

Long-term partners – Reflections on the shifts in partnership responses to domestic violence

International Review of Victimology
1–25

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DOI: 10.1177/02697580211059273

journals.sagepub.com/home/irv



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Abstract

Whilst pioneering partnership work first took place in the battered women's or refuge movement in England and Wales, the response that came to dominate in the 1990s and 2000s mirrored that associated with crime prevention more generally and Home Office crime prevention in particular. This reflected the increasing positioning of domestic violence as 'real crime' and the moves at this time to view domestic violence through a 'crime lens'. In the last 10 years or so, there has been a clear shift, with the prevailing approach now dominated by initiatives such as Multi-Agency Risk Assessment Conferences, Independent Domestic Violence Advisors and Specialist Domestic Violence Courts. These initiatives have achieved considerable success in reducing risks to high-risk victims. Yet, in doing so, they establish a very particular framework for responding to domestic violence, positioning and promoting it as high-risk victimisation and moving to see it through an 'exceptional risk' lens. This paper examines shifts in the partnership response to domestic violence in England and Wales. It argues that, not only are the vast majority of lower risk women excluded from the prevailing framework but, in focusing on high-risk reduction, intervention within this framework fails to address women's complicated and often contradictory needs in relation to abuse. The prevailing partnership response rests on a notion of safety as risk cessation rather than one which prioritises expansion of women's space for action and freedom from the legacies of abuse. It concludes that, whilst partnership has huge practical and philosophical potential as a response to domestic violence, only by seeing domestic violence through the lens of diminished possibilities and with a broader conceptualisation of safety can a partnership framework support women to achieve theirs.

Keywords

Domestic violence, partnership, responses, high-risk

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Introduction

Domestic abuse¹ continues to be a significant social problem. It is also a gendered problem. Most domestic abuse is perpetrated by men on their intimate women partners, with these men perpetrating on these women: higher repeat victimisation; higher rates of domestic homicide; and the most severe physical injuries (Hester, 2009; Office for National Statistics, 2020; Smith et al., 2010, 2012; Women's Aid, 2018; see also Hester, 2013; Hester and Westmarland 2005; Lundgren, 2004; Stark, 2007) For this, and several other reasons, in this paper, I focus on (heterosexual) men's domestic victimisation of (heterosexual) women and refer to 'men', 'women' and 'woman' accordingly².

Current estimates are that around one in three women will experience domestic abuse in their lifetime. During the year ending March 2020, there were an estimated 1.6 million women who experienced domestic abuse in England and Wales (Office for National Statistics, 2020). Since the start of the COVID-19 pandemic, domestic abuse has worsened, with 60% of survivors living with their abuser reporting that the abuse they receive got worse from March–June 2020 (Women's Aid, 2020b). Alongside, around one in five children have been exposed to domestic abuse (Radford et al., 2011) and 130,000 children are living in households where high-risk domestic violence is present (SafeLives, 2015b). There is growing concern about levels of abuse experienced by young people, with one in five teenagers reporting having experienced physical violence from a boyfriend or girlfriend (Barter et al., 2009) and 41% of girls aged 14–17 experiencing some form of sexual violence from their intimate partner (House of Commons Women and Equalities Committee, 2016).

The costs of domestic violence are high, with women experiencing a range of immediate and longer-term consequences. At the same time, as many as two-thirds of children exposed to domestic abuse are also themselves directly harmed (physically or emotionally abused) or neglected (SafeLives, 2014) and children exposed to domestic abuse also suffer multiple physical and emotional consequences. Beyond these very personal costs, it is estimated that the financial cost for a single victim of domestic abuse is £34,015; the total cost of domestic abuse in England and Wales for 2016/2017 is estimated to be over £66 billion (Oliver et al., 2019; see also Walby, 2004).

Unsurprisingly, then, it remains high on the agenda of both local and national government in England and Wales. Central to government thinking on domestic violence over the last 30 years or so has been the *partnership* approach and successive policy pronouncements have promoted this approach as the favoured response to the problem. Partnership work on domestic violence was first pioneered in the battered women's or refuge movement as women working within developing Women's Aid groups started to identify the diverse and differing needs of women seeking refuge – needs which extended much further than the emergency accommodation first sought. Partnership first developed in recognition of the complexities of the domestic violence experience and of women's needs in relation to this experience (Welsh, 2003).

Very soon, though, partnership working on domestic violence developed into a framework dominated by local multi-agency groupings between agencies and organisations in an area, generally called inter-agency or multi-agency fora (see Welsh, 2003). In the late-1990s, Hague et al. (1996) estimated there to be over 200 such initiatives in existence nationally. This framework came to prevail in both policy and practice responses to domestic violence in the 1990s and early 2000s and mirrored that associated with crime prevention generally and Home Office crime prevention in particular, reflecting the increasing conceptualisation at this time of domestic violence as a 'serious crime' and, particularly, a Home Office crime problem (Welsh, 2008b). Yet, over the last 10 years

or so, there have been significant shifts in how the partnership response to domestic violence is conceptualised at policy level and constructed at practical level and we have seen the emergence of several new initiatives, all of which are now pivotal in the government's approach to tackling the problem. Whilst exemplifying a partnership response, each initiative signals a significant shift in this approach. The prevailing approach is now a framework which prioritises risk-assessment and intervention in high-risk victimisation through initiatives such as Multi-Agency Risk Assessment Conferences (MARACs), Independent Domestic Violence Advisors (IDVAs) and Specialist Domestic Violence Courts (SDVCs), all of which work predominantly, sometimes exclusively, on crisis intervention and immediate risk reduction/cessation with high-risk victims. For many, this prevailing approach represents the Coordinated Community Response (CCR) associated with the pioneering work of Ellen Pence in Duluth, Minnesota in the 1980s³.

This paper explores the shifts in partnership working on domestic violence and the establishment of this prevailing framework. Whilst much is known about the CCR model in general (Pence and McMahon, 1999; Pence and Shepard, 1999; Shepard and Pence, 1999) and there is a growing body of work around the trilogy of initiatives led by MARACs in particular (Cook et al., 2004, 2006; Coy and Kelly, 2011; Howarth et al., 2009; Robinson, 2004, 2006, 2009; Robinson and Tredigda, 2005; Steel et al., 2011; see also McCoy et al., 2016), what is less explored is how partnership work has developed to focus principally on those victims assessed to be at the highest risk and what this means for those whose experiences remain highly risky but who are assessed to be at lesser risk. Equally, whilst much attention has been paid to the use of risk assessment as an *intervention* in domestic violence (Hanmer et al., 1999; Humphreys et al., 2005; Richards, 2003, 2004; Robinson, 2003, 2004), very much less time has been spent reflecting on how, within the context of partnership work, risk-assessment tools attach a very particular meaning of high-risk to domestic victimisation. Understanding is limited about what this means for how, in the context of this work, we intervene in domestic abuse generally and in individual cases particularly.

