

Tameside domestic abuse perpetrators needs assessment

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Authors: Danielle Davis and Monika Lesniewska

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Part 1: The national context and evidence base

Section 1: Introduction

1.1 Background

Davis and Associates Consultancy Limited is a small organisation specialising in domestic abuse, sexual violence and exploitation policy, research and evaluation. We have worked with multiple local authorities and Office for Police and Crime Commissioners to deliver robust needs assessments and have considerable experience in best practice, evidence-based perpetrator responses. We have been commissioned by Tameside Metropolitan Borough Council to conduct a needs assessment to support the partnership to strengthen the response to perpetrators of domestic abuse to reduce the frequency and severity of offending and improve health and wellbeing outcomes across the borough. This report provides an overview of our findings, and recommendations for a future response in Tameside.

1.2 Methodology

As there is no dedicated commissioned perpetrator provision currently in Tameside we aimed to use creative approaches to understand the needs of perpetrators locally. This involved a mixed methodological approach in which we combined qualitative and quantitative methods to understand the needs and demand. The below table provides an overview of the activities we sought to undertake.

Methodology	Details
Desktop analysis	Review of national data to estimate prevalence of domestic abuse and perpetration in Tameside
	Development of data collection templates for local services including at a minimum; police, probation, specialist services, children social care to identify perpetrator visibility across the 'system' in Tameside including outcomes (e.g. orders, sanctions, signposting) – to include regional and national services where possible (e.g. Respect) and collection of data from agencies
	Review of key strategies, policies and processes locally in relation to domestic abuse and safeguarding to understand the pathways currently in place in relation to domestic abuse, with a focus on perpetrator responses
	Financial modelling to estimate the cost of domestic abuse perpetrators to the 'system' and review of current spend on provision.
Stakeholder engagement	Online survey for frontline professionals to understand current knowledge, training and awareness in relation to responding to perpetrators. The survey will also include a review of professional perceptions of perpetrator needs based (e.g. behaviour change, substance use, mental health, housing)
	Interviews with key strategic and commissioning partners to understand priorities and ambitions for future responses
Perpetrator engagement	Online survey for 'those concerned about their behaviour in personal or intimate relationships'

Methodology	Details
	In depth interviews with up to 10 ¹ individuals that are or have been 'concerned about their behaviour in personal or intimate relationships' which will be thematically analysed for key learning themes and case journey illustrations
Victim engagement	Online survey for victims of domestic abuse to understand behaviours experienced by perpetrators, perceived response from agencies and wishes in terms of response from agencies
Literature review	Overview of national policy, intervention evaluations, best practice and legislation to provide an overview of 'what works' and comparison of Tameside's current landscape (e.g. compliance with national service standards/Istanbul convention)
	Review of approaches in other areas including provision (e.g. interventions) and processes (e.g. Matac, perpetrator panels) to understand benefits
Workshop with key stakeholders	Presentation of findings to key stakeholders to share learning and coproduce recommendations
	Finalisation of report including all specified outcomes

Although as noted above we attempted to engage with those using harmful behaviours through one to one interviews, and gather views via an online survey we were unable to attain successful engagement. This is a learning point we reflect on throughout the report.

1.3 National domestic abuse context

This section introduces the national context in terms of domestic abuse, with specific focus on perpetrators to ensure our findings are contextual within the current legal and policy frameworks.

1.3.1 Defining domestic abuse

Domestic abuse happens across different types of relationships and is not limited to people who are or have been in an intimate personal relationship. Domestic abuse may happen across household relationships including against or by carers, or between family members over the age of 16.

The new Domestic Abuse Act (2021) has created, for the first time, a cross-government legal definition of domestic abuse, to ensure that domestic abuse is properly understood, considered unacceptable and actively challenged across statutory agencies and in public attitudes:

Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if:

A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive.

Behaviour is "abusive" if it consists of any of the following:

- **physical or sexual abuse;**

¹ This is our aim although it will be dependent on identification of perpetrators through services.

- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse (see subsection (4));
- psychological, emotional or other abuse; and it does not matter whether the behaviour consists of a single incident or a course of conduct.

“Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to:

acquire, use or maintain money or other property, or obtain goods or services.

For the purposes of this Act A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).

Prior to this definition, there was no legal definition for domestic abuse. In the context of understanding perpetrators of domestic abuse, the definition is important as it highlights the nature of ‘personally connected’. The statutory guidance describes this as:

“A personal relationship between the victim and perpetrator is key to the definition of domestic abuse. This is how domestic abuse is generally understood amongst the public and agencies.

We define people who are ‘personally connected’ as: intimate partners, ex-partners, family members or individuals who share parental responsibility for a child. There is no requirement for the victim and perpetrator to live in the same household”.

In the context of designing appropriate responses to perpetrators, it is therefore essential that the nature of personal connected and the type of domestic abuse experienced is understood. For example a response to an adult child who is abusive towards an older parent, will likely be different to the response to a young person using harmful behaviour in their intimate relationships. Throughout the needs assessment we will seek to understand these nuances.

1.3.2 Prevalence of domestic abuse nationally

Domestic abuse is a widespread issue, affecting millions across the UK. Every week, two women are killed by a current or former partner in England and Wales², this gives an indication of the number of perpetrators as well as how severe behaviours can be. One in four women have experienced domestic abuse in their lifetime and domestic abuse represents a third of all violent crime recorded by the police.

The data showed that on average the police flag 24% of violent crime incidents as domestic abuse. The rate is over 30% in nine forces and 55% of the domestic abuse-related calls to police were made via 999, with 37% of calls going through to 101 services (HMRICFRS, 2019). These statistics highlight how many victims of domestic abuse will report abuse to the police at points of escalation in perpetrators behaviour, responses locally must therefore work to empower survivors to reach out for support at earlier points. This in turn will enable earlier intervention work with perpetrators to reduce the harm they cause.

² Office for National Statistics (2016) Compendium – Homicide (average taken over 10 years)

On average the police receive an emergency call relating to domestic abuse every 30 seconds³. It is estimated that each year around 1.8m people suffer some form of domestic abuse - 1.2 million women (8.2% of the population) and 600,000 men (4% of the population)⁴. Of these, up to 100,000 victims are at risk of being murdered or seriously injured as a result of the abuse they are experiencing. Refuge estimates that on average up to 30 women every day will attempt to take their own life due to the abuse.

Domestic abuse-related homicides account for approximately 35% of all homicides in England and Wales; on average two women a week are killed by their current or former partners. Data from the Office for National Statistics (ONS) highlights that 58% of women murdered by their partner were still in a relationship with them and 29% were separated. A 2009 national analysis of Serious Case Reviews found evidence of past or present domestic abuse in over half (53 per cent) of cases⁵.

However, the problem is much bigger than shown in official statistics. Researchers⁶ estimate that domestic abuse statistics are 140% higher than those stated in the British Crime Survey for England and Wales. Therefore, in our estimates we also use data from the national charity SafeLives Insights database which is the largest national database of domestic violence cases in the UK, with more than 37,000 records from 2009 to date. That data shows:

- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse⁷
- Women are much more likely than men to be the victims of high risk or severe domestic abuse. Although the Crime Survey for England and Wales suggests 1 in 6 men will experience violence in their lifetime, the severity and frequency is significantly less. Understandably, 95% of cases going to Marac or victims accessing an Idva service are women⁸
- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales⁹
- Seven women a month are killed by a current or former partner in England and Wales¹⁰
- 130,000 children live in homes where there is high-risk domestic abuse¹¹
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others¹²
- On average high-risk victims live with domestic abuse for 2.3 years before getting help¹³
- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse¹⁴.

³ Office for National Statistics citing Homicide Index, Home Office (Published Online: Office for National Statistics, 2015 – Go to the first bulletin table and click on the tab labelled Figure 2.5)

⁴ ONS (2017)

⁵ Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebottom, P., Dodsworth, J., Warren, C. and Black, J. (2009) Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005-7. London: Department for Children Schools and Families.

⁶ Pease and Farrell, Home Office Research Group

⁷ SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives.

⁸ SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

⁹ ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics

¹⁰ ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics

¹¹ SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives.

¹² Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol: Caada.

¹³ SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

¹⁴ SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

1.4 National perpetrator policy context

1.4.1 The Domestic Abuse Act (2021) implications for perpetrator work

This section explores the implications around work with perpetrators as noted in the Domestic Abuse Act.

New measures for perpetrators

As well as the statutory on Local Authorities to support victims and children, there are a number of new measures aimed at strengthening the response to perpetrators. These specific sections include;

- Provide for a new civil Domestic Abuse Protection Notice (DAPN) to provide immediate protection following a DVA incident, and a new civil Domestic Abuse Protection Order (DAPO) to provide flexible, longer-term protection for victims.
- Prohibit perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales, giving the family court the power to appoint a public-funded advocate to carry out the cross-examination where necessary.
- Enable DVA offenders to be subject to polygraph testing as a condition of their licence following their release from custody.
- Place the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing, ensuring that where appropriate, the police disclose information to a victim or potential victim of DVA about their partner’s or ex-partner’s previous abusive or violent offending. This will place a duty on the police to have regard to the guidance and will strengthen the visibility and consistent operation of the scheme.

A national perpetrator strategy

As part of the Domestic Abuse Act campaigning, a number of national organisations called for a national strategy to provide a framework for how perpetrators should be managed and supported to change. Below we outline the specific policy calls and actions that they called on Government to make. We will use these throughout our review as what we consider what a gold standard approach might look like.

Table 1.4.1a: overview of the national perpetrator strategy calls to action

Call	Actions
Public and voluntary services empowered to hold perpetrators to account	<ul style="list-style-type: none">• Police-led multi-agency forums• More systematic use of criminal justice opportunities• Workforce development training• Clear pathways into perpetrator interventions
Best-practice perpetrator interventions available across England and Wales	<ul style="list-style-type: none">• Availability of quality assured perpetrator interventions• Appropriate community level initiatives and communications campaigns
National quality assurance systems	<ul style="list-style-type: none">• National approaches to quality assurance• Perpetrator work should be covered by the relevant inspectorates

Call	Actions
	<ul style="list-style-type: none"> England and Wales-wide data collection, supported by analysts and communicators, to enable the collation and use of best practice and insights on work with perpetrators
A sustainable, predictable source of funding	<ul style="list-style-type: none"> A cross-departmental funding commitment
National and local leaders to spearhead the perpetrator strategy	<ul style="list-style-type: none"> Explicitly include the remit to oversee responses to perpetrators in the responsibilities of the Domestic Abuse Commissioner Develop a leadership programme Hold Ministers in every department accountable for calling out abusive behaviour and tackling harmful gender stereotypes in their day-to-day communications and business.

The Call to Action was successful and under the Domestic Abuse Act (2021) there was an inclusion for the Home Secretary to prepare and publish a perpetrator strategy within one year of Royal Assent. As such we expect this strategy will be published imminently in the Spring of 2022.

National guidance has outlined that the strategy will set out the Governments approach to:

- detecting, investigating, and prosecuting offences involving domestic abuse
- assessing and managing the risks posed by individuals who commit offences involving domestic abuse, and including domestic abuse related stalking
- reducing the risk that such individuals commit further offences involving domestic abuse
- In preparing the strategy, they will consult with the Domestic Abuse Commissioner and other relevant stakeholders

Funding for perpetrator responses

Alongside the commitment to develop a national perpetrator strategy, the Government also pledged additional funding. In the financial year 2020/21 they committed £10 million to tackle perpetrators of domestic abuse, which in 2021/2022 they more than doubled by pledging an additional £25 million for tackling domestic abuse perpetrators. It is unclear currently whether these financial commitments will continue following the publication of the national strategy.

As part of developing a national strategy the Government have also committed to refresh and strengthen all relevant chapters of the Multi-Agency Public Protection Arrangements (MAPPA) Statutory Guidance to include sections on domestic abuse and stalking to ensure that all agencies involved take steps to identify domestic abuse perpetrators whose risk requires active multi-agency management. We will attempt to understand as far as possible what these changes may look like, and thus mean for the local response in Tameside however this review is yet to take place, with no indicative timeframe published.

1.4.2 The national domestic abuse action plan

In March 2022 the Home Office published their domestic abuse action plan. A key priority within this is 'pursuing perpetrators'. This helps us to have some indication of the potential focus within the national perpetrator strategy when it is published later this year.

The specific objective within the plan is:

“Reduce the amount of people who are repeat offenders and make sure that those who commit this crime feel the full force of the law”

With a number of key metrics they will use to evidence the change:

- An increase in the number of charges for domestic abuse-flagged crimes. Source: Crime outcomes in England and Wales (Home Office) and Crown Prosecution Service data on the volume of charges (Crown Prosecution Service).
- A reduction in the prevalence of domestic abuse victims. Source: Crime Survey for England and Wales (Office for National Statistics).
- A reduction in the number of domestic homicides. Source: Homicide Index (Home Office).

A number of commitments are noted, some of which may be useful considerations for Tameside as if they were to become realised, there may be new ways of working required. Some of these relate to potential new funding streams for perpetrator interventions, but in addition to this others include:

- To manage the most harmful domestic abusers more robustly, the Government is actively exploring creating a register of domestic abuse offenders. Additionally, the Ministry of Justice will increase tagging for those leaving custody, including around 3,500 individuals who are at risk of perpetrating domestic abuse.
- To help the police assess the dangers posed by individual domestic abusers, the Home Office will allocate £6.7 million over the next three years to refine and pilot the rollout of a risk assessment tool. The Recency, Frequency, Gravity and Victimisation model has huge potential to enhance these risk assessments by identifying the most dangerous serial abusers.

1.4.3 A business case for a robust response to perpetrators

“I suffered the abuse for over 15yrs, its nearly 6 yrs ago now & the effects still give me problems in day to day life especially with new relationships or friendships. I suffer anxiety because of it all & have been on medication for it for a long time”

– Domestic abuse survivor, SafeLives¹⁵

We know there is only one cause of domestic abuse: perpetrators. The significant impact their behaviour has on victims should alone be a business case to act. By reducing, disrupting or stopping perpetrators from causing harm, there are significant benefits for individuals as well as services.

We know that a quarter of high-harm perpetrators are repeat offenders and some have at least six different victims¹⁶. Their behaviour costs lives, wellbeing, and money. These costs are disproportionately borne by women. There are approximately 400,000 perpetrators

¹⁵ <https://www.safelivesresearch.org.uk/Comms/Psychological%20Violence%20-%20Full%20Report.pdf>

¹⁶ SafeLives' MARAC National Dataset: safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data Also: Robinson, Clancy, and Hanks, 'Prevalence and Characteristics of Serial Domestic Abuse Perpetrators: Multi-Agency Evidence from Wales' (2014)

causing high (including murder) and medium levels of harm across England and Wales, and yet only a small percentage of these – fewer than 1% – gets a specialist intervention that might prevent future abusive behaviour¹⁷. Perpetrators whose victims are assessed at lower levels of risk are even less likely to get a specialist intervention.

Nationally there is a growing body of research to demonstrate the effectiveness of quality-assured interventions. A University of Durham and London Metropolitan University study of twelve domestic violence perpetrator programmes, found a reduction in the number of women whose partners tried to punch, kick, burn or beat them from 54% to 2%¹⁸. A more recent study from the University of Bristol shows a 30% reduction in the number of criminal domestic violence and abuse (DVA) incidents amongst a cohort of perpetrators receiving an intervention compared to the control group;¹⁹ and in another study by the University of Northumbria, an intervention was found to have a 65% reduction in DVA related offending and a social return on investment of £14 for every £1 spent¹⁹. There are no accurate figures on prevention spend but Home Office commissioned research – combined with sector knowledge – suggest that as a fraction of the total costs associated with domestic abuse, it is tiny²⁰. This is a missed opportunity. Survivors, who inform our work, agree. 80% of survivors have told us that they think interventions for perpetrators are a good idea – yet such programmes are patchy in their availability, limited in the range of perpetrators they can reach safely, and variable in their quality²¹.

SafeLives found that the total number of cases discussed at Marac's in a single year across England and Wales cost an estimated £4.8 billion over the life course of the cases, which is likely to span across several years²². The Drive project considered the cost this meant high risk perpetrators were costing 'they system'. The below table highlights that over the course of a Marac case perpetrators will cost a minimum of £38,835 with serial and repeat offenders costing the system up to £56,565. We will consider these costs in the Tameside context later in our report.

Table 1.3.3a: Costs of high risk domestic abuse cases (Marac) on a per case basis.

Costs associated with...	Costs over life of case	Breakdown of costs	Source
Perpetrators	£38,835	<ul style="list-style-type: none"> £32K Police/CJS costs £5,450 health 	University of Bristol Drive Evaluation ²³

¹⁷ Respect (2013), DVPP Commissioning Guidance for Police and Crime Commissioners. Accessible at: <http://www.senedd.assembly.wales/documents/s30732/GBV%2090b%20-%20Respect.pdf>

¹⁸ Project Mirabal, Durham University. This project assessed the impact of Respect accredited interventions

¹⁹ Northumbria University evaluation of the MATAC approach

²⁰ The Home Office study showed the amounts invested 'in anticipation' of abuse are just 0.01% of the £66bn figure at around £6m. This figure covers prevention in the form of awareness campaigns, domestic abuse training and the costs of the Domestic Violence Disclosure Scheme. When the cost of Domestic Violence Prevention Orders and Domestic Violence Protection notices is added, the prevention spend rises to 0.02% of the £66bn figure.

²¹ SafeLives, Every Story Matters, 2018.

²² Hester, M., Eisenstadt, N., Ortega-Avila, A., Morgan, K., Walker, S.J., and Bell, J. (2019). *Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*. University of Bristol. http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf

²³ Hester, M., Eisenstadt, N., Ortega-Avila, A., Morgan, K., Walker, S.J., and Bell, J. (2019). *Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*. University of Bristol. http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf

Serial Perpetrators/ Repeat Offending	Cost of £56,565 for each serial perpetrator who re-appears at MARAC with a new victim	<ul style="list-style-type: none"> £24,565 in lifetime costs of supporting adult and child victims who have experienced high-risk domestic abuse £32,000 in police and wider CJS costs attributed to perpetrators incurred in the year preceding MARAC referral 	Secondary analysis based on University of Bristol Drive Evaluation and financial analyses ²⁴
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1.5 Section summary

- The new legal definition of domestic abuse highlights that perpetrators of domestic abuse can be personally connected to victims in a number of ways including intimate partners, ex partners or family members. Responses therefore must consider the different needs of each perpetrator cohort.
- Perpetrators of domestic abuse are rarely held accountable for their behaviour or offered support to change with less than 1% ever accessing interventions.
- Perpetrators of domestic abuse cause significant harm to victims, children as well as the wider community including increase demand for service and cost to the public purse. This includes each high risk, serial perpetrator costing the system around £56,000 over the duration of the case length.
- The Government will publish a perpetrator strategy (due Spring 2022) and have already committed within the national Domestic Abuse Action Plan to exploring a national register for domestic abuse perpetrators and to scope the development of new perpetrator risk assessment tools.
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²⁴ Secondary analyses based on year 2 and 3 figures from University of Bristol Evaluation of the Drive Project.

Section 2: Sector specific national context

This section builds on our introduction to consider specific contexts set out nationally which dictate the ways in which different sectors working locally operate. Specifically we consider:

- The criminal justice response to perpetrators
- The children social care response to perpetrators

2.1 The Criminal Justice response to perpetrators

2.1.1 The police response to domestic abuse

From March 2014 Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) started a series of thematic reports, which considered the response the police service provides to victims of domestic abuse. In February 2019 they published their fourth and most recent in this series. Through the review of the police response there were a number of key points for consideration;

- **Demand is increasing** - there was an 88% increase in recorded levels of domestic abuse in the 12 month review compared to the first report in 2014.
- A survey of over 350 domestic abuse practitioners (non-police staff who work closely with victims of domestic abuse) to ask for their views on the service to victims. **Almost two-thirds (63%) of respondents felt the police approach to domestic abuse had improved**
- **People being released on bail for domestic abuse crimes has dropped by 65%.** In more and more cases of domestic abuse, bail conditions are not being used to safeguard victims, with forces opting to release suspects under investigation. This potentially leaves victims feeling unprotected and vulnerable.
- **It is common for the victim not to support police action.** They found over a third of domestic abuse cases were discontinued for this reason. This highlights the need for more perpetrators to be held accountable through the criminal justice system for their behaviour, but that victim and perpetrator responses must be aligned to ensure victims are empowered to support police action.
- As with other areas of positive action and proactive safeguarding, **there is still an extremely varied use of DVPOs** throughout England and Wales.

We will consider these findings in the Tameside context through collecting relevant data and information from Greater Manchester police.

2.1.2 Joint Inspection on Evidence Led Prosecutions (2019)

Domestic Evidence led prosecutions refer to circumstances where the victim of domestic abuse decides not to support a prosecution, police and prosecutors consider whether it is possible to bring a prosecution without that support. Evidence led prosecutions are a vital tool within the overall response to perpetrators within a local area to ensure that perpetrators are held to account. In January 2020 Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI) and HMICFRS conducted an inspection to find out:

- whether the guidance and policy on evidence led prosecutions is widely understood by both police officers and prosecutors; and
- whether they seek to build viable evidence led prosecutions where appropriate.

Some of the key findings from this review included;

- the domestic abuse caseload for both the CPS and the police has increased by 88% against the backdrop of a 25% reduction in police and CPS funding. The inspection found that neither the police nor the CPS can distinguish those cases where an evidence led approach may be more effective. This is because there are no systems to flag relevant cases as evidence led.
- in all domestic abuse cases, operational police officers and CPS prosecutors have a good understanding of evidence led prosecutions and understand that cases can proceed even where the victim is unsupportive. The CPS's Domestic abuse guidelines for prosecutors make it clear that all cases of domestic abuse should have an evidence led approach and that the starting point should be to build cases in which the prosecution does not need to rely on the victim.
- there are no mechanisms in place to measure the effectiveness of evidence led prosecutions means that there is no opportunity to learn lessons and share good practice across the organisations. Moreover, neither the police nor the CPS can quality assure evidence led cases to ensure they are being used appropriately and effectively.

From these findings the report made a number of recommendations to improve the use of evidence led prosecutions. These included:

- That police forces should ensure that training, messaging and guidance is clear that evidence led cases should benefit from the same quality of investigation, early gathering of evidence and supervisory oversight as other domestic abuse cases, particularly in cases where the victim does not support police action.
- Police should ensure that investigations and decisions to take no further action in domestic abuse cases receive the same robustness of supervisory oversight as other domestic abuse cases.

2.1.3 Domestic Violence Protection Orders (DVPOs)

Domestic Violence Protection Orders (DVPOs) and Domestic Violence Protection Notices (DVPNs) were implemented across all 43 police forces in England and Wales in March 2014. DVPOs are a civil order that fill a gap in providing protection to victims by enabling the police and magistrates courts to put in place protective measures in the immediate aftermath of a domestic violence incident where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions. A DVPN is an emergency non-molestation and eviction notice which can be issued by the police to a perpetrator when attending to a domestic abuse incident. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim immediate support in such a situation. Within 48 hours of the DVPN being served on the perpetrator, an application for a DVPO may then be made by the police to the magistrates' court. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency. Both the DVPN and DVPO contain a condition prohibiting the perpetrator from molesting the victim.

In a pilot, DVPOs were found to reduce re-victimisation compared to cases where arrest was followed by no further action – on average, one fewer additional incident of reported domestic violence per victim over an average follow-up period of just over a year. The reduction in re-victimisation was greater when DVPOs were used in cases where there had been three or more previous police attendances. The pilot also found that front-line practitioners and victims viewed DVPOs positively.

From implementation up to the end of 2014, a total of 3,337 DVPOs had been authorised by a superintendent or higher, with 3,072 DVPOs granted by magistrates. Data for the first seven months of 2015 shows that a further 1,384 DVPOs were granted²⁵.

2.2 Children's services response to perpetrators

2.2.1 Joint Inspection: The multi-agency response to children living with domestic abuse (2016)

There is limited reliable research or evidence that enables agencies to select and deploy interventions they know are effective in changing the behaviour of perpetrators. There needs to be a focused effort across agencies to develop and test interventions. Once interventions are identified, they need to be made available for all levels of risk and need, particularly at the stage of early intervention.

Most agencies did not focus on the perpetrator of the abuse enough. Instead, they focused on removing the family from the perpetrator, leaving them to move on to another family and, potentially, a repeated pattern of abuse.

²⁵ Domestic Violence Protection Orders (DVPO) One year on – Home Office assessment of national roll-out, Home Office (2016)

Section 3: Approaches to working with perpetrators of domestic abuse

Designing a whole system approach to intervening with perpetrators of domestic abuse is a complex task. Understanding the underpinning theoretical models to interventions and work with perpetrators can help and support commissioners to understand what good looks like. As such this section will provide an overview of what we mean by perpetrator interventions, and some of the leading models that underpin approaches.

- National best practice and standards
- Review of innovations in practice (programmes and processes)
- Overview of funding options and opportunities and review of other area funding

3.1 Defining a perpetrator intervention

All perpetrator interventions should go hand in hand with coordinated support for the victim. A typical perpetrator intervention would involve a bespoke combination of the following elements:

- **Initial assessments** to understand the perpetrator's history and needs to ensure they are suitable for the available interventions. Where attendance on a programme is mandated, for example by probation or CAFCASS, assessment is done as part of the referral.
- **Structured groupwork, individual work or a combination** of both, where perpetrators are challenged to recognise abuse and reflect on their own behaviour and its impact. This is more suitable for those who do not have significant additional support needs or chaotic lifestyles and who accept some responsibility for their actions. Programmes can be tailored to respond to the needs of specific groups. A programme for 16 or 17 year-olds or an LGBT+ tailored programme would be very different from a programme for older heterosexual men.
- **One-to-one intensive case management.** This can be particularly useful for those with more complex needs or a higher severity of offending profile. Case workers challenge perpetrators to recognise their behaviour as abuse and can address associated problems like substance misuse and mental health needs.
- **Disrupt approaches.** These are needed for perpetrators who are not willing to cooperate or whose abuse is continuing despite behaviour change work. Disrupt work consists of multiagency efforts to manage risk to victims/ survivors. Agencies share information and are responsive to the dangers perpetrators pose and are ready to prevent/react to any changes (like new child contact arrangements or a new partner) that might increase risk.

3.2 Theoretical approaches underpinning work with perpetrators

In understanding the theoretical approaches to perpetrator work it is essential to consider the national definition and how this impacts responses. The definition itself is important in the context of perpetrator programmes for two reasons. Firstly, it outlines **the behaviours considered abusive** and thus requiring behavioural change, and secondly the definition because it **mixes two opposing understandings of domestic abuse**, namely an ‘incident based’ understanding and a ‘coercive control’ based one.

Table 3.2a: overview of two theoretical models of domestic abuse

Incident based model	Coercive control
<ul style="list-style-type: none"> • Often underpins the criminal justice understanding of domestic abuse • taking each separate incident or act of abuse as the focus of concern • Can be useful in measurement terms of severity based on the impact or harm caused to the victim • Does not account for non-violent abuse well as ‘incidents’ such as swearing or shouting may not appear severe in isolation 	<ul style="list-style-type: none"> • Rejection of both the ‘incident based’ and ‘hierarchy of harms’ way of thinking • Domestic abuse is the ongoing, routine isolation, humiliation and intimidation tactics used by abusive individuals that result in cumulative detrimental impacts on victims. • Ongoing threat with the outcome of reducing the victims autonomy and freedom • Violence is used as part of a regime of control, it is functional

This section will consider these approaches and wider approaches which perpetrator interventions are based on.

3.2.1 Feminist approaches

The feminist approach builds on theories from psychology and education and focus on changing patriarchal views that are supported by a wider society that supports violence against women. The mechanism underlying these programmes is the need for power and control in relationships and the lack of awareness or knowledge of alternative ways of being or acting. Such programmes aim to address perpetrator perceptions of reality, confront them about the impact of their behaviour and hold them accountable for their actions as well as enable the building of more satisfying, equitable relationships. Programmes include learning techniques for conflict management, problem solving, and changing attitudes.

3.2.3 The Duluth model

Established in 1980 in Minnesota, the ‘Duluth model’ or Domestic Abuse Intervention Project (DAIP) aimed to create a co-ordinated community response to IPA, developing robust justice system responses, more effective victim services and an ethos of information sharing and multi-agency working to hold the perpetrator to account and ensure victim safety. The programme aimed to work directly with perpetrators developed out of the newly established ‘co-ordinated community response’ (CCR) in recognition that alternatives to criminal sanctions, which did little to increase the safety of victims, were required²⁶. Thus, the ‘Duluth Model’ refers to the whole co-ordinated community response, of which the perpetrator programme was one component. The work with perpetrators was never intended or designed to be delivered as a standalone intervention. Providing a Women’s Safety

²⁶ Education groups for men who batter. Pence, E., & Paymar, M. London: Springer (1993)

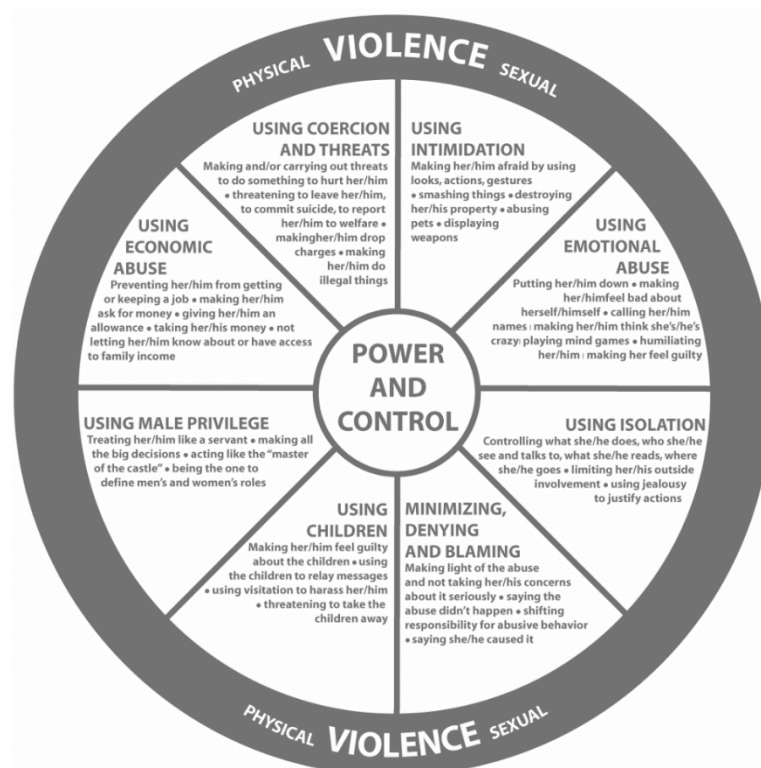
Service as an integral part of the response to perpetrators was deemed vital to ensure that intervention with perpetrators did not inadvertently increase risk.

Cluss and Bodea (2011) explain that the Duluth Model is a feminist response to domestic abuse. The model developed the Power and Control Wheel to describe the power dynamics of perpetrator-victim relationships within the conceptual framework of institutionalised patriarchy. Programmes that subscribe to the Duluth Model challenge perpetrator beliefs about men's and women's roles in society, seeks to instil methods to reduce male dominance behaviours and promotes the importance of victims safety.

A significant criticism of the Duluth Model comes from Pence (1999), who was one of the founders of the Model. She felt that the conceptual framework was too rigid; men who denied being motivated by the desire to control women were always considered to be in denial or lying and their lived experiences were not considered. This meant that researchers were finding the outcomes that they had already predetermined to find. Cook (2009) argues that this rigidity means that male victims and female victims in same-sex relationships are not addressed appropriately by the Duluth Model.

Phillips et al (2013) argue that over the past 20 years the British domestic abuse perpetrator programmes have responded to criticisms of rigidity that impact the Duluth Model. While many practitioners are inspired by the Duluth Model and programmes are underpinned by a gendered analysis of domestic abuse, there have been ongoing reflections on a rich diversity of practices. This includes various therapeutic treatments and cognitive behavioural therapy. They argue that programmes have never stayed static and have always evolved.

Image 3.2.3a: The Power & Control Wheel (Pence & Paymar)



3.2.4 Cognitive Behavioural approaches

The theory underlying programmes based on cognitive behavioural therapy (CBT) is that disordered and biased ways of thinking are the cause of problems with behaviour. The treatment mediators help the person change their behaviour by changing their thoughts and feelings. This is achieved by talking through problems, identifying distorted cognitions, and breaking down seemingly overwhelmingly large problems into smaller steps and practical solutions.

3.2.5 Psychodynamic approaches

Psychodynamic treatment approaches are based on psychological theories of personality development and mental health. Therapies are based on examining the dynamics of interpersonal relationships and target perpetrators' self-beliefs and anxieties resulting from previous experiences such as separation or early trauma. Mediators are likely to focus on building self-esteem, anger management, impulse control, family and couples therapies.

3.2.6 Ecological approaches

An ecological perspective is based on the premise that violence is an outcome of the interaction between many factors such as having experienced abuse in childhood, alcohol misuse and psychological disorders that at an individual level, increase the likelihood of becoming a perpetrator of abuse.

In practice, perpetrator programmes may be described as based on one model but use techniques from others. Pro-feminist programmes can be described as CBT and psycho educational, but with a clear idea as to the disordered thinking that needs to change. CBT programmes may also use techniques borrowed from psychodynamic and psycho-educational approaches such as acquiring anger management skills.

3.3 Perpetrator psychology and tactics

In understanding and designing approaches to working with perpetrators, including which of the above noted models may be most appropriate on an individual level, it is essential to understand the basic concepts around perpetrator psychology and the tactics they may use. This section provides a brief overview of perpetrator behaviour.

3.3.1 Motivation and drivers for abuse

Michael Johnson's domestic abuse typologies can be a useful way to understand the different motivating factors behind abuse, and the types of drivers underpinning perpetrator behaviour and tactics. The model is based on intimate partner violence however, so it will not be applicable for familial abuse. Additionally most of the research around the typologies was based on heterosexual intimate partner relationships so its applicability in LGBT domestic abuse cases may also be limited.

Intimate Terrorism is when one partner, typically the male, employs a variety of physical, economic and psychological tactics and weapons in a general pattern of maintaining power and control over his intimate partner. These may or may not	Situational Couple Violence (SCV) does not involve any attempt at general power and control but is typically provoked by a situation or incident when tensions or emotions get out of control, escalate and get physical as one or both partners react with violence. SCV may
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include physical acts of violence, though the threat of physical violence is often implicitly there.	be initiated by either partner and is generally interactive. SCV is by far the most common type of couple violence. Johnson estimates that SCV is three to four times as common as intimate terrorism, and is probably more prevalent in dating relationships. Johnson and others repeatedly make the point that SCV can be very serious. In his analysis of Irene Frieze's Pittsburgh data, 29% of women experiencing situational couple violence had suffered at least one serious physical injury (Johnson, 2006).
Violent Resistance is the use of violence in response to intimate terrorism, generally by women against their male perpetrators. The resistor may believe her attack will prevent further attacks, is long-overdue retribution, or, when it results in killing her partner, may be a desperate attempt to escape.	Mutual Violent Control is the most rare form of domestic abuse. It is the same as intimate terrorism but in this instance both individuals a

This is a useful model in terms of perpetrator behaviour as it helps us to understand the response that may be required. For example in the context of 'intimate terrorism' the driver for the abusive behaviour is power and control. Interventions and programmes therefore must be focussed on understanding and deconstructing concepts of power and control. In these instances the feminist and ecological approaches would be best used. On the other hand, 'situational couple violence' is rooted in an inability to communicate effectively to resolve conflict. As such interventions focussing on CBT and psychodynamic approaches could be more effective. Throughout the needs assessment we will attempt to use this typology model to understand the types and nature of domestic abuse in Tameside and make recommendations on approaches.

3.3.2 Perpetrators use of coercive control

In a recent study Hamberger et al (2017) conducted a literature review of the evidence in relation to coercive control. They found there were three consistent elements that defined coercive control within relationships: intentionality or goal orientation in the abuser; a negative perception of the controlling behaviour by the victim; and deployment of a credible threat.



Credible threat

The notion of ‘credible threat’ (Hamberger et al, 2017) as part of the array of tactics that define coercive control is referred to by a number of studies. For example Dutton et al (2005) found that coercive control is established through punishment or negative reinforcement, which also underpins the ongoing control throughout the relationship. The type of credible threat perpetrators use will often be physical violence. We can see this through models such as the Duluth Power and Control Wheel in which violence is used as an instrument to enforce regimes of power and control. Hamberger et al (2017) highlight that the threats need to be credible; threats alone do not appear to be directly related to coercive control.

There has been significant research that demonstrates how perpetrators will ensure victims are aware of their willingness to deliver negative consequences, in addition to their ability to do so (Day and Bowen, 2015; Krause et al, 2006; Stark, 2007). This means there is some overlap between violence and coercive control, making their separation challenging. (This is discussed further in Section 1.4.2.)

