

For Online Publication

Appendices to accompany “Public Services Access and Domestic Violence: Lessons from a Randomized Controlled Trial”

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Appendix A Conceptual framework

In this section, we present a stylized conceptual framework to guide our thinking about the relationship between access barriers and the choice between various services for victims of DV.

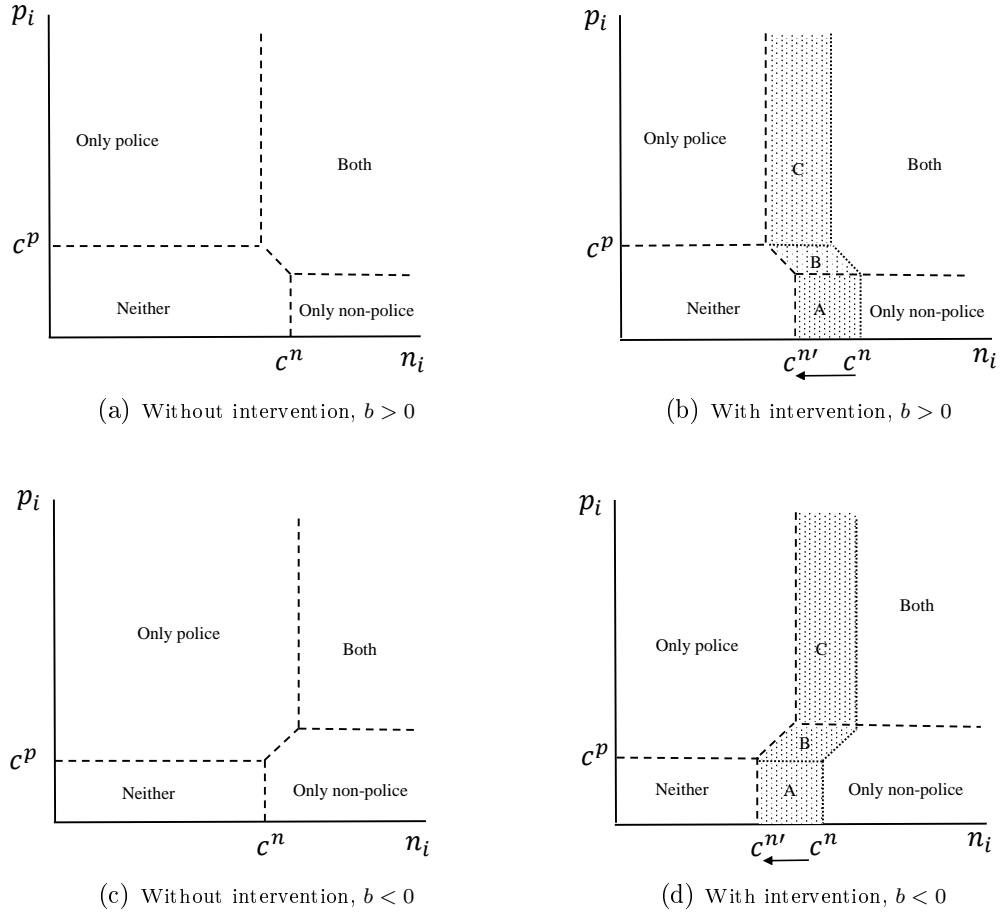
Consider a model in which individuals, denoted by i , choose between police and non-police services. Each service results in individual-specific benefits denoted by $p_i \geq 0$ from the police services and $n_i \geq 0$ from the non-police services. If both services are accessed, individuals also receive an incremental benefit of b , which may be positive or negative (i.e., services may be complements or substitutes), but which is common to all users. Barriers are reflected by a composite cost to the individual of accessing each service, c^p and c^n , common to all users. Costs and benefits are additively separable, and utility with no service use is normalized to 0. The utility for an individual i , denoted U_i , can be written as:

$$U_i = (p_i - c^p) \times \mathbb{1}[\text{police}_i] + (n_i - c^n) \times \mathbb{1}[\text{non-police}_i] + b \times \mathbb{1}[\text{both}_i] \quad (\text{A.1})$$

where $\mathbb{1}[\cdot]$ is an indicator function equal to 1 if the service in the argument is accessed and 0 otherwise. Individuals choose the service or services that provide them with the greatest utility. In Figure A.1, we depict service utilization at different values of p_i and n_i in the case when b is positive (A.1a, A.1b) and when b is negative (A.1c, A.1d). Figures A.1a and A.1c show the possible outcomes absent the intervention. Observed use within the population will depend on the distribution of individuals across the possible values p_i and n_i .

Consider the effect of an intervention that works by decreasing the cost of accessing non-police services, with no change in the cost of access to police services. This is depicted in A.1b and A.1d by a movement from c^n to $c^{n'}$. In both cases, $b > 0$ and $b < 0$, there will be an unambiguous increase in the use of non-police services, shown by areas A, B, and C. However, the impact on the use of police services depends on the sign of b . If b is positive, then the use of police services will increase; this is due to users with preferences in area B of

Figure A.1: Access frictions and service use



Notes: These figures are based on equation (A.1).

Figure A.1b. If b is negative, then the use of police services will decrease relative to before the intervention; this is due to users with preferences in area B of Figure A.1d. Note that, the observed variation in non-police services is attributable to individuals who have a value of p_i that is low, relative to other service users. This highlights the benefit of focusing on police services. In examining the demand for police services, we learn about the sign of b , reflecting whether the two types of services are complements or substitutes.

