

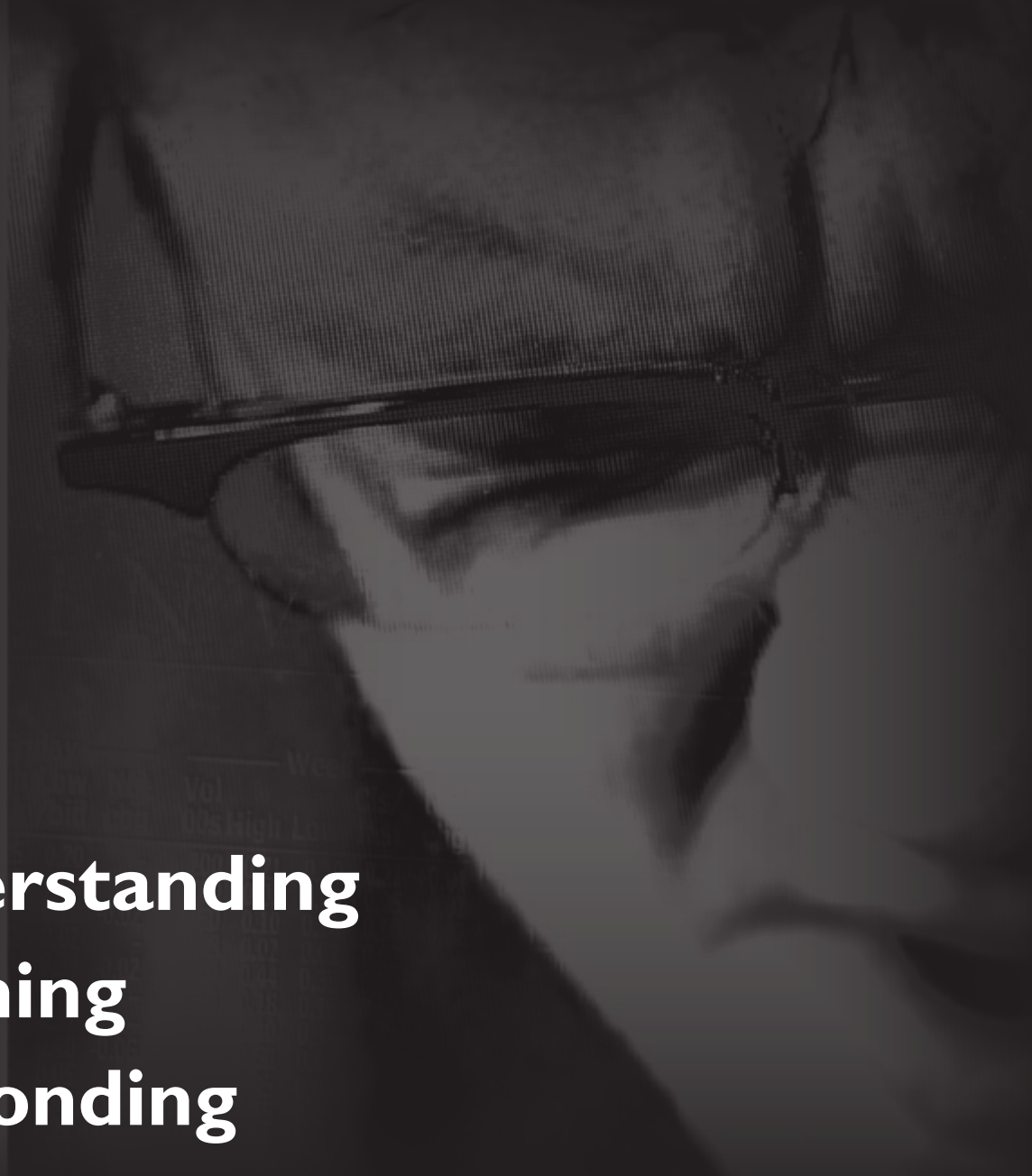


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P·O·L·I·C·E

Keeping our communities safe

Missing Persons

Understanding
Planning
Responding



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Planning your Response to a Missing Person Report

Introduction

When presented with any missing person enquiry, it is important to first consider the various scenarios which may account for the person not being where the informant expects them to be. There may be clear evidence that explains the absence, or points the enquiry in a particular direction. Unfortunately, in many cases there are no clear indicators as to what the missing person might have done, or where they may have gone. There are various 'Profiling Tools' set out in this booklet to assist officers with focusing in on the most likely scenario, as well as formulating the most appropriate response.

In the first instance, adopting a logical approach to any missing person enquiry will help officers focus their initial, often limited resources, in the most likely places thereby increasing the likelihood of a successful and efficient outcome to their enquiry. The first step in this process is to consider the possible scenarios.

Note: In all High and Medium Risk missing person cases, a Police Search Advisor should always be consulted.

Possible Scenarios

Officers must first look at the circumstances surrounding the disappearance. There are generally four reasons for someone being reported missing:

- **Lost Person** – this is a person who is temporarily disorientated and wishes to be found (e.g. someone who has been out walking in the countryside, taken a wrong turn and no longer knows where they are).
- **Missing Person who is voluntarily missing** – this is someone who has control over their actions and who has decided upon a course of action (e.g., wishes to leave home, unauthorised absence from a Care Home, or to commit suicide).
- **Missing Person who may be under the influence of a third party** – someone who is missing against their will (e.g. possible abduction, or murder victim).
- **Missing Person due to accident, injury or illness** - examples are someone who has met with a sudden illness such as a stroke, someone wandering off due to a mental condition such as dementia, or struck by a 'hit and run' vehicle and now lying in a ditch.

During the initial stages of an enquiry, it is often impossible to decide which of these four outcomes might account for a person's disappearance. Initial actions may be to commence investigations with a view to exploring all four possibilities. A combination of careful witness interviewing and intelligence-led enquiries will often permit officers to quickly eliminate some of the four possible outcomes, thereby focusing the enquiry on the scenarios which most likely account for the person's disappearance. This is called *scenario based searching*.

Thinking about the Person

No two missing people are the same. Consequently, it is vital to find out as much about the missing person as possible before initiating a particular response. Approximately 80% of adults who go missing are known to have some form of mental illness at the time. These illnesses range from mild depression to severe psychosis. The mental state of the missing person is likely to have a significant impact on their behaviour. It is extremely important, therefore, to establish the exact mental condition suffered by the missing person.

Note: It is not sufficient to simply establish the Section of the Mental Health Act they are being detained or treated under.

It is essential that officers have an understanding of the probable behaviour a missing person suffering from a particular mental illness is likely to display.

Using this Booklet

The purpose of this booklet is to provide officers with background information on the most common mental illnesses, and the associated behaviour traits a missing person suffering from one of these conditions is likely to display. The booklet contains chapters on the following mental conditions:

- Depression
- Suicide
- Dementia
- Psychosis / Schizophrenia
- Bipolar Disorder (Manic Depressives)
- Attention Deficiency Disorder (ADD)

Chapters regarding 'Missing Children' and how to search for 'People Missing in Water' are also included.

Once officers have established which, if any, mental condition a missing person is suffering from, they can consult the relevant chapter in the booklet. The missing person profile can then be further refined using the age and gender of the person as set out.

Abduction / Murder

It must be noted that if a third party is responsible for the disappearance of the missing person, i.e. a murder or abduction, the profiles in this booklet will not apply. These profiles only relate to people who have full responsibility for their own actions.

National Guidance

In addition to local/force guidance, there are currently two very useful ACPO / Centrex publications which officers may find helpful:

- Guidance on the Management, Recording and Investigation of Missing Persons (2005)
- Practice Advice on Search Management and Procedures (2006)

Both of these publications are available from the National Police Improvement Agency.

Missing Children



Missing Person Guidance Note Series

Children aged 1 to 16 years

Based on behavioural characteristics, this chapter sets out five distinct age groupings for children and presents 'Behavioural Profiles' for each one. These 'Profiles' may be used by both supervisors and investigating officers as an aid to formulating enquiry strategies, and as a 'bench mark' against which to establish and review risk assessments.

Virtually all reports of missing children processed by the police are classed as high priority, and attract a high risk assessment. Subsequent enquiries often result in the allocation of numerous police resources. Before committing these resources, supervisors should have a clear enquiry strategy, taking into account the most efficient use of available staff, time scales for working within and an initial search/enquiry area into which their efforts should be concentrated.

In order to formulate an effective strategy, it is first necessary to have some knowledge of what the missing child is likely to do, the distances they are likely to travel and who they might be with. For example five year old children do not behave, or think, in the same way as fifteen year olds.

Studying the behaviour of missing children, it is possible to divide them into the following five distinct age groupings: ages 1 - 4, 5 - 8, 9 - 11, 12 - 14 and 15 - 16. Each of these groups tends to display its own behavioural characteristics. Using these unique characteristics, it is possible for police officers to:

- Establish a 'high probability' area within which to concentrate their enquiry.
- Utilise an intelligence-led approach in the deployment of resources.
- Target the most likely places where the child might be traced.
- Establish a likely time-frame within which there should be a reasonable expectation of tracing the child.

Children aged 1 to 4 years

TABLE 1:

Time taken to locate missing children

Cumulative percentage of cases	Time lapse between report and location
20%	8 minutes
40%	11 minutes
50%	20 minutes
70%	26 minutes
80%	40 minutes
95%	65 minutes
99%	196 minutes

TABLE 2:

Distance between places missing & found

Cumulative percentage of cases	Time lapse between report and location
30%	160 m
50%	400 m
70%	750 m
80%	900 m
98%	1.2 Km

TABLE 3:

Likely places children are found

Cumulative percentage of cases	Time lapse between report and location
58%	Playing in the street
18%	At a friend's/relative's/neighbour's address
15%	Within home address
9%	Traced playing in places where they were not immediately visible (playing fields, small wooded areas etc.)

THINGS TO CONSIDER:

- The younger the child, the closer to the 'place missing from' they are likely to be found.
- Children traced beyond 900 metres were either the subject of a 'parental abduction' or with some other appropriate adult, and reported missing as a result of a genuine misunderstanding.
- In this sample, the gender split was 37% female and 63% male.
- 87% went missing on foot, 10% on their bicycles. 73% went missing from home, 10% went missing whilst at shopping centres.
- 37% were found by police, 30% by relatives and 27% by members of the public.

Using the information selected from the tables

Table 1 Shows the time scales within which a child either returns home or is located by the police or other party. Using this information, it can be seen that, by the time the Police receive a report of a missing 1 to 4 year old and attend at the scene, there is a 50% likelihood that the child will have been traced. If they have not been traced, the enquiry officer must keep track of the time lapse from when the child was reported missing. If the child has not been traced within one hour of being reported missing, the incident clearly becomes a critical one.

Table 2 Reveals that 70% of this age group are found within 750 metres of the place from which they went missing (the blue circle below); 88% are found within 900 metres (the red circle below); and 98% are found within 1200 metres (the black circle below). By aligning the centre of these ‘search circles’ with the place the child goes missing from, a realistic search area can be established.

