

Commissioning Guidance: Responding to perpetrators of domestic abuse

May 2022

Respect



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Introduction to this guide

Why have we developed this guide?

- This guide will support areas to develop and expand responses to perpetrators of domestic abuse in England and Wales. The recently published Tackling Domestic Abuse Plan highlights the government's intention to target perpetrators to prevent 'first-time, repeat and serial offending'. The plan highlights the cultural shift towards tackling domestic abuse at its root cause, rather than shifting blame or responsibility onto victim-survivors. Included is Home Office funding of £75m over three years for behaviour change interventions research and evaluation, supported by a set of national principles and standards. This is the first multi-year funding of its kind for perpetrator work.
- In this context, the domestic abuse perpetrator sector is expanding quickly and local commissioners have expressed interest in guidance to benefit from these funding opportunities and to commission safe, appropriate perpetrator interventions. Local areas will also need to respond to the upcoming national perpetrator strategy.
- Respect, Safelives and Social Finance have worked with five PCCs in 2021/2022 to support them to strengthen their responses to perpetrators of DA. This project confirmed common areas of needs for external support.

Who is it for?

- This guide has been designed primarily for PCC and LA commissioners.
- Other funders might also benefit from this information.

What it is and is not

- This guide aims to give an introduction on perpetrator interventions and to share high level recommendations on how to commission safe and appropriate perpetrator interventions.
- It is not about recommending or communicating about a particular intervention.
- It highlights the importance of wider enabling factors beyond interventions themselves.
- Please note that it does not replace any training or local needs analysis.

Overview of key recommendations for developing response to perpetrators of domestic abuse

Developing and delivering a successful strategy around perpetrators is a long-term process.

The table to the right outlines "nine key ingredients" that are required for optimum provision and strategy around perpetrators.

Refining each of these ingredients is an on-going process and must balance ambition with realism (particularly in terms of resource).

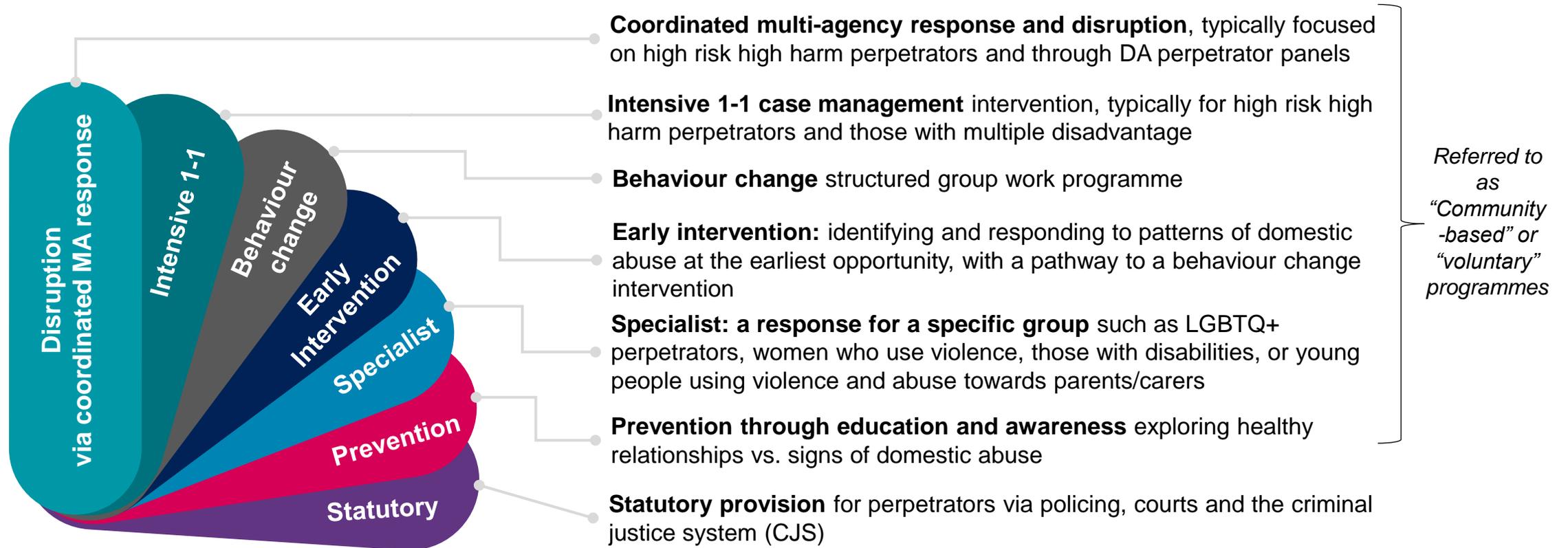
 <p>A strategic framework and multi-disciplinary infrastructure around the interventions are critical (and this includes governance)</p>	 <p>No single intervention will meet the needs of all perpetrators. There is a need to diversify perpetrator interventions depending on existing infrastructure and needs within the area.</p>	 <p>Emphasise on the cultural shift across multi agency partners, changing the narrative to work with and engage perpetrators, holding them to account</p>
 <p>Victim-survivor support provided - in addition to existing domestic abuse infrastructure - is a non-negotiable element of the success of a perpetrator intervention</p>	 <p>Quality assurance is key to ensure safe effective, accountable practice with both the perpetrator and victim-survivor</p>	 <p>Sector informed best practice and evidenced interventions should be prioritised, whilst also investing in innovation and trialling new approaches</p>
 <p>Agreeing on measures of success is key and goes beyond ending violence (e.g. reduction/cessation of abusive behaviours, improved victims' safety, increased recognition of the impact of abusive behaviours on victim-survivor.)</p>	 <p>Exploring opportunities for joint-commissioning within whole family strategic systems (cross sector, cross departmental resource): domestic abuse is everyone's business</p>	 <p>Further investment in research, evaluation and data collection across the sector is needed to strengthen evidence base</p>

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Types of intervention to respond to perpetrators of domestic abuse

A comprehensive response to perpetrators should include a range of interventions

Example of a comprehensive response:



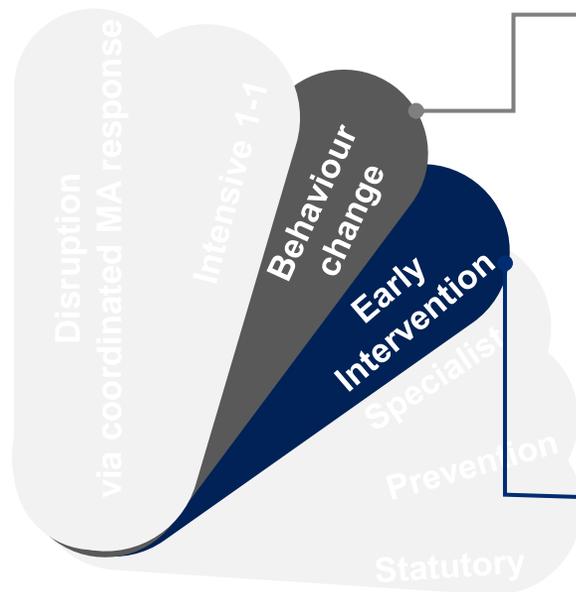
ALL INTERVENTIONS MUST BE **INTEGRATED WITH SUPPORT FOR VICTIMS** AND HAVE **BROAD AND EFFECTIVE REFERRAL PATHWAYS AND INFORMATION SHARING, CULTURALLY APPROPRIATE PRACTICE, GOOD GOVERNANCE AND QUALITY ASSURANCE**

Characteristics of each type of intervention (1/3)



* Please note that not all examples given here have been independently evaluated.

Specific characteristics of each type of intervention (2/3)



Behaviour change structured group work programme

Examples of Respect accredited providers delivering structured group work programmes found [here](#).

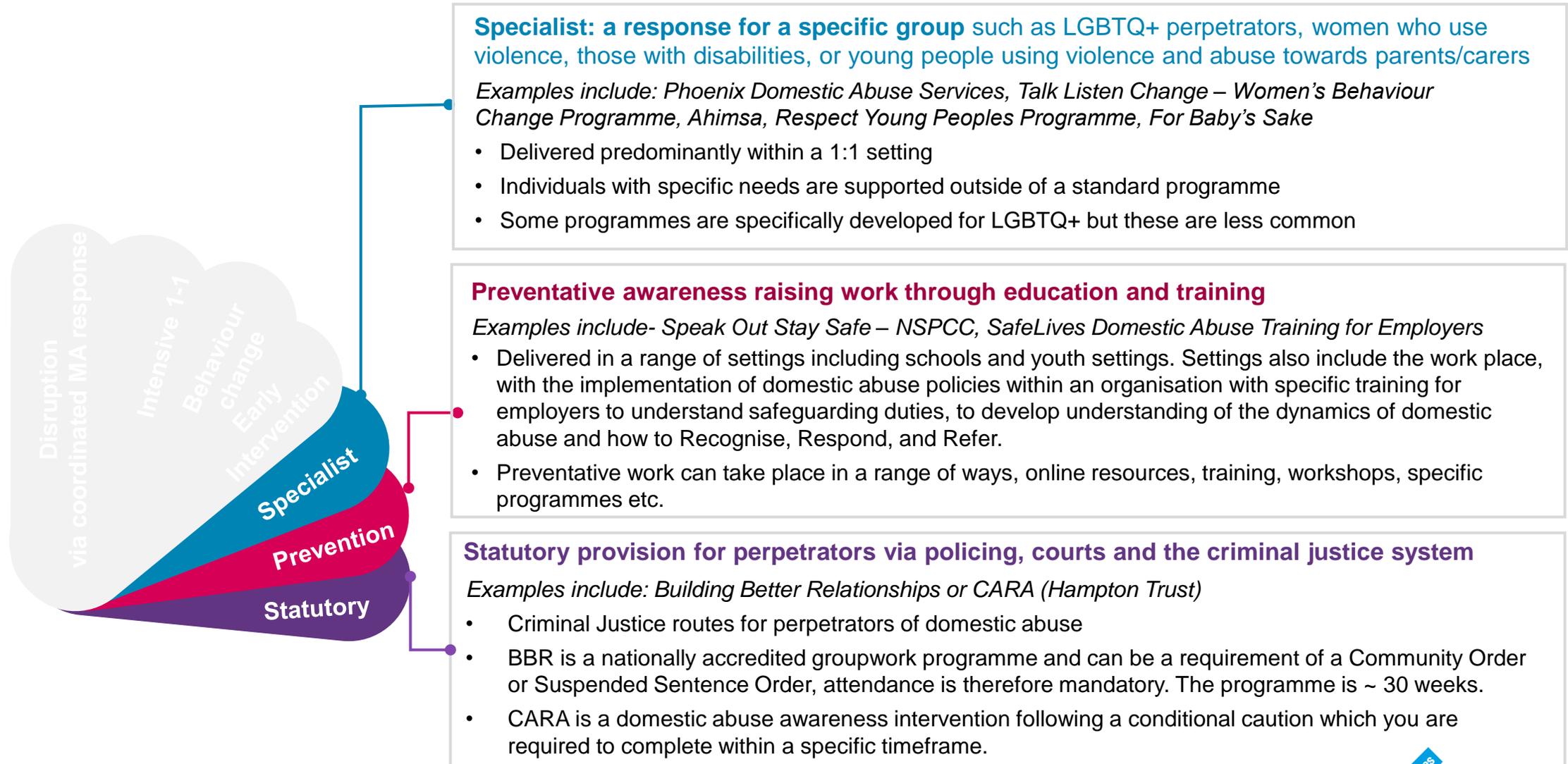
- Best Practice: providers working within a framework of [Respect standards](#) or towards a Respect accreditation or Home Office National principles. Other standards include those developed by the Welsh Government [Welsh standards](#),
- Duration: Full length (minimum 24 weeks+) behaviour change intervention
- Format: Weekly sessions within a group setting. Some programmes deliver 1:1 sessions prior to joining the group, after the assessment, or staggered throughout the duration of the programme.
- Cohort: Usually recognised as suitable for perpetrators presenting as standard – medium risk but this can escalate to incorporate high risk
- Integrated Partner Support Service, supporting current and ex partners of perpetrators attending the programme: this is integral to the safety and success of the programme.
- Referrals: self-referral or multi-agency partners, including statutory, Cafcass family courts, Probation and Social Services. Links with MARAC and multi-agency partners to make cross referrals for perpetrators.

Early intervention: early response to the perpetration of domestic abuse, with a pathway to a behaviour change intervention

Examples include: *Make A Change*

- Aiming at challenging individuals who are showing early signs of abuse
- Requires cross sector community model training, to develop and shift the multi-agency partners to confidently Recognise, Respond and Refer the perpetrator.
- Referral pathway to a behaviour change intervention for individuals identified
- Models can vary and can be delivered as a bolt on to an existing behaviour change intervention
- Usually delivered within a 1:1 setting. Duration of intervention varies widely – not standardised.