Appendix B Theoretical framework on statement making and productivity of police services

In our framework, victims can be classified into four types according to their statement making response to treatment (corresponding to the familiar label of *compliers* and *defiers*), labelled $d \in \{-1, 0^+, 0^-, 1\}$. A $d = -1$ type provides a statement in the control but not in the treatment group. A $d = 1$ type provides a statement in the treatment but not in the control group. A $d = 0^+$ type always provides a statement, and $d = 0^-$ type never provides a statement. We assume that a) the probability of a perpetrator arrest (charge or sentencing) is weakly increasing in statement provision, and b) conditional on statement provision, the intervention is uncorrelated with perpetrator arrest (charge or sentencing).¹ The relationship between the intervention and a perpetrator arrest (ignoring control variables) can be written as

$$P_{id}(treat_i) = \alpha_0^d + \alpha_1^d S_d(treat_i) + \mu_{id} \tag{B.1}$$

where i denotes the case and d denotes the victim type. P_{id} is a binary indicator equal to 1 if the relevant punitive action (arrest, charge, sentencing) is taken against the perpetrator, and 0 otherwise. S_d is a binary variable equal to 1 if the victim provides a statement to police, and 0 otherwise, and is a function of treatment status and type. μ_{id} reflects unobserved heterogeneity in the outcome. From assumption b) above, we know that $E(\mu_{id}|treat_i, S_d) = 0$, treatment affects P_{id} only through statement provision.² The coefficient α_1^d reflects the type-specific effect of statements on punitive actions.³ From assumption a) above, we know that $\alpha_1^d \geq 0$. This implies that P_{id} is a weakly monotonic, increasing function of victim statement provision.

Where w^d is the proportion of type d victims in the sample, such that $w^{-1} + w^{0^-} + w^{0^+} +$

¹Assumption a) follows from the argument in Section 4.1 that statements provide evidence in building a case against a perpetrator. It rules out, for example, that a caseworker coaches the victim in a way that improves the statement. Assumption b) follows from arrests being made on the basis of the evidence needed for the CPS to press charges. This requires that the intervention influences arrest only through a victim's statement provision. Caseworkers are required not to interfere in the statement making process because the facts of a case might be distorted in the process.

²This rules out, for example, caseworkers directly influencing the decision of police to make an arrest.

³It is tempting to use $treat_i$ as an instrument for statement provision in the above equation. However, the possibility of both $d = 1$ type or $d = -1$ types means that we cannot assume monotonicity.

$w^1 = 1$, the ITT corresponding to equation (B.1) can be written as:

$$E(P(1)) - E(P(0)) = (\alpha_1^1 - \alpha_1^{-1})w^1 + \alpha_1^{-1}(w^1 - w^{-1}) \quad (\text{B.2})$$

Notice that $w^1 - w^{-1}$ is the change in the proportion of cases for which a statement is provided due to the intervention. In other words, $w^1 - w^{-1} = \gamma_1$ from equation (1) in the main text when the outcome is statement provision. $\alpha_1^1 - \alpha_1^{-1}$ is the difference in the treatment effect of a statement on y_{id} between $d = 1$ and $d = -1$ types.

The estimates reported in Table 2 suggest that $w^1 - w^{-1} < 0$. Given that $\alpha_1^d \geq 0$, if $E(P(1)) - E(P(0)) = 0$, it follows that either $\alpha_1^1 - \alpha_1^{-1} > 0$, or $\alpha_1^d = 0$ for $d = \{-1, 1\}$. That is, either statements have no effect on punitive actions for the $d = \{-1, 1\}$ types, or statements have a greater effect for the $d = 1$ types than for the $d = -1$ types.

Appendix C Supplementary analysis

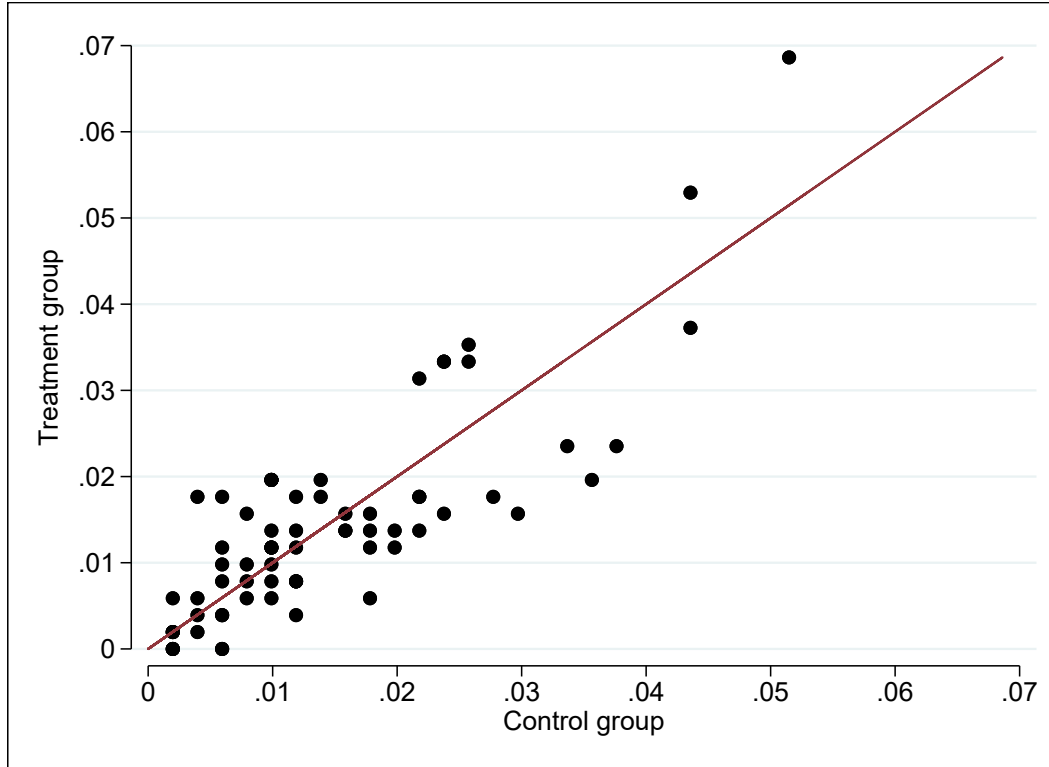
C.1 Treatment-control group balance across police beat areas