Figure 1: Search profile 1-4 year olds

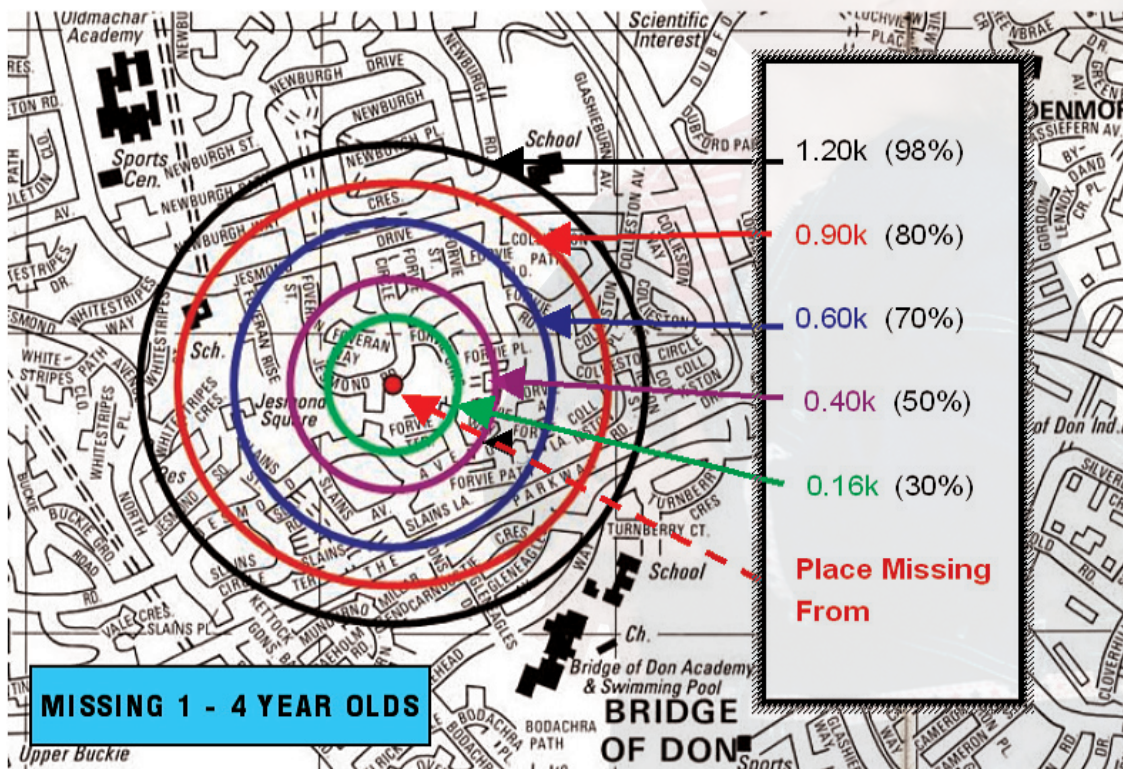


Table 3 Lists, in order of priority, the most likely places within the established search area where a child of this age is likely to be found.

The above figure shows that a practical understanding of the search area can be achieved by superimposing the suggested search parameters onto an appropriately scaled map. Another example is shown on page 8.

Children aged 5 to 8 years

TABLE 1:

Time taken to locate missing children

Cumulative percentage of cases	Time lapse between report and location
20%	0 hrs 45 mins
40%	1 hrs 30 mins
50%	2 hrs 00 mins
70%	3 hrs 00 mins
80%	4 hrs 00 mins
90%	5 hrs 30 mins
99%	30 hrs 00 mins

TABLE 2:

Distance between places missing & found

Cumulative percentage of cases	Distance between locations missing and found
30%	350 metres
50%	550 metres
70%	1.1 kilometres
80%	1.3 kilometres
90%	1.8 kilometres
99%	6.8 kilometres

TABLE 3:

Likely places children are found

Cumulative percentage of cases	Likely places found
31%	Traced walking in public street/park
27%	Returned to their place of residence
21%	Went to relative's address
19%	Went to friend's address
3%	Traced at shops or community/leisure centre

THINGS TO CONSIDER:

- Children of this age are now at school, they are learning about new areas and begin to travel further afield
- They make new friends, check with school for class list - parents are unlikely to know who they are associating with
- All of the children traced beyond the black circle were either 'parental abductions' or the result of misunderstandings between either parents or relatives as to who the child should be with
- Females of this age have a greater tendency to be traced at friend's home, males tend to be found hanging about the streets
- Within this sample, 79% were female and 21% male
- 69% went missing on foot, 11% on their bicycles
- 65% went missing from home, 20% from school
- 46% were found by police and 40% by relatives (includes those who return home)

Children aged 9 to 11 years

TABLE 1:

Time taken to locate missing children

Cumulative percentage of cases	Time lapse between report and location
20%	0 hrs 50 mins
40%	1 hrs 15 mins
50%	2 hrs 00 mins
70%	3 hrs 30 mins
80%	6 hrs 00 mins
90%	13 hrs 00 mins
99%	3.5 days

TABLE 2:

Distance between places missing & found

Cumulative percentage of cases	Distance between locations missing and found
30%	800 metres
50%	1.5 kilometres
70%	3.2 kilometres
80%	5.0 kilometres
90%	8.0 kilometres
99%	511 kilometres

TABLE 3:

Likely places children are found

Cumulative percentage of cases	Likely places found
27%	Returned to their place of residence
25%	Traced walking in public street/park
16%	Went to friend's address
13%	Went to relative's address
7%	Traced at shops or community/leisure centre
3%	Went to Police Office
3%	Traced at place of entertainment

THINGS TO CONSIDER:

- Virtually no children of this age were found walking beyond 3.2k (70%)
- Beyond this distance, these children tend to be traced at the home of either a friend or relative.
- Females of this age have a greater tendency to be traced at friend's home, males tend to be found hanging about the streets
- In this sample, the gender split was 80% female and 20% male
- 90% went missing on foot, 6% used public transport
- 67% went missing from home, 19% from school
- 46% are traced by police, 36% by relatives (includes those who return home)

Children aged 12 to 14 years

TABLE 1:

Time taken to locate missing children

Cumulative percentage of cases	Time lapse between report and location
20%	1 hrs 50 mins
40%	4 hrs 30 mins
50%	7 hrs 30 mins
70%	17 hrs 00 mins
80%	24 hrs 00 mins
90%	48 hrs 00 mins
99%	11 days

TABLE 2:

Distance between places missing & found

Cumulative percentage of cases	Distance between locations missing and found
30%	1 kilometre
50%	3 kilometres
70%	8 kilometres
80%	18 kilometres
90%	43 kilometres
99%	273 kilometres

TABLE 3:

Likely places children are found

Cumulative percentage of cases	Likely places found
25%	Returned to their place of residence
24%	Went to friend's address
19%	Traced walking in public street/park
12%	Went to relative's address
11%	Traced at shops or community/leisure centre
2%	Went to Police Office
2%	Traced at railway/bus station
1%	Traced at place of entertainment

THINGS TO CONSIDER:

- By this age, we see diagnosed mental conditions beginning to appear (depression, ADHD, self harm etc)
- Those suffering from ADHD tend to travel further afield
- Females tend to be traced at friend's home and take longer to trace due to number of address checks to be carried out
- Males tend to hang about the streets and are traced quicker by general police patrols
- Children placed in new children/foster homes some distance from previous address tend to go back to that area to be with their real friends. Many who travel longer distances are running off back to their home towns
- In this sample, 50% were female and 50% male
- 61% went missing on foot, 15% used public transport
- 55% went missing from home, 16% from children/foster homes
- 50% were found by police, 34% by relatives (includes those who return home)

Children aged 15 to 16 years

TABLE 1:

Time taken to locate missing children

Cumulative percentage of cases	Time lapse between report and location
30%	5 hours
50%	12 hours
70%	27 hours
80%	43 hours
90%	3.5 days
99%	19 days

TABLE 2:

Distance between places missing & found

Cumulative percentage of cases	Distance between locations missing and found
30%	2.3 kilometres
50%	7.0 kilometres
70%	23 kilometres
80%	40 kilometres
90%	80 kilometres
99%	323 kilometres

TABLE 3:

Likely places children are found

Cumulative percentage of cases	Likely places found
31%	Returned to their place of residence
27%	Went to friend's address
14%	Traced walking in public street/park
8%	Went to relative's address
7%	Traced at shops or community/leisure centre
4%	Traced at railway/bus station
4%	Went to Police Office

THINGS TO CONSIDER:

- Females tend to be traced at friend's home and take longer to trace due to number of address checks to be carried out
- Males tend to hang about the streets and are traced quicker by general police patrols
- By this age, we see diagnosed mental conditions beginning to appear (depression, psychosis, self harm etc)
- Depression, particularly in males, can lead to suicide. Telltale signs are becoming withdrawn, loaners, talking about suicide.
- In this sample, 58% were female and 42% male
- 49% went missing on foot, 25% used public transport
- 84% went missing from home, 6% from a public place
- 55% are traced by police, 31% by relatives (includes those who return home)

Enquiry Parameters

When selecting an area within which to concentrate a missing child enquiry, supervisors must consider two things:

- Can the area selected be realistically covered by the available staff
- Does the selected area provide a reasonable probability of successfully tracing the child.

Using the tables provided, the probability of a successful outcome can be balanced against the size of search/enquiry area. A practical understanding of the search area can be achieved through superimposing the suggested search parameters onto an appropriate map (see Figure 2 below).

