

Reducing Repeat Victimization Among High-Risk Victims of Domestic Violence

The Benefits of a Coordinated Community Response in Cardiff, Wales

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The goal of Multi-Agency Risk Assessment Conferences (MARACs) is to provide a forum for sharing information and taking actions to reduce harm to high-risk domestic violence victims. Interviews with participants and victims, observations, and police data reveal how the MARACs work in practice and also what they can accomplish. Results showed MARACs to be invaluable: Agencies assisted victims more efficiently, primarily through enhanced information sharing. MARACs improve victims' safety because both police and victim data revealed that 6 in 10 victims had not been revictimized. These positive results demonstrate the benefits of a coordinated community response.

Keywords: *coordinated community response; high-risk domestic violence victims; risk assessment*

Domestic violence is considered to be a serious problem in Britain. In 2001, the British Crime Survey found that 45% of women could recall being subjected to domestic violence (abuse, threats, or force), sexual victimization, or stalking at least once in their lifetime (Walby & Allen, 2004). The cost of domestic violence to the criminal justice system, health care, social services, emergency housing, and civil legal services is estimated at £3.1 billion (about US\$5.6 billion) per year (Walby, 2004). National attention has been focused on how to reduce domestic violence and improve support to victims and their children. For example, the Domestic Violence, Crime and Victims Act (2004) has one of its central aims to encourage good practice in the treatment of victims and witnesses. This was partly in response

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to the government's white paper on criminal justice reform entitled *Safety and Justice* (2003), which implemented a three-pronged approach to tackling domestic violence, including prevention, protection and justice, and support to victims. The current emphasis placed on providing both an effective and empathetic approach to domestic violence victims in England and Wales has translated into many innovations at the local level, such as the one evaluated in this study.¹

In December 2002, the South Wales Police (SWP) in Cardiff, Wales, piloted a victim risk indicator form for responding officers to complete at the scene of domestic violence incidents as a third page to the standard two-page domestic violence complaint form. The risk instrument emerged from a review of 47 domestic homicides, relevant research, and communication with other community and criminal justice agencies. The aim of the risk indicator form is to identify serious cases of domestic violence that can be addressed through Multi-Agency Risk Assessment Conferences (MARACs). The first MARAC was held in April 2003 in Cardiff and was attended by members of 16 agencies, including police, probation, local authority, health, housing, Women's Aid (the British refuge organization), the NSPCC (the British child protection charity), and the Women's Safety Unit (WSU; a community-based advocacy service for victims of domestic violence in Cardiff; see below).

The MARAC process is part of the Multi-Agency Public Protection Arrangement (MAPPA) that was introduced for the management of violent and sex offenders arising from Section 67 of the Criminal Justice and Court Services Act (2000). Introduced in April 2001, MAPPAs are a common feature in jurisdictions throughout the United Kingdom, and their focus is getting police and probation to work more closely in managing the risks posed by dangerous offenders in the community. However, MARACs are an initiative unique to Cardiff (although the positive results in Cardiff have led to their expansion elsewhere) and differ in two important respects: Their focus is on managing the risk to victims, and the agencies involved extend beyond the criminal justice system.

The MARACs occur monthly (but have recently increased to fortnightly) and provide a forum for sharing information and taking actions to reduce future harm to high-risk victims and their children. At the meetings, the circumstances of individual victims (all women) are discussed, and plans are created to help promote their safety. Representatives from various agencies contribute information, and often this process reveals discrepancies in the information held across agencies. For example, the police might have knowledge of one woman as a repeat, high-risk victim, but probation might not have any knowledge of her partner being a serious domestic abuser, or he might not be on their computer system at all. Only in a multi-agency framework can these loopholes be identified and closed. This article reports on research recently conducted on both the process and outcomes of the MARACs. However, first it will be helpful to locate the MARACs in other multi-agency work happening in Cardiff.

Background to Multi-Agency Work in Cardiff

Cardiff is the capital city of Wales, with a population of approximately 308,000. During the past few years, Cardiff has been the site of much innovation in terms of providing better service to domestic violence victims through partnerships between criminal justice agencies and the voluntary support sector. MARACs are the newest addition to this long (and increasingly distinguished) line of progressive programs. All of the programs utilize a multi-agency approach and illustrate how trusting and productive working relationships among agencies are a vital ingredient for reducing domestic violence in the community (Robinson & Pickles, 2003). The exemplar of this is the WSU. The WSU provided service to its first client in December 2001, and to date more than 6,601 women and their 7,775 children have been referred to the WSU (Robinson, 2003). The WSU provides a central point of access for women and their children experiencing domestic violence or known-perpetrator rape in the Cardiff area. Although the overriding aim of the WSU is to help victims gain safety, the WSU team (consisting of one director, three administrators, six victim advocates, and one seconded police officer) also provides advice, advocacy, specialist counseling services, legal services, housing services, referrals to refuge, target hardening, and evidence collection. In this way, victims are provided with an effective, immediate, and consistent range of support services at one referral point.

People from many agencies working together conceptualized how a “one-stop shop” for women experiencing domestic violence in Cardiff should take shape. The WSU was therefore the creation of people who had invested time and effort from the beginning. In addition, the day-to-day working relationships of people from the police, the Crown Prosecution Service (CPS), the WSU, Women’s Aid, and others are imbued with trust, understanding, and cooperation. Partly because many of the key players are professionals with extensive knowledge of and many years experience working within the criminal justice system, relationships go back further than the creation of the WSU. The vision of the WSU is to bring about sustainable change in the multi-agency arena and to help create a culture in Cardiff where domestic violence and nonconsensual sex are not accepted. It is believed that only through multi-agency partnerships can this be accomplished.

In addition, the SWP has been particularly innovative in its response to domestic violence. One example is in the area of risk assessment. As mentioned previously, their risk assessment form was developed from a review of the past 47 domestic homicides investigated by the SWP, relevant research, and working within a multi-agency environment in which they could capitalize on the knowledge and expertise of both criminal justice and community practitioners. In addition, survivors of domestic violence reviewed and approved the form. The form contains 15 yes-no questions and an area for officers to note any additional information about the victim, such as whether the victim is particularly isolated from family or friends, how frightened the victim is, and what the victim believes the perpetrator will do in the future. The questions were

designed with an understanding of the research on correlates of severe harm or mortality in cases of domestic violence.