The Leicestershire police force is made up of 92 beats which define the geographic areas to which officer teams are assigned to patrol. 68 of these beats are represented in the data used in this study. Here we investigate the distribution of treatment and control groups across these beat areas. In Figure C.1 we scatter the proportion of treatment group cases in each police beat areas by the proportion of control group cases in each police bear area. From a visual inspection we do not find any large differences in the distribution of cases by treatment status. Consistent with this, in a formal test we are unable to reject the null hypothesis that the two groups have the same distribution across beats ($\chi^2(68) = 55.8$ ($p \geq 0.855$)).

C.2 Intervention engagement and victim characteristics

For the treatment group sample, we regress an indicator variable, equal to 1 if the victim engaged with the intervention and 0 otherwise, on characteristics of the victim, perpetrator

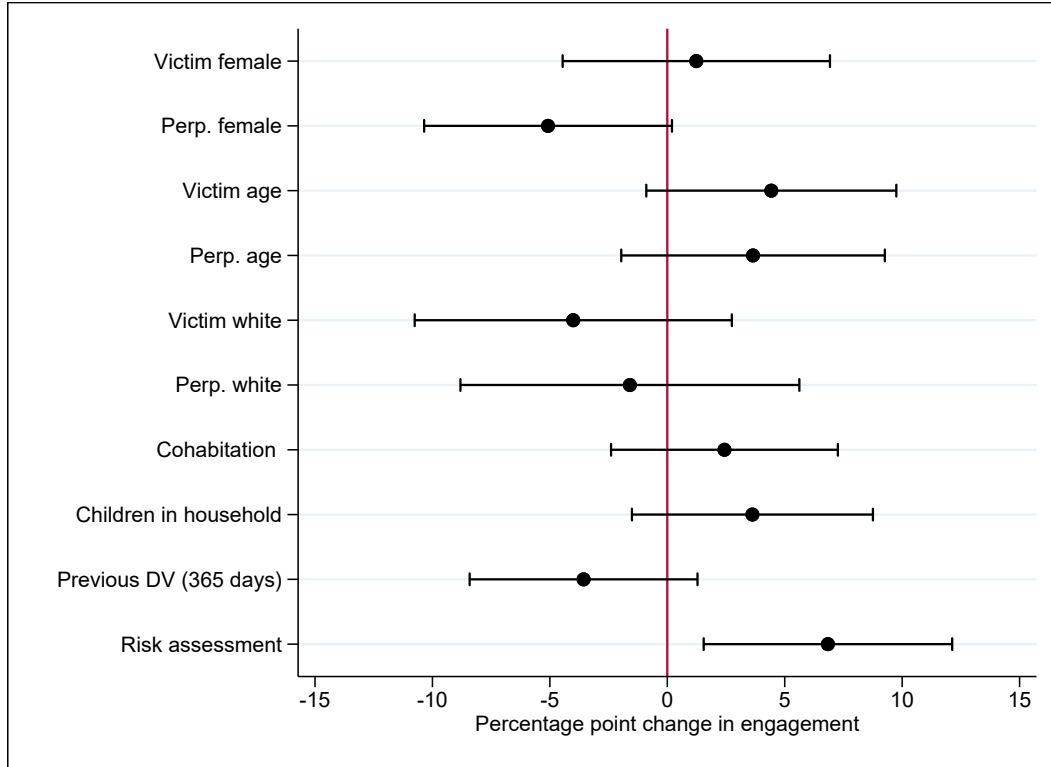
Figure C.1: Balance of treatment and control groups by police-beat area



Notes: Each marker in this figure represents one of the 68 beats in the Leicestershire police area, showing the proportion of cases for the treatment group (*y-axis*) and control group (*x-axis*) for each beat. The solid red line shows a perfectly equal distribution across beat areas. $\chi^2(68) = 55.8$ ($p \geq 0.855$).

and household. The resulting coefficients are reported in figure C.2 (all variables in standard deviations). Few of the variables have significant predictive power for engagement. However, those that are significant are relatively large in magnitude. The risk assessment score provided by the responding officer is a significant predictor of victim willingness to engage; a one standard deviation increase is associated with a 6.3 percentage point increase in the probability of engaging. Victims for whom the perpetrator is female are significantly less likely to engage than for cases where perpetrator is male. Children in the household are positively associated with victim engagement.