One focus for perpetrators’ threats is use of the home – for example, threats of homelessness or making clear that they will find a victim’s new location if the victim attempts to flee. We know that families who experience domestic abuse often move location multiple times. The credible threat perpetrators pose in relation to housing is particularly pertinent in relation to child contact because many professionals (eg, social workers and police, as well as housing officers) encourage victims to move home – and preferably some distance away – to ensure perpetrators will not be aware of their location (Radford et al, 2011b). However, child contact was often the last form of control perpetrators could use to locate victims, as family courts would often grant contact.

Intention or goal oriented

- a) Isolation

Williamson (2010) suggests behaviours are used to isolate women from their network of support. This has the benefit of ensuring perpetrators can continue to control victims with little challenge from others. Monckton-Smith et al (2017), reviewing 358 cases of homicide committed by men against women between 2012 and 2014, found isolation by the perpetrator in 78 per cent of these cases. We therefore know that isolation is a key tactic used to control victims. In their triennial review of almost 300 serious case reviews, Sidebotham et al (2016) identified a pattern – victims in a relationship with ‘aggressively controlling men who would isolate those women, impose restrictions on them, and control many aspects of their lives’ – that often had fatal consequences for children. (We explore this more in section 1.4.3.) Isolating women from their network of support often extended to the experiences of children also. In her interviews with 15 mothers and 15 children who had lived with coercive control, Katz (2016a) found that when a perpetrator controlled the mother’s movements, this also severely restricted the children’s ability to form social lives and peer networks. It would prevent them from engaging with wider family, peers and extra-curricular activities, for example.

In Coy et al’s (2012) study, the methods perpetrators would use to isolate victims included unrealistic expectations of chores to be completed in the home. This meant some women were too anxious to leave the house in case they had forgotten to complete a task. Katz (2016b) found women would avoid going to the supermarket or having children’s parties, as the perpetrator would accuse them of having an affair. Such isolating behaviours often meant children’s opportunities to create resilience-building relationships with non-abusive people outside their immediate family were limited or denied, as were opportunities to experience the multiple benefits that engaging positively with grandparents, friends or after-school clubs can have on children’s social skills, confidence and development (Katz, 2016b).

Perpetrators’ tactics to isolate women from support networks can affect the way victims engage with services. Women may be fearful of speaking to agencies (eg, police or social workers) in case the perpetrator finds out and it makes things worse. This is often also the case for children, who may see speaking out as ‘risky and dangerous’ (Callaghan et al, 2017). Radford et al (2011b) found some children thought speaking to teachers or friends at school about what is happening at home could make things worse. Perpetrators trap mothers and children in ‘unrealities’ shaped by manipulations, distortions, excuses, minimisations and denials which are designed to keep them confused and compliant (Williamson, 2010).

b) Distorting reality

Researchers have identified other common behaviours that perpetrators use to exert power and control over victims. These include making women question their own reality or, as some have described it, making them feel that they are ‘going mad’. This is referred to in some literature as ‘gaslighting’ (Tracy, 2016). In Enander’s (2011) research, victims spoke about the way in which perpetrators would present as a Jekyll and Hyde character.

This meant they would behave positively in public by showing affection and charm, whilst at home behaving negatively through dominance and abuse.

Coercive control tactics used by perpetrators (Coy et al, 2012)

- Refusing to tell women their shift patterns so they were unable to plan seeing friends or childcare

- Turning women's alarm clocks off so that they were late for work
- Threatening to plant drugs on women and report them to the police if they tried to leave
- Undoing women's housework then telling them they had not even started it.

c) Deprivation of resources

There is much research exploring the intent of perpetrators' behaviour in relation to the goal they seek to achieve. Most notably, Kelly et al (2014) coined the term 'space for action' in order to describe the intent of perpetrators in limiting victims' ability and capacity to make choices. Perpetrators use an array of behaviours to do this; these were included in the development of a number of new measurement tools created through Kelly et al's research.

In limiting a victim's space for action, perpetrators will often limit or deprive them of resources such as money, food, transport or heating. Thiara (2010) describes perpetrators' 'micro-management' in relation to their partners, which often involves limiting access to money. Based on the survey responses of 49 women who had experienced economic abuse and individual interviews with 20 of the women, Sharp (2008) identified four different themes or 'types' of economic abuse: interfering with women's employment; preventing women from having money; refusing to contribute to household bills; and creating debt for which women are liable. In their more recent research, Sharp-Jeffs and Learmouth (2017) highlight the way in which perpetrators may interfere with a victim's ability to acquire, use or maintain economic resources.

Table 3.3.2a: Overview of economic abuse (Sharp-Jeffs and Learmouth, 2017)

Acquire	Use	Maintain
Interfering with/sabotaging partner's education, training and employment; preventing partner from claiming welfare benefits	Demanding receipts, checking bank statements; keeping financial information secret; making partner ask to use car/phone/utilities; threatening to throw partner out of home.	Refusing to contribute towards household bills and the cost of bringing up children; spending money set aside for bills; generating costs, such as destroying property that then needs replacing; using coercion/fraud to build up debt in victim's name.

These techniques reduce the victim's capacity to be able to parent by limiting their access to the resources they require. Through economic abuse, perpetrators can ensure a victim uses all her resources on bringing up the children, leaving nothing to spend on other areas of her life, or ensure she relies solely on the perpetrator to be able to provide what the children need, thereby limiting the victim's ability to leave the relationship.

A perpetrator's coercive and controlling behaviour impacts the whole family, and not only the primary adult victim, as key resources, such as communications technology (e.g. phones, internet), utilities, food etc is equally needed by child victims. Katz (2016a) poses the question as to whether coercive control should in fact be seen as a form of child abuse in its own right.

d) Surveillance and monitoring

Monitoring is another common tactic used to limit victims' space for action. Controlling or coercive behaviour is not confined to the home; the victim can be monitored from a distance by phone or social media (Home Office, 2015). Research demonstrates that this type of behaviour, which can be described as 'jealous surveillance' (Regan et al, 2007; see also Thiara, 2010), can result in accusations of unfaithfulness, resulting in women having to stay at home to avoid further conflict.

Victims' negative perceptions of coercive and controlling behaviour

The third facet of coercive control identified by Hamberger et al's (2017) literature review is that the coercive control is perceived negatively by victims. This is demonstrated by a number of studies. For example, through their interviews with over 50 women who had experienced domestic abuse, Coy et al (2008) found that all described the abuse in similar terms, which included emotional abuse, psychological tactics, mental bullying, mind manipulation, being belittled and demeaned. These descriptions highlight that victims are clear that the perpetrators' behaviours are negative

Section 4: Domestic Violence Perpetrator Programmes (DVPP's)

The key to any whole system response to perpetrators of domestic abuse is the use of behavioural change programmes to create lasting changes in the way perpetrators behave. We believe these should be part of an overall response and pathway for perpetrators, but form an essential part of that pathway.

These types of behavioural change interventions are most commonly completed through Domestic Violence Perpetrator Programmes (DVPP's) which can be offered on a voluntary or mandated basis. This section provides an overview of these types of programmes and some insight into commonly used programmes across the UK. We conclude the section by considering what success looks like in relation to perpetrator programmes and discuss some of the common quality standards that exist.

4.1 Brief overview of behavioural change techniques used within perpetrator programmes

Current research has provided limited guidance or evidence that perpetrator behaviour programmes have a long-term effect on perpetrators' behaviour of abuse. This limited evidence is not directly linked to the intervention programmes themselves but more to do with the short-term evaluation that is provided after such initiatives.

Numerous studies have captured common characteristics of domestic abuse perpetrators including anti-social attitudes, drug dependency, low-level education, poor vocational, cognitive and interpersonal skills. There are also a number of risk factors for domestic abuse, such as witnessing domestic violence in childhood, attitudes condoning domestic violence, lack of empathy and high levels of jealousy. Since domestic abuse perpetrators are not a homogenous group, appropriate interventions will depend on context and needs²⁷. As Project Mirabal concluded, *'change is better understood as a series of sparks, different for each man, and not all of which are activated; as a non-linear process which took time'*²⁸. In order to explore this further the next section will focus on:

- Motivations to change, including the Stages of Change model
- Approaches to programmes, including the Duluth model of power and control.

4.1.1 Motivation to change

The choice of intervention will depend on a number of different variables, including perpetrators' motivations. One review²⁹ found that of the four alternative programmes that

²⁷ *Domestic violence offenders: characteristics and offending related needs* Gilchrist E, Johnson R, Takriti R, Weston S, Beech A & Kebbel M, Home Office (2003)

²⁸ *Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report* Kelly, L and Westmarland, N; (2015).

²⁹ *The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence* Eckhardt, C I; Murphy, C M; Whitaker, D J, Sprunger, J, Dykstra, R & Woodard, K, Partner Abuse (2013)

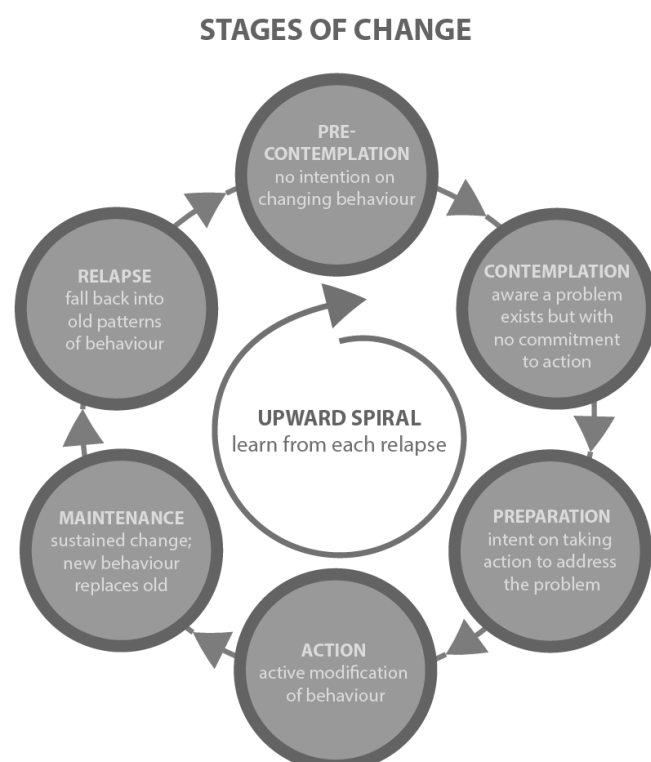
reported lowered rates of recidivism rates, three of these involved a pre-treatment motivational interviewing programme, or motivational enhancement. This review also found that interventions that focused on Stages of Change motivational interviewing group sessions (see below) had lower rates of recidivism compared to a programme based on the Duluth model of power and control by Ellen Pence and Michael Paymar (see below).

It has been argued that models of intervention where perpetrators commence treatment on a non-voluntary basis may not recognise a need or a desire to change and are therefore unlikely to result in substantial or lasting changes in behaviour³⁰. Such programmes are often underpinned by requirements for 'active personal change' and acceptance of responsibility, which are likely to be rejected by an individual who has not progressed to a point of readiness to change. The College for Policing What Works Centre has also explored individual studies about motivational interviewing and other motivational enhancing interventions that were adjuncts to domestic violence perpetrator programmes.

4.1.2 Stages of Change

Originating from *The Trans-theoretical stages of change theory*³¹, this model explains that the journey to behaviour change may not occur in a linear progression through the stages. Ambivalence to change mean that modifying behaviours may lead through cycles, regressing and advancing through the stages before finally changing behaviour permanently with no threat of relapse.

Image 4.1.2a: Stages of Change (Prochaska & Diclemente)



³⁰ Motivational interviewing with perpetrators of intimate partner abuse Musser P H & Murphy C M Journal of Clinical Psychology (2009)

³¹ Stages and Processes of Self-Change of Smoking: Prochaska J O & Diclementi CC, Journal of Consulting & Clinical Psychology, 1983

4.1.3 Trigger to change

Hester et al (2006) discuss the need for a 'trigger to change' before male perpetrators of domestic abuse sought help for their behaviours. This research was based on 62 interviews with men participating in voluntary domestic abuse programmes, conducted by the University of Bristol and the Home Office Researchers found that the trigger to change was usually some form of loss or fear of loss. For a few men this was the threat of criminal justice, but for most it was the threat of a partner leaving the relationship or the threat of a loss of contact with a child. Without a trigger to change, men were not likely to seek help.

Hester et al (2006) do point out some problems with this approach. Firstly, 'a trigger to change' is highly subjective to the individual – an event which might provoke a sense of profound loss in one perpetrator might not in another. Secondly, it is often reliant on agencies to clarify potential losses. For example, a father might not seek help for violent behaviour if he does not think the courts would deny a contact order. This is supported by Alderson et al (2013), who point out that few courts issue 'no contact' orders, even in cases where there is evidenced domestic abuse. Thirdly, the threat of a partner leaving the relationship can elicit escalations in violence and risk rather than help-seeking behaviour. A female domestic abuse victim is in most danger of murder or serious harm at the point of exiting the abusive relationship.

4.1.4 Motivational Interviewing (MI) techniques

The concept of motivational interviewing was first developed in the early 1980s based in part on addiction treatment work carried out by William R. Miller, and later with Stephen Rollnick³². Motivational Interviewing is similar in principle to Client-Centred Counselling in its emphasis on empathy, optimism, and respect for client choice. Motivational interviewing differs in that it is a more non-directive approach as its main focus is to address clients' readiness to change. The underlying theory in motivational interviewing is that people experience and move through different stages of change while modifying their behaviour.

Motivational interviewing can be a particularly valuable approach for use with clients who are unwilling to accept the consequences of their behaviour, and are ambivalent or resistant to behaviour change³³. Overall, motivation enhancing interventions as adjuncts to perpetrator programmes were found to have a significant impact on recidivism when measured by victim reports.

The stage of change of perpetrators was also reported as associated with better outcomes for participants for all the studies: perpetrators in the earlier stages of change (i.e. those who had low scores on contemplation) were most likely to benefit from motivational interviewing. Similarly, perpetrators who were first time offenders or who had not attended similar programmes before were more likely to report significant differences from the control group than perpetrators with previous convictions. These findings suggest that motivation enhancement may be particularly useful for offenders who have yet to recognise a need to change, and may facilitate programme compliance which they would otherwise not demonstrate.

³² *Motivational interviewing: Preparing people to change addictive behaviour*. Miller, W. R. and Rollnick, S., Journal of Community & Applied Social Psychology (1991)

³³ *Motivational interviewing: a systematic review and meta-analysis*, Rubak S, Anneli Sandbæk A, Lauritzen T, & Christensen B, British Journal of General Practice (2005)

4.2 Use of voluntary and mandated perpetrator programmes

Programmes for perpetrators of domestic abuse operate on either a voluntary or court-mandated basis. The difference between the two routes can be significant to intervention outcomes.

Defining community-based programmes	Defining mandatory programmes
A community-based perpetrator programme is one that is primarily based on voluntary participation of perpetrators. Kelly and Westmarland (2015) established that the main referral routes for community-based perpetrator programmes are Children's Services, CAFCASS and 'self-referrals'. Wistow et al (2017) found that there are few community-based programmes in the UK, with court-mandated domestic violence perpetrator programmes being better funded. Fewer than one in ten local authority areas have a community-based perpetrator programme.	Mandatory programmes are justice-based. The referral routes are through the criminal justice system – usually prison or probation – and there are criminal consequences for lack of completion. These can include a perpetrator being recalled to prison for a lack of attendance. ³⁴ Dobash (2002) points to mandatory programmes' symbolic significance in communicating to perpetrators, victims and wider society that domestic abuse is illegal and thus will be met with a criminal sanction.

The criminal justice system can enforce the attendance of the programmes as a suitable punitive measurement on conviction of a criminal offence relating to domestic abuse. Failure to participate, as directed by the courts, will result in further criminal justice consequences.

Most voluntary interventions are sought predominantly after a multi-agency interaction and intervention with the perpetrator and or family concerned. Further consequences for failure to attend a voluntary perpetrator intervention programme are less clear within the current research. These programmes are usually run by a voluntary sector organisation or part of a voluntary/statutory sector partnership, and take self-referrals as well as referrals from Children's Services, from the family courts and a range of other services. They can vary in length, size, number of clients, model of work and organisational setting, and usually follow RESPECT accreditation.

Research by Bristol University in 2006³⁵ found that perpetrators are more likely to seek help voluntarily when they were at a 'crisis moment', usually when the victim gave them an ultimatum or left them. But they noted that being in crisis also made the perpetrators especially dangerous and homicidal therefore the safety of the victim and children had to be the priority for any agency intervening.

The fundamental challenge to voluntary programmes is that participation rests on a combination of motives, such as to encourage the return of a partner, to gain access to their children, to alleviate their personal guilt, or although less frequently, as the result of a genuine desire to change.³⁶ Abusers often drop out of programmes once such goals have been achieved or upon the passing of the initial 'crisis phase', particularly where there is a lack of penalties for doing so.

³⁴ Staffordshire and West Midlands Community Rehabilitation Company website

<http://www.swmcr.co.uk/wp-content/uploads/2009/11/Building-Better-Relationships-Jul2014.pdf>

³⁵ <http://www.bristol.ac.uk/media-library/sites/sps/migrated/documents/rj4157researchreport.pdf>

³⁶ *Changing Violent Men*, Dobash R, Cavanagh K & Lewis R, Sage (2000)

Justice-based programmes overcome some of these issues because they are mandatory. The threat of a criminal justice sanction can provide an on-going incentive to participate in a DVPP, beyond the point of crisis. They can also have a symbolic significance in communicating to perpetrators, victims and wider society that domestic abuse is illegal and will thus be met with a criminal sanction. However, the problem with justice-based programmes is that due to low reporting rates of domestic abuse, the criminal justice system reaches only a small proportion of perpetrators. Some researchers have suggested that forced participation is likely to reduce the overall effectiveness of the programme³⁷.

However, without external pressures, perpetrators of domestic abuse may not feel the need to self-refer to treatment programmes or may have no incentive to seek treatment³⁸. The criminal justice system is in a unique position to exert this pressure with threat of sanction for non-compliance. A review of court mandated treatment programmes³⁹ found that the legal pressure to attend substance abuse treatment programmes was an effective strategy for reducing attrition and compliance with the programme, and was also more effective than for people who self-referred, particularly in the field of drug and alcohol abuse. There can be less barriers to attend, perpetrators are managed through the sentence planning process and completing programmes is a part of the rehabilitation

Treatment approaches which adhere to the principles of risk, need and responsivity⁴⁰ tailor the treatment response to an assessment of the threat posed by an offender (risk), their specific functioning deficits (need), and learning and motivation (responsivity) may be more effective than a blanket 'one size fit all' approach. The risk principle asserts that criminal behaviour can be reliably predicted and that treatment should focus on the higher risk offenders; the need principle highlights the importance of perpetrator needs in the design and delivery of treatment; and 3) the responsivity principle describes how the treatment should be provided. One example of a responsivity variable is that of the motivation to change and 'stick with the programme' and in so doing increase the treatment dose, appears to be a factor in a programme's success in reducing recidivism.

A successful resettlement strategy should include work inside prison by professionally trained staff and post release contact with mentors who can offer personal and emotional support⁴¹. (Clancy et al, 2006).

4.3 Examples of perpetrator programmes in the UK

4.3.1 Drive

The Drive Partnership between Respect, SafeLives, and Social Finance has been working to end domestic abuse by transforming the national response to perpetrators of domestic

³⁷ *A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behaviour?* L Feder & DB Wilson, Springer Online (2005).

³⁸ *Offender Coercion in Treatment: A Meta-Analysis of Effectiveness* Parhar, K K; Wormith J S, Derksen D M & Beauregard A M, Criminal Justice and Behaviour (2008)

³⁹ *The effectiveness of coerced treatment for drug-abusing offenders.* Farabee, D, Prendergast, M., & Anglin, M. D. *Federal Probation* (1998)

⁴⁰ *The recent past and near future of risk and/or need assessment.* Andrews, D. A., Bonta, J., & Wormith, S. J. *Crime and Delinquency* (2006)

⁴¹ *Getting Out and Staying Out* Clancy, A, Hudson, K, & Maguire, M, Pathfinders. Bristol: Policy Press (2006)

violence and abuse (DVA) since it was established in 2015. Drive works to protect victims by disrupting, challenging, and changing the behaviour of high-risk, high-harm and serial perpetrators. Across all sites to date, including Croydon, where Drive has been operating since 2018, Drive has worked with over 1600 perpetrators, impacting positively upon the lives of around 1800 victims-survivors and around 2700 children and young people. A three-year independent evaluation from the University of Bristol evaluated over 500 cases and concluded that Drive reduces abuse and the risk perpetrators pose. For the duration of the intervention, Independent Domestic Violence Advisors (IDVAs) reported the risk to the victim reduced in 82% of cases, while police data showed perpetration of DVA (domestic violence and abuse) offending had reduced by 30% for Drive service users recorded in the 6 months after the intervention compared to 6 months before.

To deliver the Drive intervention, case management costs approximately **£2,100 per perpetrator per year**.

Drive is a pilot three year programme created by Respect, SafeLives and Social Finance to test an innovative approach to challenge the behaviour of perpetrators, and co-ordinate the response they receive across all agencies. Drive case managers in South Wales, Sussex and Essex work with high risk and serial perpetrators, on a one-to-one basis, to reduce their abusive behaviour. The caseworker works closely with the police, probation or youth offending services as appropriate, to address and reduce abusive behaviour and to keep victims safe. Victims are offered support from an Idva or other caseworker if appropriate, for the full period of the Drive intervention for their partner or ex-partner.

The goals of Drive are:

- to reduce the number of repeat and new victims
- to reduce the harm caused to victims and children
- to reduce the number of serial perpetrators of domestic abuse
- to intervene earlier to protect families living with the most harmful domestic abuse
- to develop an evidence-based approach that has the potential to become a model for wider use.
- to provide an intervention for perpetrators who not eligible for current DVPPs.

Drive was launched in April 2016 as a 3 year pilot and early results are promising. An independent academic evaluation will be conducted at the end of the pilot.

4.3.2 Engage

Engage is a behaviour change model that has been developed by behavioural psychologist Emily Alison and initially piloted and now delivered by Cheshire Without Abuse and in SafeLives' Beacon Sites (West Sussex and Norfolk), as part of an integrated domestic abuse service. The aim of the programme is to provide routes to engagement with individuals who have convictions or are suspected of domestic abuse related incidents toward an intimate partner.

SafeLives' Whole Picture, Whole Family approach compliments the Engage model. For every person being abused, there is someone else responsible for that abuse. Perpetrators of domestic abuse are too often invisible within safeguarding action plans and child protection approaches focus on scrutinising the survivor's ability to protect, rather than managing the risk that the abuser poses. Children's social care teams often struggle to engage with perpetrators in meaningful ways and have very little access to appropriate interventions, reducing opportunities to address abusive behaviour before it escalates. If we,

as a society, want to make lasting change for Survivors and their families, it is imperative we work with the person responsible for the harm.

There have been four key reasons identified for frontline services' historical lack of engagement with perpetrators (Donavan and Griffiths, 2013):

- 1) Agencies do not view contact with the perpetrator as core business. There is a referral culture of passing the perpetrator on to a specific intervention provider (either statutory or voluntary) with little to no direct engagement. This can result in frontline practitioners side-lining direct engagement with perpetrators as they are placed on waiting lists for intervention. There may even be significant delays even for an initial assessment to be completed.
- 2) Focus is on prosecution- not intervention. Frontline agencies are committed to a strong stance on enforcement and prosecution of domestic abuse which can lead to a lack of consideration or investment in intervention to directly address abusive behaviour.
- 3) 'Family-focused' means mothers and children. Agencies regularly and rightly concentrate resources on engaging with the victim and children in domestic abuse cases. However, when this is to the exclusion of any engagement with the perpetrator- this can limit the knowledge available to manage risk and lead to inflexible responses to complex patterns of abuse. Pressure is placed on the victim to manage their own safety rather than placing responsibility on the perpetrator to manage their behaviour.
- 4) Anxiety and lack of confidence. Practitioners referred to a distinct lack of confidence about how to safely and productively engage with perpetrators. They feared escalating issues within the household, being manipulated, and actual threat of harm to themselves, leading to avoidant practice. However, practitioners often already have many of the rapport-building skills needed to have difficult conversations and challenge behaviour of concern. They regularly use them when working with victims and can apply the same skill set in conversations with perpetrators. For this reason, specific training and support for practitioners has been recommended to increase their confidence and provide some structure for engaging productively with domestic abuse perpetrators ([perp] and Taylor, 1999; Hester, 2011).

4.3.3 The ADAPT programme (Hampton Trust)

ADAPT is a community based perpetrator programme established by the Hampton Trust, a UK domestic abuse charity. ADAPT achieved Respect accreditation in June 2013.⁴² ADAPT is a community-based programme which is based on the Duluth Model. The programme is aimed at men who would like to stop their abusive behaviour towards a current or ex-partner. Perpetrators can contact the Programme Coordinator directly but can also be referred by the voluntary sector or statutory agencies, such as Probation or Social Services. Although attendance of a perpetrator programme is voluntary it is often a condition of contact arrangements with children following a separation with a partner.

It consists of 30 sessions of 2 hours each, with one session per week delivered. There are five modules, with each lasting six weeks and focusing on a specific topic:

⁴² Hampton Trust website <https://www.hamptontrust.org.uk/>

- Physical Abuse
- Sexual Respect
- Emotional Abuse
- Domestic Abuse and Children
- Rebuilding Trust and Respect

It is a rolling programme; men can join the first session of any module except Sexual Respect. It also has a Women's Safety Service that works with current and ex-partners of group participants to provide information about the programme, manage the women's expectations and identify/manage risk where appropriate.

Participants need to attend every session in order to complete the course. ADAPT also offers Relapsed Prevention sessions for men who have completed the 30 week programme and wish to receive ongoing support. As with all Respect-accredited perpetrator services, ADAPT offers a support service aimed at supporting women throughout the programme. Men must provide details of their partners or ex-partners before being accepted onto the course.

ADAPT accepts referrals of heterosexual males aged 18 and over who have engaged in IPA. Referrals are accepted regardless of risk assessment score or criminal convictions. The minimum suitability requirements are some degree of acceptance of responsibility for abusive behaviour and some degree of motivation to change.

ADAPT is founded on systematic application of practice based evidence from a range of sources. It retains an understanding of IPA developed from interviews and group sessions with over 200 victims, male programme participants and practitioner experience of delivering perpetrator programmes. Over time, the programme has been further developed from critical reflections emerging from the former UK based National Practitioners' Network, the input of both criminal justice and non-criminal justice based staff, academic research evidence and information provided by Respect.

4.2.4 REPROVIDE

REPROVIDE is a research programme funded by the UK National Institute for Health Research (NIHR) investigating the effectiveness of the group programme intervention on reducing men's abusive behaviour against women.

The REPROVIDE programme is aimed at men, aged 21 and over, using violence and/or abuse in their relationships with women partners or ex-partners. It provides group-based interventions over a 26 week period. Prior to the programme, men allocated to the intervention branch will undergo a comprehensive risk assessment, with risk being continually monitored during the programme. Men accessing the programme will attend weekly group meetings covering topics including building empathy; domestic abuse and the impact on children; rebuilding trust and respect. The aim of the programme is to promote and ensure safety of victims and their children, to prevent/mitigate the risk of reoffending and to promote change in abusive/harmful behaviour. Provider agencies will work as part of a coordinated community response, sharing information with the relevant organisations as and when necessary.

The programme is going through a trial evaluating the effectiveness of the programme. Men joining the study will be randomly allocated to two groups. Two thirds will join a programme run by a Barnardo's who are a leading provider of domestic abuse support services. This will

involve attending weekly group session for approximately 6 months. The remaining men will not be offered additional support (however they may continue to seek support from other providers) but will still be asked to complete questionnaires. The groups will be decided randomly.

4.3.5 +Choices

+Choices is a service for perpetrators of domestic abuse, supporting them to recognise, acknowledge and change their behaviour. The programme is open to anyone using abusive behaviours in their relationships, including adolescents violent towards parents, over 16 years old, regardless of their gender or sexual orientation, making it one of the most accessible programmes in the UK. A referral can be made by any agency working with the perpetrator, their families or victims. Consent from the perpetrator must be obtained before making the referral.

Once the referral is received, it is assessed by a Project Officer, who reviews all relevant information regarding risk. They will then complete an initial risk assessment including the individuals suitability for the programme; identification of their most immediate needs; and any action needed to safeguard the victim from further harm. The programme offers:

- Tailored Choices Perpetrator Programme, including both one to one and group delivery options
- One-to-one motivational interventions
- Triage and emergency, temporary accommodation for those who do not have access to funds or alternative accommodation
- Support to address wider needs such as housing, finance, substance misuse and mental health through onward referrals and/or liaison with other support services as appropriate.

4.3.6 RSVP (Resolve to Stop the Violence)

Resolving to Stop the Violence is a specialist service that supports any adult living in the Bath and North East Somerset (B&NES) area who is concerned about their abusive or violent behaviour towards a partner, ex-partner or family member. RSVP provides 10 contact sessions to help beneficiaries make behavioural and attitudinal changes towards abuse by learning about the different kinds of abuse and how to manage and control their own actions and understand their triggers. A prerequisite of engagement with the programme is that clients provide consent for an independent domestic violence advisor (IDVA) to offer support to the individual they are perpetrating violence towards.

RSVP provides a Co-ordinated Community Response (CCR) to domestic abuse and violence working with partner and agencies to ensure clear referral pathways. The referring partners include Community Rehabilitation Company (CRC), Developing Health and Independence (DHI), Children's Services, National Probation Service (NPS), B&NE Talking Therapies, Specialist Drug and Alcohol Service, Rackfield House (supported housing), B&NES Primary Care Liaison Service (PCLS), in addition to self-referrals and referrals from family members and GPs.

The evaluation of the programme found;

- High scores were given on self-reported behaviour and attitude change including an average of 4.5/5 for increased awareness of abusive behaviours and an average of 4.2/5 decrease in abusive incidents/behaviour at the end of the programme

- There is strong collaboration between Southside who are a Bath based domestic violence and abuse charity and the RSVP project. This approach ensures the safety of all beneficiaries by providing a strong foundation in the excellent partnership and sharing of information to safeguard victims/survivors and children and supporting beneficiaries effectively.
- Evidence collected from client interviews reveal great satisfaction and gratitude for the quality of the service, commenting on the professionalism and experience of the RSVP staff, eg: "I find it hard to talk to people and open up...but the one-to-one's with [RSVP Project Worker] John have helped me as I've been able to really open up about my issues".
- There is clear evidence of changes in attitudes towards violence. Testimonies from both beneficiaries and stakeholders claim beneficiaries have referred friends and are talking to one another about wanting to change their behaviour for good.

4.3.7. ReMOVE Abuse Project

The ReMOVE Abuse project is a whole system response to perpetrators of domestic abuse in London Borough of Barking and Dagenham (LBBD) and is provided by Cranstoun. Its approach is to respond to the specific needs and circumstances of the survivors and their families whilst placing the responsibility for the abusive behaviour with the perpetrator. The aim is to lead to a reduction in the perpetrator's abusive and violent behaviour, increase survivor's safety, wellbeing and freedom, improve children's wellbeing and safety, ensure effective multi-agency approach to tackling perpetrator behaviour, ensure effective targeting of interventions, complement other domestic abuse initiatives across the borough.

The project covers several elements of support:

- **Assessment:** Robust assessment from the intervention provider with built in financial assessment training with Community Solutions.
- **Intervention:** The intervention will be based on 1:1 case management and will be delivered by a team of three case managers, service manager and a partner support service. Where clear cohorts form that are group ready Cranstoun will deliver group work with men through their men and masculinities programme approach.
- **Partner Support Service:** Cranstoun will provide an attached support offer to partners/ex-partners of all perpetrators engaged. This will include a pro-active telephone call offering partners/ ex-partners support, consisting of weekly safety planning, one to one emotional support, advocacy and onward referral into Barking and Dagenham's established survivor offer delivered by Refuge.
- **Accommodation:** Accommodation that is either in the Council's ownership or to which the Council has nomination rights is used where needed. This includes leased accommodation, temporary accommodation and stock held in the Housing Revenue Account (HRA). The project will consider private rent or bed and breakfasts depending on what is most likely to be effective for the family. This element will be funded by the Home Office.
- **Aftercare:** Cranstoun will offer onward referral into local offers and aftercare will be discussed at steering groups. For those who access the accommodation strand this will be reviewed by the steering group for every case.
- **Evaluation:** The evaluation will assess whether it has successfully impacted the lives of residents and whether it has created a change in demand in relation to care and support, adult mental health, children's mental health etc. LBBD data systems and support from the Insights team will track the impact of this work in a comprehensive way.

4.3.8 Culturally specific programmes

There has been a recent rise in recognition and research that perpetrators from varying cultural and ethnic backgrounds may have unique needs and respond in different ways to intervention programmes. There is a lack of evaluated evidence on this issue.

However, an example is DVIP's Al-Aman programme in London, which works specifically with Arabic perpetrators and liaises with both mosques and other community services. DVIP also run a programme for Pakistani members of the community – with both being delivered in the native language. There are obvious advantages to this approach in terms of language – perpetrators who do not speak English as a first language are likely to be far less engaged in programmes delivered solely in English; the benefits of group discussions would also be significantly lessened in light of this barrier.

SafeLives Insights reveals that BME domestic abuse victims have unique aspects and patterns, with alcohol and substance abuse less likely to be a factor in the abuse and perpetrators being a range of family members, not just their spouse.

4.4 Defining successful outcomes of perpetrator programme s

Domestic violence perpetrator programmes (DVPPs) are specifically designed to change the behaviour of domestic violence abusers. DVPPs have grown in popularity since their emergence in the 1980s. Perpetrator programmes exist across the UK but are less common than services for victims. Referrals can be made by a variety of different services including probation, social services and health, and in some cases self-referrals are accepted.

4.4.1 Overview

The evidence to date regarding the efficacy of domestic violence intervention has been, at best, equivocal. Evaluations of perpetrator programmes have typically focused on one outcome measure (officially recorded recidivism) without fully considering the relationship between the mechanisms of change and the resultant impact on behaviour. Findings from The College of Policing⁴³ were inconclusive in terms of effectiveness of any domestic violence perpetrator programmes in reducing recidivism or any one model being more effective than another. A longstanding debate is whether DVPPs 'work', with some evaluations showing positive effects and others showing no difference in comparison to non-intervention control groups. Commentators have pointed out the difficulties in designing and implementing a rigorous evaluation framework and most evaluations of DVPPs are predominantly US-based, preventing generalisability to other cultural contexts.

To summarise a complex debate concisely: existing studies employ different evaluation designs, different indicators of success, and use follow up periods of differing lengths. The most common measure – proven re-offending - is unsatisfactory given that a substantial amount of IPA is never reported to criminal justice agencies. It is also a very narrow measure, in that, psychological and emotional abuse, considered core elements of coercive controlling behaviour are not currently criminal offences and hence cannot be measured

⁴³ *The Impact Of Domestic Violence Perpetrator Programmes On Victim And Criminal Justice Outcomes:*

A Systematic Review Of Reviews Of Research Evidence Vigurs C, Schucan-Bird K, Quay K, Gough D, College of Policing

reliably by police call outs or re-offending rates. All these factors and more have resulted in a very mixed picture, confounding a clear answer to 'what works'.

While a number of evaluations report some evidence of effectiveness, effects are usually small, and the methodological approaches of many studies have been subject to bias and confounding variables. For example, many studies are subject to high rates of offender attrition which may falsely inflate the impact of programmes on offender behaviour (as programme completers may be more motivated to change), particularly when recidivism of treatment completers is compared with that of 'dropouts' rather than an untreated population. Similarly, high rates of victim attrition limit the power of evaluations to determine the effectiveness of programmes from the perspective of victims, which may be a more accurate measure than reliance on official reports.

NICE found that the evidence of group programmes for perpetrators to be mixed and inconsistent. Overall individually delivered interventions appear to have a greater effect on attitudinal outcomes than recidivism/violence outcomes, which were improved in some but not all studies.

The Institute of Education (IoE) reviewed the existing literature relating to domestic violence perpetrator programmes (DVPPs). Specifically, they synthesised findings from existing systematic reviews. This 'review of reviews' concluded that no clear impact of DVPPs has been identified, and that effects on further victimisation have been small.

4.4.2 Victim and perpetrator perception of success

Westmarland et al (2010)'s research into definitions of success for perpetrator programmes found that victims and perpetrators consider success in different ways.

