email exchange with them. Secondary data was information which was in the witness care file and had typically been collected by a third party not involved in the current assessment, such as a police officer or another witness care officer.

The witness care officers were required to find out the extent of a person's needs, and were provided with a prompt sheet with a standard set of questions that each witness care officer was required to put to the victim or witness. Although the questions put to them were not tightly scripted, they assisted the witness care officers in providing what were considered to be the right responses and practical support to victims and witnesses. The prompts elicited indications about possible behavioural, physical, functional and communication characteristics of vulnerable and intimidated witnesses. However, signs could be misinterpreted or confused with other behaviour or conditions (for example, being under the influence of drugs or alcohol).

At the end of the initial interview, the witness care officers should have completed a number of tasks. They should have outlined the main characteristics of the victim, described the services available to him or her, and clearly identified if there were any issues in relation to the person's attendance at court.

Witness care officers indicated to me that they were in no position to make decisions around special measures, a series of provisions that are intended to help vulnerable and intimidated witnesses give their best evidence in court and help relieve some of the stress associated with giving evidence.

My task is to gather all the necessary information and present the evidence to the Crown Prosecutor, who will ultimately decide whether or not there is enough evidence to make a special measures application before the court. We do not have the authority to make applications.

(Jake - disaffected witness care officer)

Consequently, any identified needs were communicated to the CPS lawyer handling the case who was subsequently 'tasked' to ensure that special measures were applied for where appropriate. Some of these measures included the use of screens in court to ensure the victim did not see the defendant, a live TV link allowing the witness to give evidence outside the courtroom, and communication aids. However not all vulnerable victims and witnesses wished to have some form of special measures and not all would have been eligible. This was where the witness care officers needed to apply their knowledge and discretion.

The needs assessment was also designed to aid Victim Support and the Witness Service in carrying out their role, as it was envisaged that any vulnerable and intimidated witnesses would be identified at an early stage and referred to them. The early assessment also allowed courts to plan more effectively. For example, if special measures were required, the court was able to determine in which courtroom cases were to be heard and ensure the necessary equipment was available. However, I soon discovered that important information about the needs of the witness was not always passed from one agency to another. For example, the Witness Service told me that they were identifying several vulnerable and intimidated witnesses on the day of the trial itself, which gave them insufficient time to contact witnesses in advance of the trial to offer its services, such as a face to face meeting to discuss the case in confidence, a visit to the court, or information on court procedures.

.....this causes practical and emotional difficulty and makes it difficult for us to provide witnesses with the support they need at such a late stage in the proceedings. Identifying vulnerable and intimidated witnesses requires effective cross agency work and therefore information sharing protocols between relevant agencies is vital.

(Volunteer - Witness Service)

There appeared to be a tendency to adopt a generic approach to determining need. Two key pieces of secondary data influenced the witness care officer's assessment of a person's vulnerability: first was age, considered the most important socio-demographic factor, and the second was the nature and apparent severity of the crime. The witness care officers did not mention gender or race differences when providing value judgments on the extent to which a victim would benefit from support and services. However it is important to note that both the elderly and children were groups that met the threshold for special measures and support:

Young people and the elderly are less resilient to crime, so I always look at the age of the victim before contacting them for the first time.

(Alex, humanitarian witness care officer)

Strong emotions and support towards elderly people and child victims was not unexpected, as a child victim touches one's maternal and paternal instincts and every rational and emotional chord, calling for the severest punishment possible.

Many witness care officers considered younger people to be more resilient to crime than older people and they would genuinely show empathy towards elderly people who had been victims of burglaries and had their lifetime's savings stolen.

Since the murder of her daughter in July 2000, Sara Payne has campaigned for victims and parents rights. In her report, *Redefining Justice* (2009) she argues that although considering a person's age is a reasonable starting point, it can often result in a victim's needs being underestimated, since the impact of becoming a victim of crime varies enormously from person to person. This came across most strikingly from the discussions she held with victims and witnesses of 'anti-social behaviour', which, in practice, can range from a dictionary definition of 'anti-social' up to grave criminality. Sara Payne argues that predicting victim need according to offence type has proved to be a better approach in cases where victims have been subjected to domestic or sexual violence, where a set of measures and interventions has been developed – from sexual assault referral centres to specialist courts and advocates – to meet the most common needs of such victims.

Given that the bulk of information was secured on the telephone, officers were constrained to make the most of a very limited range of signs as they were deprived of the non-verbal cues that may become apparent when meeting someone face to face. The majority of the witness care officers agreed that a child or a person with a disability were vulnerable and required support. Other witness care officers referred to 'childish' and 'strange' behaviour as indicators which they used to recognise the characteristics of vulnerable victims. Both childish and 'strange' behaviours were often characterised by a person's inability to communicate clearly and coherently, which suggested that there was an association between vulnerability and childish or strange behaviour. It was also suggested that the manifestation of anger and aggression could also have links to vulnerability. Naturally these characteristics could signify other abnormalities and the witness care officers appeared to be making quite profound assessments on rather superficial information.

The old-timers considered their long service as police employees as well as their life experience in general to be key attributes which they used to determine vulnerability.

I have had a wealth of experience dealing with people from all walks of life.

(Lucy - humanitarian witness care officer)

Those witness care officers with several years' experience of the organisation, including those who had had no direct personal experience or contact with people with vulnerabilities, cited the application of intuitive reasoning as an important factor in defining levels of need. They claimed that intuition acted as one of the 'methods' by which they identified a vulnerable person. Such instincts were grounded in the responses to their questions that were posed to victims. But the evaluative process by which impressions or intuitions developed out of careful listening over the telephone was difficult for officers to explain or identify.

I just go on my gut instincts....I don't know why, it just feels right.

(Chris - humanitarian witness care officer)

Sometimes you can just tell if someone is genuinely vulnerable.

(Nathan - humanitarian witness care officer)

Intuition is a way of explaining professional expertise (Smith et al., 1004). Farrington describes it as an informal, non-analytically based, unstructured, deliberate calculation that facilitates problem solving (Farrington, 1993) and Westcott (1968) refers to it as a process of arriving at salient conclusions based on relatively small amounts of knowledge and or information (Westcott, 1968). Research into the assessment of children in need suggests that decision making in such complex cases is influenced by a number of factors including moral judgements, the rule of optimism, cultural relativism, refusal of dissonant information as well as intuitive reasoning (May-Chahal and Coleman, 2003).

Although witness care officers shared similar ideas about the characteristics of vulnerable people, they appeared to have no robust way to identify whether or not people were vulnerable, including some who were previously known to the police, as their circumstances and behaviour may have changed over time. In general, the majority of officers agreed that they were neither able to provide reasoned descriptions of a person who was susceptible to need, nor to tell the difference between a person who was vulnerable and perhaps mentally challenged, or a person

who had other issues such as or alcohol or drug related problems. This goes back to my earlier point that they had only a very limited range of information to work on.

When questioned further, they indicated that they would obtain professional help and advice from Victim Support Services to validate their speculations. Most of the witness care officers emphasised that they were not counsellors, and seeking professional help was a necessity to ensure that the victim was not deprived of any valuable support. Some workers also admitted that they found it difficult to detect emotions in telephone conversations – although volume and pitch of the voice could often reveal how a victim was reacting to what was being said, unlike those who engage in face-to-face conversations they could not see the person's facial expressions or body gestures which so often empower words. What may not have been so obvious when communicating with someone over the telephone was whether or not the witness had some form of physical or mental disability. Some people with mental disabilities may sound very plausible over the telephone, but as soon as they meet someone face to face, the signs are more evident. According to a number of studies, judgments are often consciously or non-consciously based on behavioural signs and physical appearance and it is these signs that are believed to be associated with lying or truth telling (Anderson *et al.*, 1999; Ashmore and Longo, 1995; Bull and McAlpine, 1998; Vrij, 2000).

In a witness care environment, the minute a witness care officer conducted a telephone call, body language in the traditional sense disappeared. Although witness care officers often used facial expressions and gestures while talking on the telephone, as if they were talking face-to-face, the listener on the phone could not see them. It was the tone, inflection, pace and volume which constituted important behavioural aspects of their verbal expression, and it is questionable whether objective information could be conveyed as clearly over the telephone as it could have been experienced in a face to face conversation with a victim or witness.

Telephone consultation has been developed as a primary source of care and there has been a growing interest in it as a form of health care in the UK (Glasper, 1993; Rao, 1994). There has also been an abundance of research in health care to indicate that telephone services provide patients with valuable listening, information and referrals (Hornblow, 1986; Hallam, 1989; Wahlberg and Wredling, 1999). However,

earlier research conducted by Mehrabian (1971) has demonstrated that only about 7% of the meaning of a message is communicated through verbal exchange. About 38% is communicated by the use of the voice and or tone of voice, whilst approximately 55% of communication comes from the 'non-verbal' aspects such as facial expression, gestures, body language, dress and appearance. Although it is impossible to quantify the relative contribution of nonverbal communication to verbal communication (Lapakko, 1997), nonverbal communication often provides much more meaning than people realise since only a small percentage of a person's interpretation of communication is based on actual words. Therefore, Mehrabian's model provides clues as to why telephone communication is less successful and reliable for sensitive or emotional issues.

Whilst communicating by phone realises some of the facets of face-to-face communication by way of voice tone, volume and pauses, some of the visual signals that convey part of the message may be lost and, without other cues, the 'real' message may be misinterpreted. It therefore occurred to me that witness care officers had to be alert to silences, pauses, rhythms, and intonations - both the verbal and nonverbal representations of visual cues. Although, some witness care officers intimated that they were able to adjust their habits of reporting, listening, and responding to achieve the required response, surely both parties to the discussion must adjust their habits of reporting, listening, and responding accordingly in order to come to a mutual agreement?

When engaged in a telephone conversation, it is not always possible to tell whether people are giving their full attention or not.

(Joshua - Humanitarian witness care officer)

This suggests that the officers had to 'learn to compensate for the loss of these stimuli by increasing their sensitivity to minor auditory cues, much as the blind man does when he learns to 'see with his ears' (Cantanzaro, 1971). Glasper (1993) describes working over the telephone as being 'analogous to nursing with your eyes closed and your hands tied behind your back.' By the same token, whilst observing witness care officers interacting with victims and witnesses over the phone, I noted that they were unconsciously aware that their listener could not see their own facial expressions. It was not unusual for the workers to grimace and mouth expletives to

their colleagues while at the same time carry on a normal conversation with a victim or witness that just required the occasional mutter of agreement. Christine Knott (2008) argues that body language is important even if the caller cannot see the person they are talking to since it has a massive effect on a person's breathing pattern, which in turn has a massive effect on the way the words are spoken.

Malcolm Gladwell (2005) argues that people are profoundly better decision-makers when they are faced with less information. Although both face-to-face and telephone conversations are oral, the latter eliminates other physical human contact and a failure to display the right emotions over the telephone can precipitate emotional disengagement or distancing. Secondly, telephone communication perhaps affords a measure of emotional distance, which may be difficult to sustain with eye-to-eye contact. Some witness care officers appeared to find that it was easier to deliver uncomfortable information through indirect communication. Disaffected carers, in particular, preferred to deliver bad news by way of letter or delegate the task to the investigating officer, family liaison officer, or Victim Support Worker. In a telephone encounter, information could also be tailored, sometimes of necessity, to meet the needs of the victim.

We all have very different levels of emotional distance from other people. *Boys in White* (Becker, 1961) described how a group of medical school students who were training to help with the pain and suffering of others, adapted to pressure by forming a sub-culture in which they socialised themselves to the role of student rather than to the role of physician, and acquired values and practices which were not those intended by the faculty. These values and practices were seen to be adaptive to the role of student but maladaptive for the subsequent role of physician. More importantly, however, the students learned how to distance themselves professionally from pain and involvement with their patients, showing that care and compassion can be simulated whilst role-distance is being preserved. Physicians are physically close to their patients, however they (metaphorically) wear protective clothing to shield themselves from emotion. In the same way, the use of telephone and email, which were the main sources of communication in the Witness Care Unit, were perceived to be barriers or psychological protections to shield the workers from their clients. I found that face-to-face contact might have given some

of the witness care officers unwelcome exposure and vulnerability. One of the things that always caused a certain amount of trepidation was when witnesses came to the front counter at the police station and asked to speak to the witness care officer personally. Only two members of staff in the unit claimed that they were comfortable when dealing with people face-to-face. They said that this gave them the opportunity to put names to faces, and they would volunteer to go and speak to anyone at the front counter even if they were not personally dealing with the case.

Despite being subject to numerous requests for assistance by troubled victims and witnesses, witness care officers were in the main able to maintain a professional and physical distance since the impact of sympathetic encounters mediated at a distance over the telephone made contact more impersonal. The fact that victims and witnesses did not have first-hand glimpses of the work that was being carried out allowed the witness care officers to strike a balance between seeming hard and seeming sentimental when they presented the personality of the organisation to the victim or witness over the telephone.

Let me now turn to how each ideal type of witness care officer approached the task of identifying differing needs in more detail, and how the degree of assistance with practical matters varied according to each working style.

7.2.2. Humanitarian carers' approach to assessing need

As I have previously described, these workers held humanitarian values in their working patterns and attitudes towards their work, and they viewed their work with victims as optimistic and constructive. Moreover, they argued that the services they were equipped to offer could provide opportunities for victims to overcome their distressing experience and sometimes negative perception of the CJS. They had a strong desire to please and they alluded to the fact that victims who were vulnerable should have better protection than offenders, police witnesses and professional expert witnesses.

For people who are apprehensive about attending court for fear that the defendant might recognise them, I think that having the opportunity to give evidence behind screens is an agreeable option.

(Emily - humanitarian witness care officer)

On the whole, humanitarian carers agreed that people with vulnerabilities needed support as soon as they came into contact with the CJS so that unnecessary stress or undue pressure on the victim could be avoided. They also recognised that victims' needs changed over time, and re-questioned victims and witnesses on subsequent contact. Whereas performance-led and disaffected carers merely provided a telephone number of a service provider to victims and witnesses, humanitarian carers got immediately involved in arranging support services direct with the service provider themselves. I noted that many humanitarian carers who were young in service kept their own personal notebook containing contact details of service providers that they frequently used and were happy with.

Humanitarian carers considered themselves capable of assessing the degree to which the offence had affected a person and the extent of a person's vulnerability:

You can tell by whether there is a timid or confident note in their voice as to whether they are vulnerable or not and you can also tell if people can't be bothered.

