



**Domestic Violence MARACs
(Multi-Agency Risk Assessment Conferences)
for Very High-Risk Victims
in Cardiff, Wales:
A Process and Outcome Evaluation**

June, 2004

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Table of Contents

Executive Summary.....	3
List of Tables	4
List of Charts	4
Acknowledgments	4
Introduction	5
Background to Multi-Agency Partnerships in Cardiff.....	5
Women’s Safety Unit.....	6
South Wales Police	6
Domestic Violence Unit	6
Police Watch	7
Risk Assessment	7
Fast-track DV Court.....	8
Literature on Risk Assessment in DV Cases	8
Correlates of Severe Harm/Mortality	9
Clinical Judgment vs. Victim Intuition	11
Methodology	11
Process Evaluation	12
Observations	12
Interviews	12
Outcome Evaluation	12
Police Data	13
Follow-up Interviews with Victims.....	13
Analytic Strategy	13
Findings from the Process Evaluation.....	13
Workload Issues	13
What’s Done?.....	13
Who’s There?	14
Perceptions of the Work.....	14
Information-Sharing between Agencies	15
Contributing to Victims’ Safety.....	17
Raising Awareness about Children	18
Limits of the MARACs	18
Victim Cooperation	18
Resources	19
Findings from the Outcome Evaluation	20
Characteristics of Very High Risk Victims	20
Demographic Information	20
History of Domestic Violence	21
Risk Factors and Their Prevalence	22
Post-MARAC Violence and Abuse	24
Police Data	24
Other Data	25
Follow-up Interviews	26
Agencies’ Actions	27
Conclusion	29
Recommendations	30
References.....	31
Appendix A	32
Appendix B	33
Appendix C	34

Evaluation of the Cardiff MARACs

Executive Summary

- The first MARAC was held in April 2003 and was attended by members of 16 agencies, including police, probation, local authority, health, housing, refuge and the Women's Safety Unit. The goal of these meetings is to provide a forum for sharing information and taking actions that will reduce future harm to very high-risk victims and their children. The MARACs were held monthly and included about 20-30 very high-risk victims.
- Very high-risk victims are identified from the South Wales Police (SWP) Victim Initial Risk Indicator Form that responding officers complete at the scene of domestic violence incidents. Scores on 15 yes/no questions enable police to assess victims' levels of risk.
- The evaluation of the MARACs lasted 6-months and included a process evaluation that involved site visits and key informant interviews, and an outcome evaluation that incorporated police data and victim interviews.
- Results from the process evaluation showed that the respondents viewed the MARACs as invaluable, and that the added work they undertook (which was substantial) did 'pay off' because agencies could assist victims more efficiently.
- While all agencies have an important role to play in the MARACs, the information provided by and the actions undertaken by the South Wales Police and the Women's Safety Unit appear particularly significant.
- The respondents made it clear that MARACs facilitate the accomplishment of many key objectives including information-sharing between agencies, contributing to victims' safety, identifying key contacts within agencies, and raising awareness about the impact of domestic violence on children.
- Resource/time limitations and lack of cooperation from victims were viewed as the main barriers reducing the effectiveness of the MARACs.
- The average victim scored 'yes' on about 6 of the 15 risk factors. The most frequently reported risk factors were the partner/ex has a criminal record (84%), relationship separation (77%), perpetrator has aggravating problems (alcohol, drugs, and/or mental health) (71%), and perpetrator is jealous or controlling (62%).
- Analysis of the risk factors revealed that 'perpetrator is jealous or controlling' is a particularly important risk factor, as its presence makes 11 of the 14 other risk factors significantly more likely to occur.
- Whether MARACs were successful at improving the safety of victims was measured by the number of police domestic violence complaints post-MARAC, the number of police call-outs for domestic violence post-MARAC, and telephone interviews with victims. All three indicators revealed that the majority of victims (about 6 in 10) had not been revictimized since the MARAC. These are very positive results that reveal the benefits of taking a multi-agency approach to helping women (and their children) who are experiencing domestic violence.
- Four of the 15 risk factors were significantly correlated with post-MARAC domestic violence complaints and additional police call-outs for domestic violence: perpetrator has aggravating problems; perpetrator is jealous or controlling; relationship separation; and, abuse is becoming worse or more frequent. At this stage, however, the risk factors should be viewed as valuable information-gathering tools rather than for their formal predictive ability.

List of Tables

Table 1	Overview of Risk Factors
Table 2	Background Characteristics of Victims and Offenders
Table 3	Prevalence of Risk Factors Among Very High-Risk Victims
Table 4	Correlation Matrix of Risk Factors

List of Charts

Chart 1	Previous Police Domestic Violence Complaints
Chart 2	Percentage with Post-MARAC Police Domestic Violence Complaints
Chart 3	Percentage with Post-MARAC Police Domestic Violence Call-Outs
Chart 4	Percentage with Additional MARACs
Chart 5	Percentage with Other Evidence of Abuse or Problems
Chart 6	Number of Actions Taken by Each Agency

Acknowledgments

Many people made this project possible. First, thanks to Safer Cardiff for funding this research, and to Jan Pickles and Steve Bartley for being aware that the research was needed in the first place, and trusting me to carry it out.

Jasmin Tregidga made an important and dedicated contribution as principal field researcher, and her insights were very much appreciated (as was her camaraderie). Thanks to Sue Lewis and Jo Silver, of the Domestic Violence Unit, for letting us troll through your well-organized files. For the boring task of collecting police call-out data, thanks go to Mike Brinkworth (and DCI Gaughn who approved the task). Claire and Emma at the WSU provided us with a glimpse of 'victims' perspectives' by conducting the telephone interviews. These are always key.

Members of MARACs deserve thanks for sharing their experiences and opinions in a frank and honest way. Your commitment and hard work is awe inspiring.

Evaluation of the Cardiff MARACs

Introduction

In December 2002 the South Wales Police (SWP) piloted a Victim Initial Risk Indicator Form for responding officers to complete at the scene of domestic violence incidents, as a third page to the standard 2-page domestic violence complaint form (see Appendix A). The risk instrument, developed jointly with the Domestic Violence Prevention Service of the NSPCC, 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 (MARAC). Written protocols for the MARACs are contained in Appendix B. They outline the purpose of the MARACs and information-sharing procedures to be followed by attending agencies.

The MARAC process is part of the Multi-Agency Public Protection Arrangements (MAPPA) that were introduced in the South Wales area for the management of violent and sex offenders arising from Sec 67 of the Criminal Justice and Court Services Act 1999. The first MARAC was held on 1 April 2003 and was attended by members of 16 agencies, including police, probation, local authority, health, housing, refuge, the NSPCC and the Women's Safety Unit. It is expected that these meetings will occur at least monthly and provide a forum for sharing information and taking actions that will reduce future harm to high-risk victims and their children. At the first meeting, the circumstances of individual victims (all women) were discussed and plans were created to help promote their safety. Representatives from various agencies contributed information, and often this process revealed discrepancies in the information held *across* agencies. For example, the SWP might have knowledge of one woman as a repeat, high-risk victim, but South Wales 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.

According to the scoping exercise report,¹ the original intention was that all high or very-high risk victims would be included in the MARACs held each month. However, since approximately 20-30 victims are identified as very high-risk each month, resource limitations dictate that MARACs are held for very high-risk victims only.² However, it should be noted that as the MARAC process has evolved, representatives from all agencies know that they can add a victim (whom they have concerns about) that either did not come to police attention at all, or that did not score as very high-risk on the risk indicator form. In this way all agencies take responsibility for identifying risk, although the police play the leading role.

Background to Multi-Agency Partnerships in Cardiff

Over 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 programmes. These programmes are discussed in the next sections in order to provide the reader with an understanding of what a 'multi-agency' approach means in Cardiff, and should illustrate how the trusting and productive working relationships between agencies are the vital ingredient for reducing domestic violence in the community.³

¹ Authored by Sgt. Steve Bartley (SWP) and Shaun Kelly (NSPCC Children's Services Manager), 2nd May 2003.

