

New initiatives to tackle domestic violence using the Priority Perpetrator Identification Tool (PPIT)

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Final Report

November 2017

Acknowledgements:

The authors would like to express our sincere thanks to the Crime and Security Research Institute at Cardiff University for funding this research. Also, without the assistance of the many practitioners who took the time from their busy schedules to participate, this research would not have been possible.

How to cite this report:

Robinson, A. L. and Clancy, A. (2017). *New initiatives to tackle domestic violence using the Priority Perpetrator Identification Tool (PPIT)*. Cardiff: Cardiff University. Available at: <http://www.cardiff.ac.uk/people/view/38078-robinson-amanda>

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Executive Summary

Overview

Three separate bodies of research literature demonstrate that the most harmful, prolific domestic abuse offending is not evenly distributed across perpetrators. First, analysis of police data indicates that the majority of harm associated with domestic abuse that is reported to the police can be attributed to a small minority of perpetrators. Second, research has revealed the existence of typologies or sub-types of perpetrators, with one type responsible for more harm than the rest. Finally, longitudinal research on criminal careers has identified the characteristics of those perpetrators who are least likely to desist their offending over time. In 2015, the Priority Perpetrator Identification Tool (PPIT) was developed from this robust empirical insight, alongside a multi-agency consultation process involving practitioners at both strategic and operational levels from across the UK. The PPIT can be used by relevant agencies (Police, Criminal Justice and Third Sector) to identify the most harmful perpetrators and, in doing so, facilitate multi-agency efforts to reduce the most harmful consequences associated with domestic abuse.

This research reports on three innovative pilots (located in Hampshire, Dyfed Powys and Greater Manchester) that have incorporated the PPIT into their working practices in order to establish a more robust identification and referral pathway for priority domestic abuse perpetrators. A process evaluation was undertaken between January and November 2017 to assess the strengths and limitations of each of the three pilots, compare the offender cohorts being identified, identify the strategies being undertaken to manage these individuals, and gather the perceptions of those involved about the effectiveness of these new arrangements. The research adopted a mixed method approach comprising interviews with practitioners (n=18) a number of site visits and a quantitative analysis of monitoring data of perpetrators (n=513) coming through the PPIT pilots.

Findings

This process evaluation revealed some key similarities and differences in how the PPIT pilots operate. The most obvious similarity is the use of the PPIT within a newly established initiative, supported by multi-agency collaborative arrangements enabling access to key information systems, to enable a more systematic identification of a cohort of priority perpetrators. As a consequence, *all* perpetrators coming into the pilots had a level of analysis and review that would not have happened otherwise, and a wide range

of actions were undertaken to try to disrupt, manage and engage with these individuals with the aim of reducing their offending and increasing victims' safety.

Practitioners across the three sites viewed the pilots as representing an important step change in the way the most dangerous domestic abuse perpetrators are identified and managed across statutory and non-statutory agencies. The focus upon using the PPIT to identify the risk and needs of the perpetrator was described by some interviewees as a move towards a more proactive approach in breaking the domestic abuse cycle of repeat and serial victimisation. Key benefits of the PPIT highlighted by practitioners included: (1) a focus on psychological as well as physical harm; (2) widening the multi-agency focus to include the perpetrator as well as the victim; (3) engendering a proactive and preventative approach to identify perpetrators and break the cycle of abuse; and, (4) a user-friendly tool that helps to inform professional judgment.

A key difference across the pilots was in the referral pathways and sources of information used to identify eligible perpetrators. For example, Hampshire, having been established the longest, and being co-located within a specialist service, gained more than a quarter of their referrals from other community-based specialist domestic and sexual violence services. Less reliance on police crime and incident data can be seen as a distinctive, and positive feature of the Hampshire pilot, as it helps to counteract the widely acknowledged limitations of police data.

These different referral mechanisms combined with each pilot's local context and geography to produce slight variations in the demographic profile of the perpetrators coming through the pilots (e.g. Manchester has a somewhat younger all-male sample). Variation in the prevalence of certain PPIT items was also apparent. For example, within the 'recent' timeframe, Hampshire had the largest proportion of perpetrators with serial and linked offending, Dyfed Powys had the largest proportion with deteriorating mental health, and Manchester had the largest proportion responsible for highly harmful consequences on victims. Despite these differences, there appeared to be a common core set of PPIT items that were especially important to practitioners' judgments as to whether an individual is a priority perpetrator: offending which is *active, escalating, serial* and/or *linked* to other forms of violence against women; offending which produces *highly harmful* consequences for victims; the offender's *substance misuse*; and their use of *weapons*.

Crucially, the PPIT's focus upon the perpetrator's full offence history had helped to identify a number of individuals who would otherwise have remained 'under the radar'. For those already known to agencies, using the PPIT helped practitioners determine what, if any, additional proportionate and effective actions could be taken to try to reduce their re-offending. Sometimes the exercise confirmed that the current arrangements were largely satisfactory, but that information-sharing would be beneficial (e.g. the offender was already being managed by NPS so an update was provided to the relevant Offender Manager). Other times, compiling the PPIT information revealed instances where offenders were being inappropriately managed given their level of risk. In a number of cases, sharing information contained within the PPIT had resulted in the escalation of statutory supervision from the CRC (as a medium risk perpetrator) to the NPS (as a high risk perpetrator). In addition, the PPIT was used to prioritise perpetrators for focussed management and increased surveillance and/or enforcement activities by police across

all three sites, as well as triggering the use of a number of legislative tools on a more routine basis (e.g. Domestic Violence Protection Notices/Orders and the Domestic Violence Disclosure Scheme or Clare's Law).

Implications

This research has illustrated the many ways that practitioners can work together to create meaningful change in how domestic abuse is tackled in local areas. This is a complex area of work, which requires partnership working across multiple agencies to address offending that is both high volume and which can also be highly harmful to adults as well as children. Further research is required to systematically evaluate the full range of outcomes that are possible (i.e. in addition to the positive changes reported here, such as more informed and coordinated responses in the identification and management of priority domestic abuse perpetrators, do the actions taken within the PPIT pilots also produce significant reductions in re-offending and corresponding improvements to victims' safety?). In addition to data gathered through the monitoring databases already in place in the pilots, future research needs to access the views of those perpetrators and victims directly affected by these new working arrangements and interventions. Finally, opportunities for mutual learning and critical reflection on practice should be provided to support practitioners and to help build a *community of practice* of key stakeholders engaged in this type of work.

Chapter 1: The current study

There has been almost no innovation in the area of work with perpetrators of domestic violence and abuse in the past 10 years, and the key blocks to progress are the lack of evidence about who to work with, the absence of practical tools to support the decisions of practitioners and the confidence of areas to test new approaches. This research reports on three innovative pilots which were designed in an attempt to change this unsatisfactory status quo, by using a new method to systematically identify the most harmful perpetrators and taking more proactive and holistic actions in response to their offending.

1.1 Policy and Empirical Context

Three separate bodies of research literature demonstrate that the most harmful, prolific domestic abuse offending is not evenly distributed across perpetrators. First, analysis of police data indicates that the majority of harm associated with domestic abuse that is reported to the police can be attributed to a small minority of perpetrators.¹ Second, research has revealed the existence of typologies or sub-types of perpetrators, with one type responsible for more harm than the rest.² Finally, longitudinal research on criminal careers has identified the characteristics of those perpetrators who are least likely to desist their offending over time. For example, a number of studies show that the severity and prevalence of violence is inversely related to desistance,³ and reinforce the point that

¹ For example: Bland, M., & Ariel, B. (2015). Targeting escalation in reported domestic abuse: Evidence from 36,000 callouts. *International Criminal Justice Review*, 25(1), 30–53. Sechrist, S. M. & Weil, J. D. (2017). Assessing the Impact of a Focused Deterrence Strategy to Combat Intimate Partner Domestic Violence. *Violence Against Women*, 1-23. Sherman, L. W. (2007). The power few: Experimental criminology and the reduction of harm. *Journal of Experimental Criminology*, 3, 299–321. Sherman, L. W. et al. (2016). *Targeting Family Violence Reported to Western Australia Police, 2010-2015: The Felonious Few vs. The Miscreant Many*. Cambridge Centre for Evidence-Based Policing.

² For example: Johnson, M. (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Northeastern University Press, USA. Holtzworth-Munroe et al. (2003). Do subtypes of maritally violent men continue to differ over time? *Journal of Consulting Clinical Psychology*, 71(4), 728-40.

³ For example: Caetano et al. (2005). The 5-Year Course of Intimate Partner Violence Among White, Black, and Hispanic Couples in the United States. *Journal of Interpersonal Violence*, 20(9), 1039-1057. Feld, S. L. & Straus, M. (1989). Escalation and desistance of wife assault in marriage. *Criminology*, 27(1), 141–162. Quigley, B.M. & Leonard, K. E. (1996). Desistance of husband aggression in the early years of marriage. *Violence & Victims*, 11(4), 355-70.

domestic abuse perpetrators are a heterogeneous group that is generally criminal rather than 'specialising in DV'.

In summary, extant research highlights that domestic abuse perpetrators are a large, heterogeneous group: they tend to be prolific offenders (responsible for a large proportion of offences); they tend to commit many types of offences (both violent and non-violent); and they have many motivations and circumstances surrounding their offending (control/dominance, anger, self-defence, mental health, alcohol, etc.). However, within this large group is a smaller group that differentiates itself in terms of the frequency, severity, and persistence of their offending. This small group is responsible for the most harm (no matter how it is measured or with what data) and is least likely to stop offending (without intervention).