(Nathan - humanitarian witness care officer)

The majority of humanitarian carers found the need to express some form of emotion when carrying out risk assessments. As such they indicated that they were able to adjust their habits of reporting, listening, and responding to achieve the required response. They had flexibility in directing the conversation and, although they were aware of the protocols, they also used their expertise and knowledge of the CJS to customise their intervention to provide pertinent information and advice relevant to the context. But more importantly, it was the sincerity with which these interactions were carried out that distinguished these carers from the other 'ideal types'.

Humanitarian carers often stepped outside the script and became more improvisational, as depicted by Bolton (2000) in his study of emotion in the nursing world. Rapport with victims and witnesses was built up by adjusting the volume, tempo and pitch of their voice, which at times appeared to come naturally to them whilst at others, they put on a good show without appearing to be false. Their

interest in getting to know victims helped them to identify victim's needs and take necessary action.

What victims say in conversation will often trigger questions that I put to them.

(Emily - humanitarian witness care officer)

Humanitarian carers made explicit and implicit references to active listening being key to making assessments and helping to detect non-verbal clues. As one humanitarian carer pointed out, his primary responsibility was to listen to victims and let them set the course of their own desires. He commented that the conversation should be '*free flowing, flexible, and always on the victim's terms.*' This, he assured me, was to ensure that he was responsive to each victim and was not '*stymied*' by a structured set of questions. This is a demonstration of how these carers capitalised on one of the few sources of information available to them. Humanitarian carers disparaged the use of formal questions as a way of standardising the procedure, allowing inexperienced workers to provide the same level of service to victims and prevent any unnecessary inconsistency. The majority of humanitarian carers remarked that structured questions were unnecessary, as each needs assessment differed in its level of complexity and the use of any pre-structured set of questions was therefore inappropriate.

However, I do think that the wording of a question is vital to collecting valid and valuable information.

(Sophie - humanitarian witness care officer)

This approach afforded the humanitarian carer fewer constraints and guidelines, and decisions were made with considerable discretion. These officers claimed that they were able to 'see' distress, assess the degree to which the offence had affected a person and make active attempts to support victims'. Yet there were signs that many decisions were based more on the preferences and biases of the evaluator and not necessarily what might have been best for the victim. In other words, humanitarian carers often let their emotions define the decisions they made, many of which were based on past and present experiences in their personal lives, such as family bereavements, serious physical or mental illness or victimisation. In such instances they had a certain amount of empathy and defined their emotional responses by

comparing their reactions with those of like persons in comparable situations (Schachter, 1959). For example, a witness care officer whose brother had been a victim of an assault explained to me,

Seeing my own brother go through stages of anxiety, low self-esteem, and depression, I like to think that I can now recognise and identify with vulnerable people.

(Megan - humanitarian witness care officer)

Having first-hand experience of being a victim of crime, I am very aware of how people feel, and I therefore try and tell people what I would like to hear and what I might need if I were in their shoes.

(Mia - humanitarian witness care officer)

In the context of emotional labour, these individuals may have reacted in the way that they did in order to feel more positive emotions towards the victims and respond to them in an appropriately caring manner (deep acting). But too much involvement in a victim's emotional state of mind may ultimately have a detrimental effect on the carer's own decision-making ability. Taking a person's expressed wishes as read may not always lead to the right course of action and this unstructured, informal and subjective approach has been widely criticised for lacking reliability, validity and accountability (Litwack and Schlesinger, 1999; Quinsey *et al.*, 1998): although the approach maximises professional discretion, and may be considered vulnerable to missing important factors that require intervention, it might also be claimed that it enhances responsiveness.

Humanitarian carers appeared to convey a professional and calm demeanour on the telephone and demonstrated their ability to cope with what they defined as negative or uncooperative behaviour from victims and witnesses. One officer explained that she achieved this by thinking of the wider context of victims' and witnesses' behaviour and trying to understand why they might have cause to be reluctant to engage with the criminal justice process.

Uncooperative behaviour is often due to an underlying need that requires a response.

(Lucy - humanitarian witness care officer)

A number of these witness care officers considered that more intense support could have been provided for those people most seriously affected by crime, possibly involving a number of agencies from the CJS and other public statutory and voluntary bodies.

I have sometimes found that a witness who was a bystander can be more traumatised by the event than the actual victim. However, we don't always go to the lengths we should do to consider their needs as well.

(Megan - humanitarian witness care officer)

However, despite their enthusiasm to support everyone, they also had a tendency to become frustrated with their inability to physically comfort people, or respond to a victim's physical appearance and overt behaviour as possible indicators for assessing need. It was often witness care officers like this who admitted to letting their job influence or modify their private emotions to an extent that they took their work home with them:

Yes - I take my work home with me. I think about victims pouring their heart out to me, and the things they tell me are always in the back of my mind.

(Sophie - humanitarian witness care officer)

One worker told me that she occasionally woke up in the night having a nightmare about one of her cases. She explained that she was too sensitive, took things personally, and got too involved, in particular with domestic violence cases. It transpired that she had been subjected to physical and emotional abuse by her ex-partner, and engaging with victims of domestic violence brought back vivid memories:

For me, one of the most frustrating aspects of the job is speaking to victims of domestic violence who no longer wish to pursue their allegation. This is usually because they have got back with their partner. I just know that the abuse will happen again but there is nothing I can do about it. We have the option to consult an MPS counsellor if necessary. I have never had to use the service, but it is comforting to know that this service is available. If the case is too close to home, I just ask my manager to reallocate it to someone else.

(Mia - humanitarian witness care officer)

This particular witness care officer was also able to avow that because of her personal experiences, she was able to connect with victims on a more personal level.

Although the interest that humanitarian carers exuded in getting to know victims may have helped them to identify victim's needs, their somewhat idealistic view of the world may have also let them down. One officer revealed that she had given her undivided attention and support to someone, and explained the prosecution process in detail only to discover that the person was not who they claimed to be. She had in fact been speaking with the victim's flatmate who was filtering calls on his behalf.

I felt that I had been taken advantage of and made to look like a fool.

(Emily - humanitarian witness care officer)

7.2.3. Performance-led carers' approach to assessing need

Performance-led carers employed a much more structured and professional judgment to assess a victim's need. They conducted the assessment ensuring that the principals of NWNJ were adhered to at all times. Like the humanitarian carers, they relied heavily on non-verbal cues such as tone of voice, breathing, words and expressions used, and general conversational tone to give clues about the person's vulnerability. Background sounds helped them determine the context and seriousness of the victim's claim and they interpreted the occasional vague comments as a sign of inattentiveness and a lack of understanding.

I can often hear kids screaming in the background, and can tell that the person that I am speaking to only has half their mind on the conversation.

(Claire - performance-led witness care officer)

Given the lack of visual cues, risk assessments relied heavily on criminal justice expertise and effective communication. This demonstrates how these carers understood the unstated but intended meanings of victims' utterances, something that has been referred to by ethnomethodologists as 'indexicality' (Attewell, 1974). Indexical expressions refers to language 'whose sense depends on the local circumstances in which they are uttered and/or which they apply' (Have, 2004:21). This concept has been developed beyond language to include gesture, images such

as signs in public places and even computer icons. In the above situation, the utterances made by the witness were automatically interpreted by the witness care officer as a resistance technique.

Certain skills, such as the ability to facilitate the conversation and infer what was left unsaid, described as ‘active listening’, helped performance-led carers to collect information. Performance-led carers were active listeners: although there was a constant rumble of noise going on around them, they had the ability to listen to what was being said so that they could receive the message in a way that they assumed was correct, or ask questions for clarification if required. They contributed a high level of expertise and determined what they considered was the best course of action. They appeared to take a holistic approach when conducting the assessment: they attempted to extract a sense of the context from the victim, interpreting both verbal and non-verbal clues, to build a picture of the victim and the extent of their vulnerability to ensure the safety and well-being of victims and witnesses who appeared before the court.

You don’t have the advantage of seeing the victim face to face, ... So you’re not only listening to the words they are saying, but the connotation of what they are saying... And you are building up a mental visual picture of this victim all the time speaking to them on the phone.

(Mandy - performance-led witness care officer)

Performance-led carers explained that they asked the victim many questions early in the interaction to generate hypotheses and visualise the extent of their vulnerability. However, they found that some topics (for example, special measures) required detailed questioning, or rephrasing questions with examples so that victims could gain a better understanding of the criminal justice process. While it was important for witnesses to be reassured about going through the court process, special measures could only be offered to victims and witnesses who met the criteria for such measures to be put in place, and falsely raising their expectations was not in anyone’s best interest.

Performance-led carers found that communicating with vulnerable victims tended to require more mental, as well as emotional work than those who were perceived as being less needy.

Some victims react with dismay when I try to explain that the court has rejected the prosecution's application for special measures.

(Sam - performance-led witness care officer)

There is a perception among the public that the purpose of all public services is to meet need: they do not appreciate that decisions on special measures are made by the courts.

(Dylan - performance-led witness care officer)

The Youth Justice and Criminal Evidence Act 1999 legislated the categories of persons eligible to apply for special measures. They were children under the age of 17; those who suffered from a mental or physical disorder, or who had a disability or impairment that was likely to affect their evidence; and those whose evidence was likely to be affected by their fear or distress at giving evidence in criminal proceedings. It was the responsibility of the court to determine whether a witness fell into any of these categories, although witnesses who were alleged to be the victims of a sexual offence were considered to be eligible for help with giving evidence unless they told the court that they did not want to be considered eligible. Courts also determined whether making particular measures available to an eligible witness was likely to improve the quality of the evidence given by the witness and whether it would inhibit the testing of his/her evidence. Hence the witness care officer could only facilitate the process but not necessarily provide what was required.

A performance-led carer recounted a case where the victim alleged that the defendant was targeting him. His car tyres had been slashed and paint had been poured over the car. Under these circumstances, he was only prepared to give evidence at the trial if his identity was hidden. An application for screens was refused and he was reluctant to attend court. At the last minute the witness care officer arranged for the officer in the case to personally transport the victim to court. This ultimately provided him with the necessary reassurance.

Whereas humanitarian carers asked questions in order to build bridges, decrease isolation and create hope, performance-led carers asked questions with the goals of

the organisation principally in mind. They were able to recognise that some concerns identified by the witness were raised as a means of hiding his or her genuine apprehension about taking part in a strange and unfamiliar process. Placing weight on self-reported information from the victim could likely result in an overestimate of the level of need. Conversely, some victims were reluctant to provide relevant information if they perceived that it would place them at further risk from the perpetrator:

Victim's perceptions of vulnerability are not always accurate: sometimes it is very difficult to know what's best for the victim because over the phone they can give you a false impression of what the situation is actually like.

(Ruth - performance-led witness care officer)

When performance-led carers departed from standard procedures, it was to speed the system up. For example, they may have agreed to fax a document instead of mailing it, or provided or sought information over the telephone from other agencies instead of waiting for the written documentation. Although these actions were directed at improving the efficiency of the judicial decision-making process, it could be argued that these goal-driven bureaucracies ignored human needs and values.

Consequently, victims could be seen to be treated more as inanimate, impersonal names on a file, as interchangeable as the computer terminals the witness care officers operated.

There was purely an emphasis on short-term requirements *per se*, primarily aimed at benefiting the CJS, such as special measures, childcare, travelling expenses and other immediate needs whilst the victim or witness was at court. Unlike humanitarian carers, performance-led carers were not concerned with practical needs outside their direct area of responsibility, such as offering legal and financial advice or assisting with a property transaction. They more commonly referred to themselves as 'liaison officers' and were more likely to refer anyone to the relevant authorities such as the Witness Support Services. Keeping a count of such referrals by officer type was beyond the scope of this thesis.

7.2.4. Disaffected carers' approach to assessing need

Disaffected carers initially found it difficult to 'cold-call' victims and tended to consider themselves unprepared when talking to a victim for the first time, often referring to the set script of questions as guidance. They admitted that they found it challenging to identify vulnerable or intimidated witnesses over the telephone unless they posed a direct question, as they argued that many of the indicators came from observed behaviour and physical characteristics.

On the other hand, many disaffected carers did not want to be put in the uncomfortable position of meeting a victim or witness face to face; perchance this added more of a theatrical dimension to the conversation. That is, while the security of their office afforded a relaxed 'backstage' atmosphere, any face-to-face conversation obliged them to take part in what they considered a highly demanding front stage activity. Instead, they preferred the anonymity of keeping their identity a secret, largely because they were afraid of repercussions. Since fear may be considered an emotion, non-verbal or voice to voice communication enabled them to lessen their emotional intensity.

I would like to work closer to home but would rule out doing this role in case I had to deal with someone I know, or come face to face with the victim or defendant in the streets.

(Rebecca - disaffected witness care officer)

Therefore, telephone communication with victims and witnesses afforded this carer a measure of emotional distance, suited to his or her personality, which may have been difficult to sustain with eye-to-eye contact. However, I noted that sometimes (more commonly in the case of disaffected carers), there appeared to be a mismatch in the volume of voices, which usually seemed to imply a certain amount of frustration on one or both of the parties concerned. For example, when disaffected carers became frustrated, they attempted to place emphasis or stress on a word or part of a word by lowering or raising his or her voice in an attempt to dominate the conversation. They would be heard to say words such as, 'please listen to what I have got to say' or 'please let me speak so that I can explain.' However, more often than not they backed away from getting in too deep. In particular, they admitted that they found domestic situations a sensitive subject and appeared to avoid using direct

questioning to gather information through conversation. They claimed that heavy workloads provided inadequate time to gather information from callers and reflect on the details provided:

I wish I could give people a better service but you can't always do that, and need to cut corners to keep on top of things.

(Chloe - disaffected witness care officer)

When assessing victims' needs, this category of witness care officer often failed to acknowledge that some victims were susceptible to suffering from the long-term effects of trauma or that they needed to be sensitive to special issues related to all family situations such as cohabiting couples, families with stepchildren, and single-parent households. For example, the importance of support networks and the use of support networks for the victim of a single-parent family may have been essential to secure a person's attendance at court.

Disaffected carers berated the WMS and its poor functionality, which they claimed devalued the service provided to vulnerable or intimidated victims and witnesses. One officer spoke about how vulnerable victims and witnesses were recognised as such on the system:

The Witness Management System doesn't automatically flag up vulnerable and intimidated victims so we have had to improvise by putting an asterisk in one of the fields on the victim page. Searching for the asterisk symbol, will then identify all the relevant cases and allow them to be monitored more closely. This is not ideal.