Specific characteristics of each type of intervention (3/3)



Recommendations for commissioning high quality and safe interventions

Looking to best practice and evidence-informed interventions: collaborating with existing providers and sector expertise to develop both existing and evidence informed innovative interventions.

Ensuring high quality and safety by selecting providers working towards a Respect accreditation or within a framework of Respect standards and/ or Home Office National Principles or Welsh standards.

Recognising integrated victim-survivor support as part of the perpetrator intervention is integral to its safety and success, and goes alongside existing victim-survivor services. The format and depth of this support can vary, but must be provided.

Factoring in sufficient time for an intervention to become embedded: ensure the lead in time is sufficient to allow for recruitment, multi-agency training, delivery of programme (minimum of 24+ weeks recommended) and to capture long term outcomes. Recommended commissioning minimum term of 3 years.

Recognising that no single intervention meets the needs of all perpetrators: there is a need to diversify and prioritise interventions depending on infrastructure and needs in the area. Additional provision and/or specialist interventions are required for specific individual needs e.g. LGBTQ+. Building a comprehensive pathway is likely to take time.

Ensuring that the operational team is appropriately skilled with training for case managers and partner support workers. Training may be required post-recruitment due to specialism of roles and limited candidates with direct experience of working in this rapidly growing sector.

Whole family approach to ensure both the adult and child victim are engaged and supported, with collaborative engagement/ information sharing with the provider supporting the perpetrator.

Agreed outcomes for interventions: ensure there is a clear dialogue and agreement across the partnership on what success looks like for each intervention.

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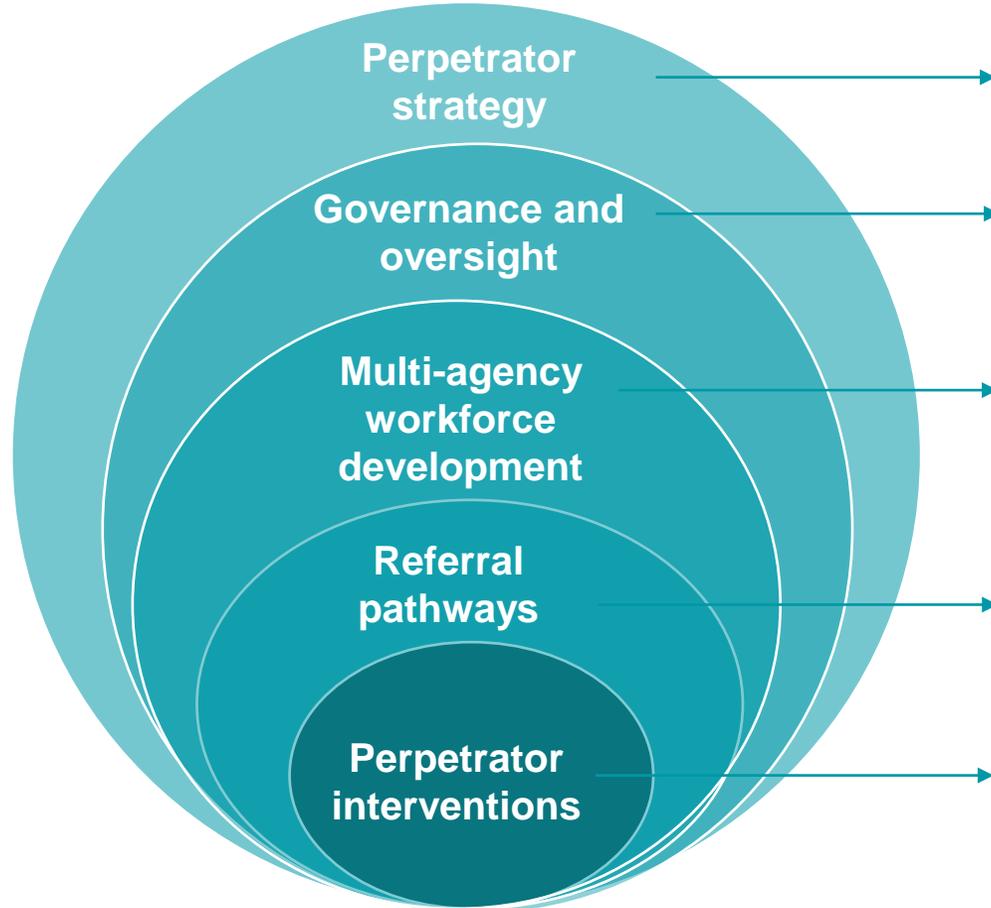
Strategic framework enabling the successful implementation of perpetrator interventions

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A strategic framework around these interventions is critical to their success



Summary of recommendations

- Develop an overall strategy for work with perpetrators, sitting within a whole family, whole system response to domestic abuse.
 - Ensure coherence and alignment with national strategy.
- Develop effective governance including establishing outcomes framework, a commitment to developing the evidence base, and quality assurance arrangements developed.
 - Embed joint-commissioning within overall governance.
- Train across multi-agency sectors, to support cultural shift towards engaging the perpetrator and holding them to account, promoting recognise, respond and signposting/ referring onto the specialist services pathway
 - Deliver best practice enhanced training models across the perpetrator sector
- Map out potential routes into interventions and planning for multi-agency engagement
 - Actively engage communities to embed pathways and include underrepresented groups, e.g. Black, Asian and other minoritised groups, LGBTQ+ communities.
- Ensure provision is high quality, safe (meeting agreed standards and quality assurance), and survivor focused, with skilled and experienced operational teams.
 - Commission beyond one year, e.g. for three years, embedding the intervention within the multi-agency system, testing & learning, and impact measurement.



In the following slides, we will detail our recommendations for each of these dimensions.