The paper sets out an important new perspective about the development and direction of the partnership response to domestic violence. It argues that, with its focus on risk-assessment and high-risk victimisation, a framework for responding which promotes physicality and criminality and which is time-limited is established. Not only are the vast majority of women excluded from this framework, but intervention within it fails to address women's complicated and often contradictory needs in relation to abuse and, in this regard, the prevailing partnership framework fails to deliver on its own terms. It further argues that, in prioritising a notion of safety that is grounded in (high) risk reduction and cessation, the prevailing partnership framework stands in contrast to the prevailing literature and, indeed, legislative narrative. This narrative is now one organised around coercion and coercive control and which prioritises the context and process of abuse, promoting a notion of safety that focuses on expansion of women's space for action and freedom from the legacies of abuse. The paper concludes that, whilst partnership has huge practical and philosophical potential as a response to domestic violence, only through a framework which better incorporates this broader conceptualisation of safety into its work, can it support women to achieve theirs.

Domestic violence – A partnership problem?

Domestic violence poses complex challenges for law and policy makers. The violence and abuse that women experience generally occur in the context of an ongoing relationship, characterised by considerable power differences. Domestic violence often involves a range of abusive behaviours

and most women experiencing it are subject to combined physical, sexual, emotional, psychological and financial abuse and harassment, which often becomes more severe over time and which can increase in severity at certain risk points (for example, pregnancy or immediately post-partum) (Bowen et al., 2005; Dobash and Dobash, 1980; Finnbogadóttir and Dykes, 2016; World Health Organization, 2011). The violence can be serious and, for many women, continues long past the end of the relationship (Fleury et al., 2000; Women's Aid, 2016). Nationally, in England and Wales, a 999-call relating to domestic abuse is made every 30 seconds (Her Majesty's Inspectorate of Constabulary, 2014), and one woman is murdered by a partner or ex-partner every three days. The single most dangerous thing for a woman to do is to enter into an intimate relationship with a man and women remain more likely to be threatened, raped, assaulted and murdered by men they know and, in particular, by men with whom they are having or have had a 'romantic' relationship.

Yet, for many women, it is the routine exercise of power in order to control and limit choices, operationalised through sustained and systematic harassment, intimidation and the use and threatened use of violence, and underpinned by an ever-present climate of coercion, that is especially devastating. As intimidation, threats and fear become central to women's everyday lives, some women attempt to manage abuse by attempting to 'do everything right' (Robinson and Tredigda, 2005), constraining their own choices and lives to accommodate this 'abusive household gender regime' (Morris, 2009), whilst others continue to resist (Madhok et al., 2013). The debilitating – and often contradictory – consequences on women's sense of self of this exercise of gendered power, whilst long documented, are now increasingly understood within Evan Stark's framework of 'coercive control' (Stark, 2007).

Alongside, there are connections between domestic violence and other factors and the intersectionality of domestic violence risk is increasingly recognised (Gadd, 2017; Women's Aid, 2018). These additional sources of need, adversity, and/or vulnerability serve to increase the risk of harm to victims and often add an additional layer of complexity to any attempts to respond to them (Howarth et al., 2009).

There are several factors, then, that are uniquely relevant to domestic violence and, in turn, to the response required by women and their children. Certainly, women are likely to need different services at different points in the abusive process and often need assistance from a range of agencies. Sometimes, women's help-seeking will be informal and the role that informal support networks play in the response to domestic violence is increasingly recognised (Hyden, 2015). Further help-seeking will be formal, involving services which typically include but which are not confined to state services such as the police, local authority housing departments, general practitioners and hospitals, and social services and third sector organisations such as refuges and other specialist support groups. Yet, each woman's domestic violence experience is highly individual and any number of factors will determine which services each woman will need at what time. Women often move through and between various 'stages' during an abusive relationship and in their attempts to manage or leave it (Barnish, 2004). Indeed, it is now universally accepted that no one agency can provide all the services that a woman needs at any one time. Alongside, it is increasingly realised that, rather than each service treating each incident or problem in isolation, provision that responds to and intervenes in the broad abusive experience is needed. Immediately, then, the philosophical and practical possibilities of a partnership response to domestic violence become clear.

Yet, at the same time, the notion of partnership, with services working together to respond to domestic violence, rests on an enduring contradiction. Domestic violence occurs *within* (intimate) partnerships. Whilst the government has adopted a broad definition of domestic violence which

includes abuse between family members (see www.gov.uk/domestic-violence-and-abuse), the evidence is that most domestic violence occurs within relationships that are contemporarily conceptualised as partnerships.

This contradiction between the multiplicity of needs in women's help-seeking and the special poignancy (Kelly, 1999) of 'partnership' in the context of domestic violence stands alongside a body of literature on partnership approaches which highlights the differential power of those involved in such approaches and the centrality of power relations to our understanding of them (see Blagg et al., 1988; Pearson et al., 1989, 1992; Sampson et al., 1988, 1991). This literature grounds the very real concern that partnership settings on domestic violence serve only to replicate the routine, differential exercising of power by one partner over another that occurs in abusive relationships themselves (Welsh, 2005). Of course, because all intervention in domestic violence rests on the state's power to challenge and control (or not) men's abuses, power differences exist in other responses. That said, 'power' has enduring relevance in the literature on partnership responses, generally and in domestic violence in particular. As Kelly puts it, 'the implied equality of status in the term 'partnership' should, for feminists at least, be treated with considerable caution' (Kelly, 1999: 87)⁴.

A further contradiction is in the notion that domestic violence should be 'everyone's business' (Her Majesty's Inspectorate of Constabulary, 2014), which sits uncomfortably with the historical approach in which non-interference in the private sphere has been prioritised and routine (Dobash and Dobash, 1980). Arguably, this non-interference has continued long past these historical times, with a vast body of literature documenting the enduring failures of many potential 'partners' in their provision of assistance to women in domestic violence situations and revealing a sustained and systematic reluctance to get involved in 'domestics'. This literature first emerged in the late 1970s and early 1980s, when feminist researchers started to examine state responses to domestic violence. The 'knowledge explosion' (Kelly, 1988: 43) that followed revealed the extent of services' failures in this regard (see Wykes and Welsh, 2009). Many would argue that domestic violence continues to be approached in some state services with ambivalence, despite a multitude of policy initiatives. Influential voices from early feminist analyses have certainly noted more continuity with than change from the past (Stanko, 2007; see also Mooney, 2007), with a recent Her Majesty's Inspectorate of Constabulary report concluding that 'the overall police response to victims of domestic abuse is not good enough' (Her Majesty's Inspectorate of Constabulary, 2014: 6; see also Kelly and Sharp, 2014). As Walklate and Brown put it, 'the dilemmas . . . of how to make sense of the simultaneous continuing presence of both a wide range of policy activity directed towards [domestic] violence and relatively unchanging experience of it . . . remains' (Walklate and Brown, 2012: 485).

There are, then, enduring contradictions and complexities in promoting partnership as a response to domestic violence. Yet, over the last 30 years or so, partnership has, indeed, come increasingly to be promoted as the predominant response in both practical developments on the ground and, increasingly, in policy discourse.