(Ben - disaffected witness care officer)

As with the other types of carer, risk assessment appeared to rely heavily on the judgement of the witness care officers, as well as unofficial, informal methods, which may ultimately cast some doubt on the reliability of this approach. When questioned, many disaffected carers stated that they did not always know what was expected of them, which seemed to demonstrate that, faced with a particular scenario, individual officers might differ greatly in their assessments.

7.3. Typology of victims

Victims may be objects of compassion or disinterest. People may see victims as responsible for their fate (Lerner, 1970; Ryan, 1971), or victims may simply be ignored (Reiff, 1979) because they are seen as losers (Bard and Sangrey, 1986) or because of fears of guilt by association (Frederick, 1980; Weis and Weis, 1973). It has been suggested that one reason for avoiding victims is that they are often depressed and most people prefer not being around unhappy people (Coates, Wortman, and Abbey, 1979). As a consequence, victims may be socially isolated at a time when social support is especially important. Although the development of positive relationships with victims and witnesses was considered germane to the role of the witness care officer, they invariably acknowledged that the treatment of victims was influenced by various socio-demographic characteristics and the conduct of victims over the telephone. Witness care officers revealed that some victims appeared to exaggerate their vulnerability whereas others underplayed it, making it necessary to probe to 'find the truth'. However, it was generally acknowledged that it was difficult to be consistent when assessing need and many of their experiences may have been based on differences in their own values or perceptions.

Indeed, whilst focusing on the interaction between witness care officers and victims and witnesses when conducting needs assessments, I found that the workers unconsciously applied certain typifications (established perceptions) or working theories of victims and witnesses. Similar to stereotypes, typifications use 'common sense assumptions' to place 'objects abstractly into categories such that we can think in terms of what is typical' (Crawley et al., 2008:13).

These typifications were constructed from countless interactions, events, stimuli and actions that constantly occurred in the Unit, and reflected a complex mix of 'real' problems and experiences. The witness care officers labelled certain victims with stereotypical notions and empty phrases such as 'aggressive', 'compulsive', 'needy', 'bully' 'pleasant' and so forth. Unsurprisingly, such perceptions affected the level of interest that the officers showed, as certain victims appeared to be more highly valued than others. Nils Christie (1986) echoes this theme when he spoke of the interdependency between 'ideal victims' and 'ideal offenders' and drew attention

to crime as being a product of cultural, social and mental processes. He recognised that in reality the distinctions are not always so tidy and easily observed. A number of criminological theories predict similarities in the correlates and etiology of victimisation and offending, suggesting substantial overlap across offender and victim populations (Singer, 1981; 1986).

Blaming and stigmatising victims has attracted considerable debate over the past few decades. Von Hentig (1948) is credited with challenging the conceptions of the victim as a passive actor. In some instances the victim was considered to be the determinant of a criminal event: the degree to which the victim was involved in the commission of the offence was defined as victim precipitation (Wolfgang, 1967). This called for further studies of the relationships and interactions between victim and offender before, during and after the crime (for example, Schafer, 1968; Mendelsohn, 1956; Amir, 1971). More recently, Lamb (1996) has grappled with the uncertainty of whether or not victims blame themselves too much, perpetrators blame themselves too little and therapists don't blame victims enough.

Clark (1987) suggests that crime victimisation falls into the category that society considers to be worthy of sympathy. However, reality is not so simple and there may be a degree of ambivalence about the victim too, since many victims do not always fit this stereotype. Becoming a victim is a descriptive process embedded in social transactions. It is also a rhetorical process, a *'partisan activity intended to persuade others to adopt and act on preferred understandings of persons and circumstances'* (Rock, 2000).

Using the witness care officers descriptions of their subjective experience, three broad categories emerged to which I shall refer as 'Schemers', 'Honest Victims' and 'Eschewers and Shirkers'. Although each ideal type of witness care officer labelled many victims and witnesses, they did so according to their own goals, values and ideals. As a result different labels may have been given to the same individual for the same action. For example, one witness care officer may have labelled a victim in a way that was considered inaccurate and very offensive by another officer. However, the following labels are intended to highlight some of the tensions and conflict that emerged and to aid understanding of the officers' everyday practices as

well as providing a broad-grained schema for illustrating how the witness care officers distinguished relations with different victims and witnesses.

7.3.1. The schemers

These were considered by many of the witness care officers, in particular disaffected carers, to be manipulative individuals: ‘opportunists’, ‘conspirators’ and ‘antagonists’ were just a few of the words that disaffected carers used to describe this category of victim. Schemers allowed themselves neither to be deterred nor commanded, and in an effort to meet their own needs and desires, these individuals tried to manage or manipulate the impressions they made within a relationship. Humanitarian carers tended to regard these kinds of victims as ‘idle’ and ‘selfish’ and, in some cases, disliked and condemned them to the extent that they tended to believe that schemers had a deficient moral sense.

For many witness care officers, schemers were such an inflexible yet proactive group, that they could frequently challenge the police service and sometimes exercise power. It was therefore unsurprising that the majority of witness care officers regarded schemers as ‘troublemakers’ who were likely to cause disruption for their own best interests, and seize any opportunity to complain. They made ‘irrational decisions’ when dealing with the witness care officers, and often tried to find ways of beating the system by weighing up the advantages and disadvantages of invoking the law (Poletta, 2001). Some of the reasons for their protests included transfer of their case to another court, the discontinuance of some or all of the charges, and police failure to return their personal possessions that were seized during part of the investigation.

People are still very cynical towards the police – they would rather phone ‘Big Brother’ than assist their community in maintaining law and order.

(Chris – humanitarian witness care officer)

Indeed, Bradford et al., (2012) found that police officers considered their relationships with different population groups (such as motorists, young people and the working class) to have deteriorated over recent years. They said that people had

become more antagonistic toward them and concluded that the media had a large part to play in adversely affecting public confidence in the police.

Performance led carers viewed schemers as potential troublemakers who were likely to threaten the fundamental principles of the justice system.

Some victims actually victimise the public sector - they are not interested in bringing offenders to justice - they just want to bash the criminal justice system over the head because of their own visceral dislike of the system.

(Dylan - performance-led witness care officer)

Among the schemer's key features were antagonistic attitudes towards witness care officers and the police in general, and unconstructive perceptions of victims' human rights. They were incapable of seeing good in the CJS and abused it by attempting to frustrate the courts in raising 'frivolous' issues, sometimes to further what were thought to be ulterior or even illicit motives. Baumer et. al., (2006) concluded that victims' race, gender, and conduct at the time of the incident also influenced legal outcomes.

Some victims believe that they have the right to be treated differently from the people who they believe have committed crimes. I have had people slam the phone down on me if they don't hear what they want to hear, but you can guarantee that they will call back later or write in.

(Hannah - disaffected witness care officer)

It appeared that this category of victim tried to exploit the support relationship to obtain a desired, but often unstated goal, and entered into a discussion with a witness care officer preoccupied with their own wants and concerns. These included access to better housing, compensation, or pre-payment of expenses.

Sometimes, victims with environmental and social problems will use any available opportunity to gain sought after commodities.

(Mandy - performance-led witness care officer)

It was not uncommon for victims to have underlying reasons for reporting criminal behaviour, for example, to assist with their insurance claims, criminal injuries applications or ongoing civil disputes.

There are those victims that really try to test my patience and see how far I am willing to go to bend the rules and regulations in response to their outlandish requests. For instance, payment of expenses in advance is a common demand, but needs to be managed carefully to avoid any allegation by the defence of providing an inducement to the witness.

(Chris - humanitarian witness care officer)

Witness care officers tried to avoid entering into a dispute, since their primary task was to get people to court. Disaffected carers seemed unconcerned about whether or not they would turn up at court and were inclined to be indifferent to a schemer's welfare need. At times, they appeared to find it an effort to keep the conversation on track. Hence relationships between the witness care officer and the victim did not always attain harmony. When some victims were unsuccessful in pursuing demands for services deemed unnecessary, they instituted uncalled for grievances against the witness care officer. However, the majority of officers appeared to be conscious of the fact that a disagreeable attitude had the potential to create a negative public image and subsequent bad press. In particular, humanitarian carers were wary of victims they placed in this category because they were worried about the possibility of a complaint being made against them. There appeared to be an ingrained fear among them that should this happen, they would undergo disciplinary action or be out of favour with their managers. This may be one of the reasons they went to such lengths to appease victims and go far beyond the realms of their remit. This is not dissimilar to Rock's study on how debt-collectors typologised debtors as they travelled through a career structure that drove them towards ever greater deviance (Rock, 1973).

One performance-led carer, with a considerable number of years' experience of police work, said that he could always read between the lines and work out what people's intentions were even if he could not see their facial expressions. He recalled a victim who had tried to negotiate new housing and would only go to court on the proviso that she would be re-housed. He said that it was startlingly clear from the conversation with the victim that she had only made the allegation against her neighbour in the first place in an attempt to seek alternative accommodation from the local authority. In some of the most deprived neighbourhoods, victims generally knew their assailant, there was often little privacy, and they reported a

crime to police in the hope that a formal record of the incident would strengthen their re-housing application. In this particular case, the witness care officer had an advantage over the victim because he was familiar with the locality, including all the housing estates, and could imagine the victim's hidden motives for wanting to be re-housed. Although he genuinely wanted to help the victim, this is where he was faced with an ethical dilemma, and in such instances, detachment was called for to avoid manipulation by victims, the case being compromised, and even to prevent the witness care officer from sensing powerlessness if he or she believed that the victim held any amount of control. Therefore, to be able to read between the lines and to catch what was not said were important in order to help the victim in the best possible way, as well as to keep the witness care officers' 'own back' covered:

I try and follow the protocol as much as possible, as there is a danger of providing too much information and support. Some people will try and get as much as they can from the system and play on their vulnerability.

(Dylan - performance-led witness care officer)

Witness care officers, in particular performance-led carers, had difficulty believing victims with surprising or unusual requests, since accepting their word required both a high degree of trust in that person's veracity and also a willingness to abandon their firmly established principles.

I had a victim who wanted me to ensure that there was a media presence at court on the day of the trial. I explained that this was not part of my remit or something that I would get involved with.

(Adele - performance-led witness care officer)

If a victim had been considered deceptive in soliciting care, there was the risk that the witness care officer's time and efforts had been wasted or misplaced. In some cases the risks were borne by society rather than the individual witness care officer; if, for example, a victim gained unjustified access to special measures or compensation. Distrust of testimony may lead to victim's needs being discounted as trivial, unworthy of further attention, and a reluctance by the witness care officer to act on the victim's account.

7.3.2. The honest victims

The honest victims were characterised by their apparent willingness to cooperate with the CJS. Honest victims were recognised by the way in which they revealed how the crime had affected their life, so that witness care officers, in particular humanitarian carers, were able to make informed decisions about their case. During my interviews, one humanitarian carer stressed several times that trust should come before offering any services. These victims alluded to being trustworthy and in return were awarded with the empathy, care and fundamental needs that they deserved.

Honest victims were aware of their importance to the justice system; and relied on witness care officers, whom they regarded as competent professionals, not subordinates. Humanitarian carers told me that despite any social problems that they may have had, they greatly valued the services that the Witness Care Unit was able to offer. They welcomed the contact and many knew who the person was at the end of the telephone before they even had a chance to introduce themselves fully. These were the victims that the witness care officers strongly held sympathetic and compassionate attitudes towards and would devote much time and energy to overcome governmental constraints, such as lack of financial resources, to assist in their wellbeing. Furthermore, humanitarian carers in particular, were convinced that honest victims needed more care and help than other people in society.

Not surprisingly, performance-led officers considered the ability to be uncritical of government and organisational policies, at least not directly, to be a sign of a good victim status. In addition, although not all honest victims held optimistic and constructive views, performance-led carers found that they were potentially responsive to support programmes.

They seem to pay greater attention to their case and genuinely seek information for their own peace of mind.

(Mandy - performance-led witness care officer)

In terms of witness care officers relationships with honest victims, my observations found that the values emphasised by them included, in various degrees, respect,

humanity, trust, support, fairness, and well-being. In effect, these were the people who were cooperative and deferential to the officers.

Although held in particular high regard by the performance-led carers, all witness care officers agreed that this type of victim was the ‘perfect victim’ – the one that they preferred working with, the one that was totally obedient, compliant and followed advice more or less unquestioningly. This credo corroborates much of Nils Christie’s (1986) stereotypical image of the ‘ideal victim’ in which he identified a number of attributes of victim status, such as being blameless, legitimate, weak, unrelated to the offender and *‘having the right combination of power, influence or sympathy to successfully elicit victim status without threatening (and thus risking opposition from) strong countervailing vested interests.’* However, in reality, not only can victims become offenders, and vice versa, but in some situations determining who should be viewed as the victim or offender can be problematic. When a burglar is shot leaving a crime scene, for instance, he or she occupies both positions concurrently.

7.3.3. *The eschewers and shirkers*

The witness care initiative presupposed that all victims and witnesses sought integration and support. However, in order for those goals to be realised, the participation of the victim was required and sometimes victims are grateful merely that the State acted as an arbiter and protector in a relationship that might otherwise have been unmediated and unregulated. Witness care officers explained that there was reluctance by some victims to truly admit their vulnerability or to reveal personal concerns about attending court, and even an unwillingness to talk to them. These victims were labeled as *‘uncooperative’*. These were the passive victims that the witness care officers knew very little about; they did not wish to embrace their victim status and evaded all means of contact with the Witness Care Unit.

You can tell by the tone in their voice that they are not interested.