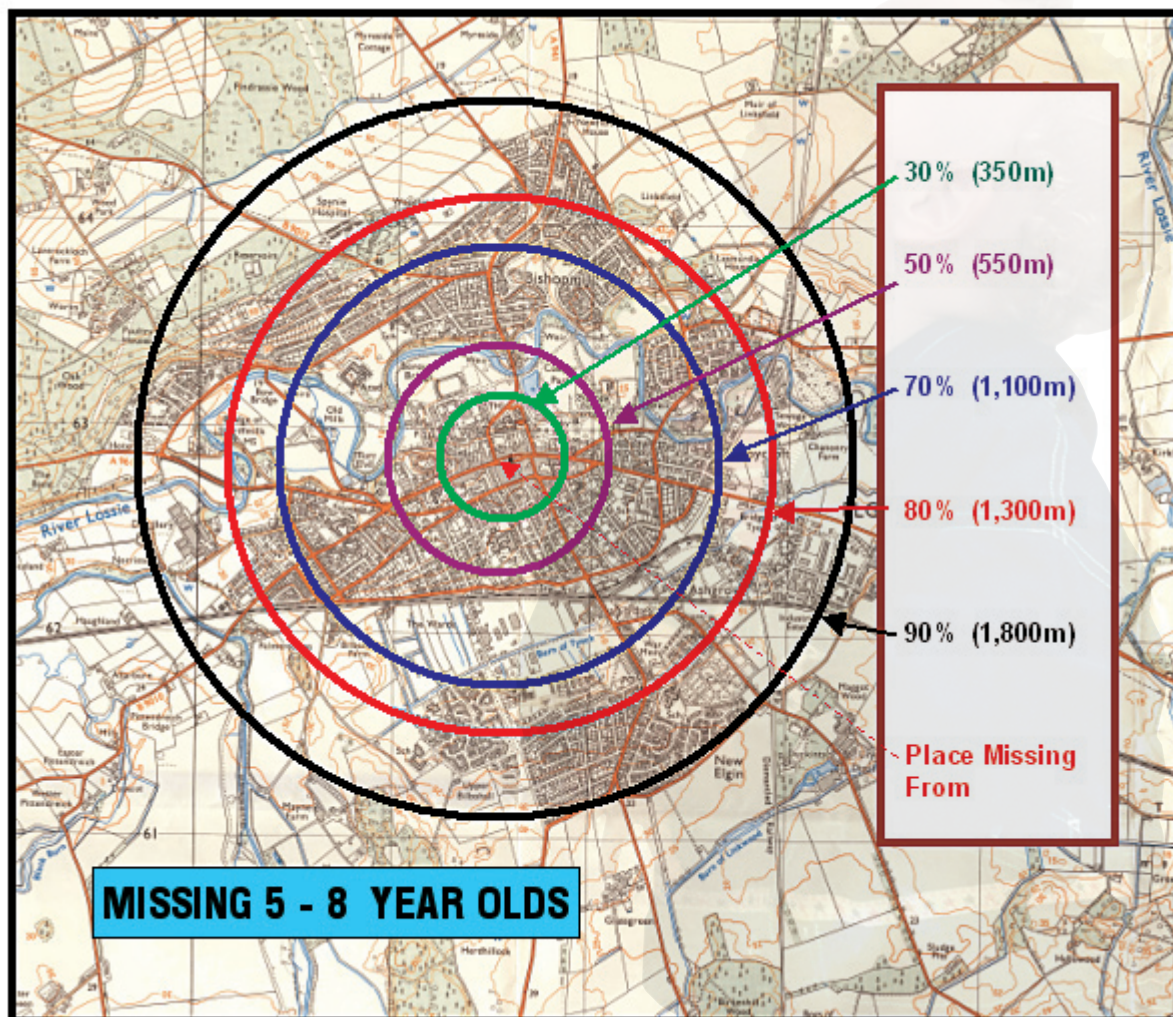


Figure 2: Search profile 5-8 year olds

Once the search/enquiry area has been established, the information regarding where the child may be located (Table 3) can be used to focus the efforts of the available resources:

- 31% traced walking in public street / park
- 27% returned to their place of residence
- 21% went to a relatives address
- 19% went to friends address
- 3% traced at shops community/leisure centre

Some Examples

If the missing child is a 7 year old male, there is a high probability they will be hanging about in the streets. Therefore concentrating police efforts into searching streets/public parks within an area 550 metres from the 'place missing from' may well be the most appropriate use of available resources. This could be followed up with address checks of relatives and friends within a slightly larger area. If resources allow, both these lines of enquiry could be carried out simultaneously.

Alternatively, if the missing child is a 7 year old female, there is a higher probability she will be at a friend's house. The supervisor may therefore place a higher emphasis on having the addresses of all friends/relatives checked within the 70% zone (ie: up to one kilometre from the 'place missing from'). The important issue here is obtaining a comprehensive list of friends' addresses. The parents will have some knowledge, but the child could have numerous school friends the parents know nothing about. Consideration should be given to approaching the school for a full class list which can be used to systematically check all the addresses within the selected search area.

Unless good information dictates otherwise, all address checks outwith the initial search area should be left until the decision is made to extend the search area.

In both the above cases, as well as carrying out an initial thorough search of the child's home, further periodic checks should be made during the enquiry, as the child may return there and hide.

Should the initial search/enquiry be carried out and no trace of the missing child found, the enquiry supervisor will have to consider the following:

- Are the time scales now beyond those in which there was a reasonable expectation of tracing the child ?
- Are there still places within the initial search/enquiry area which require further investigation ?
- Should the search be extended out beyond the areas initially selected ?
- Does the incident justify further resources being allocated to it ?
- Should the current status of the enquiry be brought to the attention of senior officers/CID ?

The statistical data contained in the preceding tables should assist officers in reaching logical informed decisions when considering these extremely important issues.



Attention Deficit Hyperactivity Disorder (ADHD)



Attention Deficit Hyperactivity Disorder

What is ADHD ?

Attention Deficit Hyperactivity Disorder (ADHD) affects both children and adults. The main characteristics of ADHD are hyperactive and impulsive behaviour, often coupled with a very short attention span, and a difficulty forming relationships with others. It is estimated that 0.5-1% of children in the UK suffer from some form of ADHD and of those, around 60% will still be affected by some characteristics of the disorder in adulthood. ADHD is commonly treated using either one of two drugs: methylphenidate (Ritalin) or dexamphetamine (Dexedrine), which are both highly effective at controlling the symptoms of ADHD.

In order to compile an accurate behavioural profile of a missing ADHD sufferer, it is important the characteristics of the disorder are fully understood. An ADHD sufferer can behave quite differently to a non-ADHD sufferer, and awareness of these differences in the early stages of a missing person incident, should lead to a more informed enquiry/search.

ADHD in Children

In children, the most typical behavioural characteristics are as follows:

- **Overactive behaviour (hyperactivity)**
Describes a child who races around, is unable to sit still, and who often interferes with other children's activities. Children with severe ADHD may be rejected or disliked by other children, because they disrupt their play or damage their possessions.
- **Impulsive behaviour**
Children with ADHD may be impulsive in many ways, such as saying or doing the first thing that occurs to them. They are also easily distracted by irrelevant things.
- **Difficulty in paying attention**
Children with ADHD have a short attention span. They find it hard to concentrate and therefore hard to learn new skills, both academic and practical.
- **Problems settling at school**
Because they are overactive and impulsive, children with ADHD often find it difficult to fit in at school. They may also have problems getting on with other children, and these difficulties can continue as they grow up. It is essential to note that ADHD is not related to the level of intelligence - children with all levels of intelligence and ability can have ADHD.

Attention Deficit Disorder – ADD

Some children have significant problems with concentrating and paying attention, but are not necessarily overactive or impulsive. These children are sometimes described as having Attention Deficit Disorder (ADD) rather than ADHD. ADD can easily be missed because the child is quiet and dreamy, rather than disruptive.

ADHD in Adults

ADHD which begins in childhood, can persist into adulthood as well. While some children outgrow ADHD, approximately 60% will carry some of their symptoms into adulthood. Adults tend to have ADD rather than full blown ADHD. Symptoms of this may include lack of focus, disorganization, restlessness, difficulty finishing projects, and/or losing things. Adults suffering from ADD may experience difficulties at work, in their personal relationships or at home.

Medication

As previously mentioned, the two most common drugs prescribed for ADHD and ADD are methylphenidate (Ritalin) and dexamphetamine (Dexedrine). The effects of these drugs tend to last for four to five hours.

Missing Children with ADHD

Children with ADHD who go missing can be at greater risk because of their condition. Their awareness of danger is reduced, this can lead them to engage in some physically dangerous activities, such as playing near fast flowing rivers or railway lines. They can be impulsive, often acting before they think, they are easily distracted and often forgetful. Children with ADHD have a tendency to travel further than children of a similar age who do not have ADHD. Their poor social skills may make it difficult for them to ask for help, or to engage with others. Because the effects of ADHD medication lasts for around four to five hours, it is imperative to establish early on in any missing person enquiry when the child last took his or her medication.

Due to the impulsive nature of their condition and their tendency to be distracted by irrelevant things, it is difficult to predict the places that they will be found. Therefore it is extremely important to establish what their interests are, as these may provide vital clues as to the places they are likely to go to or the activities they might indulge in. Finally, remember that no label or diagnosis will give a perfect description of an individual child with ADHD. They are all different, and will act in different ways.

Depression



Depression

What is depression?

Depression is the most commonly diagnosed mental health problem. People often use phrases like “I’m depressed” to describe a temporary low mood, or how they are feeling about a particular situation in their life. In most cases, these low spirits lift of their own accord after a short period of time. However, if these feelings of unhappiness worsen and begin to interfere with how someone lives their everyday life, then it is possible that they may be developing major or clinical depression. The word “clinical” simply means that the condition is severe enough to need some form of treatment.

Often people experiencing depression feel hopeless about the future and unable to see any positives in life. They may feel apathetic and unable to participate in activities they used to enjoy. At its worst, depression can lead to such feelings of helplessness and lack of worth that people may give up the will to live, or begin to consider suicide.

However, someone suffering depression, is not automatically at risk of taking their own life. See next two Sections - ‘Suicide’ and ‘Suicide Checklist’.

How common is depression?

Depression can affect anyone at any time. Depression can occur in people from all backgrounds, any occupation, and at any time of life. Depression is diagnosed twice as often in women as in men, however this may be because men are more reluctant to discuss these sorts of issues with doctors. Current missing person research indicates that far more depressed men are being reported missing to the police than women. Medical research suggests that one person in six will become depressed at some point in their lives, and, at any one time, one in twenty adults will be experiencing depression.

What causes depression?

There is no one cause of depression. It varies from person to person. Broadly speaking there are three main triggers for developing depression. Social factors such as losing your job, isolation, divorce or bereavement can all trigger depression in peoples lives. For others, the trigger may be psychological factors such as chronic anxiety, childhood rejection or family background. A third trigger for depression may be physical factors such as infectious diseases like influenza or glandular fever; having a long-term physical health problem like multiple sclerosis; or as a side-effect of medical treatments like chemotherapy. It is also thought that some people may have a genetic predisposition towards depression.

Males who are depressed

Depressed males who travel on foot - How far are they likely to travel ?

1. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	1.50 kilometres
50%	2.20 kilometres
60%	3.10 kilometres
70%	4.30 kilometres
80%	8.10 kilometres
90%	17.00 kilometres
95%	35.00 kilometres
99%	70.00 kilometres

Note:

It should be noted that it is strongly suspected transport was used in the final 10% of these cases. Where longer distances are involved, people were going to specific locations such as relatives addresses, or to get back to their home address.

Where are they likely to be found?

Depressed people often simply desire time alone, many are found walking in the street, with the majority being located in a rural environment. The second most likely place is walking in city centres. Approximately 35% will return home of their own accord, 80% travelling no further than 9 km from their home address. Some go to friends addresses, some leave places of care / mental hospitals and go to their home address. Others go to relatives’ addresses. It should be born in mind that some of these people will be contemplating suicide, it is therefore important to consider local woods (hanging), and local areas of water (drowning). The places they go to will usually be familiar to them and often have some significant meaning to them. (See section on Suicide).

If depressed males use a motor vehicle – How far are they likely to travel?

2. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	14.00 kilometres
50%	24.00 kilometres
60%	32.00 kilometres
70%	48.00 kilometres
80%	83.00 kilometres
90%	168.00 kilometres
95%	269.00 kilometres
99%	560.00 kilometres

Note:

The final 10% who travelled the longer distances, all went to specific places, usually somewhere they have relatives, or somewhere of major significance to them, such as the place they were brought up, or spent a significant period of their life as a resident.