² As of June 2004 MARACs are held fortnightly and about 15 victims are discussed.

³ See also Robinson AL and Pickles J (2003). Gweithio Gyva Ein Gilydd: Y Profiad Cymreig (Working Together: The Welsh Experience) in *Safe: The Domestic Abuse Quarterly*.

Women's Safety Unit

The WSU provided service to its first client on 10 December 2001, and as of 1st March 2004, 2169 women and their 3437 children have been referred to the WSU.⁴ The WSU provides a central point of access for women and their children experiencing domestic violence or known-perpetrator rape in the Cardiff area. While the overriding aim of the WSU is to help victims gain safety, the WSU team also provides advice, advocacy, specialist counselling services, legal services, housing services, refuge provision, target hardening and collects evidence. In this way, victims are provided with an effective, immediate and consistent range of support services at one referral point. Through the provision of these services, the WSU hopes to restore women's faith in the criminal justice system in order to improve reporting rates for DV and KPR and to reduce the level of attrition of these types of cases.

The aim of the WSU is to facilitate inter-agency cooperation to provide victims with a seamless response to their cases. The WSU has also developed protocols with the South Wales Police and the Crown Prosecution Service in Cardiff to provide more effective and sensitive treatment of victims, and has engaged in a media campaign to draw attention to the prevalence of these crimes. Additionally, the WSU provides multi-agency training to increase professionals' understanding and awareness in identifying risk and providing protection for women and children from DV and KPR.

People from many agencies working together conceptualised how a one-stop-shop for women experiencing domestic violence in Cardiff should take shape. The WSU was therefore the 'baby' of people who had invested time and effort from the beginning. Additionally, the day-to-day working relationships of people from the police, the CPS, the WSU, refuge 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 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 non-consensual sex are not accepted. It is believed that only through multi-agency partnerships can this be accomplished.

South Wales Police

Officers are required to submit domestic violence complaints (including the risk indicator form) to the Domestic Violence Unit before the end of their tour of duty. The definition of domestic violence adopted by the SWP is listed on the top of the form: "any incident of violence or aggression, wherever and whenever it occurs. The violence may include physical, sexual, emotional, or financial abuse of an individual by a family member, partner, or ex-partner in an existing or previous relationship, regardless of gender, culture, or sexual orientation." These forms are not computerised.

The South Wales Police domestic violence policy states that the force is "committed to taking positive action in all cases of domestic violence." In other words, arrest is the preferred response that officers should take at the scene of a domestic violence incident.

Cardiff is one of one of seven BCUs (Basic Command Units) in the South Wales Police. Cardiff BCU polices a primarily urban population of approximately 305,000. This is larger than any other BCU in South Wales. Each month approximately 250-300 domestic violence complaints are received by police in Cardiff.

Domestic Violence Unit

The role of the Domestic Violence Unit (DVU) of the South Wales Police is to receive domestic violence reports from officers attending initial incidents of domestic violence, provide advice and support to victims of domestic violence and refer them to other agencies as appropriate. Additionally, the DVU is required: to liaise with the Crown Prosecution Service on domestic violence issues; to develop working relationships with divisional officers; to keep statistics relating to domestic violence; to develop good working relationships with Women's Aid and other agencies who are able to assist (such as the WSU

⁴ The final evaluation report of their first year of operation may be downloaded from the author's website at <http://www.cf.ac.uk/socsi/whoswho/robinson.html>. The second year report will be available in Autumn 2004.

once it was launched); and to provide information to local intelligence officers on families, particularly where those families exhibit violence towards police officers who attend at their homes.

Police Watch

The Police Watch programme was implemented throughout Cardiff in April 2002. This police intervention was specifically designed to reduce the level of repeat domestic violence victimisation by providing enhanced levels of police intervention. Level 1 occurs when officers attend a domestic violence incident when violence is used or threatened. They are to handle the incident in accordance with force policy, submit a domestic violence report and advise both victim and offender of the Police Watch programme. Police Watch provides enhanced police presence to both the victim and the perpetrator via high-visibility police patrols, which are to occur twice per week in the vicinity of the incident. Level 2 initiates at the second reported incident. Officers are supposed to reiterate the policy at the scene. A second information letter will be sent to the victim, and a second official warning letter will be sent to the perpetrator. The Sector Inspector arranges for a Community Constable to visit the victim, who will encourage and help the victim complete a risk assessment form. As part of the follow-up, the Constable is supposed to inform the victim of Police Watch, Cocoon Watch⁵, and options for target hardening. Level 3 occurs after the third incident is reported. Police Watch is increased and a Domestic Violence Officer (DVO) from the DVU will make contact with the victim and attempt to arrange a visit. A referral will be made to the Crime Prevention Officer for further target-hardening advice, including panic alarms, mobile phones, etc. The DVO will arrange a multi-agency meeting to facilitate improved communication and information sharing within and between agencies. This has now been formalized as the domestic violence MARACs.

To date the Police Watch programme has not been formally evaluated; however anecdotal evidence suggests that it improves victims' satisfaction with the police response. Additionally, Cardiff has had continually decreasing levels of repeat victimisation over the past 2-3 years.

Risk Assessment

The SWP has been particularly innovative in the area of risk assessment in cases of domestic violence. 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 multi-agency partnerships. In addition, survivors of domestic violence reviewed and approved the form. The form contains 15 yes/no questions, and an area for officer's to note any additional information about the victim, such as whether the victim is particularly isolated from family and/or friends, how frightened the victim is, and what the victim believes the perpetrator will do (refer again to Appendix A). The questions were designed with an understanding of the research on correlates of severe harm/mortality in cases of domestic violence (see page 9).

Force policy dictates that responding officers will complete the 3-page domestic violence complaint (also known as an FSU9) before the end of their shift. The risk indicators are designed to be asked to victims at the scene; however it is acknowledged that some officers will instead fill out the forms afterwards based on their understanding of the situation.

All responding officers have been trained on using the risk assessment form, and the importance of gathering this type of information from victims, via a 20 minute training video. Over 100 copies of this video, which link domestic violence with child protection and homicide, were made in May 2003.⁶ Furthermore, the DVOs have received more in-depth training on domestic violence generally which they then pass along to responding officers in a more informal way.

⁵ Cocoon Watch is a police initiative that requires the help and support of neighbours, family members and relevant agencies in protecting the victim by contacting the police immediately if further incidents of domestic violence occur. The intervention is only implemented with the informed consent of the victim. The perpetrator is made aware that a Cocoon Watch has been implemented.

⁶ Created by the SWP (DCI Public Protection Steve James and DI Steve Bartley) with Jan Pickles from the Women's Safety Unit.

Scoring of the risk indicator form allows victims to be categorized as 'standard,' 'medium,' 'high' and 'very high' risk. Seven or more positive responses to the risk indicator form means that DVOs will classify the victim as very high-risk and the case will be presented at the next MARAC. However, an officer's observations about the victim's level of fear, her isolation, and/or the potential for future violence can trigger a MARAC regardless of the victim's score. Additionally, agencies can request that a victim is discussed at a MARAC where there has been no police involvement, although this is rare.

Fast-track DV Court

Staff of the CPS, Jan Pickles (who would eventually manage the WSU) and Martin Waygood (Clerk of the Justice) started meeting in July 2001 to discuss how to increase the efficiency and effectiveness with which cases of domestic violence are prosecuted in Cardiff. This group looked at the specialist domestic violence court in Leeds as an example of good practice that could be adapted in Cardiff. The focus of the meetings was on structuring a fast-track process whereby domestic violence cases were flagged, prioritised and streamlined through the criminal justice system. The two primary goals were to shorten the process time and to increase women's safety by keeping them informed about their cases. In October 2001 a joint memorandum of understanding was agreed between the CPS and the WSU. The new system was adopted and in place beginning January 2002.

The Cardiff Fast-Track System was one of five sites in England and Wales that was independently evaluated by the author and others as part of the CPS-funded Domestic Violence Project. The report was launched in March 2004 and includes detailed qualitative and quantitative information about the five sites, and can be found on the CPS website.⁷ It should also be noted that special protocols for handling domestic violence cases have been agreed and in place in the Cardiff Crown Court since January 2003.