The PPIT is underpinned by this robust empirical insight that has been revealed by many different types of studies. Systematically and accurately identifying these individuals and implementing effective responses to reduce their offending is a clear priority. The need for this proactive identification is even greater in the context of increased demand linked to domestic abuse and the limitations of existing practice in domestic abuse risk assessment identified by Her Majesty's Inspectorate of the Constabulary.⁴

More proactive and targeted approaches to manage the risk posed from the perpetrators of domestic abuse, most notably serial perpetrators, have been implemented in a number of different areas.⁵ One notable example is the Drive project,⁶ which aims to provide a combination of support and 'disruption' tactics on a one-to-one basis with perpetrators identified through MARACs.⁷ All of these new British initiatives aim to coordinate a number of different responses in order to reduce offending, alongside the provision of support for victims, embedded within strong multi-agency partnerships.

1.2 How the PPIT developed

The Integrated Offender Management (IOM) Cymru partnership commissioned research (within the IOM High Risk of Harm work-stream) to develop the empirical evidence about

⁴ HMIC (2014). *Everyone's business: Improving the police response to domestic violence*. London, UK. HMIC (2015). *Increasingly everyone's business: A progress report on the police response to domestic abuse*. London, UK.

⁵ Houses of Parliament (2015). *Policing Domestic Abuse*. Westminster, London: The Parliamentary Office of Science and Technology Research Briefing 515. See also Davies & Biddle (2017) Implementing a perpetrator-focused partnership approach to tackling domestic abuse: The opportunities and challenges of criminal justice localism. *Criminology & Criminal Justice*, 1-20.

⁶ See <http://driveproject.org.uk/>

⁷ See <http://www.safelives.org.uk/node/775>

domestic abuse perpetrators, and in particular those that commit serial, prolific and high-risk offending. The research was the first step in helping to inform and shape the development of an IOM-based approach to tackling domestic abuse across Wales, and resulted in two research reports that provide background to the current study.⁸ Following the completion of those studies, we recommended that serial offending be considered alongside repeat and high-risk offending behaviour in the determination of who is a **priority perpetrator** and that this determination should instigate a more intensive and targeted multi-agency response. In 2015, the Priority Perpetrator Identification Tool (PPIT) was developed from a multi-agency consultation process involving practitioners at both strategic and operational levels from across the UK.⁹ The PPIT has been designed to be used by relevant agencies (Police, Criminal Justice and Third Sector) to identify the most harmful perpetrators and, in doing so, facilitate multi-agency efforts to reduce the most harmful consequences associated with domestic abuse. Dissemination of the PPIT and engagement with key stakeholders across England and Wales took place during 2015-16 with support from an ESRC-IAA funded impact secondment.

As a result of those activities, three police force areas have implemented new ways of working that incorporate the PPIT: Hampshire, Dyfed Powys and Greater Manchester. This report sets out findings of a process evaluation undertaken between January and November 2017, to assess the strengths and limitations of each of the three pilots, compare the offender cohorts being identified, identify the strategies being undertaken to manage these individuals, and gather the perceptions of those involved about the effectiveness of these new arrangements. Until very recently, an evidence-based identification and management process for the most dangerous domestic abuse perpetrators has not existed. The development of these PPIT pilots represents an important step in establishing a more robust identification and referral pathway for priority domestic abuse perpetrators.

⁸ Phase one (December 2013 – May 2014) consisted of a feasibility study to determine the nature and compatibility of the data held by relevant agencies in Wales. The phase one report is available at <http://orca.cf.ac.uk/63750/> and includes qualitative research (interviews with Police, Probation, and third sector agency representatives) along with a quantitative analysis of n=6642 anonymised domestic abuse perpetrator records provided by records provided by the former Wales Probation Trust. Under the Transforming Rehabilitation agenda, Wales Probation Trust was replaced by the National Probation Service and Wales Community Rehabilitation Company (CRC) on 1 June 2014. In phase two (June – October 2014) we interrogated agency files to gather more detailed information on a random sample of perpetrators (n=100) with the overall aim to provide much needed empirical evidence in a rapidly developing policy landscape. The phase two report is available at <http://orca.cf.ac.uk/67542/>.

⁹ Robinson, A. L. and Clancy, A. (2015). *Development of the Priority Perpetrator Identification Tool (PPIT) for Domestic Abuse*. Cardiff: Cardiff University. <http://orca.cf.ac.uk/75006/>

1.3 Methods and data

1.3.1 Research Questions

The overall aim of the current study is to assess the implementation and delivery of the PPIT pilots across the three sites.¹⁰ We examine how they are able to use the PPIT (see Appendix A) to devise and implement multi-agency risk management plans for priority perpetrators, so that they may be understood as a new type of intervention for tackling domestic violence and abuse that can be adopted in other force areas.

Key questions addressed by this process evaluation include:




- Why were the different PPIT pilots developed, and what are their intended outcomes?
- How does each new PPIT pilot work in practice?
- What can be learned from comparing the different PPIT pilots in the participating police force areas?
 - How does the profile/characteristics of priority perpetrators compare to those not identified as priority perpetrators?
 - What evidence and information is used by practitioners when completing the PPIT?
 - What are practitioners' perspectives on the utility and functionality of the tool?
 - What actions are being used to reduce the likelihood of perpetrators' re-offending?
- What recommendations arise from this research in terms of using the PPIT in multi-agency responses to domestic abuse perpetrators?

1.3.2 Research Sites

It is important to evaluate each of the PPIT pilots within the context of the police force area in which they operate. A 'pen portrait' outlining the key characteristics of each pilot site is provided in Table 1.1 (next page) and shows that each of the three police force areas are very different in terms of the size of area covered, population and crime rate.

¹⁰ Ethical approval for the research was granted by the Cardiff University School of Social Sciences ethics committee (ref SREC/2143).

Table 1.1. Characteristics of each Police Force Area¹¹

	Hampshire	Greater Manchester	Dyfed Powys
			
Force area (square miles)	1,602	493	4,230
Population	1.94 million	2.73 million	0.52 million
Description	Mostly rural with coastal areas, small cities, military bases	Multicultural metropolitan area	Large area, sparsely populated, remote rural communities
Ratio of police workforce to population	2.6 per 1,000 population	4 per 1,000 population	3.6 per 1,000 population
Total recorded crime rate per 1,000 population	77.1	96.1	45.1
Victim-based crimes	0.06 per person	0.07 per person	0.03 per person
Domestic abuse calls for assistance per 1,000 population**	11	23	14
Domestic abuse crime as a percentage of all recorded crime	13%	8%	10%
Percentage of calls with a domestic abuse marker from repeat victims**	3%	6%	2%
Percentage of crime with a domestic abuse marker	8%	16%	4%

¹¹ Force data to 31st March 2016, based on Her Majesty's Inspectorate Constabularies (HMIC)¹¹ force reports Peel: Police legitimacy review 2016. **Domestic abuse related statistics taken from <http://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/police-effectiveness-data-2016.ods> and (2014) <http://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/2014/03/domestic-abuse-force-data.csv> to support HMIC (2014) *Everyone's business: Improving the police response to domestic abuse*.

1.3.3 Data collection

The evaluation was conducted during 2017 and adopted a mixed method approach comprising interviews with project staff at both strategic and operational levels, a number of site visits and a quantitative analysis of monitoring data collated from each of the pilot sites. Each of these phases of the research is discussed in more detail below.

Referral and monitoring data

Each of the three sites was provided with a quarterly data collection template at the start of the pilot in order to accurately record the number of referrals, throughput and profile of perpetrators meeting the eligibility criteria for PPIT.

Data collated from each of the pilot sites was used to develop a monitoring database which includes initial identification criteria, PPIT item scores, referral information, and risk management activities (totalling n=513 perpetrators). This database therefore includes information about perpetrators that were judged to be priority perpetrators, as well as those who were not, facilitating a comparative approach. Quantitative analysis of these data will enable a cross pilot comparison to be undertaken of the priority and non-priority perpetrator cohorts, illustrating how the pilots are working in practice.

Interviews

A total of 18 semi-structured interviews¹² were conducted with 17 agency representatives involved in the operational delivery of each initiative as well as those with a strategic responsibility across each of the pilot sites. Interviews were digitally recorded with the consent of participants and were conducted between January and July 2017. The interviews were designed to elicit participants' views on the benefits and limitations of the pilot and provide a detailed understanding of how each initiative works in practice. Table 1.2 (next page) summarises the interviews recorded.

¹² 14 of the 18 interviews were conducted face to face during site visits and the remaining four interviews were conducted over the telephone. One interview was conducted jointly with two Domestic Abuse Officers in Dyfed Powys due to a job-sharing arrangement.

Table 1.2. Interview respondents

Research Site	Agency
Oldham	<ul style="list-style-type: none"> • New Charter <ul style="list-style-type: none"> ○ 1 x Independent Domestic Abuse Advocate, (IDVA) • Community Rehabilitation Company (CRC) <ul style="list-style-type: none"> ○ 2x Support Workers ○ 1 x Team manager • Greater Manchester Police <ul style="list-style-type: none"> ○ 1 x Detective Chief Inspector (Public Protection) ○ 1 x Police Constable (Multi Agency Safeguarding Hub, MASH)
Hampshire	<ul style="list-style-type: none"> • Hampshire Police <ul style="list-style-type: none"> ○ 1 x Intelligence Analyst (Force Intelligence Bureau) • Hampton Trust <ul style="list-style-type: none"> ○ Domestic Abuse Senior Practitioner • Aurora New Dawn <ul style="list-style-type: none"> ○ Chief Executive Officer (CEO) ○ Serial and Priority Perpetrator Co-ordinator <ul style="list-style-type: none"> ▪ (Interviewed in January and July 2017) • Baseline Connections <ul style="list-style-type: none"> ○ Director
Dyfed Powys	<ul style="list-style-type: none"> • Dyfed Powys Police <ul style="list-style-type: none"> ○ Chief Inspector (Public Protection) ○ 4 x Domestic Abuse Officers, (DAOs) ○ MARAC Co-ordinator <ul style="list-style-type: none"> ▪ (Interviewed in January and July 2017)

1.4 Structure of this report

The remainder of this report falls into four chapters. Chapter 2 provides a descriptive overview of the criteria and processes used by each pilot to identify and manage priority domestic abuse perpetrators. Chapter 3 presents an analysis of the referral, monitoring and throughput data collected at each site. The results of the quantitative profiling exercise of priority and non-priority perpetrators are also provided. Chapter 4 highlights practitioners' perspectives regarding the implementation and delivery of the PPIT pilot and its success in managing priority perpetrators across each of the three force areas. Finally, Chapter 5 summarises the results and implications of the study, and provides some recommendations for policy-makers, practitioners and future research.

