

<b>Institution: Cardiff University</b>
<b>Unit of Assessment: UoA 23 Sociology</b>
<b>Title of case study: Improving the response to victims of violence (Casestudy1)</b>
<p><b>1. Summary of the impact</b> (indicative maximum 100 words): A series of inter-related research projects, conducted over the last decade by Amanda Robinson, has contributed to significant changes in the services afforded to victims of domestic and sexual violence. Dr. Robinson's research has produced identifiable national and international policy impacts as organizations and governments have used findings from her work to inform their decision-making about the development, implementation and funding of services for these victims of crime. Consequently, service delivery for victims of domestic and sexual violence is becoming more holistic, efficient, and effective, both in the UK and beyond.</p>
<p><b>2. Underpinning research</b> (indicative maximum 500 words): According to annual figures from the British Crime Survey, nearly 400,000 incidents of domestic violence occur each year. Yet, prior to 2002, the UK evidence base on 'what works' for victims of domestic and sexual violence was limited, mainly consisting of small qualitative studies describing the process of service delivery. In contrast, Dr. Robinson (Reader in Criminology, from 1<sup>st</sup> March 2001 – current) has employed both qualitative and quantitative approaches to identify not only the components of effective working practices, but also the beneficial outcomes they produce, often using a multi-site design. Over this period she has obtained £235,000 in 'government and related' research contracts and has acquired an international reputation for methodological rigour in combination with an ability to produce 'digestible' practice-based messages for practitioners and policy-makers. Her research has been published in international peer reviewed journals as well as by the government departments responsible for funding it. Collectively, this research has provided the following key insights into how to best respond to victims of domestic and sexual violence:</p> <ol style="list-style-type: none"> <li>1. <i>Multi-agency partnerships are essential for improved service provision.</i> Dr. Robinson conducted two collaborative projects during 2003-05 – both funded by the Crown Prosecution Service – which remain the most comprehensive pieces of independent academic research on British Specialist Domestic Violence Courts (SDVCs) [3-1]. This research indicated that SDVCs enabled domestic violence to be tackled within a multi-agency framework designed with the safety and support needs of victims and children in mind. The benefits of multi-agency partnership approaches were also identified from two projects Robinson conducted on services for victims of sexual violence, including Sexual Assault Referral Centres (SARCs) [3-2].</li> <li>2. <i>Victims require independent support from specialist providers.</i> In addition to the SDVC research, five other studies conducted into services for victims of domestic violence in Cardiff and Glasgow (e.g., [3-3]) contributed to a robust evidence base about the value of these types of services – both to individual victims (including men, see [3-4]) and to partner agencies such as the police. Two national multi-site evaluations – one funded by the Home Office on Independent Domestic Violence Advisors (IDVAs) and Independent Sexual Violence Advisors (ISVAs) on which Dr. Robinson was PI [3-2], the other on seven IDVA services (the <i>Safety in Numbers</i> project, [3-5]) – solidified the view that these specialist workers were the 'glue' that held multi-agency initiatives such as SDVCs and MARACs (see below) together and that success by any measure would be impossible without them.</li> <li>3. <i>High-risk victims require a distinctive form of service provision.</i> Multi-agency risk assessment conferences (MARACs) were piloted in Cardiff in 2003 to provide a more targeted and intensive form of help to those deemed most at risk of further escalating abuse or homicide. Dr. Robinson's process and outcome evaluation into MARACs revealed they provide an effective blueprint for how to help the most at-risk victims [3-6]. This research drew upon multiple sources of data (e.g., observation, practitioner and victim interviews, police data) and – despite the proliferation of MARACs in more than 260 areas across the UK – remains the only academic study of their effectiveness, as indicated by a recent national review of MARACs (see <a href="#">Home Office Research Report 55</a>, 2011, p. 5).</li> </ol> <p>Thus, the underpinning research consists of 12 separate research projects. For the majority of these (9 of the 12), Dr. Robinson was PI and led all elements of the research and publications. Of the remaining three projects, the two studies of SDVCs involved collaborations with researchers at Wolverhampton University; on these mixed methods projects Dr. Robinson was the lead team member responsible for the quantitative elements of the research (the principal data source for both projects), supervised fieldworkers based at CU, and co-authored all publications. For the third</p>

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collaboration, Dr. Robinson was invited to become an expert advisor on the *Safety in Numbers* project, making substantial inputs into the research design and analysis and co-authoring all publications. She is the main author on all publications referenced below.