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.

Literature on Risk Assessment in DV Cases

'Risk assessment' in cases of domestic violence victims means 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 (such as that used by the South Wales Police) can 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 chose 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 that will require more intensive assistance from police or other agencies. It is hoped that expending more resources or effort 'up-front' for these victims will pay off in terms of preventing future incidents, as it is well known that incidents of domestic violence tend to escalate in severity over time. It is for this reason that 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 higher risk of harm, such as those where weapons are present.

⁷ The web address is <http://www.cps.gov.uk/home/CPSPublications/docs/specialistdvcourts.pdf>.

The next section reviews the existing research on factors that are frequently shown to lead to future violence, more severe harm, and mortality. This provides the necessary background information with which to judge the relative importance of those questions included on the risk assessment form used by the SWP. It also reinforces that this was not a 'blind' exercise taken by the police, but that the risk assessment tool was developed with the understanding of existing research. The section following discusses the debate over the accuracy of clinical judgment versus victim intuition, as it provides the context surrounding many of the tough decisions made by criminal justice officials – for example when do victims know what's best for them and their children, and when are they minimizing potentially fatal abuse?

Correlates of Severe Harm/Mortality

Goodman et al (2000) explored the utility of the Danger Assessment Scale⁸ (DAS) 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 that are high risk for repeat violence or homicidal violence. The DAS gathers information about escalation of violence, psychological abuse, threats, use of weapons, drugs and alcohol. After 92 women in Washington DC completed the DAS as part of a court intake program, Goodman et al (2000) were able to re-contact 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, 53% re-contact rate, and short follow-up of 3-months, it does provide empirical support for the use of risk assessment checklists for identifying victims who are at 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. Is it appropriate to give them all equal weighting?

Bennett et al (2000) go some way towards 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 are 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 note 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 factors⁹ were also included in the model (such as past violence, criminal record, drug abuse, etc.). These findings support the notion that police and others working with victims of domestic violence need to pay attention to the psychological as well as the physical abuse experienced by victims.

Threatening behaviour is another form of psychological abuse that perpetrators of domestic violence may use to keep their partners living in fear. Perpetrators who make threats towards the victim (or others that are important to her, such as her friends or family, or even their children) have also 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 do precede physical attacks and have been included in risk assessment tools that are good predictors of future violence (Hemphill et al., 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.

⁸ The Danger Assessment Scale was developed by Campbell, J. C. (1986) "Assessment of risk of homicide for battered women" *Advances in Nursing Science*, 8(4), 36-51.

⁹ For a good overview see J. C. Campbell's (1995) *Assessing Dangerousness: Violence by Sexual Offenders, Batterers, and Child Abusers*. Thousand Oaks, CA: Sage Publications.

In a recent review of the research on pregnancy and domestic violence, Jasinski (2004) argues that the available evidence is contradictory about whether pregnancy increases a woman's risk of domestic violence. For example, while hospital or clinic-based studies find that pregnancy may increase a woman's risk, other national studies do not. However, she notes a lack of research that is specifically designed to look at this issue. In addition, she notes that while 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 foetus.

Sexual abuse is only recently being recognized as a significant component of domestic violence. It is commonly held 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) modelled 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 can therefore be seen to enhance existing knowledge about which victims are particularly vulnerable.

To conclude, the following table summarizes risk factors found in past research and how those are measured on the SWP risk indicator form.

Table 1: Overview of Risk Factors	
Identified in Past Research	Question on the SWP Risk Indicator Form
Past physical abuse	Q1 Does partner/ex-partner have a criminal record? If yes, tick box if DV related. Q11 Has partner/ex-partner attempted to strangle/choke past or current partner?
Escalation of abuse	Q12 Is the abuse becoming worse and/or happening more often?
Weapons	Q3 Has the incident involved the use of weapons? If yes, does this cause significant concern?
Unemployment	Q4 Is assailant experiencing/recently experiencing financial problems?
Alcohol and/or drug abuse	Q5 Does the assailant have/had problems with alcohol, mental health and/or drugs? (specify)
Pregnancy	Q6 Is the victim pregnant?
Psychological abuse	Q7 Has the assailant expressed/behaved in a jealous or controlling way? If yes, does this cause significant concern?
Separation	Q8 Has there been/going to be a relationship separation between victim and assailant? Q9 Is there any conflict with the partner/ex-partner over child contact?
Threats	Q10 Has partner/ex-partner ever threatened to kill anybody? If yes, does this cause significant concern? Q13 Has partner/ex-partner threatened/attempted suicide?
Sexual abuse	Q14 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	Q15 Does the victim have suicidal thoughts relating to the abuse?

The SWP risk assessment tool includes these risk factors as well as one other important one: the victim's own fear or concern for her own safety. At the bottom of the risk form officers are asked to write additional comments about this issue, as well as whether the victim seems particularly isolated (either geographically or socially). The debate about the importance – and accuracy – of victim intuition is discussed below.

Clinical Judgment vs. Victim Intuition

Some authors have promoted the idea that predictions made by victims of domestic violence about their own risk of re-victimisation must be the most accurate because they have more contact, knowledge, and history of the abuser than anyone else (de Becker, 1997; Hart, 1994; Walker, 1984). The cycle of violence that many victims experience over time with an abuser means that they could be especially attuned to the 'warning signs' of impending violence. In other words, the daily experience of surviving in an abusive relationship means that victims are aware of certain risk factors.

On the other hand, there are several logical reasons why victims might make inaccurate predictions about the likelihood of future violence. Psychological abuse and trauma may make them desensitized to the actual danger they face (Campbell, 1995). Additionally, the very nature of psychological abuse means that women are faced with degrading verbal attacks on their character and intellect. Some women may internalize these repeated attacks and subsequently doubt their own judgment. Dutton and Dionne (1991) also make the persuasive argument that women who (for whatever reason) choose stay with an abuser may minimize the danger in order to cope with their circumstances.

Weisz et al (2000) empirically assessed the validity of these competing arguments by documenting the accuracy of victims' predictions of re-assault compared to risk factors supported by previous research. Using data from 177 victims, they test three hypotheses:

- Predictions of DV can be best made by the victims themselves;
- Predictions of DV are most accurately made statistically using many factors;
- Predictions of DV are most accurate using a combination of the above methods.

Victims were asked during an initial interview "How likely would you say it is that your partner will become violent with you during a dispute in the next year?" and they could respond using a scale where 0=*no chance of this happening* through 10=*sure to happen*. They were re-interviewed 4-months later.

While analysis of the data supported the last hypothesis – that many risk factors (including victim's own predictions) are necessary to accurately predict future domestic violence – the victim's own prediction was the strongest correlate with future violence.¹⁰ This validates the SWP policy of incorporating victims' level of fear into their risk assessment tool. Indeed, the final question on the risk assessment tool is the key indicator in that, regardless of the victim's overall score, if she is extremely frightened for her own safety or that of her children then a MARAC is triggered.

Methodology

The evaluation period was 6-months in duration (Oct 2003-Mar 2004). The evaluation includes two components: a process evaluation and an outcome evaluation. Each is describe in the sections that follow.

¹⁰ As an interesting aside, research conducted by Martin et al (2000) found that women's predictions of their risk of returning to an abusive relationship (rather than predictions of future violence) were "biased by unrealistic optimism." In other words, they were not good at recognizing their own vulnerability for returning to the abuser, even though they viewed it as a problem for "most battered women." Given that returning to an abusive relationship would put a woman at higher risk for future violence, the authors urge advocates and support workers to carefully explore the ambivalent feelings that women might have about their abusers, as the process of leaving an abusive relationship is usually a complex, ongoing process.

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. For example, how do the various agencies share information, cooperate, and develop proactive strategies as a team? This part of the evaluation also identified hurdles that reduce the effectiveness of the MARACs, leading to recommendations for future efforts to prevent harm to high-risk victims and their children.