The multi-agency approach in Cardiff also led to discussions about how to increase the efficiency and effectiveness with which cases of domestic violence are prosecuted in Cardiff courts. The focus of the meetings was on structuring a fast-track process whereby domestic violence cases were flagged, prioritized, and streamlined through the magistrates and crown courts, where they are heard by magistrates or judges who have received training on domestic violence (provided by the WSU). The two primary goals were to shorten the process time and to increase women's safety by keeping them informed about their cases. In 2001, a joint memorandum of understanding was agreed to by the CPS and the WSU, and the new system was adopted and in place beginning January 2002. The Cardiff court was one of five Specialist Domestic Violence Courts (SDVCs) in England and Wales that was recently evaluated as part of the national CPS-funded Domestic Violence Project (Cook, Burton, Robinson, & Vallely, 2004). One noteworthy finding from Cardiff was that victims continued with their cases a significantly longer amount of time before retracting, perhaps reflecting the notion of "supportive retractions,"² whereby the process of retracting takes more time and communication between victims and agencies such as the WSU. In conclusion, it can be seen that multi-agency work and trusting partnerships between criminal justice and voluntary sector agencies is not only pervasive but common practice in Cardiff. It will be useful here to review the current state of knowledge about risk and domestic violence before proceeding to document the practice, perceptions, and outcomes of risk assessment in Cardiff.

Risk Assessment in Domestic Violence Cases

Risk assessment in cases of domestic violence can be defined as trying to identify those victims who are most at risk of experiencing violence in the future. Accurate risk assessments serve several important objectives. First, risk assessment tools (e.g., that used by the SWP) provide a structured way for responding officers to gather detailed and relevant information from victims. This information, particularly when shared with other agencies, can help provide better service to victims because their specific needs are identified. For example, some victims will require more intensive advocacy or support to proceed with a case or leave their partner than will others. It also provides an enhanced paper trail of evidence should the victim choose not to go forward with the case, helping prosecutors make more informed decisions about whether to proceed with cases when victims retract, for example in the public interest.

A second related reason is that risk assessment can help save scarce criminal justice resources by helping identify those victims in particularly dire situations who will require more intensive assistance from police or other agencies. After analyzing data

from two national surveys, Straus (1990) noted that once assaultive behavior occurs in a relationship, it often becomes chronic. In addition, studies with victims document that violence can escalate over time (Fagan, 1989; Walker, 1979). It is therefore hoped that expending more resources or effort up front for domestic violence victims will pay off in terms of preventing chronic, escalating abuse. It is also why some view risk assessment in cases of domestic violence as homicide prevention.

Third, when embedded within multi-agency frameworks, risk assessment helps more agencies become aware of the most dangerous offenders, helping to keep their workers safe. Typically, police and maybe probation would be the only agencies privy to this information. By sharing risk assessment information, it is possible to keep health visitors and others aware of households where they could be at a higher risk of harm, such as those where a domestic violence offender resides and/or weapons are present. For these reasons, risk assessment is an important part of a coordinated community response to domestic violence. Past research has revealed several risk factors for repeated domestic violence that are described in the next section.

Correlates of Severe Harm or Mortality

Goodman, Dutton, and Bennett (2000) explored the utility of the Danger Assessment Scale (DAS), developed by Campbell (1986), in predicting repeat abuse among a sample of battered women seeking help from the criminal justice system. This scale is similar to that used by the SWP, as it is a simple, 15-item checklist designed to elicit information from the victim to identify those who are at a high risk for repeat violence or homicidal violence. The DAS gathers information about escalation of violence, psychological abuse, threats, and use of weapons, drugs, and alcohol. After 92 women in Washington, D.C., completed the DAS as part of a court-intake program, Goodman et al. were able to recontact 49 of them 12 weeks later to assess whether they had experienced any additional threats or violence. Results indicated that women's scores on the DAS significantly predicted repeat abuse. In addition, they found that the DAS was a much better predictor of repeat abuse than the widely known Conflict Tactics Scale. Although the authors recognize the limitations of their study, including a small sample size, a 53% recontact rate, and short follow-up of three months, the research does provide empirical support for the use of risk assessment checklists for identifying victims who are at a greater risk of additional violence in the short term. However, no attempt is made at distinguishing whether some risk factors might be better predictors of repeat violence than others. In light of this, we must ask whether it is appropriate to give all risk factors equal weighting.

Bennett, Goodman, and Dutton (2000) go some way toward answering this question with their study. In particular, they wanted to assess the importance of psychological abuse as a risk indicator. Two main components of psychological abuse were identified: dominance-isolation (e.g., demands for subservience, isolation from resources) and

emotional/verbal abuse (e.g., degrading the victim, attacking her verbally). In their review of the literature, they noted that psychological abuse has been correlated with more long-term, severe physical abuse. The theoretical rationale for this is based on the Duluth model, where perpetrators are seen to use both psychological abuse and physical violence to maintain control over their partners. Quantitative analyses showed that psychological abuse, especially dominance, was a strong predictor of repeat violence, even when other standard risk factors (see Campbell, 1995, for an overview) also were included in the model (e.g., past violence, criminal record, drug abuse). These findings support the notion that police and others working with victims of domestic violence need to pay attention to both the psychological and physical abuse experienced by victims, especially because psychological abuse appears to accurately differentiate those victims who are likely to experience further violence from those who are not.

Threatening behavior is another form of psychological abuse that perpetrators of domestic violence may use to keep their partners living in fear. Perpetrators who make threats toward the victim (or others who are important to her, such as her friends or family or their children) also have been viewed as more dangerous and at risk of committing additional violence (or even homicide). Although the empirical support for this notion is mixed, threats often precede physical attacks and have been included in risk assessment tools that are good predictors of future violence (Hemphill, Hare, & Wong, 1998).

One of the more well-known risk factors for severe harm or homicide is when the relationship is being dissolved. Wilson and Daly's (1992) research found that women are at greatest risk of homicide after they separate from a violent partner. A related concern has to do with child contact, which also can provide the opportunity for conflict (and violence) to continue. Recent research in the United Kingdom found that more than three fourths of a sample of separated women suffered further abuse and harassment from their former partners and that child contact was a point of particular vulnerability for both the women and their children (Humphreys & Thiara, 2003).

In a recent review of the research on pregnancy and domestic violence, Jasinski (2004) argued that the available evidence is contradictory about whether pregnancy increases a woman's risk of domestic violence. For example, although hospital- or clinic-based studies find that pregnancy may increase a woman's risk, other national studies do not. However, Jasinski notes a lack of research that is specifically designed to look at this issue. In addition, she notes that although there may not be clear-cut empirical evidence that supports the notion that pregnancy increases a woman's risk of domestic violence, the anecdotal evidence from health care providers and victim advocates suggests that it is a time of increased risk. Furthermore, it is certainly not a time of decreased risk to the woman, despite potential injury to the fetus.

Sexual abuse is only recently being recognized as a significant component of domestic violence. It is commonly held among practitioners that sexual abuse is a risk factor that signals a troubling escalation of the abuse. The recent evaluation of the WSU (Robinson, 2003) showed that perpetrators with previous domestic violence

complaints were much more likely to inflict sexual abuse on an intimate partner. Specifically, about 1 in 3 perpetrators who had previous domestic violence complaints sexually abused their partners, compared to 1 in 10 perpetrators without previous domestic violence complaints. Risk of future violence and risk of sexual abuse perpetrated by the same person would therefore appear to be strongly correlated.