### 3. References to the research (indicative maximum of six references)

**[3-1] Robinson, A. L., & Cook, D. (2006).** Understanding Victim Retraction in Cases of Domestic Violence: Specialist Courts, Government Policy, and Victim-Centred Justice. *Contemporary Justice Review*, 9(2), 189-213. DOI:10.1080/10282580600785017

**[3-2] Robinson, A. L., & Hudson, K. J. (2011).** Different yet Complementary: Two Approaches to Supporting Victims of Sexual Violence in the UK. *Criminology & Criminal Justice*, 11(5), 515-533. DOI: 10.1177/1748895811419972

**[3-3] Robinson, A. L. (2007).** Improving the Civil-Criminal Interface for Victims of Domestic Violence. *Howard Journal of Criminal Justice*, 46(4), 356-371. DOI: 10.1111/j.1468-2311.2007.00482.x

**[3-4] Robinson, A. L. & Rowlands, J. (2009).** Assessing and Managing Risk amongst Different Victims of Domestic Abuse: Limits of a Generic Model of Risk Assessment? *Security Journal*, 22(3), 190-204. DOI:10.1057/sj.2009.2

**[3-5] Robinson, A. L. & Howarth, E. (2012).** Judging risk: Key determinants in British domestic violence cases. *Journal of Interpersonal Violence*, 27(8), 1489-1518. DOI: 10.1177/0886260511425792

**[3-6] Robinson, A. L. (2006).** Reducing Repeat Victimization among High-Risk Victims of Domestic Violence: The Benefits of a Coordinated Community Response in Cardiff, Wales. *Violence Against Women: An International and Interdisciplinary Journal*, 12(8), 761-788. DOI: 10.1177/1077801206291477

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### 4. Details of the impact (indicative maximum 750 words)

**Influencing British policy:** The initiatives Dr. Robinson subjected to empirical scrutiny have become the common framework for how services are delivered across the UK, and are informing the development of services across Europe. Notably, three of the seven policy objectives listed in the 2008 Government report *Saving Lives, Reducing Harm, Protecting the Public* [5-1] use evidence from Dr. Robinson's research. For example, referring to the Home Office funded research on IDVAs and ISVAs on which Dr. Robinson was the PI, the report commits the Government to support the national roll-out of IDVAs, ISVAs and MARACs and to double the number of SDVCs in order "to enable all victims of sexual and domestic violence to access their services", stating explicitly that they will be guided in this by the results of the evaluation being carried at that time by Dr. Robinson [5-1: p. 47]. A few months later the case for developing these services was further strengthened by the Home Affairs Committee enquiry *Domestic Violence, Forced Marriage and "Honour" Based Violence*, which drew extensively on Dr. Robinson's research, with citations to various of her studies [5-2: pp 73, 91, 98, and 115-118].

More recently, the Government's *Call to End Violence Against Women and Girls* (2010) discusses a platform of interventions (IDVAs, ISVAs, MARACs) as "effective frontline services" [5-3: p. 8, 15] and committed £28m of funding to facilitate their implementation. To date, the Government has funded more than 1500 IDVAs and ISVAs posts and MARAC coordinators to support 266 MARACs across the UK. Likewise, the Stern Review (2010) drawing upon Dr. Robinson's research [5-4: p.103, footnote 17] recommended that ISVAs "be seen as an intrinsic part of the way rape complainants are dealt with" [5.4: pp 22,106,123]. All of these initiatives are now fully embedded in the British response to domestic and sexual violence, where as prior to Dr. Robinson's research, they did not exist. For example, each year 266 MARACs respond to more than 58,000 high-risk cases of domestic violence with an associated 75,000 children.