Observations

Six monthly MARAC meetings were observed. The meetings typically last from 9am to 2pm. Notes were taken of the background information of the cases, as well as what actions were agreed. Typically the format would be for the police representative (either based in the DVU or WSU) would review the relevant details of recent incidents of domestic violence. Then other agencies would share any relevant information, after which actions would be agreed and assigned to specific agencies to carry out.

The actions agreed at the MARACs were coded into an SPSS database. The database was organized so that the type of actions typically assigned to each agency were coded in order to enable an understanding of how the workload is distributed across agencies, as well as what type of actions are commonly undertaken by each agency. Attendance registers also provided details of which agencies attended the MARACs.¹¹

Interviews

An interview schedule was devised to structure interviews with key informants, and is contained in Appendix C. It provides 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 to 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/Homelessness (n=2)
- Health (n=1)
- Women's Aid (n=1)
- **TOTAL (n=10)**

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 had been reduced, several forms of data were collected:

- Police files were pulled for the 6-month sample of MARAC victims.
- Police call-outs were documented for the addresses of the 6-month sample of MARAC victims.
- Telephone interviews were conducted 6-months after the MARAC was held for a sub-sample of victims (Oct 03 victims were interviewed in April 04, and Nov 03 victims were interviewed in May 04).

¹¹ These were unavailable for two of the six months included in the evaluation period.

Police Data

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. Additionally, any post-MARAC incidents were identified and the one nearest in time to the MARAC was also coded in order 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 police may not record all domestic violence incidents, and that not all domestic violence is reported to police. To supplement the police incident data, the number of police call-outs to victims' addresses over the 6-month evaluation period was also collected with the assistance of the Incident Management Unit. This provides an overview of police attention to the victims' homes that may not have been recorded as 'crime' but is still important to document as an indication of potential trouble, disturbance, or general stress that is present in the households.

Follow-up Interviews with Victims

To supplement the quantitative side of the outcome evaluation, interviews were also conducted with a sub-sample 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 semi-structured around the following questions:

- Are you still in a relationship with (name)? If so, how is the relationship? If not, are you in a new relationship? How is that going?
- If so, has there been any additional violence since October/November? If so, was it reported? What happened?
- Are you experiencing any emotional abuse from him?
- How is your quality-of-life generally? How are your children?
- Any especially significant events over the past 6 months, either positive or negative?

Analytic Strategy

The outcome evaluation provides answers to the following questions:

- 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, as measured by additional domestic violence complaints and/or police call-outs? Are any risk factors significantly related to future (post-MARAC) violence?
- How do the MARACs feature in victims' experiences of domestic violence over time, e.g., if the violence continues is it reduced in severity or becoming less frequent?
- What are the most frequent actions agreed at the MARACs, and which agencies agree to take them?

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

Workload Issues

What's Done?

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 2-3 days per month. Almost 1 day of this is used attending the

MARAC itself, and the other time is spent preparing for the meetings (e.g., checking the names of victims against their own agency's records, pulling files, etc.) or feeding back the action plans from the MARAC to their agency (e.g., delegating responsibilities to specific workers).

To hold a MARAC requires, at a minimum, that:

- Police identify the very high-risk victims,
- Police circulate the details of these victims and their children to participating agencies (the MARAC 'list'),
- Police pull the files for these victims and bring them to the meeting,
- Minutes of the MARAC meeting are taken (currently by police, formerly probation), and
- Minutes of the MARAC meeting are circulated to participating agencies.

Additionally, it is expected that:

- All participating agencies will check the MARAC list against their own agency's records, in order to collate all the evidence available for the victims/perps/children,
- Some agencies, such as the WSU, will also pull files and bring them to the meeting,
- Representatives will take notes at the MARAC, in order to delegate actions to workers,
- Actions agreed at the MARAC will be taken (although this is currently a matter of trust rather than official review), and
- Individual files held at agencies will be updated.

Who's There?

The protocols contained in Appendix B state that the following agencies will always be invited to a MARAC: Police, Social Services, Probation, Health, Education (where relevant). Other statutory or voluntary agencies may also be invited depending on whether they have any specific involvement with any of the victims (e.g., Youth Offending Teams, Community Psychiatric Nurse, NSPCC, Women's Safety Unit, Women's Aid).

In practice roughly 15 people attend the MARACs. The following agencies are consistently represented: Police, Probation, Social Services, the Women's Safety Unit, Health, and Housing. Other agencies that have made appearances include Women's Aid, NSPCC, Community Midwifery, Mental Health Psychiatrist, and the Homelessness Office. Additionally, sometimes other members from the 'standard' agencies will attend (such as members of the High Risk Team from Probation, Social Workers, the Child Protection Unit at Social Services, Designated Nurse Child Protection, etc.).

The attendance of a Mental Health representative at the March 2003 meeting was viewed as a very positive addition. Recent developments include the inclusion of an Education representative, and soon CAF/CASS are expected to join.

Perceptions of the Work

Much of the work associated with MARACs is administrative in nature and is performed in addition to people's everyday workloads. In many cases respondents worried that their line managers would one day pull them off of MARACs because it was taking too much of their time... and none of the respondents seemed to benefit from a reduction in their other duties in order to devote time to the MARACs. One respondent put it this way:

"I think the agencies involved in the MARAC are underestimating how important the work is. They are not allowing the staff to have the time to devote to MARAC. Agency underestimation – it's lip-service, we recognise its valuable but we are not giving it the time or the resources really."

It was clear however that the respondents themselves viewed the MARACs as invaluable, and that the added work they undertook did '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:

"Its made it much easier, when you are around the table with all the other agencies, discussing the family, the DV issues adds strength to the case to allocated to social workers."

"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 DV].... But that has changed now thank goodness."

The interviews made it clear that MARACs facilitate the accomplishment of many key objectives including:

- Information-sharing between agencies,
- Contributing to victims' safety, and
- Identifying key contacts within agencies.

Specific information with respect to these objectives is described in the sections that follow.

Information-Sharing between Agencies

Respondents were clear that they viewed the main 'output' of the MARACs as information-sharing. 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."

Information-sharing 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 is seen to contribute 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-CJS agencies are well represented at the MARACs. For example, health visitors and others visiting the home will have 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 are able to provide information from the victim's perspective. Social services can provide information about children, and take actions on their behalf. Police and probation are able to offer information about the perpetrator's history, and presence of other aggravating factors such as drugs or weapons. There is a usually a wealth of information held in the community about all the people impacted 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 meaningful difference in people's lives.

Some practical examples of information-sharing between agencies include:

- Police hold pre-cons on perpetrators, enabling probation to reclassify them as high-risk and other agencies to be aware of the potentially violent person on their caseloads.
- Health and Social Services are able to provide information about particular needs of victims, perpetrators, and/or their children which may be important factors to address (e.g., neglect of children, mental health needs of victim or perpetrator). They are also able to conduct home visits, which can provide an additional source of information about the situation.
- Housing can provide information about the tenancy of a particular address, which can inform whether victims need to be re-housed or whether perpetrators can be evicted and/or arrested.
- The WSU can provide information from the victim's perspective, for example whether her priority is relocating to another city, following through with the prosecution of a case, or getting help for her partner. The goals of victims ultimately influence what the MARAC can and cannot accomplish.

Facilitating the information-sharing between agencies is 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:

“Before I joined I wouldn't have had a clue how to get in touch with probation. We now have points of contact and are on first name terms with people in the other agencies to find out pieces of information. You are not afraid to pick up the phone, and also people from other agencies phone us to find things out.”

“You can put faces to names that you've heard. NHS Trust/SS are huge organisations, 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.”

“It means that you can have named people that you can ring up, and they know the case you're talking about.”

An important issue raised by respondents was that of confidentiality and how this should impact information-sharing between agencies. Respondents recognized that this was a barrier to information-sharing in the past, but were adamant that effective multi-agency working required agencies to be able to share confidential information with each other. As respondents 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 organisations and we're purely there to help the victim.”