Chapter 2: Description of the new PPIT pilots

This chapter provides a descriptive overview of the implementation and delivery processes in place across each of the pilots. More detailed analytical discussion surrounding the benefits and challenges of each approach will be discussed in Chapter 4.

2.1 Hampshire

The priority perpetrator pilot in Hampshire has been commissioned under the auspices of the Domestic Abuse Prevention Partnership (DAPP).¹³ The DAPP represents a partnership between Hampshire County Council, Southampton City Council, Hampshire Constabulary and the Office of the Police and Crime Commissioner. Through the DAPP, a programme of work has been developed to deliver a Hampshire wide approach to better identify and assess perpetrators and introduce a wider range of support interventions. The perpetrator pilot comprises three key third sector agencies; the Hampton Trust (strategic lead), Aurora New Dawn and Baseline Connections Consultancy. The key functions of the pilot ¹⁴are to:

- Create and deliver an identification and information sharing system on perpetrators to include a single point of contact (SPOC).
- Co-locate the Serial and Priority Perpetrator Co-ordinator (SPPC) post into Hampshire Constabulary Offender Management Hub to lead on identification and management of priority domestic abuse perpetrators.
- Develop a consistent approach to perpetrator risk assessment.
- Deliver targeted perpetrator interventions.
- Deliver an integrated victim safety service.
- Co-locate expertise into front line services.
- Deliver specialist training to providers/practitioners of wider services.

Referrals to the DAPP are sent to the Serial and Priority Perpetrator Co-ordinator (SPPC) located in the Police Intelligence hub and are sourced from Police (mainly HRDA/MARAC), Probation/CRC, Social Services, MARACs and Third Sector agencies. Eligibility criteria for referral to the DAPP includes serial perpetrators and also enables referring agencies to use their professional judgement in terms of who they deem to be a high

¹³ DAPP is not commissioned to provide services for Portsmouth and Isle of Wight; other services exist in those areas.

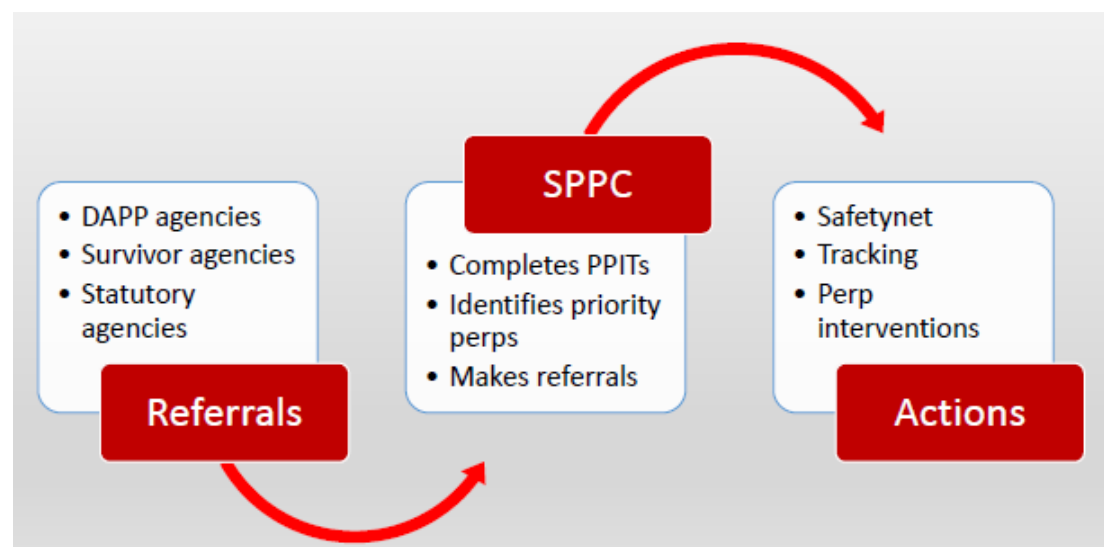
¹⁴ Adapted from DAPP Overview pilot project documentation.

risk/priority perpetrator. Additional criteria excludes perpetrators from Portsmouth and the Isle of Wight and familial or honour-based abuse.

A PPIT is completed by the SPCC on all referrals received. The SPCC is based within the Offender Management hub and has access to the Police crime and incident recording system and also draws upon information from DASH forms, MARAC meetings, Third Sector charities, Social Services and mental health providers to complete the PPIT. A threshold score of ten combined with the professional judgement of the SPCC is used to determine the priority perpetrator judgement.

Non priority perpetrators are referred directly to the Hampton Trust. Any statutory agencies working with that individual will then be contacted to initiate the engagement process. Alternatively, the non-priority perpetrator will be passed to the Trust and enrolled onto a 'cold call' waiting list. The victim safeguarding policy in place ensures that only perpetrators engaged with an IDVA/victim services are contacted. The IDVA is contacted in the first instance to assess whether a call to the perpetrator would increase risk to the victim. Generally speaking, Baseline initiates perpetrator engagement, although a small sub-pilot involves the use of neighbourhood policing teams.

Figure 2.1. Overview of the process in Hampshire



Priority perpetrators are prioritised by the SPCC and any agencies already involved with the perpetrator are contacted in the first instance by the SPCC to commence engagement. All referrals are subsequently passed to the Hampton trust for assessment and referral from the Hampton Trust SPCC to either the Raising Awareness of Domestic Abuse in Relationships (RADAR) intervention or the Baseline Consultancy Individual Asset Building intervention.

RADAR modules are delivered as group work or individually and address different types of abuse, impact of abuse on children, parenting, adverse childhood experiences, mental

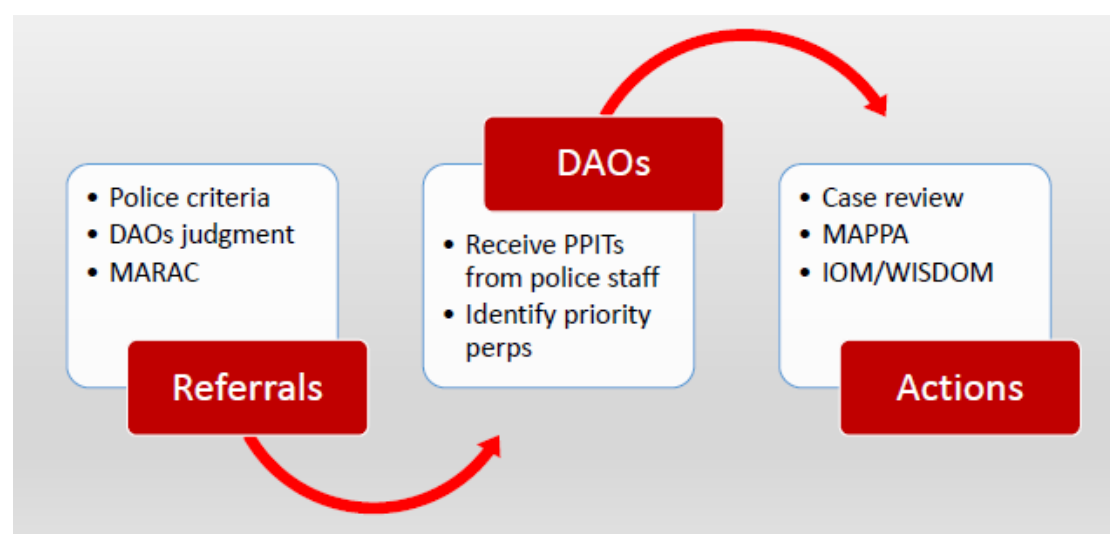
health and substance misuse. Priority perpetrators assessed as having needs which would inhibit engagement with RADAR are referred to Baseline in the first instance. This is essentially a mentoring and outreach service, which provides intense individual support on an individual needs led basis and consists of a minimum of six sessions. When appropriate the individual can be referred back to Hampton Trust for engagement in the RADAR programme. As a 'Respect' accredited agency, the Hampton Trust also provides an integrated victim safety service which ensures contact is made with current and ex partners of all perpetrators accessing RADAR.

Priority perpetrators not engaged with a statutory agency or the Hampton Trust and/or Baseline Consultancy are monitored for two months by the SPCC and mutual information exchange undertaken with Police, Probation/CRC and Social Services as appropriate.

2.2 Dyfed Powys

Police intelligence administrative staff across each of the five Dyfed Powys police divisions (Ceredigion, North and South Powys, Pembrokeshire and Carmarthen) review incoming DASH forms to create a list (through a computer generated 'click-view' system) of potential referrals to the pilot with one domestic incident in the current month and two in the previous month. PPIT information on eligible perpetrators is gathered on a monthly basis by administrative staff and used to populate the PPIT form. Completed forms are submitted to the Domestic Abuse Officers (DAOs) in each division for review and risk grading. Each PPIT is risk assessed and checked the following week by Domestic Abuse Officers (DAOs) in each division. DAO's are also able to use professional knowledge to include referrals not meeting the initial criteria of frequency of offending. No baseline threshold score is set and instead DAOs use their professional judgement to make each priority perpetrator assessment.