The shifts in partnership on domestic violence

Partnership first developed in the battered women's or refuge movement, largely as a practical response to domestic violence – a way to assist women to access a greater range of services but also a way to improve these services through challenging traditional assumptions. As practitioners working within the refuge movement discovered the problems that women faced in obtaining

services, they sought to assist women in accessing them and attempted to work with other providers, often against the odds, to improve and increase the services to women and their children (Harwin, 1999: 28; Malos et al., 1999)⁵.

Partnership working on domestic violence came increasingly to be seen as the vehicle through which change was organised and, ultimately, delivered. This was especially seen in relation to the police response, the failings within which had come increasingly to dominate campaigns for change. In this regard, partnership working on domestic violence developed as a practical response but it also developed as an *ideological commitment*, with national and local government appearing to see it as the way to take on the problem (Welsh, 2008b). In the late-1980s, Lorna Smith had noted that 'it almost seems as if each agency defines the problem in such a way that it is someone else's responsibility' (Smith, 1989: 89). Partnership offered an opportunity to move away from this historic avoidance of responsibility and 'be in it together'.

Being 'in it together' came, in the 1990s and 2000s, to mean involvement in local multi-agency groupings between agencies and organisations in the area, generally called inter-agency or multi-agency fora (see Welsh, 2003, 2005). These groupings, which increased dramatically in numbers over this time (see Harvie and Manzi, 2011), were characterised by considerable variation in their membership, aims, objectives, structures and so on but were generally involved in 'joint-talking', with a focus on meetings. Some did nothing more than sit around the table together, with the assumption being that it would be through meeting together that 'co-ordination' and 'integration' would happen and, ultimately, that joint-talking would lead to joint-working (Home Office, 1995; Home Office et al., 2000; Welsh, 2003, 2005).

In their focus on 'joint-talking', partnership approaches on domestic violence in the 1990s and 2000s most clearly resembled those that had, since the early 1980s, developed on crime prevention. This resemblance reflected the increasing prominence at this time of the Home Office in the prevailing response to domestic violence and, alongside, the increasing promotion of domestic violence as serious – 'real' – crime. The Home Office had first become involved in the late-1980s, in response to feminist critique of the routine failures of the police in particular and the criminal justice system more generally in responding to domestic violence and the associated demand that domestic violence be seen as 'real crime', regardless of its 'private' nature. This demand led (Hoyle, 1998), from the late-1980s onwards, to policy encouragement towards a more interventionist approach to both police policy and practice, grounded in the assertion that domestic violence is a crime as serious as other violent crime, and the development of initiatives to strengthen criminal justice approaches, including pro-arrest and pro-charge policies (Crown Prosecution Service, 1993; Home Office, 1990, 2000; Morley and Mullender, 1994). This promotion of domestic violence in policy circles as a 'serious' (Women's Unit, 1999: Foreword), 'horrific' (Home Office, 2005: 2) and 'evil' crime continued throughout the 1990s and stood alongside its increasing valorisation as such in the popular narrative, with several awareness raising campaigns running in the 1990s and 2000s to this end (see Welsh, 2008b).

Alongside these highly interventionist policy (and, indeed, popular) directions, domestic violence became, at the same time, an increasingly important part of government policy on crime control and the 'fight against crime' (Welsh, 2008b). Many developments on the issue throughout the 1990s and early 2000s took place within the Home Office's programme on crime prevention and reduction, culminating in developments under the Crime and Disorder Act (CDA) 1998, with domestic violence featuring prominently in the first round of crime reduction strategies produced under this legislation⁶.

Whilst the initial feminist critique calling for more interventionist policing of domestic violence ultimately gave way to calls for criminal justice intervention to be tailored to each particular woman's circumstances, feminist campaigning and the resulting acceptance of the need to significantly improve police and criminal justice responses was clearly reflected in the promotion and positioning of domestic violence as a (Home Office) 'crime problem' in the 1990s. In turn, the involvement of the Home Office and this repositioning undoubtedly influenced the crime and crime prevention focus of partnership developments on domestic violence throughout the 1990s.

These developments were, of course, not without their tensions. Following the CDA 1998, many local domestic violence groupings became heavily involved in, and sometimes subsumed by, area Crime Reduction Partnerships (Harvie and Manzi, 2011; Welsh, 2008b). The increasing prioritisation of domestic violence as a Home Office crime problem at this time also stood in contrast to the feminist analyses and action that have been so important to women's endeavours to challenge and survive male violence in the home. Within local domestic violence partnership groupings, the tensions were often around how having 'ludicrously senior' people (Welsh, 2008b: 236) involved in domestic violence sat with the feminist, gendered, collective and participative (Hague and Malos, 1998) response pioneered in the refuge movement and, more generally, around whether, in positioning 'the problem' in a crime narrative and 'the proper response' in crime prevention structures, the feminist voice on domestic violence was silenced (Harvie and Manzi, 2011; Welsh, 2008b). Undoubtedly, partnership work throughout the 1990s, especially the increasing connection to local CRPs, was very different to partnerships' beginnings in service provision and the tensions that were seen within these groupings were also at odds with their development as a mechanism to address the philosophical differences between those working around domestic violence.

In the mid-2000s, though, there was a discernible shift in the narrative. The change in direction at this point coincided with a flurry of activity on domestic violence in government circles, driven by influential women within the New Labour administration. It also reflected concerns about the partnership framework which had come to prevail in the 1990s. These concerns included, but were not confined to, the oft-quoted 'talking-shop' criticism expressed by, for example, Gill Hague, who had concluded that '[u]nfortunately, there are plenty of examples of the "talking shop" approach to inter-agency [domestic violence] coordination in which nothing actually happens' (Hague, 1999: 13) and my own conclusion that there was a separation or *disconnect* between the joint-talking fora of this time and service provision to women (Welsh, 2003, 2005). The changing narrative mirrors these concerns but, as shall be seen, it also reflects changing conceptualisations of the problem, in particular the increasing conceptualisation of domestic violence as 'exceptional risk'.

In 2003, the Home Office published the *Safety and Justice* strategy (Home Office, 2003) and, in 2005, set out 15 different commitments towards achieving the aims of *Safety and Justice*. This signalled a change in direction from the prevailing approach to that point and marked the development of different initiatives; several of which have come to predominate in the national and local response to women and their children. These initiatives all build on the recognition that partnership working is essential to provide an appropriate response to domestic violence but conceptualise and thus construct this working together on service provision in individual cases rather than on the, sometimes very generalised, talking together that had come to characterise the response in the 1990s and early 2000s.

Developments following the *Safety and Justice* strategy have given rise to three key initiatives in the response to domestic violence – MARACs, IDVAs and SDVCs. All work in partnership to deliver their own outcomes but, in turn, support and sustain a much broader partnership in

responding to women and their children – one that has gained increasing favour over the last decade or so.

The ‘trinity of developments’ to ‘transform the delivery of domestic violence services at the local level’ (Home Office, 2007: 11) has been led by MARACs. MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about high-risk victims of domestic violence in order to produce a co-ordinated action plan to increase victim safety (Steel et al., 2011: 1).