Where are they likely to be found?

Many of these people will return home of their own accord, (approx. 34%). A large number just want to escape for a while, and can be found at rural beauty spots, or quiet secluded areas of the countryside. These areas are often just on the outskirts of cities or built up areas. A significant number go to relatives addresses, however males do not appear to go to friends addresses. The vehicle is always easier to find than the person, and in the vast majority of cases, the missing person will be with their vehicle.

It should be borne in mind that some of these people will be contemplating suicide, it is therefore important to consider local woods (hanging), and local areas of water (drowning). The places they go to will usually be familiar to them and generally have some significant meaning to them. (See section on Suicide).

60% of these people tend to be located within 17 hours & 80% within 38 hours.

If depressed males use public transport – how far are they likely to travel?

2. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	38.00 kilometre
50%	47.00 kilometres
60%	86.00 kilometres
70%	135.00 kilometres
80%	209.00 kilometres
90%	390.00 kilometres
95%	550.00 kilometres
99%	660.00 kilometres

Where are they likely to be found?

Many people using public transport do so to travel to another town or city, there is usually a strong reason for choosing to go to a particular location. This is usually somewhere the person has relatives, or a place of major significance, such as the place they were brought up, or spent a significant period of time as a resident. These people can often be found simply wandering round the central streets of their chosen town/city.

Note:

It would be unusual for someone contemplating suicide to make use of public transport.

60% of these people tend to be located within 20 hours & 80% within 42 hours.

Females who are depressed

Females who travel on foot - how far are they likely to travel ?

1. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	1.80 kilometres
50%	2.20 kilometres
60%	3.00 kilometres
70%	4.10 kilometres
80%	5.70 kilometres
90%	9.50 kilometres
95%	29.00 kilometres
99%	80.00 kilometres

Note:

It should be noted that it is strongly suspected transport was used in the final 5% of these cases. Unfortunately this can not be confirmed. Where longer distances are involved, it was found people were going to specific locations such as relatives addresses, or to get back to their home address, or possibly to a specific place to contemplate suicide.

Where are they likely to be found?

Some of these women will return home of their own accord (approx. 17%). A significant number will go to friends addresses (approx. 15%) and relatives addresses (8%). Many will be found walking in the street, usually in an urban or city centre environment (approx 17%). Women will seek help and therefore will turn up at both medical and psychiatric hospitals, police stations, social services departments, sheltered accommodation and places of worship. Some are just seeking time alone, and can be found at rural beauty spots. It must be born in mind that some of these women will be contemplating suicide. With drowning being the most common method, local rivers and other bodies of water should be given consideration.

80% of these people tend to be located within 17 hours.

If depressed females use a motor vehicle – how far are they likely to travel?

2. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	16.00 kilometres
50%	23.00 kilometres
60%	25.00 kilometres
70%	30.00 kilometres
80%	45.00 kilometres
90%	107.00 kilometres
95%	148.00 kilometres
99%	550.00 kilometres

Where are they likely to be found?

Approximately 32% of these women will return home of their own accord. Others will use their vehicles to travel to friends or relatives addresses. Some will book themselves into accommodation, others will admit themselves to hospital. Often these women will drive themselves to town/city centres and can be found wandering on foot in the streets. Some just want time to think things through and can be found in their vehicles at rural beauty spots or quiet country areas. It must be born in mind that some of these women will be contemplating suicide. With drowning being the most common method, local rivers and other bodies of water should be given consideration. (See section on suicide).

80% of these people tend to be located within 21 hours.

If depressed females use public transport – how far are they likely to travel?

2. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	24.00 kilometres
50%	30.00 kilometres
60%	45.00 kilometres
70%	68.00 kilometres
80%	140.00 kilometres
90%	440.00 kilometres
95%	580.00 kilometres
99%	670.00 kilometres

Where are they likely to be found?

Many people using public transport do so to travel to another town or city, there is usually a strong reason for choosing to go to a particular location. It is usually somewhere the person has friends /relatives, (approx. 30% are located at friends/relatives addresses), or the place will have some form of significance to them, such as the place they were brought up, or spent a significant period of time as a resident. If they are not located at friends/relatives addresses, they can often be found simply wandering round the streets of their chosen town/city. If public transport is the known method of travel, then searches at bus and railway stations are often worthwhile. Some females book themselves into accommodation, others turn up at medical facilities whilst others seek help at police stations.

Note:

It would be unusual for someone contemplating suicide to make use of public transport.

80% of these people tend to be located within 32 hours.

Further notes on depression

Post-natal depression

Post-natal depression can occur from about two weeks after the birth of a child, to two years after. This condition differs from the mood swings often suffered by many mothers in the first few days after their child is born.

It is thought to be caused by a combination of sudden changes and a variety of psychological and environmental factors. Symptoms can range from the mild post birth depression that occurs following about two thirds of pregnancies to the more severe cases, where the mother has to be hospitalised to stop her injuring herself or her baby. The most severe form of postnatal depression is depressive psychosis. This follows only about one in 1,000 pregnancies and usually starts two to three weeks after childbirth.

Depressive psychosis is marked by severe mental problems; threats of suicide or harm to the baby and sometimes even delusions. Treatment requires admission to hospital and often antidepressant drugs and possible family therapy.

Bipolar depression

A person will experience repeated, (i.e. at least two), occasions when their mood and activity level are significantly disturbed, usually by increased energy and activity and an elated mood (mania or hypomania). Then at other times, by decreased energy and activity (depression) and a lowering of mood. Manic episodes usually begin suddenly and last anything from 2 weeks to 4-5 months, whereas depressions usually last about 6 months, and rarely for more than a year, except in the elderly. The first episode can occur at any age. See Section on Bipolar Disorder.

Suicide



Suicide

Introduction

Unfortunately a number of people who go missing, do so with the intention of committing suicide. The reasons for this are numerous and complex.

Often, there is an explicit indication that the person intends to take their own life (e.g., a suicide note). When carrying out a missing person risk assessment such indications have a tendency to instantly increase the risk assessment. In other cases, such explicit suicide indications may not be present but the potential for suicide should still be considered as part of the overall risk assessment. Specifically, two questions should be uppermost in every officer's mind:

1. **Is the person at risk of suicide?**
2. **What should the search strategy be?**

In some cases it may be difficult to determine whether the missing person has gone off to commit suicide or has simply gone off to 'think things through', or to be alone for a while. In such circumstances, therefore, it may be prudent to develop a 'twin-track' search strategy where one track is based on the probability that this is a 'normal' missing person and the other is based on the probability that the person intends to take their own life.

Is the person at risk of suicide?

In order to assess whether the missing person may be at risk of suicide, a large number of inter-related factors need to be considered. Good enquiry is essential to increase the likelihood of accurate risk assessment. The 'Suicide Checklist' (next section) will assist this process.

What relationship is there between mental illness and suicide?

A large number of people reported to the police as missing persons suffer from depression. Although there is a strong association between suicide and mental illness, particularly depression, this does not mean that everyone with a mental illness will try to kill themselves. Two strong indicators that a depressed person may be at risk of suicide are:

- When a suicide note has been written indicating an intention to take their own life
- When the person has recently talked about taking their own life.

However, even if one or both of these indicators are present it cannot be automatically concluded that the person will try to take their own life. Conversely, it cannot be concluded that they will not try to commit suicide if neither of these indicators are present. It is essential that detailed background enquiries are conducted in order to find out as much about the missing person as possible. There is usually something in their 'background'

which is either the cause of depression or the 'trigger' which has pushed them towards ending their own life. In particular, officers should find out whether one or more of the following 'triggers' are present:

- Relationship Problems
- Financial Problems
- Sexual Problems
- Employment problems
- Education Problems
- Medical Problems
- Mental Health Problems
- Addiction Problems
- Recent Bereavement

If someone who is suffering from depression has indicated an intention to take their own life or has left a suicide note and has one or more of the above 'triggers' present in their life, there is a higher probability that person is at risk of suicide.

Does age make a difference?

In terms of age, it is rare, but certainly not impossible, for people to commit suicide before the age of 14. The risk increases during puberty and adolescence, reaching a peak in the mid 20's and then remains fairly constant until old age.

What about occupation?

Some occupational groups are more at risk (e.g., farmers, doctors). This may be a reflection on the fact that these occupational groups have ready access to means of committing suicide. Consideration should be given to the 'access to means' in all cases of potential suicide. If they have a ready 'access-to-means' this may increase the risk assessment.

Are there any other factors to look for ?

Detailed enquiry will reveal whether the following strong indicators are present:

- If someone has never been reported missing previously, but has attempted suicide before, they have a higher risk of suicide.
- Someone who has recently talked in depth about taking their own life (e.g., to the extent of describing how they will commit the act and what they will wear or asking how their friends will feel afterwards) has a higher risk of suicide.
- If their disappearance coincides with any significant dates in their life (e.g., a birthday, anniversary of the death of a loved one, the date of a divorce) risk of suicide is higher.
- People with strong religious beliefs are generally less likely to take their own lives (although sometimes aspects of religion and cultural beliefs can be a 'trigger' for suicide e.g., where someone is unhappy in relation to a forthcoming or existing 'arranged marriage').

As well as the points mentioned above, some subtle pre-suicide behaviours may not instantly be thought of as relevant or worthy of mention by families and friends during initial enquiry stages. However, in the context of other information, a single subtle behaviour difference can significantly affect the risk assessment and/or search strategy. It is essential that early enquiries are conducted to explore whether any of the following more subtle indicators are present:

- Missing person was **significantly more affectionate** prior to their disappearance.
- Men, particularly the elderly, **uncharacteristically** leaving wedding rings on bedside cabinets or other obvious places prior to their disappearance.
- People setting their personal affairs (e.g., wills and financial matters) in order prior to their disappearance.
- People leaving wallets/purses, mobile telephones, cigarettes or other necessary **everyday items behind** which they would normally have with them.

What about if the person is missing with children?

Having children with them is not necessarily an inhibitor to committing suicide. There have been several recorded cases of both male and females who have **killed their children** before ending their own lives.

What about if the person is missing with someone else?

Two people missing together is not necessarily an inhibitor to suicide. There have been numerous cases recorded of couples making **suicide pacts** and committing the act together.

Is the sex of the missing person important?

Whether the missing person is male or female is highly significant:

- Men are three times more likely to take their own lives than women. This ratio varies across the lifespan, but men are generally more at risk
- Men aged between 25 and 40 are at the highest risk of suicide.
- Married men are less likely to commit suicide than single men. Women who are single are not, however, more at risk.

What should the search strategy be?

As mentioned at the beginning of this section, even after taking all the above risk-assessment factors into consideration, it may still be difficult to determine whether the person has gone off to commit suicide or has simply gone off to 'think things through' and be alone for a while. In some cases, therefore, it may be prudent to develop the **'twin-track'** search strategy where one track is based on the probability that this is a 'normal' missing

person and the other is based on the probability that the person intends to take their own life. When planning the search strategy in relation to the probable or possible suicide, the first steps are to consider the likely method used and likely location chosen.