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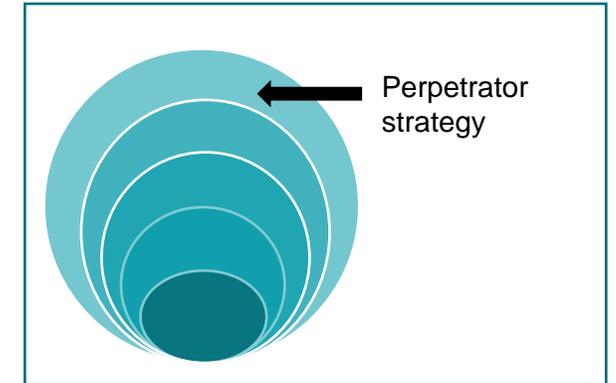


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Developing a perpetrator strategy (1/2)

A perpetrator strategy for England and Wales

- The Tackling Domestic Abuse Plan was published at the end of March 2022 and consistently reiterates the government's intention to target perpetrators to prevent "first-time, repeat and serial offending".
- The Plan commits to empowering local areas to develop their own perpetrator strategies, a positive step towards local leadership in the delivery of a more strategic approach to DA perpetrators.



Developing a local perpetrator strategy

- Developing a local perpetrator strategy, which sits within a whole family, whole system response to domestic abuse, is recommended to ensure that all partners agree on a shared vision and work together towards the same goals. A coherence between the national perpetrator strategy and a local perpetrator strategy is encouraged.
- A strategy could include information about the following:
 - The partnership (list of signatories, and context for developing a local perpetrator strategy);
 - The shared vision;
 - The priorities (with data, evidence and/or rationale informing these priorities, based on a gaps analysis);
 - A roadmap (vision for funding this strategy and potential business case, detailed commitments, action plan including responsibilities and timeline).

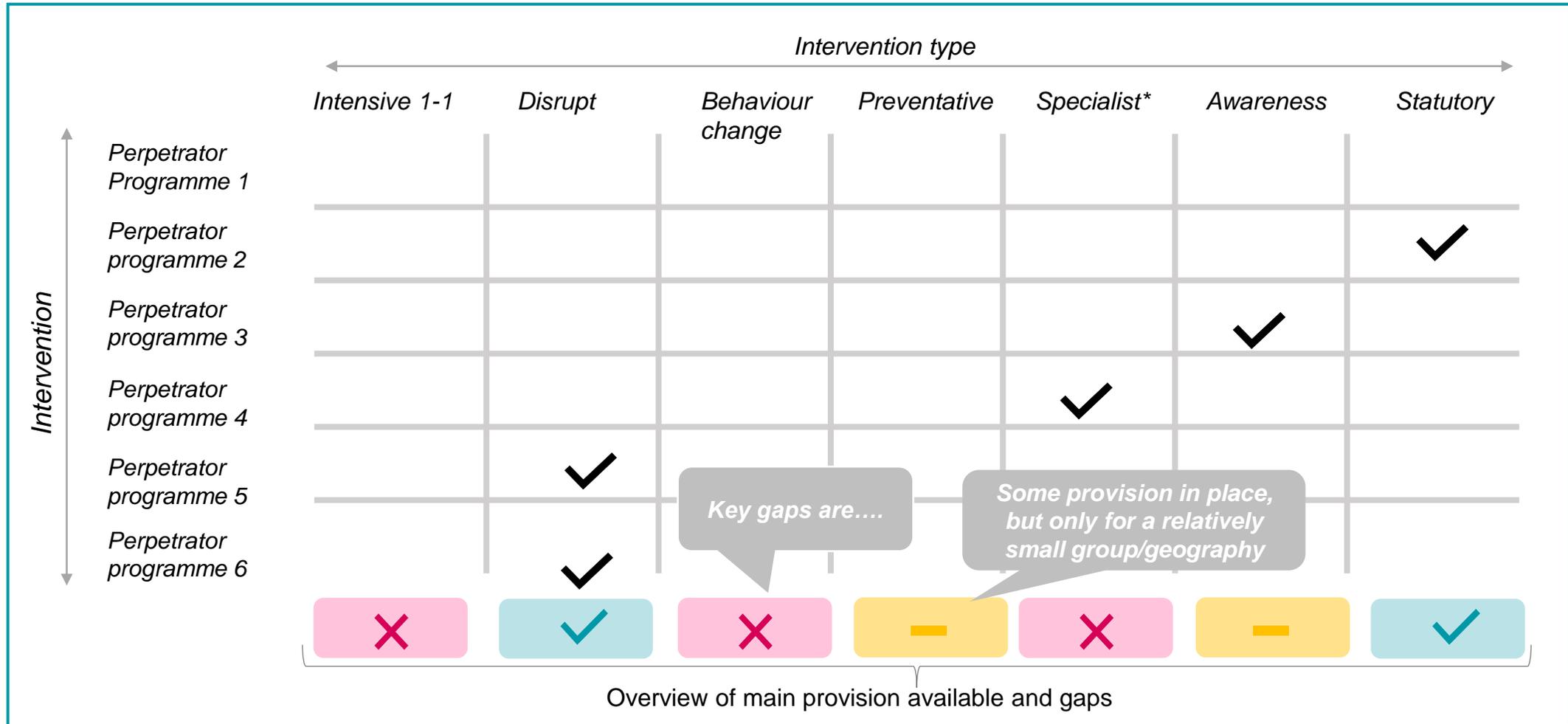
Developing a perpetrator strategy (2/2)

Suggested questions to support the development of a local perpetrator strategy

<div style="text-align: center;">1</div> <div style="text-align: center;">Mobilisation </div>	<div style="text-align: center;">2</div> <div style="text-align: center;">Where are we at today? </div>	<div style="text-align: center;">3</div> <div style="text-align: center;">Where do we want to get to? </div>	<div style="text-align: center;">4</div> <div style="text-align: center;">How to get there? </div>
<ul style="list-style-type: none"> - Who should be involved in designing this strategy? What is our scope (geographical, agencies)? - Why are we developing a local perpetrator strategy together? 	<ul style="list-style-type: none"> - What are our local needs? - To what extent does our existing provision cover these needs? - Is our existing provision suitable to the needs of all groups (e.g. including female perpetrators, English as a second language, black and minoritised communities, LGBTQ+, or young perpetrators)? Are these interventions culturally appropriate? - What do we know about the quality of these interventions? What quality assurance processes do we have? 	<ul style="list-style-type: none"> - What's our shared vision? - What are the limits in our current provision, comparing with best practice and taking into consideration our local needs? - What are our long term objectives to address these limits/gaps? - Which objective, or which gap(s) should we address first? - What data, evidence or other considerations support this prioritisation? 	<ul style="list-style-type: none"> - How to achieve this objective? What specific actions are needed and from whom? - What is the governance around this strategy? - What are the barriers and how can we overcome them? - How can we fund this strategy? - How do we hold ourselves accountable to this action plan, and track progress? - How do we ensure "testing & learning", with the flexibility to pivot the strategy when needed?