“It's important that people don't hide behind issues of human rights, privacy. When we talk about human rights, we should be looking at Arts 2 and 3, the freedom to live without threat of torture, freedom of life... We need to think about the issue of proportionality. In terms of victims, we are looking at the critical few. You'll find that some agencies hide behind issues of data protection and Art 8 (right to a private life). Agencies need to look a bit deeper at their reasons for not sharing info, and not being prepared to work together. We looked at these issues and understood that we couldn't hide behind data protection. You need to look at data protection as your reason for sharing information. Other parts of the UK have not reached this realisation yet.”

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:

"You have different agencies all around the same table, all to the best of their ability leaving the baggage of each agency outside the door. I don't think that would have been possible if it hadn't been for the DV Forum¹²... there were a lot of people around the table who already knew each other. There was a long period of time necessary for trust to build up [before the MARACs began]."

"The agencies feel comfortable [with each other] – in other areas there is a lack of trust between agencies and thus a lack of information-sharing."

"The MARAC process has ensured that we have much better working relationships. We are working for the same ends. The process gives DV 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 in order to provide the best and most timely service to victims.

Contributing to Victims' Safety

As mentioned previously, the overriding aim of the MARACs is to engage in actions that will help protect victims and their children from further abuse. This theme was very apparent in the interviews, as all respondents mentioned that this was the main objective of the MARACs and what they hoped to accomplish by attending the MARACs and implementing the action plans agreed at the MARACs.

To further illustrate what 'multi-agency working' means in practice, respondents were asked to comment on a specific case where they thought the MARAC was able to help a victim and/or her children. Some selected examples are presented here:

With regard to "a victim who has suffered 13 years of horrific abuse... through the MARAC process and discussing the issues we discovered that the guy had breached his probation order. He turned up at probation and we were then able to arrest him. In that way it has opened up lines of communication with agencies whereby we have contact points within each agency. Good result."

"Housing was contacted to find out who holds the tenancy and it turns out to be him [the assailant]. So the housing agency can kick in then and make him give up the property because he is breaching conditions (code of conduct) of staying there because he is being violent to his partner. They'll evict him now. That agency is saying to that perpetrator 'because of what is happening we will evict you. It's not just the police that are on to you, WE also know that your behaviour is unacceptable and therefore you cannot stay in this house.' The onus is therefore taken off of the victim."

"The main benefit has been that we are able to put conditions on people's licences. If we are made aware that there are DV issues, there can be a condition upon release from prison that states he is to have no

¹² The DV Forum was resurrected in 2000.

direct/indirect contact with named (ex) partner. That is obviously very powerful because if he breaches that on his release then we could have him recalled. It offers much more protection to the victim. She knows that he has got that on his licence, and it is very easy for us to do."

These are just a few examples, but should make it clear that multi-agency working is the most effective way of helping victims of domestic violence.

Raising Awareness about Children

MARACs also have the parallel function of providing a space where the safety and needs of children can be discussed. As respondents noted:

"It's a DV forum, but it is good that child protection issues can be raised so the risk to children can be highlighted and plans can be put into place to support especially older children in families where the father has moved on."

"The focus on children is essential. Almost the first ¾ of cases on the list involve children under 5, the impact that DV has on their lives, their education potential is such a huge knock-on effect."

"The MARAC process has made me think more about the emotional and physical impact of DV from a child protection point of view."

Most of the respondents' comments about the need for representatives from education, school nurses, etc. to attend the MARACs also reflect the belief that the welfare of children can be enhanced by the MARACs.

Limits of the MARACs

Victim Cooperation

In spite of these successes, there are still limits to what can be accomplished particularly if 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 is effectively 'stopped in its tracks' by the victims themselves. For example:

"There's always a certain point where we can't do anymore if the victim is not prepared to accept our help, still in the relationship and not prepared to break the cycle. All we can do is keep offering the support and monitor the situation; they need to be proactive. This is often difficult because often they feel it is better to be in a violent relationship than no relationship at all."

"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 DV 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 inter-agency support kicks in really."

"I think if the victim hasn't got young children in the house then there isn't much that you can do... if there are then the situation has to be moved forward. Sometimes this is about giving the victim choices to make – and she has to put the children first. From a child protection perspective, if you have a victim in denial or refusing agency help then that automatically places the child in danger."

Respondents placed the responsibility squarely with the victim, but do 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 want to stay with their (abusive) partners then the agencies must accept – if not respect – this choice.

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 and circulating the minutes were viewed simultaneously as very important and very onerous tasks. For example:

“Minutes need to be typed out and distributed earlier... It's a general lack of resources. If I want to record on our records what the actions are it means that I would have to write up everything that happens at the meeting. By the time that the minutes come through, I then have to go back and write everything on. It's a lot more work and I don't always do it because I just haven't got the time.”

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

In terms of the impact on police resources, it seems evident that the administrative burden is actually reducing the amount of service police that the DVU can provide to the victims themselves. As one officer explained:

“A clerical member of staff would help because the majority of the MARAC work is admin – they could take minutes, do filing, send out letters which would leave us with more time to spend with the victim, find out exactly what is going on. We would have more time to do one-to-one house visits because you break down more barriers when you speak face-to-face rather than on the phone... you are able to get the bigger picture of what is going on in their lives.”

While the MARACs could not take place without the administrative work necessary to organize them, it seems apparent that the administrative burden should not be shouldered by the same people who need to carry out actions for and on behalf of victims and their children. 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 to deal with.”

This is a particularly important issue given that resources currently permit only very-high-risk victims being given MARAC attention. Obviously there are many high-risk victims (and their children) who also would benefit from many agencies working together to increase their safety.

The resource issue also comes to bear on potential action plans that could assist victims and/or their families, but are not available. For example:

“There are people who I've met through multi-agency partnerships that I can contact and know that I will get feedback, an honest critique, advice or we can solve issues. But if there is a shortage of fundamental, practical support then we can't do it – the lack of detox beds in Cardiff is a prime example.”

While MARACs therefore appear to be a very effective process for facilitating information-sharing that enhances the safety of victims and their children, they cannot overcome the limits imposed by few resources and victims who are unwilling to change their circumstances.

“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 six-month sample of MARAC victims included 146 women.¹³ The proportion for each month is as follows:

▪ October 2003	29	19.9%
▪ November 2003	23	15.8%
▪ December 2003	24	16.4%
▪ January 2004	26	17.8%
▪ February 2004	24	16.4%
▪ <u>March 2004</u>	<u>20</u>	<u>13.7%</u>
▪ TOTAL	146	100%

Demographic Information

Table 2 presents background information for the victims and offenders in the sample. All of the victims included in the sample are women. Their average age is 29 years at the time of the offence, and almost half are under 30 years old. Three quarters have children in the household. Less than 9% are from minority ethnic backgrounds. Less than 1 in 3 has paid jobs outside the home.

Table 2: Background Characteristics of Victims and Offenders.

<u>Variable</u>	<u>Victim</u>			<u>Offender</u>		
	<u>Value</u>	<u>N</u>	<u>Percent</u>	<u>Value</u>	<u>N</u>	<u>Percent</u>
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-Carib.	2	1.4	African-Carib.	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 offence	Under 20	15	10.3	Under 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 Over	1	0.7	51 and Over	3	2.1
	Unknown	28	19.2	Unknown	21	14.4

¹³ 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.

Employment Status	Employed*	40	27.4	Employed*	38	26.0
	Unemployed	70	46.9	Unemployed	76	52.1
	Other**	23	15.8	Other***	1	0.7
	Unknown	13	8.9	Unknown	31	21.2
Relationship to Victim at time of Offence				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			
	5-7	4	2.7			
	Unknown	7	4.8			

N=146

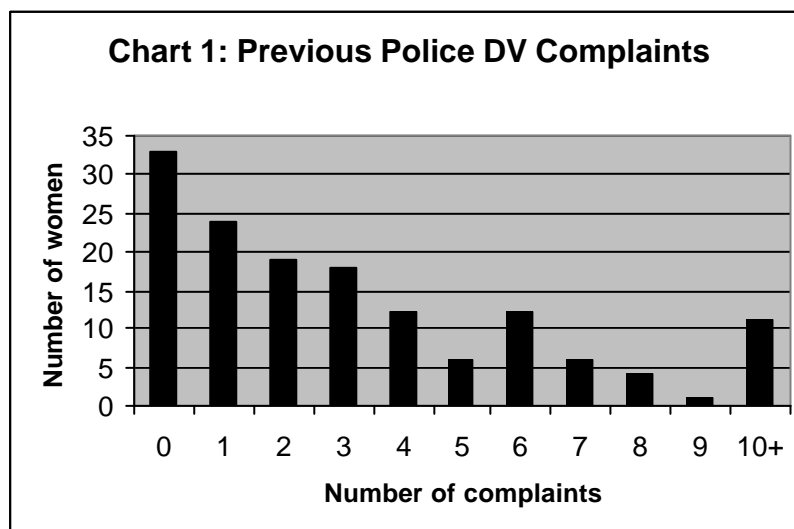
* Indicates part-time, full-time or unknown to what extent employed.