Risk to victims is also shown to play a role in police decisions to make arrests at domestic violence incidents. Kane (1999) modeled 668 domestic violence incidents in Boston and found that police were more likely to make arrests when they perceived victims to be at greater risk of further violence. In his study, risk was measured as use of fists, feet, or a weapon against the victim. This study reminds us that assessments of risk are made on a daily basis by professionals on the ground. The SWP risk assessment tool, therefore, can be seen to enhance existing knowledge about which victims are particularly vulnerable.

In 2003, the SWP received approximately 260 domestic violence complaints per month for the Cardiff area. Use of the risk indicator form resulted in about 24 women per month being classified as high risk and subsequently referred to a MARAC. Table 1 summarizes the risk factors found in past research and how they are measured on the SWP risk indicator form.³

Statement of the Problem

The current study makes a contribution to the literature in several ways. First, past research offers strong support about the importance of many risk factors; however, for some, such as pregnancy, there are contradictory findings. The current research could offer additional empirical evidence about these risk factors. Second, most existing research was conducted in the United States. Little is known about the role of risk assessment in cases of domestic violence in other countries. Illustrating how risk assessment works in a Welsh context, therefore, would contribute an important international replication. Finally, past research has tended to focus on identifying those risk factors that accurately predict repeat victimization. However, what is now needed is an understanding of how risk assessment can inform responses to domestic violence victims. In particular, what can be done to help those victims who are identified as high risk for future domestic violence? The current study is not only able to contribute additional empirical scrutiny of various risk factors in a British context but also evaluates an innovative multi-agency response provided to high-risk victims. Specific questions to be answered by the current study include the following:

- How do the agencies involved in the MARACs share information, cooperate, and develop proactive strategies as a team?
- What are the most frequent actions to which agencies agree at the MARACs, and which agencies agree to take them?

Table 1
Overview of Risk Factors

Identified in Past Research	Question on the Police Risk Indicator Form
Past physical abuse	Does partner/ex-partner have a criminal record? If yes, indicate if DV related. Has partner/ex-partner attempted to strangle/choke past or current partner?
Escalation of abuse	Is the abuse becoming worse and/or happening more often?
Weapons	Has the incident involved the use of weapons? If yes, does this cause significant concern?
Unemployment	Is assailant experiencing/recently experiencing financial problems?
Alcohol or drug abuse	Does the assailant have problems with alcohol, mental health, and/or drugs?
Pregnancy	Is the victim pregnant?
Psychological abuse	Has the assailant expressed/behaved in a jealous or controlling way? If yes, does this cause significant concern?
Relationship separation	Has there been or is there going to be a relationship separation between victim and assailant? Is there any conflict with the partner/ex-partner about child contact?
Threats	Has partner/ex-partner ever threatened to kill anybody? If yes, does this cause significant concern? Has partner/ex-partner threatened/attempted suicide?
Sexual abuse	Has the assailant said or done things of a sexual nature that makes the victim feel bad or that physically hurts the victim?
Suicidal thoughts	Does the victim have suicidal thoughts relating to the abuse?

- What is the average level of risk documented for MARAC victims? Is there a risk factor that is most prevalent?
- What proportion of victims experienced post-MARAC violence? Are any risk factors significantly related to their experience of repeat violence?

Method

The study period was six months in duration (October 2003-March 2004) and included two components: a process evaluation and an outcome evaluation. Each is described in the sections that follow.

Process Evaluation

The process evaluation aimed to identify how the MARACs draw on the various abilities of the agency representatives to create harm reduction strategies for victims of domestic violence. Interviewing participants from the various agencies and observing six monthly MARACs provided the data necessary to reveal the strengths (and limitations) of multi-agency partnerships.

Data Collection

First, six monthly MARAC meetings were observed. The meetings typically lasted from 9 a.m. to 2 p.m. Notes were taken of the background information of the cases and what actions were agreed to by the participating agencies. Second, an interview schedule was devised to structure interviews with key informants. It provided an opportunity for participants to comment on the strengths and weaknesses of the MARACs, describe examples of how MARACs assisted victims in specific cases, and comment on the key ingredients necessary to implement a successful MARAC-type process. The interviews typically lasted about 1 hour. Representatives from the following agencies were interviewed: police ($n = 3$), probation ($n = 1$), WSU ($n = 1$), social services ($n = 1$), housing and homelessness ($n = 2$), health ($n = 1$), Women's Aid ($n = 1$). Data from the 6 monthly observations and 10 interviews were designed to complement the quantitative data collected in the outcome component of the evaluation.

Outcome Evaluation

The aim of the outcome evaluation was to document what the MARACs are able to accomplish. Of particular concern is to what extent these multi-agency meetings are able to reduce harm to high-risk victims and their children? To determine whether safety was increased and fear and/or violence reduced, several forms of data were collected. First, police files were pulled for the 6-month sample of MARAC victims. Second, police call outs were documented for the addresses of the 6-month sample of MARAC victims. Third, telephone interviews were conducted six months after the MARAC was held for a subsample of victims. Each type of data is discussed in more detail below.

Data Collection

First, police files were obtained for the 6-month sample of MARAC victims, or 146 women. Information from the police complaint that triggered the MARAC was coded into an SPSS database. This provides information about the risk factors that responding officers identified at the scene. The dates of previous domestic violence complaints from the same perpetrator were also noted. In addition, any post-MARAC incidents

were identified, and the one nearest in time to the MARAC was also coded to provide some information about victims who did experience future violence. The overall purpose of this exercise was to determine the level of domestic violence known to the police post-MARACs.

It is well known that not all domestic violence is reported to police and that police may not record all domestic violence as criminal incidents (Buzawa & Buzawa, 2003). To supplement the police incident data, the number of police call outs to victims' addresses during the 6-month evaluation period was also collected with the assistance of the Incident Management Unit of the SWP. This provides an overview of police attention to the victims' homes that may not have been recorded as crimes but is still important to document as indicators of potential trouble, disturbance, or general stress that is present in the households.

Finally, to supplement the quantitative side of the outcome evaluation, interviews were conducted with a subsample of victims. The victims discussed at the October and November 2003 MARACs were telephoned by representatives of the WSU in April and May 2004 to provide a 6-month check on their quality of life and whether there had been any improvements in their levels of safety and security. In total, 27 women were interviewed. The interviews were semistructured and designed to elicit information about the victim's fear, safety, and quality of life since the MARAC.

Data Analysis

The outcome evaluation enables an understanding of the average level of risk documented for MARAC victims and whether there is a risk factor that is most prevalent among this sample of high-risk victims. In addition, the analytic strategy enables a determination of the proportion of victims who experienced post-MARAC violence as measured by additional domestic violence complaints and/or police call outs. Importantly, we can determine whether any risk factors were significantly related to future (post-MARAC) violence. In conclusion, several forms of data were collected in an attempt to provide an accurate picture of whether the lives of victims have been improved as a result of the MARACs.