(Ben - disaffected witness care officer)

Victims who did not respond positively or were more difficult to understand, were more difficult to form a relationship with. Consequently those who chose not to

readily communicate with witness care officers were at a disadvantage, as perceptions and assumptions could be drawn from their unwillingness to participate. One theory that is relevant for gaining an insight into victim trauma and why interactions with the CJS are usually stressful for the victim is classical conditioning theory. Classical conditioning is thought to occur when a neutral stimulus is paired with a stimulus that produces a particular response. For example, any stimuli that are present during the crime are paired with the crime and become conditioned stimuli capable of producing conditioned responses of fear, anxiety, terror, helplessness, and other negative emotions. Although there is little evidence to suggest that non-cooperation is related to victim, witness or case characteristics (Cannavale and Falcon, 1976), research has suggested that avoidance behaviour is a common response to crime-related conditioned stimuli (Kilpatrick, 2002). Victims may not readily recognise that they have been a victim of crime or it simply does not sink in. Thus, involvement with the CJS requires crime victims to encounter many cognitive and environmental stimuli that remind them of the crime, such as having to look at the defendant in the courtroom, having to think about details of the crime when preparing to testify, or simply negative past experiences with the criminal justice authorities. Therefore there is a natural tendency for crime victims to refuse to discuss the issues and avoid contact with crime-related conditioned stimuli, by escaping from situations that bring them in contact with such stimuli. According to Kilpatrick, such avoidance behaviour is generated by conditioned fear and anxiety, not by apathy. In this case avoidance led victims to not show up for court or cancel appointments with police officers to provide statements. It could also be possible that these victims found it harder to approach witness care officers for any number of reasons, such as lack of trust, being shy of formal modes of social exchange or simply because they did not want to be pushed into something that they were uncertain about.

Some of the witness care officers held the opinion that these victims tended to say things to please police officers or people in authority just to '*get rid of them*' and these were the unreliable victims and witnesses that never had the intention of going to court in the first place.

Victims weigh up the gains and losses when making a decision whether to pursue with an allegation or not – a domestic assault victim has got nothing to gain if she is back with the perpetrator.

(Mia - humanitarian witness care officer)

Although many officers were acutely aware of the economic circumstances from which a lot of victims came, the cynicism displayed by them stemmed mainly from their resignation at dealing with the 'same old faces' returning to the CJS again and again, and of the victims' failures to take responsibility for their lives. For example, once victims of domestic violence were reunited with their partners, or victims of theft had collected their insurance money or retrieved their property; they were often no longer interested in pursuing the allegation. In the same vein, research suggests that police officers' sense of mutual solidarity and loyalty is strong, there is a general cynicism and suspicion of the public and they foster a 'them and us' mentality (Waddington, 1999; Reiner, 2000).

Witness care officers were less likely to show their support towards victims or witnesses who were unwilling to co-operate with the CJS. Some witnesses simply did not wish to speak to anyone and did everything in their power to avoid being contacted. They rejected telephone calls, were unavailable without a reason and failed to respond to written communication. These were examples of forms of behaviour with strong connotations and implicit social meaning.

There may be many reasons for a victim to avoid or not actively seek human interaction, intentional or otherwise: they may be afraid of identifying any signs of mental or emotional weakness and expect themselves to be eternally strong and to be able to overcome any obstacle alone. There may be fear on the part of the victim of simply facing the accused during the trial; the feeling of powerlessness may be revived by cross-examination or the experience of passivity by only answering questions and not being able to 'tell their story'. There may also be fear of consequences: the accused are often still powerful in the witnesses' home area or district and may have threatened to take revenge against the witness for having testified. The victim may be focusing on what happened in their past and does not want to repeat the process again. Their practical interests may not always be punishment, they may have settled the matter themselves, and only reported the

matter to police in order to receive compensation from a third party such as an insurance company (Ennis, 1967), or they may have just wanted police to terminate the situation. It could be argued that these victims simply did not need the personal contact and support that the organisation assumed to implement:

Some witnesses are very switched on and need a modest amount of support and encouragement. Consequently I sometimes get the impression that I'm wasting my time as well as theirs.

(Lucy - humanitarian witness care officer)

Witnesses come up with all kinds of excuses to get out of going to court, such as work commitments, loss of earnings, sporting activities. Even an actor didn't wish to engage with the process because he was starting a new contract and told me he would lose it if he had to go to court. He more or less told me to stop pestering him for his availability.

(Linda - disaffected witness care officer)

Sometimes it is those victims and witnesses that have convictions themselves who are wary of the justice system and get 'fed up' with the constant contact.

(Adele - performance-led witness care officer)

One witness care officer explained that some victims required little more than notification of the court date, time and location, while others needed considerably more support in the form of advice, practical arrangements, reassurance and measures such as pre-trial visits.

There is always the risk that people who have too much contact could become subservient and disengage from the process. I also find that too much contact causes some victims to become selective; they refuse to speak to another witness care officer if their single point of contact is on holiday or absent from work.

(Chloe - disaffected witness care officer)

A security guard assaulted in the line of duty does not always warrant the same level of support and more importantly, doesn't always want it. These individuals make their own career choices and are knowingly aware of the potential dangers of the job before they join up.

(Mia - humanitarian witness care officer)

One may argue that victims' needs per se cannot be viewed as anything other than relative; in other words some victims will be affected by crime more or less than others and therefore not all victims will require the same level of support. As a result, it may not necessarily be the best approach to be 'all things to all people' but at the same time it is important to avoid a *hierarchy of victimisation* (Greer, 2007).

7.4. Effectiveness in assessing vulnerability and need

The findings lead us to consider whether the influence of these imputed victim characteristics at this stage of the criminal justice process had a direct impact on any subsequent legal outcomes. For example, research on how victim characteristics influence legal outcomes has suggested that provocation by the victim can lessen the charge and subsequently reduce the likelihood of prosecution (Albonetti 1987, 1991; Spears and Spohn 1997; Stanko 1981; Williams 1976) and conviction (LaFree 1980; LaFree et al., 1985), and leads to less severe punishment (Kruttschnitt 1985; Myers 1979, 1980; Williams 1976; Wolfgang 1967). Victim characteristics may also influence decisions at other stages of the criminal justice process, including the indictment stage and the type of adjudication (trial versus plea) (Black 1989). The literature also suggests that cases involving evidence of disreputable conduct by the victim at the time of the offence (e.g., drinking, using drugs, engaging in criminal behaviour) are less likely to be prosecuted both at initial screening (Frohmann 1991; Spears and Spohn 1997; Stanko 1981; Williams 1976) and at post indictment screening (Albonetti 1986).

One of the managers in the Witness Care Unit stated that there were good ground rules in place, such as a clear referral system between the Witness Care Unit and the Witness Services. She considered that if victims were identified as being vulnerable and in need of special measures, they were well looked after in the CJS, although she admitted that identifying need was problematic due to the inherent characteristics of victims. This corroborates research that defines individual victim characteristics as complex, and definitions of vulnerability narrow, presenting

challenges and contradictions for the police when objectively assessing a victim as 'vulnerable' (Williams et al., 2009).

Another manager described the situation slightly differently, saying that members of staff were now quicker to notice vulnerability than, say, two years ago, when there was a considerable decline in the number of referrals. She accredited this to staff training and experience over time. She informed me that there was now an increasingly positive attitude among witness care staff about victim needs, with high levels of support from the Victim Support Services and CPS staff.

One of the ways we can actively support victims of crime is to make use of the Victim Support Services, otherwise victims will suffer, which in turn will impact on their confidence in the police and the criminal justice system.

(Manager - Witness Care Unit)

However, some CPS lawyers that I consulted with, considered that the information supplied to them in the memos written by the witness care officers with regards to victim and witness vulnerability and attendance at court was not always fully explanatory. They stated that in order to put in an application to the court for special measures or an adjournment, they required more in-depth information regarding the elements of a victim's vulnerability and full details of any appointment that coincided with the victim's court appearance. This information included the date when the appointment was originally booked, where it was and what it involved. Many of the witness care officers that I spoke to contested this and considered that they gave these matters a high degree of attention and took pride in the content of their memos.

Meeting measurable targets associated with cracked and ineffective trials (particularly the target that no more than 19% of trials should be ineffective) was a high priority among the criminal justice agencies. Pressure to meet these targets was intense and the successful identification of vulnerable witnesses was an important element to ensure these targets were reached. However, to meet its targets, the Unit provided high volume, short term 'care' for the duration leading up to the trial, and this meant that there appeared to be little time to address anything other than the main issues that victims had in relation to their forthcoming court appearance. As one witness care officer put it, aftercare tended to be 'left by the wayside' and their

support could not continue for as long as the victim required it. The high turnover of cases dictated their pace of work which, in turn, had implications for the quality of care witness care officers could offer. As one witness care officer commented, 'we have a large number of things to focus on', making it unlikely that they were able to give enough time to administering a full needs assessment or indeed a continual risk assessment, to help identify vulnerable and intimidated witnesses and provide them with the necessary support.

7.5. Conclusion

This chapter has explored how the three ideal types of witness care officer adopted differing approaches to organising and providing support for witnesses, and the difficulties that arose when attempting to find a consistent approach aimed at a level that best supported the individual and met their individual needs. It is arguable that following the MPS and government guidelines for assessing a victim's vulnerability was simply not enough. Emotions often came into play when defining the decisions that were made by the officers, and their personal beliefs and values influenced operational direction and judgement to a certain extent which could account for differential treatment and influence the way victims were responded to either positively or less positively.

For example, victims were labelled with particular personality traits. Some were thought to be scheming, others victims of broader social and cultural factors, whilst some could be seen as honest victims or unfortunate victims of circumstance, worthy of sympathy and support. Certain perceived behaviour or features of the victim or witness were linked with higher levels of emotional labour in the witness care officer. These included factors connected with high demands, such as demands for special measures and compensation. Other factors were connected with signs of withdrawal, including apathy in the victim or witness. The latter also reduced what has been termed the mutuality of the relationship and may have left the witness care officers with little feeling of satisfaction which may further indicate that they were at risk of becoming physically and emotionally exhausted.

Refuge, a national charity for women and children experiencing domestic violence, has remarked that it is essential that all professionals carrying out such needs assessments should undertake specialist domestic violence training and/or that specialist needs assessment and support services should be routinely offered by the domestic violence sector. The charity maintains that domestic violence is an issue about which many myths and misinformation abound:

Professionals in and outside the court system are as likely as anyone to hold erroneous beliefs or negative attitudes about domestic violence and to exercise these views through their working practices. As training to rectify this problem remains patchy, it is unsurprising that Refuge continues to hear of instances where the police and courts have failed to take account of the complex nature of domestic violence and its impact on victims, such failures have the potential to result in fatal consequences.

(Refuge, March 2006: Response to Rebuilding Lives – Supporting Victims of Crime)

The introduction of Witness Care Units went some way to addressing the needs of victims - this was a new area in the CJS that had an opportunity to help increase the chances of offenders being convicted, and increase protection for victims by showing regard to a victim's sensitivity through offering appropriate services. From my observations, I concluded that needs were worth assessing when something constructive could be done about them. However it was crucial that needs could be identified or assessed and that the methods were appropriate. On the other hand, as I have shown, some victims' needs were beyond the control of the Witness Care Unit and they tended to be subsumed within a broader political discourse of victim satisfaction, to pursue the government goal of boosting the efficiency of the CJS. To this end, victims could be viewed as a pawn in a game of chess, the goal being to get them court to testify and increase the effective trial rate. Goffman (1969) describes this scenario as 'strategic interaction'. The next chapter will expand on this theme further by examining the various strategies of interaction that each ideal type of carer employed to achieve their goals. I shall show that it is through these strategies that the complex phenomenon of the role of power appears to become intertwined.

Chapter 8 - Care and the Deployment of Authority

Power is the ability to get an individual to do as one wants when the individual otherwise would not do so. Commonly recognised forms of power include authority, persuasion, inducement, manipulation, force and coercion.

(Kauffman 1988:46)

8.1. Introduction

Witness care officers described caring for victims as a large part of their job, which required communicating with victims and witnesses, understanding their point of view, and offering them support during the entire court process. However, the officers also had specific statutory duties that made them answerable, under the law, for their actions or, in some cases, their inaction. They were responsible for warning victims and witnesses to attend court, and as discussed in the previous chapter, a large part of their job involved adhering to the Code of Practice for Victims of Crime; this meant providing intervention, tailored where necessary, to meet the needs of an individual victim or witness based on the risk and needs assessments previously undertaken. They also provided regular updates on the progress of the case, the bail status and or bail conditions set for the accused and the case result. Where a witness failed to attend court they were also expected to make contact with the individual to establish the cause of that non-attendance. It would therefore be naive not to recognise that elements of social control came into play not just to protect the individual but also the wider community. I therefore became intrigued by how witness care officers managed the balance in their relationship between care and controlling functions. As I have explored in the previous chapters, not all victims and witnesses wanted engagement and support, and the activities performed by the officers had the potential to invade people's personal space, curtail their private activities and work, and to a certain extent remind them that they were subject to organisational control. This chapter takes this discussion further by looking at how care, authority and discretion appeared to be closely intertwined.

8.2. Care, authority and discretion

It followed that control issues such as serving a summons on a victim to attend court, could be just as central as those of caring. To ignore control may run the risk of being ineffective, for example, by not fulfilling statutory duties and/or leaving vulnerable people unprotected. Witness care officers could therefore be considered to be in positions of organisationally-derived power. However, there is a fine line of difference between power and authority. Sociologists make a distinction between two types of power: the first form of power is authority which is accepted as right and just and therefore obeyed on that basis. It can refer to the formal power to act, conferred on an individual to enable him or her to fulfil the 'rule of law' or his or her responsibilities laid down by the organisation. It can be used positively and constructively to help people gain greater control over their lives although in the case of witness care, some would no doubt prefer not to be reminded of the circumstances surrounding their contact with the Unit. According to Cole (2001), authority in this sense is usually fairly well-defined in order to limit the powers available to the individual. For Weber (1978), this is the most rational form of authority, that is, when people choose to accept the will of others as legitimate or right. The relationship can be described as one of authority even though legitimate authority may still be malign and lead to adverse consequences for those over whom it is exercised.

The other type of power is coercion which is not regarded as legitimate by those subjected to it. This is because it is the ability to influence events and secure compliance beyond any legal warrant to do so (Lukes, 1978). According to Lukes, compliance can be secured by the use of force or by people choosing to surrender to others. This type of power can be personal power which a person gets from his or her personality or expert and professional knowledge. For the purposes of this thesis, I shall refer to power in the sense of a legitimate possession of authority and influence over others.

Although organisational definitions of power vary, they typically include the concepts of independence and being able to act independently (Salvadores *et al.*, 2001) and having control, influence or domination over something or someone (Zelev and Phillips, 2003). This is often referred to as professional autonomy

(Bayles, 1981). Another definition views power as *'the ability to get things done, to mobilise resources, to get and use whatever it is that a person needs for the goals he or she is attempting to meet'* (Kanter, 1983: 166).