Figure 2.2. Overview of the process in Dyfed Powys

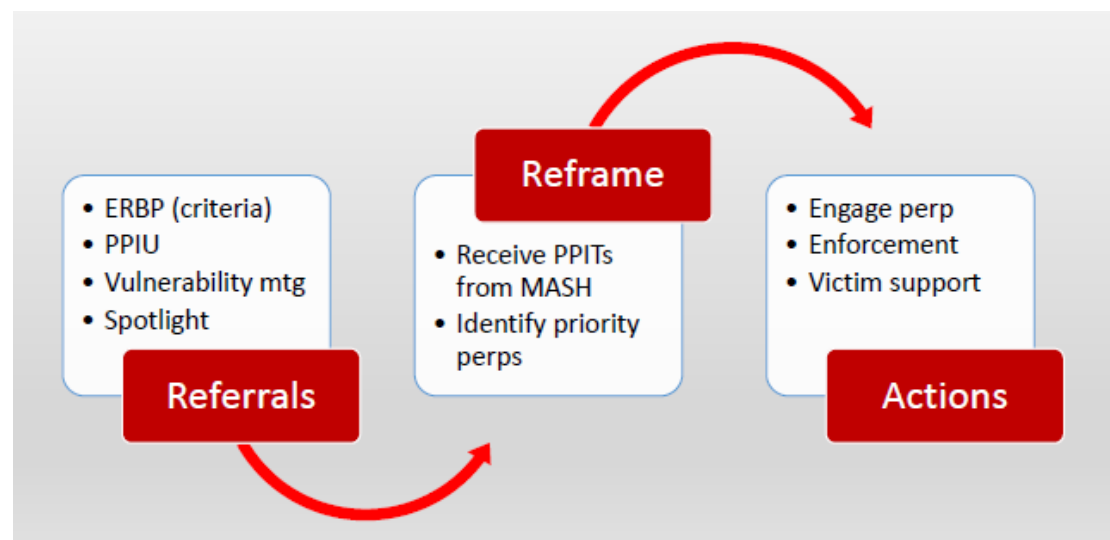


Priority perpetrators are the focus of targeted monitoring and management and are referred to the MARAC Co-ordinator located in the offender management hub for referral to MAPPA/WISDOM/IOM¹⁵ screening panel (comprising the MAPPA, IOM and WISDOM Co-ordinators, MARAC Co-ordinator, Police and Probation) as appropriate. Priority perpetrators are subject to ongoing monthly reviews and multi agency data sharing with NPS/CRC. Non priority perpetrators are subject to actionable intelligence.

2.3 Manchester

The Oldham pilot within Manchester has adopted an ‘engage or intervene’ approach whereby perpetrators who are motivated to change their behaviour are offered support and suitable interventions to do so. Perpetrators who decline to engage and/or disengage from the pilot are subject to increased police enforcement tactics to manage risk.

Figure 2.3. Overview of the process in Manchester



Referrals are sourced through Police and MARAC routes and sent to the Single Point of Contact (SPOC) located within the Multi Agency Safeguarding Hub (MASH). The SPOC is responsible for completing and scoring PPIT forms for all eligible perpetrators. Any perpetrators not meeting the eligibility criteria¹⁶ are signposted on to an appropriate

¹⁵ Multi Agency Protection Panel Arrangement (MAPPA), Integrated Offender Management (IOM), Wales Integrated Serious and Dangerous Offender Management (WISDOM).

¹⁶ Including the perpetrator has been identified as serial/high risk; *not* identified as perpetrating honour based violence; *not* currently supervised via MAPPA; the perpetrator or victim residing in Oldham; the perpetrator is male; and on bail. In terms of perpetrators who do not speak English,

Table 2.1 **Key features of each PPIT pilot**

Location of pilot (Police force area)	Start date	Partner agencies	Key features
Hampshire Police (Excluding Portsmouth and Isle of Wight)	April 2016	<p>Aurora New Dawn</p> <p>Hampton Trust</p>	<p><u>Multi-agency behaviour change model</u></p> <p>Embedded within Hampshire's Domestic Abuse Prevention Partnership (DAPP), referrals may come from Police, MARAC, Probation Social Services and Third Sector agencies. Professional judgement used to refer serial and high risk of harm perpetrators. A threshold of 10 and professional judgement used in PPIT assessment.</p> <p>Single Point of Contact – Serial and Priority Perpetrator Co-ordinator (SPPC) is co-located into Hampshire Constabulary Offender Management Hub to lead on identification, management and review of priority domestic abuse perpetrators using the PPIT. Priority perpetrators not engaging are tracked for two months.</p> <p>Responsible for delivery of Domestic Violence Perpetrator Programme (Raising Awareness of Domestic Abuse in Relationships, RADAR). Integrated victim safety service and SPOC</p>

¹⁷ Council employed researcher has access to Framework-I (UK Social Services Case Management system) enabling access to health and social work data on vulnerable adults and children.

		Baseline Connections Consultancy	<p>assesses for referral to Baseline Assertive Outreach Mentoring service where necessary.</p> <p>Resistant and/or high risk individuals with multiple needs are referred to the Assertive Outreach Mentoring and Individual Asset Building programme. On completion of this phase, perpetrators are re-referred to the Hampton Trust for completion of RADAR where appropriate.</p>
Dyfed Powys (force-wide)	December 2016	<p>Dyfed Powys Police</p> <p>National Probation Service (NPS)</p> <p>Community Rehabilitation Company (CRC)</p>	<p><u>Identification and focussed management model</u></p> <p>PPIT information is gathered on eligible perpetrators (based on frequency of offending) by Police intelligence administrative staff.</p> <p>Each PPIT is risk assessed and reviewed by Domestic Abuse Officers in each division. Professional judgement is used by the DAOs to make each priority perpetrator assessment.</p> <p>Priority perpetrators are the focus of targeted policing and referred to the MARAC Co-ordinator located in the offender management hub for referral to MAPPA/WISDOM/IOM¹⁸ cohorts as appropriate and are subject to ongoing monthly reviews and multi-agency data sharing with NPS/CRC.</p>
Greater Manchester (Oldham district)	July 2017	<p>Greater Manchester Police</p> <p>Community Rehabilitation Company</p> <p>New Charter <i>Independent Domestic Abuse Advocacy (IDVA) Service</i></p>	<p><u>Engage or intervene model</u></p> <p>Referrals via Police¹⁹ and MARAC.</p> <p>Referrals are sent to a SPOC in the Multi Agency Safeguarding Hub (MASH) for multi-agency research and PPIT completion. Threshold score of 10 and professional judgement used in PPIT assessment. Perpetrators identified as high risk/priority and meeting the pilot eligibility criteria are referred to the Reframe team for the needed perpetrator intervention. If the perpetrator refuses to engage, the individual is subject to enforcement action and targeted policing.</p>

¹⁸ Multi Agency Protection Panel Arrangement (MAPPA), Integrated Offender Management (IOM), Wales Integrated Serious and Dangerous Offender Management (WISDOM).

¹⁹ Police Spotlight, ERPB/PPIU referral and vulnerability meetings.

2.4 Key similarities and differences across the pilots

As highlighted in Table 2.1, each of the pilots represents a different approach to tackling the issue of priority domestic abuse perpetrators across the three police force areas, which also vary widely from one another in terms of their crime rates and geographical/socio-demographic features (recall Table 1.1). Nonetheless, there were some features which were broadly similar across each of the three sites, for example:

- Multi-agency partnership working and data sharing is central to the perpetrator-focussed approach taken by each of the pilots.
- The PPIT is used as a tool to identify priority perpetrators for referral onto each intervention.
- While two of the three pilots (Greater Manchester and Hampshire) have adopted a response threshold of a PPIT score of 10, each scheme also acknowledged the importance of enabling practitioners to apply their professional judgement when making the priority perpetrator assessment.
- Priority perpetrators are subject to increased enforcement and focussed management.
- Arrangements are in place to refer eligible priority perpetrators onto the MAPPA/IOM and WISDOM (Wales only) cohorts.
- Each pilot facilitates improved communication and information-sharing between key agencies, most notably the Police, Social Services and National Probation Service/Community Rehabilitation Companies.
- The three pilots are integrated within the Police offender management and/or intelligence hubs and key personnel within each of the pilots have access to police incident and crime recording systems.
- Victim safety and safeguarding is acknowledged to be a key priority for each pilot.

On the other hand, there is a degree of variation across some of the mechanisms and characteristics underpinning the delivery of the pilots.

- The referral eligibility criteria vary slightly across each pilot. In its early stages for example, Dyfed Powys sourced referrals from a computer generated list based on frequency of domestic abuse incidents reported in the current and previous month and attendance at MARAC. This has since been expanded to also enable DAOs to refer cases using their professional knowledge. Similarly, both Dyfed Powys and Greater Manchester police source referrals from Police, Probation/CRC and MARACs as do the DAPP in Hampshire, although the Hampshire pilot is the only initiative which also takes referrals from other agencies (including other statutory agencies as well as from the third sector).

- Following completion of the PPIT, priority perpetrators are subject to an additional layer of eligibility criteria in Greater Manchester compared with the other pilot sites (see footnote 16).
- A Single Point of Contact (SPOC) is responsible for completing and scoring the PPITs in the Hampshire and Greater Manchester sites. In Dyfed Powys however, police administrative staff in the intelligence teams complete the PPIT forms and pass to Domestic Abuse Officers in each division for review, scoring and risk grading. Completed PPITs are then sent to a SPOC (MARAC Co-ordinator) in the Dyfed Powys offender management hub for referral onto the pilot.
- The types of perpetrator interventions vary across each site. In Hampshire and Greater Manchester there is a focus upon changing behaviours through perpetrator programmes and delivery of one to one support. In Dyfed Powys the focus is on increased enforcement and management through referral to the IOM/MAPPA and WISDOM cohorts.
- Both the Manchester and Hampshire pilots represent a partnership across statutory and third sector agencies, while the Dyfed Powys pilot is a broadly police-led initiative.