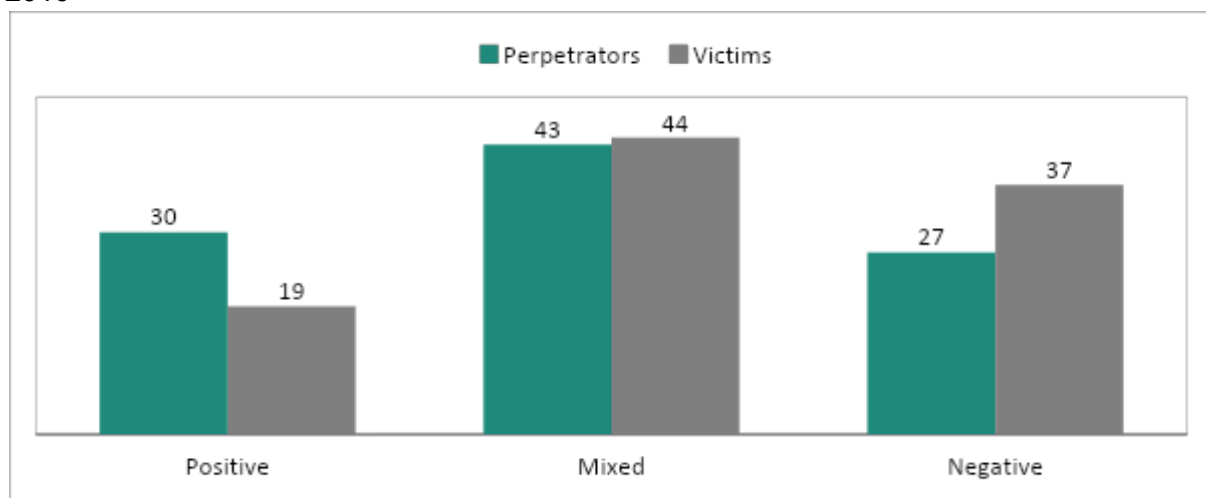
They found that female partners or ex partners identified six measures of success: respectful/improved relationships; expanded space for action (defined as a feeling of freedom to act in all spaces, including the home); support/decreased isolation; enhanced parenting; reduction or cessation of violence and abuse; and perpetrator understanding the impact of domestic violence. Women placed reduction or cessation of violence and abuse fairly low on the list. However, there are problems with taking the list as read. Without a reduction or cessation of violence, one could argue that it is not possible to have a respectful relationship. There is also the possibility that women who have been subject to abuse may have low expectations of traditional models of a successful relationship, so set the bar too low.

Three themes emerged from the perpetrators' responses: enhanced awareness of self and others, reduction or cessation of violence and abuse and improved relationship with better communication. It is worth noting that all the male respondents were already attending a perpetrator programme which required them to specifically focus on their behaviour and the impact of their behaviour – it is possible that male perpetrators who do not take part in a programme or who had finished the programme would define success differently.

The University of Bristol and the Home Office's interviews with 62 male perpetrators (Hester et al 2006) found that many men highlighted the importance of establishing new friendship networks where violence was not condoned in their goal of sustaining behaviour change over time rather than just at a crisis point.

As part of the Mirabal project, Kelly and Westmarland (2015) conducted a literature review of 49 studies of domestic violence perpetrator programmes. They found that studies into behaviour change as a result of interventions that used women's reports as an outcome measure found significant disparities in the assessment of change by male perpetrators and female survivors. This is supported by further research by the same authors and Richard Wistow (Wistow et al 2017) into 'time out' behaviour strategies for perpetrators of domestic abuse. This is a tool for perpetrators to remove themselves from situations to prevent themselves from using violence. During interviews with perpetrators about examples of behaviour, 30% gave positive examples of time out, 43% gave mixed example and 27% gave negative examples. Female victims were less positive about the uses of time out – 19% gave positive examples, 44% mixed and 37% negative.

Image 4.4.2a: Perpetrator versus victim perceptions of 'time out' success, in Wistow et al 2010



4.4.3 Success in mandatory perpetrator programmes

Hester et al (2006) express scepticism about the reach of justice-based mandatory perpetrator programmes. They point out that few perpetrators of domestic abuse are known to police. They estimate that police only know about less than quarter of the highest risk domestic abuse cases and only a quarter of these cases result in arrest. This view is supported by national police data: HMIC's 2014 report, 'Everybody's business: Improving the police response to domestic abuse' stated that the majority of domestic abuse victims do not contact the police, and many face significant barriers to being able to support a prosecution of the perpetrator. SafeLives' data (2017) indicates that these barriers are even more significant for certain victims, such as parents suffering domestic abuse from adolescent children or victims with disabilities. This means that mandatory programmes do not currently have sufficient contact with the perpetrator population to provide successful interventions on an adequate scale.

Feder and Wilson (2005) question the value of mandatory programmes in that enforced participation is likely to reduce the overall effectiveness of the programme. However, as discussed above, this must be weighed up with the added benefit of more perpetrators successfully completing the programme. Interview in Hester, Westmarland and Gangoli's (2006) research indicates that participants believed that the threat of a criminal justice sanction provided an ongoing incentive to participate in a programme beyond the initial point of crisis. It is worth considering that despite this incentive, mandatory programmes do not guarantee high participation; Cluss and Bodea (2011) argue that a large proportion of men

mandated to attend perpetrator programmes do not enrol in a group at all or drop out before completing a programme. They found that there was generally low motivation of participants for intervention when it was mandatory. However, it is important to consider that this research was completed in the USA, which has different criminal justice sanctions for failing to participate in mandatory programmes to the UK.

Cluss and Bodea's (2011) literature review into various studies of American batterer intervention programmes' effectiveness was largely unfavourable towards all current group interventions of domestic abuse perpetrators. It found that the more rigorous the methodology of evaluation studies, the less encouraging their findings. They argue that there is no solid empirical evidence for either the effectiveness or relative superiority of any current group interventions. They argue that treatment effects are small – if not non-existent – compared to no intervention whatsoever. It is worth noting that Cluss and Bodea consider success in the context of a reduction or cessation of violence and devote much analysis to more nuanced evaluations of success, as the Mirabal project does. They argue that as no one programme model has demonstrated superiority over the others, agencies should seek to improve their services by adding components or tailoring programmes to specific clientele rather than by rigidly adhering to one model.

4.4.4 Success in community-based perpetrator programmes

The Mirabal project

A large evaluation of DVPPs in England and Wales was published in 2015. Project Mirabal was a multi-site evaluation using a wide range of outcome measures including respectful communication, expanded 'space for action' and shared parenting. The Project Mirabal research project lasted from 2009 to 2015 and investigated the extent to which perpetrator programmes reduce violence and increase safety for women and children, and the routes by which they contribute to coordinated community responses to domestic violence. It concluded that DVPPs have an important role to play within an overall response to domestic abuse but more work needs to be done and improvements are required for group work with men, support for women and children, and the location of DVPPs within coordinated community responses. It also found that DVPPs with a focus on parenting led to a number of positive behavioural changes.

As well as follow-up surveys over a fifteen month period, in-depth interviews were conducted with perpetrators and their (ex)partners to unpick the ways in which the interventions may have influenced perpetrator behaviour and consequent outcomes. The evaluators concluded that: DVPPs '*do extend men's understandings of violence and abuse, with clear shifts from talking about standalone incidents of physical violence to beginning to recognise ongoing coercive control*'⁴⁴.

Measured outcomes were largely positive: physical and sexual violence was 'not just reduced but ended for the majority of women'. Outcomes for the other key indicators were more mixed, though still tending towards positive improvement. The findings from Mirabal are consistent with those from longitudinal, multi-site evaluations of DVPPs in the US.

Defining success in community based programmes

⁴⁴ Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report Kelly, L and Westmarland, N; (2015).

Cluss and Bodea (2011) highlight the disparity in research between victims and perpetrators of domestic abuse. They argue that this means that there is a lack of information about what constitutes a quality perpetrator programme model and that the standards which have developed since the 1990s are based primarily on policy makers' beliefs on what constitutes a good programme without a solid evidence base or consensus developing.

Westmarland et al (2010) produced a key piece of analysis attempting to define what success means in the context of a perpetrator programme. They did this at the start of a longer piece of research about domestic abuse perpetrator programmes commissioned by the Northern Rock Foundation, LankellyChase Foundation and the Home Office, known as 'Project Mirabal'. Previous studies tended to focus on reduction in repeat victimisation as the sole indicator of success. The debate therefore focused on how to define violence and the timeframes used. Westmarland et al (2010) wanted to look at success more broadly. They interviewed 73 people from 5 different perpetrator programmes, including victims, perpetrators, funders and practitioners. They synthesised these views into six measures of success in order to produce a more nuanced view of success in domestic abuse perpetrator programmes.

Image 4.4.4b: Measures of success in domestic violence perpetrator programmes (Westmarland et al 2010)

Measures of success in DVPPs:	
1.	An improved relationship between men on programmes and their partners/ex-partners which is underpinned by respect and effective communication.
2.	For partners/ex-partners to have an expanded 'space for action' which empowers through restoring their voice and ability to make choices, whilst improving their well being.
3.	Safety and freedom from violence and abuse for women and children.
4.	Safe, positive and shared parenting.
5.	Enhanced awareness of self and others for men on programmes, including an understanding of the impact that domestic violence has had on their partner and children.
6.	For children, safer, healthier childhoods in which they feel heard and cared about.

Barriers to success in community based programmes

Gadd et al (2013) found that for young men who were concerned about their abusive behaviour, self-referring to services usually means that they must incriminate themselves, which can lead to criminal justice sanctions. There is an inherent tension as the possibility of criminal justice sanctions may limit the numbers of perpetrators who access community-based programmes, but at the same time it is desirable to improve the numbers of perpetrators who are legally held to account for their actions.

Evidence of success in community based programmes

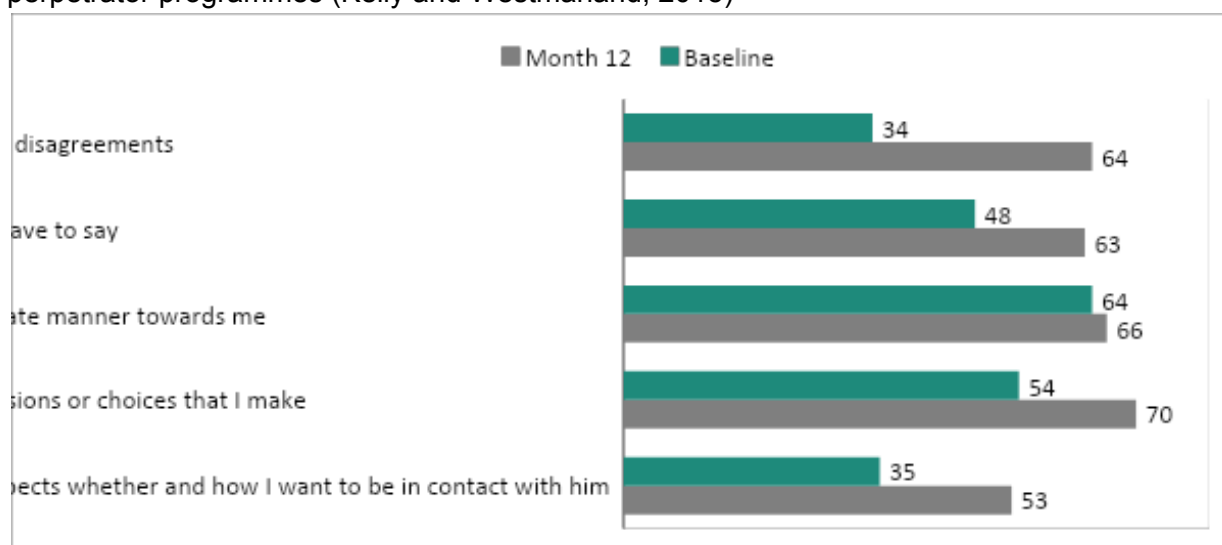
Ariss et al (2017) undertook a 'social return on investment' analysis of a voluntary domestic abuse perpetrator programme in Doncaster. It is worth noting that this study has two key limitations. Firstly, it is based on an individual perpetrator programme so does not provide comparisons between different models. Secondly, it measures successful outcomes in an economic context, whereas most other research considers 'success' on a wider social model. Nonetheless, the study found that there was notable evidence of impact of the programme in three main areas: reduced substance abuse, improved parenting and reducing spent by social workers. The research found that there was also a reduced need

for accident and emergency health services and reduced need for separate housing, but that these outcomes demonstrated a small value of impact for the programme.

Kelly and Westmarland's (2015) executive summary of the Mirabal project examines the effect of twelve Respect accredited programmes against its six criteria for success it established in its 2010 briefing (Westmarland et al 2010). They used a combination of qualitative and quantitative methods to analyse results. The programmes provided significant evidence of success against all six measures.

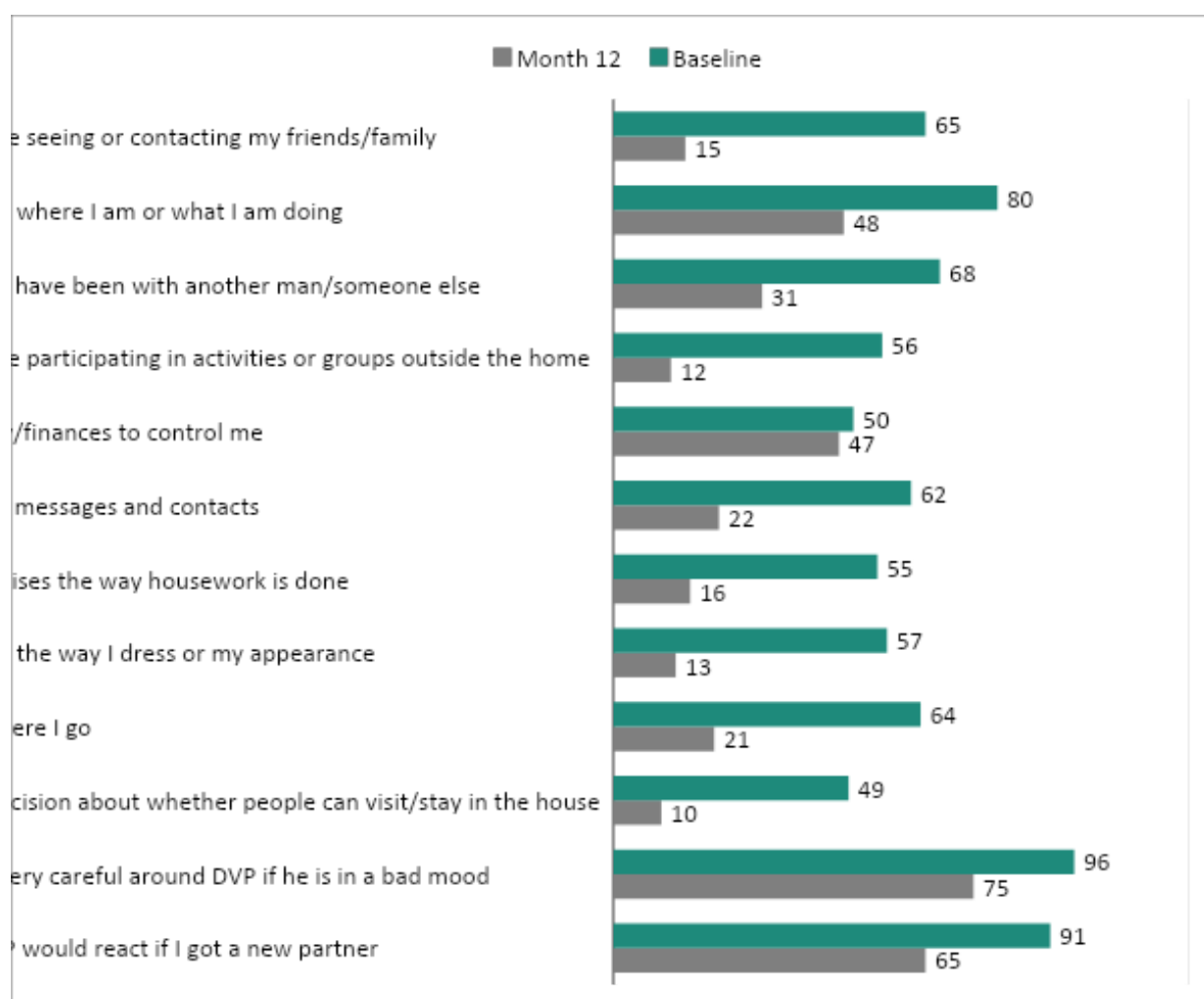
The first measure of success identified by Westmarland et al (2010) was respectful communication. The surveys in 2015 show improvements in all areas from the beginning of the programme to month 12, for perpetrators who completed the programme.

Image 4.4.4c: Respectful communication as a measure of success in domestic violence perpetrator programmes (Kelly and Westmarland, 2015)



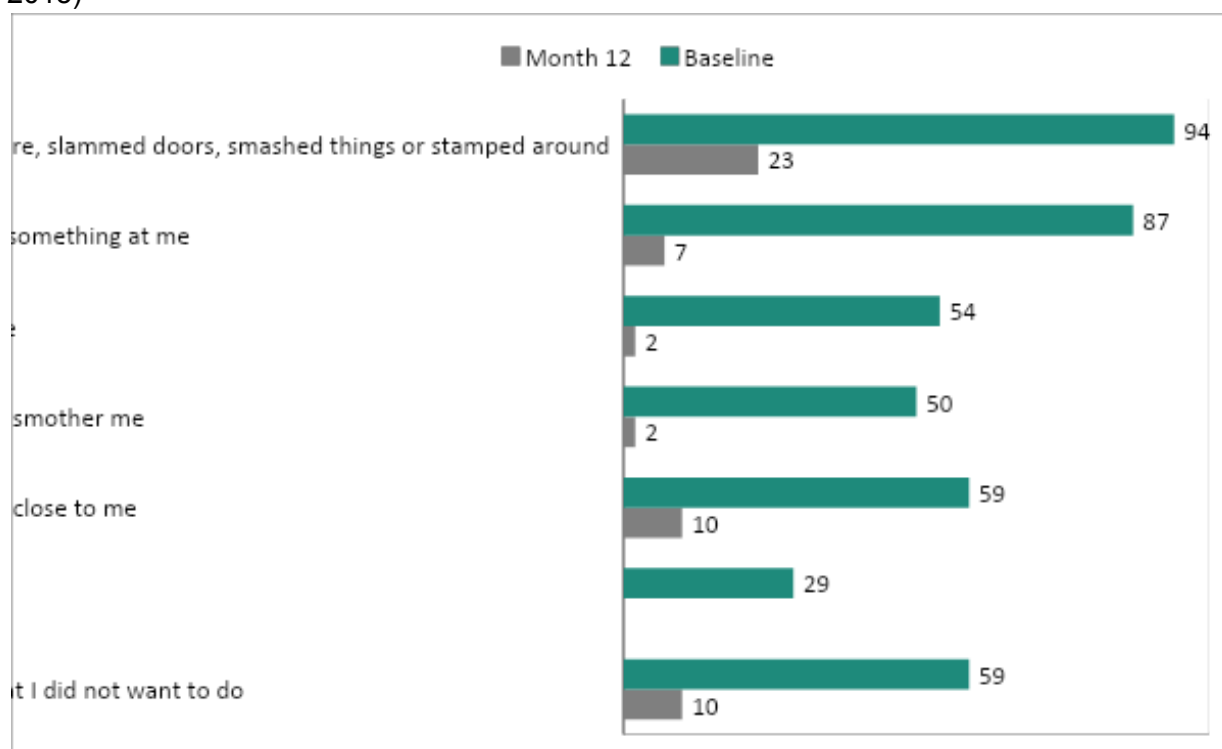
The second measure of success was space for action. Kelly and Westmarland (2015) explain that this measure is underpinned by an understanding that safety is insufficient to undo the harms of abuse; victims need to have the freedom restored that abuse restricted. All indicators showed improvements within 12 months of the perpetrators starting the programme. However, in some indicators this improvement was marginal and no indicators saw a complete cessation of abusive behaviours.

Image 4.4.4d: Space for action as a measure of success in domestic violence perpetrator programmes (Kelly and Westmarland 2015)



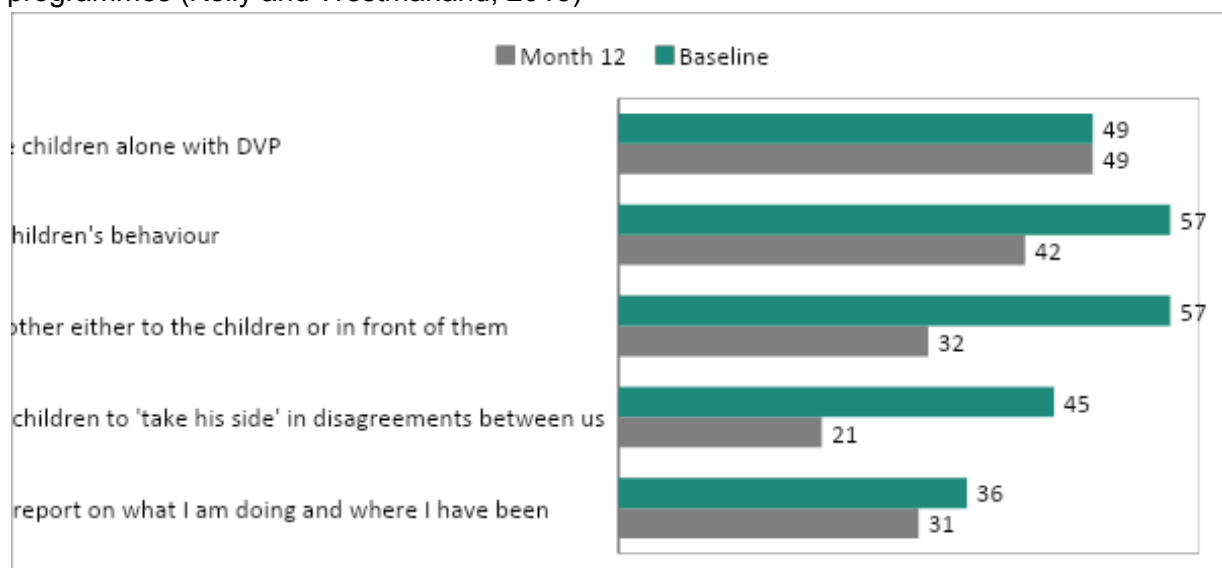
The third measure of success identified was safety and freedom from violence and abuse for women and children (Kelly and Westmarland 2015). The survey contained 18 indicators to assess change on this measure: all showed dramatic and significant reduction, with two reduced to zero.

Image 4.4.4e: Safety and freedom from violence and abuse for women and children as a measure of success in domestic violence perpetrator programmes (Kelly and Westmarland 2015)



The fourth measure of success surveyed was safe, positive and shared parenting (Kelly and Westmarland 2015). All showed at least minimal improvements apart from women worrying about leaving children alone with male perpetrators, which remained the same.

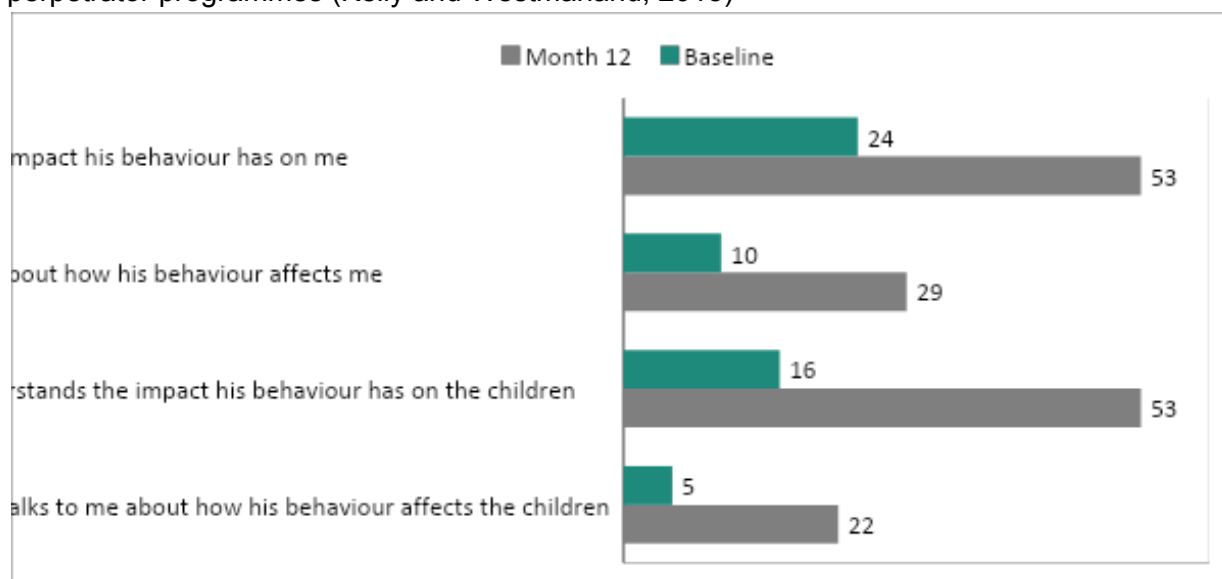
Image 4.4.4f: Shared parenting as a measure of success in domestic violence perpetrator programmes (Kelly and Westmarland, 2015)



The fifth measure of success was enhanced awareness of self and others, including an understanding of the impact that domestic abuse had on their partner and children (Kelly and

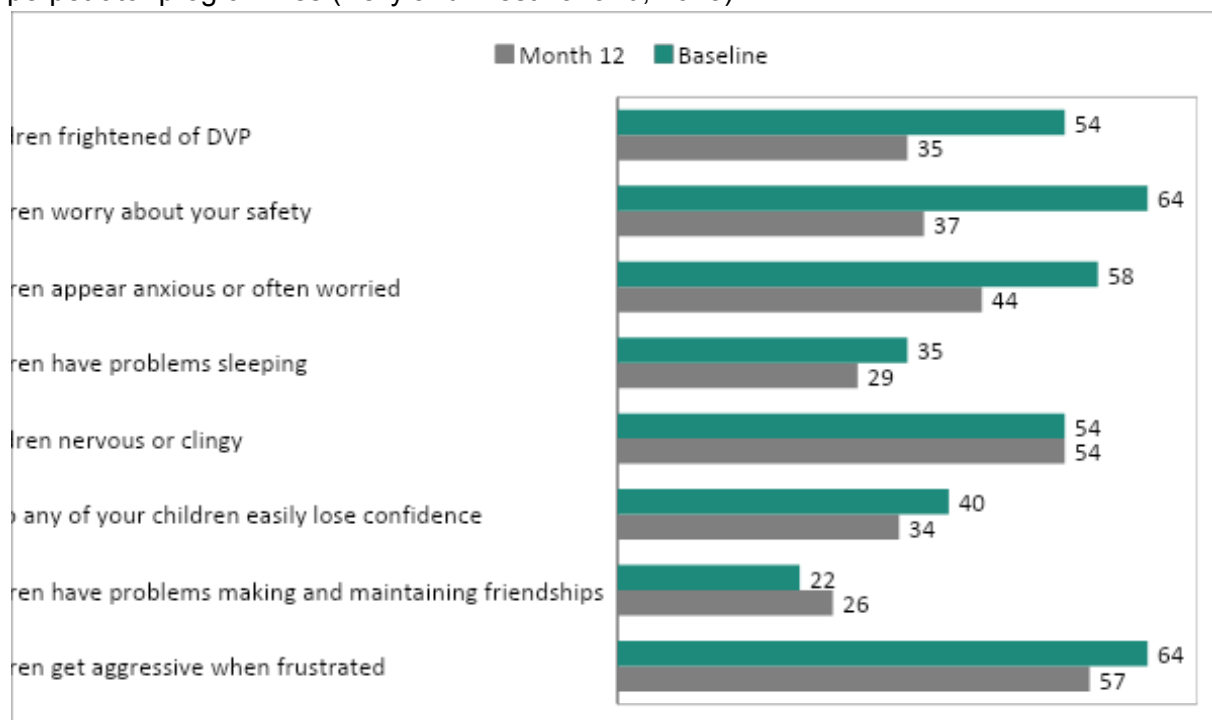
Westmarland 2015). All indicators showed improvements as reported by female partners and ex-partners of the men 12 months after he started the programme.

Image 4.4.4g: Awareness of self and others as a measure of success in domestic violence perpetrator programmes (Kelly and Westmarland, 2015)



The sixth measure of success was safer, healthier childhoods in which children felt heard and cared about. All but two indicators showed improvements. However, change was often minimal or in one case negative ('do any of your children have problems making and maintain friendships increased from 22% at baseline to 26% 12 months on).

Image 4.4.4h: Safer, healthier childhoods as a measure of success in domestic violence perpetrator programmes (Kelly and Westmarland, 2015)

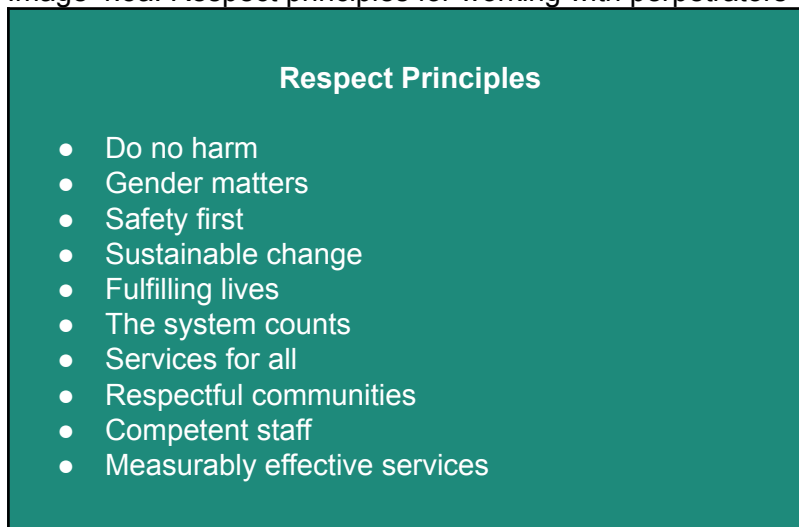


4.5 Quality assurance of work with perpetrators

4.5.1 The Respect quality standard

Respect⁴⁵ is a national charity which focuses on perpetrators of domestic abuse. It works directly with perpetrators but also in partnership with other organisations in order to ensure best practice across the sector. Respect has developed the Respect Standard, an evidence-based, safety-focused framework. The Respect Standard identifies good practice for all work with all perpetrators of domestic abuse. This means that the Respect standard aims to be highly inclusive – from early intervention to high intensity work with high risk perpetrators, including perpetrators of all genders, sexualities and backgrounds.

Image 4.5a: Respect principles for working with perpetrators of domestic abuse



Hester et al (2006) support Respect's focus on sustainable change. They point out that men who are violent towards women need to learn new, appropriate responses to feelings of jealousy and aggression. They specifically suggest that a strategy for achieving this is to increase in the number of perpetrator programmes which meet the Respect standards.

Respect Accreditation is the nationally recognised quality assurance scheme for organisations working with perpetrators of domestic abuse in the UK. Any UK service can apply for Respect accreditation, including voluntary, statutory or private sector organisations, as long as it has appropriate integrated safety and support for victims. The corresponding support for women is a key tenant of the Duluth Model. Alderson et al (2013) argue that while the support for women is highly beneficial, the current conceptualisation of corresponding support does not go far enough. They point out that there is not the same requirement for direct support services for children impacted by domestic abuse. This is inconsistent with the growing understanding that children are also directly affected by domestic abuse in the home.

Initial Respect accreditation is a two stage process. Stage One focuses on safety and risk management and Stage Two focuses on quality and effectiveness. A service must pass both in order to be accredited. The process includes a desk top review, site visits, dip sampling of client work videos and interviews with staff and stakeholders.

⁴⁵ Respect website <http://respect.uk.net/>

Once a service has been awarded accreditation, it is still required to undergo further monitoring. All accredited organisations are required to complete an annual maintenance report and may be subject to spot checks by Respect inspectors. The accreditation must be renewed every three years or earlier if there are significant changes to the structure or operation of the organisation or services.

Respect Accreditation is not based upon all accredited DVPPs delivering the same men's group work programme, rather the focus is on whether the DVPP as a whole (including the Women's Safety Service) is resourced, run and managed in a manner that prioritises victims safety. This allows for greater flexibility in the men's programme delivery as it can be tailored and adapted to local needs.

4.5.2 Criminal Justice programme accreditation standards

The Correctional Services Accreditation Panel (CSAP) accredits criminal justice-based programmes. The CSAP accreditation process requires a clear evidence base and clearly articulated model of change, programme delivery that adheres to the manual and sufficient provision of resources (e.g. staff, training etc) to deliver the programme effectively. As a result, institutions delivering the programme must adhere to the manual and prescribed method and content it contains. Building Better Relationships, a commonly used programme within probation mandated courses has this accreditation and within its delivery the need for manualised intervention for maintenance of the programme's integrity.

Section 5: Other models and ways of working with perpetrators

Domestic Violence Perpetrator Programmes (DVPP's) alone will not offer an effective whole system response to perpetrators of domestic abuse. This should include a coordinated response across all multi-agency partners including robust pathways and procedures to ensure perpetrators are identified at the earliest opportunity, and help accountable as well as being offered support to change. This section discusses some of the interventions and models of working that sit outside the remit of a DVPP but are essential to a local response.

5.1 Multi-agency responses

Cluss and Bodea (2011) argue that perpetrator programmes should be viewed as just one component of the coordinated community response to domestic abuse. They argue that police response, prosecution, probation as well as treatment all affect recidivism of perpetrator of domestic abuse.

Hester et al (2006) argue that perpetrators and victims are best served by a confident, robust, challenging multi-agency response. They found that perpetrators frequently contact health service as their first point of call for help-seeking rather than domestic abuse specialists. This demonstrates a good opportunity for multi-agency working in order to provide a prompt response at the point in time where a perpetrator feels triggered to change.

Unfortunately, Hester et al (2006) research found that most agencies which did not specialise in domestic abuse, including health services, were not confident or appropriate in their responses. Many services referred perpetrators to counselling which re-enforced the idea that domestic abuse is a joint issue for partners to work through, rather than referring them to programmes which would address perpetrator behaviour. The view that there are currently missed opportunities to reach perpetrators and victims earlier is supported by SafeLives' (2016) data – 85% of victims made five attempts on average to get support from professionals in the year before they accessed effective help to stop the abuse. The SafeLives' spotlight on disabled victims (2016) highlighted that attitudes towards disability can impede multi-agency working with perpetrators. Women who have experienced domestic abuse from disabled men report difficulties in being taken seriously by the police and social services as the perpetrator is pigeonholed by their impairment rather than viewed as a whole person.

5.1.1 A Coordinated Community Response and MARAC

The Duluth model was amongst the first projects to operate a holistic and unified system of preventions, protections and penalties to respond to domestic abuse – shifting the emphasis from a case-by-case basis to whole community response.

Part of the CCR approach in the UK has been the development of Multi-Agency Risk Assessment Conferences (MARACs) in England and Wales, which facilitate the sharing of relevant information between agencies about known perpetrators in order to facilitate comprehensive risk assessment, and the development and implementation of risk management plans to support victims at high risk. The national charity SafeLives who

pioneered the national implementation of the MARAC model, found that it was an effective model with 60% of victims at the highest levels of risk finding that the abuse ceases.

5.1.2 Multi Agency Tasking And Coordination (MATAC's) panels

Northumbria Police runs a process that identifies the highest-risk serial perpetrators. Five local authorities and their partner organisations are fully engaged in their MATAC (multi-agency tasking and co-ordination) process. Central to this new operating model is the development of MASH arrangements within all six local authority areas. This will enable them to provide an all-round approach to vulnerable children and adults based on their individual needs and the needs of the family. Each local authority will have its own MASH structure, based on three common principles: information-sharing; joint decision-making; and co-ordinated intervention. This whole-family approach is crucial in supporting families and the rehabilitation of the perpetrator.

The MATAC model is a multi-agency approach to reducing the offending behaviour of serial perpetrators of domestic abuse prior to any calls for assistance from a victim. This model offers perpetrators the opportunity to work proactively with relevant partner agencies to assist their complex needs and reduce their offending behaviours. It utilises:

- the coordinated multi-agency approach to safeguarding victims and children
- intelligence led police data, based on a Recency, Frequency and Gravity (RFG) risk matrix of analysis to proactively identify, target and engage perpetrators
- the ability of partners to refer into scheme without prior identification by police
- multi-agency approach to proactively disrupt and prevent offending of perpetrators with a non-engaging attitude.
- available interventions identified as domestic abuse tool kit used such as
- perpetrator behavioural programmes, DVDS, DVPN/PO, MAPPA referral, rehousing, substance abuse referral, mental health referrals, housing assistance, targeted front line policing initiatives and other interventions, tailored to the perpetrators needs and the safeguarding needs of the victim and any children.

The MATAC has similarities to the IOM scheme although referrals to MATAC are based on an intelligence-led approach. Long term outcomes of the MATAC are as yet unknown as the scheme is relatively new. Early reviews show promising results⁴⁶.

5.1.3 Integrated offender management (IOM)

Some police forces offer interventions to serial and repeat perpetrators to address their offending behaviour through local Integrated Offender Management (IOM) schemes. These partnership approach interventions can begin before a conviction. The IOM is an approach where local partners including National Probation Service, CRC and the Police, work together to manage those offenders who are the most prolific and have complex needs.

The utilisation of IOM schemes specifically for perpetrators of domestic abuse inclusive of appropriate risk offending identification is not consistent across the country. This service can be developed to provide:

- dedicated resource to manage domestic perpetrators
- identify suitable risk matrix to manage intervention

⁴⁶ *Implementing a perpetrator-focused partnership approach to tackling domestic abuse: The opportunities and challenges of criminal justice localism.* Davies, P & Biddle, P; Criminology and Criminal Justice (2017)

- include all risk levels
- provide support for perpetrator with complex needs
- work with current service providers and resources to keep victims safety.