If there is a suicide note, can it help inform where/how they may commit suicide?

If there is a suicide note the content may provide vital information regarding where and how the person intends to kill themselves. For example, a note which contains the statement "you'll never find me" suggests they will not be in a location that is known and/or obvious to those whom the note was intended for. On the other hand the statement "look inside the holly tree" indicates their likely location within a known specific tree. However, suicide notes can contain false or misleading information and should be considered carefully.

What are the common methods of suicide?

The two tables on the following page show common suicide methods employed by females (table 1), and males (table 2), across different age groups. It is important to remember, however, that there are exceptions to every rule, therefore it may be necessary to give consideration to alternative suicide methods to those listed. Dependant on the enquiry information available, consideration should be given to carrying out an analysis of the environment in which the person lives, this may reveal access to a means of suicide not commonly used. In addition, it is important to point out that these tables of 'common methods of suicide' relate to people who suicide away from home.

A significant number of people who commit suicide do so in the privacy of their own homes. The majority of these are easily found. A small minority, however, choose to hide themselves away in attics, basements, cupboards, garages and outhouses. Searchers should pay close attention to these and other hidden locations before extending the search beyond the home address. It is presumed that any case will commence with a thorough search of the missing person's home to a standard sufficient to locate a suicide victim.

- Traditionally, men have tended to use more violent methods than women (although there have been many exceptions).
- Generally, men are more likely to hang themselves and women are more likely to drown themselves.
- Car exhaust fumes (i.e., carbon monoxide poisoning) have played a significant role in both male and female suicides in the past. However, as most cars are now fitted with catalytic converters a rapid decline in this method is likely. People intent on utilising this method have, however, gone to their nearest garage and purchased an old car specifically to kill themselves.

TABLE 1:
Common Methods of Suicide for Females

Age Range	Common Methods Employed by Females
18 - 30 years	<ul style="list-style-type: none"> • Hanging • Jumping from a cliff, building or bridge • Hit by a train • Car exhaust
31 – 40 years	<ul style="list-style-type: none"> • Overdose • Jumping from a cliff, building or bridge • Exposure • Car exhaust • Drowning
41 – 50 years	<ul style="list-style-type: none"> • Drowning • Overdose • Jumping from a cliff, building or bridge • Hanging
51 – 60 years	<ul style="list-style-type: none"> • Jumping from a cliff, building or bridge • Drowning • Overdose
61 – 70 years	<ul style="list-style-type: none"> • Drowning • Hit by a train • Hanging • Overdose
71 – 80 years	<ul style="list-style-type: none"> • Drowning • Jumping from a cliff, building or bridge
81 – 90 years	<ul style="list-style-type: none"> • Drowning • Jumping from a cliff, building or bridge

TABLE 2:
Common Methods of Suicide for Males

Age Range	Common Methods Employed by Males
18 - 30 years	<ul style="list-style-type: none"> • Hanging • Jumping from a cliff, building or bridge • Hit by a train • Drowning • Car exhaust • Setting fire to themselves
31 – 40 years	<ul style="list-style-type: none"> • Hanging • Drowning • Jumping from a cliff, building or bridge • Overdose • Shooting • Run over by train • Car exhaust • Exposure • Setting fire to themselves
41 – 50 years	<ul style="list-style-type: none"> • Hanging • Drowning • Jumping from a cliff, building or bridge • Hit by a train • Car exhaust • Overdose • Shooting • Setting fire to themselves • Electrocutation
51 – 60 years	<ul style="list-style-type: none"> • Drowning • Hanging • Shooting • Overdose • Car exhaust • Hit by a train • Slashing neck
61 – 70 years	<ul style="list-style-type: none"> • Hanging • Drowning • Car exhaust • Jumping from a cliff, building or bridge • Overdose
71 – 80 years	<ul style="list-style-type: none"> • Hanging • Drowning • Jumping from a cliff, building or bridge
81 – 90 years	<ul style="list-style-type: none"> • Hanging • Drowning
90 – 100 years	<ul style="list-style-type: none"> • Hanging • Hit by a train • Car exhaust

How do I work out which method(s) are most likely?

Once someone has made up their mind to commit suicide, they generally want to carry out the act as quickly as possible and with the least amount of effort. On this basis, in addition to considering the age and sex of the missing person, it is essential to consider their available 'access-to-means' in order to more accurately predict which methods are possible or most likely for an individual case. There are two main inter-related elements to this:

1. Access-to-means in the environment
2. Access-to-means in relation to necessary items

The nature of the environment within which the missing person lives may indicate an obvious availability of certain methods. For example, someone who lives in a built up city centre environment may not have ready access to bodies of water and, therefore, be more likely to jump from a building. Furthermore, people who live in city environments often find it difficult to obtain sufficient privacy to enable them to successfully commit suicide. Therefore it is not unusual for them to book into a hotel room in order to carry the act out (e.g., overdose). Indeed, people have been known to simply book into the hotel nearest their home address.

Conversely, a person living in the countryside who does not have access to a body of water, may choose to hang themselves from a tree rather than jump from a building. Other obvious environmental 'access-to-means' would be sea cliffs or a harbour wall. Such environmental features are obvious high risk areas.

Obvious ready access to certain necessary items may help prioritise likely methods. For example, someone who has easy access to medication should be considered at higher risk of taking an overdose. Equally, access to firearms is a high indicator of a probable method.

What do I need to consider to identify specific possible suicide locations?

People choose the location of their suicide for one of two reasons. Either for its practical aspects (e.g., a conveniently high building; the nearest body of water; the nearest railway line), others choose the location because it has some personal significance to them (e.g., where they used to walk their dog; where they met their partner; the secret place they went to with their lover; their favourite beauty spot).

Are method and location linked?

As the two sections immediately above indicate, choice of method and choice of location may go 'hand-in-hand'. Thus, establishing one, may allow the other to be readily worked out. For example, if a person has a ready access to medication but no apparent privacy in which to take an overdose, the individual may well have checked themselves into a hotel. Another example is where the individual has an obvious personal place in the countryside where there are trees and they have access to a rope which is missing from its usual place in the garage.

If no information is available where do I start searching for the person?

When dealing with a missing person who is thought to be in danger of taking their own life, and there is little or no information available, it can be difficult to formulate a logical search strategy. In such cases it is necessary to look at where people of a similar gender went when they committed suicide, as well as the distance they travelled from their home address.

The following tables provide two vital pieces of information for the Search Advisor:

1. Approximate search area sizes
2. Likely places within the search area where the missing person may be found.

The information contained in these tables should be used as an approximate guide and always in conjunction with all other sources of information / intelligence available.

Females who are suicidal

How far do suicidal females travel on foot ?

1. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	1.10 kilometres
50%	1.50 kilometres
60%	2.00 kilometres
70%	3.20 kilometres
80%	4.90 kilometres
90%	6.90 kilometres
95%	8.00 kilometres
99%	10.00 kilometres

Where are they likely to be found?

Many women who commit suicide do so by drowning. Therefore rivers, riverbanks, beaches, the sea and even garden wells featured as places found. Smaller numbers chose to suicide at their boyfriend/girlfriends houses, railway lines/stations, rural beauty spots, in woods (hanging), graveyards, and farm buildings.

When someone chooses to drown themselves, the point at which they enter the water is often some distance from where the body is eventually found, especially in fast flowing rivers or in the sea. The point of entry is often indicated by items of clothing or a handbag being left behind on the riverbank. These items are often picked up by members of the public and handed into the police as 'found property'. If drowning is suspected, it is always worth checking local found property registers.

If suicidal females use a motor vehicle – how far are they likely to travel?

2. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	11.00 kilometres
50%	11.50 kilometres
60%	20.00 kilometres
80%	25.00 kilometres
90%	44.00 kilometres

- One person travelled 617 kilometres to commit suicide. Significance of location is unknown. Chose rural area – method car exhaust.
- One person used public transport and travelled 64 kilometres, walked onto a moor – suicide by exposure.

Where are they likely to be found?

The majority of these women travelled to rural beauty spots, often near water, such as sea cliffs or rivers. Unlike their male counterparts, very few were found in secluded wooded areas. Picnic sites and rural car-parks are also fairly popular spots.

If the car has been found and there is no trace of the occupant – how large should my search area be?

3. Distance between vehicle & place found

Cumulative percentage of cases	Distance between vehicle and place found
25%	50 metres
50%	150 metres
80%	500 metres
99%	900 metres

Males who are suicidal

Suicidal males who travel on foot

1. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	500 metres
50%	850 metres
60%	1.10 kilometres
70%	1.30 kilometres
80%	1.70 kilometres
90%	2.40 kilometres
95%	4.10 kilometres
99%	8.00 kilometres

Where are they likely to be found?

The vast majority of those people who travel on foot end up in woods hanging themselves on trees, or in rivers having drowned themselves. Others are found in public parks, railway lines/stations, in outhouses near their own homes, local quarries, drowned in harbours, washed up on beaches, or at their place of employment.

It should be remembered that people who drown in rivers are often swept down river for some distance, or people who go into the sea can be caught up in currents and are often found well beyond the distances quoted in the above table. The point of entry however is likely to be within the above distances.

It should be remembered that a large number of people who commit suicide, do so in the privacy of their own homes. The majority of these are easily found. A small minority however choose to hide themselves away in attic spaces, basements, cupboards, garages and outhouses. Searchers should pay close attention to these and other hidden locations before extending the search beyond the home address.

A similar phenomenon can also occur where people choose to commit suicide at their place of employment. They tend to have an intimate knowledge of the premises and often hide themselves away in a secluded location to commit the act.

If suicidal males use a motor vehicle – how far are they likely to travel?

2. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	5.30 kilometres
50%	8.20 kilometres
60%	9.80 kilometres
70%	17.00 kilometres
80%	22.00 kilometres
90%	50.00 kilometres
95%	75.00 kilometres

- Two people travelled approximately 650 kilometres to commit suicide. Significance of location is unknown. Both people chose to stop in a lay-by in a rural location, one shooting and one car exhaust.

Where are they likely to be found?

The vast majority of those who use a vehicle, travel to secluded rural locations, often wooded. A large number of these locations tend to be situated just on the outskirts of built up areas, often fairly close to the missing person's home.

Others chose places such as their work address, beauty spots within city environments, car parks, lay-bys, often near rivers or the sea, some even booking themselves into accommodation.

If the car has been found and there is no trace of the occupant – How large should my search area be?

3. Distance between vehicle & place found

Cumulative percentage of cases	Distance between vehicle and place found
40%	250 metres
50%	300 metres
60%	400 metres
70%	500 metres
80%	600 metres
90%	900 metres
99%	1,400 metres

Where are they likely to be found?

The longer distances tend to be people who walk to specific locations, usually bodies of water to drown themselves. The vast majority of these cases consist of people who chose to hang themselves, usually from a tree near to the vehicle. There were a small number who drowned, took an overdose, or died from exposure.