Chapter 3: Quantitative analysis of the PPIT data

This chapter provides analysis and discussion of the quantitative monitoring data (n=513 perpetrators) undertaken across the pilot sites. This is predominantly derived from the PPIT form itself, along with additional data fields designed to capture some of the actions taken in response to priority perpetrators. This first part of the chapter provides an overview of the sample of perpetrators, their socio-demographic and offending characteristics, and how these inform practitioners' judgements as to whether an individual perpetrator is a 'priority' or not. The second part of the chapter presents the available information about the strategies put in place to manage priority perpetrators. It is important to reiterate that this study's focus is on the as new processes implemented in the pilot sites, rather than an evaluation of outcomes. Therefore the 'effectiveness' of these new ways of working are not formally evaluated in this report (i.e. can they be demonstrated to significantly decrease offending, improve victim safety, etc.). However there are early indications of outcomes that undoubtedly represent improved methods of partnership working to implement more proactive actions in response to priority perpetrators. Although further research is required, it is reasonable to expect positive outcomes to follow.

3.1 Sample overview

Recall that the three pilots started at different points in time: Hampshire in April 2016; Dyfed Powys in December 2016; Manchester in July 2017. Table 3.1 shows the breakdown of the sample across sites and across years. The total sample available for analysis for this report is N=513 perpetrators.

Table 3.1. Number of cases for each site over time

			Pilot site		
			Hampshire	Dyfed Powys	Manchester
Year of referral	2016	N	66	13	0
		%	20.1%	10.0%	0.0%
	2017	N	262	117	55
		%	79.9%	90.0%	100.0%
TOTAL			N=328	N=130	N=55

Perpetrators coming through the pilots were predominantly white males in their 30s (Table 3.2). However, the proportion of female perpetrators varied significantly across

the sites, comprising 16% of the sample from Dyfed Powys, compared to 2% in Hampshire. [Recall that only male perpetrators are eligible for the Manchester pilot.] A far higher percentage of perpetrators were black or minority ethnic in Manchester (13%) compared to the other sites (8% in Hampshire and 4% in Dyfed Powys). The Manchester sample also has a narrower age range, with a slightly younger average age overall.

Table 3.2. Demographic overview of perpetrators from each pilot site

			Pilot site		
			Hampshire	Dyfed Powys	Manchester
Perpetrator sex	Female	N	6	21	0
		%	1.9%	16.2%	0.0%
	Male	N	309	109	55
		%	98.1%	83.8%	100.0%
Perpetrator ethnicity	White	N	256	107	48
		%	91.8%	96.4%	87.3%
	Black/Asian/Mixed	N	23	4	7
		%	8.2%	3.6%	12.7%
Perpetrator age	Minimum age		16	16.4	18
	Maximum age		68	69.8	50
	Average age in years		33.8	35.6	32.1

Referral pathways to the pilots are presented in Table 3.3. Following on from the discussion of the qualitative data presented in the previous chapter, clearly the pilots differ very much in terms of the ways in which eligible perpetrators are being identified. Specifically, two of the pilots employ analysis of police incident and crime recording systems as one way to identify domestic abuse perpetrators that are actively offending to a degree which warrants a closer look via the PPIT. This ‘police (criteria)’ referral pathway accounts for the majority of cases in Dyfed Powys, and nearly a third of cases in Manchester. Although these two sites differ in the way they have defined their criterion for inclusion,²⁰ they both make systematic use of police crime and incident data as the first step in their process of identifying priority perpetrators.

²⁰ In Dyfed Powys, the criterion is defined as ‘Repeat offenders: 1 incident in current month and 2 in previous 3 months and Serial offenders: 2 or more victims in previous 3 months.’ This tool is used on a monthly basis to identify perpetrators to refer to the PPIT pilot. In Manchester, the

‘Police (other)’ referrals account for nearly half of the Manchester sample and two thirds of cases in Hampshire. This category includes police officers using their professional judgement to identify a perpetrator they feel is suitable for the PPIT (who may not meet the eligibility by criteria alone), along with police investigative units and safeguarding structures (including MARAC) who are able to refer in to the pilots.

Taken together, then, police-based referrals were the dominant source for all three sites, representing 65% in Hampshire, 80% in Manchester and 100% in Dyfed Powys. Hampshire, having been established the longest, and being co-located within a specialist service, gained more than a quarter of their referrals from other community-based specialist domestic and sexual violence services. The ‘other’ category primarily includes children’s services, community mental health and social services. The wide range of referral pathways in Hampshire was developed through multi-agency training workshops delivered before its commencement, as well as on-going initiatives conducted to raise awareness of the pilot across Hampshire.

Table 3.3. Referral pathways to each pilot site

			Pilot site		
			Hampshire	Dyfed Powys	Manchester
Referral type	police (criteria)	N	0	123	18
		%	0.0%	94.6%	32.7%
	police (other)	N	214	7	26
		%	65.2%	5.4%	47.3%
	probation/IOM	N	11	0	11
		%	3.4%	0.0%	20.0%
	specialist services	N	91	0	0
		%	27.7%	0.0%	0.0%
	other	N	12	0	0
		%	3.7%	0.0%	0.0%

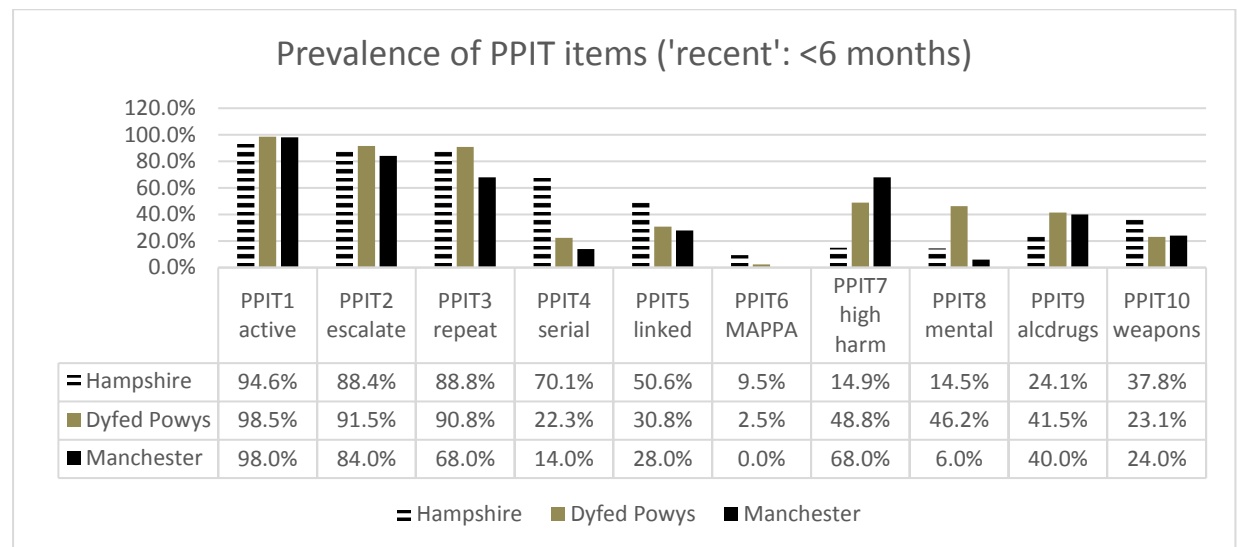
criterion is defined as ‘males with 10 Public Protection Investigations during their lifetime of being known to the Police’ and is checked on a weekly basis.

3.2 Identification of priority perpetrators

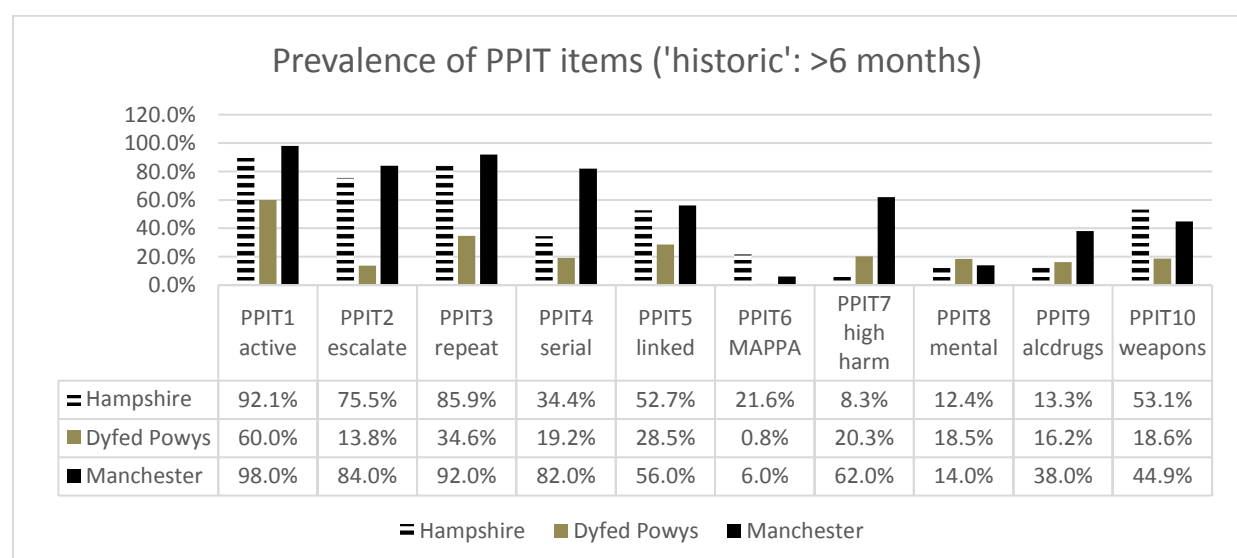
This section provides a description of the PPIT data for the perpetrator samples coming through the pilots. First, the prevalence of each PPIT item is provided, along with an analysis of how this varies across the three pilot sites. Next, the average total PPIT score across the sites, and the proportion deemed to be ‘priority perpetrators’ is presented. Finally, how the PPIT items inform the decision to classify a perpetrator as ‘priority’ is discussed. For example, are certain factors more strongly correlated with this decision than others?