5.1.4 Domestic Abuse: A Whole System Approach ([DAWSA](#))

Led by Northumbria Police and Office of the Police and Crime Commissioner (OPCC) together with Durham, Cleveland, West Yorkshire, North Yorkshire and Humberside

This regional group of six force areas has been working together over the last 3 years from April 2016 – March 2019, to develop and embed multi-agency domestic abuse approaches. The scheme aims to better support victims and survivors of domestic abuse and crucially, pro-actively target the most harmful and serial perpetrators of domestic abuse.

Work has included: a coercive control training programme; a DVSA (domestic violence support and assistance) Car; a Domestic abuse and criminal justice system (DACJS) worker; an Independent domestic abuse scrutiny panel and best practice standards for domestic abuse case work. They have also included partnership work with civil family courts including: the development of regional corporate police disclosure request process; Family Court Proceedings & domestic abuse self-help materials and online resources; domestic abuse, civil and family training for key police personnel and employing a child and family court liaison worker.

Another area of work has focused on multi-agency victim support and offender management via the MASH team, the MATAC (for the highest risk perpetrators) and the commissioning of RESPECT accredited voluntary domestic abuse perpetrator programmes. The MATAC process has resulted in a 65% reduction in re-offending.

5.2 Innovative models for perpetrator interventions

5.2.1 Conditional Cautioning and Relationship Abuse CARA

Project CARA was an intervention piloted in Hampshire, with the permission of the Director of the Public Prosecution (DPP), to allow the police to use out of court disposals, or conditional cautions, for reported first-time domestic abuse incidents. The perpetrator must comply with attending a short rehabilitative programme which addresses abusive relationship behaviours or face prosecution for the original offence. CARA attendance criteria included the following:

- men over the age of 18
- no previous convictions or cautions for violence in the previous two years
- spousal domestic abuse only
- offences: common assault/battery, criminal damage, harassment, threatening behaviour, domestic theft
- no violent offences within past 2 years (conviction/out of court disposal)
- not on court/police bail; not subject to court order; DASH risk assessment low or medium
- victim contacted and identifies no specific risk for the conditional caution to be issued
- perpetrator did not require an interpreter or an Appropriate Adult.

Academic evaluation of CARA suggested that an effective rehabilitation programme delivered at an early stage to low-risk offenders can reduce crime harm and the prevalence and frequency of reoffending⁴⁷.

5.2.2 Domestic Violence Intervention Programme co-location

There are also indications of promise from approaches in the UK that enable integrated models of working between the statutory and voluntary sectors. For example, Domestic Violence Intervention project (DVIP) co-located Violence Prevention Programme Practitioners and Women's Support Practitioners alongside Hackney Children and Young People's Services (HCYPS). Such approaches build on learning about the requirement to go beyond a sole focus on patriarchy and power as the cause of male partner violence and recognise the individual factors that may be important, and also, crucially, achieve wider system reform that enable better identification of risk, prompt referral and more confident action. Activities in the Hackney example have included joint home visits and assessments by Social Workers and DVIP practitioners; provision of interventions with 11 -18 year olds using violence within families; consultations regarding over 200 families; interactive training workshops to meet Social Workers' identified skills development needs; and delivery of a support group for women as well as ongoing delivery of the perpetrator programme. The Hackney evaluation⁴⁸ indicates promise but more needs to be done to test approaches rigorously.

5.2.3 Safe and Together

The Safe and Together model, originally developed in the USA, is a collection of tools and interventions to transform child welfare practice in cases of domestic abuse. According to Humphreys and colleagues (2018, p:277) 'the Safe and Together approach to child welfare provides a robust foundation upon which practitioners from statutory and non-statutory backgrounds can work collaboratively and reach consensus about how best to ensure the safety and wellbeing of children living with domestic family violence.' The model has three principles;

- Keeping children with non-abusive parent,
- Develop a strengths-based partnership with non-abusive parent,
- And intervening with the perpetrator to reduce risk and harm to children.

Planning and decisions regarding the child's wellbeing are informed by five key components: the perpetrator's pattern of coercive control; actions taken by the perpetrator; full spectrum of efforts of non-abusive parent; the adverse impact this has on the child; and the wider role of substance abuse, cultural and other factors.

Safe and Together has partnered with Drive partners, Respect, Safelives and Social Finance for the delivery of a pilot project that builds on learning from an emergency response trial initiated during COVID-19. This programme provided a combined intervention and accommodation response to perpetrators of domestic abuse through children's social care and housing, to provide increased space for action for survivors and their children in cases where adult and child survivors may have otherwise had to leave the family home. The aim is to enable survivors and their children to stay in the family home with their support

⁴⁷ [Reducing the Harm of Intimate Partner Violence: Randomized Controlled Trial of the Hampshire Constabulary CARA Experiment](#) Strang, H, Sherman, L, Ariel, B, Chilton S, Braddock R, Rowlinson T, Cornelius N, Jarman R, Weinborn C, Cambridge Journal of Evidence Based Policing (2017)

⁴⁸ [DVIP's Co-location in Hackney Children's Services: A process evaluation](#) Phillips, R, London Metropolitan University

networks. The project also provides workforce development within children's social care through the implementation of the Safe and Together approach.

5.2.4 'Don't Forget Me' Project

The Dutch Probation Service has piloted the use of virtual reality in helping to change the behaviour of domestic abuse perpetrators. Its key aim is to increase understanding of the impact of domestic abuse on children. The user immerses themselves in the perspective of a seven-year-old. They see, hear and feel how an argument between parents escalates and leads to violence.

Research from the Dutch Probation Service has concluded that using the simulation during training of perpetrators of domestic violence, about the consequences of their actions was successful. The research suggested improvements, one of which was the realism of the simulation. The Dutch probation service is currently working on a remastered edition of 'Don't forget me'.

5.2.5 None in Three

None in Three is a research centre based in Huddersfield University. They have developed video games which showcase intimate partner violence in teenage relationships and tackle emotional as well as physical abuse. The games are aimed at teenagers and their objective is to improve understanding of what unhealthy and abusive relationships look like in adolescents.

The games include an emphasis on choices, allowing the player to connect with the research-informed characters, empathising with their lived experiences. The first game produced by the Centre was 'Jesse'. It was designed to reduce negative attitudes that promote the social acceptance of domestic violence in the Caribbean and to increase empathy. Jesse was developed in Barbados and Grenada and has since been piloted in seven schools in St Lucia.

The UK game, 'Danielle', focuses on the intimate relationship between Danielle and James; (both teenagers) players have the opportunity to play as both male and female main characters as the story unfolds. The story centres around James' attitude and behaviour towards Danielle, which becomes more controlling and abusive. Danielle experiences a range of emotions including confusion and distress as she tries to understand why the relationship has changed. The game aims to facilitate young people's learning about what healthy and unhealthy relationships look like, empowering them to spot and call out the early signs of intimate partner violence, to prevent it in their relationships. It is aimed at young people aged 14 and over.

Part 2: The response to perpetrators in Tameside

Section 6: Overview of Tameside and domestic abuse

6.1 The population in Tameside

In 2021 a domestic abuse needs assessment was undertaken by the national charity AVA. They considered the population in Tameside, which in 2021 was estimated to be 226,493 people.

The Borough of Tameside is a Unitary Authority in the North West of England. It is positioned on the East of Greater Manchester and part of the Greater Manchester Combined Authority. It sits on the edge of the Peak District and is a recovering industrial heartland. As one of the most reasonable places to buy in the North West it has a growing population, more people now live in Tameside than at any other time. Health analysts suggest that this will continue to increase across the next 10 years, in 2014 the census put the population at 220,800 while in 2021 the local authority estimates its population at 226,493.

- Tameside Domestic Abuse Needs Assessment (2021)

Below we highlight other key points to note from the needs assessment in terms of the general population in Tameside with a specific focus on what this may mean in terms of strengthening the response to perpetrators:

- **Health:** It is generally accepted that the health of Tameside residents is worse than the English average⁴⁹. There is a high rate of alcohol related harm, high numbers of self harm and self injury and approximately two thirds of adults in Tameside are overweight or obese. This is an important learning point in terms of perpetrator responses as poor health outcomes could significantly impact a) the type of abusive and harmful behaviours perpetrators use and b) their ability to access interventions and programmes. Specifically the level of alcohol related harm could be linked to domestic abuse perpetration. Although alcohol and substance use does not cause domestic abuse, there is evidence that it can exacerbate experiences by creating a context for increased risk including through severity of abuse and violence which can increase with excessive alcohol use. As such we will try through this needs assessment to understand the substance use profile of perpetrators, so that interventions are able to be responsive and holistic for those with problematic substance use.
- **Increased older population:** the highest percentage of population growth is in the age group 65+ at the last JSNA. Given the older population is increasing in Tameside, perpetrator responses should also be considered specifically for this age group. We know from national evidence including SafeLives older people's spotlight report that older victims are more likely to stay in a relationship with the perpetrator. Moreover work we completed in Oldham around older people highlighted in a survey directed to survivors over 50 years old, that the biggest support need they wanted was 'support for the person using abusive or harmful behaviour'. As such responses

⁴⁹ <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E08000008.html?area-name=Tameside>

within this age category may need to consider how perpetrator programmes work when the perpetrator remains in a relationship with the victim.

- **Deprivation:** Tameside is one of the 20% most deprived districts in England and 18.9% (8,580) children live in low-income families. Although there is diversity within the economic make up of Tameside 13.4% of Tameside residents live in income-deprived households. In March 2019, 3.9% of working age residents in Tameside claimed benefits. In terms of the response to perpetrators it may be beneficial to consider the way in which deprivation may impact the needs. For example, the residents who are receiving out of work benefits may spend additional time at home which could create a context for abusive behaviour to be more consistent and frequent within the home. It could also create practical barriers to accessing programmes a) if they require payment as some do and b) in terms of transportation and physically getting to a location. In terms of the latter, given the pandemic this could be an interesting point as naturally there may be consideration for programmes to be delivered online. However, given this particular cohort may not have access to resources online may also not be an option as they may not have access to the technology. Additionally perpetrator programmes being delivered remotely would need considerable risk assessment to ensure they do not increase risk.
- **Military families:** Tameside has a significant number of military families in its resident population. The Ministry of Defence estimates that 4.2% of people living in Greater Manchester have served in the Armed Forces. Using this and other MoD data sources, AVA estimated that in 2016 there were approximately 7,500 people living in Tameside who have served in the UK's Armed Forces. This is a particularly complex cohort in terms of a perpetrator response, and consideration may be required around access to physical military bases as well as special permissions from the MOD around programmes required. It is notable that the barriers in terms of accessing programmes for domestic abuse may have increased barriers not least due to stigma, but the potential consequences from the military including loss of employment.

6.2 Prevalence of domestic abuse

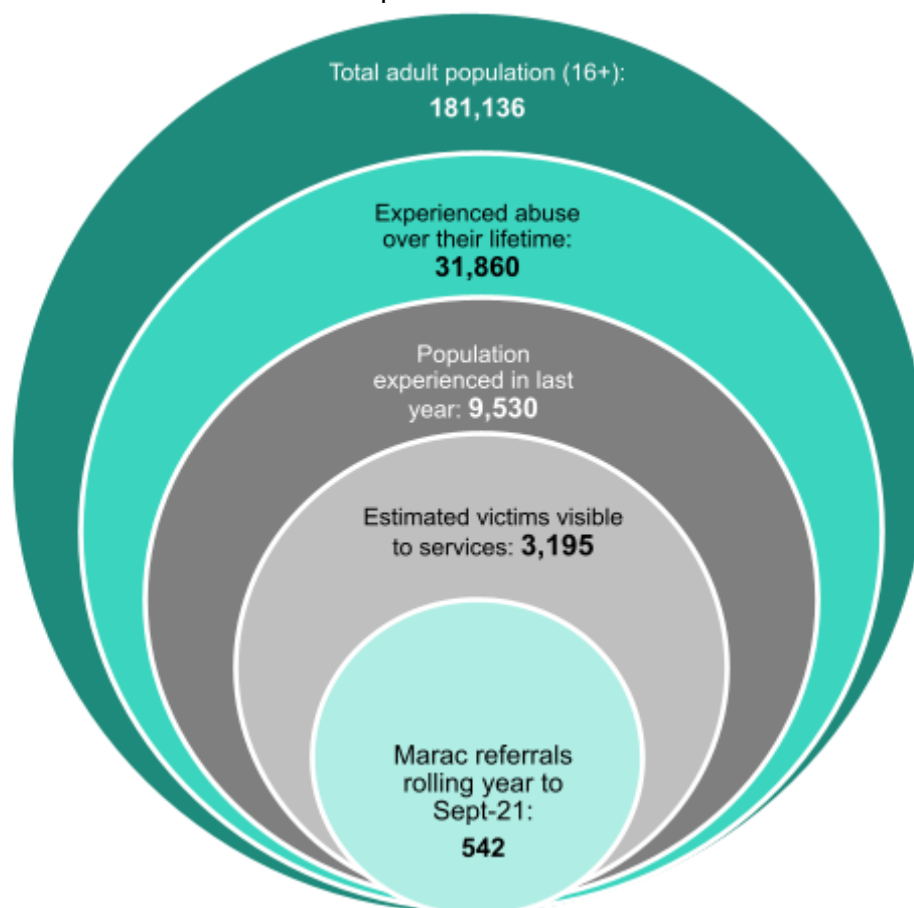
This section provides an overview of our calculations for the estimated prevalence of domestic abuse in Tameside. We do not seek to duplicate the work from the 2021 needs assessment, but rather use the latest Office for National Statistics (ONS, 2021) data alongside the Crime Survey for England and Wales (CSEW, 2021) data to understand how many victims and survivors there are in Tameside. Our aim is to understand based on the prevalence for victims, which is significantly more robust than any data available around perpetrator prevalence, how many perpetrators there may be in Tameside.

6.2.1 Overview of domestic abuse prevalence

To estimate the prevalence of domestic abuse we consider the population aged over 16 in line with the statutory definition of domestic abuse. There are 181,136 individuals aged 16 or over in Tameside of which we can estimate around **31,860 will have experience domestic abuse over their lifetime**. On an annual basis, this equates to 9,530 individuals likely to have experienced domestic abuse (both familial and intimate partner violence). A number of those victims, based on the CSEW will experience intimate partner violence (IPV) only.

These make up the majority of victims and by applying the national estimates to Tameside around 7,020 will experience IPV. This is an interesting learning point in terms of perpetrator responses as it provides an indicative level of demand for interventions for IPV perpetrators comparatively to familial domestic abuse.

Image 6.2.1a: overview of domestic abuse prevalence in Tameside



6.2.2 Estimated number of perpetrators of domestic abuse in Tameside

Number of perpetrators each year

SafeLives data highlights that around 20% of perpetrators will be 'serial' or 'repeat' offenders. As this data is focussed in intimate partner violence only, if we consider the estimated number of IPV victims in Tameside (n=7,020) a year, we can estimate that there will be around 5,620 perpetrators of domestic abuse each year.

Estimates cost of perpetrators in Tameside

Although it is difficult to estimate the cost of all perpetrators, we can reliably estimate the cost of high risk perpetrators due to the work within the University of Bristol evaluation of Drive in which they calculated the cost to the state associated with perpetrators identified as high-risk via the Marac to be £63,000 per case: £38,835 of which is associated with perpetrators directly and £24,565 with adult and child victim-survivors.

In applying these costs to Tameside, taking the **542 Marac cases**, the cost to central and local government of high-risk domestic abuse in the region is calculated to be over **£21,048,570** over the course of these cases.

Table 6.2.2a: Breakdown of costs relating to high-risk perpetrators

Agency	Annual cost per perpetrator	Annual cost for MARAC perpetrators in Tameside
Police	£17,800	£9,647,600
Other CJS	£14,200	£7,696,400
Mental Health	£2,050	£1,111,100
Substance use disorders	£3,400	£1,842,800
Housing	£1,385	£750,670
Total	£38,835	£21,048,570

Section 7: Partnership arrangements relating to domestic abuse in Tameside

This section will outline local partnership arrangements in Tameside which relate to the response to perpetrators of domestic abuse. It will explore the governance which oversees the strategic response to domestic abuse, the 2021-2026 Domestic Abuse Strategy and a detailed overview of domestic abuse perpetrators in Tameside using local data.

7.1 Governance

Whilst it is crucial that every agency takes responsibility for responding to domestic abuse, it is also important that there is strategic direction. Most commonly roles overseeing the strategic response to domestic abuse and/or violence against women and girls (VAWG) sit within Community Safety within the Local Authority. This is because of its links to crime and disorder, which if utilised leads to a unified approach to preventing domestic abuse, especially with a robust response to perpetrators. It is positive in Tameside that the domestic abuse portfolio in terms of governance and strategy sits within Public Health which enables a whole population approach, which is in line with emerging evidence on best practice in order to develop violence reduction approaches to domestic abuse.

The governance overseeing domestic abuse currently in Tameside is as follows:

Domestic Abuse Steering Group (DASG)

This is the statutory DA Partnership Board. It has all the statutory members of the domestic abuse partnership board and is chaired by the Director of Public Health.

Lived Experience Advisory Group (TRUST)

Chaired by a victim/survivor of domestic abuse, with input from specialists organisations. It meets quarterly with one shared meeting a year with the DASG.

Domestic Abuse Operational Group

This group has representatives from across multi-agency partnerships. It is chaired by the Strategic Domestic Abuse Manager and meets monthly.

It is positive to see the variance of levels in the governance overseeing domestic abuse, at both strategic and operational levels with good engagement from key partners. It is especially positive to see the embedding of the voice of survivors. As mentioned previously, part of measuring the success of a perpetrator response is the extent to which it meets the needs and wishes of victims and survivors. The TRUST co-developing the response to perpetrators in Tameside will provide an important aspect and the Domestic Abuse Steering Group should ensure that they are fully included in the commissioning process of a perpetrator programme and any system changes.

It is important for such partnership boards to feed into wider structures, such as Community Safety Partnerships to ensure the capacity of all partnerships and professionals is used most efficiently and the response across the different partnerships and agencies in Tameside is complementary and work is not duplicated. Across the governance structure currently there is no consistent approach to monitoring perpetrators of domestic abuse, however work is ongoing to develop domestic abuse data dashboards which we recommend must include perpetrator insights.

7.2. Tameside Domestic Abuse Strategy

Tameside introduced a new Domestic Abuse Strategy in 2021. The strategy aimed to improve outcomes for adults experiencing domestic abuse and children and young people experiencing, witnessing, or exposed to domestic abuse. It also aimed to include the new statutory duties to provide safe accommodation to victims of domestic abuse and their children, brought in by the Domestic Abuse Act (2021). The strategy acknowledges domestic abuse as a gender-based form of abuse and violence against women and girls, with most abuse perpetrated by men.

Priority ambitions of the strategy

There are three priorities within the strategy which involve the response to perpetrators of domestic abuse. We will discuss these below.

Secure Better Outcomes for Children Impacted by Domestic Abuse

Whilst this priority ambition mainly focuses on the child/ren affected by domestic abuse, one of the key outcomes for this priority is *'to hold perpetrators of abuse accountable for their behaviour and their impact their abuse has on children'*. This will involve children's services supporting the perpetrator to access behaviour change programmes.

Outcome 5.5c: Holding perpetrators of abuse accountable for their behaviour and the impact their abuse has on children

In order to build sustainable change for families in Tameside, we want to ensure that people who are controlling, coercive or abusive are deterred from their activities through prosecutions or rehabilitation as a priority. Children's services are committed to working in partnership with agencies and services that support victim-survivors to support perpetrators of domestic abuse to engage in reflective behaviour and lifestyle programmes to enable rehabilitation and minimise reoffending. Access to early prevention programmes for young people who are displaying harmful behaviours in their own intimate and family relationships will be made available at the earliest opportunity.

Identify Problem Behaviours Early

This priority outlines the ambition to support residents of Tameside to recognise harmful behaviours in relationships, not only focusing on victims/survivors but also helping potential perpetrators to identify any harmful behaviours they may be using before they escalate. The key outcomes for this priority are '*Providing holistic healthy relationship education*'. It's important that this includes information on adult family violence as well as intimate partner abuse.

A 2021 review of sexual abuse in schools and colleges⁵⁰ found that children and young people were often dissatisfied with the RSHE/PSHE education they receive. They felt that the curriculum did not equip them with information and advice they needed to navigate daily life.

Another aspect to note is that teachers delivering the educational sessions need to be confident and have a robust understanding of domestic abuse. A research report analysing the delivery of PSHE curriculum⁵¹ found that PSHE leads had often received very little training for their role as PSHE leads and were not specialists in PSHE. The quality of training received by PSHE leads who will deliver the sessions will have a huge impact on the quality of the sessions and their effectiveness. We suggest that teachers delivering such sessions in Tameside have access to Bridges IDVA service, so they are able to access advice and support to ensure an effective delivery of these sessions, and that once perpetrator interventions are commissioned they also link to pathways for young people in education settings.

Outcome 5.6.a Providing holistic healthy relationship education

In order to be able to identify problem behaviours early, it is crucial that that local residents of all ages are knowledgeable about domestic abuse and are able to spot the signs of an unhealthy relationship. Our commitment to unhealthy relationships education will be monitored through: ▪ Borough-wide domestic abuse awareness campaigns ▪ Having an up to date and easily accessible PSHE curriculum that includes a focus on healthy relationships ▪ Referrals into early help, children's services and specialist domestic abuse services from Education partners ▪ Access to parenting programmes, Freedom programme and reducing parental conflict interventions.

Another key outcome relating to this priority is '*Providing early help and support for individuals that are demonstrating harmful behaviours*'.

Outcome 5.6.b Providing early help and support for individuals that are demonstrating harmful behaviours

⁵⁰ Ofsted (2021), Review of sexual abuse in schools and colleges

<https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges/review-of-sexual-abuse-in-schools-and-colleges>

⁵¹ Department for Education (2021), Relationships Education, RSE and Health Education: School Practice in Early Adopter Schools Research report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/989293/Relationships_Education__RSE_and_Health_Education_Ipsos_Mori_research_report.pdf

We want to identify problem behaviours early and offer interventions that will prevent the escalation of behaviour into domestic abuse. One way we will do this is through our parental conflict offer which targets early intervention where problem behaviours are starting to surface.

Additionally, we know that there can be shame associated with perpetrating domestic abuse and that this can prevent people from seeking help early on. We want to take learning from the Respect Make and Change pilot, and ensure that professionals are able to identify signs that the person they are working with may be perpetrating domestic abuse and then act on that information through appropriate channels. The Make a Change programme found that the most common places for perpetrators to try and access information and support around their behaviour was friends and families but also their GP when asking for mental health support.

Hold Perpetrators Accountable

The most relevant priority relating to the response of perpetrators is the ambition to hold perpetrators accountable. This includes both the criminal justice response as well as action taken outside of that.

The first key outcome in achieving this ambition is '*Having a multi-agency response to tackling domestic abuse perpetrators*'. This multi-agency response should fit as part of a wider response to perpetrators. We explain our recommendation for a part of a whole system response to include a professionals' forum to monitor highest risk (non-MAPPA) and serial/prolific perpetrators in Part 3 of this report.

Outcome 5.7.a Having a multi-agency response to tackling domestic abuse perpetrators

We commit to a multi-agency approach to tackling domestic abuse that includes working with partners across housing, health, social care and the criminal justice system to ensure that a perpetrator is held accountable for the consequences of domestic abuse.

The second key outcome is '*Utilising legal options to hold perpetrators accountable and remove them from the property where possible to do so*'. There are several tools housing providers can utilise to hold perpetrators to account and increase the safety of victims and their children (even if some of these are short term). These are outlined in section 7.5 which discusses housing in Tameside. This will require strong relationships between police and housing providers to ensure smooth information sharing and partnership working.

Outcome 5.7.b Utilising legal options to hold perpetrators accountable and remove them from the property where possible to do so

As a multi-agency partnership, we commit to supporting criminal justice professionals to utilise legal mechanisms including the new protection orders to keep victims safe in their homes.

7.3. Overview of domestic abuse perpetrators in Tameside

This section will provide an overview of domestic abuse perpetrators who come into contact with local services in Tameside. It will explore what we know about them, their needs and what outcomes are currently being achieved in working with them. Specifically, we will consider local data from;

- **The criminal justice system:** police.
- **Housing:** Homelessness and the ROOTs service
- **Health:** Maternity and substance use services
- **Children services:** Children Social Care and Early Help and Family Services
- **Domestic abuse sector:** Jigsaw IDVA service.

Each section will provide an overview of the facts and data, with a summary of key learnings from this section being provided at the end of the chapter.

7.3.1. Police

This section will consider the visibility of domestic abuse across police in Tameside to gain insight and learning around the perpetrator cohort to support us to better understand what an appropriate response might look like locally.

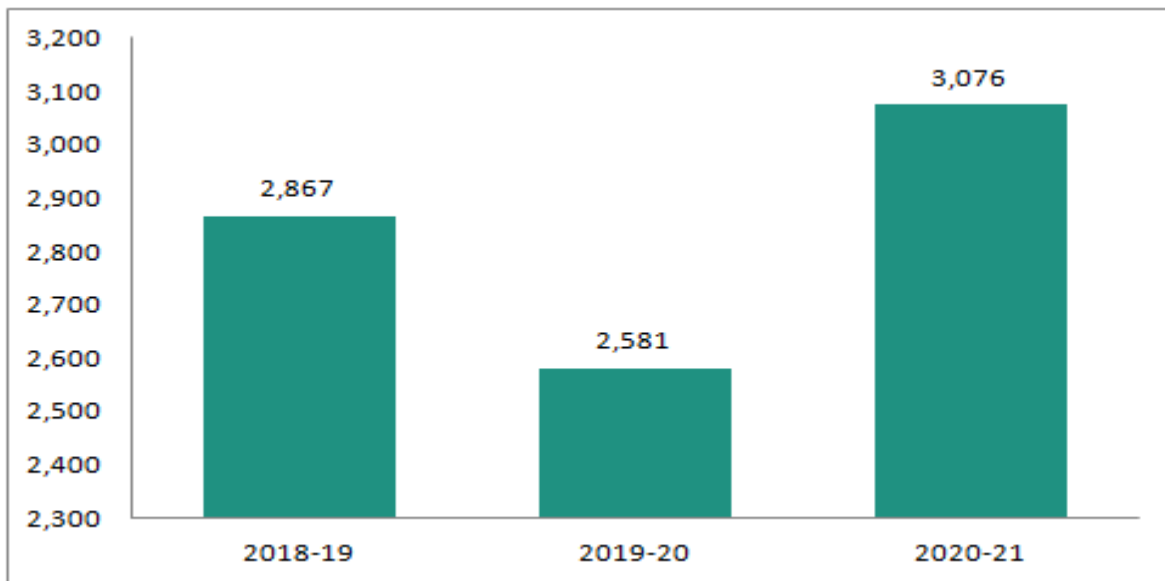
Prevalence

During the past 3-years, the highest volume of domestic abuse crimes and incidents in Tameside were recorded during 2020-21, peaking at 4,659 domestic abuse crimes. The year 2020-21 also had the highest number of domestic abuse perpetrators recorded by police (3,079)⁵² and the highest percentage of all crimes were domestic abuse related offences (22%). These findings coincide with the COVID-19 pandemic and restrictions, during which there were strong concerns for domestic abuse victims. However, the proportion of domestic abuse crimes is still higher in Tameside, when compared to national data. Across England and Wales, domestic abuse related crimes made up 18% of all crimes⁵³.

Chart 7a: Overview of number of suspects for domestic abuse crimes in Tameside

⁵² The number of SUSPECTS has been provided. Suspect URNs (Unique Reference Numbers) have been used to identify suspects. It is known that some suspects have more than one URN and, consequently, this data may not be accurate.

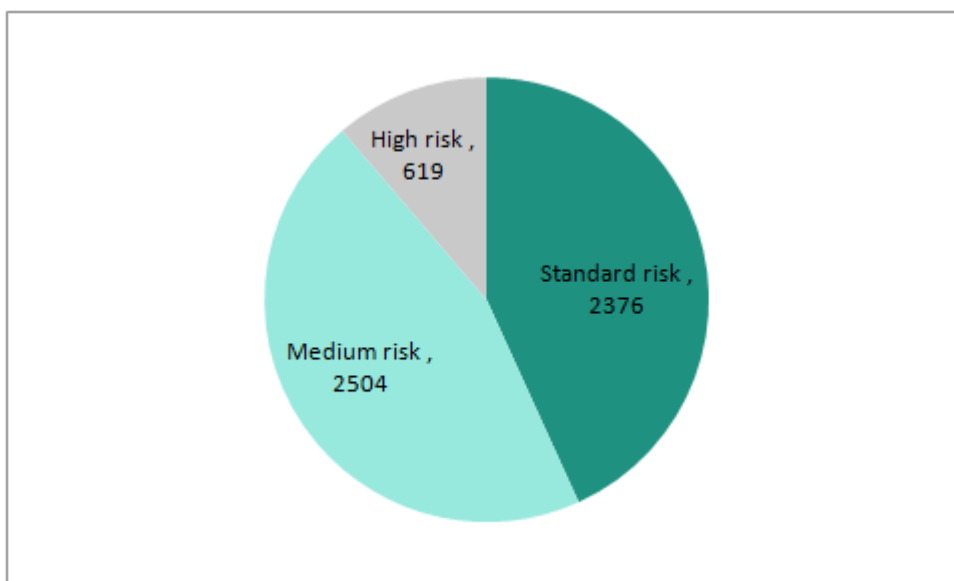
⁵³ ONS, 2021, Domestic abuse and the criminal justice system, England and Wales



When looking at the risk assessment outcome for domestic abuse incidents, only data for 2020-21 can be provided. This is due to an IT infrastructure Greater Manchester Police undertook in July 2019. Due to changes in the way incident closing codes and qualifiers are recorded, data for 2018/19 and 2019/20 cannot be provided. In 2020-21, most (5,842) incidents had an unknown risk level. Out of those incidents where a risk level had been recorded, 2,504 incidents were a medium risk level, 2,376 were a standard risk and 619 were a high risk level. This means around 11% of domestic abuse incidents were high risk, which is in line with national data.

As only 514 MARAC referrals were made by police to Tameside MARAC, there were 105 cases of high risk domestic abuse, to which the response may not have been appropriate and may have missed out on the benefits of a multi-agency response. Greater Manchester Police should ensure that going forward all incidents rated as high risk are referred to MARAC.

Chart 7b: Breakdown of risk level for domestic abuse incidents 2020-21



In 2020-21 not only did violent offences against the person increase in Tameside, the proportion they made of all crime also increased. There was an increase of 28% from 2019-20 to 2020-21 in the number of violence against the person domestic abuse related offences.

When looking at broader types of domestic abuse crimes and offences in Tameside, the most common crimes are stalking and malicious communications, both of which have significantly increased between 2019-20 and 2020-21. All forms of domestic abuse crimes and offences have increased in 2020-21 with the exception of other theft, harassment and homicide. This may be due to COVID-19 restrictions making it more difficult for perpetrators to be in physical proximity to their victims, which is also why abuse relating to alternative forms of communication has increased.

It's also of note that harassment offences decreased in the same year that stalking offences increased. It may be that recording of domestic abuse related harassment is now more likely to be seen as a stalking offence, which can be more fitting due to the obsessive and possessive nature of domestic abuse.

Table 7c: Overview of domestic abuse crimes and offences in Tameside

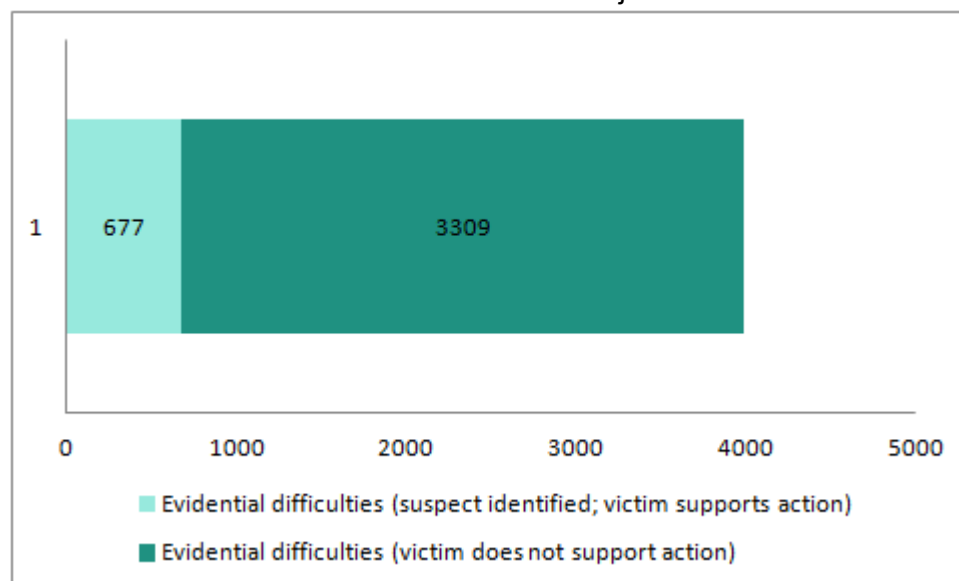
Domestic abuse crimes and offences	2018-19	2019-20	2020-21
Sexual offences	108	95	144
Miscellaneous crimes against society	104	56	70
Public order offences	252	196	273
Criminal damage and arson offences	380	319	348
Theft in a dwelling other than from an automatic machine or meter	85	48	57
Other theft	41	24	21
Threat or possession with intent to commit criminal damage	91	41	53
Perverting the course of justice	9	11	12
Harassment	530	406	222
Malicious communications	344	296	449
Racially or religiously aggravated harassment	0	2	3
Stalking	38	36	495
Coercive control	0	0	157
Homicide	1	2	0

Data on criminal justice outcomes relating to the above crimes is limited and refers only to 2020-21. In 2020-21 there had been 642 arrests for all domestic abuse crimes. This is much lower than expected, however this increased in 2021-22, which saw 1,051 arrests made. This is an increase of 64% and suggests that improvements are being made in relation to arresting perpetrators for their abusive behaviour. This should continue to be monitored to assess whether further initiatives are needed to support police officers.

Out of those who had been arrested, 349 suspects had been charged or summoned and 37 received a caution. This is an area the local partnership could continue to monitor to work to increase the number of perpetrators held accountable. It should be considered how local panels, such as MARAC or MAPPA could be utilised to help increase positive outcomes in this area.

When looking at the reasons for the lack of criminal justice outcomes from police in 2020/21 in Tameside, we find that in the majority of offences (3,309) the victim/survivor did not support prosecution and in 677 cases the victim supported prosecution, but evidential difficulties prevented further action. Whilst it is not uncommon for victims of abuse to not support police action, the local partnership should consider how they can engage victims with the criminal justice system and more importantly consider the use of evidence led prosecutions. We suggest that there is better recording of data on evidence led prosecutions and that this is monitored and explored further.

Chart: Overview of reasons for lack of criminal justice outcomes in 2020/21



It may be that victims do not want outcomes relating to the criminal justice system and as explored in the section above, this should also be taken into account. An effective response will be a balance between ensuring the safety of victims and children as well as ensuring the victim's ideal outcome is realised. Often this will be a continuation of the relationship and support for the perpetrator to stop their abusive and violent behaviour, highlighting the need for a two-pronged approach.

The number of Domestic Abuse Violence Protection Orders (DVPO) and Domestic Abuse Violence Protection Notices (DVPN) has not changed in line with the increased number of offences in the last two years. As these orders can be helpful in safeguarding victims in the short-term and providing them with breathing space, it should be explored further why they

are not often used. Such breathing space can often be a window of opportunity for support services to work with the victim and put further protective measures in place.

Table 7d: Overview of number of orders issues in Tameside

Order issued	2018-19	2019-20	2020-21
Domestic Violence Protection Notice	32	48	47
Domestic Violence Protection Order	29	46	44

Demographic data

No demographic data on suspects of domestic abuse crimes and offences is collected. Greater Manchester Police should consider how they can amend their data recording systems and tools to enable the breakdown of demographic data by area, so Local Authorities could review these and compare to their own local population.

7.4 Children's services

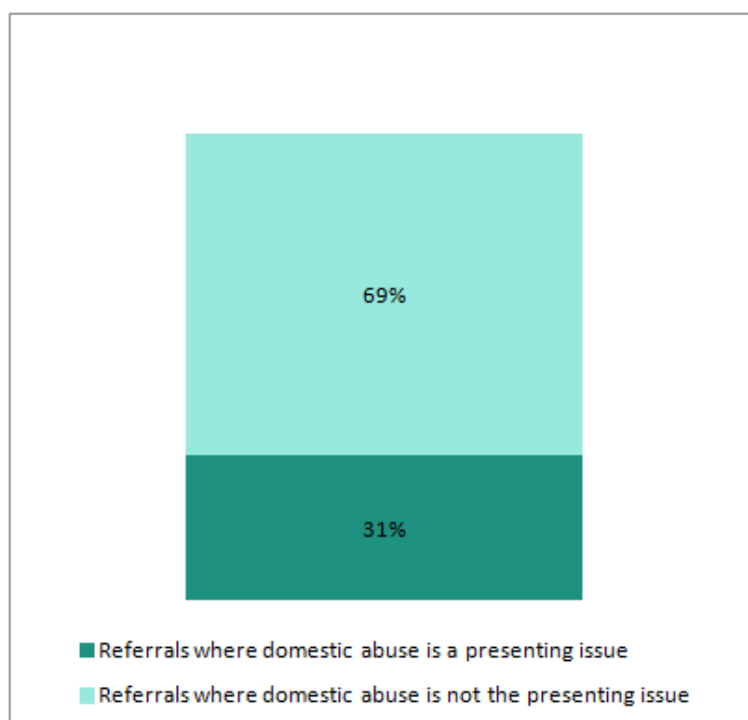
This section presents the data received from the children safeguarding sector from both Early Help and Children Social Care services.