Figure C.2: Engagement and victim, perpetrator and household characteristics



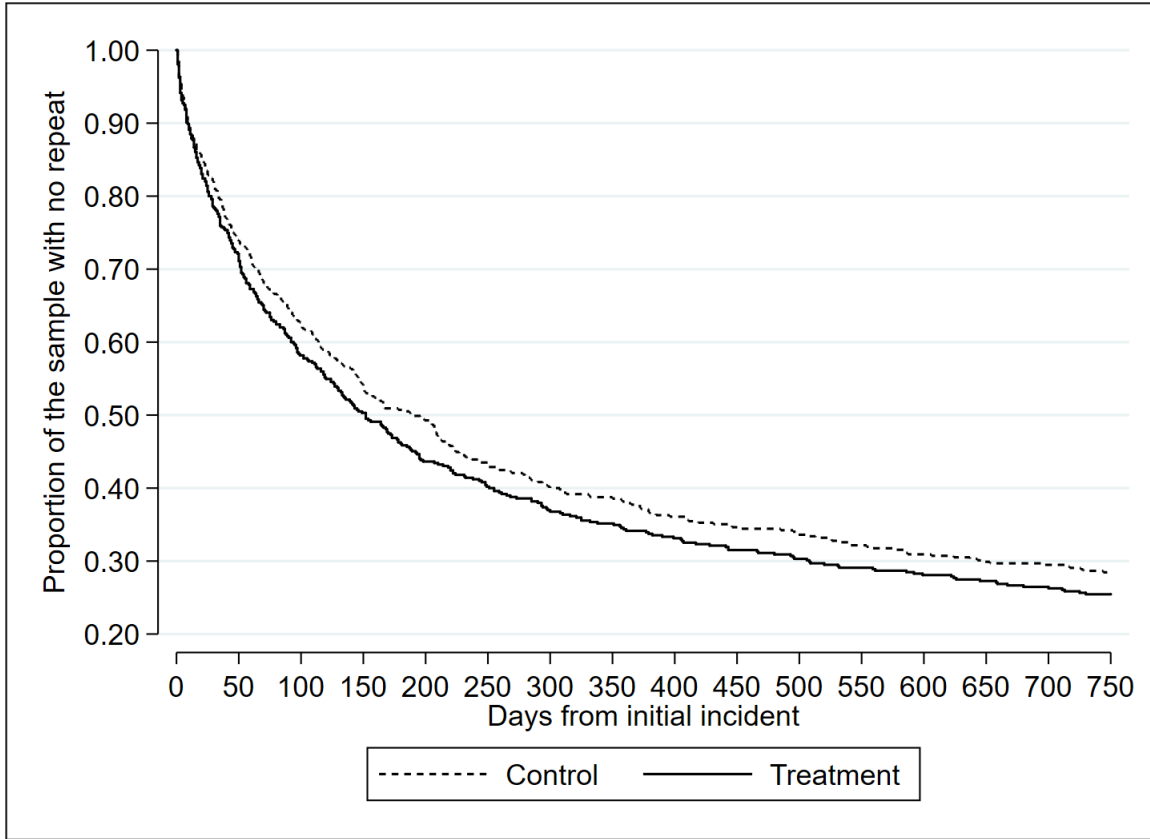
Notes: $N = 504$, treatment group only. Points reflect coefficients from the regression of intervention uptake on all variables deviated by their sample standard deviation ($R^2 = 0.0828$). Bars denote 95% confidence interval.

C.3 Timing of repeat domestic incidents

It is possible that the intervention led to a temporary change in the pattern of reported repeat domestic incidents. To examine this we look at the timing of repeat incidents across the treatment and control group.

We employ two methods to test for treatment-control differences in the timing of repeat incidents. First, in Figure C.3 we examine the timing of a repeat domestic incident across the treatment and control group using Kaplan-Meier estimates of the survivor function for the treatment and control groups. In this framework a fail is identified by the first repeat police-incident. The survivor functions suggest that the treatment group has repeats sooner

Figure C.3: Kaplan-Meier estimates of the time to repeat from initial incident



Notes: This figure displays estimated Kaplan-Meier survival functions for the treatment group and the control group. A *fail* is identified by the first repeat police-incident. A log-rank test fails to reject the equality of the null hypothesis that the survival function is the same for treatment and control groups ($\chi^2_{(1)} = 1.61$).