** 21 are housewives and 2 are students. *** In prison.

Offenders are slightly older (mean age of 33 years), and more are from minority ethnic backgrounds (12%). About one-quarter are employed. Roughly half (46%) are the ex-partners or ex-spouses of the victims.

History of Domestic Violence

As the chart below indicates, the majority of MARAC victims (77%) have previous complaints for domestic violence on record with the South Wales Police, and more than half (52%) had two or more. The average victim had more than 3 previous complaints. This is most likely an underestimation of the actual violence experienced, as the police data are limited to: 1) what is reported to and recorded by the police, 2) complaints received by the SWP, not taking into account violence experienced in other jurisdictions, and 3) violence committed by the current offender, not including violence from other relationships.



For the previous 7 domestic violence incidents, date information was obtained. Analyzing this information revealed that:

- The average number of days between the most recent incident and that which triggered the MARAC was 106, and ranged from a low of 0 to a high of 666.¹⁴ Almost 70% of victims had less than 100 days between the most recent incident and the MARAC trigger.
- The average number of days between the MARAC trigger and the incident most distant in time for the victims was 576, with a low of 4 to a high of 2840.¹⁵ Almost 70% of victims had less than 700 days between the 'oldest' incident and the MARAC trigger. These are relatively short histories, indicating a sharp escalation of abuse and risk.
- The average time between incidents was 115 days.¹⁶

Risk Factors and Their Prevalence

Table 3 presents information about the prevalence of various risk factors for the domestic violence incident that triggered the MARAC:

Table 3: Prevalence of Risk Factors Among Very High-Risk Victims

<u>Risk Factor</u>	<u>Number "yes"</u>	<u>Percent out of total</u>
Partner/ex has criminal record	123	84.2%
criminal record is DV 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%
Perp experiencing financial problems	33	22.6%
Perp 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%
Perp is jealous/controlling	91	62.3%
this causes significant concern	54	37.0%
Has been/going to be relationship separation	112	76.7%
Conflict over child contact	44	30.1%
Perp ever threatened to kill anybody	62	42.5%
this causes significant concern	32	21.9%

¹⁴ Ten victims had values in excess of 700 days, but these values were removed because they were skewing the distribution of this variable.

¹⁵ The 'oldest' incident was taken for each victim, whether they had only 1 previous incident or 7 previous incidents.

¹⁶ This was computed by dividing the average number of days from the oldest incident to the trigger incident by the total number of incidents (all previous incidents plus the trigger incident). Two victims with values in excess of 700 were removed from the analysis.

Perp ever attempted strangle/choke victim	56	38.4%
Abuse becoming worse/more frequent	77	52.7%
Perp ever threatened/attempted suicide	37	23.5%
Perp ever sexually abused victim	17	11.6%
Victim has suicidal thoughts	17	11.6%

N=146

The most frequently reported risk factor was the partner/ex has a criminal record (84%), however less than half of these were known to be DV related (35%). Relationship separation featured as an issue for more than three-quarters of victims (77%). Aggravating problems were present in about 7 in 10 perpetrators. Jealous/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 these victims.

The next table displays a correlation matrix for the 15 risk factors. This enables the significant relationships between the risk factors to become apparent.

Table 4: Correlation Matrix of Risk Factors.

<u>Risk Factor</u>	<u>Crim</u>	<u>Inj</u>	<u>Weap</u>	<u>Fin</u>	<u>Aggr</u>	<u>Preg</u>	<u>Jeal</u>	<u>Sep</u>	<u>Child</u>	<u>Thrts</u>	<u>Choke</u>	<u>Worse</u>	<u>Suic</u>	<u>Sex</u>
Crim record	1.0													
Injuries	0.0	1.0												
Weapons	0.0	0.3	1.0											
Financ probs	0.0	0.0	0.0	1.0										
Aggr probs	0.3	0.2	0.2	0.2	1.0									
Pregnant	0.0	0.1	0.0	0.1	-0.1	1.0								
Jealousy	0.2	0.2	-0.1	0.2	0.3	0.1	1.0							
Separation	0.3	0.0	0.0	0.1	0.3	-0.1	0.4	1.0						
Child contact	0.1	-0.3	-0.2	0.1	-0.1	0.1	0.2	0.3	1.0					
Threats to kill	0.1	0.1	0.0	0.0	0.1	-0.1	0.2	0.1	0.1	1.0				
Choke	0.1	0.2	-0.1	-0.1	0.1	-0.1	0.4	0.2	0.0	0.3	1.0			
DV worse	0.2	0.1	0.1	0.2	0.3	0.0	0.5	0.3	0.0	0.2	0.3	1.0		
Perp suicide	0.1	0.0	0.1	0.2	0.1	-0.1	0.2	0.2	0.0	0.1	0.3	0.1	1.0	
Sex abuse	0.0	0.0	0.0	0.1	0.1	-0.1	0.2	0.1	0.0	0.1	0.1	0.2	0.2	1.0
Vict suicidal	-0.1	0.1	0.0	0.2	0.1	0.0	0.2	0.2	0.1	0.2	0.1	0.2	0.1	0.3

Boldface type indicates that the correlation is statistically significant at the .05 level.

Several important trends may be observed from the matrix. Most pronounced is that when perpetrators are jealous and controlling, 11 of the 14 other risk factors are more likely to occur. In other words, jealous/controlling perpetrators are also more likely to have a criminal record, to injure the victim, to have financial problems, to have aggravating problems, to have threatened to kill, to have choked or strangled the victim, and to have threatened suicide. They are also more likely to be in relationships that have been or are about to separate and to have conflict over child contact. Jealous perpetrators increase the likelihood that the abuse is become worse or more severe. They are also related to victims having suicidal thoughts. These relationships demonstrate the importance of this particular risk factor, as it is associated with many other behaviours or issues that have been

found to increase the likelihood of future violence or homicide. Therefore even the most basic risk instrument should include a question about the ex/partner being jealous or controlling of the victim.

Another important trend revealed by the table above is that when the perpetrator has aggravating problems (alcohol, drug and/or mental health issues), they are also 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 are more likely to cause serious harm to victims. Both the criminal justice system and the voluntary sector need to devote more attention to rehabilitation for offenders for their drug, alcohol, or mental health problems. Many victims desire 'treatment' for their partners and the traditional and most common sanctions for DV offenders (such as fines or community punishment orders) go no way towards providing this.

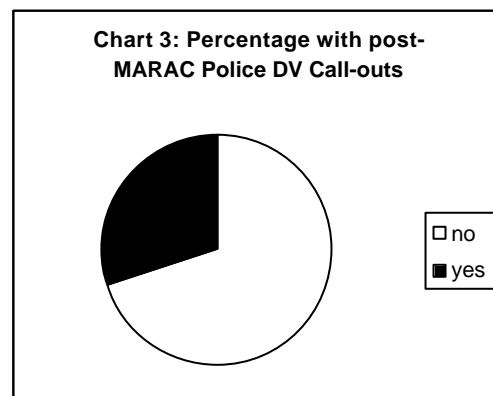
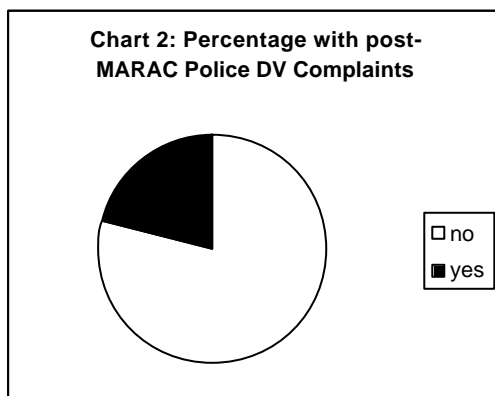
Suicidal thoughts by victims were related to the perpetrator having financial problems, being jealous or controlling, and making threats to kill. These thoughts are also related to relationship separation, the abuse becoming worse, and having experienced sexual abuse by the perpetrator.