7.4.1 Early Help

Referrals to Family Support services

Identification of perpetrators in Early Help services happens upon receipt of referral information into EHAP. Majority of EHAP referrals received are made by police regarding domestic abuse incidents where the perpetrator has been identified by the police. Other referrals will often explicitly identify where there is a domestic abuse perpetrator. Parents may also self-refer into FIS/EHAP and disclose domestic abuse either from a partner, family member or their child. Details of the perpetrator's demographics should be updated and linked to any children on LCS/EHM by FIS/EHAP during the process of screening. EHAP/FIS are also able to identify perpetrators by way of mandatory completion of chronologies within screening – alerting EHAP to persons who have posed a risk in the past. Markers on LCS are other ways in which Early Help are able to identify a person who is or has been a perpetrator. Police referrals frequently provide PPI and Criminal History for parties involved, which helps EHAP understand if adults linked to a child have a history of being a perpetrator.

From December 2020 to the end of March 2021 Tameside Early Help services received 643 referrals where domestic abuse was identified as a presenting issue. This was 31% of all (2086) referrals received during this time period. Data provided covers the period since introduction of the Early Help module in December 2020, when a new screening process was introduced at the point of contact, prior to this point data on Domestic Abuse is available but will not be comparable due to the change in systems at this point.



The assessment of perpetrators happens via screening. Staff would speak to parents, wider family and step-parents (with consent) in order to establish risk from perpetrators. Good practice within the screening should involve discussions with perpetrators, where they have parental responsibility, or where there is explicit consent from a parent, and where it is considered that in doing so would not exacerbate risk to a child and victim. As standard, discussion with perpetrators include safety planning to assist the perpetrator in taking alternative action to violence such as walking away or leaving the home to calm down. Good practice within screening also includes a discussion with the perpetrator about their awareness of the impact that their behaviour has on children. This also includes reporting back to a perpetrator in order for them to understand the impact and harm they cause. Assessment of risk posed by perpetrators is done via information gathering from partner agencies, police, probation, Bridges, Prison and others, alongside completion of chronology, and impact on children and adult mental health. This will allow for screeners to then establish a threshold of risk/harm and put services into place to support and monitor or will allow for escalation to Social Care if that risk cannot be managed at Early Help level.

Interventions and support offered

Within initial referral information, as part of Early Help assessment, the voice of parents and the voice of the child are included for agencies to have a holistic understanding of the family dynamics. TFT have access to the same information as Children's social care so any prior history is included. Where domestic abuse is identified a DASH can be completed to identify the level risk and appropriate service level. TFT attend MARAC to discuss risk and provide a clear plan to reduce the risk, working closely with the IDVA service, such as completing joint visits, however this is focused on the victim to reduce risk.

As part of the intervention package, TFT ensure all parents/carers are included. Whilst TFT are trained to complete parental conflict sessions where appropriate, it should be noted that this differs from domestic abuse interventions. It is important practitioners are aware of the power dynamics which exist in domestic abuse, which are not always present in parental

conflict cases. TFT can also make referrals to online perpetrator courses. Early Help are setting up a champions group, to look at gaps in interventions and identify further training needs.

At present Early Help mainly focus on the victim, offering them the Freedom programme, CHIDVA and Women's centre support, working closely with IDVA and Bridges services. Often risks are deemed to have reduced when relationships end. This is concerning, as we know that victims are at greatest risk when they are ending the relationship with the perpetrator. Most domestic abuse homicides happen at the point of separation or shortly after leaving the relationship.

Limitations of data

Most of the data collected by Early Help is child-centred, meaning not a lot of data on perpetrators is reportable. The data may be contained within case notes and practitioners working with the family will be aware of the details, however it is not collected at a larger scale. The data we were unable to obtain as a result was the relationship between the perpetrator and the victim/survivor, the additional needs of the perpetrator at assessment, the outcome of referrals where a domestic abuse perpetrator has been identified and demographic information of perpetrators.

7.5 Housing

Housing is a key part of the perpetrator response. It is crucial that Jigsaw as well as private and other social housing providers in Tameside are part of the whole system response to perpetrators. Housing services provide a big opportunity for engagement with perpetrators of domestic abuse and should be considered as a 'pull' factor when attempting to engage perpetrators in behaviour change work.

The Whole Housing Approach toolkit⁵⁴ outlines options and tools available to housing providers to respond to and engage with perpetrators and hold them to account. They are;

- **Tenancy Agreements in Social Housing:** Domestic abuse is often a breach of tenancy in social housing tenancy agreements and therefore grounds for eviction. The grounds in most cases do not rely on criminal proof but are based on civil grounds which use the balance of probability.
- **Part One Injunction with Positive Requirements:** The Act allowed housing providers to utilise the Part One Injunction (replacing the Anti-Social Behaviour Injunction). A Court may grant an injunction against a person aged 10 or over if certain conditions are met. The injunction can require the respondent to do anything, including positive requirements. One of the main intentions behind the introduction of positive requirements in Injunctions was to help facilitate a long-term change in the behaviour of respondents, by requiring them to take part in activities or support such as drug and alcohol rehabilitation programmes, unpaid work or specialist support services for mental health. These vulnerabilities are commonplace amongst perpetrators of domestic abuse and the use of positive requirements in injunctions may be helpful in motivating perpetrators to engage in support.
- **Domestic Violence Protection Notices (DVPN) and Orders (DVPO):** Domestic Violence Protection Notices (DVPN) and Orders (DVPO) and Housing DVPN/DVPOs

⁵⁴ <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/whole-housing-toolkit/>

were introduced by the Crime and Security Act (2010) enabling police to put in place protection for a victim in the immediate aftermath of an incident of domestic abuse. The notices are served by police, and they exclude the perpetrator from attending the victim's address for 48 hours. The orders are applied for by the police and made by magistrates court and can prevent the perpetrator from attending the address of the victim and contacting the victim for 14-28 days. Housing providers can secure agreements with their police force, using a Purpose Specific Data Sharing Agreement, to be notified of individuals being served with a DVPNs and DVPOs. The housing provider can then do checks to establish if that perpetrator is a tenant of their property and be part of the wider response.

- **Grounds for Possession in cases where there is Domestic Abuse. Discretionary Ground for Possession - Ground 14A – Domestic Violence:** Paragraph 14A of Part 2 of Schedule 2 of the Housing Act 1988 states that a social landlord may gain possession of a property where it is occupied by a couple and one partner is forced to leave the property as a result of the other's domestic abuse towards them or any of their family living with them. However, the limitations of this is that it only applied to assured tenancies granted by private registered providers of social housing or charitable housing trusts and can only be enforced when the victim has already fled the property.
- **Mandatory Grounds for Possession:** The court must grant the landlord of the property possession if they can prove a 'mandatory ground' for possession. This includes anti-social behaviour, if the courts have already convicted a person or member of the household for antisocial behaviour. The court must award possession if any one of four specified conditions (conviction of a serious offence, breach of an injunction to prevent nuisance or annoyance, breach of a criminal behaviour order and closure order) are met and the landlord has served a notice of seeking possession.
- **Occupation orders:** In cases of joint tenancies where cannot agree and in cases of domestic abuse, an Occupation Order is an Order made by the family court which sets out who can live in the family home. In deciding whether to grant an occupation order, the court will consider the housing needs and housing/financial resources of all parties and children, the likely effect of an order made including the health, safety or well-being of children and finally the conduct of the parties. If granted, they can prevent the perpetrator from attending to the victim's home. This is a short term measure and orders can only be made for a period of up to 6 months.
- **Non-molestation order:** These can be applied for on an emergency basis without giving notice to the perpetrator of the application if there is an immediate risk of harm (usually interpreted widely by the courts in domestic abuse cases). Whilst the victim / survivor is usually encouraged to apply for these, housing providers can support in completing paperwork and by offering witness statements.

We recommend that Tameside Council review whether these tools are being utilised and work with other local providers to develop and agree strategies to imbed these tools into every day practice.

7.5.1 Homelessness

In April 2018 the Homelessness Reduction Act 2017 came into force in England, which aims to refocus local authority efforts on the prevention of homelessness. For instance, it introduces **new duties to prevent and relieve homelessness for all eligible people,**

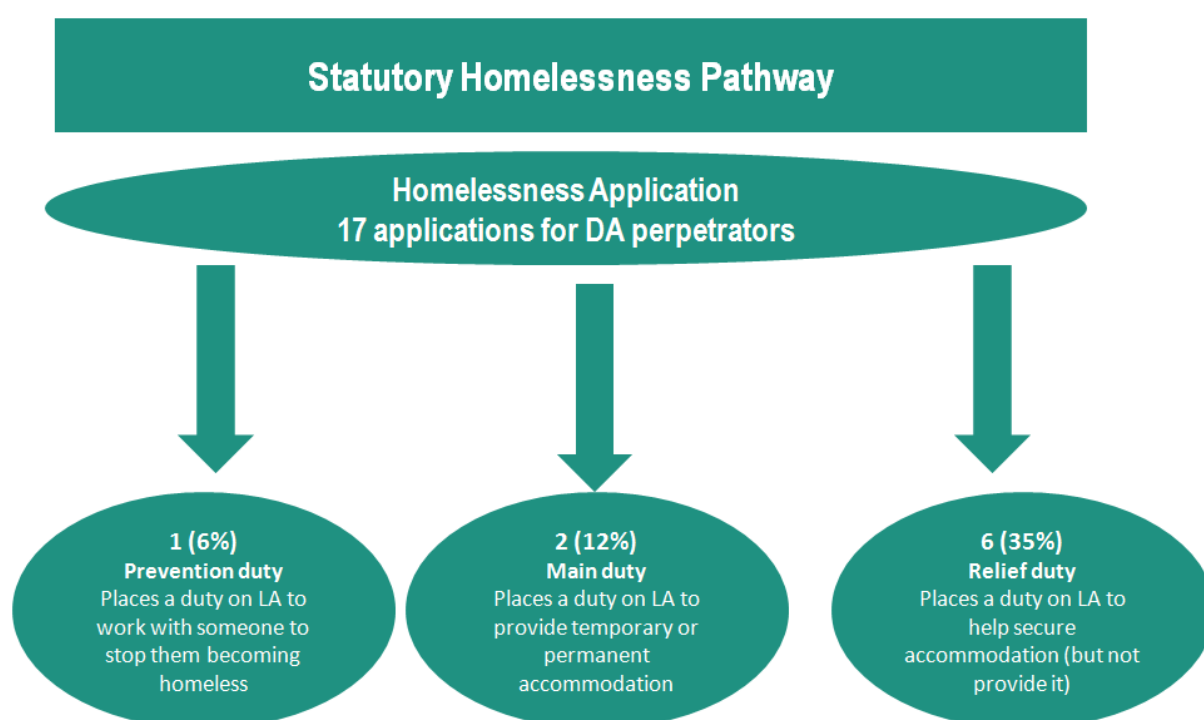
regardless of priority need, intentionality, or local connection. It also aims to improve the advice and information about homelessness and encourage public bodies to work together to prevent and relieve homelessness.

Below we provide more detail on statutory homelessness in relation to domestic abuse perpetrators in Tameside, we wanted to outline the differing levels of statutory duty;

- **Prevention duty:** Local authorities may deliver their prevention duty through any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. This would involve activities to enable an applicant to remain in their current home or find alternative accommodation in order to prevent them from becoming homeless. The duty lasts for up to 56 days but may be extended if the local authority is continuing with efforts to prevent homelessness.
- **Relief duty:** The relief duty is owed to households that are already homeless on approaching a local authority, and so require help to secure settled accommodation. The duty lasts 56 days and can only be extended by a local authority if the household is not owed the main homelessness duty.
- **Main duty:** A 'main homelessness duty' is owed where the authority is satisfied that the applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group. Such statutorily homeless households are referred to as 'acceptances'.

Statutory homelessness in Tameside

In 2020/21, 17 perpetrators presented themselves as homeless in Tameside. For the majority (35%) were owed duty relief, two (12%) were owed main duty relief and one (6%) was owed prevention duty relief. It is unclear what the outcome was for the remaining 8, however it is likely they withdrew their homelessness applications.



Perpetrator needs

Homelessness services reported perpetrators of domestic abuse who access their services often have some form of substance misuse or mental health issues, with many service users stating they have undiagnosed mental health issues and low self-esteem they feel they cannot talk to anyone about. This in turn leads them to self-medicate with drugs and alcohol. Where they are provided with housing support and temporary or permanent accommodation, they often lose it due to anti-social behaviour linked to their substance misuse.

Another supporting need identified by homelessness services for perpetrators of domestic abuse was their lack of employment and financial difficulties. Many apply as single male applicants, which often did not get them priority status for social housing. This meant that they often found themselves sleeping rough or sofa surfing. Lack of stable housing made it more difficult for services to engage with them and support them, leading to poorer outcomes for those individuals. Lack of stable housing for perpetrators does sometimes lead them to return to the victim's address and coerce them into letting them live there, increasing the risk for that victim.

Image 7.5.1a: Overview of perpetrator support needs

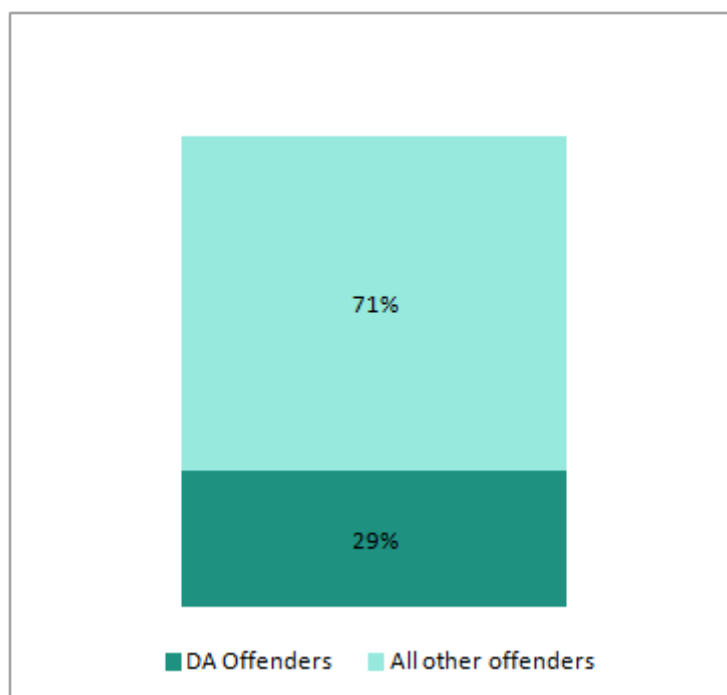


7.5.2 ROOTs

ROOTs programme works with high risk/persistent offenders who are at risk of being homeless. The basis of this service is to provide suitable accommodation and successful tenancy management. The aim is to successfully manage high-risk offenders, such as those subject to Multi-Agency Public Protection Arrangements (MAPPA) and Prolific and Priority Offender (PPO) arrangements, and help them reduce their offending behaviour. Whilst it is not specific to domestic abuse perpetrators, they make a part of the cohort of individuals accessing this service.

Referrals

Since 2017 58 offenders have accessed the ROOTs service, 17 of whom were domestic abuse perpetrators. This is 29% of all individuals accessing the service. All 17 were male and of varying ages from 20's to mid 60's.



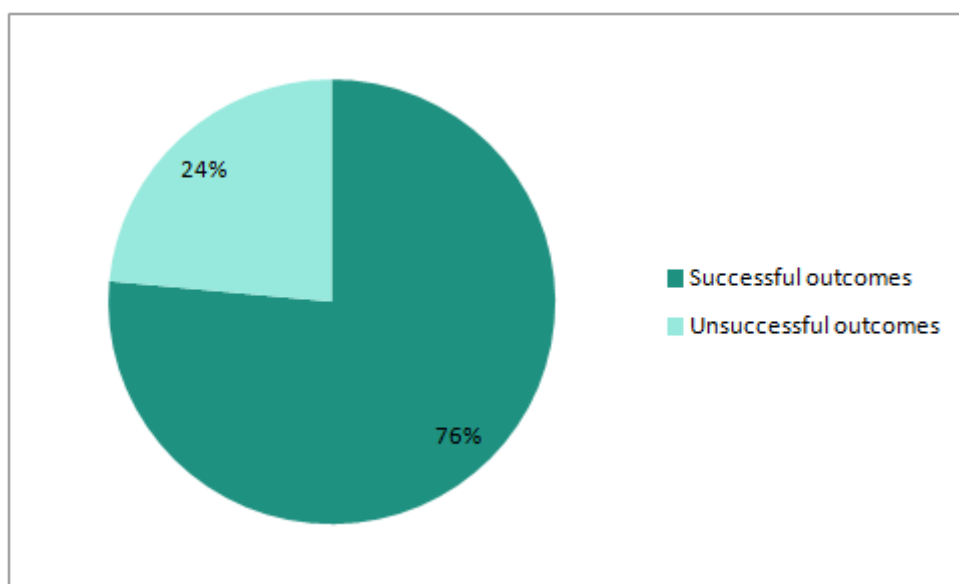
The notes we received on the 17 perpetrators who accessed the ROOTs service show that::

- 88% had substance misuse issues
- 71% accessed financial and budgeting support
- 24% had mental health issues
- 76% accessed anger management courses, 71% accessed the Building Better Relationships programme and 12% accessed Thinking Skills programme available via probation

Outcomes

Out of the 17 domestic abuse perpetrators who accessed the ROOTs service between 2017 and 2022, 4 had unsuccessful outcomes. They left the service in an unplanned manner, with one service user doing so before they received accommodation or shortly after being accommodated due to breach of prison licence (for continuing to be abusive) resulting in 2 of them losing their accommodation and 1 which retained his accommodation.

13 domestic abuse offenders have successfully completed a programme of support and retained their accommodation giving the service a **76% success rate**. Whilst part of the success of the service implies the individual uses less abusive behaviour in their relationships, this cannot be confirmed as we know many victims will not report incidents to police. It is however indicative of positive outcomes in terms of domestic abuse offending and a good example of effective intervention work with perpetrators of domestic abuse in Tameside. Full detail on outcomes for perpetrators who accessed ROOTs service can be found in Appendix A.



7.6 Health

7.6.1 Maternity

The AVA needs assessment (2021) found interesting feedback from the enhanced maternity service who operate a 'Think Family' approach. The needs assessment found:

“While there is no data kept in this service on the perpetrators, repeat/serial and high harm perpetrators the professional presenting, this **service showed a good level of insight into perpetrator patterns** in the area.

For example, a member of their staff team talked about a **demographic of younger perpetrators** and shared a sophisticated understanding of Claire’s Law used to encourage women to find out about serial perpetrators to make informed choices. The Safeguarding Lead in the service talked about the unique window of opportunity for change making and the **need for more training to encourage her midwives to do more work with perpetrators**. The team also highlighted the need for a designated training offer to ensure that perpetrators were challenged by staff effectively and safely and that the opportunity to harness motivation was captured fully”

- DA needs assessment (2021)

7.6.2. Substance use

CGL is the substance misuse services provider in Tameside. Their service accepts referrals from any professional as well as self-referrals. One of the services they provide is the Reflect & Reconnect project, which works with individuals who are within the criminal justice system and have substance misuse issues. It gives service users advice, guidance and support

around substance use and harm reduction, such as ways of reducing use, harm reduction and linking it to their criminal behaviour and consequences within the criminal justice system.

Prevalence

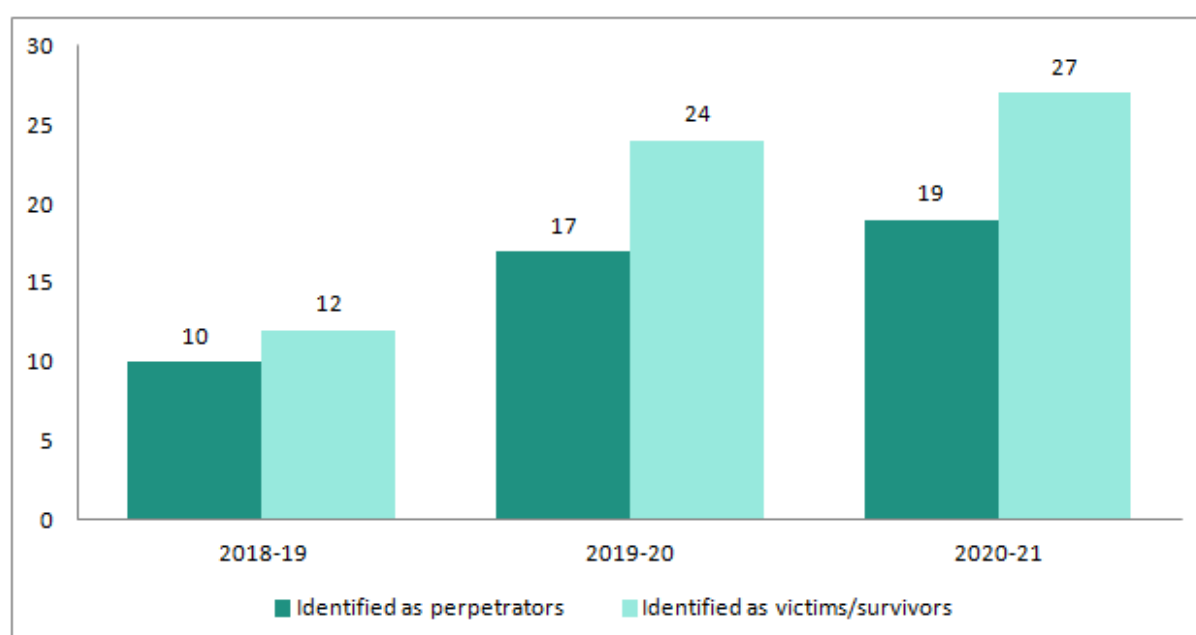
It is not usually known at the point of referral whether domestic abuse is a factor, as the referral takes minimal details and it is not until the personal assessment where specific needs are identified. For this reason, it is only where referrals were made by domestic abuse services that CGL is aware that domestic abuse is a factor. DA services made 6 referrals in 2020/21, which is double than in 2019-20 when 3 referrals were made.

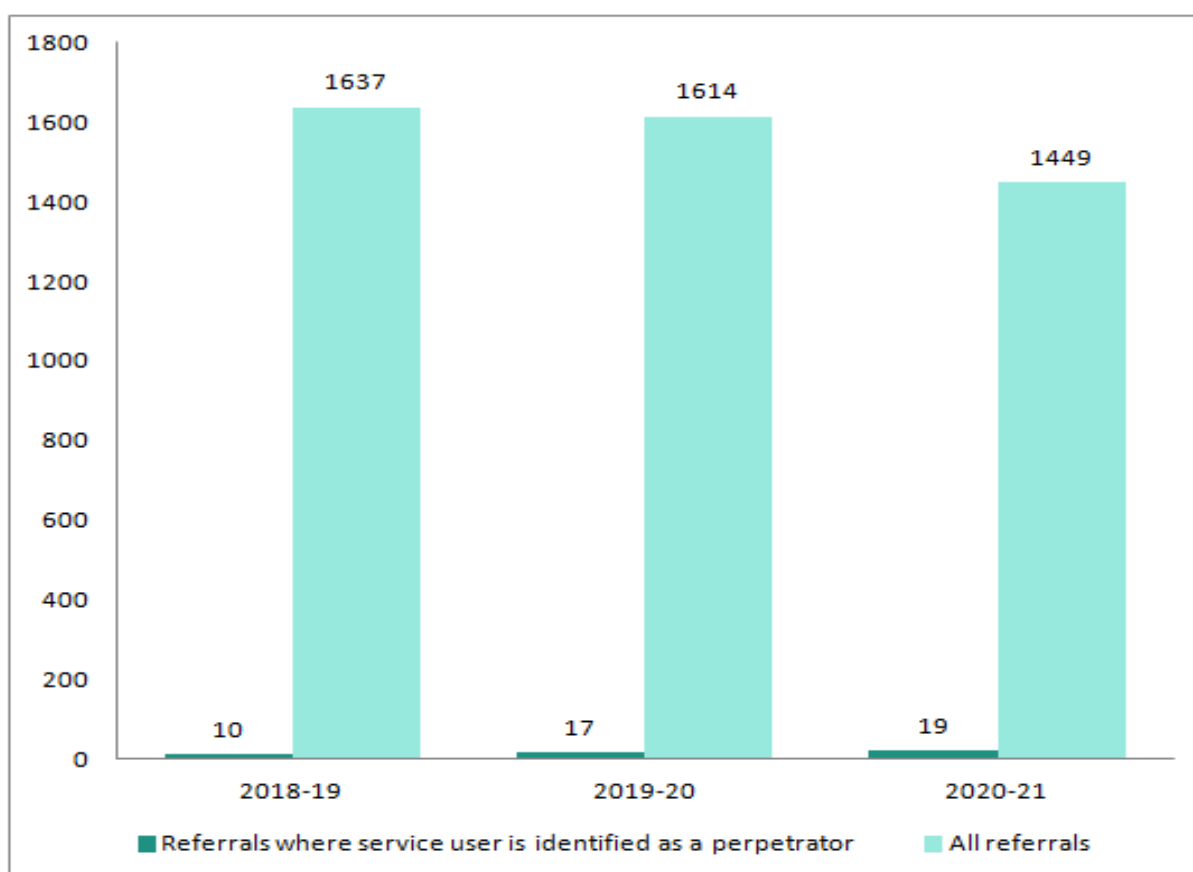
As part of the assessment the team asks service users whether they are at risk from anyone else or are considered a risk to other people and ask about their relationship history and if there has been any domestic abuse. If a service user was identified as a perpetrator of domestic abuse, they would be sign posted to the most appropriate service. The most common service they would signpost to is the TLC's Domestic Abuse Prevention Programme in Manchester. However, TLC charge a fee of £15-45 per person per session which makes it inaccessible to many Tameside residents.

Following the personalised assessment, CGL identified that in 2020-21 19 of their service users were perpetrators of domestic abuse, which was 1% of all referrals that year. It is unlikely however that all referrals led to a personalised assessment, so it may be an underestimate of the proportion of individuals referred who use harmful behaviours in their relationships.

It is important to note that whilst the identification of perpetrators of domestic abuse has increased from 2018-19 to 2020-21, the number of all referrals overall decreased. The number of service users identified by CGL as perpetrators has almost doubled since 2018/19, when 10 individuals were identified as perpetrators of domestic abuse. A similar increase was found in the identification of victims of abuse, which increased by 125% between 2018-19 and 2020-21. However, in the same time period the number of all referrals decreased from 1637 in 2018-19 to 1449 in 2020-21.

Chart 7.6.2a: Overview of service users identified as victims and perpetrators by CGL





Out of those service users who were identified as a perpetrator of domestic abuse in 2020-21, 42% received support for alcohol use (42%), 37% received support for alcohol and drug use (37%) and 21% received support for drug use. This pattern was also evident in previous years, where support for alcohol use was the most common support received by service users identified as perpetrators of domestic abuse.

Table 7.6.2.a: Support provided to perpetrators of domestic abuse

Perpetrator known to substance misuse for	2018-19	2019-20	2020-21
Referred for alcohol misuse	4	7	8
Referred for drug misuse	2	3	4
Referred for both alcohol and drug misuse	4	7	7
Other	0	0	0

The most common additional needs identified in perpetrators of domestic abuse every year since 2018-19 were 'unknown' and 'other'. As 'unknown' and 'other' are recorded as additional needs for 100% of perpetrators of domestic abuse for all three years, it may be that this additional need refers to the risk they present to their victim, or to their substance misuse need.

Other additional needs of note were unemployment (79% in 2020-21) and mental health (47% in 2020-21). These have been the two most common additional needs every year since 2018-19.

Table 7.6.2b: Overview of additional needs of perpetrators

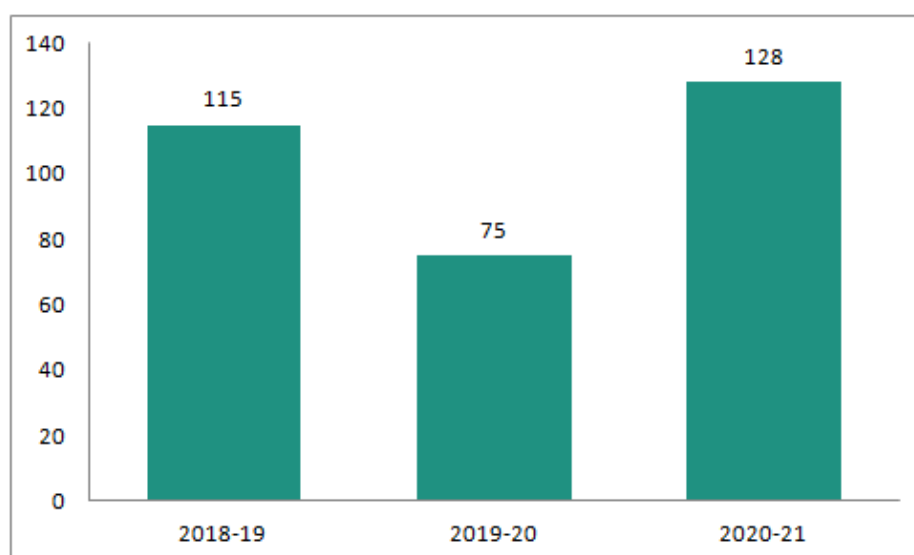
Additional needs of domestic abuse perpetrator			
	2018-19	2019-20	2020-21
Total number of service users identified as perpetrators	10	17	19
Learning disability	1	0	2
Mental health needs	5	8	9
Physical support needs/ health needs	1	1	3
Sensory support needs	0	0	0
Support with memory or cognition	0	0	0
Unemployed	8	13	15
Offending behaviour/ Crime	5	7	9
Other	10	17	19
Unknown	10	17	19

Outcomes

We wanted to consider what support substance use services provided to those who are perpetrators of domestic abuse. In 2020-21, substance misuse services contributed to 128 MARAC case discussions in Tameside. This is much less than the 19 referrals received by CGL in 2020-21, suggesting there are still missed opportunities to provide domestic abuse perpetrators with support around their substance misuse.

The number of cases where CGL have contributed to MARAC case discussions increased in 2020-21 from the year before by 71%. However in 2019-20 there was a significant decrease, from the year prior. This may suggest a difference in needs and vulnerabilities during the period of COVID restrictions.

Table 7.6.2c: overview of the number of MARAC case discussions CGL have contributed to



Since 2018-19 all individuals identified as domestic abuse perpetrators have a care and support plan in place. However, the *percentage of* those individuals being signposted on to other agencies had decreased year on year, with only 1 (5%) perpetrator being signposted in 2020-21, compared to 3 (18%) in 2019-20.

In terms of which services are perpetrators referred to, this differs. If a risk or need was identified during the service user's treatment journey, it would be explored and the most appropriate services would be liaised with. This could be specific support related to domestic abuse or for other holistic needs such as mental health, physical health or financial advice. Services for support specifically related to domestic abuse have included; TLC and Alternative to Violence.

7.7. Domestic abuse sector

7.7.1 Victim services (Bridges)

Bridges is commissioned by Tameside Council to provide support to domestic abuse victims in Tameside until 2024. They provide support to victims at all risk levels, including IDVA and outreach provision, and refuge for victims fleeing violence and their children. They also run the Freedom programmes in Tameside through their Family and Women's Centre.

Jigsaw Support does not provide support to perpetrators of domestic abuse, and thus has limited information on them. However, they have collected data in 2021/22, which captures some information on the perpetrators of their service users.

Demographics and needs of perpetrators

In both Q1 and Q2 2021/22 the most common age group of perpetrators of Jigsaw Support service users was 26-34 years old, with perpetrators in this age group making up 42% and 30% of all perpetrators respectively. There is likely to be an under-representation of older perpetrators, as older victims are less likely to access support services.

Table 7.7.1a: overview of age groups of perpetrators of Jigsaw Support service users

Perp Age	Q1 2021 - 22	Q2 2021 - 22	Q3 2021 - 22	Q4 2021 - 22
Under 18	4	7		
18 - 25	42	47		
26 - 34	110	91		
35 - 44	59	83		
45 - 54	32	42		
55 - 64	19	20		
65+	2	2		
Unknown		13		

In regards to the relationship between the perpetrator and the victim, victims accessing Jigsaw Support most commonly experienced abuse from an ex-partner in both Q1 and Q2 2021/22 (70% and 67% respectively). This was followed by current partners (16% and 15% respectively).

Table 7.7.1b: overview of relationship between perpetrator and victims accessing Jigsaw Support

Relationship to Victim	Q1 2021 - 22	Q2 2021 - 22
Adult Child to Parent:	13	14
In a Relationship:	46	45
Married/Civil Partnership:	18	26
Other Family:	3	1
Parent to Adult Child:	5	7
Separated:	205	198
Sibling to Sibling:	2	3

In terms of the needs of perpetrators, the most common unmet need identified was parenting and relationships, with this being an unmet need for 33% and 30% of perpetrators in both Q1 and Q2 2021/22 respectively. This was followed by substance misuse (30% in Q1 and 26% in Q2) and mental health (15% in Q1 and 19% in Q2).

Housing was not a commonly identified unmet need, with it being identified for only 8% of perpetrators in Q1 and Q2 2021/22. This fits in with the low numbers of perpetrators making homelessness applications (as stated in section 7.3.1 only 17 perpetrators presented themselves as homeless in 2020/21 in Tameside). This is likely due to the onus being on the victim to move and may only become more prevalent with the new DA Act 2021 and the new duty on local authorities of the provision of safe accommodation for victims of domestic abuse.

Table 7.7.1c: overview of unmet needs of perpetrators of victims accessing Jigsaw Support

Perp Unmet Needs	Q1 2021 - 22	Q2 2021 - 22	Q3 2021 - 22	Q4 2021 - 22
No unmet needs	23	16		
Substance Misuse	134	35		
Mental Health	65	25		
Housing	34	11		
Financial	31	5		
Wider Health	10	2		
Parenting & Relationships	148	40		

7.8 Key Learnings

This section concludes the data and information presented within this section, highlighting the key learning points and considerations for a future response to domestic abuse perpetrators in Tameside.

- **Improved data collection and analysis around perpetrators:** Data collected by agencies in Tameside is mostly victim or child-centred. Whilst information on perpetrators may be held by data systems within case notes or further details may be known to the practitioner, the data is not stored in a way that is reportable or able to be analysed. This presents a difficulty in which there is very little data which can be used for strategic planning. Data is important in informing commissioning intentions and can be helpful to shape understanding of the client group and their needs. Most notably, no agency held demographic data on perpetrators. The Local DA Partnership should consider how agencies can be supported to collect data and regularly analyse and review it.
- **Financial difficulty and unemployment a key need:** Whilst data was limited, it was clear that where data was collected on support needs for individuals identified as domestic abuse perpetrators, financial difficulty and unemployment were one of the primary needs, alongside mental health and substance misuse. This fits in with previous national findings, from the Drive evaluation⁵⁵, which found that the most prevalent needs amongst their service users were financial (61%), poor physical health (62%) and poor mental health (52%). This is particularly pertinent in Tameside, where Tameside is one of the 20% most deprived districts in England and this need may be even more prevalent amongst domestic abuse perpetrators. Any commissioned service working with perpetrators should have strong links with local financial and debt services as well as other mental health and substance misuse services.
- **Lack of appropriate interventions for perpetrators:** There is very limited opportunity in Tameside for perpetrators of domestic abuse to engage with a service which supports them to change their behaviour. Referrals within any organisation for individuals identified as perpetrators to support services are low (however this may be due to the limited data available). Whilst there is a clear need to support perpetrators to change their abusive behaviours, support on offer currently is very limited.
- **Support for perpetrators who do not have children:** Currently, whilst the support in place for perpetrators is very limited, the best offer of support comes from Early Help services. This limits the support to those who have children and leaves those who are child-free more vulnerable. Other services should consider what support could be put in place and how to engage with those who do not reach threshold for statutory services.
- **Linking in with already existing local projects:** Whilst there are no perpetrator programmes available in Tameside, there are several small projects working with cohorts of individuals who may be perpetrators of domestic abuse, such as ROOTs, Motiv8 amongst others. Whilst we were able to analyse data from the ROOTs project, which provided insight into the needs of perpetrators of domestic abuse, there are also other existing projects for which we were unable to obtain data. Any future domestic abuse perpetrator programme in Tameside should use learnings from such local projects to gain a better understanding of the local population, their needs and how best to engage them. They should also maintain close working relationships to

⁵⁵ University of Bristol (2020): Evaluation of the Drive Project
<http://driveproject.org.uk/wp-content/uploads/2020/01/Drive-Evaluation-Report-Executive-Summary-Final.pdf>

ensure a holistic approach is taken, as the cohorts of individuals accessing these already existing services and the perpetrator programme may overlap.