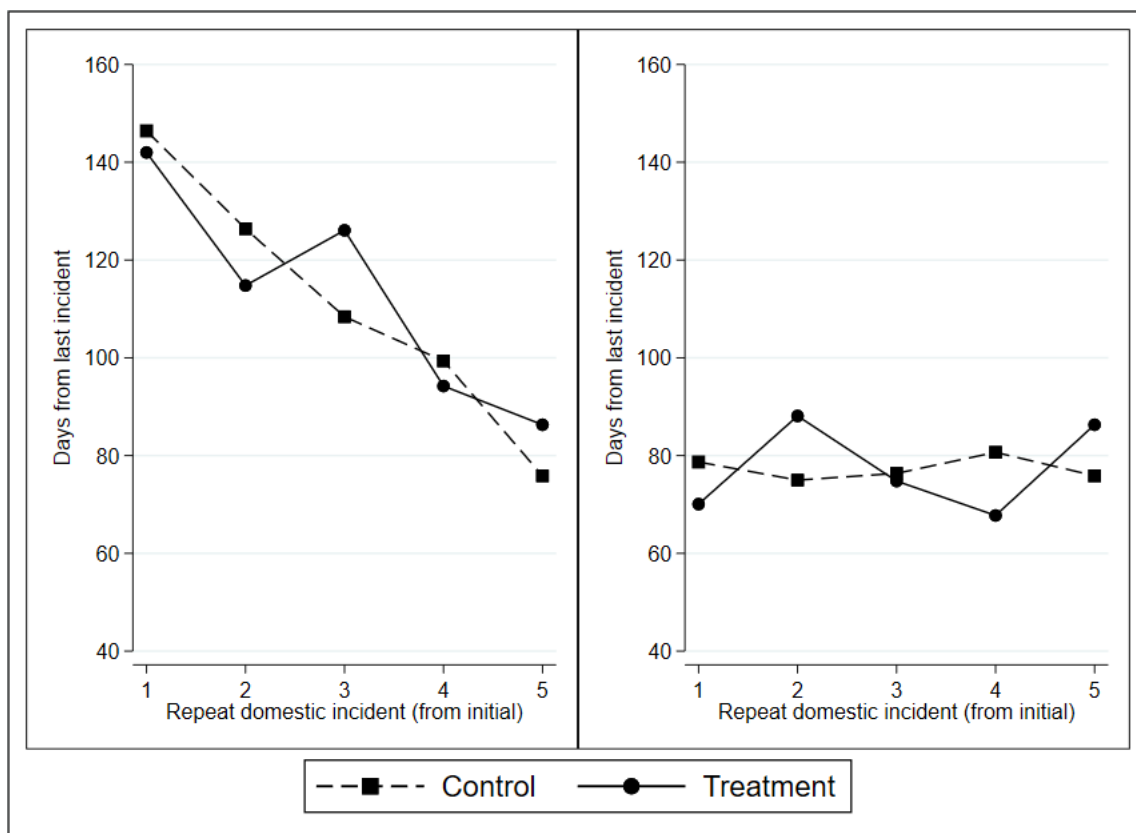
than the control group, and over the two year period is more likely to have a repeat incident. However, a log-rank test fails to reject the equality of the two curves for the treatment group and the control group ($\chi^2_{(1)} = 1.61$).

As a second method, we look for differences in the timing between subsequent reported domestic instances, for the first five reports over the two-year period. We report the mean number of days between reported incidents in Figure C.4, for all repeats (left panel) and for victims that experience at least five repeats (right panel). Differences between the treatment and control group in timing of repeats are small and statistically insignificant. Furthermore,

there does not appear to be a systematic difference in the direction of these differences.

Based on this analysis, we are unable to detect any differences in the timing of police-reported domestic incidents between the treatment and the control group.

Figure C.4: Number of days to next repeat, first five repeats



Notes: This figure documents the average number of days between police-reported incidents by treatment status. The left figure shows the average number of days between each incident for all reported cases. Observations are 753, 552, 402, 289, and 210 for repeats 1–5 respectively. The right figure includes only cases for which we observe at least five repeats in the two-year period. 210 observations for all days.

Appendix D Investigating an alternative hypothesis

In the main text of this article, we propose that the intervention led victims of DV to substitute away from using police services and toward using non-police services. However, a

model of time inconsistent preferences (TIP) might alternatively also rationalize the results reported in Table 2. Here we briefly explain and test this alternative rationalization. We conclude that the data do not support this alternative theory.

During their initial phone contact with the caseworker, some victims choose to schedule a face-to-face visit for further assistance (127 treatment group victims altogether). This meeting often takes place several days after the phone call (see Table D.1). If victims put-off making a statement until the face-to-face meeting, the passage of time between the phone call and the meeting may create a “cooling off” period, decreasing the willingness of victims to provide a statement. This is consistent with the qualitative findings in Ford (1983) who looks at the effect of judicially imposed cooling off periods in domestic violence cases. This suggests that the decrease in statements may be driven by time TIP, similar to Aizer and Dal Bo (2009).

We propose two tests of TIP using our data. First, if TIP is driving the change in statements, we expect to see a negative correlation between the length of time between the cooling off period (time between the phone call and the meeting) and statement provision. In Table D.1, we report the frequency of statements conditional on the length of time between the initial incident and the meeting with the caseworker.⁴ We fail to reject the null hypothesis that the proportion of statements observed in columns (1) to (6) are statistically equivalent ($F\text{-test } 1 = 0.430$), suggesting statement probability does not vary with meeting times. We also fail to reject that the proportion of statements for 1-day meetings and 4–7 day meetings, the lengths of time with the most observations, are equivalent ($F\text{-test } 2 = 1.130$). If anything, we see an increase in the magnitude of statement making at 4–7 days relative to 1-day.

We can also check, among victims who make statements, if scheduling later face-to-face meetings means their statement is made later. If this is true, we expect to see a positive

⁴All estimates are conditional on being in the treatment group and having a face-to-face meeting.

correlation between time to statements and time to meeting. In Figure D.1 we plot—for victims who both had a face-to-face visit and made a statement⁵—the correlation between time to statement and time to face-to-face meeting. This shows weak evidence of a positive correlation between the timing of meetings and the timing of statements. A linear regression (solid red line) suggests that time to statement is increasing with time to meeting. However, when a single outlying observation is removed, there is no clear relationship between meeting and statement timing (dashed red line).

