

‘Locality-Based Multi-Agency Responses to Lower-Risk Domestic Violence Cases’

N8 Policing Research Partnership

Locality-Based Multi-Agency Responses to Lower-Risk Domestic Violence Cases

The local authority involved in this study holds monthly multi-agency Domestic Violence Locality Meetings (DVLMs) to deal with standard to medium risk domestic violence cases, akin to the Multi-Agency Risk Assessments Conference (MARAC) that meets daily to deal with high risk cases. The DVLMs bring the police and third sector agencies together to create multi-agency action plans to support victims of domestic violence assessed as being at standard to medium risk of harm. This briefing paper reports on a study of the process from police call out to discussions about intervention in standard to medium risk cases, with a focus on the operation of DVLMs and the implications for policing.

The Government's non-statutory, cross-party agreed definition defines domestic violence (DV) as 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.' (Home Office, 2013). In this report, however, 'DV' is used to refer to intimate partner violence and/or abuse only.

KEY FINDINGS

- The police and TSLs felt that the DVLMs had improved relationships between agencies and increased information sharing.
- The process used to direct cases to the MARAC or DVLM relies heavily on the DASH risk assessment. Those cases deemed high risk will automatically go to the MARAC, whilst those deemed standard-medium risk are eligible to go to the DVLM. However, recent research has raised questions about the predictive accuracy of the DASH tool in assessing risk (Turner et al. 2019).
- The decision as to whether a victim assessed as being at standard-medium risk of harm is referred to the DVLM relies heavily on whether consent to information sharing was given by the victim to the police officer completing the DASH risk assessment. It was estimated that consent is given in approximately one fifth of cases.
- Some of those who consent to their details being shared are chosen for discussion at the DVLM. The process used to choose cases relies on the professional judgement of the practitioners involved.
- Practitioners saw the need for an in-depth, longitudinal study of the outcomes in cases assessed as being standard to medium risk.

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PROJECT BACKGROUND

Domestic violence has been at the forefront of crime policy and initiatives in recent decades in the UK. During this period, multi-agency responses have developed as an effective way to prevent and police crime. As a result, the Multi Agency Risk Assessment Conference (MARAC) was established in Cardiff (Wales) as a way of effectively safeguarding those involved in high risk domestic violence cases. The area involved in this research created its own MARAC and, in an effort to expand this initiative, also created the Domestic Violence Locality Meeting (DVLM). The DVLM is a locality based approach to standard and medium risk domestic violence cases that involved creating multi-agency action plans to support victims.

This report presents the findings of research, based on qualitative interviews and DVLM observations, that explores the process through which standard and medium risk cases of domestic violence make their way from police call-out to an action plan created at a DVLM. This research illuminates the relationship between the policing done at the scene of a DV call-out and the help given to victims after the fact.

FINDINGS

DVLMs were seen by all practitioners to have improved relationships between the agencies and the police, and had a positive impact on multi-agency working beyond cases relating to the DVLM. Speaking about multi-agency work, one interview participant described ***'the information sharing between agencies, I think it improved partnership work, the relationships between other agencies and just people knowing what is going on in our locality'*** (Interview 4). These meetings also allowed for information to be shared face-to-face, increasing understanding of what agencies were able to accomplish and identifying new ways to help both victims and perpetrators, which mirrors findings by Robinson (2007). However, the research reported in this Briefing Document also raises questions about the risk assessment, consent, and case selection processes involved.

When attending a domestic violence incident, police in the area complete a DASH risk assessment. The DASH tool is intended to indicate the likely risk of future harm to the victim, and is widely used by police across England and Wales. However, recent years have seen growing concern about the efficacy of the DASH tool, leading Her Majesty's Inspectorate of Constabulary (HMIC) to recommend that this approach to risk assessment be reviewed (HMIC 2014). Subsequently, the largest assessment of DASH conducted in Europe to date concluded that '[e]ach element of the DASH questionnaire is, at best, weakly predictive of revictimization. Officer risk predictions based on DASH are little better than random.' (Turner et al. 2019: 1013). The research found that these deficiencies are compensated for by a proportion of police officers, as this quotation illustrates:

If I'm asked to assess a risk I don't just take that DASH form, I'll have a look at the individual as well because if they have been high risk for the past three partners just because there is one tick with this partner, but they have pulled a knife on the last three partners, that says to me that that's high risk because there is a high risk that harm might come to that person. (Interview 1).