**Influencing European policy:** Dr. Robinson's research has assisted practitioners across Europe in understanding how to they can work more effectively in partnership to improve victims' safety. For example, the 2008 *Council of Europe Task Force on Violence Against Women* clearly draws upon the research Robinson conducted in Cardiff and elsewhere in the UK [5-5: p. 47, 55, 60]. Building on the impact her work has had before 2008 – for example two keynote speeches at a 2007 international conference in Vienna disseminating her ideas to an audience of nearly 300 practitioners, policy-makers and academics – she was invited to participate in two Council of Europe funded DAPHNE III projects on protecting victims of gender-based violence (Project

PROTECT I in 2010 and PROTECT II, 2011-12). These multi-country collaborative projects have necessitated her speaking at high-profile conferences (Vienna in March and Madrid in May, 2010), opened by government officials (e.g., Federal Minister for Women and Civil Service), and attended by senior representatives from agencies across Europe. Evidence-based training manuals in 8 European languages have been produced from these dissemination events, and indicate the important contribution of her research, particularly on multi-agency approaches to high-risk victims [5-6: pp. 17-19]. Consequently, Dr. Robinson's research along with her involvement in the Daphne projects have led to a change in the response provided to victims of violence in Europe, as MARACs are now operational in parts of Austria and Finland, with more countries considering implementation. The impact of Dr. Robinson's research is also apparent from her invitation to speak at other European events (not part of the Daphne projects), such as the CEPOL (the European Police College, which provides training materials and courses to police in all EU member states) Presidency conference in Cyprus (July 2012) and Switzerland's National Domestic Violence Conference (Nov 2012). In both events Dr. Robinson delivered keynote addresses on her research into the British response to domestic and sexual violence. Consequently, CEPOL has recommended that MARACs be established in their recently published handbook on domestic violence [5-7: p. 14] and in Switzerland a new legislative initiative is being considered by parliament to enable information-sharing for the purposes of multi-agency management of high-risk domestic violence cases.

Finally, the impact of her research can be observed in the most significant pan-European policy document to come out on this topic for decades: the 2011 *Convention for Preventing and Combating Violence Against Women and Domestic Violence* [5-8]. This document sets out obligations for member states which are clearly underpinned by Dr. Robinson's research on the value of multi-agency approaches (Article 18), the provision of specialist support to victims of domestic violence (Article 22), support for victims of sexual violence and SARCs (Article 25) and multi-agency risk management for high risk victims (Article 51). Notably, all of these articles employ the same terminology and make reference to the main messages produced by Dr. Robinson's research over the past decade. Article 51, in particular, could not have been conceived without information about the efficacy of Cardiff's MARAC model being widely disseminated via Dr. Robinson's research and speaking engagements.

**Developing professional standards, guidelines or training:** Dr. Robinson has been asked to serve as an expert advisor on several national committees and working groups that have played a key role in shaping professional practice in both the public and voluntary sector. Building on her 2005-07 membership of the Victims of Violence and Abuse Prevention Programme (VVAPP) Expert Group on Domestic Violence, she served, in 2008, on the ACPO (Association of Chief Police Officers) Risk Expert Panel which synthesized evidence (including Dr. Robinson's research in Cardiff) to develop the common risk assessment tool for use in cases of domestic violence, now used nationally by British police forces.

Further evidence of Dr. Robinson's impact is provided by her appointment in 2012 to the National Institute for Health and Care Excellence (NICE) Public Health Programme Development Group [5-9, p.75], charged with formulating evidence-based guidelines for health practitioners for preventing domestic violence. Dr. Robinson's research features prominently in the evidence statements used in the guidelines to underpin 12 of the 17 recommendations (which went out for public consultation in August 2013)[5-9; see section 5 for details]. She also served as a member of the Task and Finish Group within the Welsh Government, advising on the Violence Against Women and Domestic Abuse (Wales) Bill (2012-13). She played a key role within this group; for example, as the lead author of a substantial report that provided recommendations to WG which have clearly shaped both the scope and content of WG's legislative and policy priorities. This report is extensively cited in the Welsh Government White Paper and specific proposals, such as the need for WG to 'place a duty on relevant devolved public sector bodies to contribute to multiagency fora' such as MARACs [5-10: p. 21] flow directly from Robinson's research. In effect, this involves putting MARACs on statutory footing in Wales. The Minister described the Task and Finish Group as 'instrumental in developing the proposals' in the Foreword to the White Paper.

In conclusion, the landscape of service provision for victims of domestic and sexual violence has changed quite considerably in Wales, the UK and the EU during the past decade, and the evidence produced by Dr. Robinson's research has played a key role in these developments.