Findings From the Process Evaluation

The MARAC Process

Observations of the MARACs revealed that a similar process was adhered to month after month. First, to hold a MARAC required that police identify the very high-risk victims through monthly analysis of the risk indicator forms. Seven or more positive responses to the risk indicator form meant that victims were considered to be very high

risk, and the case was to be referred to the next MARAC. However, an officer's observations about a victim's level of fear, her isolation, and/or the potential for future violence could trigger a MARAC regardless of the victim's actual score on the risk indicator form. Although most victims were referred to the MARACs by the police, it should be noted that any participating agency could bring a case to the MARAC if they had knowledge of a victim who they believed was at risk for revictimization. During the course of the evaluation, several agencies other than the police referred cases to a MARAC. All agencies, therefore, took responsibility for identifying risk, although the police played the leading role.

Next, police circulated the details of the high-risk victims and their children to participating agencies (the MARAC list) and brought their files for these victims to the MARAC. It was expected that all participating agencies would check the MARAC list against their own agency's records before attending the MARAC to collate all the evidence available for the victims, perpetrators, and children. Some agencies, such as the WSU, would also pull their own files and bring them to the meeting.

Typically, the format was for a police representative (either based in the Domestic Violence Unit of the SWP or the WSU) to review the relevant details of the high-risk cases. Then other agencies shared any relevant information, after which actions were agreed on and assigned to specific agencies to carry out. Representatives from each agency took notes at the MARAC to delegate actions to workers. Formal minutes of the MARAC meeting also were taken and circulated to participating agencies. Finally, all agencies updated their own files to reflect information shared and actions taken at the MARAC.

Workload Issues

The MARAC process definitely has implications for how agency representatives do their jobs. It was universally felt that workloads had increased substantially from being involved in MARACs: all respondents estimated an additional two to three days per month. Almost one full day of this was used attending the MARAC itself, and the other time was spent preparing for the meetings (e.g., checking the names of victims against their own agency's records, pulling files) or feeding back the action plans from the MARAC to their agency (e.g., delegating responsibilities to specific workers).

In practice, roughly 15 people attended the MARACs. The following agencies were consistently represented: police, probation, social services, the WSU, health, and housing. Other agencies that have made appearances include Women's Aid, NSPCC, community midwifery, mental health psychiatrist, and the homelessness office. In addition, sometimes other members from the standard agencies would attend (e.g., members of the High Risk Team from probation, social workers, the Child Protection Unit, the designated nurse for child protection). Therefore, many agencies in Cardiff have to donate the time of their workers to allow the MARACs to function.

Agencies' Actions

Observations of MARAC meetings were coded to determine the most frequent actions taken by agency representatives. Although not a perfect measure of either productivity or effectiveness, it does enable us to paint a picture of what actually happens in a MARAC. What were the most common actions taken by each agency? Actions can be divided into two categories: (a) those that involve an agency's own (normal) duties and (b) those that involve work between agencies. Each agency present at the MARAC tended to be tasked with both sorts of duties.

The two main players, in terms of number of actions taken, tended to be the WSU and the police. The WSU's most common task was to make or continue contact with the victim. This was most often done to get the most up-to-date information from the victim or to inform her about actions that other agencies were planning to take on her behalf. The WSU's ability to provide information from the victim's perspective proved invaluable to the process (e.g., knowing that she plans to move, her reasons for not wanting to proceed with a case, whether her children are having problems, etc.). The next most common action for the WSU to take was to liaise with other agencies about the victim's situation. For example, because victims are more willing to disclose sensitive information (e.g., sexual abuse) to staff at the WSU, this can be used to inform the decision making of prosecutors and, if necessary, can be taken into evidence (via the seconded police officer at the WSU).

The police were most likely to engage in law enforcement-type actions. For example, their most common task was further investigation (of the original offense, bail breaches, or potential additional charges). They also were able to provide occurrence markers or to create incidents so that the police in Cardiff would be more aware of particular situations. For example, an incident was created alerting police that a particularly violent offender was due to be released from prison (and it was felt that he would inevitably confront the victim as he had continued to threaten both her and her new boyfriend from prison). These types of actions are not inconsistent with other national policing initiatives, such as problem-oriented and intelligence-led policing.

Similarly, probation was needed for their criminal justice powers in many cases. For example, they often initiated proceedings against the perpetrator (e.g., contacting the perpetrator's probation officer to inform of recent actions that would violate his probation, to revoke his community punishment order because of domestic violence, or to try to recall or get the perpetrator arrested). Probation was also likely to liaise with other agencies, such as the police or mental health.

Social services was most likely to refer cases, for example, to the NSPCC or psychiatric care. They would also assess or conference the victim and work with the police. One issue that emerged from the MARACs is that non-criminal justice agencies were often working (unknowingly) with perpetrators who were very dangerous. Joint visits between agencies, such as social services and the police, were instigated to increase the safety of the practitioners involved in these cases.

Housing played a very valuable role by performing its normal duties on behalf of very high-risk victims and their children. They were most likely to alert the Tenant Support Team or Homelessness Team to fast-track victims into appropriate housing. They also were likely to work with Women's Aid on specific cases. The agency's ability to inform the MARAC process about whether the perpetrator or victim (or both) had tenancy was very important in guiding the actions that other agencies would take. For example, in cases where the perpetrator held the tenancy (of a public housing property), the housing agency could evict him because he was breaching its codes of conduct by committing domestic violence. In this way, criminal justice agencies were not the only ones imposing sanctions.

Health was most likely to liaise with the WSU. This often took the form of using the WSU's facility to provide a safe and confidential service to victims and their children or providing information to the WSU about health issues of the perpetrator, victim, or their children. They were next most likely to liaise or provide a joint visit with social services.

It must be acknowledged that the coding of these actions was a blunt instrument in terms of identifying the types of actions in which the agencies were engaged. Only the major trends were highlighted, but it should be remembered that each victim's situation was treated on its own merits, and strategies undertaken at the MARACs were individualistic to each victim and her children. The actions described for each agency, therefore, are combined with the actions of other agencies, in a multitude of iterations of action. The important point is that each agency has something valuable to contribute to the MARACs, either a service or a source of information that typically no other agency can provide.

Perceptions of the Work

Much of the work associated with MARACs is administrative in nature and was performed in addition to people's everyday workloads. In many cases, respondents worried that their line managers would one day not allow them to attend the MARACs because the meetings were taking too much of their time. Furthermore, none of the respondents enjoyed a reduction in his or her other duties to devote time to the MARACs. It was clear, however, that the respondents themselves viewed the MARACs as invaluable and that the added work they undertook did, as one respondent said, "pay off." There was the sense that MARACs in many ways improved the performance of the involved agencies, in that the agencies could assist victims more efficiently. The actual benefits of the MARACs are described in more detail in the following sections, but some comments from respondents are useful to present here:

The MARACs have changed how people work—if we all pulled out of these meetings I think everyone would go back to their old ways. It does hold people to account, even if it is only once a month.

I feel that we are doing a much better job now because we are aware of the cases. Prior to this we were not aware of men on our caseloads [that were also committing domestic violence] But that has changed now, thank goodness.