The first MARAC was held in April 2003 in Cardiff (Robinson, 2004, 2006; Robinson and Tredigda, 2005). MARACs have since been implemented throughout the United Kingdom. By 2014, there were 286 MARAC meetings operating across England, Wales and Northern Ireland, managing over 78,000 cases and involving more than 100,000 children (SafeLives, 2014).

Importantly, MARACs are concerned only with high-risk victims, the top 10% of those at highest risk of serious harm or domestic homicide (Co-ordinated Action Against Domestic Abuse, 2010)⁷. Similarly, the IDVA role is centred on the provision of independent support, advice and safety-planning, targeted at victims identified to be at high risk of serious harm or homicide from a violent partner or former partner. IDVAs were introduced in the 2005 Domestic Violence Action Plan and their numbers appear to be increasing year-on-year, with SafeLives estimating there to be 815 full-time equivalent IDVAs working across England and Wales in 2016, an increase of 69 compared to the previous year (SafeLives, 2016).

The last in the triad of initiatives promoted following *Safety and Justice* is the SDVC. SDVCs are about the approach of a whole system, rather than simply a court building or jurisdiction and, as such, encapsulate a community approach to prosecution (Home Office et al., 2011). SDVCs developed in America and Canada in the 1980s, with the first specialist court in Britain developing in Leeds in 1999. By the beginning of 2004, there were seven SDVCs operating in England and Wales and, in 2005, the Government established a national SDVC programme – over the following decade, the number of SDVCs has expanded to almost 150.

The rapid expansion of MARACs, IDVAs and SDVCs owes much to the increasingly directive approach, from the early-2000s onwards, taken by the government generally (Matczak et al., 2011) and in promoting the *Safety and Justice* framework particularly. Considerable government funding has been directed, particularly in the late-2000s, towards this framework (Home Office, 2009) and government commitment to each intervention has been repeated in successive policy pronouncements (Home Office, 2006, 2007, 2008, 2009; see also Home Affairs Select Committee, 2008). Yet, their expansion has also taken place within a context in which the relevance of the ‘risk society’ (Beck, 1992) and the identification and classification of risk in criminal justice generally has been reflected in risk and the assessment thereof becoming increasingly relevant in the response to domestic violence in particular (Hanmer et al., 1999; Humphreys et al., 2005; Richards, 2003, 2004; Robinson, 2003, 2004). The importance of risk assessment and the identification of risk as a gateway to service provision can be clearly seen in the trilogy of initiatives promoted through *Safety and Justice*.

Certainly, the MARAC approach which developed in Cardiff did so following the introduction, in 2002, by the South Wales Police of a victim risk indicator form for responding officers to complete when attending a domestic violence incident. The MARAC emerged as the space in which these police risk assessments and risk assessments more generally could be shared between services and action could be taken to reduce future harm (Robinson, 2004, 2006; Robinson and Tredigda, 2005, 2007). As occurred in the development of early partnership approaches, then, developments more recently also owe much to changes taking place in the policing of domestic

violence. Undoubtedly, though, the development of risk assessment in the prevailing partnership framework goes beyond these police imperatives and is, in part, motivated by resource limitations, coupled with expanding knowledge about the factors associated with lethality (Humphreys et al., 2005; Robinson, 2003)⁸. There has been the need to focus resources on the most serious, and potentially lethal, cases (Coy and Kelly, 2011; Robinson, 2004). The trilogy of initiatives to develop from *Safety and Justice* has done so at a particular time with particular constraints and a very clear concern to target intervention on those women who are experiencing very serious, life-threatening violence.

For many, partnership working on domestic violence has, through this triad of initiatives, come to mean the CCR that was famously first promoted in Duluth, Minnesota in 1980. The CCR model – ‘the notion of intervention à la Duluth’ (Holder, 1999: 256) – came to be seen as the ‘gold standard’ for what could be achieved through working together on domestic violence and led to its adaptation (Holder, 1999) in other settings nationally and internationally (Robinson and Payton, 2016). Yet, its influence was not widespread and, in Britain, only a handful of Duluth-type initiatives appeared. Nearly 40 years on, however, many would suggest that, with these three key initiatives now dominating the policy and practice response to domestic violence, its aspirational promise has been realised. Amanda Robinson has certainly claimed that ‘MARACs are not part of a coordinated community response, they are a coordinated community response’ (Robinson, 2006: 784; see also Home Office, 2006; McCoy et al., 2016).

Yet, whilst we might talk of it in CCR terms (and the potential to position these initiatives as part of a CCR model also goes some way to explaining their rapid expansion), the framework which has come to prevail following *Safety and Justice* is one in which the ‘community’ is conceptualised and constructed around roughly 10% of victims assessed to be at highest risk of serious victimisation. Individually and collectively, the initiatives that make up this framework are, of course, premised on contributions across the ‘community’ in responding to domestic violence, but the (hugely limited) construction of community therein represents both a significant departure from the CCR as developed in Duluth (see also Kelly and Westmarland, 2015) and one of the most important shifts in partnership work on domestic violence over the last 30 years.

‘Exceptional risk’

The construction of community around the fraction of women assessed to be at highest risk of serious victimisation necessarily brings with it a focus on crime and criminality. Of course, reflecting on partnership working around domestic violence over the last 30 years or so, the role assumed by crime measures throughout its development is clear. Just as the development of early partnership approaches was linked to the need to improve the police response to domestic violence, as we have seen, their subsequent development throughout the 1990s was strongly connected to the Home Office and the government’s fight against crime. Notable about the *Safety and Justice* framework is its connection to the police and criminal justice measures. In the developments themselves, we see these links but in the policy pronouncements that followed *Safety and Justice*, MARACS, IDVAs and SDVCs were promoted generally but were also promoted very particularly as the vehicle through which to drive improvements in the criminal justice response (Home Office, 2006, 2007, 2008).

Thus, in mapping the shifts in partnership as a response to domestic violence, although a shift *from* the Home Office crime prevention approach of the 1990s and early 2000s *to* a CCR may be talked about (as constructed around MARACs and so on), it is arguable that this shift merely

reflects the increasing conceptualisation of domestic violence as a serious crime, with both crime prevention *and* the CCR results of this conceptualisation. Thus, whilst Coy and Kelly suggest that the *Safety and Justice* framework 'marks an approach to domestic violence through a crime lens, with a shift to focussing on serious violence and high risk victim-survivors' (Coy and Kelly, 2011: 8), it is arguable that the prevailing framework does not *mark* an approach to domestic violence through a crime lens but *continues* the narrative in this regard. As seen above, domestic violence has, from the early-1990s onwards, been approached 'through a crime lens', with its promotion as a serious crime and its positioning within the general 'fight against crime' a notable feature of policy and popular responses, including partnership work, throughout this time (see also Welsh, 2008b).

What is different, though, about the triad of developments to emerge recently is the increasing relevance of risk assessment and the consequent concentration, in initiatives such as MARACs and IDVAs, on high-risk victimisation and very serious violence. Certainly, past calls for domestic violence to be seen as real crime have not been accompanied by a concentration on high-risk victims. Rather, feminist campaigning from the 1980s onwards focused on challenging the assumption that 'domestics' are a private matter, claiming that this assumption subverted women's protection and calling, instead, for men to be held accountable for their violence and crimes, both generally and individually. Yet, in the *Safety and Justice* developments, there has been a clear move to include only those victims assessed as high-risk and to a focus now on (high) risk and serious violence.