## Impact case study (REF3b)

**5. Sources to corroborate the impact** (indicative maximum of 10 references)

- [5-1] HM Government (Feb 2008) *Saving lives, reducing harm, protecting the public: An action plan for tackling violence 2008-11* p. 47 [outlines the range of actions Government will take to reduce violence, including 'rolling out good practice on domestic violence' identified by Dr. Robinson's research].  
<http://webarchive.nationalarchives.gov.uk/20100413151441/http://www.homeoffice.gov.uk/documents/violent-crime-action-plan-08/violent-crime-action-plan-1802082835.pdf?view=Binary>
- [5-2] Home Affairs Committee (June 2008) *Domestic Violence, Forced Marriage and "Honour"-Based Violence*. Sixth Report of Session 2007-08. London: House of Commons, pages 73, 91, 98, and 115-118 [draws on Dr. Robinson's research to produce recommendations for Government]. [://www.publications.parliament.uk/pa/cm200708/cmselect/cmhaff/263/263i.pdf](http://www.publications.parliament.uk/pa/cm200708/cmselect/cmhaff/263/263i.pdf)
- [5-3] HM Government (November 2010) 'Strategic Narrative' *Call to end violence against women and girls*, p. 8, 15 [commits substantial Government funding to initiatives identified as effective from Dr. Robinson's research].  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/97905/vawg-paper.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97905/vawg-paper.pdf)
- [5-4] Stern (2010) *An Independent Review into how rape complaints are handled by public authorities in England and Wales*. Home Office: Government Equalities Office, p. 103 [Highlights good practice identified by Dr. Robinson's research].  
[http://webarchive.nationalarchives.gov.uk/20110608160754/http://www.equalities.gov.uk/PDF/Stern\\_Review\\_acc\\_FINAL.pdf](http://webarchive.nationalarchives.gov.uk/20110608160754/http://www.equalities.gov.uk/PDF/Stern_Review_acc_FINAL.pdf)
- [5-5] Council of Europe (Sept 2008) *Final Activity Report of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence*, p.47, 55, 60 [Draws on Dr. Robinson's research on measures used to respond to domestic and sexual violence and to recommend Council of Europe develop a human rights convention to prevent and combat violence against women, see 5-8].  
[http://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/final\\_Activity\\_report.pdf](http://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/final_Activity_report.pdf)
- [5-6] WAVE (Women Against Violence Europe) (Dec 2010) *Protect - Identifying and Protecting High Risk Victims of Gender Based Violence - an Overview*, p.17-19 [A training manual which draws on Dr Robinson's research].  
[http://78.142.150.50/sites/wave.local/files/wave\\_protect\\_english\\_0309.pdf](http://78.142.150.50/sites/wave.local/files/wave_protect_english_0309.pdf)].
- [5-7] CEPOL (2012) *European Union handbook of best police practices on overcoming attrition in domestic violence cases*. Brussels: Council of the European Union, p.14. [A handbook used by European police agencies developing training which recommends implementing the MARAC model for high-risk cases]. <http://register.consilium.europa.eu/pdf/en/12/st12/st12719-re02.en12.pdf>
- [5-8] Council of Europe (April 2011) *Convention on preventing and combating violence against women and domestic violence*, Articles 18, 22, 25, 51 [Sets legally-binding obligations to provide specialised services identified as effective by Dr. Robinson, such as SARCs and MARACs.]. <http://www.conventions.coe.int/Treaty/EN/Treaties/Html/210.htm>
- [5-9] National Institute For Health And Care Excellence (2013) *Public Health Draft Guidance. Domestic Violence And Abuse : How Social Care, Health Services And Those They Work With Can Identify, Prevent And Reduce Domestic Violence And Abuse* Draws on Dr. Robinsons research in Evidence statements 11 [footnote 6], 30 [footnotes 6,8,9,11], 31 [footnotes 3,4,7,8] and 33 [footnotes 4,7]. These in turn are used to support recommendations: 2-4, 6-10, 12, 15-17 [see page 48 for list mapping Recommendations to evidence statements].  
<http://www.nice.org.uk/nicemedia/live/12116/64783/64783.pdf>
- [5-10] Welsh Government White Paper (November 2012) *Consultation on legislation to end violence against women, domestic abuse and sexual violence (Wales)* [sets out the WG's policy and legislative proposals, acknowledging the work of the Task and Finish Group and its report, first-authored by Dr. Robinson. Task and Finish Report cited in footnotes: 8,13, 20, 22, 28,33, 34, 39 & 41]. <http://wales.gov.uk/docs/dsjlg/consultation/121126evawdaconsultationen.pdf>

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