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 1) pregnancy is related to other risk factors (that are not included on the SWP form – and it is unclear what these would be), or that 2) pregnancy itself is truly not a risk factor (and perhaps it is post-partum that is the more dangerous time). Given the contradictory findings in the research, it should be further investigated.

Post-MARAC Violence and Abuse

Police Data

The charts below show that 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 are also significantly correlated with each other, meaning that the likelihood of one occurring increases the likelihood of the other occurring. For example,

- 97 (66%) of victims experienced *neither* additional complaint/s nor call-out/s,
- 33 (23%) of victims experienced *either* additional complaint/s or call-out/s, and
- 16 (11%) of victims experienced *both* additional complaint/s and call-out/s.

Therefore, according to the police data 97 of the 146 women experienced no further incidents of violence or abuse. Additionally, checking to see whether these levels of 'safer' women varied according to some having a longer opportunity for revictimisation (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:

<u>MONTH</u>	<u>No Complaints</u>	<u>No Call-outs</u>
October 2003	62.1%	77.8%
November 2003	60.9%	52.4%
December 2003	79.2%	62.5%
January 2004	88.5%	75.0%
February 2004	87.5%	87.0%
March 2004	100%	100%

Even after 6-months, the majority of victims had no complaints (62%) or call-outs (78%) on record.

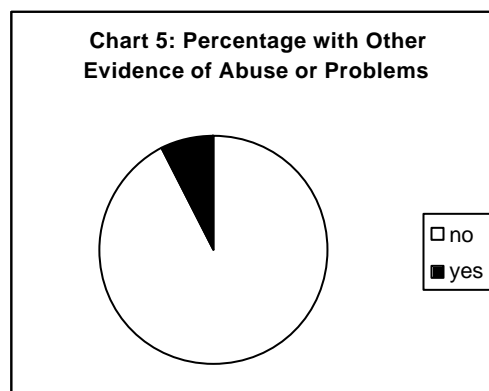
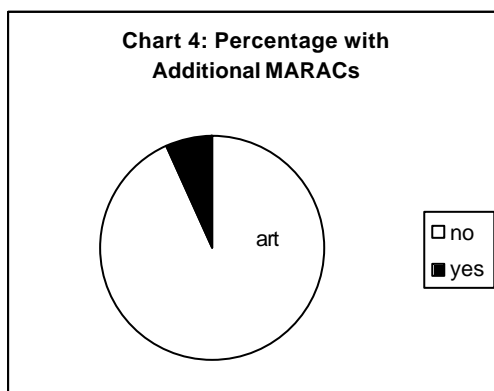
Given the importance of the risk factors for identifying very high-risk victims of domestic violence, their predictive ability was assessed. In other words, which factors were significantly related to future violence (as measured by police call-outs and complaints)? Four of the 15 risk factors were significantly correlated with both additional complaints and additional call-outs for DV:

- Perpetrator has aggravating problems (alcohol, drugs, and/or mental health),
- Perpetrator is jealous or controlling,
- Relationship separation, and
- Abuse becoming worse or more frequent.

However, when all of the risk factors were put into a logistic regression model simultaneously (a more sophisticated statistical method to determine their predictive ability), the results revealed that 1) only 'incident resulted in injuries' was significantly related to additional police complaints and that 2) 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 DV victims (rather than only the very high-risk victims included in the current sample). Until that is accomplished, we are assuming (rather than empirically documenting) that the risk factors can identify those women most at risk of further domestic violence.

Other Data

Two other indicators were also assessed as a further check on the safety of victims post-MARACs. First, a small number of women (7%) were subject to additional MARACs within the 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 (see next section).



Follow-up Interviews

Follow-up interviews were conducted with 27 (out of a possible 52) MARAC victims.¹⁷ Seventeen were interviewed from the Oct 2003 sample and 10 were interviewed from the Nov 2003 sample. These interviews were designed to complement the police data in order 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 (Oct/Nov). The majority (63%) responded that they had not. This is almost identical to the proportion found in the police data.

Of the 10 that 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. Some examples from the interviews include:

"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.

"No [further abuse or threats]. 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. She had an abortion because she feared perpetrator could use the baby as a reason to keep in contact and continue to harass and abuse her (he was previously arrested for child cruelty against her son)."

"[Victim and perpetrator] are trying to sort things out. They are not currently living together but [victim] feels in control of the relationship. Apart from incident in January there hasn't been any further abuse."

"[Victim] has moved away to start a new life. He doesn't know where she lives. She has had no further abuse or threats since moving away."

Then there are those who show up in both the police and interview data as experiencing on-going domestic violence. While 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.

¹⁷ Those that were not interviewed could not be reached after several attempts.

“He has isolated her from her friends and threatened her friends. He is back on drugs and drinking. Only time they get peace is when he is in prison (when he still makes threatening phone calls). [Child] is worried about staying at the house and is on edge and anxious. He has taken on a protective role [for the mother].”

“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.”

“The perpetrator phoned while [victim] was in hospital and threatened to beat them all up. He rings still – silent calls. She has panic attacks.”

“On-going physical and emotional abuse (despite the recent marriage of the victim and perp). Perp has threatened to ‘slice her throat’ and the victim is on anti-depressants and seen as a vulnerable witness. There are major concerns for the children, as they have witnessed horrendous DV (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 or 63%). This did not however mean that they were safe – of the 10 who reported additional violence in their interviews, half were still in relationships with the perpetrator and half were not.

In conclusion, the outcome evaluation found that victims were safer post-MARAC:

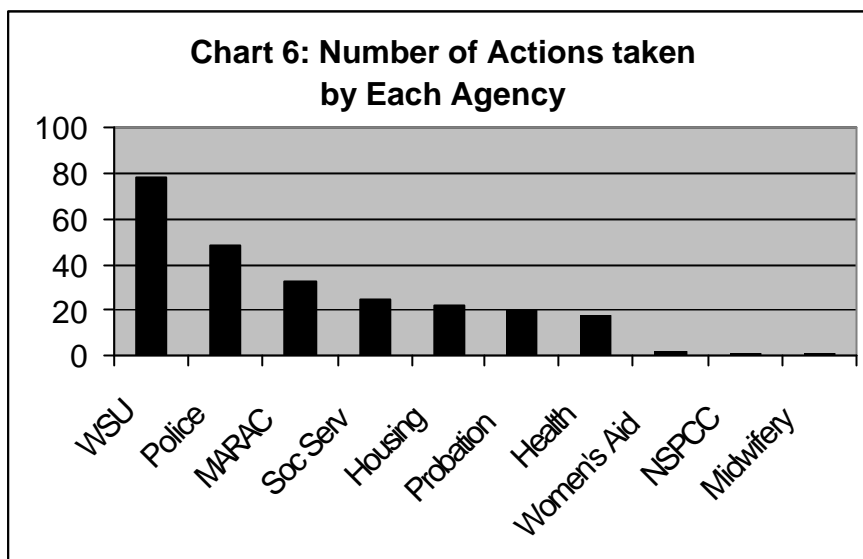
- 66% of victims did not have any additional police complaints or police call-outs according to police records, and
- 63% of victims reported in interviews that they had not experienced any further violence or abuse.

These are very encouraging results that demonstrate the importance (and effectiveness) of taking a multi-agency approach to reducing repeat victimisation among domestic violence victims.