Section 8: Professionals experiences of the response to perpetrators

8.1 Survey of professionals in Tameside

Between November 2021 and January 2022 we ran an online survey for any professional working in Tameside in a front-line role. The aim of the survey was to understand current knowledge, training and awareness in relation to responding to perpetrators. The survey also included a review of professional perceptions of perpetrator needs. This section provides an overview of findings.

8.1.1 Overview of respondents

Overall, we received **responses from 100 professionals** from a wide range of agencies. The most common respondents were from Housing (23%). This included responses from both Housing Associations (17%) and Local Authority (6%). This was followed by Children's Social Care (21%), including Early Help, young engagement service, the child protection and child in need teams and an early years worker.

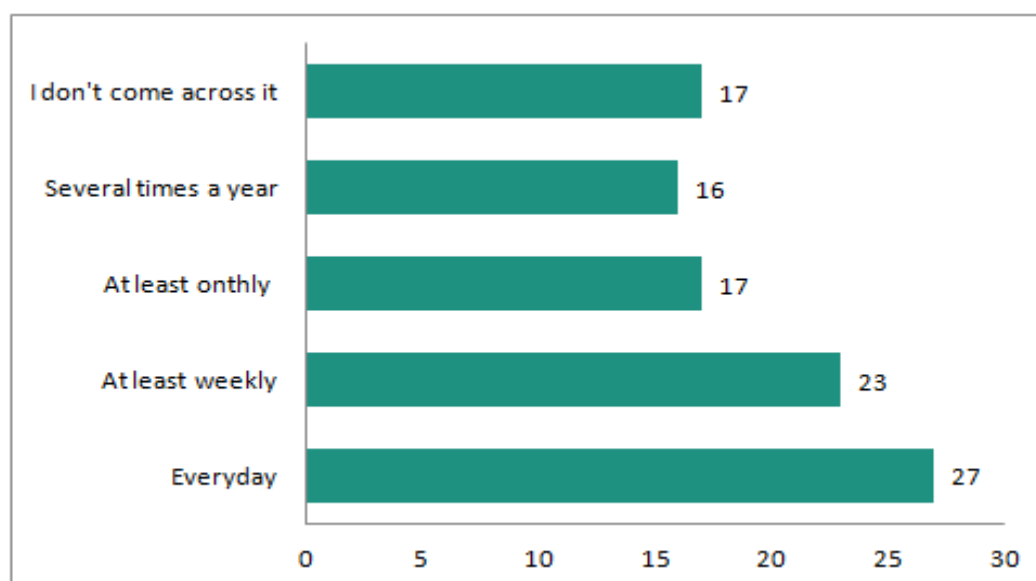
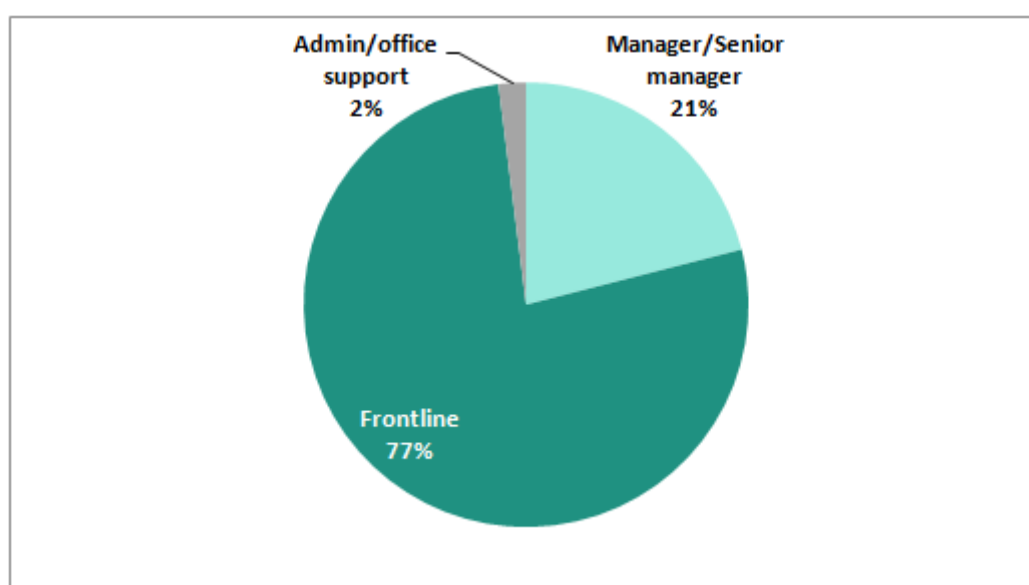
Table 8.1.1a: Overview of survey respondents

Children's Social Care (21%) <ul style="list-style-type: none"> - Early Help - Young engagement - Child Protection - Child in Need - Early Years 	Education (7%) <ul style="list-style-type: none"> - Schools - Higher education 	Housing (23%) <ul style="list-style-type: none"> - Housing Associations - Local Authority - Supported Housing 	Health (4%) <ul style="list-style-type: none"> - CCG safeguarding - Acute settings - Mental health settings
Substance use (5%)	Other (4%) <ul style="list-style-type: none"> - Support Worker - Supported employment - Safeguarding and quality assurance - Front line service 	Police (1%)	ASC (9%) <ul style="list-style-type: none"> - Front Door Social Worker
Leisure Centre (8%)	YJS (4%)	Specialist DA Services (10%) <ul style="list-style-type: none"> - Community service - Refuge 	Debt Service (1%)



The vast majority of professionals (77%) who responded came from a front-line facing role. This was followed by 21% of respondents who were in a management or senior management position and just 2% coming from admin/office based roles. The extent to which the respondents came across domestic abuse in their role varied widely, with 27% stating they came across it daily, 23% coming across it weekly and 17% coming across it monthly. 17% of respondents stated they do not come across domestic abuse at all. Out of those who stated they do not come across domestic abuse at all 65% came from a front-line role.

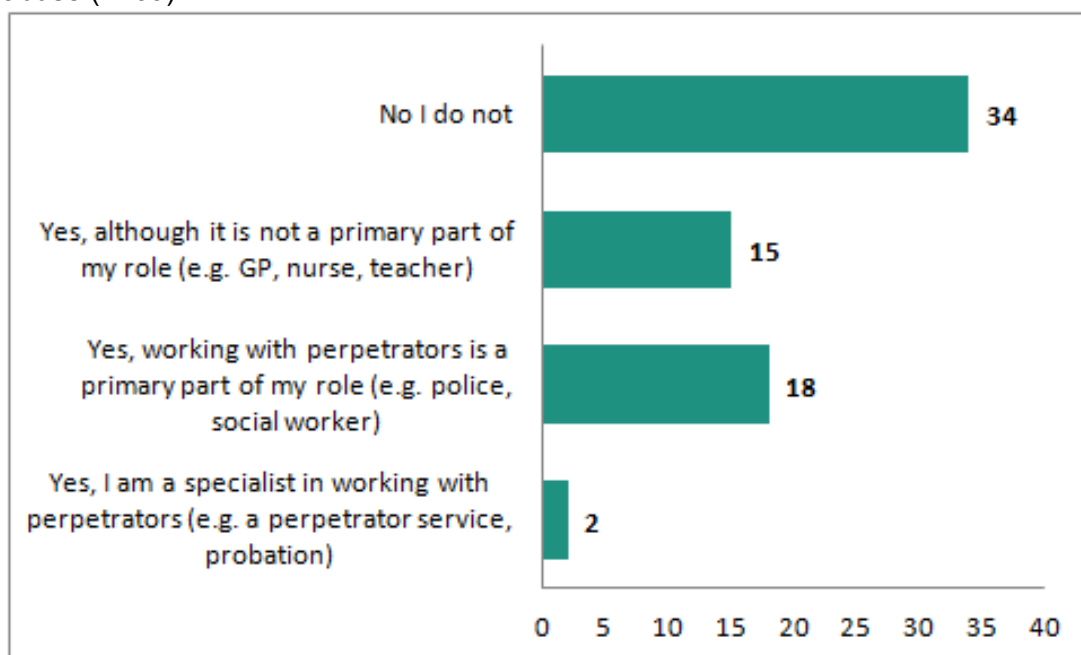
Chart 8.1.1a: Overview of how frequently professionals come across domestic abuse



Finally, we wanted to understand whether the respondents worked directly with perpetrators of domestic abuse and found that 49% did not work with perpetrators. This was followed by

26% of respondents who stated that working with perpetrators was a primary part of their role.

Chart 8.1.1b: Overview of how many professionals work with perpetrators of domestic abuse (n=69)



8.1.2 Professionals domestic abuse awareness and training

8.1.2.1 Overview of training needs

The majority (80%) of respondents stated they had not received any training around working with perpetrators of domestic abuse in Tameside.

Chart 8.1.2.1a: Overview of how many professionals received training around working with perpetrators (n=75)

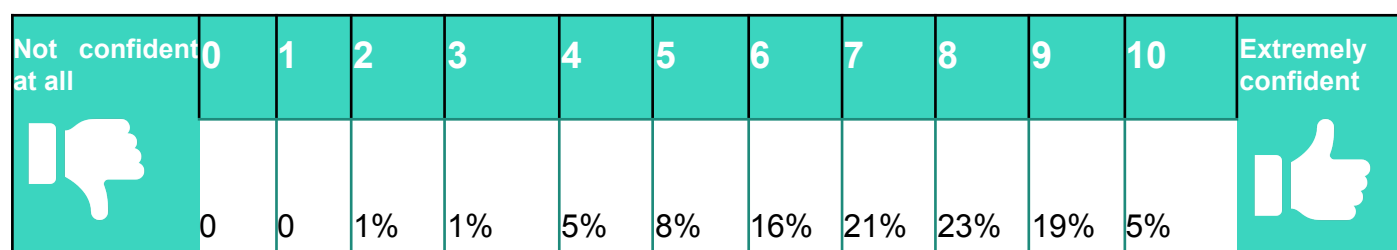


Out of the professionals who stated they did receive training, this mostly included safeguarding training and domestic violence/abuse courses such as the Freedom Programme. Only one respondent stated they have received Respect UK training.

To date most interventions for domestic abuse have been based around the identification and response to the victims/survivors of domestic abuse. The government's upcoming Perpetrator Strategy has committed to refreshing the MAPPA Statutory guidance to ensure '*all agencies involved take steps to identify domestic abuse perpetrators*'. It's thus important that agencies are aware of professionals' ability to identify perpetrators and be confident in how to respond to them.

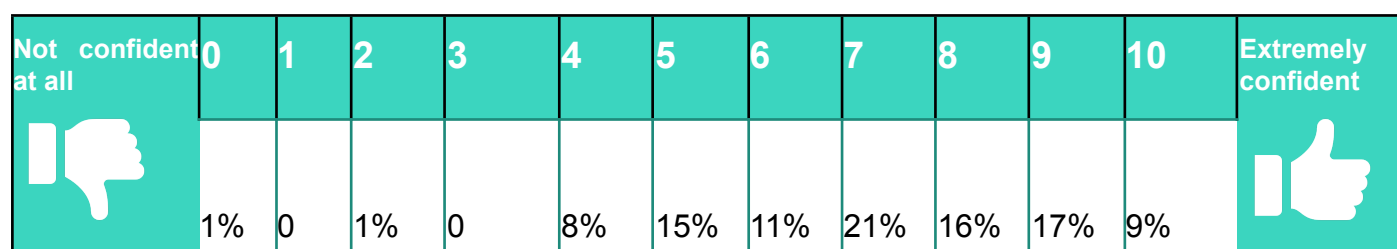
Overall, professionals in Tameside were somewhat mixed in their ability to spot the signs and identify an individual that is using abusive or harmful behaviour in intimate or family relationships and the majority of respondents were more confident than not. Almost half (47%) were confident about spotting the signs, and scored their confidence as 8 or above. It is surprising to receive these higher confidence levels, given that the majority of respondents had not received any training on working with perpetrators.

Chart 8.1.2.1b: Overview of how confident professionals are at identifying a perpetrator of domestic abuse (n=75)



Although professionals were mixed in terms of confidence to spot the signs, once they were asked how confident they would be in knowing what to do, the result showed a less confident picture with 42% scoring their confidence as 8 or above. There was an increase in the mid-scores (4-5), suggesting professionals were unsure whether they would know what to do.

Chart 8.1.2.1b: Overview of how confident professionals are at responding to a perpetrator of domestic abuse (n=75)

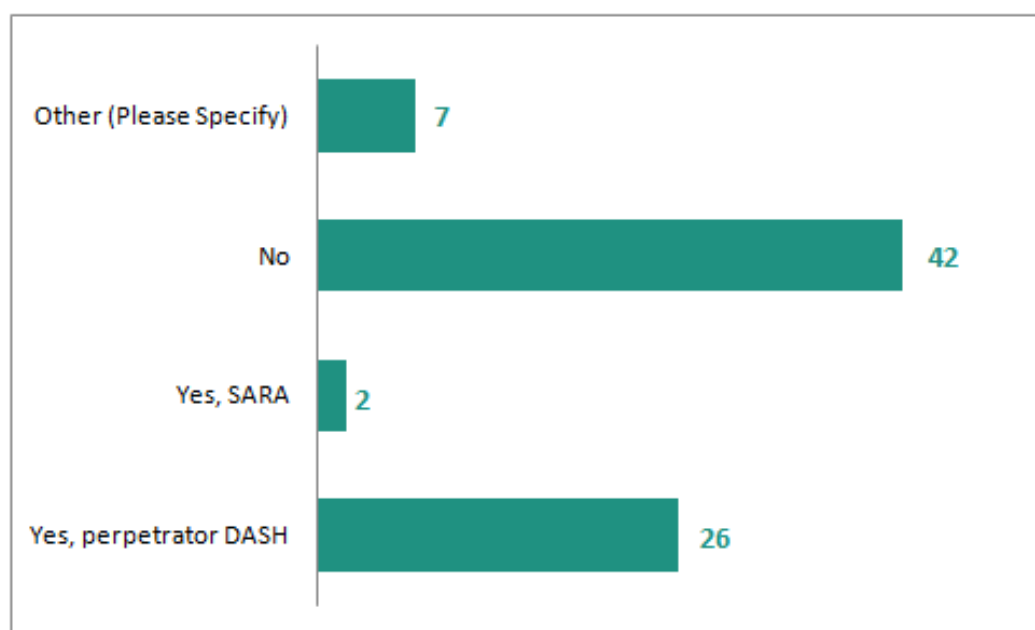


When the respondents were asked how many use a risk assessment tool, 60% stated they do not use any, 37% stated they use the perpetrator DASH and 3% use the SARA. The SARA is aimed to be specifically used to risk-assess abuse between intimate partners and therefore excludes adult family violence, a form of domestic abuse sometimes missed by

professionals. An analysis of Domestic Homicides Reviews⁵⁶ found that a failure to identify and assess risk was a key theme in adult family homicides cases, with examples of cases in which professionals assessed the risk a perpetrator posed to their intimate partners or only some members of the family.

Just under 1 in 10 (9%) of respondents stated they use other domestic abuse risk assessment tools, which included; different forms of the DASH, ie Young Person's DASH, DASH for the victim and children's social care assessments. Three respondents (4%) stated they were unsure or did not know, suggesting they were not familiar with domestic abuse risk assessments. All three work in a frontline service role, with one coming across domestic abuse daily. Whilst this is a small cohort of the respondents overall, it is concerning that frontline practitioners who work with domestic abuse regularly do not have knowledge on domestic abuse risk assessments. Any domestic abuse training provided in Tameside should ensure it covers risk assessments and identification of domestic abuse.

Chart 8.1.2.1d: Overview of respondents' use of domestic abuse risk assessments (n=77)



Our next questions explored the attitudes and beliefs of professionals working across Tameside. This was completed by using a range of statements presenting myths and stereotypes about domestic abuse, and asking practitioners to rate the extent to which they agreed or disagreed with each statement. There were a number of positive results demonstrating a good level of understanding about the dynamics of domestic abuse;

- **73% disagreed that some victims put themselves at risk** by choosing abusive partners. Positively, this was found to be a commonly held belief in Tameside, with them commenting:
"That victims 'put themselves at risk' - It is perpetrators who put the victim at risk"
- **76% agreed that the motivation for abusive and harmful behaviour is usually power and control** and **78% agreed that domestic abuse was a pattern of behaviour** rather than a one off incident. Although domestic abuse is often referred to as 'incidents' this model does not account for the ongoing context of coercive and

⁵⁶ Standing Together Against Domestic Abuse: Domestic Homicide Review (DHR) Case Analysis, 2016

controlling behaviour and non-physical abuse that will happen throughout the relationship. When agencies do become involved it is often due to an escalation through an 'incident' of physical violence, however it is vital that it is recognised that these incidents are not isolated and often form part of a perpetrators broader abuse tactics. It is therefore positive that professionals in Trafford generally recognise domestic abuse is a pattern of behaviour.

- **68% disagreed with the statement that it is difficult to identify who the perpetrator** is as in most cases both parties are equally abusive.
- **45% disagreed that it is too high risk for professionals to discuss abuse with perpetrators** as it can make the situation worse. 18% agreed and 38% were neutral. This belief was identified by several respondents as being commonly held in Tameside with them commenting;

"It is too high risk for professionals to discuss abuse with perpetrators as it can make the situation worse; this is reported a lot by frontline staff and they have difficulty in having this type of conversation"

"Discussing abuse with a perp depends on the nature of the person and the context"

"It is too high risk for professionals to discuss with perpetrators as it makes the situation worse. I think if the support, skills and confidence, appropriate setting, working contracts are in place and risk assessments are completed it should be something that is supported"

"At present I believe it is high risk to discuss abusive situations with perpetrators. I think the lack of support services that specifically deal with perpetrators in Tameside makes this a barrier and, as a result, hinders progress for individual victims and the sector."

Whilst it's important professionals are able to identify when discussing the abuse with the perpetrator will increase risk to the victim, it's also important to recognise that without having those discussions and working with the perpetrator to change their behaviour it becomes less likely that their abusive behaviour will stop. Professionals should be confident in knowing how to respond to perpetrators and this includes how to have conversations with them about the abuse.

There were several other questions within our scale that caused a significant number of neutral responses, which suggest that professionals were unclear about whether the statement was true or false. These could be areas for the next strategy to focus on in terms of improved awareness. These included;

- **42% were neutral on the statement that perpetrators of abuse usually have a history of trauma or abuse**, with 46% agreeing with that statement. Research has shown that the majority of individuals who experienced maltreatment as a child are not violent towards their own children. Estimates from prospective studies range from 8% in the United Kingdom to 40% in the United States. The reported rates vary because of the different study methods, but they are consistent in finding that only a

minority of parents with a history of childhood. This is similar in the instance of domestic abuse with trauma and childhood maltreatment not being indicative of violence or abuse to an intimate partner with other research finding that individuals who experienced maltreatment as a child are not violent within family relationships. Estimates in the UK suggest only 8% go on to be abusive suggesting only a minority of parents with a history of childhood abuse and trauma go on to abuse their intimate partner. Indeed if this was the case we know from research that abuse of male and female children is similar (albeit with some variation based on abuse type) yet there are a disproportionate number of male perpetrators of domestic abuse, which we would expect to be more equitable if trauma and childhood maltreatment was the cause. Rather we know that trauma and childhood maltreatment could be linked to the type of abuse and interventions required. There was a similar response from professionals in terms of **children growing up in households where there was domestic abuse becoming a victim or perpetrator with 47% neutral and 44% agreeing or strongly agreeing this would be the case**. This is the same as the evidence noted above, there is no causal link. This was however identified as a monomly belief held by practitioners, with one commenting;

“In terms of youth offending,[...] we do find that many of the young people who commit aggressive offences, or are struggling with their emotions and lashing out have often witnessed or been victim to some form of trauma/ abuse.”

“I agree slightly that some perpetrators have had a traumatic past, and I have believed this for many years, but I have come across one perpetrator who did not, this slightly shades my belief in this one”

- **49% were neutral that people who use harmful behaviour in their intimate relationships can still be a good parent.** Even where domestic abuse is not directed at the child, the impact on the child of one parent being abusive towards another is significant. SafeLives’ research⁵⁷ found that children were suffering multiple physical and mental health consequences as a result of exposure to domestic abuse. Amongst other effects, over half (52%) had behavioural problems, over a third (39%) had difficulties adjusting at school and nearly two thirds (60%) felt responsible or to blame for negative events. One respondent commented;

“I find this attitude prevalent in children's social care”

- **41% agreed, with almost as many disagreeing (39%) that it is usually men who are perpetrators of domestic abuse.** Whilst an individual of any gender can be abusive in their relationships, statistics show that a majority of perpetrators are men.

“There are generalised toxic masculinity-type attitudes prevalent in Tameside.”

⁵⁷ SafeLives (2014), In Plain Sight

https://safelives.org.uk/sites/default/files/resources/In_plain_sight_the_evidence_from_children_exposed_to_domestic_abuse.pdf

“ I am of course aware that there are female perpetrators of domestic abuse but it is still largely male perpetrators towards female victims and our referrals and MARAC referrals in Tameside do reflect this.”

- **38% were neutral that there are a lot of false allegations in domestic abuse** and 9% agreed with the statement. At the centre of domestic abuse is the perpetrator exerting power and control over the victim, a dynamic which cannot be replicated both ways. However, some perpetrators of abuse will present as victims, some because they view themselves in that way and some because it is another form of exerting power over their victim. It's important that professionals are able to identify the primary victim and the primary perpetrators domestic abuse cases.

Other areas in which professionals were neutral or agreed with statements that were misconceptions were;

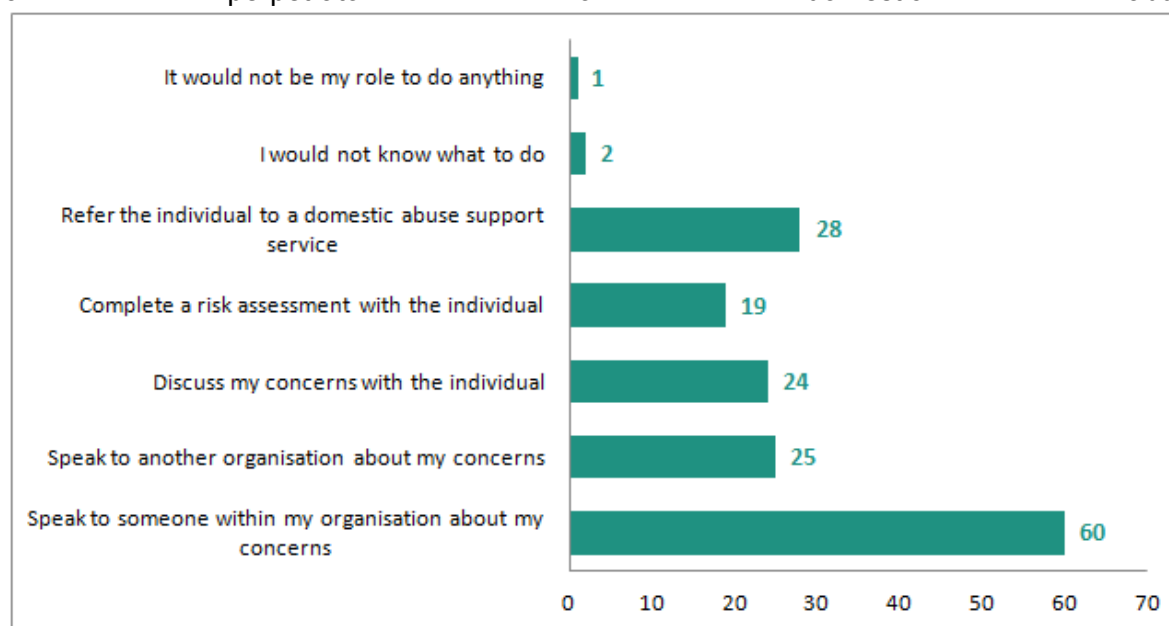
- **Almost half of the respondents (49%) disagreed with the statement that perpetrators will never change their behaviour.** 32% were neutral and 19% agreed. This outlook leaves little room to explore approaches which are aimed at reducing perpetrators' use of violence and abuse and gives way to the viewpoint that violent behaviour is not a choice. whilst it should be recognised that changing violent behaviour is a difficult and long path, it is possible to do. The DRIVE project, which works with high-risk, high-harm perpetrators of domestic abuse, found that their intervention led to a reduction of physical abuse by 82%, sexual abuse by 88%, harassment and stalking behaviour by 75% and jealous and controlling behaviours by 73% perpetrated by their service users⁵⁸.

8.1.3 Overview of domestic abuse support and pathways

Our next few questions relate to the support pathways that exist in Tameside. When asked to provide examples of the actions respondents would take if they suspected someone to be a perpetrator of domestic abuse, only 2 (3%) respondents stated they would not know what to do and one stated that it would not be in their role to do anything. The majority (80%) stated that they would speak to a colleague within their organisation about their concerns and 37% stated they would refer the individual to a domestic abuse service. The least chosen response was completing a risk assessment with the individual, however this was still chosen by 25% of respondents.

⁵⁸ University of Bristol (2020), Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse
<http://driveproject.org.uk/wp-content/uploads/2020/01/Drive-Evaluation-Report-Executive-Summary-Final.pdf>

Chart 8.1.3a: Overview of actions professionals would take if they identified an individual as a perpetrator of domestic abuse



It's important to note that it will not always be safe to complete a risk assessment or speak to the individual, as expressing concerns to the perpetrator may increase the risk to the victim/survivor in that situation. This was recognised by some of the professionals, with them stating:

"I would only speak to the individual and make a referral if they identified that they were abusive. If they did not that I would not raise the matter with them as it could make matters worse"

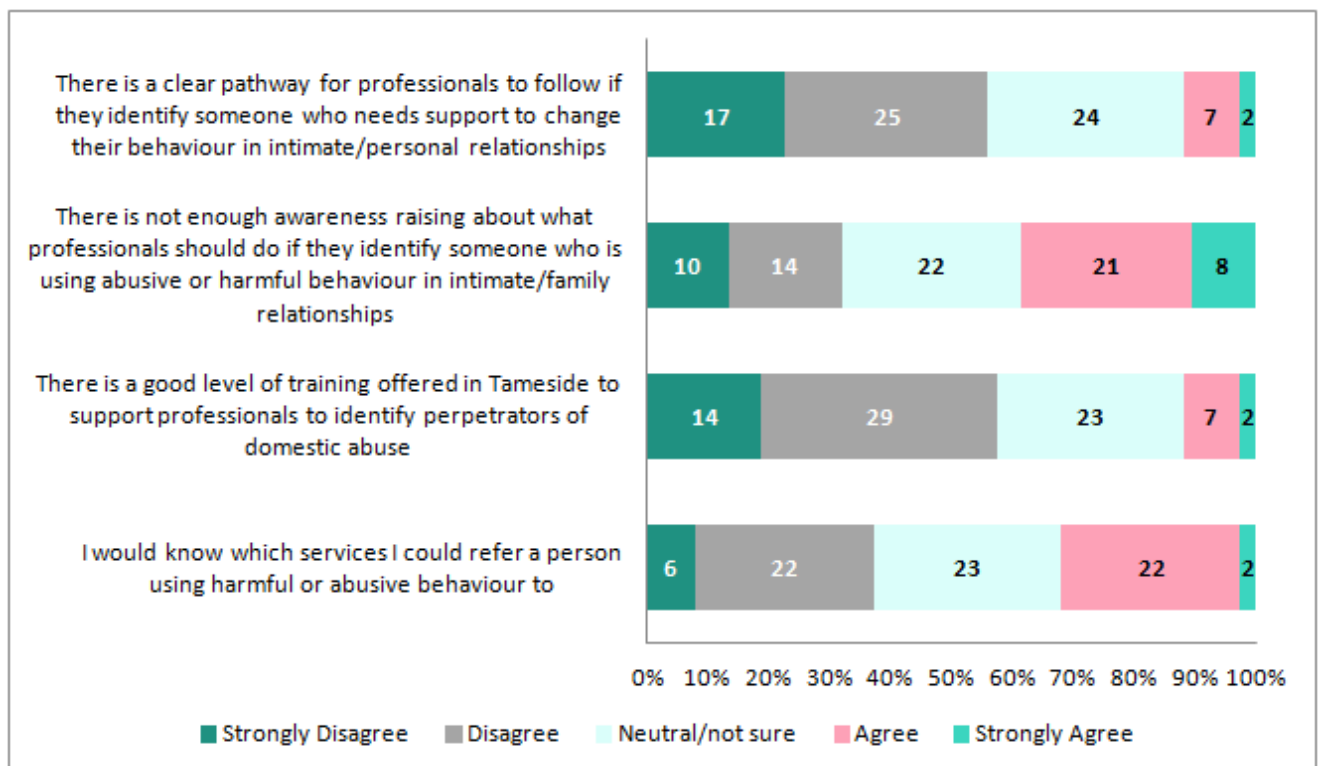
"I would seek to safeguard the victim by doing a risk assessment with them and trying to get them into service. If they did engage then I could discuss with them a referral for the perpetrator into a recommended perpetrator programme but this would need to be managed carefully. I would not want to aggravate the situation and put the victim at further risk."

We asked professionals about their opinions on support pathways for perpetrators in Tameside. We found the following responses;

- The respondents were split in their level of knowledge of perpetrator services. **38% stated they disagreed or strongly disagreed that they felt they knew which services to refer a perpetrator to**, 32% stated they disagreed or strongly disagreed and 31% stated they were neutral. Out of those who stated they disagreed or strongly disagreed, 48% came across domestic abuse every day or weekly. This suggests that a lack of knowledge of perpetrator services is prevalent not only in those who do not often respond to domestic abuse, but also in professionals who are experienced in doing so.
- **58% of respondents disagreed or strongly disagreed that there is a good level of training offered in Tameside to support professionals to identify perpetrators of domestic abuse**, and 31% were neutral on this. This suggests a gap in training on offer and should be considered when developing any training package on domestic abuse.

- The opinion above is reflected in the next statement, as **39% agreed or strongly agreed that there is not enough awareness raising about what professionals should do if they identify someone who is using abusive or harmful behaviour in intimate/family relationships**, with a further 29% being neutral on this. It's important that professionals are supported to effectively respond to perpetrators of domestic abuse and are provided with sufficient training and given advice through policies or toolkits to do so.
- **55% disagreed or strongly disagreed that there is a clear pathway for professionals to follow if they identify someone who needs support to change their behaviour in intimate/personal relationships**, with a further 32% being neutral on this. This showcases that the referral pathways into perpetrator services are not strong enough. These need to be clarified to professionals locally to ensure that perpetrators are offered support via referrals into specialist services. This is made more challenging in Tameside due to the lack of a commissioned service, which reflects the national picture with coverage of perpetrator services still being insufficient across England and Wales.

Chart 8.1.3b: Overview of professionals beliefs regarding support pathways for perpetrators (n= 75)



Whilst it's crucial professionals are aware of specialist services and their referral pathways for victims/survivors of domestic abuse, it's also important that frontline staff know how to respond once they have identified someone using harmful behaviours in their relationships. Professionals in Tameside gave a variety of answers when asked which services they would refer a perpetrator to. The most common one (35%) being that there is no perpetrator service that they are aware of in Tameside.

The most common service that professionals would refer a perpetrator to (23%) mentioned in the responses was Bridges or other domestic abuse services (e.g. 'National domestic abuse helpline'). Bridges is a commissioned domestic abuse service in Tameside, however it does not work with perpetrators of domestic abuse, as it provides support to victims/survivors. Whilst Bridges is not a service working with the individual causing the harm, it is positive to see professionals turning to a specialist domestic abuse service which can support the victim/survivor, safety-plan with them and help to put in place short-term interventions to reduce their risk.

"None that I am aware of I would ring Bridges for advice"

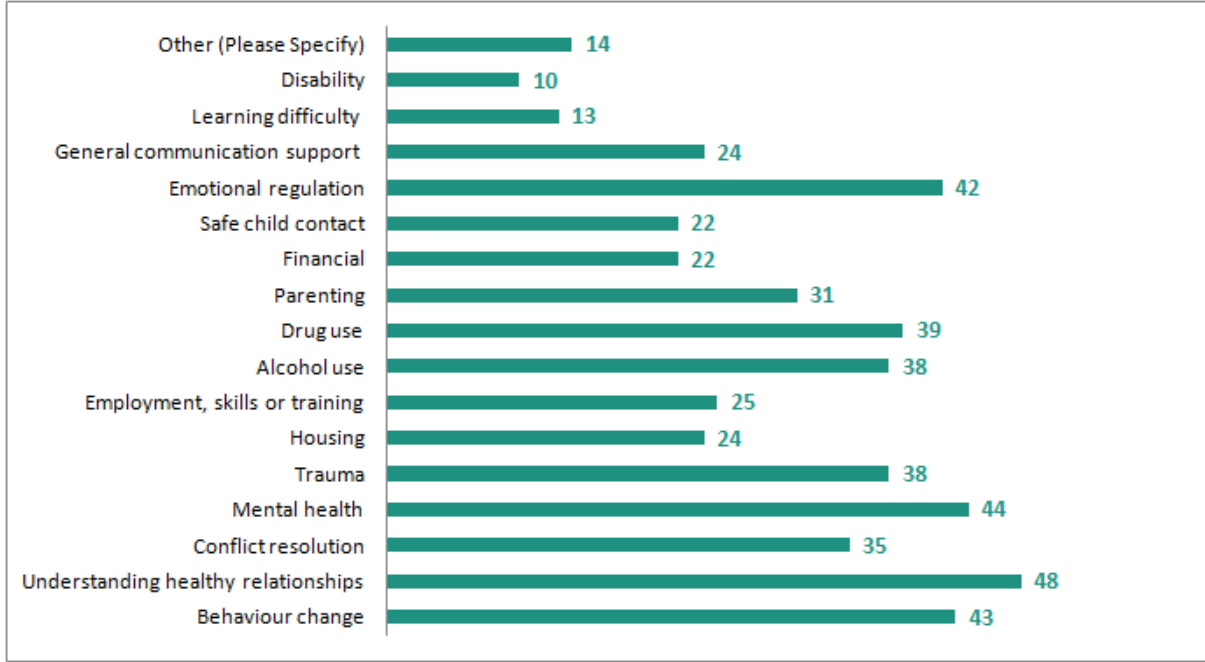
"Unknown, would find out through Council website/internal contacts"

The second most common service mentioned was the AVP MEND programme (12%). The AVP project is a charity supporting adults to deal with conflict and reduce the violence in their lives. It uses a holistic approach, which includes interactive workshops, experiential learning, self-awareness exercises and more practical skill development in conflict management. The workshops are not free (as recognised by some of the respondents). AVP is not a commissioned service in Tameside and operates nationally. It is also not a specialist perpetrator programme, but is open to all who use violence.

Other responses included police, GPs, MASH, Women's Centre. The only specialist perpetrator programmes mentioned were the TLC perpetrator programme (7%), the DAPP run by Caffcass (3%) and Respect UK (1%). The DAPP programme is delivered by local providers nationally and in Greater Manchester this is TLC and their Bridging to Change programme. TLC's programme is Respect accredited, which requires going through a robust quality assurance process. The programme is free of cost only if it is court ordered, which is likely to exclude a large number of perpetrators and may be inaccessible to those who cannot afford the costs.

Our survey also explored professionals' views on the needs of the perpetrator by asking them what common vulnerabilities they identified in their work with perpetrators of domestic abuse. The most common answer was understanding healthy relationships (65%), followed by mental health (59%) and behaviour change (58%). This highlights the need for clear referral pathways and robust commissioning around a perpetrator programme, which can provide support around these issues.

Chart 8.1.3.c: Overview of professionals beliefs regarding the needs of perpetrators



Other needs mentioned by 50% or more respondents were emotional regulation (57%), drug use (53%), alcohol use (51%) and trauma (51%). Such high agreement amongst these various vulnerabilities shows the need for any perpetrator programme to closely work with other specialist mental health and substance use services.

When asked what were the barriers professionals found in meeting the needs of perpetrators, the common answers were lack of perpetrator programmes, perpetrators’ lack of insight into their abusive behaviour and lack of training.