These definitions are based on the knowledge or personality of an individual that allow him or her to influence the behaviour of others. For example, an individual may have unique or special knowledge, skills, and experience or may have the charisma that attracts others to follow him or her because they identify with them. It is through these characteristics that they are able to raise their status, define their area of expertise, and achieve and maintain autonomy and power. Foucault defines power as *'a complex strategic situation in a given society'* and suggests that power relations can be present in all social relationships (Foucault, 1980:93). For him, power and contingency co-join and a practice that may be considered normal is in fact contingently produced. The possibility of what is unknown may not motivate individuals to act, but rather make them hesitant, careful in their planning and responsive to changes in the organisation. Therefore Foucault sees power not as a way of enforcing one to act in a certain way, but making persons alter their regular behaviour by themselves.

The traditional explanation of police-victim relationships puts the police worker in a position of superiority and power over the victim, who is cast in an obedient, subservient but vulnerable role. This, of course, is variable since there can be a dyadic relationship and symmetrical expectations between the police and the victim, two roughly equivalent parties trying to understand each other to work out mutually satisfying ways of interacting. Used in this sense, power relationships and the ways that people work out these relationships in an ongoing political system may also be referred to as discretion. At root, discretion is about power and judgment and has been described as *'the power or right to decide or act according to one's own judgment; freedom of judgment or choice'* (Oxford English Dictionary).

As a result of the perceived increase in management, managerial ways of thinking and effective control of employees, recent work has focused on the decline of professional discretion (Evans and Harris, 2004). However, previous studies suggest that there are compelling reasons to promote power and discretion in a professional capacity. For example, Lipsky has argued that discretion is not only inevitable but

also necessary in welfare bureaucracies. He maintains that nurses need to be able to influence patients, physicians, and other health care professionals, as well as each other. He goes on to argue that public service organisations are complex, have conflicting policy goals and limited resources. (Lipsky, 1980). Kelling (1999) also describes how discretion exists at every level of the police organisation. Following a police study group, he described how police officers sought management guidance but instead were faced with problems and legal challenges to deal with on their own. He stated that *'each tactical choice by the police, each citizen's response, counter-responses by each, and changes in other variables in the context (for instance, intervention of strangers) create a fluid, ever-changing encounter.'* Unlike police officers who have to exercise extensive discretion in how they enforce the law, witness care officers appeared to have a subtle, discretionary power to decide how much information to divulge to victims to ensure effective trial rates and satisfactory justice outcomes. The way in which information was delivered and the content of the information were not only vital to giving victims and witnesses the support they required but may also have influenced their behaviour depending on the vulnerability of a victim, and the personal characteristics and adaptations of the witness care officer.

The occurrences that a witness care officer encountered, judged and acted upon in the course of his or her work may not necessarily have had unequivocally stable meanings. Therefore discretion arose from the need to turn organisational goals into practice and decide how to use limited resources to achieve those goals. Although the witness care officer's official remit was to 'care' according to the aims of the NWNJ strategy, the day to day negotiation and systemisation of care was up to the witness care officers. This may be likened to Bittner's analogy that a competent person is required to use his or her common sense and insight to interpret the relevance of a rule to a particular situation to which the rule pertains (Bittner, 1963).

The witness care officers had a small space within which they could carry out their perceived role with a given victim or witness. Its extent varied from witness to witness and situation to situation depending on a range of factors, including the statutory basis of the relationship and the personal characteristics of the victim and witness care officer. It was also influenced by a range of other relationships such as

that between the witness care officer, the CPS and the courts. As I have alluded to in previous chapters, these were changeable from day to day and week to week as a result of factors quite extraneous to the relationship between the witness care officer and the victim or witness.

8.2.1. Information Giving

How much information to give to victims and witnesses, and how much to withhold, were questions of never ending apprehension in the Witness Care Unit. The officers' had the subtle responsibility of deciding how much information was in a victim's best interests. As discussed earlier, research has shown that victims almost always want as much information as possible about their case. However the 'knowledge gap' between witness care officers and victims may be considered a source of miscommunication and alienation, since one person's ignorance is often the basis of another's power.

Lack of trust in a victim's competence to understand criminal justice issues may lead to withholding information on the part of the witness care officer. This is not necessarily the result of a witness care officer consciously weighing up a victim's capacity for understanding, and deciding, on balance, that he or she does not trust the victim's capabilities in these areas. Rather, the witness care officer's thinking may revolve around reasons to do with belief in his or her own expertise and lack of belief in the victim's. These beliefs then prevent the witness care officer from trusting the victim enough to voice and act upon his or her own preferences, with the effect of giving the victim the message that the witness care officer is the expert and that victims are not competent to influence decisions. Thus, refusing a victim access to support may have been easier on the witness care officer's peace of mind if he or she did not believe that the victim was telling the truth about something. However, by interpreting a victim's behaviour as an attempt to meet identifiable needs, the witness care officer may have better understood those needs while depersonalising and disengaging from, as much as possible, the struggle for power and control, which could also require high levels of emotional labour to cover up negative feelings.

In the majority of cases, the witness care officers provided victims and witnesses with the essential information concerning the next court hearing, and any bail conditions imposed on the defendant. At least half the workers in the Unit maintained that their role was purely to explain procedures and ensure the witnesses and victims attended court. They were not required to explain any potential evidential failings in the preparation of the case by the prosecution or the fact that a crucial prosecution witness may have refused to attend court. Although this may have been regarded as withholding information, it was considered justified in order to spare the victim or witness any undue distress and retain his or her hope of a successful outcome. Many appeared to anticipate the emotional consequences (both pleasant and unpleasant) that were likely to follow from their choices, decisions, and inferences. This corroborates research by Clark and Gibbs (1965) suggesting that criminal justice professionals offer or withhold information they have about the process to control the behaviour of the victim and prevent pain. This could also help somewhat to account for the overall perceived lack of victim participation within the CJS and the cultural and organisational challenges presented by attempts to integrate victims into the heart of the criminal justice process (For example, see Crawford and Newburn, 2003). Although that is not to say that there may have been other factors on the victim's part, such as trepidation and a failure to see what he or she would gain and so on.

One of the questions I put to the witness care officers was how they coped with the particularly awkward task of telling a victim or witness that their case had been discontinued or the defendant had been found not guilty. Fifteen out of the 22 witness care officers whom I interviewed thought that this was one of the least favourable aspects of their job and some even admitted that they preferred to send a letter to avoid relaying the information to the victim verbally, and potentially '*suffering the brunt of their anger*'. One officer exclaimed,

I'm not paid enough to be a bearer of bad news!

(Chloe - disaffected witness care officer)

It was in this manner that many witness care officers used 'organisational shields', in this instance a letter, to provide a buffer between themselves and the victim, to give information.

The Youth Justice and Criminal Evidence Act 1999 legislated special measures to assist vulnerable or intimidated witnesses to give evidence in court. Some of these special measures included the use of screens to ensure the victim did not see the defendant, or a live TV link allowing the witness to give evidence outside the courtroom and communication aids. However, explaining the principle behind the use of special measures usually caused a fair amount of trepidation for witness care officers. They found that victims were sometimes misled in the first instance by the investigating police officer and told that they would automatically be eligible to give their evidence behind screens if they felt uncomfortable doing so in open court. Police officers sometimes failed to make them aware that special measures would usually only be available in very limited circumstances and that they might have to attend court to give evidence in person:

Officers are generally the first point of contact and it is extremely important that witnesses are given a realistic assessment of the need to attend court and the possible assistance available.

(Mandy - performance-led witness care officer)

It is our job to pick up the pieces when police officers promise victims things that don't materialise because of a break down in communication between the officer and the CPS Duty Prosecutor. Victims think that the police have broken their promise and in some cases attitudes towards the police become more distanced and disillusioned.

(Lucy - humanitarian witness care officer)

Goodrum and Stafford (2003) argue that this is a form of deception and is administered to pacify the victim momentarily. Yet there may be other explanations such as to protect the police officers' own emotional well-being, or it may have been simply something that had been overlooked. However, management also commented that police officers were giving false promises to victims and witnesses about what would or would not happen at court and I was shown a memorandum that had been circulated to senior officers.

.....This is obviously having an impact on the Witness Care Unit and the VSS as we have to manage the disappointment or concern of the witness. This affects a whole raft of performance indicators which on the surface seems easily fixable.

(Manager - Witness Care Unit)

In order to interpret and understand further the positions of authority and discretion that witness care officers occupied, the 'ideal types' were a useful guide to aid analysis and draw my attention to areas where the real organisation may have differed from the 'ideal' one (Beetham, 1987). Through their professional comportment and how they portrayed themselves over the telephone, I observed the degree to which authority appeared to be practised. While some witness care officers appeared to integrate care and control, others operationalised 'care' in a way that served to enhance their level of control and authority over victims and witnesses.

8.2.2. Authority deployed by humanitarian carers

Humanitarian carers appeared to be highly engaged in their work. Employee engagement has been defined as emotional and intellectual commitment to the organisation (Baumruk 2004, Richman 2006 and Shaw 2005) or the amount of discretionary effort exhibited by employees in their job (Frank *et al.* 2004). The role characteristics that humanitarian carers demonstrated, such as challenge, authority, autonomy, stimulation, and access to information, have been linked to high levels of engagement (Perrin, 2003). They fostered not only an influential relationship with victims and witnesses but also a helping one. They relied very much on their personal relationships with the victims and witnesses and their ability to influence them was individualistic and relied on the officer's personality, humour, approach and the legitimate manipulating processes he or she adopted. In negotiating with victims and witnesses, they were collusive and sustained their credibility by careful information control. Although they developed an in-depth knowledge and understanding of the organisation's rules, this was only in order to learn how to bend or reinterpret them as the occasion demanded. On the whole, they adjusted, amplified and redefined processes in response to victim and witness needs and interpreted procedure liberally by using discretion in relation to specific cases. For example, they did not rigidly follow rules and procedures of the bureaucracy when submitting 'dates to avoid' to the CPS.

When a victim or witness gives me some holiday dates I always err on the side of caution and block out the dates either side. This ensures that they do not get called to court at an inconvenient time.

(Mia - humanitarian witness care officer)

The role repertoire of the witness care officer appeared to lie in his or her knowledge and expertise of the criminal justice process, which he or she used to the benefit of the organisation to improve victims' and witnesses' situations and ultimately persuade them to attend court. In interview, many identified knowledge and understanding as an essential element of the witness care officers' power base, and underscored the importance of continuous learning. Humanitarian carers who displayed the ability to wield their authority said that they continuously kept up to date with policies and procedures, and based their practice on experience. Their in-depth awareness of the workings of the Witness Care Unit and its 'standard operating procedures' was also a source of influence over others, which they demonstrated by sharing their knowledge and information with colleagues.

My colleagues often approach me for advice on various procedures, such as interpreting a court result, assisting a witness with an expense claim, or which letters to send out. I explain to them how I would do something if I was in their position.

(Joshua - humanitarian witness care officer)

When coupled with their expertise of the CJS and strong communicative skills, this knowledge allowed them to play an active role in staff meetings as well as the daily business within the Unit, thus enabling them to facilitate sharing between colleagues. It also provided a more focused service to their customers.

I know I pander too much to police officers, but I can't help it. In reality they should be readily acquainted with how the court system operates.

(Lucy - humanitarian witness care officer)

Team meetings give me the opportunity to discuss some of my more complex cases and share how I have overcome any particular difficulties so that my colleagues have a better understanding of what to do if they encounter similar issues.

(Chris - humanitarian witness care officer)

Humanitarian carers revealed their willingness to serve as role models and mentors to help the process along and inspire co-operation among their colleagues. As I gleaned from my discussions with newly recruited witness care officers, they benefited from having a mentor to offer them guidance and support in areas that they referred to as ‘muddy’, such as the Code of Practice for Victims of Crime.

Interpersonal communication was a key to exercising influence over others. The nature of their work meant that the witness care officers needed to be well integrated with other members of the multi-agency team, such as the CPS, Victim Support and Witness Services. Therefore, the way in which they used language, particularly how they referred to themselves, could enhance or detract from their professional image. Humanitarian carers generally cultivated friendly, pleasant relationships with victims and witnesses as a way of generating victim compliance. They consistently acknowledged their own professional status and that of others by using first and last names during introductions, and by avoiding phrases that diminished the standing of individual witness care officers and the policing profession as a whole, such as *‘I am only a civilian,’* or *‘I don’t normally get involved in that sort of thing’*. They learnt to phrase their questions and responses according to the type of person they were dealing with. For example, *‘Can you come to court on?’* or *‘You are required to attend court on...’* Some even played a nurturing role and were more likely to have what looked like a social worker’s orientation towards the job and be able to spend a great deal of time listening to victim’s troubles and concerns. That is not to say that caregiving and emotional nurturing in this sense were ‘gendered’ activities (as they were not solely delivered by the females in the Unit).

I am often told all about the neighbourhood they live in and the anti-social behaviour that goes on and I can sympathise with them.

(Chris - humanitarian witness care officer)

However, because of their sympathetic nature, it was not unusual for victims to attempt to exercise greater leverage with these officers and exert their own power based on the perception that the witness care officer had some special knowledge or expertise, which they desired or needed. Therefore it was not unusual for victims to negotiate with these witness care officers about such issues as whether they could

travel by taxi to court, whether they could be given travelling expenses up front, whether their cooperation would expedite a faster move to better housing, and so on. By using his or her judgement and knowledge of the victim, most humanitarian carers were able to deal with the victim in a legitimate rule-bound manner, and achieve compliance.

A witness care officer who exerted his or her authority was one who was confident in his or her knowledge of what victims and witnesses needed and his or her ability to respond to those needs. He or she was an invaluable asset to the organisation who strived to put victims and witnesses at the centre of what they did. I found that witness care officers who recognised and used their authority in this sense were more apt to achieve personal and professional goals and help the organisation meet its goals of serving society and advancing witness care practice. Although they described experiencing a range of somatic responses, which were thought to be associated with their work, such as feelings of conflict, they were confident that they were able to control their responses and operate effectively in what they considered to be a high-pressure role.

Several officers revealed that factors such as inadequate staffing levels, unbalanced witness care officer-victim ratios and an increase in 'non witness care' duties decreased their relationship with victims and witnesses, and made them adopt a task-oriented working system that spontaneously acted as a barrier to applying knowledge and skills. Thus, conflict had arisen between witness care officers' perceived professional roles and the roles that the organisation had imposed on them. It was a conflict that appeared to produce a certain amount of emotional strain for these witness care officers, so much so that many of them were seeking alternative work within the organisation.