As such, there has been an associated move past seeing domestic violence through a 'crime lens' to viewing it through an 'exceptional risk lens'. Within the prevailing partnership framework, the message has overtaken the one promoted in the 1990s that domestic violence is 'real crime' and a crime problem (rather than a feminist concern) and is now one in which it is promoted as serious violence. Within this framework, domestic violence is not 'a crime as serious as other violent crime' (Home Office, 1990) but is about the exceptional risks to *some* women from *severe* harm. Ultimately, partnership intervention within the prevailing framework is interested in lethality measures and homicide prevention.

In prioritising high risk and in seeing domestic violence through the lens of exceptional-risk, though, there follows a prioritisation of criminality and the promotion of an incident-based narrative. In other words, it could be argued that recent developments have emerged as a response to and continuation of the encouragement to see domestic violence as real crime and a crime problem but that the conceptualisation and construction of risk that each promote in turn lead to a focus on domestic violence *as crime*.

Of course, the focus in this regard is operationalised through the risk assessment tool used in the prevailing partnership framework, which *itself* plays an important role in driving the construction of 'what counts'⁹ as 'high-risk' domestic violence. This tool is very clearly premised on a particular version of risk – one which prioritises physical violence, especially that reported to the police. SafeLives (the organisation which promotes intervention through the MARAC framework) has taken the lead in developing the risk assessment questionnaire¹⁰, even a brief look at which reveals the focus on physicality and criminality. This questionnaire sets out 24 questions, which are intended to determine whether the victim/survivor is 'high-risk'. Well over half the questions are about physical violence or the threat thereof, with certain questions having greater weighting in this regard. Whilst this tool has changed since its first incarnation, the questions have remained consistently distributed in this direction (see Donovan, 2013; Hoyle, 2007). Without doubt, 'the definition of risk within risk assessment remains one that prioritises criminal behaviour, specifically physical assault' (Coy and Kelly, 2011: 29; see also Kramer, 2016).

As Catherine Donovan has pointed out, the risk assessment tool is also premised on the experiences of heterosexual women, which, coupled with the focus on physicality and previous involvement in criminal justice, serves to produce a risk-assessment tool which is deeply heteronormative (Donovan, 2013). In their research into lesbian, gay, bisexual, transgender and queer + (LGBTQ+) experiences, Donovan and Rowlands (2011) found that fewer than 1% of referrals to MARACs were victims identifying as LGBTQ+. As Donovan has argued, 'behaviours translated into risk factors can come to be reified as constituting real DVA, and as a consequence, who is at risk' (Donovan, 2013: 116). Of course, the same translation also leads to assumptions about what they are at risk *of*. In this regard, the measures embodied in the risk-assessment tool operationalise not just a swing towards criminality in what is seen as high risk but more generally mean that certain experiences become 'other' within the prevailing partnership framework. Inevitably, all this brings significant consequences for all those whose experiences remain highly risky but which do not appear in the risk assessment 'checklist' and so are not regarded as such.

In according such primacy to risk assessments and definitions of risk as the gateway to services and service provision, the dominant framework returns us to long-standing issues about competing access to prevailing definitions, in partnership settings and beyond (Pearson et al., 1992; Smart, 1976). It is clear that there remain important questions about whose definitions prevail here and I return to these questions elsewhere (Welsh, forthcoming). In this paper, I am interested in how shifts in partnership on domestic violence in this regard contribute to conceptualisations and constructions of the prevailing response to women and, ultimately, determine the services women receive, from whom and at what time.

A prioritisation of domestic violence as crime represents a very limited notion of men's abuses in the home, both individually and generally. It fails to capture women's lived experience by shifting the focus away from the core dynamics of domestically abusive relationships and from the corrosive (Westmarland et al., 2010) consequences of intimidation, coercion and continuous limitations on a woman's choices and space for action for her soul and sense of self. This prioritisation of domestic violence as crime serves to disconnect the (high-risk) incident from the context in which it took place. It reduces men's conduct to an 'incident' that can be explained away and for which responsibility can be avoided – easily separated from a residual atmosphere of displeasure and an omnipresent climate of control and coercion. At an individual level, these processes reflect the narratives favoured by abusive men to minimise their actions (Kelly and Westmarland, 2016) and, at a general level, a risk/incident/crime-based narrative takes men's behaviour out of the gendered context that makes violence and abuse possible and sustainable. This shifting of responsibility is clear when noting the responsibility which is given to individual women themselves to follow the safety plan which is developed in the MARAC or IDVA intervention and, in doing so, to *themselves* minimise their risks of future victimisation (see Hoyle, 2007).

In the response embodied in the partnership framework organised around MARACs there has, then, been a narrowing in accounts of harm but, in legal discourse, there has been a broadening in this regard. This rethinking in legal discourse to include a broader account of harm is now reflected in the new offence under section 76 of the Serious Crime Act 2015. In criminalising 'controlling and coercive behaviour', section 76 extends the narrative about the conducts which cause harm beyond the traditional adversarial focus on a single act or 'crime' towards the recognition that interventions should take into account the context, pattern and experience of the violence. As Kelly and Westmarland note, 'it is the 'everyday' that sits within the revised definition and recognition of coercive control' (Kelly and Westmarland, 2016: 117)

The prevailing partnership framework therefore represents a departure from the dominant legislative direction but it also moves away from the prevailing ontological position against domestic violence as (criminal) incident based towards notions of coercive control, intimate terrorism (Johnson, 2008) and restriction of life space. Indeed, whilst there has been a move in partnership work to view domestic violence through the lens of exceptional risk, there is an increasingly dominant literature analysis that views domestic violence through what could be termed, the 'lens of diminished possibilities and potential'. This analysis rests on Stark's hugely influential notion of coercive control in which the focus is on 'the constraints imposed on women's opportunities to enact their life projects, not on their capacity to do so' (Stark, 2009: 1514) and takes further his assertion that 'what is done to [women] is less important than what their partners have prevented them from doing for themselves' (Stark, 2007: 13).

This framework is one in which women's (and children's) attempts to manage abuse through changing their own behaviour are not understood as weakness but rather as active survival strategies in order to preserve 'self' through their narrowing of their 'space for action' (Kelly, 2003; Lundgren, 1998). The need to live within the limits and restrictions placed upon them and standards set by abusive partners causes women to restrict and limit their 'life space' (Lundgren, 2004), ultimately resulting in women's 'entrapment' in personal lives and relationships (Stark, 2007). This developing analysis is, therefore, reflected in increasing calls to measure intervention in domestic violence in terms of expansion of life-space – 'stopping violence and increasing women's safety is a limited measure and bears little relationship to how women talk about living with abuse and moving on from its harms' (Kelly and Westmarland, 2015: 7).