Developing a perpetrator strategy – Example [identifying gaps]

Example of a framework that can be used to identify and summarise main gaps in perpetrator provision

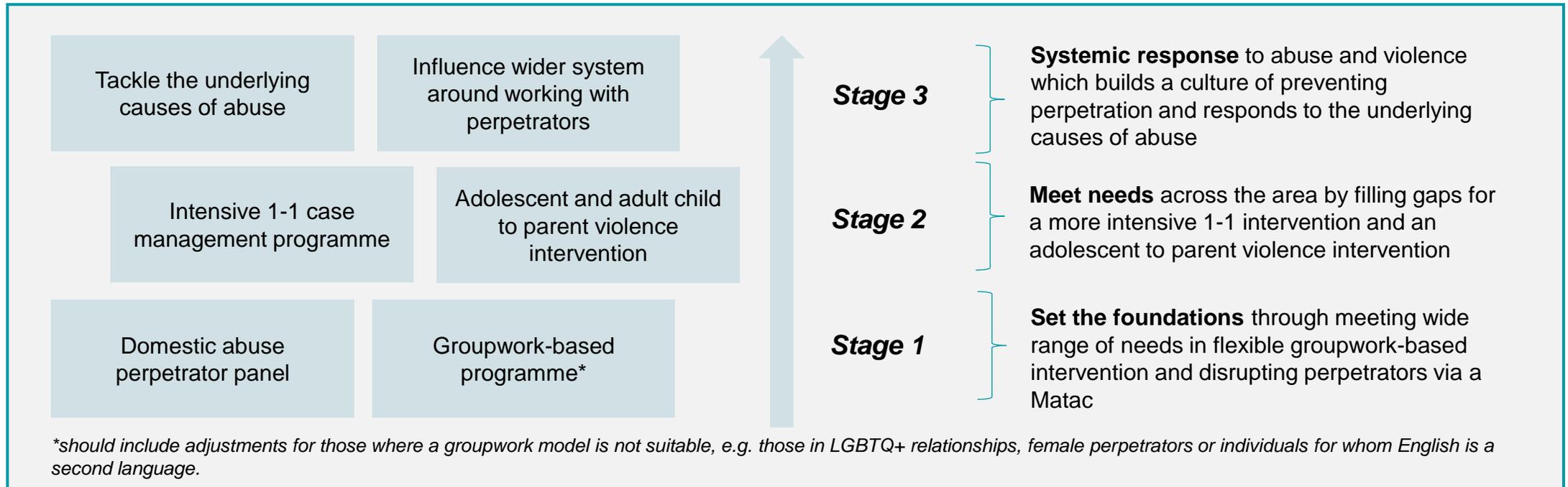


***Specialist:** response for a specific group such as LGBTQ+ perpetrators, women who use violence, those with disabilities, or young people using violence and abuse towards parents/carers

Developing a perpetrator strategy – Example [prioritising interventions]

- **Where to start when there is no perpetrator provision?** There is no standard and simple answer – a local needs assessment* and partnership vision should inform the local answer.
- Below is **an example** of the different steps that a local partnership could take to progressively build over time a comprehensive response to perpetrators of domestic abuse.

Example – a possible three stage process towards a comprehensive response to perpetrators



**The needs assessment should draw on data, if available, and consultation with various agencies involved the response to domestic abuse (including victims services), as well as victims-survivors and perpetrators.*

Building appropriate governance and strategic oversight

Developing strong governance and strategic oversight requires a focus primarily on whole system working, and creating an environment where multi-agency working and collaboration can thrive:

1. **Confirm key responsibilities across partnership**, close collaborative working relationship within cross sector multi-agency partners, statutory and non-statutory, (statutory partners such as Police, Social Services, Probation, Health, Drug and Alcohol and Housing).
2. **Establish a jointly produced and comprehensive long-term, data-led outcomes framework** which informs and strengthens the evidence base, measures success holistically in the local area and builds on a commitment to data collection and sharing from multi-agency partners.
3. **Maintain oversight of quality assurance** and where appropriate support ongoing development and training of team
4. **Develop working agreements** to enable collaboration – this includes information sharing agreements across multi-agency partners, such as MARAC.
5. **Consider joint commissioning interventions embedded within strategic response:**
 - a) Domestic abuse is everyone’s business and requires cross-sector, cross-departmental resource across policing, CJS, social care, health and housing.
 - b) Collaborative approach to joint commissioning incorporating whole family responses alongside individual interventions

Upskilling a multi-agency workforce

The multi-agency partners involved in responding to DA perpetrators need the knowledge and skills to:

Understand the value of perpetrator interventions and the evidence behind it	Understand the different types of perpetrator interventions for all cohorts	Produce and embed high-quality risk assessments.	Promote 'Recognise, Respond and Refer', onto specialist services pathway	Prevent collusion with the perpetrator
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Types of training include:

Multi-agency perpetrator awareness training

For: all multi-agency partners

Duration: ~ 0.5 -1 day

Aims to: shift the narrative to work with the perpetrator and hold them to account, introducing dynamics of perpetrator in context to the victim, associated risk factors, and how to prevent collusion.

Recognise, Respond, Refer training

For: multi-agency partners involved in operations, directly engaging with the perpetrator and/or their family, e.g. housing advisers, G.P.'s, drug & alcohol workers, etc.

Duration: ~ 1-2 days

Aims to: boost capacity and confidence to recognise abuse, respond and engage the perpetrator with initial enquiries, and support with onward referrals to appropriate specialist service. It also gives methods to increase motivation and engagement.

Develop skills to deliver case management, or facilitate, and/ or learn a manual/ programme

For: those who want to become a perpetrator programme facilitator, a case practitioner or wish to learn a specific programme/ manual

Duration: 5 -12 days on average with additional follow on CPD and clinical supervision

Aims to: develop appropriate skills including: facilitator skills (e.g. responsiveness, receptivity), risk management; client engagement, avoiding collusion, as well as knowledge on the programme.