Recall that each of the ten PPIT items is evaluated in relation to the perpetrator’s behaviour. Practitioners are asked to determine whether there is evidence for the item (0=absent or 1=present) for both recent (within past 6-months) and historic (beyond 6-months) timeframes. Full results for the item scoring across the three sites are reported in Appendix B.

Figure 3.1 (next page) depicts the prevalence of each item in the ‘recent’ timeframe for the pilots. Clearly, the most prevalent items across all pilots are active offending (‘Onset and duration of the domestic abuse’), escalating offending (‘Offending increasing in frequency and/or severity’) and repeat offending (‘Offending (2 or more incidents) against any single victim’). The prevalence of some items varied significantly across the sites. This is not surprising given the differences in the implementation and operation of the pilots described earlier, particularly the difference in referral pathways. Two notable examples are serial offending (‘Offending against multiple (2 or more) victims’) and linked offending (‘Other violent/abusive behaviour e.g. stalking, sexual violence, etc.’), which were noted more frequently in Hampshire’s PPIT forms. This is likely a consequence of their work being explicitly conceptualised as a ‘serial/priority perpetrator’ pilot. Hampshire’s more established partnerships with a wider variety of specialist services likely explains the greater awareness of linked forms of offending behaviour.

Figure 3.1. Prevalence of 'recent' PPIT items

The next figure presents analysis of the PPIT items for the 'historical' time frame across the pilots. A similar finding emerges in that active, escalating and repeat offending are the most prevalent items. Another clear pattern is the higher prevalence of most items for Manchester in contrast to the other two sites. Once again, this is likely explained by the different set up and operation of the pilots, particularly the criteria used in Manchester resulting in PPITs being conducted on offenders with longer criminal careers on average.

Figure 3.2. Prevalence of 'historic' PPIT items

The scoring of the PPIT items can result in a total score ranging from 0 to 20. The average total score for each site is presented in Table 3.4. This varied somewhat across the sites,

with Dyfed Powys having the lowest average (7.3), whereas Hampshire and Manchester were more similar (9.5 and 9.9, respectively). Not surprisingly, there is a significant correlation between the total score and the designation of an individual as a 'priority perpetrator' (i.e. the higher the score, the more likely the perpetrator will be classified in this way). The variation in total score across the sites maps onto the proportion of perpetrators classified as priorities, with Dyfed Powys having the lowest, followed closely by Hampshire, and then Manchester having the highest proportion (64%). As previously mentioned, these differences can be interpreted as a reflection of the different demographic characteristics of perpetrators and the referral pathways used across the pilots (e.g. Manchester has a somewhat younger all-male sample, a third of whom would have met the police criteria of having at least 10 public protection investigations on their records).

Table 3.4. Total PPIT score and proportion of priority perpetrators

		Pilot site		
		Hampshire	Dyfed Powys	Manchester
Total PPIT score	Minimum	2	2	5
	Maximum	17	14	14
	Average score	9.46	7.28	9.94
Priority	N	121	58	32
perpetrators	%	50.4%	49.6%	64.0%

The average total score for 'priority perpetrators' compared to 'non-priority perpetrators' is presented in Table 3.5 (next page). Reinforcing the findings presented in the previous table, the average total score is significantly higher for 'priority perpetrators' compared to 'non-priority perpetrators' across all sites. This is important because it illustrates how, even with different referral criteria and pathways resulting in different perpetrator cohorts across the sites, the PPIT helps practitioners to differentiate between those perpetrators who should be priorities for multi-agency management, and those who should not. Hampshire has the biggest gap between the two groups (nearly 4 points). Manchester and Dyfed Powys have smaller gaps (approx. 2 points) for priority versus non-priority perpetrators.

Table 3.5. Total PPIT score for priority vs non-priority perpetrators

		Pilot site		
		Hampshire	Dyfed Powys	Manchester
Total PPIT score	Priority Perps (average)	11.30	8.48	10.88
	Non-priority perps (average)	7.61	6.39	8.39

It is also worth noting that the PPIT data revealed instances of professional judgement being applied when making the priority perpetrator assessment. For example, even in the two sites that adopted a response threshold of a PPIT score of 10, there were a number of cases where the scores were lower than 10 but the perpetrator was deemed a 'priority' (n=11 in Hampshire and n=2 in Manchester, approx. 3-4% of cases in both sites).

Finally, a series of bivariate and multivariate analyses were undertaken to explore the relationships between the individual items and the priority perpetrator judgement. This revealed a number of interesting findings. First was the salience of certain PPIT items when classifying perpetrators: active, escalating, serial, linked, high harm, alcohol/drugs, and weapons all significantly increased the likelihood of classifying a perpetrator as a 'priority'. Thus, most of the PPIT items are correlated with this decision to a statistically significant extent, holding constant the pilot site (i.e., the same pattern holds true for all three sites). However, the most striking pattern was that items present in the 'historical' time period mattered much more than did those assessed as 'recent'. This indicates that practitioners are paying close attention to the longevity of the offending behaviour (i.e. the criminal careers of perpetrators). Those with longer careers are much more likely to be judged as priority perpetrators, across all three pilots.

3.3 Management of priority perpetrators

Analysis of the quantitative monitoring data reveals the types of activities undertaken to manage priority perpetrators' risk of re-offending, once they have been identified. Broadly speaking, these may be conceptualised as types of activities which do or do not involve direct contact with the perpetrator. Non-contact activities, or 'behind the scenes' work, takes place to some degree for all priority perpetrators (and even some non-priority perpetrators, depending on the set up of the pilot). Therefore, 'behind the scenes' work can be considered the bulk of activities employed in the sites to try to reduce the likelihood of perpetrators re-offending. Contact activities involve 'up front' direct communication with perpetrators, either within the pilot itself or via a referral from the pilot to another intervention. More detail about the various activities undertaken in the pilots, as recorded in their monitoring data, is provided in Table 3.6. It should be noted that this data represents an incomplete snapshot. Only some of the key significant actions and decisions have been recorded, rather than a comprehensive overview of all of the on-going discussions and tasks undertaken by multiple practitioners over time. It does

illustrate both the range of actions being used, as well as the different focus of the pilots towards using some actions more than others.

Table 3.6. Actions taken by pilots to manage perpetrators

			Pilot site		
			Hampshire	Dyfed Powys	Manchester
Type of action	Referral to MAPPA	N		6	
		%			
	Referral to IOM/WISDOM	N		1	
		%			
	Referral to MARAC	N	2	3	
		%			
	Notification to CRC/NPS	N		16	1
		%			
	Application for DVPN/DVPO	N	15	1	1
		%			
Type of action	Application for DVDS/Clare's Law	N	20		1
		%			
	Actionable intelligence	N		2	1
		%			
	Referral to perp-focussed intervention	N	76		4
		%			
	Referral to IDVA	N		2	13
		%			
	Other	N	9	4	
		%			

Although the numbers in the table above may seem small relative to the total number of perpetrators, it must be remembered that *all* perpetrators coming into the pilot had a level of analysis and review that would not have happened otherwise. Research conducted to complete the PPIT was itself a level of focus and proactive effort on perpetrators that went well beyond the status quo. Using this information helped practitioners determine what, if any, additional proportionate and effective actions could be taken to try to reduce their re-offending. Sometimes the exercise confirmed that the current arrangements were largely satisfactory, but that information sharing would be beneficial (e.g. the offender was already being managed by NPS so an update was provided to the relevant Offender Manager). Other times, compiling the PPIT information revealed instances where offenders were not being managed at all, or they were being inappropriately managed given their level of risk. For example:

- In Dyfed Powys, a 42-year old perpetrator was referred in via police criteria. He scored 14 on the PPIT, with comments indicating that “he pushed victim to the ground, dragged her across the floor by hair and dragged her by her ear, causing substantial bruising and marks to her face and body. Previous physical violence against partner including hands around her throat. Breach of a restraining order. Offence committed in front of a child. He is manipulative and managing to pursue victim to allow him to stay at her address. Intelligence log stated he made threats made that he wanted to f*ck people over and he was going to kill every c*nt that f*cked with him. And he was going to stab every c*nt that he lay his eyes on, and he wanted to go to jail. Jealousy. Self-harm.” This individual was being managed by CRC. The PPIT pilot allowed this information to be sent to the Offender Manager to consider escalation of the case to NPS.

Every action recorded in Table 3.6 is indicative of the value added by the pilots (i.e. these activities were unlikely or even impossible prior to the PPIT pilot). For example:

- In Hampshire, a 62-year old perpetrator was referred in via a Neighbourhood Policing Team. The main issues involved frequent and escalating violence against his partner as well as alcohol and drug misuse. He was arrested for a new domestic violence offence after being referred into the pilot. Although he was scored a 9 on the PPIT, and thus was below the response threshold established for the pilot, the following actions were taken in an attempt to reduce the harm associated with his offending. The Serial/Priority Perpetrator Coordinator attended the MARAC to provide information. The victim received support from an IDVA, leading her to support police action for the first time. The perpetrator was referred to Baseline.
- In Manchester, a 49-year old perpetrator was referred in via the Public Protection Investigative Unit. He was scored as a 13 on the PPIT. Despite his history of offending, he was currently not on license nor subject to any civil or criminal orders. A home visit was made to explain the pilot to the victim and perpetrator, who were still in a relationship and living together. The victim received IDVA support and a referral to an alcohol/drug addiction charity. The perpetrator was referred to the Reframe project (one-to-one support) and has thus far attended five sessions. He is considered to be engaging well.
- In Dyfed Powys, a 30-year old perpetrator was referred in via police professional judgment. He scored 11 on the PPIT, with comments indicating that “Offender has a history of causing serious harm against multiple previous victims and remains capable of causing harm. Since the end of the relationship between the offender & his most recent partner, he has continued to harass the victim. He has not adhered to bail conditions not to contact the victim whilst they are in place. This is also a pattern of behaviour as he has previously intimidated victims into retracting complaints against him.” Through the pilot he was identified as a priority perpetrator, his case reviewed and an application put forward to MAPPA. He was accepted onto MAPPA and a referral made to WISDOM.