This demonstrates that although the DASH form is used on scene to assess risk, the burden of assigning a risk level often falls on professional judgement away from the event itself.

The DASH plays a central role in the process of determining which cases will be reviewed by the DVLM. The last part of the DASH asks victims for their consent to share information with other agencies but does little to explain to victims what this actually means and the consequences of giving or withholding consent. This issue was noted by 50% of interviewees. It was also made clear that police training may affect the likelihood of consent being obtained: one interviewee suggested that **'When you do training the levels of consent go up, and then it just drops back down again'** (Interview 5). One interviewee estimated that of cases that could have gone to the DVLM, less than one fifth of victims had given consent for their details to be shared (Interview 5). It also raises questions about whether a lack of consent should automatically preclude cases assessed as standard to medium risk from further consideration.

Cases assessed as high risk are discussed at the daily MARAC meetings regardless of whether or not consent has been given and which part of the local authority they fall into. Conversely, following a pilot project in 2017, the pool of cases assessed as standard or medium risk is then filtered by whether or not they are in a DVLM area and if consent was given (The City Council, 2017). This not only results in a significantly smaller pool of cases being seen at the DVLM compared to the original pool of cases, but also suggests that any high risk cases incorrectly assessed as standard to medium risk might not be discussed in a multi-agency forum or considered for intervention, due to either consent not being given, or mistaken assessment of risk. This finding highlights the potential challenges of relying solely on DASH assessments when deciding which cases to take to the MARAC or DVLM, and the need to supplement any DASH assessment of risk with local information and professional judgement. This procedural difficulty has been seen in previous studies (Robinson 2016; Phillips 2018).

Additionally, several interview participants (both police and TSLs) suggested that there was a particular focus on cases where the victim had additional needs beyond the reason for the initial police call out. This was explained in one interview as an effort to **'bring [cases] to the table or to this meeting that we could all do something with'** (Interview 1). This tendency to look beyond the DV when selecting cases for intervention was highlighted by one interviewee thus: **'So it is consent, [the presence of] children, what's already ongoing, any other issues and then if need be I'd look at the DASH and you know, and obviously look at the DASH'** (Interview 5). A focus on cases which involved children was apparent not only in the selection of cases, but also in the attendance of agencies at the DVLMs. At all of the DVLMs observed, at least one children-focused third sector agency was present, and in most cases a family service was also present. In comparison, one meeting did not have a police presence, several were missing a housing presence, and there was no health service present at any.

CONCLUSION

The practitioners involved in this study suggested that the DVLMs represent an improvement on previous practices, as they have improved information sharing and cross-agency/police knowledge and have helped take the burden off police which

in turn has led to intervention in cases that might otherwise *'slip the net'* (Interview 3). Nonetheless, due to issues with the reliability of the DASH, lack of consent, not all areas being covered by DVLM, and the processes used to select cases, there is the possibility that some standard, medium and high risk cases may not be dealt with as intended.

METHODOLOGY

This study was intended to gain a detailed understanding of 'local responses to standard to medium-risk domestic violence cases' by looking at the operation of DVLMs. The research involved observations of MARAC (n=1) and DV locality (n=4) meetings alongside semi-structured interviews with key practitioners involved in the locality meetings (n=6), namely police chairs (n=3) and Targeted Services Leaders (TSLs) (n=3). Additionally, a focus group (n=1) was held before the interviews. Notes of the processes being followed (but not of the cases being discussed) were taken at both the focus group meeting and the observations. The interviews with practitioners were audio recorded on an encrypted recording device and transcribed verbatim. The limitations of this study are associated with both the small sample size and the types of participants interviewed (who were all practitioners, not service users).

IMPLICATIONS FOR FURTHER RESEARCH

Practitioners saw the need for an in-depth, longitudinal study of the outcomes in cases assessed as being standard to medium risk.

The research was conducted by **Kelly Nemeth** in 2018/19 and supervised by **Dr Sam Lewis**, from the School of Law at the University of Leeds. We are grateful to the local authority involved in the study, and to the practitioners who participated in the research.

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