Building strong referral pathways

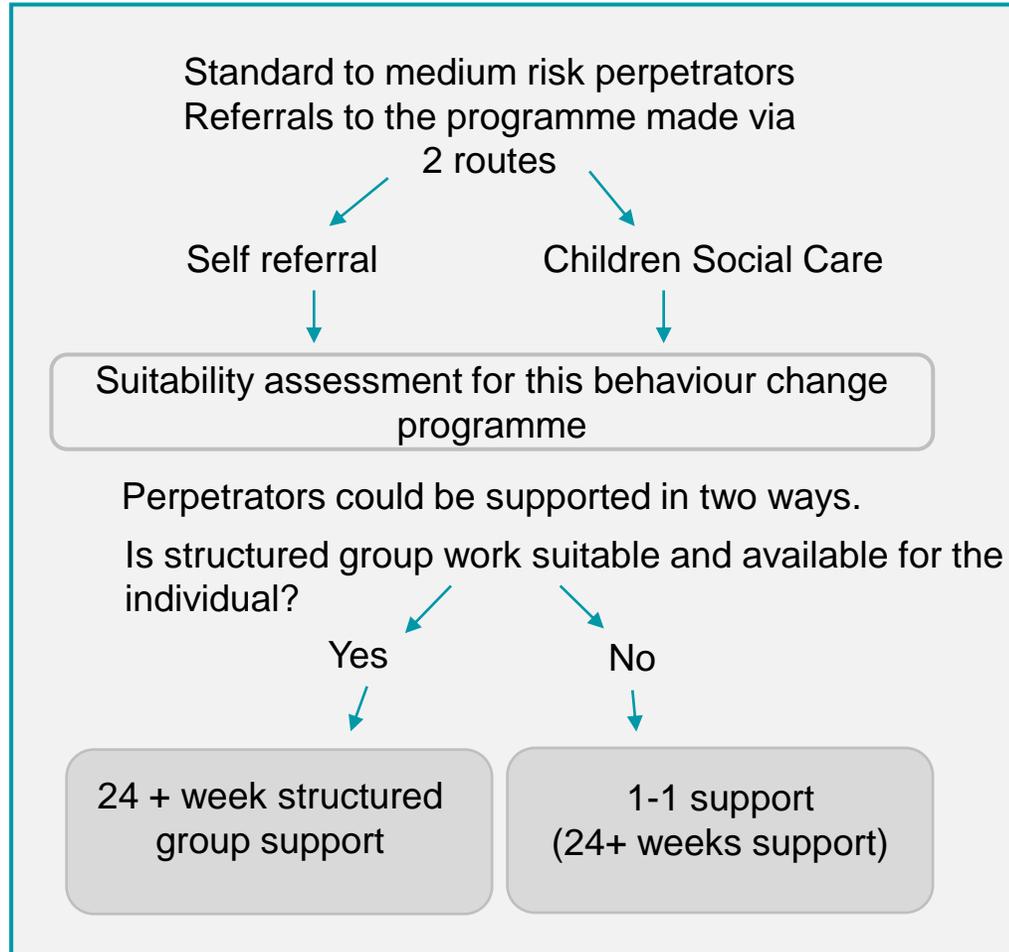
Strong and effective referral pathways are highly dependent on close collaboration between all key stakeholders. This is not only at inception of services and building new pathways, but embedding and taking a whole systems approach to ensuring all those who need services can find the most appropriate route for them into help and support.

The following diagram sets out the key steps to achieving this:



Building strong referral pathways - Example

Example: possible referral pathway for a Behaviour change structured group work programme



- **Pool budgets:** Children Social Care and the Police jointly commission services to meet the needs of different cohorts, and allow for 2 referral routes: self-referrals and CSC.
- **Set referral ratio for referrals**, e.g. 60% CSC referrals, vs. 40% self-referrals to be accepted onto programme at any given time.
- **Identify groups for whom the programme is not appropriate, and define exclusion criteria**, e.g. in this instance some high risk high harm perpetrators may not be suitable referrals. If there is no suitable intervention onto which signposting this cohort, consider whether this gap can be addressed, possibly at later stage.

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Measuring success and understanding evidence

Measuring success for perpetrator interventions

- **Good practice measures of success include:**
 - ✓ **Improved victims' safety**, and freedom from violence and abuse for adult and children victims
 - ✓ **Reduction or cessation of abusive behaviours** (including coercive control, emotional abuse, physical or sexual abuse, financial or economic abuse, harassment and stalking, online or digital abuse) → leading to **reduction in repeat and serial perpetration**
 - ✓ **Expanded 'space for action'** for victims and survivors, which empowers through restoring their voice and ability to make choices and embed boundaries, whilst improving their wellbeing and that of their children
 - ✓ **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.
 - ✓ **An improved relationship** between men on programmes and their partners/ex-partners which is underpinned by respect and effective communication (all these success measures apply whether the partners stay together or separate)
 - ✓ **Safe, positive co-parenting where possible/ appropriate** or a recognition by the perpetrator that they are not ready to resume contact and behave non-abusively
- **Success means far more than just 'ending the violence'** ⁽¹⁾:
 - What "success looks like" **varies** depending on the type of intervention and cohort. For example, the outcomes of an "awareness raising" intervention for individuals showing early signs of abuse, will be different than the outcomes for a 1-1 case management for high risk high harm perpetrators.
 - See [Respect Outcomes Framework](#) (2017) suggesting five outcomes areas, and giving indications on proxy indicators and how to measure them.

(1) See publication: Westmarland, N., Kelly, L. and Chalder-Mills, J. (2010) [DVPP: What Counts as Success?](#) London: Respect

