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Becoming cuckooed: Conceptualising the relationship between disability, home takeovers and criminal exploitation

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This article explores the phenomenon whereby disabled people's homes are being occupied (i.e., cuckooed) by local perpetrators and/or county lines organised criminal groups. This study employs a qualitative biographical methodology that collects data from disabled people who have been victimised this way and practitioners who have worked with them. The findings illustrate that social isolation, loneliness and a lack of community services can create a space where the exploitation of disabled people can flourish. We conclude by demonstrating that cuckooing predominantly occurs at a local level, perpetrated by local people, rather than by county lines organised criminal groups; that, in fact, local cuckooing can predate county lines takeovers.

Points of interest

- Cuckooing refers to an individual or a group of individuals targeting a person with the intent of taking over their homes.
- Cuckooing has gained recent media attention because of its association with county lines, which describes how organised criminals develop new drug markets in areas that have traditionally not had a drug problem.
- The findings suggest that cuckooing occurs because disabled people often find themselves socially isolated within their communities which leaves them at risk of exploitation.

- This article suggests that cuckooing is not just a method of exploitation employed by county lines organised criminal groups, but it is, more commonly, a problem associated with the exploitation of disabled people at a local level by local people.
- The research illustrates that this form of crime occurs through a lack of adult services, arising because of nationally driven austerity policies, and this leads to disabled people being identified as 'easy targets' who have homes that are valuable resources/commodities for others to use and exploit.

Introduction: Cuckooing and county lines criminality

This article examines the practice of how home takeovers, i.e. cuckooing, occur and how disabled people are at particular risk of this form of criminality (Coomber and Moyle 2018; Spicer et al. 2020). Cuckooing is often referred to as a recent phenomenon that has emerged due to changes in organised crime business models, particularly in the illegal heroin or crack cocaine drug markets (see Butera 2013; Windle and Briggs 2015; Coomber and Moyle 2018; Spicer et al. 2020). The term employs the symbolism of the cuckoo bird that commandeers the nest of other birds within its local habitat (Butera 2013; Spicer et al. 2020). It has been employed to describe the process of an organised criminal group (OCG) taking over the residence of targeted adults housed in a community setting with the purpose of facilitating criminal enterprises looking to exploit new drug markets in geographical areas at a distance from the group's home territory. Traditionally, individual perpetrators and OCGs have engaged in criminal activity within a fixed geographical location. However, improvements in policing techniques that can pinpoint individual perpetrators' and/or OCGs' locations based on the distribution of criminal activities have resulted in a significant disruption to the illegal drug trade (Ratcliffe 2000). In response, OCGs, using new digital and mobile technologies, have begun to change their business model. This business model expands their geographical reach across regions and counties within the UK, and this is referred to as county lines (Coomber and Moyle 2018; Spicer et al. 2020).

Within this county lines model, it is junior members of the OCG, i.e. 'sitters', who initiate home takeovers when moving into a new area. As Coomber and Moyle (2018) illustrate, the 'sitters' are often unfamiliar with the communities and locations of areas that have been targeted by

senior OCG members (Windle and Briggs 2015). For 'sitters' to initiate the cuckooing process they must establish a relationship with people living in targeted communities. As Butera (2013) illustrates, these relationships between the 'sitter' and targeted cuckooed adults very rarely start with overt violence. These associations are typically initiated under the premise of friendship, intimate relationships or personal assistance (Spicer et al. 2020). However, once the initial bonds are established, and in particular once the perpetrator has moved into the home of the victim/survivor, these relationships usually become violent. For adults who have been cuckooed the result is often the loss of control over their properties and a loss of personal liberty (Butera 2013; McCarty et al. 2015; Spicer et al. 2020).

Although research in the field of cuckooing is dominated by links between county lines OCGs and home takeovers, this article suggests that the phenomenon of cuckooing is far more mundane and localised than previously considered. This article will illustrate how home takeovers seem to be more common than previously presumed, and that these are often perpetrated by local people who see disabled people's homes as commodities to use and exploit. We suggest that because disabled people's homes are being used by local perpetrators or local OCGs, this form of exploitation is exacerbated when a county lines OCG takes over the drug supply within a particular location or geographical area. This process is confirmed in disabled people's accounts of cuckooing, and by professionals with experience working with disabled people who have been cuckooed. This study will illustrate that some disabled people have been cuckooed multiple times and that this has progressed from localised forms of home takeovers to more serious drug-related and county lines forms of cuckooing.

Mate crime and cuckooing

To conceptualise the link between localised forms of exploitation and that of county lines criminality, associations must be considered between the concept of cuckooing and research in the field of 'mate crime' (Thomas 2011; 2013; Doherty 2020; Forster and Pearson 2019). When examining the phenomenon of cuckooing, the victims'/survivors' homes become the focal point of where exploitation, violence and abuse occur (Thomas 2011; Doherty 2020; Macdonald et al. 2021). Yet within Disability Studies, this form of criminality has been conceptualised through the notion of 'mate crime' rather than home takeovers, i.e. cuckooing.