Thus, just as there were tensions in the partnership framework that prevailed in the 1990s between crime prevention and feminism, there are now tensions between the exceptional risk lens that dominates the prevailing partnership response as organised around MARACs and so on both legislative and ontological developments.

Discussion

The evidence, whilst limited¹¹, suggests that MARACs and IDVAs both achieve notable success in reducing high-level risk. In her examination of the Cardiff MARAC, Amanda Robinson (2004, 2006; Robinson and Tregidga, 2005, 2007) found that the overwhelming majority of victims (around six in ten) did not experience further incidents of violence that were reported to the police in the six months following the MARAC and, in later work, found that almost half the victims (47%) did not experience repeat violence during the twelve month period after the MARAC. Howarth et al.'s (2009) findings in relation to IDVA intervention were equally positive, with both significant improvements in women's safety – real and perceived¹² – and reductions in risks to children's safety, alongside greatly improved coping strategies and greater access to social support networks, observed following work with an IDVA. Similarly, reflecting on their research into specialist courts, Cook and colleagues conclude that SDVCs achieved much in relation to the policy objectives that underpinned their introduction and that, in particular, SDVCs 'act as a beacon of good practice in terms of victim-centred justice' (Cook et al., 2006: 22).

Clearly, these initiatives have achieved much in reducing risks to high-risk victims (arguably the most challenging group with which to intervene in terms of the intransigence of abuse that is assessed as 'high-risk') and, of course, cessation of risk – especially if the risk is of homicide – is hugely important. Yet, all achievements here relate only to a fraction of domestic violence victims overall since, with risk-assessment prioritising just 10% of victims, only a small proportion of

women actually make it through the risk-assessment gateway and become eligible for the services of MARACs and IDVAs (only women who are ‘victims’ in a strictly criminal sense will reach a SDVC). As Robinson puts it, ‘the identification of the risk category has large implications for victims of domestic violence, in that it dictates the level of service provision they receive’ (Robinson, 2009: 14). The partnership response to domestic abuse is now constructed around a framework in which provision is to a small proportion of victims/survivors, leaving a significant, and much greater, proportion to find services elsewhere than from the trilogy of initiatives that are now so dominant in the prevailing practice and policy response.

Of course, in excluding a large majority of victim/survivors who do not make it through the risk-assessment gateway to the service provision of MARACs and IDVAs, the prevailing partnership response is unavailable to the overwhelming majority of women who are negotiating and surviving domestic violence victimisation that, whilst not *assessed* as high-risk may, in fact, be hugely risky and, more to the point, whether high-risk or not, remains hugely damaging to a woman’s life and life-space. Further, even for those victims who do make it through the threshold, risk-assessment and the prioritisation of criminal incidents also impact on the services they receive. Whilst the evidence suggests that these initiatives achieve notable success in reducing high-level risk, it also suggests that, *in doing so*, a very particular model of service provision is developed. The focus of MARACs and IDVAs in particular is, almost by definition, on short-term crisis intervention – immediate risk cessation through safety planning. In promoting intervention at the point of crisis, the prevailing (partnership) response also promotes intervention which is time limited, ‘rather than being able to address all aspects of a victim’s situation’ (Howarth et al., 2009: 33; see also Coy and Kelly, 2011).

Yet, for many women in domestic violence situations, separation is a very difficult state to achieve (Humphreys and Thiara, 2003) and violence, abuse, intimidation and harassment, and women’s needs in relation to abuse, will continue long past the cessation of risk, continuing to restrict their life space and diminish their space for action. Reducing risk through crisis intervention is not the same as ending violence, nor is it the same as ending intimidation and harassment. It is certainly interesting to note that the IDVA intervention in particular appears less positive in relation to harassment and stalking with Howarth and colleagues finding that, whilst over half the victims in their research experienced an end to these behaviours, the reductions in this regard were lower, relative to other abusive behaviours. Further, although there was a significant reduction in levels of severe harassment and stalking, there were also fewer positive results in relation to ‘low level’ harassment (Howarth et al., 2009). Ultimately, reducing risk through crisis intervention is not the same as ending the restrictions on women’s life space that can diminish women so catastrophically or in empowering them to move on from the harms these restrictions cause.

Of course, in attempting to bring all aspects of a woman’s situation together, MARACs and so on reflect the increasing space that is now given to hearing the full extent of women’s stories; including coercion, which is a risk factor in MARAC assessments (SafeLives, 2015a). Yet, in the prevailing partnership framework, there is space only for the stories of those women assessed as high-risk and, whilst even in that space for those women’s stories, again only those parts relevant to safety planning through risk-reducing crisis intervention are heard. Yet, as Coy and Kelly point out, ‘for some women there are a multitude of risks they are juggling, only one of which is their safety’ (Coy and Kelly, 2011: 36). For women who are living with or attempting to leave a coercive and life-space restricting relationship, with the complex reactions that accompany this process, those risks are likely to include but are not confined to, their children, housing situations, economic (in)dependence, and benefits, as well as their friendships and other relationships (see Women’s

Aid, 2018). Yet, within the prevailing partnership framework and its focus on high-risk crisis intervention (rather than ‘all aspects of a victim’s situation’), there is limited room to accommodate the multi-faceted nature of risk in domestic victimisation or to analyse how risk relates to women’s needs, both expressed and presumed (see Welsh, forthcoming).

Ultimately, the definition of safety that prevails in the framework organised around MARACs and IDVAs is one which prioritises cessation of (exceptional/severe) risk as a measure of safety (and thus short-term crisis intervention as the appropriate response). Of course, safety is a long-contested notion and there are enduring tensions around what safety (and how it is best achieved) means. Is safety the cessation of risk or is it ‘more than the absence of assault . . . a state of mind which replaces a guarded and anxiety laden daily life with a life context in which it is possible to flourish’ (Kelly et al., 2008: 55)? No doubt, as risk is multi-faceted, so safety is ‘multi-layered’ (Westmarland et al., 2010). Not only is there a difference between being safe and feeling safe (Kelly and Sharp, 2014) but, in turn, feeling safe can involve a woman being in a place with less abuse happening right through to being in a position to achieve their life goals. Just as women routinely navigate a continuum of unsafety (Stanko, 1990) in their lives so they will navigate a continuum of safety long after separation, with their position on this continuum rarely fixed. Yet, in promoting a very limited measure of safety, the prevailing partnership approach and the dominant initiatives therein in turn promote intervention which is very clearly fixed around risk-cessation.

Undoubtedly, the *Safety and Justice* framework is built on an assumption that MARACs, IDVAs and SDVCs are all part of a co-ordinated community response in which other services are available for women who are assessed at lower-risk and to respond to abuse that continues beyond the point of crisis, including supporting women to rebuild and restore their space for action. In their national evaluation, Howarth et al. certainly called for a model of ‘continuing safety’, with appropriate ‘after-care’ options following an IDVA intervention – as they put it, ‘IDVAs are but one point along a continuum of care’ (Howarth et al., 2009: 93). But is this really the framework around which the CCR is built in the United Kingdom?