These examples give a glimpse into the kinds of perpetrators involved in the pilots, and the nature of the work undertaken by various practitioners to reduce their offending. Further detail on the working practices within the pilots, and practitioners’ perspectives on them, is provided in the next chapter.

Chapter 4: Practitioners' perspectives on the implementation process

This chapter presents findings²¹ that relate to the delivery process involved in the implementation of each pilot and aims to address the key research questions outlined in section 1.3.1 namely:

- Why were the different PPIT pilots developed, and what are their intended outcomes?
- How does each new PPIT pilot work in practice?
- What can be learned from comparing the different PPIT pilots in the participating police force areas?

The first part of the chapter focusses upon the conception and development of each approach and examines how the PPIT is utilised in each case. In the second half of the chapter, we look at the actions taken in response to priority and non-priority perpetrators across each of the pilots, focussing upon any barriers or issues affecting service delivery whilst also highlighting areas of effective practice.

4.1 Identifying priority domestic abuse perpetrators

4.1.1 Impetus for a new way of working

Interviewees across each of the pilot sites acknowledged the significance of the 2014 HMIC report 'Everyone's business: Improving the police response to domestic abuse' in focussing attention upon the problem of tackling domestic abuse in their force areas. However, while this report was seen as an important factor in helping to direct police resource towards the issue of serial and repeat perpetrators, staff in each of the pilot sites reported that, (largely due to high numbers of repeat victims) they were already aware of the need to adopt a more consistent and effective approach to dealing with their most

²¹ Findings presented in this chapter are based on interviews with strategic and operational staff in each of the three pilot sites.

serious and repeat perpetrators. The need to shift the focus from the victim to include the perpetrator in order to break the cycle of repeat and serial victimisation was also raised.

"We had a way of identifying who was our repeat domestic abuse perpetrators but then they were a name on a sheet, what were we actually doing about them? ..MARAC tends to take about ten minutes per case and it tends to focus on the victim and the children. People will say that it focusses on the offender and it does touch upon them but you can't understand all the risks and triggers and somebody's offending within ten minutes, so it was about understanding well what could we do that would bring some science I suppose to how we identify our most serious perpetrators, but also what could we do then to address those risks?"

[Interviewee #1 Dyfed Powys]

"So, my background has always been in victim services... and I think one of the things that frustrated me the most, both as a frontline worker and as a manager and in terms of strategic stuff, is the repeated names that you would get of perpetrators with the number of victims, usually female, attached to them... So, I had a growing frustration during my career of, "Hang on a second. Why are we not monitoring these people, because we seem to be focussing a lot of our efforts and our resources on all of these victims, which I'm not saying we shouldn't, but we're not ever doing anything about these perpetrators who are just going from victim to victim and appear to be getting away with it?"

[Interviewee #1 Hampshire]

"I recognised.... that there was a gap in identifying who our serious, high-risk perpetrators were for domestic abuse, and that we relied on DASH assessments, which are very victim-centric, to make those assessments around risk. So the purpose of me putting forward this bid was to test something around identifying perpetrators, and how we might manage them in the community. We had HMIC, and our initial report in 2014 was that we weren't safeguarding victims, and we were, sort of, below the kind of standard required. Then, also, there's been an impetus around managing demand, and for GMP, certainly around 2014; we had 68,000 incidents of domestic abuse. Our domestic homicide rate was pretty static. So, we started questioning the value of DASH... We were giving DVPOs and DVPNs repeatedly. We noticed that our repeat perpetrators were serial perpetrators, and were, you know, committing offences across Greater Manchester, and moving around. There was inherent risk in that. So there was a real drive then to start to focus on perpetrators."

[Interviewee #1 Manchester]

Several interviewees also saw the development of the pilots as representing a shift from a reactive, largely victim-centric approach to dealing with domestic abuse to a more preventative and proactive form of policing the issue which targeted the perpetrators specifically.

"The current interventions that are available, it's just enforcement and containment. They are reactive to domestic abuse incidents, and it was about having a proactive approach."

[Interviewee #3 Manchester]

"I think its aim is to be more proactive and more disruptive rather than wait for something to happen and then for it to be discussed in MAPPA or MARAC and it's just identifying the perpetrators maybe that, not slipped the net but these obviously have been in MARAC for so long, what are we doing with them?"

[Interviewee # 2 Dyfed Powys]

4.1.2 Staff training in use of the PPIT

Interviewees in Dyfed Powys and Hampshire reported having received relatively little PPIT training prior to the start of the pilot. On the whole, practitioners' knowledge of the tool tended to have been acquired from the PPIT guidance and was largely self-taught, with practice support received from colleagues rather than supervisors.

"In terms of PPIT, I had absolutely nothing, it was a case of the admin who does the PPITs - the initial bits - just sent me through the bit saying, "this needs doing." I looked it blankly and went, "Right, okay," and I sought some guidance from the DAO who works in the north of the county and he just explained what I had to do and I went from there really."

[Interviewee # 3 Dyfed Powys]

"We started looking at it, read through the guidance and when we were given the task of sort of co-facilitating the workshop on the PPIT and so we both did sort of quite a lot of reading around the background, how it was developed, you know that sort of stuff."

[Interviewee # 3 Hampshire]

"None whatsoever; that would just be all of us knowing, looking at the PPIT, reading what it is and talking to X on how she uses it. So, no, there's not been any training that I've had around the PPIT."

[Interviewee #5 Hampshire]

One practitioner with responsibility for completing and scoring each PPIT in the Greater Manchester site reported having received some training from her line manager, although no other PPIT specific training had been given across the partnership.

"Yes, when it was brought in, [Supervisor] showed me the PPIT, and we ran through some dummy runs, just to make sure that we understood what was needed and what to look for on the police systems."

[Interviewee #2 Manchester]

4.1.3 Utility of the PPIT form

Staff across the three pilot sites indicated that they felt the PPIT items incorporated the appropriate combination of physical, psychological and situational risk factors and was useful in helping them to accurately assess an individual as a priority perpetrator.

"I think it's really useful. I think if you know DV and I think actually even if you don't know DV it can and should help you pinpoint those really concerning factors that you might not necessarily pick up on. I think often the focus is on physical harm and actually the PPIT forces you to look at psychological harm which historically a lot of agencies aren't good at doing that, particularly around the stalking and the harassment after the relationship ends. It gives you an opportunity to capture that stuff and kind of really evaluate it."

[Interviewee #2 Hampshire]

"I think because there are already tools out there to identify victims, support for victims of domestic violence but not so much the perpetrators. Our MARACs, we do have criteria for serial perpetrators but that goes more by the victims, not how many offences they've done but how many victims they've had. From my experience from attending the MARACs, demand was the same, it's still victim based and it wasn't perpetrator based so that would be more reactive rather than proactive, whereas I feel like the PPIT you're being a bit more proactive in identifying them and doing something about them before it gets to MARAC."

[Interviewee # 2 Dyfed Powys]

"Theirs [Force Intelligence Bureau] is a static risk tool looking at static factors. I said, this is a combination of static factors and some dynamic factors in there as well and I said on the matrix you're not making a judgement call about what that risk is in terms of dynamic factors but you are on the PPIT..I think that's quite crucial that you've got that information around what their profile looks like and a summary of what those risk factors are."

[Interviewee #2 Hampshire]

Several interviewees also commented that they found the tool to be user friendly and straightforward to complete. It was this simplicity which was felt by some to promote a more standardised approach to dealing with perpetrators of domestic abuse, particularly for practitioners based in agencies which have traditionally focussed upon victims as opposed to perpetrators of abuse.

"I think it's very simple. Especially because there's just going to be me and I have a colleague who's on maternity leave at the minute, but she'll be coming back, so obviously I'll be training her how to do it... It's a straightforward yes or no, historic or recent, and like you've got your six month time limit. So if it's before, it's historic, if it's not, it's recent. I think it's dead simple to use. Yes, I like it."

[Interviewee # 2 Manchester]

"I like the format... I mean, I've never done one. I'm not a caseworker in that sense. I like the format of it, because it reminds me of the DASH. So, as a practitioner, just looking at it, it's really useful in that sense. It's not like, 'Oh, my God. What's this?' I've seen the OASys forms and things, all the risk assessments, the SARA or whatever they call them, and that just freaks me out as a practitioner. So, I would not go anywhere near it. I just think that's not for me. I can't do that, whereas, I would happily attempt a PPIT... So, as a victim practitioner... to look at the PPIT, I'd give that a good go and I'd be happy to. So, in that sense it's really good, because I feel like it's starting to assist us with a common language around perpetrators as well and that we're not frightened to attempt that stuff."

[Interviewee #1 Hampshire]

"What I think is useful about the PPIT is that it's manageable. It's not like the DASH. You have 20 points, and it sits quite well in a system for us. ...it feels that we can manage it within the system as an enhancement to domestic abuse management, which is a big issue for us around bureaucracy and demand for Police Officers. I feel like it adds value to an existing system, and at the moment it feels manageable, you know? So, that's good. That's useful."