The interviews made it clear that MARACs facilitate the accomplishment of many key objectives. Specific information with respect to these objectives is described in the sections that follow.

Information Sharing Among Agencies

Information-sharing protocols have been agreed to and signed by the participating agencies. These protocols indicate the relevant legislation governing the sharing of information about individuals (especially the Data Protection Act, 1998, and the Human Rights Act, 1998) and state that “the intention is that a single, joint approach to exchanging information is a highly efficient mechanism for reducing crime and disorder, including the protection of vulnerable persons.” The document describes how information should be exchanged within each organization and the process by which information travels between agencies.⁴

Respondents were unambiguous that they viewed the main output of the MARACs as sharing information. This was viewed as the key ingredient necessary to provide high-risk victims of domestic violence (and their children) the assistance they require from many agencies to be safe. This respondent’s description of the process is typical:

I think it’s purely an information-sharing process to make sure that all the information that all the agencies are sitting on is shared. That everyone is linking together, telling everybody the information they have got to make the victim safer, to make the children safer, and to make the workers safer, give them the knowledge that they are potentially walking into a dangerous situation.

Sharing information means that gaps in knowledge are filled so that agencies have a more holistic idea of what is happening in a particular victim’s life or in a particular household. Each agency contributes a unique and valuable perspective, and in combination, the information can provide an accurate assessment of the risks faced by a victim and also how different agencies can contribute to her safety.

Some agencies may have snippets of info that on their own don’t raise any particular concern, it’s only when the jigsaw of info is pieced together that the risk factors begin to be understood.

For this reason it is vital that non-criminal justice agencies are well represented at the MARACs. For example, health visitors and others visiting the home had a different perspective than police or probation, which are typically only aware of

criminal incidents. Victim-oriented agencies, such as the WSU and Women's Aid, were able to provide information from the victim's perspective. Social services provided information about children and took actions on their behalf. Police and probation were able to offer information about the perpetrator's history and the presence of other aggravating factors, such as drugs or weapons. There is usually a wealth of information held in the community about all the people affected by domestic violence in a particular household, but it takes a MARAC-type process for that information to come together in a way that can actually create a meaningful difference in people's lives.

Facilitating the information sharing among agencies was that the MARACs have enabled the key contacts in agencies to be identified. This was reiterated many times in the interviews as being extremely beneficial for improving efficiency and effectiveness. For example,

You can put faces to names that you've heard. The NHS [National Health Service] and SS [social services] are huge organizations, and you can get lost in them sometimes If you have one contact who you know can get things done, give you the information you need, and will know what you are talking about because they were in same meeting as you, then it definitely helps.

An important issue raised by respondents was that of confidentiality and how this should affect information sharing among agencies. Respondents recognized that this was a barrier to information sharing in the past but were adamant that effective multi-agency work required agencies to be able to share confidential information with each other. As one respondent explained,

The whole ethos is one of not being afraid to tell each other things because at the end of the day the welfare of the victim and the children is paramount In the past, agencies have been reticent to divulge confidential information At the end of the day though, we are all professionals working for professional organizations, and we're purely there to help the victim.

Agencies involved in the MARACs willingly share information because they trust the other representatives sitting at the table. Trust was a theme raised frequently in the interviews. Good working relationships are vital for the success of MARACs:

The MARAC process has ensured that we have much better working relationships. We are working for the same ends. The process gives domestic violence the recognition it deserves, and recognizes the impact that it has on children.

This is an important lesson for other communities wanting or attempting to set up multi-agency partnerships (for any purpose). Abstract ideals or goals are accomplished by working partnerships on the ground that are imbued with trust and

understanding. Only by trusting each other can the agencies share sensitive information and jump over bureaucratic hurdles to provide the best and most timely service to victims. This is necessary because “institutional change [is required] to effectively coordinate community responses to domestic violence” (Shepard, Falk, & Elliott, 2002, p. 552).

Limits of the MARACs

Victim Cooperation

In spite of these successes, it was felt that there were still limits to what could be accomplished, particularly in cases where victims do not want assistance or do not admit there is a problem. The respondents were very clear that they felt that the MARAC process can be effectively stopped in its tracks by the victims themselves. For example,

The MARAC is very dependent on the cooperation of the victim. If the victim is on board and working with the agency then I think you can take it all the way. The very nature of domestic violence means that it takes a while for the victim to reach the stage where they are ready to break away. This is the stage where all the help and interagency support kicks in really.

Respondents placed the responsibility squarely with the victim but did so in a way that is both realistic and generally sympathetic to the victim (recognizing the complex and often chronic nature of the abuse). Fundamentally, if victims chose to stay with their partners, then the agencies accepted—even if some did so begrudgingly—this reality.

Resources

A widely acknowledged issue was the administrative burden imposed by the MARACs, both on individual agencies and on the MARAC meeting itself. Drawing up the list of high-risk victims to be discussed each month and circulating the minutes were viewed simultaneously as important and onerous tasks. For example,

The amount of work that has been generated has been underestimated by all of us, and there has been a problem with the transferal of information, of liaising. It is the practical issues that have been difficult, such as drawing up the list in time.

Another issue that was perceived to impact the effectiveness of the MARACs by one respondent was the sheer volume of domestic violence cases in the community. As she noted,

I think the biggest threat to women’s safety is the numbers—we can only look at those who are very high risk as perceived by a risk assessment, which is a crude tool . . . I

think this is the biggest weakness, but there is no solution—there are thousands [of victims] to deal with.

This is a particularly important issue given that resources currently permit only very high-risk victims to be referred to a MARAC. Obviously, there are many more victims who score as lower risk on the risk indicator form, but they (and their children) would undoubtedly benefit from many agencies working together to increase their safety.

Although MARACs therefore appear to be a very effective process for facilitating information sharing that enhances the safety of victims and their children, respondents believed that there were limits imposed by few resources and victims who (for whatever reason) were perceived to not want to change their circumstances. In conclusion, to quote from one respondent,

I think the process is really, really good. What we now need to focus on is some outcomes—what has been achieved, what hasn't, and why.

Findings From the Outcome Evaluation

Characteristics of Very High-Risk Victims

The 6-month sample of MARAC victims included 146 women, or about 24 women per month.⁵ Table 2 presents background information for the victims and offenders in the sample. All of the victims included in the sample were women. Their average age was 29 years at the time of the offense; almost half were younger than 30 years old. Three fourths had children in the household. Less than 9% were from minority ethnic backgrounds. Less than 1 in 3 had paid jobs outside the home. Offenders were slightly older (age $M = 33$ years), and more were from minority ethnic backgrounds (12%). About one fourth were employed. Roughly half (46%) were the ex-partners or ex-spouses of the victims. The majority of Cardiff residents also are White (92%). About half (55%) are employed, 38% of residents older than the age of 16 are single, and the average age is 36.6 years old (Office of National Statistics, 2001).