Reflecting on their work into IDVA provision, Coy and Kelly were certainly concerned that ‘there is a real and present danger that instead of a Coordinated Community Response, provision is increasingly skewed to high-risk, and IDVAs have decreasing resources to refer women onto’ (Coy and Kelly, 2011: 29). Likewise, the recent Her Majesty’s Inspectorate of Constabulary (2014) report noted as one issue for ‘further review’ the variation in the extent to which forces can refer victim/survivors to further support from statutory and voluntary partners. Whilst McCoy et al. (2016) were positive about how the 10 women in their research had benefited from a range of services after a MARAC intervention, there is no doubt that resource limitations restrict the services that are available across the ‘co-ordinated community’ (see also Coy et al., 2009; Home Affairs Select Committee, 2008; Kelly and Sharp, 2014). The recent report from Women’s Aid certainly concluded that the ‘research discussed in this report once again paints a picture of an uncertain funding landscape with services doing their best to maintain provision in the face of considerable financial challenges’ (Women’s Aid, 2018: 60; see also Women’s Aid 2020a, 2021).

Whether or not MARAC, IDVA and SDVC provision is supported by others across the domestic violence community, there certainly seems little recognition in the prevailing framework of this broader contribution in policy discourse, practical delivery and, ultimately, funding. The policy and practice incentive, seen in the dominance of the *Safety and Justice* framework, is clearly to prioritise high-risk provision – to see domestic violence through the lens of exceptional risk. The problem is that, in prioritising high-risk, already limited resources are diverted away from other services and, undoubtedly, that these initiatives dominate to the extent that others are threatened. In

this regard, there is very real concern that women's need for a 'basket of resources' (Sen, 1999; see also Hague and Malos, 2005) from intervention – the need to craft (Kelly and Sharp, 2014) such being the foundation on which partnership working has been built – is threatened.

Indeed, whilst these concerns about the prioritisation of high-risk are not new (see, for example, Coy and Kelly, 2011; Kelly and Sharp, 2014; Kelly and Westmarland, 2016; Robinson, 2009; Robinson and Payton, 2016), what is important for the purposes of the present paper is that there is a gap between the principles which brought partnership responses, now embodied in MARACs and so on, into existence and the framework that has developed afterwards. Partnership first developed as a response to domestic violence in recognition that, despite the inherent contradictions in the response itself and the challenges faced in 'working together', partnership, of some sort, is needed best to respond to the complex, often contradictory and almost always ongoing needs of women living with and beyond domestic abuse. Further, it was because of, rather than in spite of, the challenges faced in 'working together' – the philosophical and practical differences between those working around domestic violence and the well documented limitations in state, and particularly police, provision – that a partnership approach came increasingly to be promoted as the appropriate response to the problem. Both practically and ideologically, it presented an opportunity to move away from the traditional avoidance of responsibility and be 'in it together'.

These principles, first set out in promotion of partnership in domestic violence, are as significant now as they were then. Indeed, in many ways, the significance of the principles which brought partnership responses into existence are now greater, given the increasing recognition, through notions such as coercion and coercive control, of the context of domestic abuse and its processual, cumulative nature and the increasing relevance of coercion and restriction of life-space to dominant literature and legislative conceptualisations of the problem. Women continue to need the sort of provision through the process that partnership working offers and it is increasingly understood that an intervention framework that does not take into account the *context* of the crisis will not serve well those women who are living with or attempting to leave a life-space restricting relationship, whilst also negotiating their everyday lives. Equally, whilst some partners have always been more 'in it' than others and research continues to reveal the reliance on particular services (and individuals) in partnership work (Coy and Kelly, 2011; Hague et al., 1996; McCoy et al., 2016; Steel et al., 2011; Welsh, 2008a), the exclusion from the prevailing framework of the vast majority of women who are not assessed as high-risk is clearly reminiscent of the traditional approach in which women were routinely considered by state services in particular to be 'someone else's responsibility'. As Robinson and Payton put it, 'the demand for a clear multi-agency model of working for all victims is the most poignant critique of current MARAC arrangements' (Robinson and Payton, 2016: 266). In many ways, then, the prevailing partnership response fails on its own terms.

Partnership developed because women's needs are varied and complex and to be 'in it together' in responding to these needs. Women's needs remain varied and complex and there is an increasing awareness of these complexities and how they impact on women and their attempts to be and remain safe and free. Equally, domestic violence remains 'everyone's business' (Her Majesty's Inspectorate of Constabulary, 2014) and the partnership response to it must be for 'everyone' and include 'everyone'.

This paper has focused on how the prevailing framework is not 'for everyone' in that it overlooks those experiences which are either not 'high-risk' or not counted as such. My focus in this paper has been on how those (heterosexual) relationships which do not manifest in (extreme) violence become 'other' within the prevailing partnership framework and what this means for

those living through them. Yet, noted above is the work which has been done around the effective exclusion of LGBTQ+ experiences from this framework. Whilst not the focus here, there is also clearly a huge challenge including *all* experiences within this ‘everyone’ and examining whether and how domestic abuse experiences which intersect with disability, ethnicity, age, addiction, and so on, are accommodated or otherwise in this framework. Indeed, challenges in this regard are potentially yet more contested when set within a context in which understandings of, and intervention in, domestic abuse have historically been premised on the paradigm experience. That this paper has not focused on these challenges is not to diminish them.

The prevailing response must include wider contributions across the so-called co-ordinated community with a greater connection made at both policy and practice levels (including funding) between provision relevant to immediate (high) risk cessation or crisis intervention and all other services which are potentially relevant to all other women’s lives. These services would include those which work over time with women to reclaim what abuse has taken away and which challenge how the legacies thereof curtail women’s life possibilities and potential. Indeed, it is the needs presented after the crisis has passed and within the context of coercion and reduction to ‘nothingness’ (see also Lundgren, 2004) that are especially missing in the prevailing framework. There is clearly the need for a variety of services to be available, in spite of – arguably *because of* – the development of the trinity of initiatives to emerge from *Safety and Justice*. That was, after all, one of the principles underpinning the development of partnership work on domestic violence in the first place.

Conclusion

Writing in this journal over 15 years ago, I set out concerns about the Home Office dominated approach to partnership work on domestic violence, particularly the concern that there was a separation or *disconnect* between the joint-talking initiatives of the 1990s and service provision to women and children (Welsh, 2005). We see in the shifts to the *Safety and Justice* framework parallel disconnections – between the lens of exceptional risk in this framework and the dominant narrative in legislative and literature developments around notions of risk *and* need and between high-risk and multi-faced risk within this framework. Of course, MARACs and so on are a hugely important step in acknowledging and institutionalising in national and local policy and practice both the huge potential of working in partnership to respond to domestic violence and, alongside, the preventative possibilities when the response is grounded in the interaction between service provision and safety, generally and individually. In the trilogy of initiatives led by MARACs, there has clearly been a development in the prevailing partnership response to this end.