Longer distances

There was one case where the body was washed up on the beach 5.5k from the vehicle, and another where a hill walker walked 12k from his vehicle to a specific remote spot where he chose to suicide. Hence, such distances are possible.

Suicide Check List



SUICIDE – PROFILING CHECKLIST

Unfortunately a number of people who go missing, do so with the intention of committing suicide. The reasons for this are numerous and complex. Often, there is an explicit indication that the person intends to take their own life (e.g., a suicide note). In other cases, such explicit indications may not be present but the potential for suicide should still be considered. Specifically, two questions should be uppermost in every officer's mind:

1. Is the person at risk of suicide?
2. What should the search strategy be?

In order to assess whether the missing person may be at risk of suicide, a large number of inter-related factors need to be considered. The following questions, used in conjunction with the preceding Suicide Guidance Note, may prove useful in order to ensure that full and sufficient enquiry / risk assessment are made:

Suicide notes / intent

- Is there a suicide note on this occasion?
- Where was the note located?
- What does the note contain?
- Had the missing person talked about committing suicide?
- If they have access to a computer, have they visited any 'suicide websites'?
- Have they done anything out of character / unusual recently i.e. become more affectionate?

Previous suicide attempts

- Has the missing person previously attempted suicide?
- If so, what were the circumstances – methods; times; dates?
- What were the locations of these attempts?

Mental illness

- Has the missing person been diagnosed with a mental illness?
- If yes, what is the nature of the illness?
- What is their current mental state (i.e., when last seen by informant)?

Drugs / Medication

- Was the missing person known to have been taking any drugs/medication?
- What was the name and nature/purpose of these drugs?
- Are the drugs prescribed or illegal?
- Were they known to have consumed any just prior to their disappearance?
- If so, was this known to be an excessive amount?
- Has the person failed to take their prescribed medication?
- What affect has/will this have in relation to their behaviour / mood?
- Could they have 'stock piled' their medication in order to overdose?
- Is there any indication of alcohol consumption immediately prior to their disappearance?

Residential circumstances

- What is the nature of the missing person's residential circumstances?
- Do they live in a predominantly rural or urban area?
- Does the missing person live alone?

Reported missing

- Have they ever been reported missing before?
- Who reported the person missing?
- When was the report made?
- When was the missing person last seen by the informant?
- What made the informant report the person missing?
- Have there been any subsequent sightings of the missing person? If yes, what are the circumstances?

Other contextual/circumstantial information

- What is the missing person's occupation / employment?
- Do they have any current problems at work?
- Is the missing person in any form of financial debt?
- Have they recently been diagnosed with a terminal / debilitating illness?
- Are there any other apparent reasons / triggers for suicide i.e. alleged criminal activity, relationship problems?

Family history

- Is there a history of suicide/suicide attempts within the victim's family?
- If yes, what were the circumstances?
- Does the disappearance coincide with any significant family events i.e. bereavement?

Access to suicide methods

- Does the missing person have ready access to any methods of taking their own life i.e. access to a firearm; suitable medication, live near woodland; water, (drowning is possible in very shallow water)?
- Are they familiar with / have any association to, the local railway network?

Likely locations

- What are their favourite / familiar places?
- Where do they go for walks / walk the dog?
- What are their hobbies – are any locations of personal significance?
- What are their routines – do these involve particular locations?
- Is their address a temporary place of residence?
- Are there any other significant places of residency – current or in the past?

Method of transport

- Did they leave on foot?
- Do they have a vehicle with them?
- Could they have used, or do they make regular use of public transport?

Dementia



What is dementia?

The term dementia describes a loss of mental ability severe enough to interfere with normal activities of daily living. The condition most commonly associated with dementia is Alzheimer's Disease, which is a degenerative disease affecting the brain. It is important to remember, that while anyone who suffers from Alzheimer's can be said to have dementia the opposite does not apply (i.e., not everyone who suffers from dementia has Alzheimer's disease). Examples of other diseases where dementia symptoms may be manifest are:

- Parkinson's Disease
- Huntington's Disease
- Picks Disease
- Mini-strokes (Vascular Dementia)
- Fluid on the brain (Hydrocephalus)
- Korsakoff's Syndrome and other alcohol related dementia
- Following brain injury
- As a result of a brain tumour
- AIDS related dementia.

Regardless of which disease has specifically resulted in the dementia, the behaviour patterns displayed by sufferers are very similar. Consequently, search planners should not become unduly distracted by which underlying illness/disease has caused the dementia. The search strategies outlined in this section are generic to all.

How does it generally affect behaviour?

People with dementia are at risk of wandering and getting lost because they are disorientated, restless, agitated and/or anxious. Once lost, they are in danger of injury and even death from falls, accidents, and exposure. The acute medical conditions associated with this illness compound the likelihood of serious negative outcomes. Disturbed sleep patterns can result in unexpected wandering at night.

Why does this happen?

In their own mind they can believe they are looking for something (e.g., a familiar place, a familiar person, something to eat); or think they need to fulfil former obligations (e.g., work or child care). This results in goal-driven wandering which is industrious and purposeful, where the person is searching for something or someone such as a mother, home, place of work or a particular object. Others may engage in random wandering which can sometimes have no real purpose, or where they are attracted by something which initially takes their interest, but can become quickly distracted to another purpose or stimulus.

Are there different severities of dementia?

While the medical profession classify dementia sufferers into one of three categories (mild, medium or severe), police search strategies are best based around a more simple classification of mild or severe. A mild sufferer is someone who is still generally capable of looking after themselves, even if they have people coming to give them help from time to time with certain things. In direct contrast, a severe sufferer is someone who is no longer capable of looking after themselves, they require full-time supervision or live-in help.

How does this affect where they are likely to be found?

Fundamentally, severe dementia sufferers are most likely to be found in locations indicative of random wandering. This is the case regardless of whether they believe their motivation for wandering is random or goal-driven (e.g., I'm going to work) as they will suffer a high degree of delusion.

However, for milder dementia sufferers, the types of locations in which they are likely to be found may be directly dependent upon their personal motivation for wandering. While some may engage in random wandering, milder sufferers typically engage in more goal-driven wandering and are more likely to use a car or public transport to achieve their desired goal.

It is a fundamental challenge for search advisors to determine which particular goal the missing person might be heading for. A good search strategy may be to focus on several possible goals simultaneously.

What are the search implications?

In line with the fact that a mild dementia sufferer can largely still look after themselves at home, they are also still capable of interacting with the outside world. Consequently, in comparison to severe dementia sufferers, they are more likely to:

- Make use of public transport
- Travel further distances
- Some even use cars

It is not uncommon for a mild dementia sufferer to park their car to go shopping, then completely forget where the car is parked. They can also be found sitting in their car some distance from their home address with no idea how they got there.

If they are in care, they are most likely to try and return to their home address. They may also be found at previous home addresses or previous places of employment. Some males have even been known to turn up in local pubs having a drink. Many of the goal-driven individuals in this group are quite capable of achieving their goals.

Good, thorough enquiry is critical to understanding the severity of dementia the missing person suffers from and to understand any motivations for their wandering:

- It is, important to carry out as much enquiry as possible into the missing dementia sufferer's personal background (e.g., their interests, recent conversations) in order to understand their motivations and to predict possible places/ items of attraction (e.g., a previous home address, a previous work place, a graveyard where a relative is buried, an interest in horses).
- If there is a railway station, bus station or bus stop near to the missing dementia sufferer's home address or place missing from, this should be checked, staff within ticket offices spoken to and any available closed circuit television checked.

Generally, the severe dementia sufferer is likely to travel shorter distances than the mild sufferer. They may set off with one thing on their mind but become easily distracted by something they see or hear. Just over half of all missing dementia sufferers are found walking in the street. For the severe sufferer, the street they find themselves walking on can become like a 'bob sleigh run' or a 'Scalextric track' for them, whereby they follow the road / track wherever it leads them. It is worth taking a good look at the area the person has gone missing in to see if there is an obvious road, track or path they might follow.

It is also very important to bear in mind that the severe dementia sufferer often has a very different perspective of the environment than a searcher. A fire break in a forest, with lots of branches on the ground, would seem an uncomfortable place to walk by a searcher, but the severe dementia sufferer may view this as just another 'track' to walk along. Searchers should consider searching a short distance into these types of locations to ensure the missing person is not lying entangled in the undergrowth.

There are numerous cases recorded where dementia sufferers have become trapped in soft marshy ground or even being found drowned or suffering severe hypothermia at the edge of both small and large areas of water. This is often due to them having mistaken the marshy ground, and even the water, for flat easy places to walk.

Dementia, particularly Alzheimer's disease, tends to be associated with those aged 64 years and over. There are, however, numerous cases of people suffering dementia from their mid forties onwards. Interestingly, this younger age group (mid forties to mid sixties) tends to be the group which regularly makes use of public transport, travel further distances and, unlike the older age group, have a tendency to seek shelter either at friends' or relatives' addresses.

Are there any other specific search considerations?

Both mild and severe sufferers, who end up walking away from roadways and tracks, have a tendency to be directed by natural barriers. If they come up against a fence, wall or thick hedge, for example, they are likely to follow the barrier in one direction or the other rather than go over it. Searchers should therefore take a particular interest in all such structures, natural or man made. However, the missing person can attempt to cross these barriers if something specifically attracts them or they are goal-driven in a particular direction.

Due to their often elderly/frail condition, many of those who attempt to cross fences or ditches become stuck or entangled. Searchers, particularly air support, should concentrate much of their effort on searching along these types of barriers. Search experience has shown that dementia sufferers who are strongly goal driven wanderers are often traced at locations which coincide with an invisible line drawn between the place missing from and the particular goal they are heading for.

Do they have a previous history of wandering?

40% of females and 50% of males in this category were reported missing previously. 30% of both these groups had been missing on more than one occasion. It is, therefore, imperative that enquiry be made regarding the circumstances of any previous history of wandering and, specifically, the locations they were found at previously.

What are the search strategy Options

The following tables provide three vital pieces of information for the Search Advisor:

1. A general indication of the time scales within which one could expect to locate a missing dementia sufferer
2. Approximate search area sizes and associated location probabilities
3. Likely places within the search area one would expect to locate the missing person.

The information contained in these tables should be used as an approximate guide and always in conjunction with all other sources of information / intelligence available.