As Doherty (2020) illustrates, 71% of mate crime cases occur within the victim's/survivor's home. Mate crime is defined as when a person or group of people befriend a disabled person with the sole purpose to exploit, humiliate or take control of their assets (Forster and Pearson 2019). As disability scholars have acknowledged, experiences of loneliness and isolation create a space where exploitation can emerge, which often leaves disabled people at risk of experiencing mate crime (Thomas 2011; 2013; Foster and Pearson 2019; Healy 2019). As Thomas (2013) discusses, one of the key features of mate crime is that the disabled person often does not acknowledge that they are being exploited by the perpetrators; they see the perpetrators as friends, or potential intimate partners, and welcome them into their homes. Similarities emerge between the concept of mate crime and cuckooing because the home of the disabled person becomes the location in which perpetrators engage in anti-social and/or criminal behaviour; and the disabled person is identified as an easy target to exploit.

Yet what makes the experience of cuckooing different from experiences of mate crime is the focus of the home itself as a commodity to exploit. Research focusing on experiences of disability and housing has predominantly illustrated how disabled people have very little control over where they are housed (McGlaughlin et al. 2004; Cumella and Lyons 2017). This lack of control over housing placements has been exacerbated because of austerity politics resulting in local authority cutbacks (Healy 2019; Hampton 2020). Thus, disabled people, particularly adults with learning disabilities, are being housed in areas of high deprivation, often with a history of poverty, because of the rising cost of housing and shrinking local government budgets (Macdonald et al. 2021). Austerity not only results in a lack of affordable housing, but this is partnered with a reduction in adult services. More sophisticated OCGs understand that disabled people who have access to regular care services pose a greater risk of detection. Disabled people who miss health and social care appointments, or neighbours reporting anti-social behaviour at their homes, will lead to visits from social service agencies resulting in raised suspicions and detection by the police. These OCGs actively target disabled people who do not have regular access to services.

Thus, austerity creates a space in which disabled people become structurally vulnerable to exploitation and victimisation, within their homes (Hall 2019; Healy 2019). Within areas of high deprivation, the home becomes a useful commodity that can be used by individuals or groups to socialise, to live, to store stolen goods or even to set up a criminal enterprise. Disabled

people's houses, therefore, become a desirable commodity for local perpetrators and in some cases county lines OCGs. For disabled people, once their homes have been taken over, they can then be trapped in a coercively controlled environment where emotional/economic abuse and violence can become part of the victim's/survivor's daily routine (Coomber and Moyle 2018). From this perspective, the act of cuckooing evolves beyond the traditional concept of mate crime to a unique form of criminality which often renders the disabled person in a state of servitude similar to that of victims/survivors of domestic violence (McCarty et al. 2015).

A Typology of Cuckooing

To conceptualise the complexities of cuckooing Spicer et al. (2020) have presented a typology to represent four different processes at play when a person's house is taken over by an individual or a group. The dominant narrative which defines the public perception of county lines cuckooing is the 'parasitic nest invasion' which, they suggest, often targets disabled people. Perpetrators befriend a (structurally) 'vulnerable' adult and very quickly gain access to their house to sell drugs and store firearms and stolen goods. This form of cuckooing offers a very clear distinction between the perpetrator and the victim/survivor. In county lines 'quasi-cuckooing', local drug users are initially willing for perpetrators to stay in their houses in return for free drugs. These relationships often become violent and exploitative very quickly and result in the victim/survivor becoming indebted to the perpetrator for the drugs (Spicer et al. 2020: 311). In the county lines 'coupling' model a member of an OCG develops a sexual relationship with the victim/survivor. This model sees primarily female victims/survivors being targeted and their experiences are akin to domestic violence as the relationship becomes violent and then the victim's/survivor's house is taken over. In many cases, the victim/survivor who has been cuckooed is also sexually exploited by the OCG.

Spicer et al. (2020) suggest that these three types are usually associated with county lines criminal activities, but they also acknowledge that cuckooing can take place at a local level in their fourth typology, 'localised cuckooing'. This form of exploitation occurs when members of the local community use the victim's/survivor's house for recreational reasons such as drinking, drug-taking or sometimes storing stolen goods. This type of cuckooing is not associated with organised crime but often with criminal and/or anti-social behaviour. Although these

properties regularly present themselves to the police, these occurrences are often thought of as relating to drug and alcohol problems rather than as a form of 'cuckooing'. This may be part of a broader misconception around the nature of communities in that the risk of harm is perceived to come from outside of neighbourhoods (Bunnell et al. 2012). As the discourse, rather than the process of cuckooing, is a recent phenomenon within the academic literature, this form of exploitation has been a relatively under-researched field of study. This article explores disabled people's and associated practitioners' experiences and perceptions of cuckooing, not just concerning county lines OCGs but also at a local level and perpetrated by local people. To do this, the study applies Spicer et al.'s (2020) typology concerning the lived experiences of disabled people who have been cuckooed, and practitioners who have worked with service users whose homes have been taken over. By doing this the article will focus on how perpetrators target particular adults within the community and how local people and OCG members befriend, 'seduce' and exploit these individuals resulting in home takeovers.

