

## Information and Consent Form - Virtual Reality Headset Viewers

### **Behind Closed Doors: The Cuckooing Hazard Perception Test**

Behind Closed Doors: The Cuckooing Hazard Perception Test is a Virtual Reality (VR) experience that has been co-designed by cuckooing experts from the University of Leeds, Leeds City Council, West Yorkshire Police, South Yorkshire Police, Horton Housing, the National County Lines Coordination Centre. Filming and post-production activity was undertaken by Peel X.

This experience has been created to improve awareness of the 'warning signs' that may be identifiable when cuckooing victimisation is occurring, and is intended to be viewed by professionals aged 18+ years who regularly enter vulnerable people's homes.

The film presents four different cuckooing scenarios that have been inspired by real-life cuckooing cases. Each of the scenarios feature a series of cuckooing 'warning signs' that are internal and external to the victim's property – for example, attempts are made to prevent access to the address, and the resident presents as frightened and dazed.

Your task is to immerse yourself in the film, and to identify as many 'warning signs' as you can in your role as 'visitor'.

The film lasts approximately 14 minutes.

### **Disclaimer**

**VR can affect everyone differently.**

**All viewers must read the following information carefully prior to watching the film.**

- You will be wearing a VR headset for approximately 14 minutes. During this time you will be immersed in a real-life environment with scenes that suggest that the following may be occurring: drug consumption/dealing; threats and violence; harassment; sexual activity; grooming; domestic abuse; and financial exploitation
- If any of the above is a potential trigger for you, you should not watch the film
- You are able to opt out of the experience at any time by either removing their headset or by pressing the power button on the headset
- For safety reasons, **you should remain seated at all times** during the experience

### **Health and Safety Notice**

- This VR experience may cause temporary effects such as dizziness, nausea, disorientation, or eye strain. If you experience any discomfort, remove the VR headset immediately
- Do not use a VR headset if you are pregnant, have a history of epilepsy or seizures, or are under the influence of alcohol or drugs
- People who have medical conditions such as, but not limited to, severe headaches, ear-aches, psychiatric disorders, heart conditions, or any other serious medical condition should consult with a doctor before using a VR headset
- Those who regularly experience motion sickness are at heightened risk of experiencing discomfort when using VR headsets
- Ensure you are in a safe, clear area free from obstacles before beginning the experience

### **Use at Your Own Risk**

Viewing the film is voluntary and at your own risk. You are responsible for ensuring your physical and mental readiness to engage with the content of the film.

### **Liability**

This experience is provided “as is” without warranties of any kind. The University of Leeds does not guarantee uninterrupted or error-free operation.

The University of Leeds is not liable for any injury, loss, or damage resulting from the use of VR equipment or participation in the experience, except where liability cannot be excluded under UK law.

### **Ownership and Rights**

The film is the exclusive property of the University of Leeds and is protected under the Copyright, Designs and Patents Act 1988 and all applicable UK and international copyright laws. All rights not expressly granted are reserved.

### **Consent**

Please read the following:

- I have read the above information carefully
- I have no pre-existing medical conditions that are incompatible with using a VR headset
- I understand that any damage to clothing and/or personal items is my sole responsibility
- I understand that the VR experience contains strong/offensive language and content that may be distressing or triggering
- I will remain seated at all times during the experience
- I understand that this completed form will be held in accordance with the data protection and retention policies of the workshop provider

I confirm that I have read, understood, and agree to the above terms (please tick) ☐

Full name \_\_\_\_\_

Employer \_\_\_\_\_

Date \_\_\_\_\_



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