Measuring success for perpetrator interventions

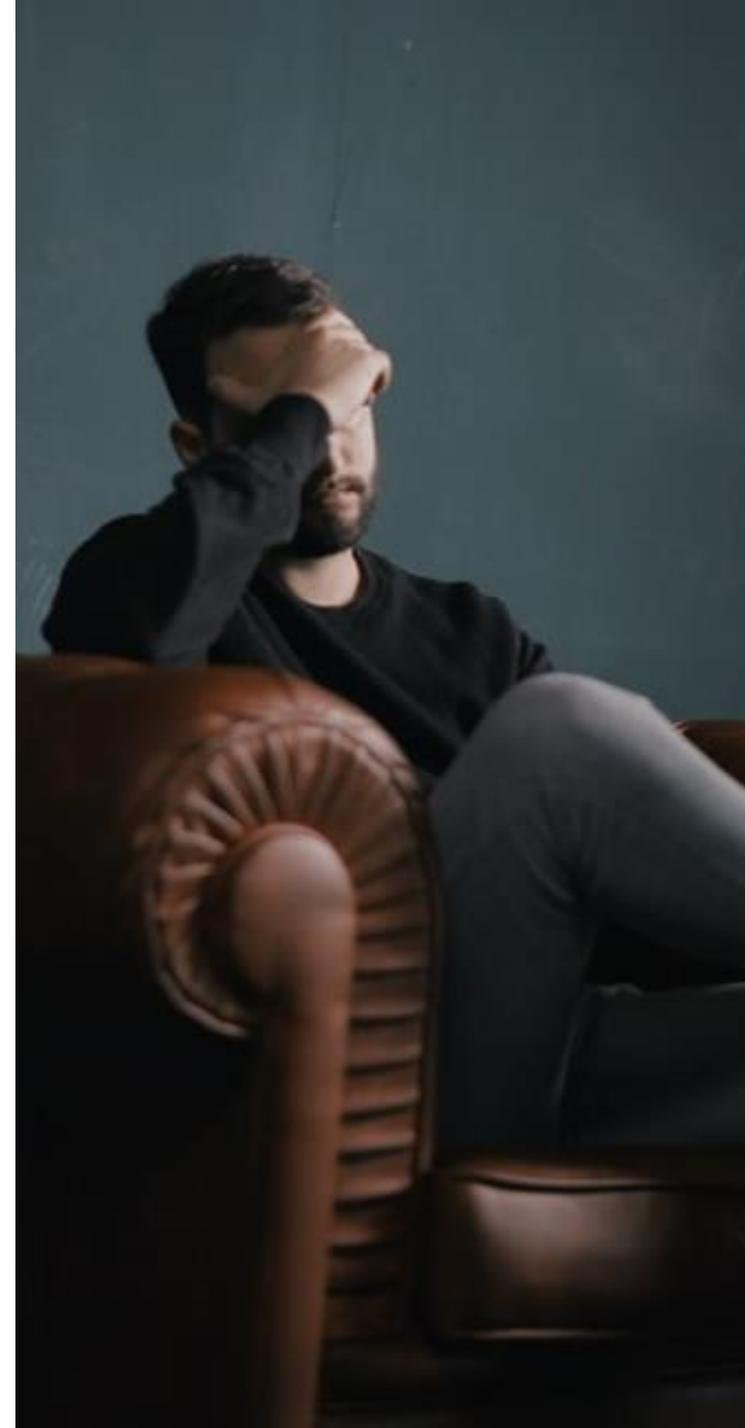
Reducing and changing abusive behaviour is a process.

It takes time.

It is not linear.

Rejection and disengagement is sometimes part of this process.

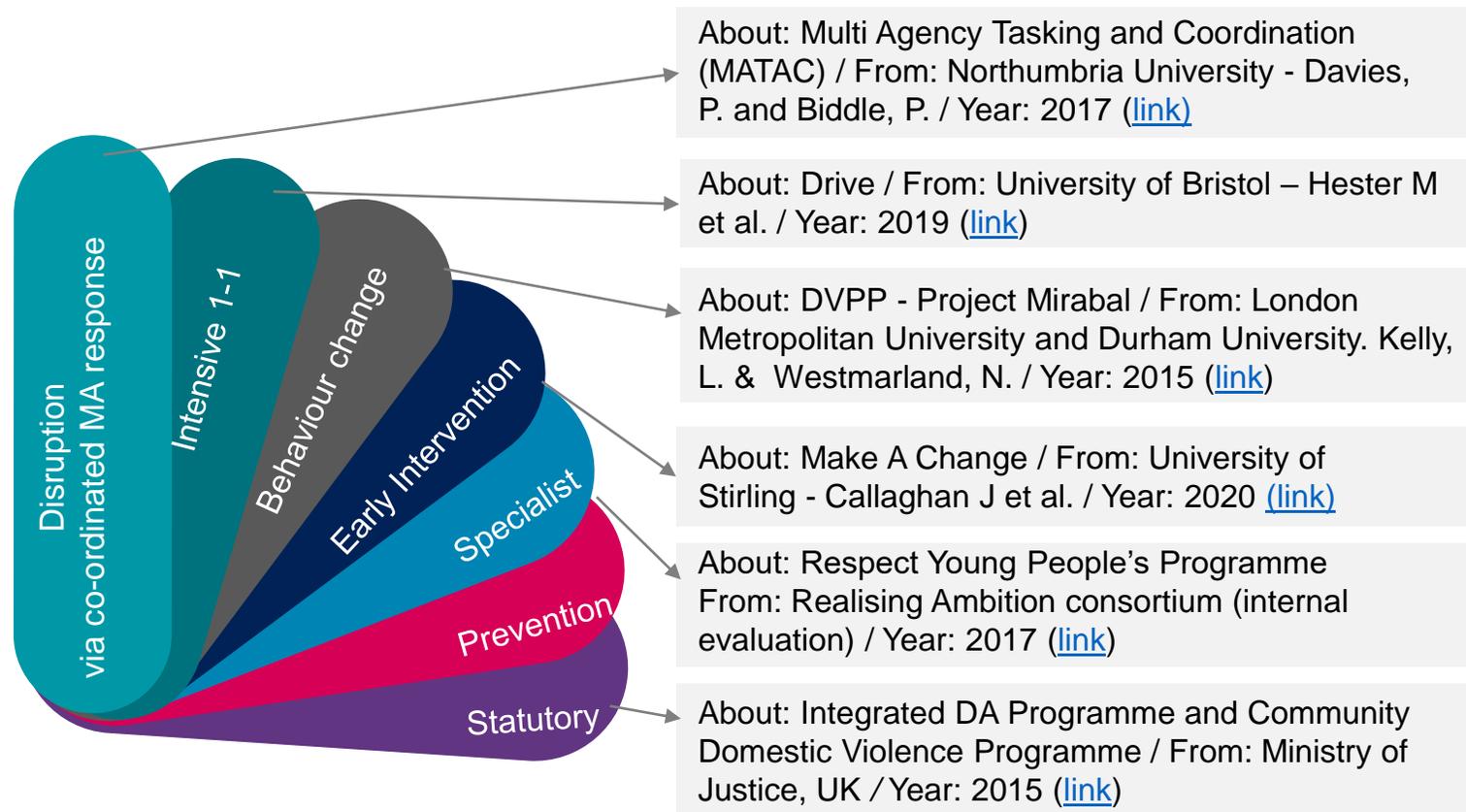
Progress at each stage has an impact, must be acknowledged and measured through intermediary outcomes.



Evidence base: examples of studies on the impact of interventions

There is a wide range of UK and international studies that have contributed to informing and evidencing perpetrator programmes. Below are a few selected examples of national programme evaluations from recent years.