Methodology

This project was a pilot study exploring experiences of home takeovers and identifying key risk factors associated with this form of victimisation. The project interviewed 28 participants in total, including 23 practitioners who have worked with people who have been cuckooed and five people who have experienced home takeovers, all of whom were disabled. We did not intend to focus on disabled people's experiences of cuckooing, however these five participants who agreed to take part were all disabled. It should be noted that the original study plan was to interview more participants with direct lived experience of home takeovers, but the March 2020 COVID-19 lockdown stopped recruitment that was being conducted through statutory and third sector agencies/services. Our recruitment strategy aimed to recruit professionals first, both in order to investigate who they thought cuckooing most impacted on, and to explore the possibility of practitioners supporting the team to recruit participants with lived experience through their organisations. Participants were recruited in the North East by sending out adverts to local health, social care, youth work and criminal justice services that had an experience of cuckooing/county lines in their professional practice. The study employed a snowball sample, and once practitioners were recruited, adverts were sent out through these agencies/services aimed at recruiting people who had lived experience of cuckooing.

To adjust for the imbalance between practitioners (n=23) and disabled people (n=5), different data collection methods were administered between the groups. In the analysis, the aim was to have disabled people's experiences at the centre of the analysis, and then supplement this with practitioner experiences. To conceptualise the lived experiences of people who had been subjected to cuckooing, a biographical methodology was employed to understand the life events which led to a home takeover. Regarding practitioner interviews, semi-structured questions were asked concerning their experience and perceptions of cuckooing within their professional practice. Practitioners were not directly asked about issues of disability during the interviews.

Concerning the five in-depth biographical narratives of disabled people, the age of participants ranged from 25 to 50 years. All participants were from a white ethnic background, and more male participants (n = 3) were interviewed compared to females (n = 2). Biographical narratives of disabled people were analysed using Wengraf's (2001) and Bertaux's (2003) biographical interviewing techniques. Participants were asked the same single question to induce narrative: 'Can you please tell me your life story?' (Wengraf 2001: 119). Once participants had discussed their life stories, probing questions were asked so that participants could expand on key aspects of their life stories concerning experiences of cuckooing (Wengraf 2001; Bertaux 2003).

Four of the five disabled participants were interviewed by a member of the research team, however one participant was interviewed by prison staff as she was currently serving a custodial sentence. It was originally planned that the research team would interview this participant, but due to COVID-19 lockdown restrictions access was withdrawn. All five participants recruited had experienced different types of cuckooing (see Spicer et al.'s 2020 typology). The accounts from disabled people were supplemented by semi-structured interviews with practitioners (n = 23) who had witnessed cuckooing within their professional practice. The practitioner interviews included a range of health, social and criminal justice professionals, including three social workers, three safeguarding officers, one teacher, one support worker for vulnerable young people, one sexual exploitation worker, five housing officers, three police officers, five community and youth workers and one youth worker specialising in violent crime.

By applying Daniel Bertaux's (2003) methodology to victims'/survivors' and practitioners' narratives, the findings explored personal experiences of social change (Bertaux 2003). N-Vivo

was used to help organise the data to apply a thematic analysis to the research. This study has several limitations due to its small sample size, and the imbalance between practitioners and disabled people, therefore the research does not claim to be representative of any group outside of the sample. To protect the identities of participants, pseudonyms are used to represent the narratives of participants throughout the findings section of this article. Regarding disabled people's interviews, safeguarding issues were at the forefront of our selection of participants. The entire group were no longer at risk of experiencing home takeovers or exploitation, and all participants were being supported by social services and/or a criminal justice agency at the time when the interviews were conducted. The identities and geographical locations have been changed to safeguard disabled people who took part in this study. Full ethical approval was gained by the research team from Durham University before the research commenced.

Findings part 1: Disabled people's experiences

Isolation, loneliness and predatory friendships

All five participants who had experienced home takeovers were disabled people. Four participants had a learning disability, and one participant had a physical impairment. Disabled people appeared to be socially isolated due to factors such as previously living in care or being housed in an area where they had no previous friendships or family ties. For example, three of the five participants lived in foster care or with a relative because of a parental death. One participant discussed a lack of family ties due to the death of their primary carer. As Miles states '*I lived with me granny up until I was sixteen. She went back up to Scotland to die, after that, I was just on me own kind of thing'* (Miles). Another participant, Jamie, discussed being separated from his siblings and was moved into several long-term foster care homes. This imposed transient lifestyle seemed to continue into adulthood, as once he reached the age of 18 he was housed within numerous deprived local communities in the North East of England. Within his narrative, it seems that this participant lost contact with his previous foster carers and his siblings:

> *Me two brothers and … my family, we all went our separate ways and … I moved into me foster parents, I've been fostered so and then I moved from foster care to*

… me own flat … in [South Tyneside] … on me own, and then from there, I went up to [County Durham].

(Jamie)

Within the data analysis, there was evidence that adults experiencing cuckooing were generally isolated within their local communities and most did not have contact with their families or a friendship network. Thus, disabled participants' biographies indicate that isolation is a significant risk factor for home takeovers. Participants indicated that they were not in a position to prevent their houses from being taken over by members of their local communities because of their social isolation. As Frankie suggests, once he was befriended by an individual who moved into his house then this situation quite quickly deteriorated as, in his words, '*people were coming in me flat, **and I haven't got anybody else just me**'* (our emphasis).