Agencies' Actions

Recall that observations of MARAC meetings were coded in order to determine the most frequent actions taken by agency representatives. While not a perfect measure of either productivity or effectiveness, it does enable us to paint a picture of what actually happens in a MARAC.

The first two actions for each agency were coded. These figures were then summed to determine which agencies tended to take the most actions in relation to the 146 victims. Chart 6 displays the results.



The chart above shows that the two main players tend to be the WSU and the police (with the MARAC itself charged with many tasks – and MARACs have been chaired by both probation and police). Next it is clear that social services, housing, probation and health are involved in a similar amount of cases. As more narrowly defined agencies (offering a particular services), the NSPCC, Women's Aid and Midwifery are involved in few cases. This chart is not meant to demonstrate who is most important to the MARAC process but rather to provide an indication for planning and staffing purposes as to which agencies are tasked to carry out the bulk of the actions in support of victims. It should also be noted that some actions take much more time and effort to carry out than do others.

What are the most common actions taken by each agency? Actions can be divided into two categories: 1) those that involve an agency's own (normal) duties and 2) those that involve work between agencies. Each agency present at the MARAC tended to be tasked with both sorts of duties.

The WSU's most common task was to make or continue contact with the victim (n=34). 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 is invaluable to the process. The next most common action for the WSU to take was to liaise with other agencies about the victim's situation (n=30). For example, to liaise with the CPS about other information that may have emerged about the offence or to advise on whether to witness summons the victim.

The police were most likely to engage in 'law enforcement' type actions. For example, their most common task was further investigation (of the original offence, bail breaches, or potential additional charges) (n=16). They were also able to provide occurrence markers or to create incidents so that the police in Cardiff would be more aware of particular situations (n=6). 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 threatened both her and her new boyfriend from prison).

Similarly, probation tended to be needed for their criminal justice powers in many cases. For example, initiating proceedings against the perpetrator (such as contacting his probation officer to inform of recent actions that would violate his probation, to revoke his community punishment order due to domestic violence, or to try to recall or get the perpetrator arrested) (n=8). Probation was also likely to liaise with other agencies such as the police or mental health (n=7).

The MARAC itself was most likely to send letters to other agencies outlining the situations of particular victims or their children (n=16). They were equally likely to add the victim to the next MARAC or to continue to monitor the situation. This was most often done when there was either a need for more information before a strategy could be agreed, or because the victims did not want to cooperate.

Social Services were most likely to refer cases (n=9), such as to the NSPCC or psychiatric care. They would also assess or conference the victim (n=6) and work with the police (n=5). One issue which emerged from the MARACs is that non-criminal justice agencies were often working (unknowingly) with perpetrators that 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 (n=8) or Homelessness Team (n=4) to fast-track victims into appropriate housing. They were also likely to work with Women's Aid Outreach on specific cases (n=4). The agency's ability to inform the MARAC process about whether the perpetrator or victim (or both) have tenancy was very important in guiding the actions that other agencies would take.

Health was most likely to liaise with the WSU (n=10). This often took the form of using the WSU's facility to provide a safe and confidential service to victims and/or 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 (n=3).

It must be reiterated that the coding of these actions was a blunt instrument in terms of identifying the type 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/or 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 to take from this exercise is that each agency has something valuable to contribute to the MARACs, either a service or a source of information which typically no other agency can provide.

Conclusion

The MARACs are an important innovation in the community and criminal justice response to domestic violence. The multiple and unique needs of victims and their children are recognized in this type of multi-agency approach. Representatives from many agencies are undertaking substantially more work in the hope that their actions will lead to reductions in victimizations, as well as homicide prevention. Their efforts have been effective, and are highly commended. The results presented in this report make it clear that 1) the MARACs should be continued for the long-term and that 2) a MARAC-type process would benefit any community's response to domestic violence. As one respondent noted:

"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. In the past women have been given dangerous advice – hide the family allowance book, pack a spare suitcase. I've worked with women where hiding the passbook has meant she has received a beating that could have killed her. As a system, failure to understand risk has endangered people in the past. The system of risk assessment needs to be integrated."

The MARACs in Cardiff indicate substantial dedication and progress towards integrating risk assessment for domestic violence victims and their children into the daily practice of many criminal justice, community and voluntary support agencies. In the hopes of furthering this progress, several recommendations are made on the following page.

Recommendations

Review of Cases. This was deemed to be a very important objective by the key informants. There was a sense that, without review, agencies could not be properly held accountable. In several interviews respondents expressed displeasure at having to 'trust' that the other agencies would do the actions agreed at the meetings. Additionally, without a review of cases people felt that they did not know what their hard work was actually achieving (i.e., are victims becoming safer?).

On-Going Evaluation. This is linked to the point above. At the moment another 6-month evaluation is scheduled for the same period in 2004-05. Afterwards, however, agencies need to develop a plan for monitoring what happens to victims. An IT package is currently being developed to assist in this endeavour. It would be housed by the South Wales Police and information on victims updated on a regular basis.

More Administrative Support. The work performed by the respondents largely went unnoticed by their agencies, in the sense that they were performing MARAC-work on top of their existing workloads. This is not only bad for morale, but in the long-run will lead to fatigue and mistakes (that could potentially impact victims and/or their children). The task of taking minutes and distributing them to the participating agencies is particularly time-consuming. At the moment this is done by the officers in the Domestic Violence Unit at the SWP, which seems particularly under-staffed. Given the importance of the MARACs, and their impressive accomplishments (as evidenced in this evaluation), all agencies need to think in a more strategic fashion about staffing and resource issues. All agencies should make the necessary arrangements to ensure the MARACs continue in the long-term.

Monitoring Attendance. Some felt that this would add a degree of accountability that is not currently present. Some also felt that consistency of attendees was important, in that this enabled more trusting working relationships to develop. When possible, agencies should therefore 'ear-mark' particular people to attend the MARACs, and adjust their workloads accordingly. As mentioned previously, an Education representative should be found to attend the MARACs to enhance child welfare.

Chair Rotation. This was an idea expressed by some as a way for the MARACs to be more democratic, rather than led exclusively by criminal justice agencies. Chairing the meetings also takes additional time and effort, a burden that could be shared more evenly. This is an issue that should be raised for discussion.

Fortnightly MARACs. One common refrain coming from the interviews was a need for fortnightly rather than monthly MARACs. As one respondent noted, "we need short sharp bursts of MARAC rather than long, drawn out meetings because people do lose interest." At the time of this writing this change to procedure has been agreed.

Documenting Victims' Intuition. Past research suggests that victims are good sources of 'predictive ability' themselves, and that their perceptions of fear and danger must be acknowledged. While the SWP risk indicator form has a section for officer's observations on this issue, the information documented by officers was of varying quality. Furthermore, some officers might comment on the 'isolation' issue or even any other issue they felt was important. The actual sense of what victims thought might happen to them, or how frightened they were, was therefore not available in a majority of cases. This risk indicator needs to be clearly and specifically documented on the risk assessment form so that victims' perceptions about their safety are obtained in a more reliable fashion.

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Appendix A

**South Wales Police
Domestic Violence Complaint (FSU9)
including Risk Indicator Form**

Appendix B

MARAC Information-Sharing Protocols

Appendix C

Interview Schedule for Key Players

Name:

Date:

Agency:

Time at agency:

Time working on domestic violence issues:

Please describe your involvement in the MARACs.

Have the MARACs changed how you do your job? If so, how?

Can you give an example of how actions taken by you on behalf of your agency have contributed to a victim's safety?

Can you give an example of how a MARAC was *not* able to increase a victim's safety?

Are you aware of any actions resulting from a MARAC that *increased* the danger faced by a victim?

How much time do you typically devote to MARAC-activity each month?

What do you feel are the aims and objectives of the MARACs?

Are there limits to what the MARACs can accomplish? If so, what are these?

Do you think the MARACs reflect multi-agency partnership? How so? Why not?

Are there any ways that MARACs in Cardiff could be improved?

What would be the key lessons that members of another community would need to know to successfully implement a MARAC-type process?

What resources, if any, are needed to maintain MARACs?

Do you have any other thoughts or comments about the MARACs?