The majority of MARAC victims (77%) had previous complaints for domestic violence on record with the SWP, and more than half (52%), had two or more. The average victim had more than three previous complaints. This is most likely an underestimation of the actual violence experienced, as the police data are limited to (a) what is reported to and recorded by the police, (b) complaints received by the SWP, not taking into account violence experienced in other jurisdictions, and (c) violence committed by the current offender, not including violence from other relationships.

Table 3 presents information about the prevalence of various risk factors for the domestic violence incident that triggered the MARAC. The most frequently reported

Table 2
Background Characteristics of Victims and Offenders

Variable	Victim			Offender		
	Value	<i>n</i>	%	Value	<i>n</i>	%
Sex	Male	0	0.0	Male	145	99.3
	Female	146	100.0	Female	1	0.7
Ethnicity	White Euro	126	86.3	White Euro	113	77.4
	Dark Euro	2	1.4	Dark Euro	3	2.1
	African-Caribbean	2	1.4	African-Caribbean	9	6.2
	Asian	5	3.4	Asian	4	2.7
	Arab	2	1.4	Arab	2	1.4
	Mixed	1	0.7	Mixed	0	0.0
	Unknown	8	5.5	Unknown	15	10.3
Age at time of offense	Younger than 20	15	10.3	Younger than 20	4	2.7
	21 through 30	57	39.0	21 through 30	51	34.9
	31 through 40	35	24.0	31 through 40	43	29.5
	41 through 50	10	6.8	41 through 50	24	16.4
	51 and older	1	0.7	51 and older	3	2.1
	Unknown	28	19.2	Unknown	21	14.4
Employment status	Employed ^a	40	27.4	Employed ^a	38	26.0
	Unemployed	70	46.9	Unemployed	76	52.1
	Other ^b	23	15.8	Other ^c	1	0.7
	Unknown	13	8.9	Unknown	31	21.2
Relationship to victim at time of offense				Spouse	21	14.4
				Ex-spouse	15	10.3
				Partner	57	39.0
				Ex-partner	52	35.6
				Mother	1	0.7
# children in household	0	35	24.0			
	1	35	24.0			
	2	36	24.7			
	3	19	13.0			
	4	10	6.8			
	5 to 7	4	2.7			
	Unknown	7	4.8			

Note: *N* = 146.

a. Indicates part-time, full-time, or unknown to what extent employed.

b. In all, 21 are housewives and 2 are students.

c. In prison.

Table 3
Prevalence of Risk Factors

Variable	Number Yes	Percentage of Total
Partner/ex has criminal record	123	84.2
Criminal record is domestic violence related	51	34.9
Incident resulted in injuries	66	45.2
This causes significant concern	26	17.8
Incident involved use of weapons	18	12.3
This causes significant concern	11	7.5
Offender experiencing financial problems	33	22.6
Offender has aggravating problems	103	70.5
Type of problem: alcohol	74	50.7
Type of problem: mental health	30	20.5
Type of problem: drugs	52	35.6
Victim is pregnant	9	6.2
Offender is jealous/controlling	91	62.3
This causes significant concern	54	37.0
Relationship separation	112	76.7
Conflict about child contact	44	30.1
Offender ever threatened to kill anybody	62	42.5
This causes significant concern	32	21.9
Offender ever attempted strangle/choke victim	56	38.4
Abuse becoming worse/more frequent	77	52.7
Offender ever threatened/attempted suicide	37	23.5
Offender ever sexually abused victim	17	11.6
Victim has suicidal thoughts	17	11.6

Note: $N = 146$ victims.

risk factor was the partner or ex has a criminal record (84%); however, fewer than half of these were known to be domestic violence offenses (35%). Relationship separation featured as an issue for more than three fourths of victims (77%). Aggravating problems (alcohol, drugs, and/or mental health) were present in about 7 in 10 perpetrators. Jealous or controlling perpetrators were noted in more than 6 in 10 cases. On average, victims scored yes on about 6 out of these 15 risk factors. Overall, they demonstrate the severity of the abuse experienced by victims deemed to be high risk.

Table 4 displays a correlation matrix for the 15 risk factors. This enables the significant relationships among the risk factors to become apparent. Several important trends may be observed from the matrix. Most pronounced is that when perpetrators were jealous and controlling, 11 of the 14 other risk factors were more likely to occur. In other words, jealous or controlling perpetrators were also more likely to have a criminal record, to have injured the victim, to have financial problems, to have aggravating problems, to have threatened to kill the victim, to have choked or strangled the victim, and to have threatened suicide. They also were more likely to be in relationships that have

Table 4
Correlation Matrix of Risk Factors

Risk Factor	Criminal Record	Injuries	Weapons	Financial Problems	Aggravating Problems	Victim Pregnant	Offender Jealous	Relationship Separation	Child Contact	Threats to Kill	Choke	Domestic Violence Worse	Offender Suicidal	Sex Abuse	Victim Suicidal
Criminal record	1.00														
Injuries	.02	1.00													
Weapons	.05	.33	1.00												
Financial problems	.01	.04	.05	1.00											
Aggravating problems	.34	.22	.24	.21	1.00										
Victim pregnant	-.05	.05	-.01	.07	-.08	1.00									
Offender jealous	.17	.19	-.10	.18	.27	.08	1.00								
Relationship separation	.30	.01	-.04	.10	.28	-.06	.37	1.00							
Child contact	.12	-. 33	-. 20	.07	-.10	.08	.20	.26	1.00						
Threats to kill	.11	.05	.02	.03	.10	-.10	.24	.15	.10	1.00					
Choke	.15	.25	-.08	-.09	.11	-.09	.41	.23	.03	.29	1.00				
Domestic violence worse	.19	.14	.06	.25	.26	.01	.45	.26	.02	.20	.32	1.00			
Offender suicidal	.08	-.02	.12	.21	.13	-.08	.16	.17	-.01	.07	.25	.14	1.00		
Sex abuse	-.02	.01	-.01	.06	.09	-.09	.15	.10	.04	.08	.06	.22	.23	1.00	
Victim suicidal	-.08	.10	-.01	.16	.14	.00	.19	.20	.09	.16	.06	.17	.08	.33	1.00

Note: Nonparametric correlations in bold are statistically significant at the .05 level (two-tailed).

been or were about to separate and to have conflict over child contact. Jealous perpetrators increased the likelihood that the abuse would become worse or more severe. They also were related to victims having suicidal thoughts. These findings demonstrate the importance of this particular risk factor, as it is associated with many other behaviors or issues that have been found to increase the likelihood of future violence or homicide.

Another important trend revealed in Table 4 is that when the perpetrator had aggravating problems (alcohol, drug, and/or mental health issues), they also were more likely to injure the victim, to use weapons, and to escalate the frequency or severity of the domestic violence. This mirrors findings in the evaluation of the WSU that perpetrators with co-occurring problems were more likely to cause serious harm to victims (Robinson, 2003).