For more information on available literature on perpetrator programmes, see: <https://www.work-with-perpetrators.eu/resources/literature>



Priority gaps in research

Further research on evidence is needed, particularly in relation to:

- **Longitudinal impact** of these interventions (e.g. measurement of impact over a 2 year period);
- **Specialist interventions** for cohorts such as: perpetrators with disability or learning difficulty, LGBTQ+ cohort, female perpetrators;
- Impact of interventions on Black, Asian and other **minoritised communities**;
- **Statutory** CJS provision.

Furthermore, additional research would contribute to informing perpetrator programmes, for example better understanding perpetrators’ mental health needs.

Towards strengthening the evidence base

Practice around perpetrator programmes keeps evolving and innovating, as the sector learns from its rapidly growing experience. However, evaluation and research has been constrained by a set of challenges, starting with funding. There is opportunity to work together - central commissioners, local agencies and domestic abuse specialist organisations – to collaborate to strengthen the evidence base and research. Such collaboration will strengthen our capacity to answer key strategic questions such as: *What difference is each type of perpetrator programme making? What model works better for high risk perpetrators? Is xx model as effective with female and male perpetrators? Etc.*

The following actions would contribute to building a more robust evidence base:

Unlocking investment in evaluation & research	<ul style="list-style-type: none">• Evidencing requires resources. The research is currently underfunded – it is a key underlying factor for existing limitations.• Short term and patchy investment in provision itself has also a detrimental impact on the evidence base, as practice is the very foundation of research.• Additional investment is required to enable each action described below.
Harmonising measures of success	Although not all programmes should be measured in the same way, as outcomes need to be relevant to the intervention and cohort, there is scope for further sector collaboration to improve consistency in the measure of success. Currently, evaluations tend to focus on different outcomes, making comparisons challenging.
Harmonising data collection	There is currently a lack of standardised data collected on perpetrators in the UK. MARACs now collect a consistent dataset on victims-survivors, but no aggregable data is routinely collected on perpetrators, making evaluation and research challenging. It is important to recognise that these changes in multi-agency practice take time and require resources.
Commissioning independent evaluations	<ul style="list-style-type: none">• Independent evaluations are needed, including Randomised Control Trials - which are the most scientifically robust - and other quasi experimental studies. Some should be longitudinal studies, evaluating the long term impact of perpetrator interventions. This is particularly important as behaviour change is a process that can take several years.• There is currently a gap in evidence for specialist interventions.• Including budget for independent evaluation is particularly important when commissioning innovative models.
Enabling strong performance management	<ul style="list-style-type: none">• Commissioning interventions should include budget for non-operational work to enable providers to build strong internal performance management.

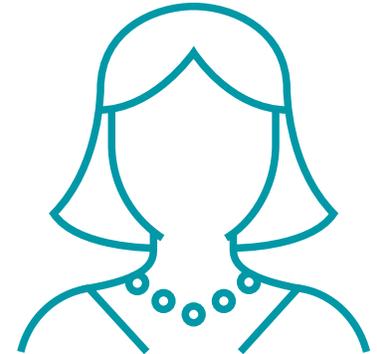
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Exploring cost avoidance and savings

The cost of domestic abuse and its response

Cost of domestic abuse

- There is growing evidence on the cost of domestic abuse to society, local and central government.
- In 2019, the Home Office estimated the total cost of domestic abuse for victims who were identified in a single year at **£66bn** in [The economic and social costs of domestic abuse](#), mentioning that “*while [these costs] appear large, they are likely to be an under-estimate.*” It estimated **the average cost for a single victim at £34,015.**
- [Appendix 8 of the Evaluation of the Drive Project](#) by the University of Bristol (2019) is one of the most sophisticated attempts to estimate the cost of high risk, high harm perpetrators. It estimates the **cost of a MARAC case at £63,500**, including the costs for both the victim survivor and perpetrator, in the following areas: police, other criminal justice, mental & physical health, substance use, children's services, housing.



Cost of responding to domestic abuse

- [A Safe Fund, Safe Lives](#) (2019) estimates that **£2.2bn of public investment per annum would be initially required to cover domestic abuse services for the whole family – adult, teen and child victims, and perpetrators.** This would enable inclusive provision, recognising that those with protected characteristics may need additional or specific types of support – something which is poorly addressed in current funding models.
- The cost of perpetrator interventions are estimated between £1,500 and £2,200 per user, when working with medium to high risk perpetrators for up to 24 weeks. Costs vary depending on the type of interventions (e.g. lower cost per user on average for group work), the number of users supported (considering economy of scale), the region (e.g. labour costs tend to be higher in London). Perpetrators may need to engage in several perpetrator interventions, and/or to get additional support for other needs (e.g. mental health, drug and alcohol misuse).

Estimating the costs avoided by perpetrator programmes

- **The growing evidence** behind the cost of domestic abuse **makes it possible to start estimating** the costs avoided by some perpetrator programmes.
- However, **further investment** in impact evaluations, and improved data consistency on perpetrators, would be required to strengthen cost avoidance and return on investment exercises.
- As for any cost benefit analysis, any attempt to estimate the net fiscal savings of a perpetrator intervention implies **making assumptions**. Assumptions can include, for example: the average cost of a domestic abuse case for the cohort supported, the likelihood that perpetrators supported would repeat violent behaviours with the same victim and/or with a new victim in absence of the programme, the difference that the programme is making, or the percentage of “serial victims” among victims-survivors. Some of these assumptions currently have a limited level of underpinning evidence.
- **There are some Return On Investment studies** on Domestic Violence Perpetrator Programmes. For example, the University of Sheffield published in 2017 a [ROI on a Doncaster-based perpetrator programme](#), and calculated that for £1 invested in the programme, £2.05 of public money was saved. They expressed challenges faced in this exercise and gave recommendations for future ROI. [A study by the University of Northumbria](#) found that one intervention using the MATAC approach had a 65% reduction in domestic abuse related offending and a social return on investment of £14 for every £1 spent.
- **Drive has developed internally an estimation of the cost** avoided by the intervention, building on the evaluation of the Drive pilot by the University of Bristol, and on its appendix 8 which estimates the cost of a MARAC case. This internal analysis suggests that the reduction in serial perpetration resulting from a Drive intervention (for a cohort of 125 service users) would lead to a cost avoidance of ~ £780k, vs. a delivery cost of £260k. If you would like more information, please contact us.

Thank you for your attention

If you have any question on this guide, please contact:

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