

DAPO – Positive Requirements
APPG on DA Perpetrators Briefing March 2021

Introduction

The new DAPO will enable judges to impose positive requirements ‘to do something’ on perpetrators of domestic abuse. The legislation is silent on what that something might be, but government communications indicate that what is envisaged is the attendance on substance misuse (including alcohol) or domestic abuse behaviour change programmes, or the requirement to take a mental health assessment.

Designed well, this element of DAPOs could significantly increase the number of perpetrators who receive a timely, quality assured, relevant intervention, resulting in increased victim safety. Designed poorly, perpetrators could be put on programmes that have no impact or worse, actually increase risk to victims. The APPG on Perpetrators of Domestic Abuse wishes to support the development of a system response that ensures positive requirements play a meaningful role in turning the tide on domestic abuse.

Policy Context

DAPOs are due to be piloted before being rolled out. The points in this paper are designed to feed into the design of the pilot. The design and rigorous, independent evaluation of the pilots are key. Victim centred expertise needs to run right through them and it will be important to involve organisations with specific experience of working with DA perpetrators.

Practice context

Substance misuse and mental health challenges do not cause domestic abuse, but they can exacerbate it and raise risk levels. There is evidence that addressing a perpetrators needs *alongside* provision of behaviour change work and risk management can significantly reduce abuse to victims as part of an integrated approach, but there should be no assumption that provision of substance abuse or mental health interventions alone without a DA specific response will reduce risk.

Among men who use substances, research has found a complex interplay between substance use and intimate partner abuse in the context of intoxication, withdrawal and addiction¹. Reducing substance use and associated problems may result in less abusive relationships, but it will not address violence primed and entangled with sexual jealousy, perceptions of female impropriety and attitudes regarding women’s opposition to male authority reported in these relationships.

There is also evidence that *with appropriate training*, substance use treatment services *can* safely deliver an integrated approach. However this kind of integrated practice is not at all widespread.

The three areas envisaged for DAPO positive requirements: Mental health, alcohol and substance misuse and DA behaviour change practice, are embedded in very different cultures. The former two tend to be principally focussed on the wellbeing of the client, the latter is focussed on outcomes for the victim, and therefore has challenge and risk management built in. The principles and recommendations that follow are designed to address this.

Key principles

- DAPOs should be designed and evaluated with input from survivors and their success should be measured in terms of victim/survivor safety.
- A do no harm principle must thread through every intervention and interventions should meet a quality standard.

¹ Gilchrist et al. (2020)

<https://reader.elsevier.com/reader/sd/pii/S0955395918303104?token=298E5ACBBECB3A0CD13990A561BD3CC7EDDFCE43EE88F3DA0AE783D9CDE677E6AE81F96096E9AC70D7DAB7CA54A92922>

- Addressing a perpetrator's substance misuse or mental health problems can be beneficial for both victim and perpetrator but it will not necessarily stop abusive behaviours. DA behaviour change programmes offer the best chance of reducing abusive behaviours – even more so when combined with the other interventions where needed - but even they do not come with a guaranteed impact for any individual. In no way should a DAPO whether it is a behaviour change one or a substance misuse or mental health one be considered 'job done'.

Recommendations

1. **Support for survivors must be built in to any DAPO positive intervention.** It should already be there in any quality assured DA perpetrator behaviour change interventions but it may not be there in substance misuse or mental health.
2. **Every DAPO needs to sit alongside a local multi-agency risk management process** – such as a referral to a perpetrator panel. Formal links should be built in and tested at pilot stage.
3. **Any positive intervention ordered under a DAPO needs to be delivered by someone with competence on domestic abuse. This will mean a huge programme of training and supervision required across relevant mental health and substance misuse delivery.** This is crucial so that mental health and substance misuse professionals understand their role and are not unwittingly complicit or manipulated and to avoid in the worst case, entrenchment or worsening of abuse and heightening of risk. There is no current slack in the system (see point 6) to absorb the costs of this. Delivery partners will need funding to prepare. Workforce development will be key if these are to be safely and widely used. The economic impact assessment linked to the Bill does not point to any planned investments. Recent announcements may help depending on what is intended for this money.
4. **Suitability assessments are key to the effective use of DA behaviour change, substance misuse and mental health interventions.** The draft legislation already requires that a named person advises the court on the perpetrator's suitability for any given intervention. This named person will need to have a high level of understanding of domestic abuse so they can consider the risk that a perpetrator poses, typologies of abuse and whether the nature and duration of the intervention is suitable for the perpetrator and safe for the victim. They will need to tap into multi-agency information sources. A good assessment process is essential for value for money – without it people can go on programmes that won't work for them – but it is not free and this will need to be built into the planning.
5. **Investment is needed in a range of domestic abuse behaviour change interventions such that judges actually have the real option of mandating them.** They should include programmes that are tailored to meet the needs of people with protected characteristics, including ethnically minoritised groups. Investments are also needed in addiction services. The Royal College of Psychiatry stated in September that years of cuts to addiction services in England has resulted in them not being "equipped to treat the soaring numbers of people drinking at high risk during the pandemic and must receive a multi-million-pound funding boost in the upcoming spending review".²
6. **Clear guidance will need to be consulted on and published, that anyone providing an intervention mandated by a DAPO will need to meet and there will need to be a system of inspection.** These requirements should include a requirement that any domestic abuse behaviour change intervention should be quality assured. Respect has quality standards which are endorsed by the Home Office for domestic abuse behaviour change interventions. Any statutory guidance relating to the DAPO will need to be updated in light of pilot findings.

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² <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2020/09/14/addiction-services-not-equipped-to-treat-the-8-million-people-drinking-at-high-risk-during-pandemic-warns-royal-college>