Females suffering from dementia who travel on foot

1. Time taken to locate

Cumulative percentage of cases	Time lapse between reported and location
40%	1hr 10min
50%	1hr 15min
60%	2hr 00min
70%	2hr 30min
80%	3hr 45min
90%	5hr 30min
95%	8hr 00min
99%	9hr 20min

2. Distance between location missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	300 metres
50%	700 metres
60%	900 metres
70%	1.2 kilometres
80%	2.0 kilometres
90%	3.7 kilometres
95%	5.8 kilometres
99%	12.0 kilometres

It is worthy of note that one female dementia sufferer walked 12 kilometres on foot. She followed a roadway and had no idea where she was or what she was doing. This was in a rural location and she left from a holiday home

3. Likely places to find women who travel on foot

59% of female dementia sufferers who wandered on foot were found walking in the street or a roadway of some kind. Others were located at the following places:

- Returned to the place missing from
- Doctors surgery or hospital
- Their home address
- Friend's address
- Neighbour's address
- Relative's address
- At shops
- Hiding within place of residence
- In a pub

Females suffering from dementia who travel on public transport

1. Time taken to locate

Cumulative percentage of cases	Time lapse between reported and location
25%	1hr 30min
50%	2hr 10min
60%	2hr 30min
70%	15hr 30min
80%	35hr 45min
90%	68hr 30min
99%	69hr 20min

2. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
50%	5.80 kilometres
60%	7.20 kilometres
80%	24.00 kilometres
90%	35.00 kilometres
99%	44.00 kilometres

3. Likely places to find women who travel on public transport

The majority were located:

- Walking in street or roadway
- Returned to place missing from
- Travelled to their home address

A smaller percentage were found on public transport or turned up at police stations. It is also interesting to note that two of those who returned to the place they went missing from travelled distances of 45 and 62 kilometres respectively (measured to furthest known point travelled to). One woman who returned used a taxi and her furthest distance was three kilometres.

Males suffering from dementia who travel on foot

1. Time taken to locate

Cumulative percentage of cases	Time lapse between reported and location
40%	1hr 30min
50%	1hr 50min
60%	2hr 30min
70%	3hr 50min
80%	7hr 45min
90%	10hr 15min
95%	12hr 00min
99%	14hr 00min

2. Distance between location missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	1.0 kilometre
50%	1.6 kilometres
60%	2.6 kilometres
70%	4.6 kilometres
80%	6.0 kilometres
90%	7.2 kilometres
95%	10.0 kilometres
99%	14.0 kilometres

3. Likely places to find men who travel on foot

52% of male dementia sufferers who wandered on foot were found walking in the street or a roadway of some kind. Others were located at the following places:

- Returned to the place missing from
- Went to previous home address
- Friends' address
- In fields
- Went to a police station
- Travelled to home address
- Hiding within place of residence
- Neighbour's address
- In a pub
- Local take-away
- Found on a moor
- On a farm (previous employment)

Males suffering from dementia who travel on public transport

1. Time taken to locate

Cumulative percentage of cases	Time lapse between reported and location
25%	3hr 00min
50%	3hr 50min
60%	5hr 15min
70%	7hr 30min
80%	10hr 00min
90%	25hr 00min
99%	64hr 00min

One case took 8 days to find a missing person who suffered severe memory loss due to stroke. He was located living in a hostel 55 kilometres from the nursing home he was missing from.

2. Distance between place missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	6.0 kilometre
50%	8.5 kilometres
60%	11.0 kilometres
70%	16.0 kilometres
80%	28.0 kilometres
90%	35.0 kilometres
95%	50.0 kilometres
99%	69.0 kilometres

3. Likely places to find men who travel on public transport

39% were found walking in the street or a roadway of some kind. Others were located at the following places:

- Relative's address
- Travelled to home address
- Went to previous home address
- Booked into hostel
- In shopping centre
- In a pub
- Travelling on public transport
- Cycling on roadway



Psychosis

Schizophrenia



PSYCHOSIS / SCHIZOPHRENIA

What is Psychosis / Schizophrenia ?

The following are all common terms used to describe the condition Psychosis / Schizophrenia

- ❑ Schizophrenic
- ❑ Paranoid psychosis
- ❑ Paranoia
- ❑ Psychotic
- ❑ Delusional
- ❑ Hears voices
- ❑ Paranoid Schizophrenic
- ❑ Schizophrenic/Manic depressive
- ❑ Schizophrenia / Amnesiac
- ❑ Schizophrenic /Psychotic

There is a common notion that schizophrenia is the same as “split personality” or a Dr. Jekyll-Mr. Hyde switch in character. This is not an accurate description of schizophrenia. In fact, split or multiple personality is an entirely different condition which is quite rare.

“Schizophrenia” is a chronic, severe, and disabling brain disease. People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them.

“Psychosis” is a common condition in schizophrenia, it is a state of mental impairment marked by hallucinations and/or delusions, which are false yet strongly held personal beliefs that result from an inability to separate real from unreal experiences.

“Delusions” patients suffering from paranoid-type symptoms - roughly one-third of people with schizophrenia - often have delusions of persecution, or false and irrational beliefs that they are being cheated, harassed, poisoned, or conspired against. They may believe that a member of the family or someone close to them is responsible for this persecution. In addition, delusions of grandeur, in which a person may believe he or she is a famous or important figure, may occur in schizophrenia. Sometimes the delusions experienced by people with schizophrenia are quite bizarre; for instance, believing that a neighbour is controlling their behaviour with magnetic waves; that people on television are directing special messages to them; or that their thoughts are being broadcast aloud to others.

“Hallucinations” are disturbances of perception that are common in people suffering from schizophrenia. Hearing voices that other people do not hear is the most common type of hallucination. The voices they hear may take the form of a conversation, warning them of impending dangers, or even issuing them with orders.

It is common for those suffering from this disorder to stop taking their medication and/or going for follow-up treatment, this often leads to a return of psychotic symptoms. Without the correct treatment, some people with schizophrenia become so psychotic and disorganized that they cannot care for their basic needs, such as food, clothing, and shelter. Very often, people with severe

mental illnesses such as schizophrenia end up on the streets or in custody / prison, where they rarely receive the kinds of treatment they need.

Anyone suffering from this disorder who is overheard talking about committing suicide should be taken very seriously.

How does this condition affect people travelling on foot ?

How far do they travel ?

Distance between location missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	2.20 kilometres
50%	2.90 kilometres
60%	3.60 kilometres
70%	4.20 kilometres
80%	6.20 kilometres
90%	11.10 kilometres
95%	12.80 kilometres

Where are the likely places these people will be located ?

25% returned to their place of residence, or place missing from of their own accord.

20% were found walking in the street, usually in a city/urban environment

15% were found at friend’s addresses

Others were located in smaller numbers at the following locations:

- ❑ Went to their home address
- ❑ Police Station
- ❑ Boyfriend/girlfriends address
- ❑ In a pub or nightclub
- ❑ Relative’s address
- ❑ Walking in the street – rural area
- ❑ At shops
- ❑ Hiding outside place missing from
- ❑ Hiding within place of residence
- ❑ Nursing home
- ❑ Church
- ❑ Camping
- ❑ Previous home address
- ❑ River bank
- ❑ Drowned in river
- ❑ Found hanged in a wood
- ❑ Sheltering in a ditch
- ❑ Derelict building

How quickly are these people normally located ?

Time taken to locate

Cumulative percentage of cases	Time lapse between reported and location
25%	1hr 05min
50%	2hr 50min
60%	3hr 35min
70%	4hr 10min
80%	6hr 10min
90%	11hr 05min
99%	12hr 50min

How does this effect people travelling by public transport ?

How far do they travel ?

Distance between location missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	46.00 kilometres
50%	69.00 kilometres
60%	150.00 kilometres
70%	162.00 kilometres
80%	257.00 kilometres
90%	462.00 kilometres
95%	480.00 kilometres

Where are the likely places these people will be located ?

Although those using public transport travel much further distances, they tend to be more specific in the locations they are travelling to. Because they make use of the public transport system, much information can be gleaned from ticket offices, bus drivers, CCTV, railway staff etc.

25% - Travelled back to their home address.

20% - Were found walking in the street in city centres, usually places where they have lived previously or had friends living.

17% - Travelled to friends addresses.

Others were located in smaller numbers at the following locations:

- ❑ Returned to place missing from
- ❑ Police Station
- ❑ Boyfriend/girlfriends address
- ❑ In a pub
- ❑ Relative's address
- ❑ Railway station
- ❑ Bus station
- ❑ Booked into accommodation
- ❑ Hostel
- ❑ Homeless refuge
- ❑ Boarding a ferry
- ❑ Previous home address
- ❑ Admitted to hospital
- ❑ Derelict building

How quickly are these people normally located ?

Time taken to locate

Cumulative percentage of cases	Time lapse between reported and location
25%	3hr 00min
50%	6hr 15min
60%	8hr 30min
70%	10hr 15min
80%	20hr 00min
90%	30hr 00min
95%	71hr 00min

As stated earlier, people suffering from this disorder often stop taking their medication, this can often result in them quickly reaching a state where they stop looking after themselves. This is the one group of people, more than any other, who can be found sleeping rough in makeshift shelters, often in woodland or in ditches. They can also be found camping in secluded woodland areas, or living in remote derelict buildings. This behaviour will usually last for a relatively short time, after which they will often go to places where they have previously received medical treatment, for example, mental hospitals, doctors surgeries or even medical hospitals. They also have a tendency to go to addresses where they have lived previously, often sheltered or hostel type accommodation.

How does this effect those who travel in their own vehicles ?

Those who use their own vehicles as a method of transport, tend to travel distances between 5 kilometres and 115 kilometres.

The majority return home of their own free will, some turn up at either mental or medical hospitals, some travel to their home address, and others are found sitting in their cars, usually in car parks within urban environments.

It should be noted that people suffering from this condition have a tendency to use of 'Public Transport' in preference to any other form of transportation.

Bipolar Disorder



Hypomania / Mania (Manic Depression)

Hypomania and Mania are both terms used to describe the condition of Bipolar Disorder. Bipolar Disorder is the clinical term used to describe the condition of Manic Depression.

What are the symptoms of Bipolar disorder?

Bipolar disorder causes people to have dramatic mood swings, going from overlay “high” and/or irritable to sad and hopeless, and then back again, often with periods of normal mood in between. Severe changes in energy and behaviour go along with these changes in mood. The periods of highs and lows are called episodes of mania and depression.

It may be helpful to think of the various mood states in bipolar disorder as a spectrum or continuous range. At one end is severe depression, above which is moderate depression and then mild low mood. Then there is normal or balanced mood, above which comes hypomania (mild to moderate mania), and then severe mania.

Hence the term ‘Manic Depressive’.

The following three paragraphs are descriptions offered by people with bipolar disorder, they provide a valuable insight into the various mood states associated with the illness:

Depression: I doubt completely my ability to do anything well. It seems as though my mind has slowed down and burned out to the point of being virtually useless.... I am haunted... with the total, the desperate hopelessness of it all.... Others say, “It’s only temporary, it will pass, you will get over it,” but of course they haven’t any idea of how I feel, although they are certain they do. If I can’t feel, move, think or care, then what on earth is the point?

Hypomania: At first when I’m high, it’s tremendous... ideas are fast... like shooting stars you follow until brighter ones appear.... All shyness disappears, the right words and gestures are suddenly there... uninteresting people, things become intensely interesting. Sensuality is pervasive, the desire to seduce and be seduced is irresistible. Your marrow is infused with unbelievable feelings of ease, power, well-being, omnipotence, euphoria... you can do anything... but, somewhere this changes.