Because disabled people are often socially isolated, predatory friendships began to emerge, often with members of their local communities. Perpetrators would usually encourage the victims/survivors to buy them alcohol or drugs, or take them for a night out. The perpetrators would then start staying for longer periods at the victims'/survivors' homes, eating the victims'/survivors' food, spending their money and using their resources. For four of the victims/survivors, this then progressed into the perpetrators inviting their friends around to drink alcohol, consume drugs and have parties. It appears that it is at this point where local members of the community start using the victim's/survivor's house as somewhere to drink alcohol and take drugs. As these participants were socially isolated, victims/survivors had nowhere to turn for help. Thus, these properties become an open venue as well as a focal point for anti-social behaviour within a neighbourhood. Attempts by victims/survivors to reclaim their homes by asking these 'friends' to move out result in them being threatened with or experiencing violence and a refusal to move out; often victims/survivors are then punished when the police become involved, as their home becomes identified as a trouble spot in the neighbourhood:

You know when this person was banging on the door, [they] were the police…. [Because of] parties and that… I got fined for £500. … Yes, she [the perpetrator] says [she] wouldn't go, I said she could stay for a couple of days.

(Frankie)

A similar example was discussed by Miles, who suggested that one predatory friendship had deteriorated to the point that local perpetrators broke the lock on his door allowing open access to his home: *'They kicked me doors in, I couldn't put locks on me doors they kicked them in'*. Miles had initially invited these local perpetrators into his home, hoping to develop a friendship, but once he had decided they were no longer welcome they used direct force to assert their authority and ownership over his home. All participants discussed experiencing 'friendship' that led to their homes being cuckooed, including economic exploitation. Frankie explains:

> *I think she [the perpetrator] was after me money really. She would say 'howay we will go for a drink in Newcastle'. I'd say 'no, no'. She'd say, 'go on man', I said 'you're just going after me money', but she said she wasn't, she wasn't but she was.*
>
> (Frankie)

Thus, home takeovers occurred after a perpetrator befriended the victim/survivor, yet most of the perpetrators were not strangers connected with county lines but were local members of the community. One participant described a relative who initially instigated the cuckooing. This participant, Jamie, has a learning disability and describes a situation where his uncle moved into his flat. Once this occurred the uncle then financially exploited him until social services recognised the exploitative nature of the relationship and moved Jamie into a new property. As Jamie describes, *'I only used to get paid on a Monday … he gets paid on a Wednesday and he used to use all of my money'*. Another participant, Alison, discussed a steady stream of relationships that resulted in different forms of exploitation and cuckooing. Alison's first experience was instigated by a person she describes as her boyfriend, where she became the victim/survivor of domestic violence and abuse within her own home. As Alison discusses:

> *He went violent and he wouldn't leave so at the end I had to tell me mam and dad … he was a bit violent, then after that erm, we had to ring the police.*
>
> (Alison)

Unlike other victims/survivors, Alison has the support of her family, thus when her relationships become exploitative, she often calls on her mother and father for support. Alison's biographical narrative is interesting as it illustrates the importance of social

connectivity and family ties in order to prevent the escalation of cuckooing. Although Alison has only experienced violence from an intimate partner, once she left this abusive relationship she subsequently experienced multiple forms of home takeovers from members of her local community, where people moved into her house, used her resources and spent her money. Interestingly within her biographical narrative, Alison often describes these perpetrators as 'friends', whilst also recognising that the relationships are often exploitative:

> *He'd [the perpetrator] had a bad time at [Newcastle address] so he had nowhere to stay so I said he could stay here but he stayed a lot longer… I like his company but not all the time.*
>
> (Alison)

Victim and perpetrator divide

The divide between victim/survivor and perpetrator was not clearly defined within participants' narratives. Although four participants have now been recognised by criminal justice professionals as victims, they had also previously been defined as perpetrators due to neighbourhood complaints of anti-social behaviour. Participants' narratives suggest it is when the home is recognised as the venue of anti-social behaviour within the neighbourhood that the police and social services become involved. Miles explains how both the police and social services had tried to contact him on numerous occasions, but he was too afraid to answer the door. It was not until his circumstances deteriorated and more neighbours complained to the police that he was evicted from his property:

> *Not until I got into trouble, trouble, trouble, and then the police started coming. … They [social services] told us to pack me bags and leave it and come to the housing centre one morning and that was it.*
>
> (Miles)

As is all too common in the provision of social support, it is not until a crisis has been reached that support is put in place; in these narratives, this was at the point when they were about to become homeless due to eviction. Nevertheless, this type of intervention has only a very limited level of success. Although all five participants are no longer being cuckooed, four of

these described multiple incidents where they were moved from one property to another, usually into another neighbourhood or county, further socially isolated and structurally vulnerable, only to be exploited by a new group of perpetrators. Although four of the participants are currently being supported as victims, one is serving a custodial sentence. This participant was unique in that she had been exploited by a county lines OCG, had a physical impairment rather than a learning disability, and was also a crack cocaine user. She had met a young person who was involved with a county lines OCG and was then targeted and exploited by the OCG because she had a car with a blue badge. This gave her unlimited parking within her local city centre and, presumably, because they also considered her to be below the radar of the police. Connie explains how she became involved with them:

> *[I] met one of the boys whilst in … treatment. [The county lines OCG) targeted [me] as [I] had a good car … and a blue badge. … [I] thought they were friends, they would come to [my] house and chill and smoke drugs, [I] would smoke their crack that was free, in exchange for driving the lads about. … [I] would drive the lads about, never realising their ages. [I] knew what they were doing, they would go and do their deals and leave [me] in the car. Sometimes [I] would be left waiting half hour. [I] would be paid in drugs.*
>
> (Connie)

This relationship started with Connie driving young OCG members around her city delivering heroin and crack cocaine, and because of this she was given free drugs. The relationship soon started to deteriorate, and the perpetrators started to use her house to store drugs, money and firearms. Although Connie describes feelings of loathing and self-worthlessness, she does not describe being directly assaulted or sexually abused by the county lines OCG. She did report observing violence aimed at the young members of the OCG, and indicated that these individuals were being sexually exploited within her home. Connie believed she was targeted by the OCG not only for her home but also for her car so she could transport the OCG members around her region. She also points to her own drug use as a motivation for her initial involvement with them.

With the exception of Connie, most participants in this study were habitually cuckooed locally by local people. Regardless of who perpetrated the cuckooing, the experiences were

connected by the inevitable threats or actual acts of violence. Miles reports his house being constantly used by local OCGs and he was constantly under the threat of violence:

> *Right, I was getting bullied to sell drugs and that at me house, so I went back to [County Durham]. … I was just getting bullied off them to sell drugs, and he was taking the drugs off [me]… and after that, they started putting [marijuana] plants in my [house] … people that lived in me street, they were alright, but they just took a lend of us. … And I just couldn't get away from the fuckers [perpetrators].*
>
> (Miles)

Similar to Connie's experience of county lines exploitation, Miles's narrative also illustrates the often-blurred line between victim/survivor and perpetrator as, although he is being exploited, he is also engaging with low-level forms of criminality and drug use. Both Connie and Miles were coerced with free access to drugs by a local gang or an OCG. Police responses to these participants are interesting. Miles, who has a learning disability, was treated as a victim and moved into another neighbourhood to prevent further exploitation and home takeover. He also received additional support from social services to prevent future exploitation from occurring. With Connie, although it was recognised that she had been exploited by a county lines OCG, and her home had been taken over, she was subsequently prosecuted and received a custodial sentence. Thus, criminal justice responses to cuckooing appear to be inconsistent regarding the conceptualisation of cuckooed adults as 'victims' or 'offenders', which may or may not be about how different disabilities are perceived as 'producing' vulnerability in an individual.

Findings part 2: Practitioners' experiences

'Vulnerable adults', isolation and loneliness

When exploring the data about risk factors associated with cuckooing, practitioners very rarely directly use the discourse of 'disability' but replace this with the concept of 'vulnerable adults'. Practitioners did not state that cuckooing disproportionately affects disabled people but discussed 'vulnerabilities', which typically denoted adults with learning disabilities, mental health issues or physical impairments. Practitioners' notion of 'vulnerable adults' also included

intersectional issues where, for example, a learning disability and/or a mental health issue might intersect with drug and/or alcohol issues, poverty and social isolation. As one safeguarding practitioner illustrates:

> *Their vulnerabilities. So, the fact that they're an adult at risk. So, they may have a mental health issue, a learning disability, both. They may have a physical disability, drug and alcohol issues, be lonely, separated from families, isolated – all those factors are – are, sort of, things that these criminals will exploit and pick up on. The poverty … all of those issues*
>
> (Safeguarding Lead 1)

As illustrated in Safeguarding Lead 1's narrative, the common risk factors illustrate the impact that poverty, drug and alcohol issues, loneliness and isolation have on disabled adults living in the community. What is unspoken in their discussions of risk is the risks resulting from the fact that these adults live alone in properties that are often located in areas of multiple deprivations, where any infrastructure of social support has been eroded. Practitioners suggested issues of social isolation were of particular concern as this leads to many disabled people being more prone to engaging with exploitative and abusive friendships. They further suggest that perpetrators are attuned to members of the community who are socially isolated and lonely, and are very good at offering friendship and support with the aim of exploiting the disabled person:

> *The vulnerable residents who get cuckooed, there are other factors in their lives that … their vulnerability may be aggravated [by]. Like, they may be alcoholics, they may be lonely, [and] they may have had previous drug use themselves. … Some of them may actually have criminal records. So, they run in the same circles, or, like, people are aware of them and then … the people who are perpetrating it would recognise that and then exploit that. So yeah, accessibility and opportunity*
>
> (Police Officer 11)

Such localised intelligence about who lives alone and how connected they are to social support networks is deemed as critical in the identification of potential targets for cuckooing. Within this practitioner's narrative, forms of exploitation are often allowed to continue because of

assumptions made about those individuals who are stigmatised, not just because of their disability, but because they are also constructed as 'druggies', 'alcoholics', 'criminals' or 'anti-social'. In addition, the construction of vulnerability can significantly mask the warning signs, risk factors and sense-making of how spaces of exploitation emerge where disabled people are effectively imprisoned and enslaved within their own homes. Discourses of vulnerability become interchangeable, not only with discourses of disability, but with discourses of substance use, social isolation or anti-social behaviour. From a professional practitioner's perspective, it is disabled people who are drug users and socially isolated who are at particular risk of having their homes taken over.