I look at the internal job vacancies each week to see if there is anything that catches my eye.

(Nathan - humanitarian witness care officer)

In these situations, they were inclined to engage in surface or deep acting to maintain a calm outward appearance as stress levels increased. This view is supported by the literature (Smith, 1992; Hochschild, 1983) which provides evidence of increased emotional labour for staff as pressures increase. A number of

studies have determined a link between emotional labour and emotional exhaustion across different occupations, including; police officers (Van Gelderen et al., 2007), call centre workers (Goldberg and Grandey, 2007), and customer service staff (Johnson and Spector, 2007).

8.2.3. *Authority deployed by performance-led carers*

With the advent of the New Labour Government in 1997, there was a growing interest in improving public services which led to the creation of a more focused performance-led culture. Indeed, performance-led carers lived up to their name and were empowered by organisational goals, were competitive, and strived for success. They exercised discretion by occasionally bending the rules in order to achieve prescribed targets and maximise productivity and compliance.

Performance-led carers often functioned within a framework of power relations that *'assumed that one person knew what was best for the other, had superior knowledge and skills and was perceived as somewhat paternalistic in his [sic] interactions'* (Brinson and Kottler 1993: 241). They had the idealistic view in that they were pursuing organisational goals and therefore expected compliance and had a confidence in their personal ability to encourage compliance. These officers tended to be very matter of fact and I discovered that victims frequently adapted to their cultural norms and values. Therefore any authority that the witness care officers were capable of wielding was *'held in reserve'* the majority of the time (Sykes, 1958). However, they had a natural ability to move between a 'care mode' and a 'control mode' and as a result wore several hats.

However, at the same time, there was evidence of liberal humanitarianism in their conduct towards victims and witnesses since they regarded victims and witnesses as individuals, were aware of their needs, took account of their interests in decision making and deliberately courted their support. When they talked about their relationships with victims and witnesses they used phrases such as, 'communication', 'meeting the needs of the individual', 'support'. When discussing the attainment of tasks they emphasised terms such as 'direction', 'decisive', 'clear about their role and responsibilities', 'organising', 'achieving targets'. These were

some of the ways that resistance and power were deployed. Such terms described an emotionally connected and sensitive officer who paid close attention to the needs of victims but also used these relationships in a purposeful way in order to achieve organisationally approved outcomes.

If too many victims refused to attend court, there was a likelihood that some witness care officers would consider past experiences and provide more or less information according to the situation. However performance-led carers did not allow previous experiences to affect other relationships. Instead, they explained to victims the reasons for their decisions, which were normally made with the goals of the organisation in mind. They saw themselves as having authority to change the circumstances around them to some degree and were not reluctant to use their power judiciously to persuade a victim to attend court. Foucault has been particularly interested in the rise of expert power and the way in which it has created a less coercive but more pervasive form of control (Foucault 1973, 1977).

The victim called and informed me that she no longer wanted to go to court. She told me that the defendant was now being very nice towards her and had calmed down. In view of the fact that there were children involved, she wanted to do what she felt was best for them, which was for him to see them. I explained to her that if she did not attend court she could be summonsed to do so as this often has the desired effect in terms of securing compliance.

(Mandy - performance-led witness care officer)

8.2.4. Authority deployed by disaffected carers

Disaffected carers hid behind the institution to legitimate authority. They differed markedly in the extent to which they would enter into negotiations with victims and witnesses - some refused to enter into any negotiations whatsoever, preferring the 'you will' approach to encourage them to conform. They used restraint and professional distance in the deployment of power. Disaffected officers interpreted, altered, or simply chose which rules he or she should enforce at any one time.

I prefer to get the job done with the least possible hassle.

(Chloe - disaffected witness care officer)

By routinising their tasks and exercising minimal discretion in individual cases, and by holding victim and witness relationships at a cursory, uninvolved distance, disaffected carers deflected responsibility for success or failure on to the courts, CPS, or victims and witnesses themselves. For example, from time to time, although rarely, a victim was warned to attend court in the afternoon, when in fact the trial was scheduled to take place in the morning. In order to protect their self-worth, even when faced with evidence of their errors, the disaffected carers' first impulse was to dig in and justify their position with even more tenacity, and place blame on the CPS for giving them the wrong court time. They remained principally administrators and appeared to find some difficulty in conceptualising their function as a 'caring' one.

Disaffected carers were more likely to step in and decide what needs victims and witnesses were entitled to and what they should do to support them. They afforded no leeway, were very matter of fact, and did not blink an eyelid if victims and witnesses turned their backs on the information and support that was offered to them.

In one particular instance, an actor claimed that he was too busy to attend court as he had just signed a new contract, which he could not afford to lose. Although courts tried to accommodate trials around victim and witness availability, they were hampered when witnesses were out of the country for months at a time. This caused undue delays to the criminal process, which in turn prejudiced the defendant who had the right to a fair and speedy trial.

There is no doubt that over the last 20 to 30 years society has become less frightened of authority - there is no respect for the police like there was in my day.

(Jake - disaffected witness care officer)

Because of the social mix of the policing borough, it was not unusual for people from all walks of social spectrums, from the wealthy to the poverty stricken, to be victims of crime. For example, a disaffected carer told me about a barrister who was a victim of a burglary.

He professed to know his way around the system and declared that he had the right to request an adjournment. A small piece of knowledge is dangerous.

(Hannah - disaffected witness care officer)

In this particular situation, there appeared to be genuine resentment towards the witness care officer. This might have been because the victim believed that he had a higher social standing and the competence to dictate to someone he perceived to have a lower social standing. Clark (1987) refers to this as a power relationship and implies that this kind of reaction by public figures comes about because they wish to take advantage of their social position, and they believe that the CJS should revolve around them. In the main, disaffected carers who had contact with high regarded members of the community appeared to be unfazed by their demeanour and maintained that they treated them in the same way as they would treat anyone else.

Like police officers, who were taught to maintain a reserved, detached and professional demeanour, disaffected carers possessed the type of mental assertiveness that allowed them to maintain their boundaries and psychic integrity when faced with the emotional demands of another person.

Doctors are hard work to pin down! They don't want to go to court, have surgeries and hospitals to run and their calendars are chock a block, but I just pass on their availability to the CPS and see what happens from there.

(Chloe - disaffected witness care officer)

Disaffected carers appeared to have a delicate balance of power with victims. A type of 'see-saw' mechanism was in place: at times, disaffected carers had more autonomy, influence and power over the other, but at other times these roles were reversed. Although they longed for closeness, they feared rejection or repercussions from their decisions and their way of dealing with the situation was to shy away from confrontations with victims or witnesses and deny or ignore requests from them.

Some victims can be very demanding but I am usually able to switch myself off from their rants.

(Chloe - disaffected witness care officer)

At times, the differing goals of the victim and the disaffected carer directly influenced the interaction and intensified emotions. For example, if the witness care officer was given a task late in the day to contact all witnesses in a particular case to be on standby to attend court the following morning, the interaction may have appeared curt, blunt, or otherwise rude to the victim. This may have been

exacerbated if the victim's goal was not to participate in the criminal justice process. When things happened that interfered with goal attainment it tended to bring about rather strong emotions (e.g., Lavalley and Campbell, 1995).

Disaffected carers maintained that there were limits on the volume of information that could be explained by letter or telephone, or even in person by someone who has not experienced the process in question. They therefore claimed that victims could be more dissatisfied than if they had not been given any information at all. They may have considered that this was the best way, because such situations involved high levels of emotional labour, and in order to try and work out the best response and then cope with the less than satisfactory outcome was more labour intensive than saying nothing at all. For example, a disaffected carer was concerned about a witness whose wife was in the late stages of pregnancy and mother had been diagnosed with cancer. Under these circumstances the witness care officer took the decision not to contact the victim again for fear of '*coming across as too insensitive*'. However Dignan (2005: 85) argues that the '*information provided to victims is often incomplete, late in arriving and fails to provide explanations for what has been decided and why.*' He goes on to argue that victims should be given an opportunity to discuss the decisions and their implications with those who are responsible for making them.

It was in these types of scenario where disaffected carers used more discretion and as a result there was an inevitable shift in their relationship with victims and witnesses, particularly when notifying them of events determined by others, such as bail statuses, sentencing verdicts, compensation payments, and special measures entitlements. It was these relationship shifts that had an ever-present constraint upon the disaffected carers caring role. They found it increasingly difficult to separate care from the overarching controlling function that they had assumed, and care in this sense was no more than an aspect of control.

8.3. Conclusion

I have shown how the three ‘ideal types’ of witness care officer constituted different responses to the task of managing simultaneously two functions, care and control. There were a range of ethical implications relating to the power balance between the victim and the witness care officer. The role of persuasion in witness care was a complex issue, and often involved high levels of emotional labour in addition to a range of tactics based on the knowledge of the victim or witness through communicating with them over the telephone. For example, the control of victims and witnesses could be achieved through either formal or semi formal adherence to rules more commonly applied by performance-led and disaffected carers respectively, or through the ‘working rules’ (informal) adopted by humanitarian carers. These rules were a part of the occupational role-set of each witness care officer. Witness care officers with greater authority recognised and readily acknowledged their unique contributions to victim and witness care and realised that their relationships with victims and witnesses put them in a position to influence the CJS. Though some witness care officers exercised authority by implementing their own knowledge and skills in their caring practice, some other variables such as their own personal values, also affected their ability to exert their professional power in practice, and care was insufficient to gain and maintain control. The degree of autonomy or power within the organisational structure or established routine may also have had an impact on how strongly the officer’s were able to persuade victims to fit into the process.

The above findings highlight a number of issues in relation to political and organisational imperatives. Witness care officers played a key role in system outcomes and individual experiences: ‘care’ in the sense of witness care was sometimes no more than an imperative requiring exertion of control to reduce the numbers of failed trials. Failure to respond on the victim’s part may have led to a more overtly controlling strategy with the same objectives, such as the threat of a court summons. Richards and Schwartz (2002) observe that the nature of power relationships can lead to exploitation of subjects who feel pressurised to participate. It is therefore difficult for care to be meaningful in these terms unless some form of control is accepted or sought by the victim or witness.

Although the CJS has come a long way in bringing victims to the forefront, there is still more to be done in terms of more meaningful participation by the victim in identification of harms and identification of needs, including what they believe that they need from the offender, the community and the system. Although there are few sanctions for failing to participate, perhaps victims need to be voluntary participants rather than involuntary participants in the CJS and not be pressurised into participating in the trial and subsequent prosecution of alleged offenders. Consequently, should the justice process be designed to re-empower victims and include as many opportunities for participation, voice, and choices for victims as possible?

Chapter 9 - Summary and Conclusions: Is there conflict and contradiction in doing witness care work?

[W]e are [the victims]; and we have not spoken yet. Smile at us, pay us, pass us. But do not quite forget.

(from G. K. Chesterton, *The Secret People*)

9.1. A methodological and theoretical overview

This concluding chapter summarises the findings in relation to the research aims and objectives within the context of the literature. I shall subsequently consider the implications of the findings, particularly their relevance to the field of victimology and their broader sociological impact. Finally, I outline some limitations and areas for further improvement and conclude with suggestions for improving the witness care system.

The theoretical motivation of this study was to generate a deeper sociological understanding of how victim and witness care operated in a real world setting, involving a number of agencies that were constrained not only by resources but also by political and bureaucratic pressures and processes. What is more, alongside this theoretical motivation was a very practical concern: of the many duties assigned to the police, victim and witness care presented unique challenges to providing practical support to victims and witnesses. I have primarily sought to address the manner in which a disparate group of practitioners interpreted the meaning of care within a Witness Care Unit and aligned it with their own professional styles. The emotional and psychological challenges of caring for a diverse group of people, and the complex relationship between organisational goals and the working values that this particular occupation presents are explored.

This thesis has added to the current understanding of emotional labour by situating that labour within the wider demands of caring for victims and witnesses. I have suggested that as a way of seeing the social world of how care was practiced in a Witness Care Unit, the sociology of emotions was invaluable in that it permitted

insights into the complex intertwining of emotion and dramaturgy in a particular organisation. In addition to a normal office environment, a Witness Care Unit was a place where the workers had to perform and manage emotion on a day-to-day basis. Professional conduct norms dictated that witness care officers remained calm and in control, constantly guarding their emotions. I have shown how they incorporated the emotional side of their interpretive care work into their communication with victims and witnesses by the way they imparted support, information and knowledge. A typology of caring styles has allowed me to demonstrate the conflict and contradiction inherent in organisational policy, culture and personal values, and the power of organisational demands over the victim and witness.

Perhaps the most significant contribution of this thesis is that it describes an aspect of criminal justice that has not yet been at all adequately documented in the empirical literature to date on victims and witnesses. Researchers have tended to make the changes in legislation the object of their enquiry (Bailey and Williams, 2000; Burnett and Appleton, 2004), and other studies of Witness Care Units have been predominantly government funded evaluations (for example, HMIC, HMCPSI and HMICA Report of a Joint Thematic Review of Victim and Witness Experiences in the Criminal Justice System, May 2009). It is also hoped that this thesis will also help to raise awareness of the particular skills demanded by people working in similar organisational environments.

9.2. Overview: Care in a criminal justice environment

I have attempted to describe the constituent parts of ‘care work’ as they were observed in the Witness Care Unit. Thus, the formal criminal justice ideology of victim and witness care involved paid professionals who were trained to some extent in a form of ‘scientific’ knowledge. They were skilled in the use of specialist tools, such as IT and housed within a police building in which to use those tools.

One of the central themes of inquiry was whether there was a dislocation between the organisational practices of witness care and the humanitarian practice of witness care. Hence the first objective was to consider the meaning of care within a witness care environment and how care was defined and implemented within this setting.

‘Care’ highlights the emotive and controversial nature of the practice of victim and witness work, a setting where criminal justice practitioners were charged with providing victims and witnesses with continued support throughout the life of their case. Through extensive observation and interviews conducted with witness care officers, the study provided a structured and systematic description of the caring styles’ component features associated with the witness care officer’s relationships with victims, witnesses, colleagues, and government and partner agencies. To aid analysis, I identified three ‘ideal types’ of carer: humanitarian, performance-led and disaffected, and outlined the different forms their working patterns took as well as their core values. For example, some portrayed the face of officialdom, some were timid and gentle, some autocratic and cavalier, some inflexible, and some distanced from the role.