Barriers to meeting the needs of perpetrators	Details
Lack of perpetrator programmes and limited access to other services	<p>“There are no perpetrator programmes that we are aware of and able to refer into in Tameside.”</p> <p>“Access to mental health treatment, counselling and drug and alcohol treatment is a lengthy process”</p> <p>We work with children who are considered abusive and exhibiting perpetrating behaviours. By law children are not considered to be domestic abusers therefore making access to services difficult and limited. We could offer support for young people who exhibit harmful behaviour but do not have the funds/staff levels to do so.”</p> <p>“No programmes for perpetrators, very limited support. often perpetrators are 'hidden'. programmes often limited to groups with very little take up. we should have more joined up working with probation / yos in terms of prevention”</p>

	<p><i>"Availability of support for people, waiting times,"</i></p> <p><i>"Cycle of abuse if there is no support for perpetrators it will just go round in circles"</i></p> <p><i>"Service unavailability."</i></p>
Perpetrators' lack of insight into their abusive behaviour	<p><i>"The barriers are perpetrators identifying them self as an abuser, as they often think their behaviour is acceptable or they only acted the way they did because the victim made me do it."</i></p> <p><i>"Barriers - recognition of a problem from perp, relies on a willingness to change."</i></p> <p><i>"Difficulties with engagement of victims and perpetrators of DA. The impact of this is that practitioners have to believe that they think what the client needs rather than being told."</i></p>
Lack of resources and training	<p><i>"Funding, continuity, more focus on the victim, lack of awareness or empathy towards perpetrators & the reasons behind their harmful behaviours"</i></p> <p><i>"Training and knowledge about them"</i></p> <p><i>"Place to support them funding experts in field to train professional up"</i></p> <p><i>"Being identified as a perpetrator can cause concern with professionals managing risk around supporting an individual"</i></p> <p><i>"Risk Averse - Lack of Training and appropriate resources to implement training - Shared professional approach - Role Play"</i></p> <p><i>"Lack of clinical supervision"</i></p> <p><i>"Gaps - Lack of courses available, lack of specialist knowledge for workers, lack of female centred perp courses"</i></p>
Perpetrators' traumas and fears of professionals	<p><i>"Personal histories and own traumas"</i></p> <p><i>"Victims may not want to speak out due to fear of the consequences from professionals e.g. children being removed"</i></p>

8.2 Perceptions of strategic stakeholders in Tameside

This section provides an overview of the key themes that have emerged throughout interviews conducted with strategic stakeholders in Tameside. All quotes contained within this section will be presented verbatim so grammar may not always be accurate. Overall, we spoke to 10 professionals from 8 agencies and received further feedback from operational teams.

Across the interviews we identified a number of key themes which we have organised into a number of learning areas. These are:

- **Victim-focused response**
- **Provision of support**
- **Gaps and barriers**
- **Additional needs of perpetrators**
- **Future response**

8.2.1 Victim-focused response

All the stakeholders we spoke to recognised that currently the response to domestic abuse in Tameside is victim/focused. They felt that there was a culture of expecting the victim/survivor to leave the abusive relationship and professionals putting things in place to make this possible and as safe as possible, rather than consider how to help the perpetrator change their behaviour.

“It’s very much victim focused, isn’t it. Where there’s very much put into the victim, rightly, I’m not saying it shouldn’t be, but it’s then what about what about the perpetrator?”

“Actually the assessment has been top heavy with victim focus work and not necessarily blaming the victim, but if you’re that victim, maybe feeling a little bit to blame because you can’t protect, or you’re seen not to be able to protect and you have to have all these services in place, but actually it’s much better to have the expertise and someone in place to address the perpetrator and think about what’s the triggers, what’s the root cause what are the life experiences of that perpetrator. And that’s been frustrating for many, many people for the last well God knows how long.”

“I think a big response around perpetrators is blaming the victim to say you need to get rid of them and I think it’s almost a culture change and then acceptance.”

“It’s almost like an afterthought with the perpetrator.”

“It’s not really spoken about as such.”

“It’s always focused on the woman that’s left in a lot of instances or people saying ‘you must leave because you put your child at risk’.”

“I think it’s only recently that perpetrators, they’re focusing on perpetrators as in doing any sort of meaningful work.”

“I might be wrong because I’ve never worked in MASH. but I’m pretty sure it’s all victim-based.”

“What I would say is that when we do focus on domestic abuse, it's probably more towards the victim.”

8.2.2 Provision of support

The initial theme that emerged from our interviews with strategic stakeholders was the current provision of support to perpetrators of domestic abuse in Tameside. All professionals we spoke to worked in services being utilised by perpetrators. Whilst the extent to which their agency worked with perpetrators varied, many of the stakeholders stated that domestic abuse was a common theme in their work and working with perpetrators was a big part of their agency's role. Furthermore, many of the same perpetrators were seen time and time again by agencies.

“We deal with an awful lot on a daily and weekly basis and with all the same families that come up time and time again, we know the same perpetrators that come up time and time again.”

“So one of the key things has always been perpetrators, the elephant in the room has always been perpetrator courses, because when we get re referrals, we get the same families coming in.”

“Just seems that it is a cycle of referrals coming in about the same perpetrator, same families, different families but the same perpetrator being the common denominator and we're then left to think well actually something needs to happen in terms of the perpetrator.”

We asked stakeholders to specify what type of support they provide to perpetrators. The support rarely included support for domestic abuse, and the response to the perpetrator's harmful and abusive behaviours mostly includes the criminal justice system.

“See what support we could wrap around them and probably pull in an MDT around them to be honest with you and pull in all the agencies that we've talked about to see if they could help that perpetrator as well.”

“We have a perpetrator, it's about what we do with this. Our pathway would be the police if we could.”

“And more often than not it's fair to say that we leave the perpetrator up to the police to actually address that crime and to make sure that they're either locked up on bail, there's a DVPO in place, something like that to safeguard the victim and the family.”

“We obviously use signs of safety around that scaling tool. We could talk to them about triggers. We have things that we can signpost to places like, you know, mental health services and we can go through to some of the voluntary sector services like the Anthony Seddon fund and things like that, that can be out there to support the perpetrator.”

“We do link in with probation and police and things like that. But it'd be almost sort of, it's almost like as the perpetrator you're going down the criminal or the blame side of it. But

actually, when you unpick it sometimes with some of them, their experiences, and their own mental health and the impact of somethings has made.”

“If it was that there was any kind of additional need we’d look at who’s the best person to signpost or we might if someone had other agencies working with them, you know, what can they provide to the person?”

Stakeholders identified a lack of perpetrator programmes and/or interventions as the reason for the criminal justice response towards perpetrators. They also found this to not be a pro-active response and one which did not have a significant impact or reduce harmful behaviour perpetrated in Tameside in the long-term.

“Because it’s kind of reactive rather than preventative. It’s always, from the police it’s always reactive and there’s nothing to actually say ‘let’s do let’s do some work with the perpetrator’. There’s your problem.”

“I’m not aware of anywhere that we’d refer the perpetrator to, to be honest with you.”

“I mean you could identify other needs so you could say we’ve done an assessment. We think that they might have substance abuse need, they would then be referred to CGL and CGL will be told they are also perpetrators of domestic abuse, but they are working on the substance misuse not the perpetrator. So there’s nothing for a perpetrator of domestic abuse.”

“I think what we found in the past is actually what support is out there for somebody that is a perpetrator and there hasn’t been anything really that we found as a service that we can tap into.”

“At the moment we’re on this merry-go-round of perpetrators coming in, just coming in, coming in because it’s all reactive. There’s little that’s proactive and preventative.”

8.2.3 Gaps and barriers

Stakeholders identified a number of gaps and barriers in the response towards perpetrators in Tameside, which are detailed below;

Perpetrator services

The most common gap mentioned by stakeholders was a service addressing perpetrator’s abusive behaviours.

“Where there seems to be a gap is where do we refer offenders to, that aren’t going through the courts. Because the offenders are being referred to IOM all by probation. To get to that stage, they must have been charged and must have gone through the court system in some way, shape or form.”

“The thing that is key for me is having something in place that once they’re identified, not necessarily in our service, but when they commit that offence, you know like I say the victim

is referred to a support agency. I'm not sure how it works, you know, for the perp, but they seem to just be reprimanded for it, but there's no sort of 'you can speak to these people and get some support on your behaviour' and, you know, sort of getting to challenge their behaviour."

"when it comes to the perpetrator as much as they've done something wrong, there's not like a standard, they refer into somewhere that helps them with the behaviour. They're just sort of left to continue and perpetuate what they already know."

"Obviously, in terms of the victims, we've got Bridges, we've got all sorts of different things that I'm aware of, but in terms of the offenders, I'm not too sure what it looks like for them."

"I think there's limited services really in Tameside for perpetrators"

"And there is the women's centre but that's mainly for the victims and things like that. So you know, there's not an opportunity there around the perpetrator stuff."

"So it's not a consistent approach, is it, if they're gonna have these little periods of where they're lucid and thinking 'actually I need to make these changes' but the support is not there for them, so they go back to what they know which is to use drugs and violence."

Ensuring those services are accessible was a key consideration. Having services that are free of charge, and available to anyone concerned about their behaviour, not just specific cohorts such as those with children, was important to the stakeholders we spoke to.

"There is a need for more targeted programmes to support perpetrators that are free of charge for attendees. More services required for men in general."

"There are very limited free courses for them to access."

"I think we need more services for men in general. And I mean, you know, a lot of services that are provided are core hours, you know, and if you're a working parent, it's really difficult to engage and then we exclude you really more."

"If there's no children involved, underage children anyway, there's not as many resources that you can put in place because you haven't got the same level of safeguarding responsibility because adults have obviously got a different threshold for adults social care than you do for children's. So I think that is a challenge."

"So, if you have a child, there's definitely more that you can get. If you are a young person, you also can access support. So we have the children's program with TLC for children that harm. So if you've got a child that is using abusive behaviour towards a parent or carer, they are able to access a program. And then also, the same if they're abusing like a boyfriend or girlfriend and they're under the age of 21. So, there is the younger cohorts of people using abusive behaviours. There are interventions in place for them but yeah. For an adult, for a single male adult, no, I can't think of a program, unless it's court mandated, that they can access."

"People who potentially have got things like dementia as well. So they're being aggressive to the partner which I don't know. It's a grey area."

Stakeholders also mentioned a lack of structured response to perpetrators at an earlier stage. They felt that they are left with no support and no robust response until their behaviour becomes harmful enough for them to reach statutory and criminal justice services.

"The gap from them being released from custody to, I don't know, the next incident is massive, and there's a lack of input because the police response might say to them 'do you need any help around your mental health?' And they might say no. 'Do you want any help for drugs and alcohol' and they might say 'yeah', they might say no but those are the things that take time and they're not immediate and for us from my experience there's a need for a more immediate element to support the perpetrators."

"That begins with somebody reaching out to the perpetrator at the most vital point, which is the earliest opportunity when police have arrested, you know."

"The first point of the perpetrator being arrested that they need to have a better input from the police which then communicates better to other agencies, like MASH, like adult services, like mental health to stop them slipping through the net and go out and reoffend, because they've got, because if you're a perpetrator, I guess, if you've got substance misuse issues, or mental health and you're released after being arrested and you've got nobody around you you're gonna go back to what you know, which is possibly reoffending."

Training

Several of the stakeholders we spoke to felt their teams would benefit from further training on how to respond to perpetrators.

"I did have a couple of staff trained around the perpetrator work around the Freedom programme but they've left. So I don't have it. And I do think it is a gap."

"There's nothing specific that I could say to a social worker today for example, 'I know about this this training that's that's been offered in terms of perpetrators that you can go on and that will help you when screening an issue in MASH' it's definitely a gap there."

"I think the main one will be for the police to take more responsibility and have more training to understand, the police have got a job to do but they don't get any level of training, like, for example, a social worker might have or a mental health practitioner might have. So they don't necessarily understand the dynamics of perpetrator and victim, as well as others I suppose. And if you ask a police officer, 'have you ever had any domestic abuse training?' They might say, 'yeah, 20 years ago when I first qualified as a police officer'. So I think what needs to change."

"I do think that we probably need to have some sort of bespoke training for staff."

"We're currently going through that again, sort of that refresher training because it is quite specialised isn't it, skills that you need to have these conversations."

"In terms of training regarding domestic abuse, there's always, we've highlighted it as a need for, something Tameside needs to improve on, in terms of the in-house training."

"Training tends to be around identifying DA and supporting victims. People feel more confident offering support to victims than perpetrators."

"We have monthly safeguarding supervisions as a whole team. So we do take themes and domestic abuse is an area that we've identified that actually, that's something that we'd really like to explore."

Some had undergone perpetrator-specific training and found it beneficial in developing a better response.

"There's a really good course at the minute doing the rounds isn't it, it's two or three sessions and it seems really good training. You know, staff have given some really good feedback around it and so we are doing that currently."

"It's great that training now, isn't it? Because obviously, even just to give staff that information and advice that they need."

"I've recently had that Respect training for domestic abuse which I thought was brilliant. And it did give me quite a bit of insight into certain things that you think you know some information, and then something else gets thrown in and it does sort of get you thinking again. So, yeah, I found that quite interesting, that Respect training. I would recommend it for anybody to attend, as well."

Practical tools

Stakeholders also discussed practical tools, which they found helpful in improving their response to perpetrators of domestic abuse.

"For everybody that works with perpetrators to actually maybe have a shared risk assessment tool or something like that, that they can, they can all contribute towards, a really good risk assessment and not just to include risk to others, but needs of the perpetrator, actually, 'what do you need, what can we do to help you? What can we do to help you stop reoffending?'"

"I think it'd be really good if we could develop a training package to support professionals in how we work and respect, not respect yeah probably in that professional respect around how we can change some of the behaviours around perpetrators."

"All the teams struggle, when they go out there and they're meeting with people and it's really the considerations of where you meet with people, isn't it? What's gonna be safe and then discussions that you're having and not wanting to put people at any more risk in the situation that they're involved."

Some stakeholders also mentioned the lack of capacity as a barrier to an effective response to perpetrators. They felt that currently domestic abuse is so common within Tameside, agencies are unable to deal with the volume of families accessing their services.

"Capacity sometimes is a massive challenge."

"When signposting for courses this has been difficult due to limited availability specifically for males. There does not appear to be any flexibility with services and this can impact on time scales for court."

“It is so endemic in Tameside, like it’s everywhere. So it’s just another domestic abuse case, that’s the challenge.”

Lack of confidence

Many stakeholders mentioned professional anxieties and concerns about responding to and working with perpetrators. They recognise their teams lack confidence in working with people using harmful behaviours.

“I think some of the work that we’ve done with them and explored with my staff team is, we’ve done some work with it around understanding the impact of domestic abuse that it has on the family. And especially I suppose their confidence in how you manage things.”

“I think we’re less confident around the perpetrator work.”

“I think sometimes they get quite nervous about that. Their anxieties, because you want to fix it, they come into this job to fix it and support and get, you know, better outcomes for children.”

“The issue is where we have a lot of families where it’s quite challenging and we’re not at that level about how we build up a resource package or a toolkit and build confidence with staff to be able to tackle it and support them to move to better outcomes the across the board.”

High levels of complexity

Stakeholders also discussed how perpetrators’ complex needs and additional vulnerabilities have made it more difficult to provide them with support. They recognised that these additional needs made it more difficult for perpetrators to engage with support and services.

“And then inter-linked with that, you get the substance misuse as well, and more often than not, and it’s a voluntary thing, unless probation have said it’s part of the supervision order. So we’ve then got to say, well, actually we can’t, it’s CGL for example in Tameside, if they’ve not attended, we can’t force them to attend and nobody’s gonna force them to attend. So we know that if they continue to misuse substances and they continue to experience mental health issues, it’s gonna be really hard for anybody to address the behaviours towards others, you know, towards females usually or towards partners.”

“So when we get referrals with perpetrators with mental health and we’re thinking ‘actually if anybody’s gonna address anything with the perpetrator, what you need to do first is think about stabilising that mental health’ and they’re the sorts of things we’re discussing at MARAC but it makes it really, really challenging for everybody involved.”

Some stakeholders mentioned mental health as being a particular barrier. This is due to the high threshold and long waiting times to access services.

“I think the mental health stuff, because the thresholds are that high in the community’s mental health teams, it’s about that support within the teams from a professional fundamental perspective.”

“People that aren’t quite hitting the threshold to access [mental health services] and things like that. It’s just that falling below the threshold.”

“I suppose I find it always more challenging when mental health is involved, you know. It’s always that mental health engagement around, you know, whilst we’ll work with people to make themselves safer. Sometimes we do need to tap into the mental health arena.”

Lack of engagement

Stakeholders also discussed the barriers of victims and perpetrators not wanting to recognise the harmful and abusive behaviour and not wanting to engage with support services.

“It’s more about the family dynamics, what you’ve already covered. It’s more about it’s really tricky stuff this, when it’s a daughter or son with the mother, for example, or husband and wife.”

“They don’t want anything to do with the police or safeguarding, they don’t want any support and it’s really, really tricky to just try and build that relationship up and that trust with people, so they can trust you to know that you are going to do something about it, and that you’re able to help them.”

“I think if you see it at MARAC and you probably hear more than half, well maybe we have 30 cases every fortnight, you probably hear in more than half of them, it might be as much as 75%, but many, many of them are not willing to engage, don’t necessarily engage with anybody and don’t accept that the behaviours are abusive.”

They also mentioned the concerns of having those initial conversations with the perpetrator and how this may impact the safety of the victim.

“We have to be really careful about when we communicate with perpetrators because our priority is the safety of the victim and the safety of the children.”

“The problem we have is by making contact and reaching out with that perpetrator at that point it comes in to us, it can often heighten the risk and escalate matters because we’re then getting to conversations about ‘actually your behaviour is a bit risky, too risky and we’re going to think about actually you need to be supervised around your children at this point’ and that can really get people’s backs up and escalate the issues.”

8.2.4 Additional needs of perpetrators

Stakeholders described some of the key themes and patterns of perpetrators in Tameside that they have observed. They mainly mentioned the additional needs experienced by perpetrators, such as mental health, substance misuse, homelessness, experiences of trauma and financial difficulties.

“Obviously, the social economic issues are always driving factors. So it’s, you know, people who are living in poverty, you know, homelessness, housing, drug, alcohol, related issues, kind of surrounded the person, the couple definitely, definitely, that seems to be hiding a lot

of stuff, doesn't it? And mental health, mental health issues for either or, you know, the perpetrator."

"There's usually their own personal experiences in their previous life. So they've usually like that vicious circle again, isn't it? It's usually that, there are usually mental health issues about how they do it, so anxiety, depression and then that's exasperated, isn't it? Because it's usually then probably substance misuse that they've, it's also about their own experience about how they form positive relationships. And so it's almost like, you know, the toxic package is there, they've had a poor family relationship. So they don't know how to form positive relationships, poverty, drug and alcohol issues, mental health issues usually are because of their previous experiences."

"A lot of times when we unpick things, you know, a low income socioeconomic sort of backgrounds, but also lack of access to, you know, quality education and support, you know. So they don't know how to communicate effectively, are things that come up."

"We've got a couple of case studies when you talk to some of the perpetrators that we've engaged that do want to change, they don't know how to, you know, and they get in that cycle where they get angry and frustrated because they really don't want to act in that way and maybe they don't recognise the significant impact it can have."

"What I find quite common but also a little bit unusual, was that the majority of the perpetrators find themselves homeless because they're not on the tenancy. And so I mean obviously that works a bit better when trying to get them out of the property but that means that they automatically become homeless and I think then that leaves them a bit open to finding another individual, starting a relationship, moving in and that seems to be a theme with them that they sort of bounce relatively quickly from relationships to relationship and commit the same sort of behaviour in the same sort of pattern."

"A lot of them are on low income. So, the majority that I see are on benefits and not just on benefits, they've got like deductions coming out, so it's really hard to actually find affordable housing for them anyway, that's not potentially a share. So that's something that's quite common for me, their housing issues."

"They all seem to like to know each other. I mean, I've come across one individual, a female that has actually had been a victim of DV from two separate perpetrators that have been through our service. And they all seem to, there seems to be some sort of interlink between them all."

"I think the needs are around, probably self-esteem issues relating to lack of employment. And there's also substance misuse, we've got very high rates of substance and alcohol use in Tameside, but I do think it's unemployment and poverty."

8.2.5 Future response

Finally, we spoke to the stakeholders about what they would like the response to perpetrators to look like in the future. This comprised of lots of different elements, but key elements included robust multi-agency work, an early intervention response, needs-led services supporting perpetrators to address their additional vulnerabilities whilst challenging their abusive behaviours with a robust pathway into those services.

"I think there needs to be a co-ordinated response to perp work – services working together to ensure all parties are supported properly and appropriately."

"I also think we probably could do better with the key connectivity with police and probably probation services, because sometimes we're all dealing with the same people and you know some of that work I think would be really good."

"I think there needs to be a co-ordinated response to perp work – services working together to ensure all parties are supported properly and appropriately."

"I suppose it needs to be much more improved and kind of focused if you want to achieve the outcomes for these perpetrators and it needs to start with that being multi-agency."

"It's almost developing something around early intervention that recognises signs, symptoms and how we can support through schools and to try and minimise risks of some of the presenting behaviours."

"I think there needs to be an agreed approach regarding the work whether this is one to one or group and as well as this being enforcement, there is some consideration about the perps own experiences/traumas. This is the only way sustained change will be made in Tameside."

"If we, as a service, are receiving a referral for a victim, it would be brilliant if we could refer the perpetrator into another service [...] a service where they're going to get that wraparound support from somebody."

"Having that clear process and clear steps to receiving support, that's definitely something, knowing where to go, who to approach."

8.3: Summary of key learning

We summarise the key learning from the survey of professionals in Tameside on the response to perpetrators.

- 1. Lack of practitioner confidence:** Very few professionals surveyed have received any training on how to work with domestic abuse perpetrators. It's understandable then that confidence levels were very mixed when it comes to how to spot signs of domestic abuse perpetrators or how to respond to one. Many professionals surveyed were unsure on spotting the signs and even more so on the response. Many also felt there are no clear referral pathways into services for domestic abuse perpetrators. This culminates in a quite pessimistic outlook, with many professionals lacking belief in the possibility for perpetrators to change and professional anxiety in responding to perpetrators. This lack of overall confidence from professionals on working with perpetrators will limit referrals into services if they are commissioned and will require an element of culture change in Tameside to ensure an effectiveness perpetrator response. This could be resolved with a robust training package, which we are aware is being rolled out in Tameside as well as implementation of a whole system response, which will provide support for the professional in dealing with the situation, a robust

response towards the perpetrator which will ensure responsibility does not fall to one practitioner and safety planning for the victim to ensure risk to them is not increased.

- 2. Perpetrator programmes:** The biggest gap in the response to perpetrators consistently mentioned by professionals throughout this project was the lack of perpetrators programmes. Professionals require a specialist service which addresses the abusive and harmful behaviour of perpetrators. Such services need to be backed by clear referral pathways and a communications plan to ensure professionals and local residents are aware of the offer of support in Tameside.
- 3. Multi agency response:** Local operational professionals identified several additional vulnerabilities experienced by perpetrators in Tameside, such as financial difficulties, mental health, substance misuse, homelessness, experiences of trauma amongst others. Strategic stakeholders also discussed how complex needs of perpetrators are a barrier to an effective response and the need for stronger multi agency working in the future to address these issues. Any future response to perpetrators needs to consider how to involve every agency and provide a holistic response to perpetrators, both from a criminal justice response as well a support and needs led response.
- 4. Culture change:** The lack of confidence from professionals in their response to perpetrators of domestic abuse is likely to be somewhat linked to the lack of focus on perpetrators in the overall response to domestic abuse. Strategic stakeholders identified that the response to domestic abuse is very victim-focused and for many this was their first time considering the response to perpetrators. It is positive to see this changing and the Tameside Domestic Abuse Strategy including a priority ambition to hold perpetrators accountable and new training packages including the response to perpetrators. The shift to include perpetrators in the response to domestic abuse will require a cultural shift, which may take considerable time. All strategic stakeholders will need to consider how they can help in this transition and support the wider aims to reduce repeat perpetration and help individuals in stopping their abusive behaviours as soon as possible.

Section 9: Victims/survivors' experiences of the response to domestic abuse perpetrators in Tameside

9.1 Survey of victims/survivors in Tameside

Between March 2022 and April 2022 we ran an online survey for any individual living in Tameside who had lived experience of domestic abuse. The aim of the survey was to understand behaviours experienced by perpetrators, perceived response from agencies and wishes in terms of response from agencies. This section provides an overview of findings.

9.1.1 Overview of respondents

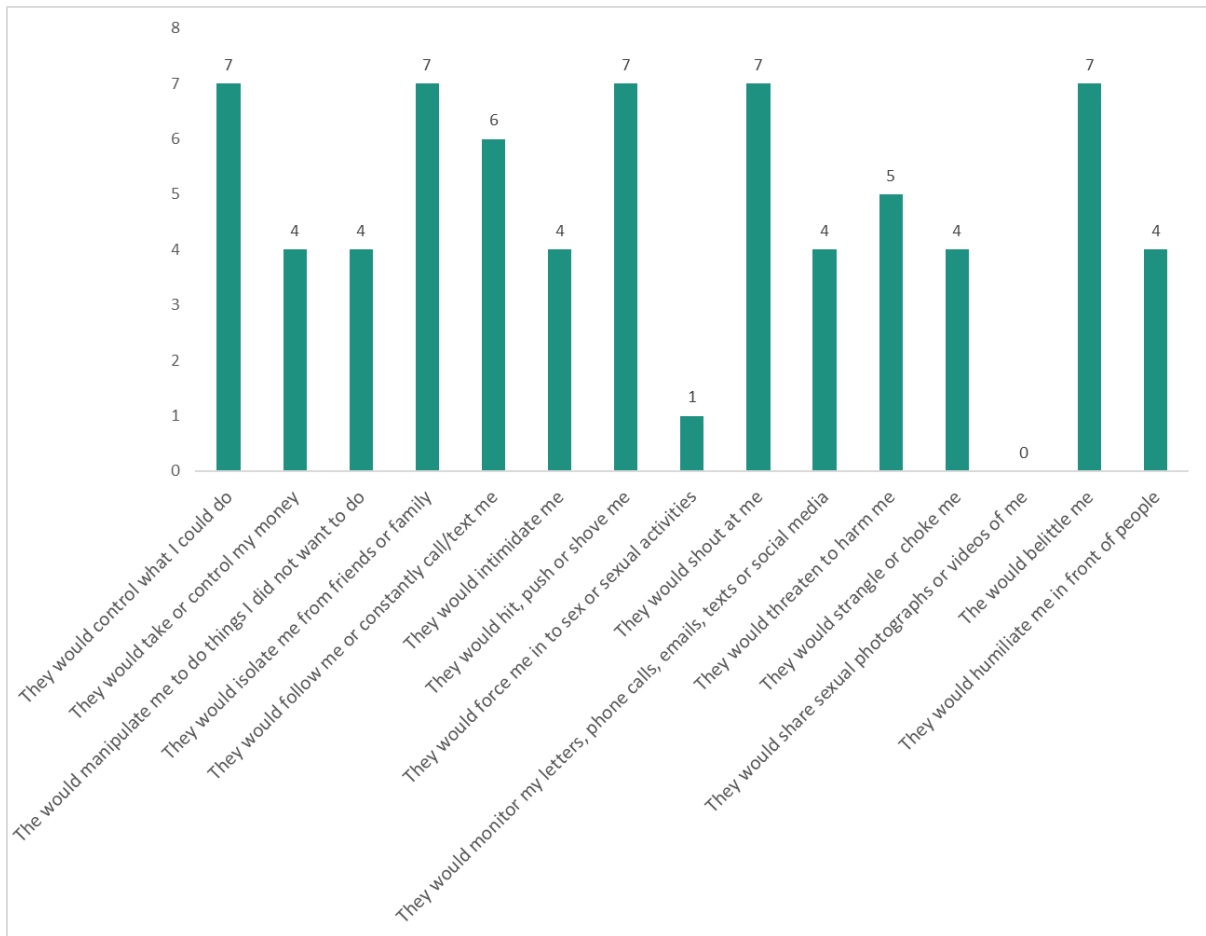
Overall, we received 8 responses from victims/survivors living in Tameside. Whilst this is a lower number of responses than expected and somewhat limits the scope of the survey and its ability to be generalised, it does provide insight into victims' views on the response to perpetrators in Tameside. A number of questions in the survey were not mandatory, enabling victims to skip any questions that they may have found triggering or harmful to them. As such, for each question presented in this section we will also refer to how many victims answered that particular question. There are no programmes in Tameside.

9.1.2 Victims experiences of domestic abuse in Tameside

At the beginning of the survey we asked victims and survivors to tell us who used abusive or harmful behaviours towards them. All of the victims surveyed answered that the abuse was perpetrated by a current or ex-partner.

When asked to provide more details on the kind of harmful behaviours their perpetrator used, the most common behaviour reported was controlling what they did (88%), belittling them (88%), isolating them from family and friends (88%), hitting, pushing or shoving (88%) and shouting at them (88%), however a wide array of other abusive behaviours were also experienced.

Chart 9.1.2 Overview of abusive behaviours experienced by victims in Tameside



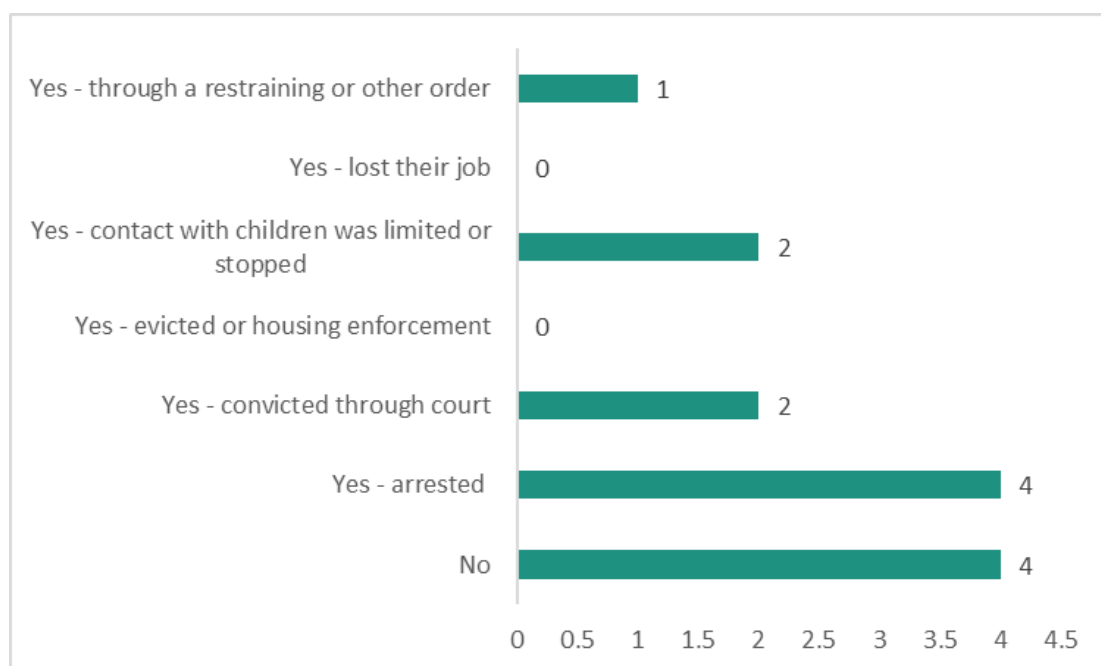
The chart above portrays the array of harmful behaviours victims in Tameside experienced, encompassing several types of abuse. The majority of victims (88%) experienced more than one abusive behaviour in their relationship. Whilst one incident of abuse can constitute domestic abuse, victims often experience several incidents which form a pattern in which the perpetrator uses those abusive behaviours to gain or maintain power and control. The World Health Organisation notes that research shows different types of abuse often coexist.⁵⁹

9.1.3 Victims views on accountability

We asked whether the perpetrator was ever held accountable by anyone for their abusive behaviour, with half of the victims stating that they were not. The other half of victims stated that they were, with the most common form of accountability being the perpetrator getting arrested (50%), followed by the perpetrator being convicted in court (25%) and limiting the perpetrator's contact with their children (25%).

Chart 9.1.3a: Overview of whether the perpetrator was held accountable



⁵⁹ WHO (2012) Understanding and addressing violence against women
https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf



We then asked victims and survivors to what extent they would have liked their perpetrator to have been held accountable or brought to justice for the abusive behaviours. The majority of victims surveyed showed a strong desire for their perpetrator to be held accountable, with 76% scoring 8 or above. This highlights the discrepancy between what the victims wanted to happen and the extent to which the perpetrators were held accountable.

It also suggests a particularly strong desire in Tameside for perpetrators to be held accountable for their abusive behaviours, as nationally the picture is more mixed. The Victim Journey Report⁶⁰ reported that the majority of victims just want the abuse to stop (though some were prepared to go to court) and usually victims would call the police following escalation in behaviour, or when they, or someone close to them, became a target, rather than to use the criminal justice system to hold the perpetrator accountable.

Chart 9.1.3.b Overview of the extent to which victims wanted their perpetrator to be held accountable (n=8)

Really did not want perp to be held accountable	0	1	2	3	4	5	6	7	8	9	10	Really wanted perp to be held accountable
	13%	0	0	0	0	13%	0	0	38%	0	38%	

We asked victims to provide more detail on what they wanted to happen if they wanted the perpetrator to be held accountable. They provided the following responses;

⁶⁰ Centre for Violence Prevention and University of Worcester (2017) The Victim Journey <https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/the-victim-journey.pdf>

“Would have liked them to access support to understand that what they were doing was ABUSE and not part of a healthy relationship so they wouldn't do this again to someone else”

“Either convicted or a restraining order”



“That the police fine them and take them to court. It is so hard to give evidence for the person when children are involved.”

“Whilst I was with my ex partner, I wanted him to leave and legally not be allowed back into our joint tenancy house, and for him to receive appropriate punishment. At the time, because he is the father of my daughter, I felt guilty for him and never wanted him to have a custodial, however a few years on I feel it should have actually happened”

9.1.4 Victims views on behaviour change support for perpetrators

Next we asked the victims about their views on whether they wanted the perpetrator to get support to change their behaviour. Half of the victims (50%) surveyed stated they felt strongly that they wanted the perpetrator to get support to change their behaviour by scoring 8 or above. This highlights victims in Tameside having a stronger desire for the perpetrators to be held accountable for their behaviour than to get support to change their behaviour.

Chart 9.1.4a: Overview of victims' desire for perpetrators to get support to change (n=8)

Really did not care if they got support to change 	0	1	2	3	4	5	6	7	8	9	10	Really wanted them to get support to change 
	13%	0	0	0	13%	13%	13%	0	0	0	50%	

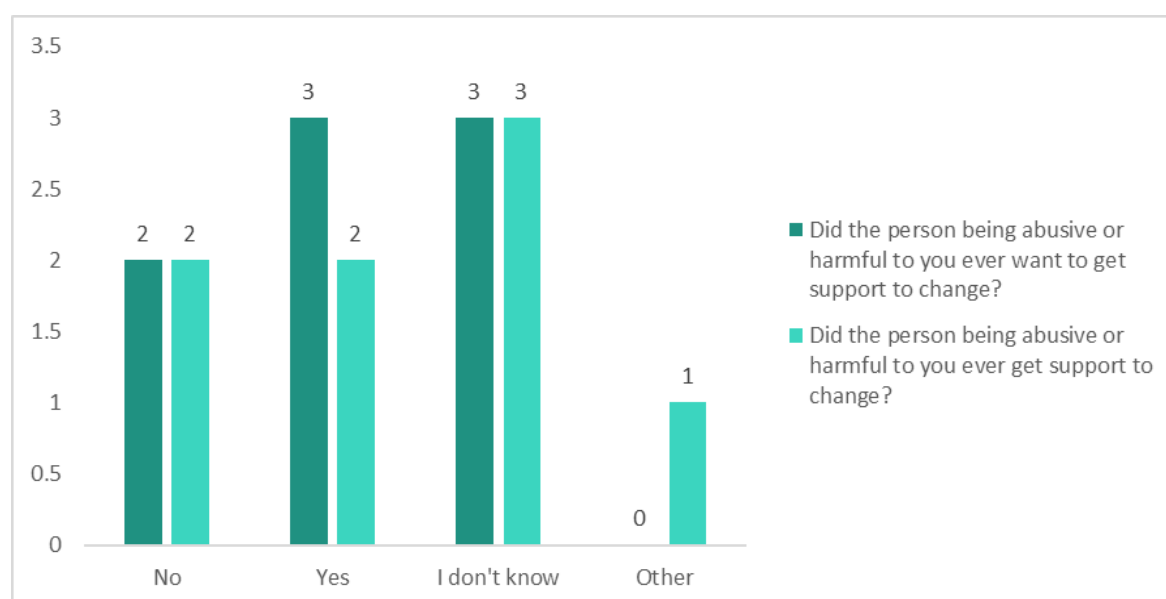
We also asked the victims whether the perpetrator themselves wanted to get support to change, with over a third (38%) stating that they did. A quarter of victims stated the perpetrator did not want to change and 38% did not know. This shows a weaker desire in perpetrators wanting to get support to change than in victims.

The Drive Project⁶¹ found that perpetrators with additional needs were more likely to engage with their behaviour change programme. Those with financial difficulties(61%), poor physical health (62%) and mental health difficulties (52%) were most likely to engage with Drive case managers. Considering that data in Tameside shows perpetrators have these additional needs and vulnerabilities (as discussed in section 7), using these as levers for engagement with support services may be an effective method for engaging perpetrators in Tameside.