Pregnancy was the only risk indicator that was not related to any of the other factors. This finding can be interpreted to mean that either (a) pregnancy is related to other risk factors (that are not included on the SWP form—and it is unclear what these would be as the form is very comprehensive) or (b) pregnancy itself is truly not a risk factor (and perhaps it is postpartum that is the more dangerous time). Given the contradictory findings in the research, pregnancy as a risk factor for revictimization should be subject to further empirical investigation.

Post-MARAC Violence and Abuse

The overwhelming majority of MARAC victims did not experience any further incidents of violence that were reported to police. Specifically, as of April 2004, 79% did not have any additional complaints on file, and 70% did not have any police call-outs for domestic violence. Especially given the extensive histories of abuse (known to police and otherwise), these are impressive results indicating that most victims are experiencing less violence after the MARACs. These indicators also are significantly correlated with each other, meaning that the likelihood of one occurring increases the likelihood of the other occurring. For example, 97 (66%) victims experienced neither additional complaints nor call outs; 33 (23%) victims experienced either additional complaints *or* call outs, and 16 (11%) victims experienced both additional complaints and call outs.

Therefore, according to the police data, 97 of the 146 women experienced no further incidents of violence or abuse. In addition, checking to see whether the number of safer women varied according to some having a longer opportunity for revictimization (i.e., the police data reflect a 6-month follow-up on October 2003 MARAC victims but a 1-month follow-up for March victims) also produced relatively consistent findings in that for each month, at least 60% had no additional police complaints or call outs (with the exception of November, where only 52% had no additional call outs). In short, the majority of victims in the sample had no complaints (62%) or call outs (78%) on record 1 to 6 months after the initial incident. This is especially noteworthy considering that

past research found that in domestic violence cases, the risk of revictimization is highest within the first 11 days after the initial victimization and tends to decline thereafter (Lloyd, Farrell, & Pease, 1994).

Given the importance of the risk factors for identifying very high-risk victims of domestic violence, their predictive ability was assessed. In other words, which factors were significantly related to future violence (as measured by police call outs and complaints)? Four of the 15 risk factors were significantly correlated with both additional complaints and additional call outs for domestic violence: perpetrator had aggravating problems (alcohol, drugs, and/or mental health), perpetrator was jealous or controlling, relationship separation, and abuse becoming worse or more frequent.

However, when all of the risk factors were simultaneously included in a logistic regression model (not presented here), the results revealed that (a) only "incident resulted in injuries" was significantly related to additional police complaints and (b) none of the risk factors predicted police call outs. Rather than being an indictment of the risk factors, however, these findings point to the need of analyzing their predictive ability for the entire population of domestic violence victims rather than only the very high-risk victims included in the current sample.

Two other indicators also were assessed as a further check on the safety of victims post-MARACs. First, a small number of women (7%) was subject to additional MARACs within the 6-month study period, indicating complex and potentially worse cases that took longer for the MARAC team to address. Second, there was evidence that some women (8%) were still having problems with the perpetrator (that was not reported to police). For example, one woman was receiving harassing phone calls and text messages from the perpetrator that were keeping her in fear of him. This type of information was present on some cases files but was not consistently documented. It points to the necessity of asking the victims themselves to describe what is happening in their lives.

To address this issue, follow-up interviews were conducted with 27 (out of a possible 52) MARAC victims.⁶ Seventeen were interviewed from the October 2003 sample, and 10 were interviewed from the November 2003 sample. These interviews were designed to complement the police data to provide more robust findings about whether victims are safer following the MARACs. Of the victims interviewed, 60% had no additional police complaints since the MARAC, and 70% had no further domestic violence call outs. As a further measure of whether the safety of women has been increased since the MARAC, victims were asked whether they had experienced any additional violence or threats since October or November. The majority (63%) responded that they had not, which is almost identical to the proportion found in the police data.

Of the 10 who responded in the affirmative, however, 3 had no complaints and 4 had no police call outs (i.e., about one third of incidents were invisible in the police data). If we extend this to the sample of 146 women, then we would need to inflate the figure of 3 in 10 women being revictimized (according to the police data) by one

third to about 4 in 10 women. These experiences can be considered the dark figure of domestic violence that goes unreported to the authorities. For example,

Despite continuing physical, financial, and mental abuse over the 6-month period, [victim] has been afraid to call the police because she thought social services would be concerned about her kids and possibly take them.

Still having problems, although [victim and perpetrator] have parted and live separately. He drove there drunk and tried to smash the door in. [Victim] is very afraid of him and suffering from agoraphobia.

Conversely, there are women who have experienced further domestic violence complaints and/or call outs, but according to their interviews, they are doing better than they were before the MARAC.

He has tried to win her back and offered to give the relationship another go, but she feels she's given him enough chances.

Currently [victim] has moved in with her mum. Currently quite stressed, afraid, and depressed but is taking steps to improve her situation. She has been to a solicitor to apply for an injunction and is awaiting council housing.

Then there are those who show up in both the police and interview data as experiencing on-going domestic violence. Although not success stories, at least many criminal justice and community agencies have on-going concerns for these victims and their children and continue to monitor their situations.

Although [victim] is in new relationship, perpetrator attacked her boyfriend, who dropped the charges because he is so afraid. There is on-going harassment. Victim is frightened of what he may do in private.

On-going physical and emotional abuse (despite the recent marriage of the victim and perpetrator). He has threatened to "slice her throat," and the victim is on antidepressants and seen as a vulnerable witness. There are major concerns for the children, as they have witnessed horrendous domestic violence. The children are bed wetting and wetting and soiling in school.

It should be noted that the majority of victims had ended their relationships with the perpetrator (17 out of 27, 63%). This, however, did not mean that they were safe; of the 10 women who reported additional violence in their interviews, half were still in relationships with the perpetrator and half were not.

Evidence from the outcome evaluation suggests that victims experience less violence and abuse after their inclusion in a MARAC. First, 66% of victims did not have any additional police complaints or police call outs according to police records. Second, 63% of victims reported in interviews that they had not experienced any further violence or abuse. These are very encouraging results that demonstrate the

importance and effectiveness of implementing a coordinated community response to reducing repeat victimization among high-risk domestic violence victims.

Conclusion

As Shepard (1999) reminds us, “Designing an evaluation that can reasonably determine the differential impact of interventions that make up a coordinated community response is extremely difficult” (p. 183). However, this study clearly shows that the MARACs produced a positive, measurable impact in victims’ lives and, therefore, are an important innovation in the area of coordinated community responses to domestic violence. As described earlier, Cardiff is the site of many programs that undoubtedly contribute to providing a better service to victims and reducing domestic violence in the community, such as the WSU and the Cardiff SDVC. Although these programs rely on, contribute to, and benefit from the cooperative multi-agency spirit in Cardiff, they do not embody that spirit in the same way as do the MARACs. Representatives from voluntary support agencies, statutory agencies, and criminal justice agencies are working together in the same room, at the same time, and on a regular basis to devise strategies to protect victims. This initial evaluation reveals substantial dedication and progress toward integrating risk assessment for domestic violence victims and their children into the daily practice of practitioners working across the spectrum of involved agencies. Furthermore, the results from the outcome evaluation showed that multi-agency partnerships produce impressive results and would undeniably benefit any community’s response to domestic violence. This research was able to document the differential impact made by the MARACs, largely because the MARACs are not part of a coordinated community response, they are a coordinated community response.