Table D.1: Correlation between statement provision and time until face-to-face meeting

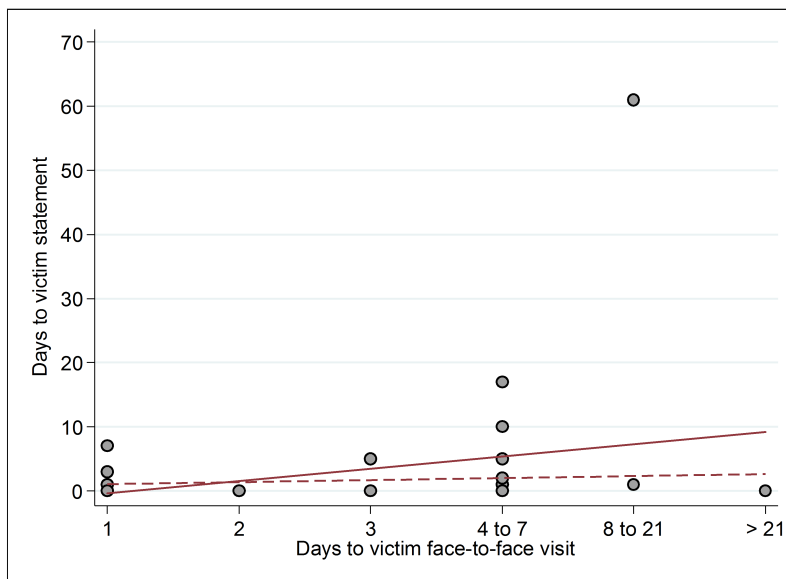
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Days passed [†]	1	2	3	4 to 7	8 to 21	>21	All
Statement	0.244 (0.071) ^{***}	0.308 (0.125) ^{**}	0.250 (0.131) [*]	0.349 (0.069) ^{***}	0.167 (0.131)	0.250 (0.226)	0.276 (0.040) ^{***}
N	44	13	12	42	12	4	127
F-test 1	0.430 [0.830]						
F-test 2	1.130 [0.290]						

Notes: This table reports estimates of the probability a statement is provided conditional on the number of days between initial contact and face-to-face meeting with caseworker. Data are for the sub-sample of the subject pool which are treatment group individuals scheduling a face-to-face meeting. *, **, and *** indicates statement probability is statistically significant at a 10%, 5% and 1% level of significance. F-test 1 corresponds to a test of the null hypothesis that estimates across columns (1) to (6) are equal. F-test 2 corresponds to a test of the null hypothesis that estimates across columns (1) and (4) are the same.

[†] Number of days between the initial incident and the face-to-face meeting with the case worker.

⁵This results in a sample of 35 observations, so results should be interpreted with caution.

Figure D.1: Time to statement and time to face-to-face



Notes: This figure shows a plot of days (from the initial callout) to the face-to-face visit against days until a statement is provided. Points represent individual observations; some points capture multiple observation with the same value. Only cases in which both a face-to-face visit and a statement are reported. Solid line shows linear fit of all points, dashed line shows linear fit removing one observation at point (8 to 21, 61).

Appendix E Details on data collection

Here we discuss in greater detail the collection of information from the Leicestershire Police administrative records.

Administrative data

Administrative data was collected between 1st October 2014 and 30th September 2017. This data collection comprised of searching in various administrative police databases for crime numbers related to our subject pool, reading the full file for that specific case and recording relevant variables in an excel sheet specifically created for the project. The data were collected in three stages. In the initial data collection stage, we gathered the following information:

- socio-demographic data about the victims, perpetrators and the children in the household;
- data related to the domestic incident (date, classification).

In the second stage, we augmented the existing data by collecting the following information:

- data related to the domestic incident (action taken by police, DASH risk assessment);
- past history of police incidents for victims and perpetrators, and;
- for those who received treatment, details about their engagement in the programme.

In the third stage, we collected the following information:

- whether the victim was involved in a police incident 3, 6 and 12 months after the initial report was filed, the nature of the incident(s);
- whether it was the same perpetrator who was involved;
- action taken by the police;
- DASH score from DASH assessment score.

This administrative data was collected from two main sources: the crime and intelligence system (CIS) and the general information enquiry system (GENIE). CIS was replaced by the Niche police records management system from end of April 2015. For cases in the treatment group, details about engagement were recorded from the caseworker reports. The 3, 6, 12 and 24 month police incidents were recorded from GENIE and the Niche systems. Data collection was done by research assistants hired purposefully for this task, and

overseen by the lead researcher (one of the authors). A separate research assistant checked a 30% sample of all records to ensure no systematic errors.

Data collection and data merging is based on the unique crime reference numbers assigned to the case corresponding to the initial callout. After data collection was completed, the dataset was anonymized and this number was replaced by a unique ID given by the lead researcher.

The final dataset comprised of 1,017 cases (507 control and 510 treatment).

Victim surveys

Data was collected via telephone survey from victims in both the treatment and the control group. The sample proportions were 21.6% for the treatment and 20.6% for the control group, having received in total 214 responses (21.3%). The primary researcher compiled a dataset containing victim's contact details and information about the incident for the Leicestershire Police survey team on a monthly basis. The data gathered asked about aspects of how the victim's life has been affected (quality of sleep, safety, stress levels, family life, mental health, etc.) by the incident, about their opinion and satisfaction with how the police handled their case, what (if any) agencies were contacted. The completed surveys were sent back to the primary researcher who then merged these responses with the administrative data based on the unique crime reference number.