Yet, whilst the initiatives embodied in the *Safety and Justice* framework have achieved considerable success in reducing risks to high risk victims, all achievements in this regard relate only to a fraction of domestic violence victims overall. As seen, the co-ordinated community response that has come to prevail is one in which the community is conceptualised and constructed around roughly 10% of victims, with further exclusions noted. To this extent, then, the prevailing partnership response remains disconnected (Welsh, 2003, 2005) from the overwhelming majority of women who are negotiating everyday but not exceptional domestic victimisation.¹³ Furthermore, one of the enduring justifications for a partnership response to domestic violence is that women need different services for themselves and their children at different times in the abusive experience but, in the focus on safety planning, the prevailing response is one organised around a very

particular time in this experience. It is also organised around a very particular notion of safety – one which is removed from the lived reality of the problem itself.

Greater consideration should now be given to how partnership intervention can be further developed to accommodate a framework which does not limit construction of the domestic violence ‘community’ in this way and which truly involves contributions across the ‘co-ordinated community’. At the very least, this consideration would demand a shift in focus in the prevailing narrative away from these *Safety and Justice* initiatives. Ultimately, whilst the contribution of the trinity of *Safety and Justice* developments to the response to high-risk victimisation is extremely impressive and the resource imperatives that go some way to explaining the focus on high-risk remain pressing and highly relevant, we must guard against the partnership response becoming synonymous with specialist, high-risk initiatives. MARACs are a partnership response but they are not *the* partnership response. A framework which does not limit the ‘community’ would see MARACs and so on sitting *alongside* other services in national and local partnership work.

We must also guard against a conceptualisation of safety which is restricted to the notions of physicality and criminality associated with risk-assessment and crisis-intervention and look, in partnership intervention, to develop one which can accommodate women’s needs in relation to continuing harassment and intimidation and, ultimately, which better recognises the overwhelming attempt to undermine self and soul that habituates (Edwards, 2016) the domestic violence experience. This expanded notion of safety would involve expansion of women’s life space and space for action and would reflect a woman ‘getting her life back’, ‘moving forward in life’ – ultimately living the life that she wants for herself and her children (see Westmarland and Kelly, 2013).

The partnership response to domestic violence has huge practical and philosophical potential. By foregrounding a narrative of abuse that speaks, not of high-risk, but of the profoundly devastating long-term impacts of reduced life-space on women, their choices, their lives and their mothering, the partnership response could better support women to find themselves again and realise theirs.

Notes

1. There are long-standing difficulties about the terminology used in relation to domestic abuse and violence. Whilst historical terms such as ‘battering’ gave way to the use of the term ‘domestic violence’, in more recent times, the term ‘domestic abuse’ has come to be preferred since it is seen better to reflect the range of behaviours under discussion. Since 2013, the Home Office has used the term ‘Domestic Violence and Abuse’ (DVA). Throughout this paper, I use the terms domestic violence and domestic abuse, inter-changeably. There are difficulties with both terms so I do not strongly favour one over the other; DVA is a rather cumbersome term, and I’m anxious to avoid the colloquialising/minimising effect that can come with using acronyms to describe behaviour that is, in fact, deeply distressing.
2. This is not, of course, to minimise the extent or experience of abuse within lesbian, gay, bisexual, transgender and queer+ (LGBTQ+) relationships, nor is it to minimise men’s abuse from their female partners. Indeed, there is a developing understanding about abuse within LGBTQ+ relationships (Donovan and Hester, 2015; Donovan and Barnes, 2019; Donovan et al., 2006; Roch et al., 2010) - men’s victimisation has been well documented since the 1990s (Welsh, 2008b).
3. The ‘Duluth Model’ linked all those who intervened in domestic abuse in the area into a common philosophical and practical framework, centred on promoting women’s safety, challenging men’s violence and, crucially, on a notion of domestic violence as the exercise of power and control (Pence and McMahon, 1999; Pence and Shepard, 1999; Shepard and Pence, 1999).

4. Any discussion beyond this observation is outside the scope of this paper.
5. These failings in state service provision were, of course, being simultaneously documented in the research literature which abounded during the knowledge explosion of the late-1970s and early-1980s and were the context within which these early partnership approaches were developing.
6. The Crime and Disorder Act 1998 was a flagship piece of legislation from the incoming New Labour administration and contained a range of criminal justice provisions. On crime prevention, the Act placed a statutory responsibility on local authorities and the police to work with other strategic partners to formulate and implement a strategy to reduce crime and disorder in their area. The statutory partnerships are known as Crime and Disorder Reduction Partnerships in England and Community Safety Partnerships in Wales.
7. Current guidance suggests three criteria for determining that a case is high risk and that a referral should be made to a Multi-Agency Risk Assessment Conference. First, the case meets the threshold level of risk, determined through the use of a standard risk assessment tool; secondly, where there is a serious concern about the victim's situation based on the professional judgement of the referrer; or, thirdly, where there is evidence of potential escalation of abuse (i.e., an increased number of police call outs) (Co-ordinated Action Against Domestic Abuse, 2010).
8. It is certainly interesting to note that important policy guidance around Multi-Agency Risk Assessment Conferences is entitled 'Saving lives, saving money' (Co-ordinated Action Against Domestic Abuse, 2010).
9. I would like to thank one of the reviewers of the article for this phrase.
10. See: <https://safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL.pdf/>
11. The first, and, to date, only, national evaluation of Independent Domestic Violence Advisor services undertaken in the United Kingdom was conducted in the late 2000s by Emma Howarth and colleagues (Howarth et al., 2009; see also Coy and Kelly, 2011; Robinson, 2009). Similarly, evaluation of the Specialist Domestic Violence Court (SDVC) programme has been somewhat limited, with the early work by Cook and colleagues (Cook et al., 2004; 2006) continuing as the preeminent reference point for discussion of SDVCs. To date, Robinson's work in Cardiff remains the only real attempt to examine whether and how Multi-Agency Risk Assessment Conference (MARAC) intervention supports and sustains women's safety from violence. Recently, a national review of MARACs was conducted by the Home Office, as part of the broader Violence against Women and Girls Strategy (Steel et al., 2011; see also McCoy et al., 2016). This review did not seek to conduct a full outcome evaluation of MARACs but rather focused on areas identified as central to the effectiveness of the MARAC process.
12. In 57% of cases, abuse had stopped or mostly stopped after working with an Independent Domestic Violence Advisor (IDVA) and, more broadly, there were substantial reductions over time in the numbers of victims reporting physical abuse, sexual abuse, jealous and controlling behaviour, and harassment and stalking, including in their severe forms. There were also significant reductions observed amongst victims reporting that abuse was escalating. Alongside, in 47% of cases, IDVAs perceived significant reductions in levels of risk and, in 52% of cases, victims themselves reported feeling significantly safer. In 79% of cases, IDVAs perceived there to be some reduction in risk and, in 76% of cases, women themselves perceived some increase in feelings of safety (see also Coy and Kelly, 2011).
13. It is, as Coy and Kelly (2011) point out, also disconnected from survivors themselves since women are not involved in the Multi-Agency Risk Assessment Conference process. As Coy and Kelly put it in this regard, the co-ordinated 'community' 'currently excludes those individuals who are to be discussed and any recognition of conventionally understood 'communities' – neighbours, friends, kin and community associations' (Coy and Kelly, 2011: 104; see also Welsh, forthcoming).

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