Mania: The fast ideas become too fast and there are far too many... overwhelming confusion replaces clarity... you stop keeping up with it - memory goes. Infectious humour ceases to amuse. Your friends become frightened.... everything is now against the grain... you are irritable, angry, frightened, uncontrollable, and trapped

Signs and symptoms of mania (or a manic episode) include:

- Increased energy, activity, and restlessness
- Excessively “high,” overlay good, euphoric mood
- Extreme irritability
- Racing thoughts and talking very fast, jumping from one idea to another
- Distractibility, can’t concentrate well
- Little sleep needed
- Unrealistic beliefs in one’s abilities and powers
- Poor judgment spending sprees
- A lasting period of behaviour that is different from usual
- Increased sexual drive
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behaviour
- Denial that anything is wrong

Signs and symptoms of depression (or a depressive episode) include:

- Lasting sad, anxious, or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in activities once enjoyed, including sex
- Decreased energy, a feeling of fatigue or of being “slowed down”
- Difficulty concentrating, remembering, making decisions Restlessness or irritability Sleeping too much, or can’t sleep Change in appetite and/or unintended weight loss or gain
- Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury
- Thoughts of death or suicide, or suicide attempts

What is the likelihood of Suicide ?

Some people with bipolar disorder become suicidal. Anyone who talks about suicide should be taken seriously. Signs and symptoms which may accompany suicidal feelings include:

- Talking about feeling suicidal or wanting to die
- Feeling hopeless, that nothing will ever change or get better
- Feeling helpless, that nothing one does makes any difference
- Feeling like a burden to family and friends
- Abusing alcohol or drugs
- Putting affairs in order (e.g., organizing finances or giving away possessions to prepare for one’s death)
- Writing a suicide note
- Putting oneself in harm’s way, or in situations where there is a danger of being killed

Note:

Sometimes, severe episodes of mania or depression include symptoms of psychosis. People with bipolar disorder who have these symptoms are sometimes incorrectly diagnosed as having schizophrenia, another severe mental illness. See section on Psychosis / Schizophrenia.

How does all this information affect my 'search strategy' ?

When dealing with a missing person suffering from Bipolar disorder, it is critical to establish whether they were in a 'manic' phase or a 'depressed' phase at the time they went missing.

If they are in a manic phase, they are less likely to cause themselves any harm, indeed if they are in the hypomania stage, they may simply be off having a good time, it would be well worth bearing in mind the possibility they have found themselves a new partner and are booked into a hotel, or other accommodation somewhere!

If however they are in the depressed phase of the condition, they should be treated as a depressed missing person, with the possibility that they may be considering suicide. See section on Depression.

56% - Chose to travel on foot
24% - Chose public transport
8% - Chose a motor vehicle

How does this affect people travelling on foot ?

How far do those that travel on foot go ?

Distance between location missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	1.40 kilometres
50%	1.80 kilometres
60%	2.70 kilometres
70%	3.60 kilometres
80%	4.60 kilometres
90%	6.00 kilometres
95%	10.00 kilometres

Where are the likely places these people will be located ?

29% - Returned to their place of residence, or place missing from of their own accord.

14% - Went to their home address

14% - Were found walking in the street –(urban environment)

Others were located in smaller numbers at the following locations:

- Boyfriend/girlfriends address
- Public park
- Relative's address
- Friends address
- Local 'take-away'

How quickly are these people normally located ?

Time taken to locate

Cumulative percentage of cases	Time lapse between reported and location
25%	2hr 00min
50%	8hr 30min
60%	12hr 00min
70%	16hr 10min
80%	22hr 45min
90%	60hr 00min
99%	71hr 00min

How does this affect people using public transport ?

How far do they travel ?

Distance between location missing & found

Cumulative percentage of cases	Distance between location missing and location found
40%	33.00 kilometres
50%	40.00 kilometres
60%	58.00 kilometres
70%	100.00 kilometres
80%	170.00 kilometres
90%	320.00 kilometres
95%	400.00 kilometres

Where are the likely places these people will be located ?

33% - Went to a relatives address

17% - Went to their home address

Others were located in smaller numbers at the following locations:

- Friends address
- Booked into accommodation
- In the street (urban)

How quickly are these people normally located ?

Time taken to locate

Cumulative percentage of cases	Time lapse between reported and location
25%	4hr 15min
50%	15hr 45min
60%	16hr 10min
70%	18hr 20min
80%	23hr 00min
90%	23hr 40min
99%	24hr 45min

Bodies Missing in Water



BODIES MISSING IN WATER

Introduction

Up to 1,000 people drown in the UK every year. Operational Police Officers are often the first Emergency Service on scene, therefore, should have an understanding of what they are dealing with as well as the Health and Safety implications involved. Likewise, it can be the responsibility of 'Police Search Advisors' and 'Search Managers' to organise searches for drowning victims, they too should have a general understanding of what happens to bodies in water and which experts they should turn to for assistance.

General Background

Understanding what happens to 'bodies in water' is not an exact science; the variables in every case are immense. However there are some general 'rules of thumb', which have been learned and observed by those who have worked in this field for many years.

When someone goes into the water, whether accidentally or intentionally, it is impossible to say how long he or she will stay afloat before drowning. Factors such as clothing, injury, swimming ability, water temperatures etc. all play an important part in the eventual outcome.

When someone drowns, it is generally thought that the gasses in the body become compressed, causing the body to sink.

Decomposition then sets in. After some time, gases accumulate within the body and it starts to rise to the surface again. Once on the surface, gases will eventually leave the body and it will once again sink. (It is difficult to put a time scale to this, as much depends on surface temperature). It is unusual for the body to re surface again for a second time.

Rivers

It would appear that bodies in rivers have a tendency to get pushed to the sides.

In slow flowing waters, bodies can become trapped in deep pools and 'backwaters', (areas of water which flows up stream, usually near river banks). However, given time, it is usual for them to eventually get pushed out of these areas. Large rocks and sunken trees will often catch and hold bodies mid stream.

If someone arrives quickly enough at the scene, they stand a good chance of finding the person/body at or very near the point of entry. If the point of entry is known, there is a high probability that the body will remain on that side of the river for at least the first two bends downstream. Beyond that, it could end up either side of the river.

In a river flowing at between 1.5 and 3 knots, a body will move down stream. Anything less and the body should remain in position. However, even in fast flowing rivers, there is a good chance that the body will remain near the point of entry, provided it does not get onto the rivers 'main flow'.

Gauging the speed of a river

To gauge the speed at which water is flowing in the 'main stream' of a river, throw a stick into the water, and walk down the riverbank, keeping pace with the stick. A smart walking speed equates to approximately 3 knots.

Interestingly, even in fairly fast flowing rivers, it takes very little to stop a body flowing with the current. Even as little as the bodies fingertips trailing on a stony riverbed, can halt its progress down stream.

In conditions of less than 1.5 knots, searchers should initially concentrate their efforts in an area between 100 and 150 meters down stream from the known point of entry, particularly if there is a deep pool or area of 'backwater', within the search area.

Search Boundaries (rivers)

When searching a river, the search boundaries tend to be the riverbanks. During the initial stages of a search, (particularly before any 'underwater search' / 'specialist units' arrive at scene), searchers should use the riverbanks as search platforms. (Health and Safety issues must be given due consideration).

Very often it is difficult and at times impossible to search the riverbank you are walking on because of overhangs or dense undergrowth. Searchers should be placed on both riverbanks and be told to spend as much time searching the opposite bank as they do searching the bank they are standing on. The person on the opposite bank often has a better chance of seeing a body hung up on vegetation or tree roots than the person actually searching that bank.

It is always worth sending people quickly down stream to overlook the river from any vantage point, such as bridges. This might give them the opportunity to spot the body being carried by the current. Shingle banks and shallow areas of water, down stream from the point of entry, should be given close attention as being potential catchment areas for the body. If the river has a clear flow to the sea, generally speaking a body will go straight out to sea, particularly in the lower reaches of the river.

When do bodies come to the surface ?

It is very difficult to put an exact time scale on bodies returning to the surface. Variations can occur due to the clothing worn, food in body or if the body has been weighted down. It has been found that it can take about 28 days, give or take one or two days, for the gases within the body to overcome its own weight and for it to rise to the surface.

Whether the body is in salt water or fresh water, seems to make little or no difference to the time it takes for the body to come to the surface.

If and when a body does come to the surface, it can be moved by the wind. Provided the wind speed and direction are similar to when the body surfaced, it is possible to work out where it may have pushed the body.

Tip:

This tip has been used with some success but is only a general guide to predicting where a body on the surface of the water might go. Partially fill a lemonade bottle with water, and then place it in the water near the body's last known position, or at the point where it was thought the body first entered the water. The wind will have a similar effect on the bottle as it would have had on the body.

Bodies under water:

Particularly large areas of still water. Trained 'Cadaver dogs', (and pigs), have been known to air scent water from boats, and pinpoint bodies underwater by locating the gasses coming to the surface from the body.

There are U.K. dogs trained in this skill. Their assistance can be sought through the National Police Improvement Agency.

Expert help

It is always worth speaking to local fishing gillies. They have a wealth of knowledge about the river. They can tell you where things turn up if they go into the water at a certain point, if there are any known pools, which can hold items for a period of time or about any large hidden overhangs on the riverbank.

Bodies missing in the sea

It is very difficult to predict what might happen to bodies that end up in the sea. There are so many variations in tides and currents. It is always best to consult the experts. Local fishermen, Local Marine Rescue, Coastguard etc.

For example, if a body were lost from a boat half a mile off shore, you would have to ask to see the 'Almanac' for undercurrents (available from local Coastguard). These currents are usually between 1 and 3 knots. You will also need to know which tide is prevailing. Using this information, provided you have an exact time date and locus for the body entering the water, you can begin to predict which direction the body might travel.

For a body entering the sea from onshore, it is more difficult to predict direction of travel. A body, which comes off a sea cliff etc., is likely to wash in and out with the tide and wind.

Rivers, which have a clear flow out to sea, can carry bodies out into strong sea currents, which in turn can carry it great distances. If the river mouth is heavily silted, there is a possibility the body will become hung up on one of the silt banks.

The position of a body, which goes into a harbour, is very dependent on local tides, shipping movements and whether or not a river flows through the harbour. It is vital to consult with local Harbour Masters, fishermen and sailors, who all have a good knowledge of where items dropped into the harbour usually turn up.

A point of interest

Generally, fishing waders do not seem to fill up with water. The water pressure tends to hold them tight against the body.

Conclusion

In all of the precedings examples, the key to success in locating a body in water is to find out as much information as possible and to consult with the local experts.

As stated at the beginning, this can never be an exact science. No matter which methods are adopted to conduct a search, they must be systematic, especially when searching rivers. No matter how much pressure you are placed under, never be tempted to miss out an identified search area in order to speed up a search.

The database, from which these 'Profiling Guidance Notes' have been produced, consists of missing person and / or suicide cases collected from around the United Kingdom. Sampling of these cases was relatively informal and, on this basis, it cannot be presumed that they are representative of all missing persons or suicides. Despite this, there are no apparent reasons to believe that the data is actually biased in any specific way. However, the information contained in this document should only be used as a guide, and must be used in conjunction with all other sources of information / intelligence.

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