Lifestyle 'choices' and misidentification of cuckooing

Several practitioners discussed that one of the key problems is social and criminal justice services misidentifying the warning signs of cuckooing. This occurs when service providers and members of the community wrongly interpret warning signs of cuckooing as a sign that the person has 'fallen in with the wrong crowd' rather than identifying what is happening as exploitation. A police officer (Police Officer 11) states these warning signs are often masked because many disabled adults who are targeted are also substance users and have a history of engaging in forms of criminality within their communities, so are not understood as 'innocent victims'. Practitioners and members of the community, when observing a change of activity such as parties, anti-social behaviour, the fluctuation of strangers in and around the property, and even the selling of drugs, interpret this as evidence of the deterioration of the victim's/survivor's lifestyle (and their culpability) and not as warning signs of cuckooing. For example:

> *I think it's a lot more common than people realise and we have definitely got cases in Northumberland … I think a lot of people don't actually realise what it is, and they just sometimes see it as people using a house as, not in my words, but [as] a drug den, quite often. But actually, it's – it's actually those people that are being fully exploited by others.*
>
> (Safeguarding Lead 1)

From this practitioner's perspective, it is the intersectional nature of 'vulnerability', i.e. disabled people and drug use, that results in the police and social services misidentifying the warning signs of cuckooing. As Housing Officer 19 explains:

> *We had a case where actually there [was a] person whose tenancy it was deemed as [an] absolute nuisance [because of] people coming and going from her house. There was complaints to the Council, the Local Authority, Police and when everybody looked behind the scene and dug a little bit deeper she was actually a victim of cuckooing but also [of] trafficking and sexual exploitation*
>
> (Housing Officer 19)

This narrative illustrates how key risk factors associated with cuckooing were misinterpreted, as the 'anti-social' and 'deviant' lifestyle choices of this disabled woman defined her neighbours', social services' and housing services' perceptions. From this perspective, this cuckooed adult fell short of being the ideal victim/survivor due to her social and cultural circumstances which were interpreted as evidence of her own culpability and moral turpitude. Thus 'vulnerability' and exploitation are conceptualised by services through judgements based on assumptions about supposed biological vulnerability, i.e. disability, and lifestyle choices, i.e. addiction. Because of this, this cuckooed adult's exploitation went unnoticed for a prolonged period. Practitioners also discussed examples of past experiences that they did not conceptualise as county lines incidents but on reflection could now see that the incidents were probably linked to an OCG. As Youth and Community Worker 14 illustrates:

> *We wouldn't have thought about it at the time because … we hadn't heard … the term 'county lines'. So, this was about [two years previous to the interview] … one of our tenants who got evicted for violent crime and then he was involved in a gang and then moved on and took over this vulnerable guy's flat. So, it was probably linked to some sort of county lines, or at least gang activity.*
>
> (Youth and Community Worker 14)

This narrative represents a common theme in the data where practitioners reflect upon their previous experiences of working with service users and re-evaluate past incidents. As we can see within this narrative, it was a local man with a history of violence who befriended and

initiated the cuckooing process. It is only recently that the concept of cuckooing has been offered as a way of understanding situations differently – as examples of exploitation, and possibly as cuckooing.

Localised cuckooing and austerity

Practitioners discussed that the term 'cuckooing' was initially presented as a new concept, and one inherently linked to the county lines model of drug transportation and criminality. Yet many practitioners acknowledged that they had recently moved away from conceptualising cuckooing through the lens of county lines, as most had witnessed this phenomenon at a local level. Practitioners could give multiple examples of supporting service users who had been cuckooed where perpetrators were neighbours. As one social worker discusses:

> *I think in my experience we've had more problems with just other people who are known … locally in the area around cuckooing. I mean, we used to have people who literally would just be the house next door, type thing. And it was families who were well-known, families who grew up together, or everyone knew X family who has someone vulnerable, or that man who's vulnerable. And all the local people in the local pub [would] know that person's vulnerable. So, the word gets around and people go there [use their house].*
>
> (Social Worker 2)