The full survey can be found on our project website:

<https://prj360.org/the-evaluation-of-project-360>

Appendix F Support services



Emergency numbers

999

Police
Ambulance
Fire

24hour number

0808 2000 247

National Domestic
Violence Helpline

Agencies offering specialist services in domestic violence in Leicester

Domestic Violence Integrated Response Project (DVIIRP)

0116 255 0004
(helpline)

DV specific agency or post
Agency

Client Group and Remit

Women and men aged 16 and over in the city and the county who are affected by domestic violence.

Men who self refer as perpetrators of domestic violence.

Specialist service for members of faith communities aged 16 and over, particularly members of black and minority ethnic communities.

A specific network of workers offering therapeutic support to children and young people who have experienced domestic violence.

Referral Process

Self-referral

Service Offered

- Listening Ear
- Safety Planning and Options
- Support, Advocacy
- Information
- Contact with religious scholars
- Face to face support
- Therapeutic support with young people (individual and group) and with their carer/parent

Women's Aid Leicestershire Ltd Community Outreach Service

0116 285 8079
(Voluntary)

DV specific agency or post
Agency

Client Group and Remit

A free, and confidential service for women with or without children who have experienced, are experiencing or are at risk of experiencing domestic violence irrespective of their age, cultural backgrounds, race, ability or sexuality. For those living independently or with the perpetrator/s.

Aged 16 and over.

Referral Process

Self-referral, referral through any agency, including housing, and also through family and friends.

Service Offered

- Emotional Support either face-to-face or by telephone
- Housing related support
- Legal advice
- Practical (including finance) advice & information
- Advocacy
- Group work
- Social/cultural events
- Access to safe accommodation

Leicestershire Women's Aid Refuge Service

0116 244 0169
(Voluntary)

DV specific agency or post
Agency

Client Group and Remit

Women with or without children who need somewhere safe to stay due to fear of domestic violence.

Aged 16 and over (housing benefit needs to be secured, or alternative finance for rent).

Male children over 14years may not be considered appropriately placed within the refuge.

Referral Process

Self-referral, referral through any agency, including housing, and also through family and friends.

Service Offered

- Housing
- Individual case - work support including help with finances, legal matters and re-housing

Suruksha 0116 274 0422 (Voluntary)

Client Group and Remit
Supported housing project for asian women who have fled their home due to domestic violence.

Referral Process

Self-referral, agency referral

Service Offered

- Housing support
- Individual casework

Panahqhar Shantighar and Shardhgar 0116 270 5320 (Voluntary)

DV specific agency or post
Agency

Client Group and Remit

Asian women with or without children who have experienced domestic violence and need somewhere safe to stay.

Referral Process

Self-referral, referral through other refuge projects, police referral.

Service Offered

- Housing
- Individual case-work support including help with finances, legal matters and re-housing

Panahqhar Shantighar Outreach Support Service 0116 270 5320 (Voluntary)

DV specific agency or post
Agency

Client Group and Remit

Asian Women with or without children who have experienced domestic violence who are living independently and would like support.

Referral Process

Self-referral, referral through other refuge projects

Service Offered

- Individual face to face support

Family Welfare Association FLIP Project 0116 255 3738 (Voluntary)

DV specific agency or post
Posts

Client Group and Remit

Men and women who are parents or carers who have experienced domestic abuse (Men will not be able to enter the freedom programme). City residents.

Referral Process

Self-referral

Service Offered

- Agency referral where parent has given consent
- 12 week 'freedom' programme

Domestic Violence

Agencies offering specialist services in domestic violence in Leicester...

Leicester City Council Housing Department DV Unit, Border House 0116 221 1407

Client Group and Remit
Women and children that are survivors of DV. No male children over the age of 11. Extra security measures to protect survivors from abuse and neglect, 24 hour security measures in operation that are linked to Staffing quarters

Referral Process
Self-Referral and any other agencies working with this client group

Service Offered

- Emergency direct access accommodation and housing
- Related Support
- Holistic needs assessment and joint working with partner agencies to meet these needs

Pet retreat

07910 721 797
For people who have experienced domestic violence and need support in looking after their pets while they flee to a place of safety

Probation

0116 262 0400
(Statutory)

DV specific agency or post
Post

Client Group and Remit
Women who have court referred male partners on the perpetrator programme

Referral Process

Referral through probation

Service Offered

- Signposting
- Safety planning
- Risk assessment
- Support (4 session structure)

Police Domestic Violence Officers 0116 222 2222 (Statutory)

DV specific agency or post
10 Posts

Client Group and Remit
Women and men and who have recorded an incident of domestic violence to the police or would like advice

Referral Process

Self referral, police referral

Service Offered

- Support in the aftermath of an incident
- Liaison and guidance through the legal investigation
- Referral to other agencies

Additional local agencies that provide workers and volunteers with specific training on domestic violence

Juniper Lodge 0116 273 3330 (Statutory Partnership)

Client Group and Remit
Adults who have experienced sexual assault.

Referral Process

Self referral or Police referral.