The identification of risk played an important role in galvanizing people from many agencies to contribute to the coordinated community response in Cardiff. What is it about risk that helped practitioners feel they could do something about the perceived intractable and discouraging social problem of repeat domestic violence? As the director of the WSU explained,

Everyone is keen because nobody really knows how to risk assess. This is very user friendly, common sense. It’s all about getting people to know what risk is. As a system, failure to understand risk has endangered people in the past. The system of risk assessment has to be integrated [across agencies]. When it is, good things can happen.

This research identified several important findings with respect to the risk factors used in Cardiff, which are also commonly used elsewhere. First, whether the ex or current partner was jealous or controlling was a particularly salient issue as it increased the chances that most of the other risk factors also were present. Therefore,

even the most basic attempt at risk assessment should gather this information from the victim. Prevention and education programs should continue to emphasize the dangerousness of these psychological characteristics within intimate relationships.

The (ex)partner having alcohol or drug problems was also a particularly significant risk factor. Coker, Smith, McKeown, and King (2000) found the male partner's drug or alcohol use to be the strongest correlate of intimate partner violence, and Robinson (2003) found that those who used drugs were more likely to inflict injuries and emotionally abuse their partners. It also appears that men who batter who also have a substance abuse problem will be less likely to comply with criminal justice sanctions. An analysis of 2,438 violent offenders on probation in the Chicago area found that domestic offenders who had a substance abuse problem were significantly more likely to repeatedly violate the technical conditions of their sentence, such as missing treatment or not paying fines or fees (Olson & Stalans, 2001). In addition, compared to other violent probationers, domestic offenders were about four times more likely to revictimize the original victim. The current study, coupled with past research, makes it clear that domestic offenders with substance abuse problems are especially tenacious offenders. Although victims often desire treatment or help for their partners, the most common sanctions for domestic violence offenders (e.g., fines or community punishment orders) go no way toward providing this. Substance abuse treatment needs to include screening for domestic abuse, and the available programs for batterers need to address the implications of substance abuse on the propensity to reoffend.

Although the current study offers conclusive support for a multi-agency, coordinated response to domestic violence, one limitation of this study is the lack of a comparison group. This could have enabled the impact of the MARACs to be measured with more validity. However, for ethical reasons, it was felt that all high-risk victims should be referred to a MARAC, given by definition their high risk of revictimization. Participating agencies did not think it appropriate to identify very high-risk victims and then sit on that information. Follow-up with victims also needs to be extended past the 6-month point to ensure that revictimization rates do not significantly increase with time.

Furthermore, several questions remain regarding risk assessment. Recall that, when entered into a logistic regression equation, only one risk factor (injuries) significantly predicted repeat abuse. Given the involved process of developing these risk factors (from research, discussions with survivors and practitioners, and homicide reviews), what is the explanation for this null finding? First, it is important to remember that the sample analyzed for the current study only included victims who had been identified as very high risk. Perhaps for those at the top end of the risk scale, the predictive ability is less than for those who are low risk. Future research needs to explore this issue with a sample of women at various levels of risk. In addition, it is necessary to question whether the predictive ability of risk factors is the most important goal they serve. For example, risk assessment also enables more consistent information to be gathered

by police and shows the victim that domestic violence is being treated seriously and professionally. In Cardiff, it also triggers a holistic, coordinated response via the MARACs.

Another issue in need of more empirical investigation is the change in victims' level of risk over time. It is clear from talking to practitioners that they do not feel that all victims at risk of future violence in Cardiff are included in the MARACs. There is great concern about those victims—currently hidden from the basic monitoring systems now in place—whose risk might escalate quickly but who are not identified as very high risk and therefore are not included in the MARACs. One can envision many frightening scenarios that could result as a consequence. This issue signals the importance of developing better information technology (e.g., more advanced yet accessible databases and the human resources available for analysis) and the importance of many agencies making long-term commitments of resources (e.g., training and staff time). Recall the key informant who stated that “the biggest threat to women’s safety is the numbers,” and this is surely just as true in other cities as in Cardiff. Although substantial effort is required from many people working in many agencies, and although the costs of taking a holistic, coordinated approach to reducing domestic violence in the community may be high, the initial evidence offered by this study suggests that so too may be the benefits.

Notes

1. On 29th March, 2006, the Home Office announced its National Strategy for Domestic Violence. MARACs are a central element of this strategy, along with “one-stop shops” such as the Women’s Safety Unit and Specialist Domestic Violence Courts.

2. *Supportive retractions* is a term that has been used to distinguish retractions made by victims who have been supported by an advocate from those who have not. It is considered to be an important distinction by practitioners who can surmise that victims making supportive retractions have been provided with timely and empathetic advice, support, and information from trained advocates. Thus, the victim is making an informed decision not to participate in the criminal justice response. In contrast, traditional retractions by victims are often viewed as failures because victims have received no advocacy and therefore are assumed to be uninformed and intimidated by the criminal justice system, thus leading them to retract.

3. At the bottom of the risk indicator form, space is allocated for officers comments on: “How frightened is the victim? Does the victim feel isolated from friends/family, if yes give details below.” Although the rationale for including this section—to assess the victim’s fear and her isolation from support—is laudable, the way it was constructed was confusing, and officers often did not complete it or provided comments about other risk factors. Therefore, victim’s intuition, which has been documented in past research as very important to assess (de Becker, 1997; Hart, 1994; Walker, 1984; Weisz, Tolman, & Saunders, 2000), could not be included in this study.

4. For example, if children younger than 18 are present during the domestic incident, the officer attending the scene must fax the incident report to the Child Protection Unit of the South Wales Police. Officers there would review the report and then fax it to social services within 2 working days. When Social Services receive the report, they have the option to analyze the level of risk themselves or to liaise with an officer in the Domestic Violence Unit about the risk involved to children in the household. In practice, the latter is more common, and any children believed to be significantly at risk would be discussed at a Multi-Agency

Risk Assessment Conferences (MARAC). The MARAC process makes it less likely that children would ever be removed from the victim's care, as safety packages are put into place to prevent the kinds of extreme danger that must be documented for children to be removed by social services. Indeed, since the implementation of the MARACs, there have been no cases in which children have been removed from the home.

5. This was reduced from 164. Ten victims were involved in more than one MARAC in the 6-month period; their first MARAC only was retained for analysis. Four male victims were excluded because the couple had a history of domestic violence, but he happened to be the victim for the incident that triggered the MARAC. Two other victims were excluded because their files could not be found.

6. Those who were not interviewed could not be reached after several attempts were made by staff of the Women's Safety Unit.

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