This practitioner's key concern relates to exploitative relationships formed within local communities which target, in his words, 'vulnerable adults' to secure the valuable resource of their home. It is both the situational vulnerability of the adult and the desirability of their home as a potential resource that, together, makes them targets. Yet targeting, in many practitioners' experiences, was not by nationally imported county lines sitters, but by local people identifying a valuable resource. In this study, cuckooing was by far a localised problem, and a phenomenon that occurs far more often than previously thought. The key issue highlighted by practitioners is that interventions to disrupt or end cuckooing are often slow to materialise and only take place after a service user has been identified as a victim. When practitioners refer to the slow response of services, many refer to problems caused by

austerity. They recognise that over the past 10 years services have been cut because of austerity measures which have resulted in a significant number of disabled people being left without adequate adult services in the community. Several practitioners suggested that austerity has created a space where cuckooing can flourish because it is harder for practitioners to spot the warning signs as they are not in regular contact with service users. As this youth and community worker suggests:

> *I think the fact that services have been cut as well. That, like, social services and mental health service and the police and all the extra, sort of, floating support services that there used to be maybe ten years ago aren't there anymore.*
>
> (Youth and Community Worker 15)

Practitioners suggest that austerity has created significant social problems. Firstly, it has pushed socially excluded and deprived members of the community who are already poor into further poverty, resulting in increased addiction problems. Secondly, many disabled people's needs are currently not being met in the community because of a lack of adult services. Thus, because of austerity, the resulting disappearance of services and the combination of a neglected and diminishing social housing stock, there is less informal (family, friends) and formal (statutory, third sector, services) surveillance out in local communities to identify the warning signs of cuckooing. This creates a space where local perpetrators or county lines OCGs can take over people's homes with little chance of being detected. This is also exacerbated by policies that result in disabled adults being housed alone in properties in residential areas that might be at a distance from their families of origin. These localities have often been neglected and deprived of resources for sustained periods, and substance use is commonplace. For many victims/survivors, it is not until the police are called because of anti-social behaviour or an increase in drug use at the property that cuckooing is detected. The findings suggest that, for participants, the slow response of services can result in disabled people unnecessarily experiencing the horrific and prolonged encounters of violence, rape and servitude associated with cuckooing. It appears that our participants had little chance of this form of exploitation being prevented, detected or stopped until a crisis situation occurred, when victims/survivors might then be read as culpable perpetrators rather than victims of exploitation.

Discussion

The findings suggest that experiences of cuckooing emerge in similar circumstances to those for mate crime. As Foster and Pearson (2019) illustrate, what is unique about mate crime is that perpetrators target, groom and befriend their potential victims/survivors with the sole purpose of engaging in a harmful and exploitative relationship. When exploring the experiences of disabled people who have been cuckooed, we see similar predatory friendships that target disabled people with the sole reason to exploit and take control of their assets (Thomas 2011; 2013; Doherty 2020; Forster and Pearson 2019). Yet, what distinguishes cuckooing from mate crime is that the disabled person's *home* is the focal point of the exploitation. As one youth and community worker reports, '*our tenant who got evicted for violent crime … then moved on and took over this vulnerable guy's flat*'. Once the home has been commandeered (Butera 2013; Spicer et al. 2020), often through friendship, 'romance' and subsequently violence, then other forms of exploitation start to emerge, such as economic or sexual exploitation. We can observe this in the biographical narratives of Frankie concerning economic exploitation: *'I think she was after me money really'*; and Alison concerning sexual exploitation: '*He went violent, and he wouldn't leave'.*

As discussed within the narratives of disabled participants, and in practitioners' interviews, cuckooing predominantly occurs as a result of local knowledge about situationally vulnerable people and the willingness of perpetrators to develop predatory friendships. As one social worker suggests, *'local people in the local pub know that [a] person's vulnerable. So, the word gets around'*. These predatory friendships appear to emerge due to issues of social isolation and loneliness (Doherty 2020). Social isolation was a significant factor experienced by all of the disabled participants in this study. What appeared to make victims/survivors structurally vulnerable was their social positioning: they become vulnerable because they are living alone and lonely, typically in poverty, with very few adult services to sustain them, and with a lack of social connectivity to family and/or friendship networks (Macdonald et al. 2018; Healy 2019). As Miles states, '*people that lived in me street … they just took a lend of us … . And I just couldn't get away from the fuckers'.* Furthermore, disabled participants in general discussed being moved around due to previous evictions, which further isolated them within their new communities. Thus, loneliness and isolation seem to create a space where predatory friendships can flourish, making disabled people vulnerable to exploitation and cuckooing.

Although all experiences of cuckooing were framed by social isolation, Spicer et al.'s (2020) typology illustrates that cuckooing can take multiple different forms. Within Spicer et al.'s typology, only one form of cuckooing, the 'parasitic nest invasion', presents a clear victim/perpetrator distinction (Spicer et al. 2020). We can observe in Frankie's narrative how his experiences relate to the popular idea of cuckooing (Coomber and Moyle 2018). As Frankie describes, '*people were coming in me flat, and I haven't got anybody else just me*'. Within Frankie's biography perpetrators befriended and financially exploited him and eventually took over his home. The 'parasitic nest invasion' model clearly identifies victims/survivors from perpetrators. Within practitioners' interviews, although this type of cuckooing has received a lot of attention in the media, they suggest this form of home takeover is less common in reality (Butera 2013). As a safeguarding lead suggests, victims '*may have a mental health issue, a learning disability, both. They may have a physical disability, drug and alcohol issues, be lonely, separated from families, isolated'*.