The humanitarian carer placed a high value on the informal care of victims and witnesses by treating them as sympathetically as possible, and had a pronounced concern for their welfare. These workers appeared to contribute to enhancing societal awareness of the CJS and capturing public confidence in policing and criminal justice, as they saw it as their duty and responsibility to help in a humane way to change victims and witnesses attitudes and behaviours. This style had similar features to those discussed in earlier literature. For example, Liebling (2004:7) observed that prison officers who demonstrated caring features showed empathy with offenders, were optimistic, and held a belief in constructive work.

The performance-led carer was strongly influenced by organisational and societal goals and attitudes, concern for throughput and efficiency, and tended to be more bureaucratic. Those witness care officers holding the performance-led caring style exuded more of a sense of authority, since they prioritised the orderly operation of witness care strategies in an attempt to adhere to the Government’s performance management strategies such as targets and key performance indicators. One of the most consistent themes to emerge was the influence of ‘top-down’ initiatives, such as the need to attain the targets that determined witness attendance at court. As such, regulation rules may have controlled and inhibited their display of emotions, and curtailed the arousal of emotions. The use of performance management measures are particularly revealing about the ways in which governmental control has

permeated social institutions and individuals, giving rise to deeper and more intense forms of control. This is highlighted in the ways that the views and actions of these particular witness care officers were re-orientated and brought into strategic alignment.

Disaffected carers were very much impromptu but at the same time sought to reform managerial strategies. They were continually fighting over what they termed bureaucratic procedures, but although indifferent to the needs of the victim, they were unlikely to behave insensitively towards them. The witness care officers who were disaffected-oriented made frequent complaints about their role conflicts, job stress and burdensome workload. They repeatedly claimed that there were a lot of time wasting activities. They considered their passion and enthusiasm to be wasted in endless paperwork such as risk assessment documentation and contact logs which were often scantily written and evinced little real knowledge of the victim or witness or the challenge required to change his or her perception of the CJS.

Disaffected care, particularly in nursing practice, has been viewed in a negative way. Researchers have stated that it implies carrying out a task in a ritualistic manner without thinking it through in a problem-solving manner (Walsh and Ford, 1989). Boyle and Andrews (1989) consider that rituals are 'prescribed codes of behaviour, that are closely related to a culture's ideology' and are typically 'repetitive, stereotyped, formal, standardised, and patterned' (Boyle and Andrews, 1989:50). However, disaffected carers did not conform wholly to ritualistic behaviour by following the rules obsessively yet losing sight of the overall goals (Merton, 1957). Performance-led carers were more likely to display this ritualistic response, consistently adhering to the organisational means they were required to follow and adapting their ambitions to match available possibilities for success. It is widely recognised that ritual has symbolic meaning that may be deeply embedded in and even form cultural identity (Anderson, 1976; Chapman, 1983; Lakomy, 1994; Reeder, 1994). Walker (1967) acknowledged this when explaining that many rituals of daily life are actually a positive means of accomplishment and if not materially productive, do contribute to the well-being of someone.

Thus, witness care appeared to conform to a number of role-styles. It was an established pattern, an example of collective behaviour. The actions of the

individuals were not governed by the everyday rules and expectations that would normally shape group behaviour that is mandated or regulated by an institution. Moreover, the Witness Care Unit was composed of individuals, each of whom came to the Unit with his or her own contexts, ideologies and value systems. Although all three ideal types could be evaluated in contrasting perspectives, they all highlight the impact that individuals could have on victim and witness well-being, satisfaction and general perceptions of the police. The differences between how a case was viewed by each ideal type could be vast, and could ultimately have an impact on the nature of the care provided to victims and witnesses, but not necessarily to a better or worse extent. Witness care officers were a diverse group who defended distinctly different visions and versions of their role in terms of what the job should consist of, how the job should be done and who should be doing it. Each style could in some way be considered a coping strategy and the differences in each ideal type may have been influenced by motivational factors such as situational demands at the time, past or anticipated environmental consequences, or personal stylistic preferences.

In developing this thesis, the concept of emotional labour has proved to be a powerful analytic lens through which to view witness care officers at work. I have used it to demonstrate that a Witness Care Unit could be an emotional environment in which witness care officers had to perform and manage emotion in their day-to-day work. Although the witness care officer's official remit was to 'care' according to the aims of the NWNJ strategy, the day to day negotiation and systemisation of care was up to the witness care officers. At times, the need to be loyal to both the CJS and to the victim or witness, was an impossible predicament. Not all witness care officers orchestrated a caring interaction with victims and witnesses - while some witness care officers appeared to present perfectly genuine and real emotions, others conveyed empathy while maintaining an emotional distance. However, it is also true to say that the majority of witness care officers I studied derived considerable job satisfaction from providing a meaningful service to victims and witnesses, regardless of how they dealt with their emotions. This indicated that much of the work of witness care officers did not comply with all the tenets of Hochschild's analysis of emotional labour. However, the findings have broadly supported the model of emotional support based on the previous literature, that the

emotion work of witness care staff was influenced by individual characteristics, the attributes of the victims and witnesses, and also organisational factors relating to witness care and the MPS policies in general.

Describing care in a Witness Care Unit has also shown what it is not: the study revealed that although witness care officers tried to address a person's full range of service needs, care was not a counselling service in the sense of talking through personal issues that were affecting the lives of many victims and witnesses. On the other hand, caring could be integrated with other witness care officer responsibilities: it supported a system of social control, and was important for encouraging engagement with the CJS.

Although witness care officers considered themselves more properly to be witness liaison officers, the sole formal purpose of their role being to ensure that victims and witnesses attended court, this end could not always be achieved entirely with a customary phone call. To a victim or witness, a witness care officer symbolised a certain measure of comfort and security and this brought another remit altogether to that of a witness care officer: that of confidence builder and de facto social worker. A good relationship with a victim or witness was productive because it helped build up his or her confidence to enable him or her to give evidence in court. It was therefore crucial that a witness care officer was able to engage people in meaningful dialogue. But at the same time, and against this background of organisational processes, witness care officer's contact with victims and witnesses gave them a much more holistic view of the world of crime which may have created a chronic need to regulate his or her emotions.

The process of providing care and assessing need was constrained by a number of competing factors, including the limited time period for which the witness care officer was responsible for the case; the volume and pace of the work in the Witness Care Unit; competing concerns and targets of different agencies, predominantly the MPS and the CPS; and different bureaucratic personalities. I concluded that caring was not considered to be one of the core concepts in the discipline of witness care. Although some practitioners emphasised that caring was central to the witness care role, witness care was not caring in the sense of a moral principle or ideal;

sometimes it was merely a strategy, procedure or action; but the role could not exist without some form of caring.

9.2.1. Managerialism

Care relations are culturally and politically shaped (Graham, 1983; Roth, 1984; Ungerson, 1997; Stacey, 1988; Dalley, 1988) and one of the problems facing witness care staff flowed from tensions between organisational priorities. That is, they were thwarted by the routines which governed the overall running of the Unit and which they were unable to change to a certain extent. In recent years, criminal justice practitioners have been faced with increasing and conflicting demands from government in the form of performance requirements. As a consequence, these requirements appeared to constrain the practice of witness care officers as they grappled to conform to both government pressures and humanitarian ideals.

The witness care regime had limited facilities and few choices. It was a unique arena within the CJS because all contact with victims and witnesses was conducted on the telephone, hidden away from a public audience. Building a rapport with victims and witnesses could be delicate for some officers and in some ways, these restrictions made it easier for witness care officers to provide support to victims and witnesses, many of whom had an extraordinary capacity to push and breach boundaries. For some, the restrictions were necessary to their survival as the anonymity of participants was guaranteed with a telephone call. For others, providing individual victim care appeared insurmountable even when staff actively sought to give what they considered to be 'good care'. It could be argued that while official practice may appear to limit freedom, and provide structures of domination, it is also necessary to carry out the administration of modern, complex society.

Through analysis of the broad spectrum of witness care, it is clear that the CJS is a complex muddy area where a high level of mixed signals are relayed to the front-line personnel. The uncertainty and confusion that mixed messages create lead to diverse performance outcomes, emotional tension and role strain, that is the stress or strain experienced by an individual when incompatible behaviour, expectations, or obligations are associated with a single social role. In the course of executing their duties, witness care officers were confronted with legal, moral and ethical dilemmas

that they had to resolve through negotiating the division of labour. The action that they took had to take account of legal obligations, the needs of society, and the particular circumstances of the individuals involved, such as the actions of colleagues, other criminal justice partners and expressed needs of victims and witnesses.

The government's set of explicit and implicit demands that sometimes collided often left the witness care officer in an uncertain position, as there were no clear guidelines as to what should be prioritised. This may ultimately undermine the performance of the Witness Care Unit and result in issues of justice, morality and inhumanity. As critics argue, excessively diffuse targets cannot always be reached and have a tendency to encourage goal displacement by purposely redirecting attention to only those areas that are being measured (Mark et al., 2000). When this happens, individuals may neglect other activities that may be more desirable and also lead to achieving organisational and societal outcomes. As Maguire (2004:232) notes, performance indicators encourage practitioners to think of 'success' in terms of narrow government targets, rather than how or why a particular initiative works. This also supports the findings of Suchman (2001:44) who argues, *'prevalent ideas and values in organisations frequently become assimilated into the minds of individuals - often without their explicit awareness or deliberate choice. Organisations selectively direct our attention toward some phenomena and away from others. This determines what we perceive, which then affects our interpretations, expectations, and behaviour.'*

The routine practice of work within the Witness Care Unit meant that, while it was clear that the plight of the victim was important in theory, it did not figure very highly in the context of all the other practical considerations in play within the CJS. Indeed, since a court trial could invariably not take place without the victim, the witness care officers' job hinged on gaining an individual's compliance. The adoption of a performance-oriented regime assumed that the witness care officer, like other professionals who dealt with privileged information and knowledge, assumed control of the process. This suggests that witness care was about 'doing', and 'performing' with authoritative interventions. Although authoritative measures may be legitimate, they could lead to excessive and undeserved pressure for victims

and witnesses. Strategies predicated on pressurising victims and witnesses to attend court may be seen as being morally wrong, unjustifiable and no more than clinging to institutional and governmental demands. In the main, the witness care officers appeared keen to encourage the bureaucratic processes as it enhanced mystification of the organisation and allowed them to define the parameters of witness care work. The process required regular needs assessments to be administered and contact to be maintained with the victim or witness at timely intervals. Witness care officers were also obliged to launch an investigation into the reasons why a victim or witness failed to attend court. This work involved not only the victim or witness but other agencies, police officers and the CPS, and inevitably a multitude of administrative resources. The result was that the procedures for the care of victims and witnesses were regarded by some officers as an intricate maze of form-filling and alienating officialdom.

Following the introduction of the Witness Care Unit, there was a step change in the proportion of ineffective trials in the magistrates' court (22 per cent in 2005 compared to 19 per cent in 2006). Since then, rates of effective, cracked and ineffective trials in the magistrates' court remained relatively stable year on year suggesting that either no further improvements could be made or there was no further push to better the performance. It is not self-evident that satisfaction with the CJS will be increased by using witnesses as a means to an end to extract guilty pleas from defendants, and it seems that more assertive action or a different witness care approach may be necessary.

Finally, it is possible that managerialism also undermined partnership performance because as Crawford (2001) notes, it contributes to competition between agencies for partnership resources, and to efforts to meet organisational targets rather than those of the partnership. This sense of competition may be compounded by the creation of parallel systems of performance management: one system for the partnership and one for each of the partner agencies.

It was therefore questionable as to whether all caring actions were based on the intent to do 'good' in a broader sense. It is possible to conceive of witness care as a matrix relationship that represents a symbiosis between 'care' and 'authority'. However there are unavoidable conflicts between them. On the 'care' side of the

account, the thesis identifies that the witness care officers tended to operate as another social service. On the 'control' side of the account, a target culture was revealed through the description of performance related and cost efficiency initiatives. However, it is important to recognise that witness care officers maintained a shared culture. They shared a given status, knowledge, aims and objectives, and they provided a remarkably similar service - information to victims of crime. Their culture was illustrated by the understanding they had of each other in a society where few outsiders understood them. I discovered that the significance of this was the sense of camaraderie, rather than competition, among team members.

It could be argued that the culture set the context within which care was carried out. Johnston (2007) found that civilian PCSOs represented an opportunity for reforming police culture and likewise, this research suggests that, despite a very specific brief, witness care officers reformed the organisational culture of the police in so far as a new civilian support culture was created.

9.3. The politics of partnerships and implications for policy

While victim and witness care had progressed considerably it was apparent that partner agencies differed ideologically, culturally and materially and this created the potential for tension. Difficulties revolved around the impossibility of reconciling competing agendas, giving rise to difficulty in clarifying partnership objectives and building relationships within the partnerships. Although staff from the CPS were co-located to work in the Unit, they were still employed by their own agency, and had different goals and priorities. Research suggests that the building of relationships requires organisational change, compromise, the relinquishing of power and possibly even incentives to smooth the transition (Rein, 1983). Given this, the influence of organisational and societal factors should be lessened or negated for the sake of the positive development of victimology.

The conflict and contradictions between policy and practice, between philosophy and reality, between ideals and execution, may be partially explained by the fact that the goals of policymakers are often very different from those of practitioners

working on the frontline. By working in a collaborative way, we can better support the belief that helping people, the personal touch, rather than managing them, leads not only to better outcomes in terms of more victims and witnesses coming forward, but helps to support a shift to a more pro-social identity (Philips, 2007).

Despite landmark legislation for victim rights, the role of the victim is still largely relegated to that of occasional participant or observer. Victims continue to have no legal standing, the absence of which relegates them to a lesser status; they are not viewed or treated as key stakeholders. Their experience in the CJS often mirrors their status during the commission of the crime: that of involuntary participant. Each crime is unique and too often the system fails to search for remedies that would take the interests of the victim into account first. The victim is therefore forgotten in the name of 'bringing more offenders to justice'. Although most victims have an interest in seeing the perpetrator punished, their interests may not be identical to the State. Consequently, it could be argued that Witness Care Units are just a further bureaucracy between victims and the court system, and victims have no more influence over the decisions made than they did in the past.

Although many victims and witnesses benefited from the services provided by the Witness Care Unit, namely, the supply of information, the provision of a modicum amount of moral support, and access to the Witness Service, the Unit, despite its good intentions, did little to assist victims and witnesses in giving evidence in court. Unlike police officers and lawyers who are offered coaching on courtroom performance and tactics (Fielding, 2013), the Unit did not ameliorate the unpleasantness of giving evidence, nor confrontation with the defendant, or cross-examination.