⁶¹ University of Bristol (2019) Evaluation of the Drive Project
<http://driveproject.org.uk/wp-content/uploads/2020/01/Drive-Evaluation-Report-Final.pdf>

We then asked victims whether the perpetrator did receive support to change their behaviour. A quarter of the respondents stated that the perpetrator did receive support, however most (38%) were not aware of any support the perpetrator may have received or stated that the perpetrator did not receive any support (25%). This shows that there is a bigger appetite for perpetrator support in Tameside than what is currently being offered.

Chart 9.1.4c: overview of perpetrators wanting support to change and receiving support to change their behaviour (n=8)



We asked for further details on what the support looked like and received the following responses;

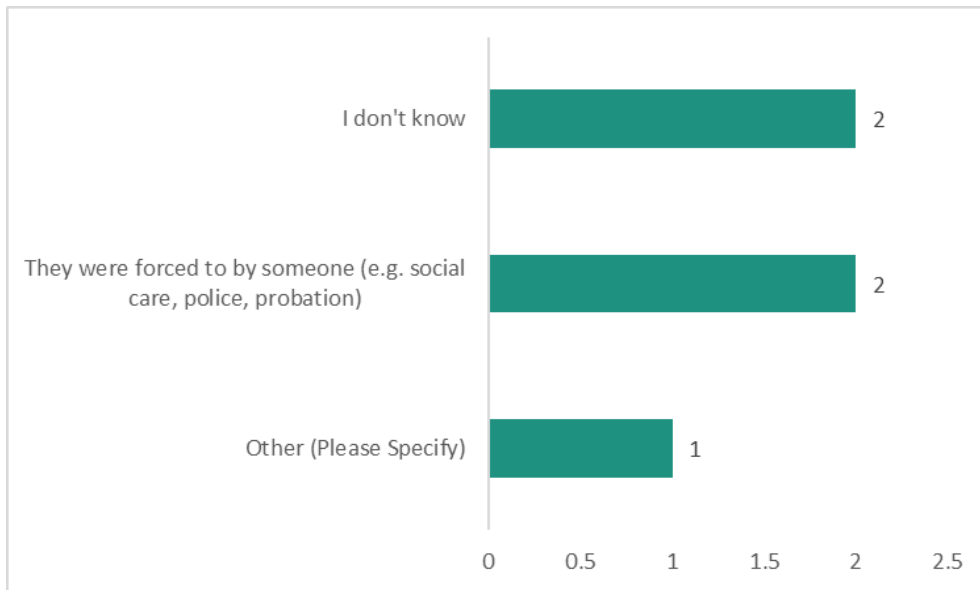
“Social services Family Support Worker”

“Building relationships”

“He was given a certain amount of hours to attend a workshop for perpetrators of domestic abuse through court, but he did not engage and was still of the opinion that his abusive behaviour was my fault.”

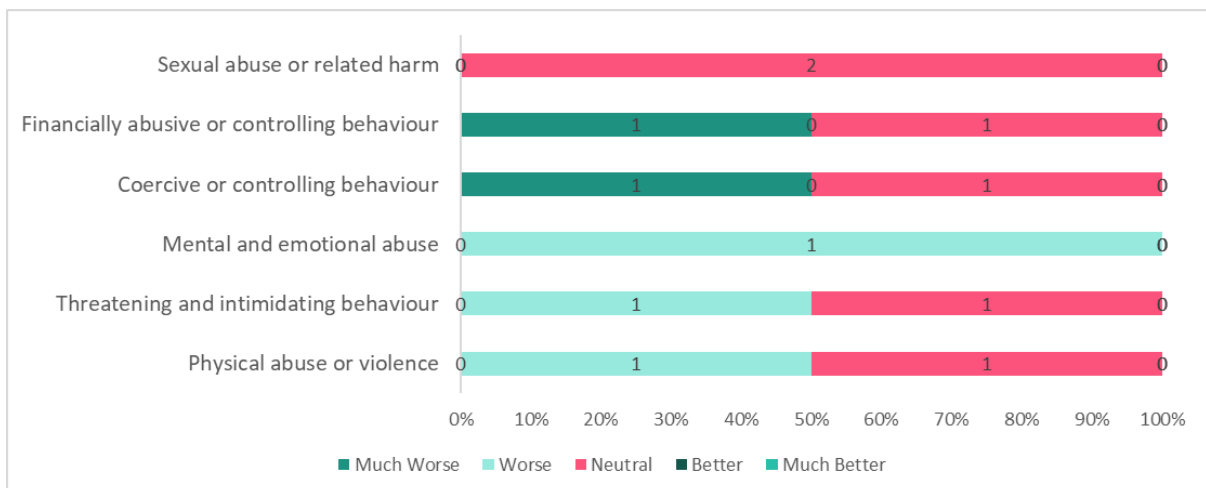
We also asked about the perpetrators' motivation to engage with support for their abusive behaviour. Almost half (40%) of the victims' responding to our survey did not know what the motivation was, with another 40% stating that they were forced to engage by someone, ie. CSC, police or probation. This highlights the lack of voluntary behaviour change programmes in Tameside, with mostly those who are mandatorily obligated to complete courses or programmes will do so.

Chart 9.1.4.d: Overview of the motivations' of perpetrators to get support to change their abusive behaviour (n=5)



In terms of the impact of the support received by perpetrators in Tameside, none of the victims stated that the perpetrator's abusive or harmful behaviour became better in any capacity. Victims even told us that controlling and coercive behaviour became much worse and physical abuse, threatening or intimidating behaviour and mental and emotional abuse became worse and sexual abuse stayed neutral following the support received by the perpetrator.

Chart 9.1.4e: Overview of impact of support received by perpetrators on their abusive behaviour (n=5)



It's important that any domestic-abuse related support provided to perpetrators is an accredited programme to ensure it does not cause further harm to escalate the perpetrator's abusive behaviour. Respect UK lead on accreditation of perpetrator programmes in England and Wales, the requirements for which have been developed over the years through research, practice and evaluations. The first principle of Respect accredited programmes are to do no harm and take all reasonable steps to ensure that no additional risks are created as a result of perpetrator's engagement with the programme.

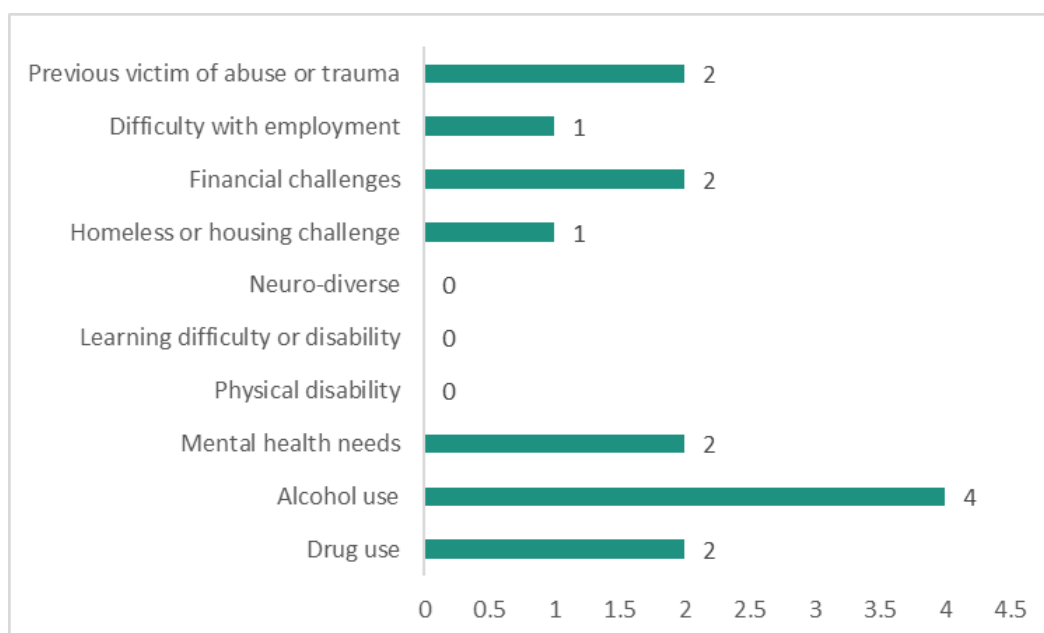
10 Respect Principles

1. **Do no harm.** Organisations take all reasonable steps to ensure that their services do not create additional risks for survivors of domestic violence and abuse.
2. **Gender matters.** Organisations work in a way that is gender informed, recognising the gender asymmetry that exists in the degree, frequency and impact of domestic violence and abuse. They understand that men's violence against women and girls is an effect of the structural inequality between men and women and that its consequences are amplified by this.
3. **Safety first.** The primary aim of work with perpetrators is to increase the safety and wellbeing of survivors and their children. The provision of an Integrated Support Service for survivors alongside the intervention for perpetrators is essential. When working with perpetrators it is important to recognise the need for behaviour change, but risk reduction should always be prioritised.
4. **Sustainable change.** Organisations offer interventions that are an appropriate match to the perpetrator, considering the risks they pose, the needs they have and their willingness and ability to engage with the service offered. This will ensure that they are offered a realistic opportunity of achieving sustainable change
5. **Fulfilling lives.** Organisations are committed to supporting all service users to have healthy, respectful relationships and to lead fulfilling lives.
6. **The system counts.** Domestic violence and abuse cannot be addressed by one agency alone and work with perpetrators should never take place in isolation. Organisations are committed to working with partners to improve responses as part of their local multiagency arrangements.
7. **Services for all.** Organisations recognise and respect the diversity of their local community and take steps to respond to everyone according to their needs.
8. **Respectful communities.** Organisations recognise that the environment their service users live in has an impact on their lives. They will make the links between individual change and the development of respectful communities
9. **Competent staff.** Organisations deliver a safe, effective service by developing the skills, well-being and knowledge of their staff through training, supervision and case work support.
10. **Measurably effective services.** Organisations employ clear and proportionate measurement tools, which demonstrate both the individual benefits and the impact of interventions.

9.1.5 Additional needs of perpetrators

Finally, we asked the victims whether the perpetrator had any additional challenges or vulnerabilities. Alcohol use (50%) was the most common additional need victims told us about, followed by financial challenges (25%), drug use (25%), mental health needs (25%) and the perpetrator being a victim of previous trauma in their life (25%).

Chart 9.1.5: Overview of additional needs of perpetrators



This is in line with the service data we have analysed as well as professionals' views of the additional needs of perpetrators in Tameside. They will need to be considered in any behaviour change programme developed to ensure a holistic response is provided.

Finally, we asked the victims we surveyed their thoughts on what a good response to perpetrators would look like and anything that should be considered when developing an approach to people who use harmful or abusive behaviours. We received the following responses;

“There should be services equivalent to what victims have that manage perpetrator behaviours and sign post to service that may contribute to their recovery to change their abusive behaviour which will long term help future partners/children and make them accountable . This would help victims to not hold all the pressure in that they need to access counselling, engage with DA services”

“Have support for victims when they speak out and if no charges are made then make sure there is more support available”

“That all abusers are charged, as this in turn would make them not be able to do it again and make others think about their behaviour. As at the moment there are no consequences for their actions. If an abuser asks for help it should be given”

“A few brief ideas - an IDVA attending with police incidents would be helpful as often they have experienced abuse themselves and I have found them to be more sympathetic. This would be especially beneficial overnight when Bridges aren't able to be contacted. Easier access to the police domestic abuse team is needed as I found them difficult to contact in the past - even something more informal such as a WhatsApp service because many times I found the phone numbers given often just had recorded messages. A unified caseworker who is able to liaise with the police, Bridges, social services, housing and any other services would also be a massive help to bring all services together and make for a single point of

contact. This would be particularly beneficial in the initial hours/days of an incident where emotions are high and the victim is inundated with separate calls from these services.”

Part 3: Analysis and recommendations

Section 10: Review of the response to perpetrators in Tameside

10.1 Overview

There is currently no single definitive approach to dealing with perpetrators readily accepted by academics and practitioners alike. Perpetrators of domestic abuse are heterogeneous with specific needs, so different interventions (in terms of both type and intensity) are necessary for the most effective currently known treatment. A suitable domestic abuse perpetrator intervention solution should include:

- clear understanding of the risk to the victim from the perpetrator referred
- identification of perpetrators' different levels of need and risk
- definition of at what stage of abuse the intervention should be applied
- provision of a service to perpetrators not identified through criminal justice interventions
- understanding of the evidence base to demonstrate how the chosen programme stops or reduces subsequent abusive and violent behaviours
- definition how success will be measured and how learning will be shared
- sustainable funding opportunities to embed solutions into current practice.

In Tameside we found;

- Domestic abuse support for perpetrators is extremely limited with no commissioned dedicated programme in the community. The only two options are mandatory courses through probation or individuals paying to attend an out of area course delivered by Talk Listen Change.
- Domestic abuse perpetrator support is focussed at the escalation end of the spectrum with activity primarily happening through the Marac and there with limited opportunities to intervene early .
- Community safety deliver a general programme around anti-social behaviour which includes some domestic abuse perpetrators, but it is not a specific domestic abuse behavioural change programme.

10.2 Learning themes and recommendations

At the start of the needs assessment, it was evident that **there is currently no dedicated service or intervention for perpetrators of domestic abuse**, unless they are convicted and mandated to attend Building Better Relationships through probation or individuals pay to attend the regional Talk Listen Change programme. This is a significant gap, and our recommendations focus substantially on how Tameside could consider addressing this.

This point was reiterated and demonstrated throughout the needs assessment, particularly through our professional's survey which highlighted concerns around the lack of pathways available for perpetrators which significantly impacted frontline practitioners' confidence in knowing how to response to people they work with who use harmful behaviours. However, as the lack of services and interventions was already known and not an outcome of the

needs assessment but rather the reason for it; we have not included it in the below as a learning point, rather we have explored learning to support addressing this known gap.

Learning theme 1: Governance for the domestic abuse strategy in Tameside is coordinated within Public Health which enables a violence reduction approach

The domestic abuse portfolio in terms of governance and strategy sits within Public Health which enables a whole population approach, which is in line with emerging evidence on best practice in order to develop violence reduction approaches to domestic abuse. However we noted that currently there is no consistent approach to monitoring perpetrators of domestic abuse through the existing structure. The steering group should discuss how perpetrators remain a visible priority at all meetings following the needs assessment.

Recommendations

1. The DA steering group and DA operational group should review and refresh their terms of reference to clarify their role in governing the response to perpetrators, this must include i) performance monitoring through data (see recommendation 5) and ii) a review of membership to ensure agencies around complex needs, employment, and housing are able to discuss their role in the delivery framework proposed (see section 10.3).
2. The DA operational group should set up a task and finish group to take forward the recommendations from this review, and report quarterly to the DA steering group with updates.
3. The response to perpetrators should be embedded within a wider Public Health approach which takes a whole system view, more broadly than commissioning interventions alone.
4. The DA steering group should agree a multi-agency pooled budget for the ongoing commissioning of a perpetrator response to ensure sustainable services.

Learning theme 2: There are significant gaps in data across Tameside around perpetrators which must be improved

Lack of data collection around perpetrators of domestic abuse is hindering the understanding of who perpetrators are and what works in reducing their abusive behaviour.

Data from children's services is focussed on the demographics of children only which should be reviewed to better understand parental data to support the design of new interventions. Our strong recommendation is that a more in depth audit of perpetrator data is conducted in Tameside with options for a minimum standard that all services will collect on perpetrators, and more nuanced data from particular services.

Data needs to be meaningful so the domestic abuse partnership, led by the steering group, should set out the key performance and monitoring indicators they would like to be reported on. Their work is ongoing to develop domestic abuse data dashboards which could include perpetrator insights and facilitate this recommendation.

Recommendations

5. The DA steering group should task the DA operational group to conduct an audit of the perpetrator data collected by all services with recommendations to improve the quality of data, particularly around demographics of perpetrators and support needs identified.
6. A perpetrator performance dashboard should be created and reviewed quarterly by the DA operational group with key areas for escalation reported to the DA steering group. This could be linked to ongoing work commissioned around DA dashboards but can only be meaningful once recommendation 5 is completed.

Learning theme 3: Perpetrators in Tameside appear to have a complexity of need which may make engagement in behaviour change challenging

The professionals survey conducted which received 100 responses from agencies across Tameside identified that a key challenge in working with perpetrators is that they often have wider additional needs such as homelessness, substance use or mental health need. Anecdotally, and through the case studies provided, homelessness services report that perpetrators of domestic abuse have a range of wider vulnerabilities. They reported perpetrators of domestic abuse who access their services often have some form of substance misuse or mental health issues, with many service users stating they have undiagnosed mental health issues and low self-esteem; these often lead to unhealthy coping strategies through drug and alcohol use.

Similarly, of the 17 perpetrators who accessed the ROOTS service; 88% had substance misuse issues, 71% accessed financial and budgeting support, 24% had mental health issues. This was a finding also highlighted through CGL's data which showed 42% of perpetrators received support for alcohol use, 37% received support for alcohol and drug use and 21% received support for drug use. As well as this they noted additional needs related to unemployment (79% in 2020-21) and mental health (47% in 2020-21).

Complex

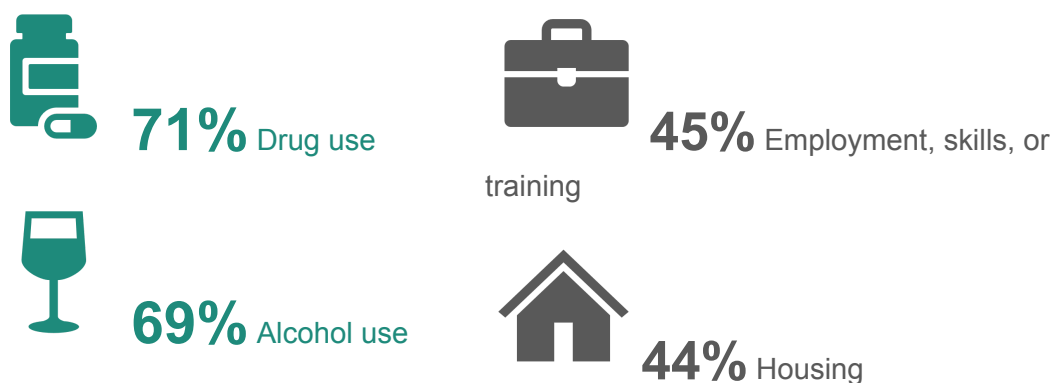


80% Mental health

Practical



40% Financial



The data indicates that engaging perpetrators sustainably on a domestic abuse intervention such as a behavioural change programme would be a sustainable challenge, and we would estimate a high attrition rate. As such any intervention commissioned in Tameside must consider the barriers to access and ensure there is work to remove these to make programmes more effective. These barriers include the need for support around complex needs as well as a range of practical needs. The AVA domestic abuse needs assessment (2021) also highlighted that Tameside is in the top 20% of deprived districts in the UK which could be an exacerbating factor in terms of these wider needs.

Recommendations

7. The DA operational group should conduct a training needs assessment to review existing training around domestic abuse and complex needs to identify opportunities to create a new training offer around domestic abuse perpetrators, including those with complex or practical needs.
8. All domestic abuse perpetrator training must include motivational interviewing techniques to enable all professionals to encourage access to interventions, as well as risk assessment to ensure risk is always identified and managed.
9. Substance use, mental health and homelessness services should audit their assessment processes to ensure they are robust in identifying, sharing information and working with perpetrators of domestic abuse. This should always include exploration of significant relationships in order to adequately assess risk of harm. The results should be presented back to the DA operational group with key concerns or development identified reported to the DA steering group.
10. The DA operational group should develop a 'whole person' DA perpetrator risk assessment toolkit including the perpetrator DASH and assessment of complex and practical needs. This should be included in the DA perpetrator training (recommendation 7) and promoted across all agencies.

Learning theme 4: Perpetrators are not being held to account through the criminal justice system

During the past 3-years, the highest volume of domestic abuse crimes and incidents in Tameside were recorded during 2020-21, peaking at 4,659 domestic abuse crimes. The year 2020-21 also had the highest number of domestic abuse perpetrators recorded by police (3,079)⁶². Around 11% of domestic abuse incidents were high risk, which is in line with national data. In 2021-22, which saw 1,051 arrests made. This is an increase of 64% and suggests that improvements are being made in relation to arresting perpetrators for their abusive behaviour. Out of those who had been arrested, 349 suspects had been charged or summoned and 37 received a caution. In the majority of offences (3,309) the victim/survivor did not support prosecution which could suggest the need for an improved evidence led approach however there is limited data on the use of evidence led prosecutions in Tameside which may require further exploration.

Recommendations

11. The commissioned perpetrator intervention/programme must be embedded with victim services to ensure that survivors have wrap around support to empower them to feel able to pursue a conviction if they choose to.
12. Greater Manchester Police and the Community Safety Team, alongside the DA steering group, should explore the use of positive requirements as part of Criminal Behaviour Order's (CBO's) and injunctions to mandate perpetrators to access interventions.
13. Greater Manchester Police should report quarterly to the DA operational group the number of arrests, charges and positive action against perpetrators, with key concerns or good practice escalated to the DA steering group.
14. The DA operational group should conduct a deep dive in to MARAC cases to identify key themes in holding perpetrators accountable in order to support a wider multi-agency approach.

Learning theme 5: Housing options are limited for perpetrators, which could cause a risk of harm to victims

Only 17 perpetrators presented as homeless in the last year in Tameside which indicates a very small percentage based on the estimated number of perpetrators. Based on the duties owed it is evident that perpetrators are highly likely to be homeless at the time of the application rather than being at risk of homelessness. The majority (35%) were owed a relief duty, two (12%) were owed a main duty relief and one (6%) was owed prevention duty relief. Many apply as single male applicants, which often did not get them priority status for social housing. This meant that they often found themselves sleeping rough or sofa surfing. It is unclear what the outcome was for the remaining 8, however it is likely they withdrew their homelessness applications. The latter point is concerning as it may indicate perpetrators are returning to the homes of victims. Anecdotally housing services highlighted that where

⁶² The number of SUSPECTS has been provided. Suspect URNs (Unique Reference Numbers) have been used to identify suspects. It is known that some suspects have more than one URN and, consequently, this data may not be accurate.

perpetrators are provided with housing support through temporary or permanent accommodation, they often lose it due to anti-social behaviour linked to their substance misuse. This links to our previous learning theme in which a whole system response to perpetrators must include support around managing complex needs and wider vulnerabilities as secure accommodation is essential as an enabling factor for behavioural change and accessing interventions.

Recommendations

15. Housing and homelessness services should develop a protocol for housing perpetrators of domestic abuse and present proposals to the DA operational group. This should align to the Whole Housing Approach and include both enforcement (e.g. evicting perpetrators, removal from joint tenancies etc.) as well as support in to appropriate accommodation as part of a support offer. The latter could be similar to models such as +Choices or ReMOVE in which housing is aligned to a perpetrator intervention as a holistic offer.

Learning theme 6: There is a considerable gap in the confidence, knowledge and skill across the frontline workforce in knowing how to respond to perpetrators

It is essential to start by noting that this is not a criticism of frontline workers, but rather a reflection of the current whole system response which has not created the context for learning and development, and where those that are confident in identifying and assessing perpetrators having no services to signpost them to. From our professionals survey very few professionals had ever received training on how to work with domestic abuse perpetrators. This culminated in a pessimistic outlook in terms of perpetrators with many professionals lacking belief in the possibility for perpetrators to change which is likely to have a negative impact on their response, and signposting to any services or interventions which are commissioned following the needs assessment. Additionally, there was a level of professional anxiety amongst the frontline workforce in generally knowing how to respond to perpetrators. This included a lack of knowledge of risk assessment tools available with 57% stating they were unaware of any risk assessment tools which they could use with a person using abusive or harmful behaviour. This lack of overall confidence from professionals on working with perpetrators will limit referrals into services if they are commissioned and will require an element of culture change in Tameside to ensure an effectiveness perpetrator response.

The lack of confidence and knowledge around working with perpetrators often meant professionals would instead speak to, and work with, the victim or survivor when they identified a perpetrator. Due to this, perpetrators are often not visible throughout the response to domestic abuse in Tameside, either in terms of being supported to change, or being held accountable. In addition to most professionals focussing on the victim when they suspect domestic abuse, we also found that there is limited knowledge around risk identification among perpetrators

Recommendations

16. Following the development of a training offer, the outcomes and impact of training should be regularly reviewed by the DA operational group, with key issues escalated to the DA steering group.

10.3 Proposed delivery framework

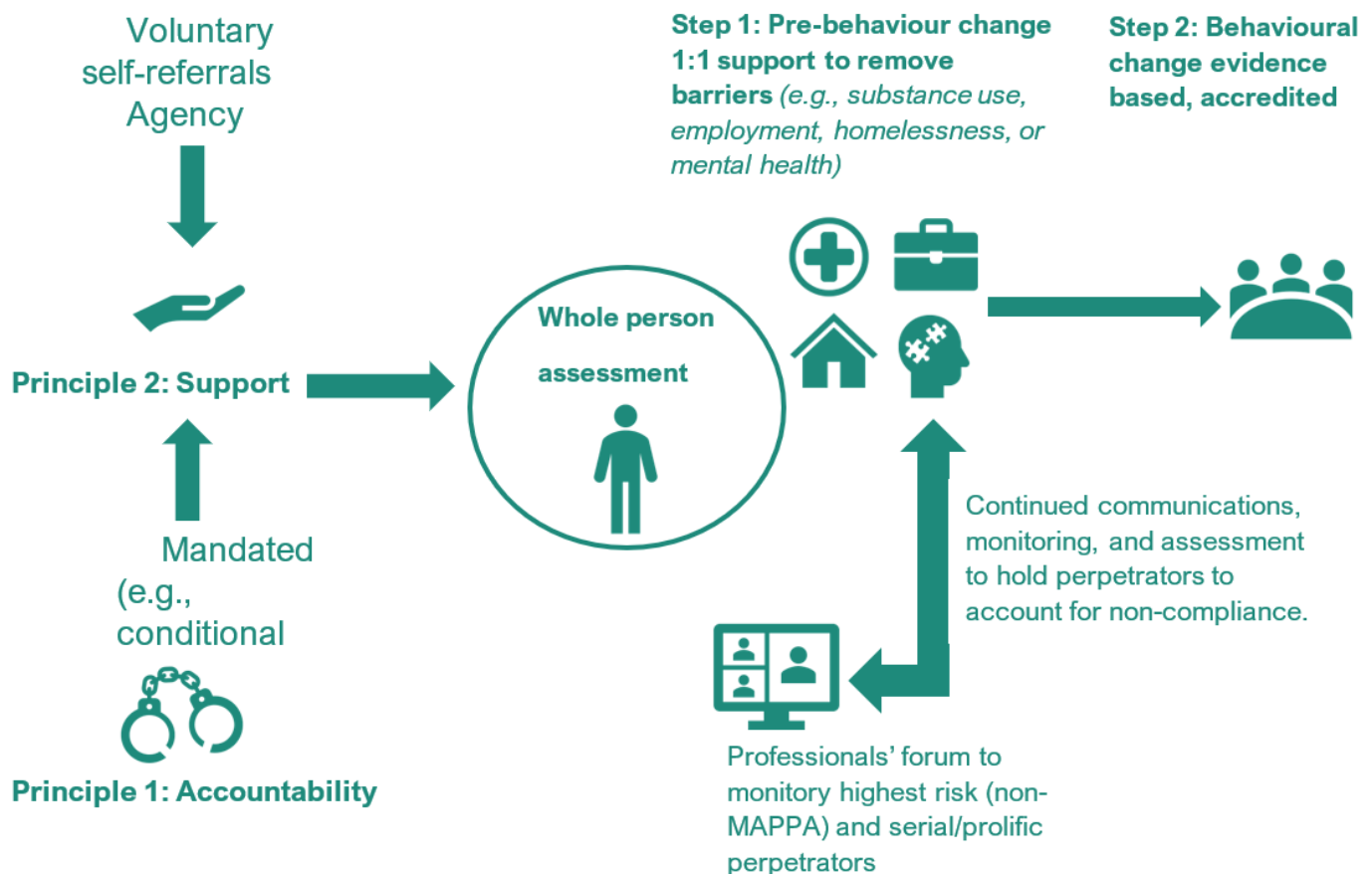
The recommendations above will support the delivery of our proposed delivery framework. The framework is aimed at supporting Tameside to make relevant system changes, alongside a commissioning plan to radically improve the current response to perpetrators of domestic abuse.

This framework is based on embedding two principles: support and accountability whilst ensuring that the barriers to access identified in this review (complex and practical needs) are removed to enable an effective response. As such **the initial referral route should offer a voluntary route that members of the public can access as well as a mandated route** for agencies such as children's services to include as a requirement on plans.

Following identification or referral **a whole person assessment** should be undertaken by the commissioned provider to understand the risk level in terms of harm, as well as any barriers to behavioural change. **Step 1 of the support offer should be 1:1 support to prepare perpetrators for an evidence based behavioural change programme.** This should include wrap around support for things such as substance use and homelessness. For standard and medium risk cases this 1:1 support should be undertaken by the 'lead agency' to ensure capacity of the commissioned service to prioritise those i) at highest risk and ii) without support of other agencies. For example if substance use is the primary barrier, substance use services could be the lead agency providing the step 1 support. This makes best use of the current systems across Tameside. Where a perpetrator is deemed to be 'high harm' we would suggest the specialist perpetrator commissioned service manage the case during step 1.

During the step 1 support there should be **an accountability measure through an escalation route to a multi-agency forum** to case manage perpetrators at the highest risk of harm to others or serial perpetrators. This forum should consider orders and protective mechanisms when perpetrators refuse to engage. This multi agency forum should include victim services to ensure victims voice is present.

Step 2 should include a commissioned perpetrator programme for longer term behavioural change. This should be accredited by an organisation such as Respect.



We recognise that this model is focussed on IPV primarily. As there is currently a lack of any provision in Tameside, we have considered the prevalence estimates and IPV is the most common form of domestic abuse so would be the most appropriate cohort to begin with. We recommend that once the initial pathway is in place, there is additional scope for the step 1 part of the pathway to be extended to include specialist one to one caseworkers for wider cohorts of perpetrators including female perpetrators, young people using harmful behaviour or familial abuse perpetrators.

The delivery model can be developed and piloted in various stages, which we would be pleased to explore with Tameside. Additionally once the core components are established and embedded, more nuanced offers and options for intervention can be added including for particular cohorts.

Recommendations

17. Develop a project plan to implement the recommend delivery framework including the development of the mutli-agency panel and commissioning of a specialist Respect accredited perpetrator service to delivery step 2, and work with the high-risk perpetrators as part of step 1.

10.4 Conclusion

Although there are currently a significant gaps in Tameside in terms of the response to perpetrators of domestic abuse, it is positive that the governance structure and infrastructure exists to take this programme of work forward. Throughout the needs assessment including our interviews with strategic stakeholders and survey of frontline professionals, there is a considerable will from the partnership to improve the response which is positive and will support driving the recommendations and delivery framework proposed forward. We would be pleased to continue to work with Tameside on this incredibly important work and wish the DA operational group and DA steering group the best in taking the next steps towards a strengthened approach.

Our recommended next step in delivering the change required would be to develop a multi agency action plan including the recommendations of which the progress is regularly reported to the operational and steering group.

Appendix A

Table: Overview of outcomes for all domestic abuse perpetrators who accessed ROOTs 2017-2022

Offence type	Service commencement date	Notes
Index Robbery and historic DA	1/25/2016	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management.
Robbery/Offensive weapons/Historic DA	05/03/2016	Accommodated - Recalled for threats to partner
DA offender including criminal damage, assault, harassment, false imprisonment.	5/17/2016	Accommodated - perpetrator had learning difficulties and underlying mental health issues. Continued spice use resulted in a prolonged psychotic episode which saw him committed to a secure mental health hospital due to violence towards staff. Limited work completed due to behaviour/engagement, however accommodation retained
DA offender - including assault, criminal damage	12/02/2016	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management/thinking skills programme (TSP).
DA - Assault, damage to property,	01/12/2017	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions. Recalled due to continued

Offence type	Service commencement date	Notes
harrassment.		offending behaviours - accommodation lost. Limited engagement with support networks and bespoke pogrammes like BBR/TSP/anger management
DA - Assault, damage to property, harrassment.	1/23/2017	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management.
DA - inc sexual assault/assault and criminal damage	6/19/2017	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management.
DA - including assault, criminal damage, drunken disorderly, assault police	8/29/2017	Homeless prison leaver. With mental health issues. Causing problems in the city centre this person was a real problem for councils, police and housing alike. Due to his alcoholism and continued erratic behaviour following release. This person was accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management. Menthal health intervention including treatment for PTSD and links formed with a number of theraputic activities from writing to painting and healthy walks. Renewed family ties and obtained contact with daughter following rehabilitation.
DA - Incliding assault, criminal damage, drunken disorderly and assault police	02/01/2018	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management.

Offence type	Service commencement date	Notes
DA - including assault	02/12/2018	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management.
DA - including assault	3/26/2018	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management.
DA - including assault	11/17/2018	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management. Completed rail track course and became full time employed
DA including assault	2/25/2019	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management.
DV - violence and threats	1/13/2020	Still accommodated but unable to overcome addiction problem and continues to be abusive towards family members. ADHD diagnosis during service following a period of engagement with Mental health - currently doing 12 weeks HMP for further DV against father
DA - violence	06/01/2020	Recalled prior to receiving accommodation - Drug misuse and mental health issues not overcome due to continued use. Recalled to custody. Intervention did include MH support via criminal justice worker and offender was stable until he started to use.

Offence type	Service commencement date	Notes
DV - violence and threats	4/21/2021	Homeless prison leaver. Accommodated, financial and budgeting support, furniture package obtained, 1 to 1 motivational sessions and pro social modelling in the community. Drug and alcohol service intervention, Probation courses include BBR (Building better relationships) and anger management.
DV - violence and threats, criminal damage	6/16/2021	Accommodated, however struggled with abstinence (alcohol) and committed new offences very early on during support. Recalled to custody and accommodation lost.

Appendix B

Free Text responses from the survey of professionals in Tameside.

imbalance upbringing, broken relationships; counselling, DV services are needed for men, support packages around DV.

perpetrators need to accept they are perpetrators to enable them to get support as they might not be aware of the support that is out there

The nature of the individual modifies the nature of the response.

Sometimes abuse is dismissed as "cultural differences" which isn't the case - e.g. a perpetrator may say that in his culture it is normal/accepted that husbands will not let their wives leave the house without them or will monitor who they speak to. Professionals can then be concerned about challenging this as they fear they might cause offence or be seen as discriminatory. More training around cultural beliefs vs abuse may help with this.

Can be viewed as cultural norm and make professionals afraid to address

cultural differences and acceptance of gender roles and sexuality

I think that in general perpetrators need educating that it is not ok for you to abuse your partner, it does not matter what country you are from, what ethnicity, sexuality or age abuse is wrong and there is no excuse for it as perpetrators will look for excuses as to why they are abusers.

Disability - this may be undiagnosed but a barrier to learning. If perpetrator has capacity then one can't force them to seek medical help. Sexual orientation - This may be a barrier for a perpetrator who is perhaps still coming to terms with their sexuality. Consider typical Asian households where marriage is pre-determined. This may cause frustration, shame, guilt etc which manifests itself as anger.

people may need a sensitive response that takes account of their protected characteristics

Social and economic status

Specialist support required around same sex relationships.

Ethnicity affects the needs of perpetrators from what I have witnessed, some cultures find it acceptable for the females in the family to be subservient & do not see their behaviour as unacceptable

This is a very large question that seems too expansive. For example someone's age can affect the needs + type of support they need in lots of ways: If they are young the support may be exploring their parental relationships, their living situation, if there is peer pressure around doing these negative behaviours, if there is a lack of education and knowledge around their actions and more. If someone is older you may be looking wanting to find their long term history, learning if the abuse is habitual, exploring what learning they have around the area, if there are children and social services involved. And, again, I think all of these could be applied to any age as it really does depend on the persons story and what is affecting them; some peoples addictions might be the main source of abuse, whereas for others the addictions are a secondary concern and it is their childhood trauma that is causing the abuse.

There is more support for victims rather than perpetrators. There doesn't seem to be any courses for Female perps

Peer Support - CGL - Mental Health - Training and Employment - Restorative Justice - Hearing the Childs Voice - Anger Management -

People with a learning disability or autism may require specialist support to help understand information and behaviour

it depends on the need

knowledge of self-esteem - self -worth - childhood experiences this supports why individuals acts in certain situations

the person's perceptions about these factors ultimately affect their response to all factors of their lives and then how they respond to any situation.

"I think there needs to be more open conversations/groups/activities before the risk happens so a perpetrator can identify early on then open up."

" Every Case is different as we know. There are perpetrators whereby childhood events and lack of parenting or inappropriate modelling can be identified with the appropriate support. The impact of drugs and alcohol and financial hardship is harder to work with. Same sex DV is harder to identify and support. Breaking the cycle of negative relationships for a victim is hard"

"It is so difficult to know what to do where the victim declines support and is dependent upon the relationship despite this being an abusive relationship. I find these cases the most traumatic to manage."

“Caution is needed when considering child to parent violence and the root cause needs to be understood as there may be a history of abuse for that child.”