In the practitioners' data, other more complex forms of cuckooing were more common and were less easy to identify due to disabled people's lifestyle choices, i.e. being in a sexual relationship with the perpetrator or engaging in substance misuse, and this can often lead to misidentification of the victim/perpetrator role. An example of this can be viewed in Spicer et al.'s 'coupling model', as a relationship is formed between the perpetrator and the victim with the sole purpose of home takeover. We can observe an example of the 'coupling' model within Alison's narrative, where a perpetrator sexually exploits her, moves into her home, and then uses violence to maintain the relationship and commandeer the home (Spicer et al. 2020). Practitioners also gave examples of this form of cuckooing, one of which can be seen in the narrative of a housing officer who reported, '*she was actually a victim of cuckooing but also [of] trafficking and sexual exploitation'*. This form of cuckooing can be easily misidentified as domestic violence and abuse, or as a problem family engaging in anti-social behaviour. As this housing officer illustrated, one tenant who was viewed as a nuisance was subsequently identified as having been cuckooed, trafficked and sexually exploited.

Yet, it is Spicer et al.'s (2020) 'quasi-cuckooing' model where victim/survivor status becomes the most problematic and where participants are least likely to be defined as a victim/survivor. In this study, this form of cuckooing seems to be the most common. As Spicer et al. (2020) suggest, this form of cuckooing initially develops through a mutual relationship between the

perpetrator and the victim/survivor due to drugs being exchanged for the use of the property. The intersectional relationship between disability and drug use was illustrated in the narratives of disabled people and practitioners. Both illustrate how these relationships deteriorate and often become violent. Connie and Miles's experiences are examples of this, *'[I] thought they were friends, they would come to [my] house and chill and smoke drugs',* and '*I was just getting bullied off them to sell drugs, and he was taking the drugs off [me].* Interestingly, Miles was primarily dealt with as a perpetrator and then later defined as a victim/survivor, and Connie was dealt with as a perpetrator and subsequently received a custodial sentence. Thus, we suggest that the 'quasi' model of cuckooing poses the greatest challenge for criminal justice agencies and adult services in identifying victim status. As disabled participants also engaged in drug use, this makes them culpable and moves them away from the status of the ideal victim/survivor (Christie 1986; Kuosmanen and Starke 2015), which means they are not given the appropriate support they need.

Although Spicer et al.'s typology can be useful to identify different forms of cuckooing, this typology assumes that cuckooing primarily emerges from county lines organised crime. Although they recognise the concept of 'localised cuckooing', they suggest this is a new phenomenon, where local perpetrators or OCGs mimic the county lines approach. However, within our research, we would suggest that localised cuckooing is not a new phenomenon, but disabled people have been experiencing home takeovers for a significant amount of time, and this has been mislabelled as mate crime (Thomas 2011; 2013; Doherty 2020; Forster and Pearson 2019). Our findings suggest that cuckooing is not exclusively a product of county lines, but rather, more significantly, a product of localised forms of exploitation emerging from predatory friendships (Thomas 2011; Foster and Pearson 2019). As one social worker illustrates, '*I think in my experience we've had more problems with just other people who are known … locally in the area around cuckooing*.' Thus, it was local perpetrators that usually identified the home of the victimised individual as a potentially valuable resource to exploit. There is also some evidence in our study to suggest that, rather than localised cuckooing mimicking county lines cuckooing, it is when houses are commandeered by local people that this creates a space for county lines OCGs, when moving into a new area, to easily identify and take over an already cuckooed house.

Conclusion

The narratives of disabled people and practitioners reveal multiple experiences of exploitation as well as numerous failures in community services, particularly due to austerity (Healy 2019). From a practitioner's perspective, disabled people are the most-acknowledged victimised group at risk of being cuckooed. Although practitioners often recognised structural factors such as poverty, social isolation and a lack of adult services, they also pathologised risk factors associated with disability (Edwards 2014; Foster and Pearson 2019). These risk factors are often individualised and explained away due to notions concerning vulnerable pathologies, i.e. a learning disability, and lifestyle choices, i.e. low-level criminality or drug and alcohol issues (Edwards 2014; Macdonald et al. 2016). From a disabled person's perspective, when examining how the criminal justice system dealt with them in this study, there was also a notable difference concerning disabled adults with drug and alcohol problems who might be initially and subsequently identified as perpetrators, depending on how their culpability is interpreted. What is also clear is that cuckooing is possible because of policies to house disabled people alone in properties that exacerbate their social and economic isolation in areas with disappearing social and/or community vigilance, other than that focused on preventing anti-social behaviour. The authors suggest that more attention is needed to recognise the local manifestation of cuckooing which sometimes intersects with county lines. We argue that this is not about individual vulnerabilities but the social and economic forces and conditions that exacerbate the likelihood of these relationships. Cuckooing, far from being a new phenomenon, is a product of the devaluation of disabled people by policymakers, politicians and service providers which, we suggest, is made possible through austerity measures, poor community services (Healy 2019) and poor housing decisions.

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