Over the last few decades victims have been more deeply regarded as vulnerable and the term 'humanity' has been considered important for all human beings. Much progress has been made to increase law enforcement sensitivity to victims' issues. On the whole, Witness Care Units, when adequately staffed and funded, had the potential to provide vital assistance and information to victims as they progressed through the CJS. By focusing on the importance of continuity of contact and the quality of the relationship between victim and practitioner, the CJS had developed a model which was comprehensive and better placed to focus upon complex

individual need. However, amidst all the policy changes taking place in the CJS, Witness Care Units were disconnected from the wider criminal justice arena. Instead of being pulled in a new direction each time the political wind shifted, they planted their feet to such an extent that the caring role had been usurped by other agencies, such as Victim Support, the Witness Service and other charitable organisations.

9.4. Concluding remarks

It may be useful at this point to consider what could be done to improve the witness care process.

The witness care project started out with good intentions. In many cases, witness care officers were able to solve a victim's problems and together with the CPS and courts, provide them with desirable outcomes. However, in other cases, they could not effectively deal with the issues involved and could only present victims with partial solutions, or even failures to resolve the problem. Hence the provision of witness care was still locked within a protracted state of flux. The competing organisational cultures and ideologies hindered the purported aims and objectives of the initiative and created a far less congenial approach within the practice of delivery than the policy rhetoric would have us believe. Inter-professional relationships required attention to improve communication across the agencies and allow for a more seamless system for those who had to engage with the criminal justice process. Although the CJS had come a long way towards modernising its basic IT infrastructure, there was still work to be done to ensure that systems were joined up. This would prevent unnecessary duplication of work, facilitate information sharing and better case handling between agencies, thus enabling the practitioners to keep witnesses and victims better informed about their case.

There was also a need to raise the status of the witness care role. Firstly, the description calls our attention to the skills, qualities and training that might enhance a witness care officer's ability to prioritise care in their world, if this is indeed the way the organisation and government view the way forward. Training should be seen as an important element of this work to equip witness care officers with an in-depth knowledge of the CJS. What little training the practitioners had received in

victim work appeared to be too abstract and impractical. Training should be more structured and hands on. While many witness care officers went beyond the call of duty and their level of care exceeded the expectations of the organisation, some appeared confused by the ever-changing policies and protocols and were ill-equipped to deal with a vulnerable person. Following a joint thematic review of victim and witness experiences in the CJS in 2009, training materials and toolkits are now widely available and there is an opportunity for practitioners to complete a workplace apprenticeship in witness care. However, these may still not adequately prepare them for working with vulnerable people. The relationship with the client is still one within which the power balance rests with the professional whose training has equipped him to assess and meet the client's need.

Clarifying and prioritising the meaning of care within the witness care officer role, and creating opportunities for motivated witness care officer's to work more closely with victims and the Witness Service (for example, going to court with victims) may enhance the effectiveness of witness care work. An overlap of some activities indicated that boundaries between these agencies had become blurred. The co-location of Witness Care Units or a sub-set of these Units within the courts may provide opportunities for the practitioners to engage more closely with victims and witnesses as well as the Witness Service.

Witness care work has nominally been termed as an 'interactive service occupation'. The central emphasis was upon voice-to-voice contact with people, which in a sense separated the public from the witness care officers, giving rise to negative stereotypes of victims and witnesses. Therefore it was unlikely that this sort of communication was as conducive to open discussion as speaking to people face-to-face. This prompts a call for more sophisticated research on how best to mobilise the right kinds of help and support for victims with what is likely to be limited professional resources. In 2011, Louise Casey, the then Victims' Commissioner, took the view that the CJS should be focusing its resources on those victims and witnesses who most need support rather than delivering a standard service for all.

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Appendix I - Minimum Requirements for Witness Care Units (Extract)

Code Ref	Requirement of the Code	Action to be Taken (Time limits)
Needs assessments, Court attendance, Young witnesses & Sentencing		
6.2	To Conduct full needs assessments for all Victims where a 'Not Guilty' plea is entered.	Conduct Needs Assessments once a 'Not Guilty' plea is known.
6.3	To notify ALL Victims of any requirement to attend court to give live evidence and any amendments to this requirement.	Notify ALL Victims within One working day of receiving notification from the CPS.
6.4	To notify ALL Victims of all hearings, any set down for consideration of an amendment to sentence originally passed and any other amendments to that date.	Notify ALL Victims within One working day of receiving the date from the Court.
6.5	To provide ALL Victims that are required to attend court with a copy of the 'Witness in Court' booklet.	Send 'Witness in Court' booklet at point of notifying the victim to attend court.
6.6	To provide ALL under 17's with a 'Young Witness' pack that are required to attend court in cases which involve Sex, Violence or Cruelty.	Send a 'Young Witness' info pack to ALL under 17's and their parents/guardians at point of notifying them to attend court.
6.7	To notify Vulnerable or Intimidated victims of the outcome of all pre-trial hearings, applications for special measures, verdicts & sentence if suspect convicted.	Vulnerable/Intimidated Victims - To notify within one working day after receipt from Court. Other victims - Notify sentence or "Not Guilty" verdict - within one working day after receipt of the information from the court.
6.8	To explain to ALL Victims the 'Meaning and Effects' of the sentence given and respond to any questions asked. (If unable to answer refer to CPS)	To answer at point of enquiry. Refer to 'Crime, Sentencing & Community booklet and send to Victim if required.
6.9	To notify ALL Victims with any significant amendments to sentence originally passed.	Notify ALL Victims within One working day of receipt of the information from the court.
Warrants – Failed to Appear		
6.10	To notify victims if a defendant Fails to Appear at Court.	Notify Vulnerable/Intimidated Victims within One working day of the receipt from the Court. Other Victims – Notify within four working days of the receipt from the court.
Warrants – Executed - Arrested		
6.11	To notify victims if a defendant is arrested, the next court date and the result of the appearance.	Notify Vulnerable/Intimidated Victims within One working day of the receipt from the court. Other Victims - Notify within four working days of the receipt from the court.
Appeals from Magistrates to Crown Court		
6.12	Appeals against conviction or sentence to the Crown Court. Result of the Appeal.	Notify ALL Victims of the appeal within One working day of the receipt from the court. (The court will notify us that an appeal notice has been lodged). ALL Victims should be offered a referral to the 'Witness Service'.
Appeals from Crown Court to the Court of Appeal		
6.13/6.14	Appeals against conviction or sentence to the Court of Appeal and that a hearing will occur. Result of Appeal.	Notify Vulnerable/Intimidated Victims and the 'Probation Service Contact Scheme' within One working day of the receipt from the court of Appeal. Other Victims - Notify within five working days of the receipt from the court of Appeal. Offer referrals to the 'Witness Service' to ALL Victims at the point of giving this information.
Sexual or Violent Crime - National Probation Service Victim Contact Scheme		
6.15	Offenders convicted of a Sexual or Violent Crime and given a sentence of imprisonment or detention of 12 months or more or a hospital order with restriction order.	Provide ALL victims with the 'National Probation Service Victim Contact Scheme' leaflet. Refer Victims details to the 'National Probation Victim Contact Scheme' within ten working days. Both actions must be completed within twenty working days of the notification from the court of the sentence.

Appendix II - Interview Schedule for Semi-structured Interviews

Introduction:

Thank you for agreeing to take part in this study. The purpose of the study is to explore the occupational culture of a Witness Care Unit. This informal interview is to explore your views on witness care: your experiences, beliefs, attitudes and working practices, and how you make sense of 'your world'. The information given in this interview will be recorded in writing, and transcribed. However the information given will be treated confidentially and no real names will be used in the thesis.

Firstly I would like to ask you some questions about your 'You and the job'

1. How did you first become aware of the Witness Care Unit? How did you find out about this particular job? E.g. social networks, personal contacts? Or do family members work for the job?
2. What aspects of your job do you find the most enjoyable and/or rewarding? What have you done well and are proud of in your work?
3. Can you describe some not so satisfying experiences?

So,

4. What aspects of your work do you find troubling and how do you cope with this?
5. Can the nature of your role be demanding and stressful?
6. Do you employ certain coping strategies such as humour, detachment etc.? (Do you create a social defence system?)
7. Can your role as a witness care officer impact on your domestic circumstances? (E.g. do you take your work home with you?)

Working with others

8. How do you feel about the work you do and does any aspect of your work impact on your relationships with your fellow colleagues?
9. Describe your relationship with other key agencies (Are there any territorial disputes or clashes in working practices? – interactions and how you 'get on' with people from the CPS etc?)

'Victims and Witnesses'

10. Do you feel that you have to show a great deal of empathy? If so, is this empathy genuine?
11. How do you identify with the notion of care?
12. Is there a risk of providing too much contact?

13. Do you think that all victims and witnesses are worthy of support and sympathy?
14. How do you feel when you have to tell a victim or witness that a defendant was found not guilty? What sort of reactions do you get? How do you deal with a victim's anger?

'Perceptions'

15. Do you think public attitudes have changed?
16. Do you think that victims are becoming more centralised in the Criminal Justice Process?
17. How do you think victims and witnesses needs defined?
18. Do you feel that all victims and witnesses want this kind of support?

'The value of your job'

19. Is it just a job or more than that?
20. Do you feel that there are constraints placed on you which influences the way you work? (e.g. organisation bureaucracy)
21. Do you feel appreciated?
22. Do you feel undervalued?
23. What changes, if any, would you make if you could?

Appendix III - Samples of Coding Method

Global Theme	Illustrative Data Extracts	Initial Coding Framework	Frequency	Main Theme
Definition of Care	<i>It's <u>monotonous</u> work, not very exciting... err justice is not always served.....WCUs are <u>information givers</u>, a <u>liaison service</u>, not psychologists or staff working in care homes. I'm not a trained <u>counsellor</u>, but I receive too much information, people's life stories - some of it is quite upsetting. I try to distance myself from it and think of it as just a job. The name of the unit is also <u>misleading</u>. My job is just about getting people to court.</i>	<ul style="list-style-type: none"> • Loaded Term • Liaison Service 	8 9	Disaffected care
	<i>Caring is personally getting to know the victim in all of my cases..... <u>supporting</u> them by offering pre-trial visits. I <u>develop positive relationships</u> and have been invited out to lunch and dinner by some, but obviously I can't go even if I'd like to. It's so <u>disheartening</u> though when victims decide to withdraw their allegation.</i>	<ul style="list-style-type: none"> • Victim satisfaction • Support • Nurture positive relations 	23 30 22	Humanitarian care
	<i>Care is contacting victims in accordance with the <u>Victims Code of Practice</u>.having a good relationship with the Witness Service at the magistrates court and the CPS staff makes our job a lot easier. We have a buddy system in the Unit and there is a lot of co-operation.</i>	<ul style="list-style-type: none"> • Multi-agency working • Compliance with Codes of Practice 	10 15	Performance-led care

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Implementation of Care	<i>There is a lot of <u>repetition</u>, <u>bureaucracy</u> and <u>form filling</u>. Some witnesses don't need contacting every 28 days. The dentist doesn't phone you 7 days before your appointment to remind you. Some people get fed up with constant phone calls. WMS is not <u>fit for purpose</u>. We need a good <u>tracking system</u> to manage the workload.</i>	<ul style="list-style-type: none"> • Duty-Led • Bureaucracy 	9 13	Disaffected care
	<i>I find it <u>troubling</u> when victims are messed around a lot. I'm always anxious to find out the <u>results</u> of my cases, particularly the more serious ones... and err hopefully I can give them some <u>good news</u>. It's not real justice you know. Defendants haven't got the money to recompense their victims.</i>	<ul style="list-style-type: none"> • Emotion-led • Givers of good news 	21 15	Humanitarian care
	<i>I enjoy <u>case progressing</u> the files. It's good to get <u>confirmation</u> from witnesses that they will definitely be attending court. It's also rewarding when people can be talked round to <u>attend court</u>. Meeting <u>targets</u> is critical. I do everything in my power to make sure that the trial is <u>effective</u> the first time around.</i>	<ul style="list-style-type: none"> • Process-led • Targets • Case Progression 	12 19 11	Performance-led care

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Care and Authority	<i>There is so much information to take on board. We shouldn't just be thrown in at the deep end. <u>Training</u> should be more structured. I would change the <u>IT systems</u>. Better <u>websites giving information</u> to victims would also make my job easier. The <u>letters</u> are quite lengthy and not to the point or as clear as they should be. Where I used to work I was allowed to change them but now I can't.</i>	<ul style="list-style-type: none"> • Streamlining Resources 	6	Disaffected care
	<i>I worked the old system so I already had some <u>experience</u> of court processes and I'm always happy to pass on my <u>knowledge</u> to the newer members of staff. I'm also able to explain court results to them.</i>	<ul style="list-style-type: none"> • Knowledge 	10	Humanitarian Care
	<i>Although the workload is high, by having good <u>systems</u> in place I have <u>control</u> over my cases and everything is up to date. It's important to ensure that victims receive their <u>entitlements</u> as laid down by the Code of Practice.</i>	<ul style="list-style-type: none"> • Political environment • Control 	11 8	Performance-led care

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Needs Based Approaches	<i>I have a set of <u>structured</u> questions that I ask when conducting needs assessments which I go through one by one ticking the relevant boxes. If a victim says that they need special measures, I <u>inform</u> the CPS although it's difficult to get a response from them. They are distanced from the WCU and don't understand our role.. I speak to so many witnesses that I can't always remember their names. It's easier to remember cases by the defendant's name.</i>	<ul style="list-style-type: none"> • Keep to the script • Clear structures 	5 6	Disaffected care
	<i>I listen, sympathise and improvise on the set questions. The majority of victims want the <u>support</u>, particularly where violence is involved. However, using the witness summons line has a detrimental effect on the whole conversation. We should be given more power in our role.... We are the middle person.</i>	<ul style="list-style-type: none"> • Sympathise • Role Conflict 	15 10	Humanitarian care
	<i>I keep clear and <u>accurate</u> records of the discussions I have with a view to establish what <u>decisions</u> need to be made. Unless I can clearly identify a need, I can't find a solution and if I can't find a solution, the victim may not attend court.</i>	<ul style="list-style-type: none"> • Clear decision-making rules 	12	Performance-led care