Service Offered

- One to one support sessions
- Forensic Medical Examination facilities
- Information

Witness Cocoon 0116 222 9886 (Voluntary)

Client Group and Remit
Adults (aged 16 yrs and over) at risk or affected by crime or anti-social behaviour.

Referral Process

Self referral or referral from any agency

Service Offered

- Telephone support
- Allocation of a worker for face to face ongoing support
- Information and advice, including accompaniment to civil and criminal courts

Victim support & witness service 0116 253 0101 (Voluntary)

Client Group and Remit
Adults who identify themselves as the victim of a crime. Support to witnesses called to give evidence at criminal court.

Referral Process
Self referral, Police referral and other agencies.

Service Offered

- Face to face support, information and advice

Bridge House 0116 222 1845 (Voluntary)

Client Group and Remit

24-hour service. Accept women with additional needs such as drugs and alcohol, mental health needs.

Referral Process

Self referral, agency referral

Service Offered

- Safe supported housing

New Futures 0116 255 9696 (Voluntary)

Safe and confidential service to anyone at risk of or currently involved in prostitution.

Youth work project

Referral Process

Self referral

Service Offered

- Outreach and practical on site facilities, including showers, health advice, a place to chill, access to counsellors.

LDVF
LEICESTER DOMESTIC VIOLENCE FORUM



Safer Leicester Partnership
Working Together for a Safer City

* this list is not exclusive or exhaustive and is subject to change at any time. It focuses on agencies established to provide a domestic violence service exclusively and those where specialist posts for domestic violence service provision have been established.

Table F.1: Leicestershire non-police service providers

Name of service provider	Administration	Type of services
Adam Project	Charitable	Men's domestic violence support and advice service.
Apna Ghar	Charitable	Refuge housing for Asian women with or without children.
Bethany House	Charitable	Refuge housing for women with children.
Boarder House	Municipal	Refuge housing.
Bridge House	Charitable	Refuge housing.
Broken Rainbow	Charitable	Domestic violence helpline for lesbian, gay, bisexual and transgender.
Free-Va	Charitable	Emotional and practical support for domestic violence victims.
Foundation Housing Association	Charitable	Refuge housing, emotional and practical support.
Hope House	Religious	Short-medium term refuge housing.
Jasmine House	Municipal	Counselling and emotional support services.
Juniper Lodge	Charitable	Sexual assault counselling and practical services.
Kirton Lodge	Municipal	Refuge housing.
Lawrence House	Charitable	Refuge housing, ages 16–25.
Living Without Abuse	Charitable	General support and referrals service.
Loughborough Road Hostel	Municipal	Refuge housing for women with children.
Panahgarh Shantighar and Shardghar	Charitable	Refuge housing for Asian women with or without children.
Pet Retreat	Charitable	Pet fostering for people fleeing domestic violence.
Refuge	Charitable	Domestic violence helpline.
Respect	Charitable	Domestic violence helpline, focusing on male victims and perpetrators.
Safe Project	Charitable	Domestic violence helpline and referrals.
The Dawn Centre	Municipal	Short-term accommodations for homelessness.
The Jenkins Centre	Municipal	Counselling services for perpetrators.
Women's Aid	Charitable	Domestic violence helpline (national) and referrals.
Women's Aid Leicestershire	Charitable	Domestic violence helpline (local) and referrals.

Notes: Type of services refers to the primary service(s) provided. This information was taken from the service provider website or other literature. It may not reflect all provided services. The entries reflect service provision in the Leicestershire Police Force area for the period November 2014 to July 2015.

Table F.2: Common non-police services accessed by the engaged treatment group

Type of service	Details	% accessed [†]
Refuge housing		9.20
Register with GP		12.3
Grants	Supplemental support for basic household goods	16.2
Organize a solicitor		19.8
Counselling services	Freedom programme	48.4
Personal safety	Develop escape plan, install alarms, change locks	60.5

Notes: Information in this table comes from caseworker reports.

[†]Reflects the proportion of the 261 subjects in the treatment group who engaged with the intervention.

Appendix G Risk assessment tool

CAADA-DASH Risk Identification Checklist (RIC)ⁱ for MARAC Agencies

Aim of the form:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognized models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers². These can be downloaded from http://www.caada.org.uk/marac/RIC_for_MARAC.html. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. *This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.* This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.

'Visible High Risk': the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.

2. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

The responsibility for identifying your local referral threshold rests with your local MARAC.

What this form is not:

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at

¹ For further information about MARAC please refer to the 10 Principles of an Effective MARAC:

http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc

² For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies³ for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)...) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behavior of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behavior.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³ Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/>				
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				
<p>For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe:</p> <p>Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:</p>				
What are the victim's greatest priorities to address their safety?				
<p>Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No</p> <p>If yes, have you made a referral? Yes/No</p> <p>Signed: _____ Date: _____</p>				
<p>Do you believe that there are risks facing the children in the family? Yes / No</p> <p>If yes, please confirm if you have made a referral to safeguard the children: Yes / No</p> <p>Date referral made</p>				
<p>Signed: _____</p> <p>Name: _____</p>			<p>Date: _____</p>	

¹ This checklist reflects work undertaken by CAADA in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool MARAC for their contribution in piloting the revised checklist without which we could not have amended the original CAADA risk identification checklist. We are very grateful to Elizabeth Hall of Cafcass and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

Additional References

Ford, D.A., 1983. "Wife battery and criminal justice: A study of victim decision-making", *Family Relations*, 32, 463–475.