[Interviewee #1 Manchester]

4.1.4 Alignment of the PPIT with existing processes

Several interviewees reported that they felt the PPIT had helped to focus attention upon a population of domestic abuse perpetrators who would otherwise have remained 'under the radar', either because information contained within the DASH and/or Police force recording forms had led them to be categorised as 'medium' risk, or because 'medium' risk offenders were not subject to the same scrutiny as 'high' risk offenders.

"SPPC might have sent us one or two and we haven't scored already on our matrix system and that will be because when we look at them they've actually been graded as medium on the DASH form. We don't search medium offenders, so they wouldn't have come up on our radar.... So, I suppose there'll probably be one or two that you could say we're not aware of because they didn't hit our criteria as the police."

[Interviewee #5 Hampshire]

"So they only look at the high risk DASH stuff that comes through which is fine, I get that they have to have a limit but quite a lot of the stuff I see will be medium DASH because it hasn't been recorded properly. Not a DASH, you know the police AD232Rs so I might have a look at a case and then pass it over but I'll forward then the PPIT and then they will populate it and they produce a top ten every month which some of the offenders that I've looked at might be on there or they might not be and then anything that's on that list that I haven't previously looked at I'll then do a PPIT on that as well and see if there's anything that we can do in terms of getting involved with the Hampton Trust."

[Interviewee # 2 Hampshire]

"It makes sense that it would also pick up gaps that are missed by the MARAC procedure and by the current policies, because potentially you could identify people in long-term intervention who just wouldn't come to the immediate attention of immediate short-term safeguarding via police. A lot of the short-term safeguarding is because there is a massive incident that occurs, rather than identifying you've got a long-term perpetrator or something like that. I can see how in theory it can work long-term."

[Interviewee # 3 Dyfed Powys]

By the same token, the some individuals assessed using the PPIT as priority perpetrators by were not always accepted as representing a high risk from a policing perspective.

"At the same time, [SPPC] might send someone in and she's graded them high-risk and we've turned around and said, "Actually, no, we don't think they are." So, it can balance each other out... [because] the questions are different. So, the PPIT has different questions, necessarily, to on the DASH form. So, even though [SPPC] might determine someone as a high-risk serial perpetrator, her criteria is probably different to the police criteria. So, they're not always the same. It doesn't happen very often, but we might look at our offending and say, "Well, actually, they've not done any domestic abuse in the last two months, there's been no instances in the last two months, which reduces the risk from a police perspective."

[Interviewee # 5 Hampshire]

The tendency for domestic abuse perpetrators to escape charge and/or conviction for their domestic abuse offences was also raised as an issue by several interviewees and it was felt that the information contained within the PPIT had also helped to 'shine a light' on the full offence history of these individuals.

"I think it's identified an avenue to get to people who are not on the radar or who are on the radar but have not been charged at the moment."

[Interviewee # 6 Manchester]

"There's one... He's just got two on his PNC and those are traffic offences, and his partner had described, you know, quite long... They've been together since 2009, and there was a history of abuse between them, and, obviously, he's assaulted her, she was pregnant, she's lost the baby, but he doesn't feature anywhere. Well, for somebody like that to show that level of aggression, they've just obviously not been reported, or just gone under the radar you know? It's quite concerning then, to be that aggressive and not have any previous convictions, you know. So they're not managed by anyone. There's no conditions, you know, there's no probation."

[Interviewee # 4 Dyfed Powys]

One interviewee went on to discuss how discrepancies between the PPIT and DASH risk gradings have highlighted clear implications force-wide for the training and operational practice of officers who have responsibility for completing and submitting the DASH forms.

"For us as an organisation, it also shows where we need to go with our workforce development. What concerned us last year, when we looked at that list, is why officers hadn't seen that... You know, the ones that were scoring 18, 20, why they'd applied a DASH standard report, or a medium report. So for us, there's something around actually revisiting the officers on a personal basis to discuss through that risk with them. Officers still weren't getting that accumulation of incidents, or looking across and seeing that actually, this is a serial perpetrator. This is the first incident with this victim, but actually it's those types of issues that we would seek as an opportunity to have a one-to-one with the officer."

[Interviewee # 1 Manchester]

Once particular issue raised by several interviewees in the Dyfed Powys site was the perception that the PPIT process represented a certain degree of duplication in paperwork and resource. It was suggested this could be streamlined more effectively by having a parallel discussion about both the victim and perpetrator during MARAC meetings to determine all perpetrator referrals for PPIT assessment.

"You look at whether the PPIT, when we go to MARAC... should be discussed then. Should the PPIT be more actively discussed in a MARAC meeting? So that we're not constantly kind of creating just you know admin, because, you know, it does take time and then it takes time for me not dealing with a victim then, because I'm bogged down with the paperwork element of it. Whereas, when you're in a MARAC, you've got all the agencies round the table, you're sharing the information there, and then, hang on; does this one mean we need to look at a PPIT?"

[Interviewee # 4 Dyfed Powys]

4.1.5 Evidence used to complete the PPIT

The need for pilot staff to have access to multi agency data was highlighted by interviewees across all three sites. In Manchester for example, the individual responsible for scoring the PPIT forms is located within the force Multi Agency Safeguarding Hub (MASH) and is able to access Police and Council/Social Services data to complete the PPIT form.

"I'd look at the referral, obviously look at the questions, and pull that information again off the OPUS systems, score it as to what I found out...So if it scores above ten, an e-mail will be sent to our researcher in the MASH. She works for the council, but she's a police researcher, and she will then go and get all the information from the health, the child social care, vulnerable adults, or wherever that information needs to come from. Gather that within the week, send it back to me."

[Interviewee #2 Manchester]

The importance of PPIT practitioners being able to retrieve timely and readily accessible information from partner agency systems was emphasised repeatedly during the interviews. One police interviewee for example, reported encountering difficulties in

accessing information relating to some of the PPIT items (particularly mental health) because of complexities in their force recording processes and systems.

"Stuff like mental health is inherently harder to score, unless you've got some personal knowledge of that individual.... If you don't have that, other than looking at custody records maybe and seeing whether they've declared mental health, then it can be challenging. You can find all of that information I would say, if you look, and this is an issue I have in Dyfed-Powys full stop, there's too many systems. There is a different system for absolutely everything. Whereas other forces maybe have one system which holds a lot of information, Dyfed-Powys have lots of different systems holding little bits of information. It's a very time-consuming process."

[Interviewee #3 Dyfed Powys]

Another interviewee discussed how the scoring of PPIT item # 6 (MAPPA) had caused particular difficulties for staff in the Greater Manchester site as MAPPA information is not readily accessible to the team and instead had to be requested. Scoring for this item also appeared to conflict with the eligibility criteria for acceptance onto the pilot in GMP as any MAPPA perpetrators are automatically not eligible for the intervention.

"I struggle with the MAPPA because I don't really know anything about MAPPA's, and it's not something that's easily accessible on GMP systems. So, X who's in the Spotlight, has just sent me an e-mail with everybody who's on the MAPPA, and I just go off that, and I just rely on him to update it for me, but it's not information I get access to. If they're on MAPPA, we're not accepting them on it [pilot], because I think one of the questions is, are they on MAPPA? And you can score two points. But then, as well, one of our criteria is, are they on MAPPA or not? And if they're on MAPPA, they're not eligible. That contradicts itself to me, that, because you're trying to get them to score high, and you can get two points from a MAPPA, yet if they're on MAPPA, they're not eligible."

[Interviewee # 2 Manchester]

The implication of custodial sentences upon the scoring of PPIT items as 'recent' was also raised during the interviews. One interviewee expressed some concern that the hiatus in offending during the custodial sentence could be interpreted on the form as representing a reduction in risk due to the scoring of 'recent offending' as 'zero' during this time.

"On PPIT, it's because we have historic and recent. If they've been in prison, they'll be scoring zero for any recent, because there's nothing recent, because they've been in prison for probably a domestic, for six years maybe, because he's stabbed her. And then he comes out and he's still dangerous because he's stabbed his partner at the time...What I tend to do is, I do custody checks now. If I'm getting somebody who's come in as a high risk, but there's no history... Recent history, I do a prison check."

[Interviewee # 2 Manchester]

Other interviewees commented upon the importance of pilot staff being able to access the police force recording systems and also emphasised the benefits of the pilot in building a complete multi agency picture of perpetrators' histories and risk, which hitherto had often been lacking in the field of domestic abuse.

"[SPPC] will start pulling together all then information that all the various agencies hold independently in their silos, and she'll put together a package. We'll have a pretty good idea of what this person's been up to for the last several years. This is something that's sort of new and revolutionary in the field of domestic abuse. It's historic that everybody, a lot of different agencies, always hold a lot of information. This is highlighted, if you were ever to sadly get invited to a domestic homicide review. All the agencies... all of them will have a history of call-outs or encounters with the victim, or with the perpetrator, but yet they've held onto that information. So for once, for the first time we're able to compile and pull together all that information, and start tracking these perpetrators."

[Interviewee #4 Hampshire]

4.1.6 PPIT scoring and use of professional judgement

As outlined earlier (Table 2.1), two of the three pilots (Greater Manchester and Hampshire) have adopted a baseline threshold score of 10 and over when making the priority perpetrator judgement. The rationale for this is reported to have stemmed from the perception that there is a need to have a basic filter for staff to use as a guideline. Interviewees indicated that to rely only upon professional judgement would place too much responsibility upon individuals and potentially decrease consistency in the implementation of the tool. However, staff across each of these sites reported that although they used a threshold score when making the priority assessment, professional judgement would outweigh this when appropriate.

"Professional judgement would always pip any of that. So if somebody came in at a lower score, but professional judgement is, across the division and with partners, that we needed to do something different, then we would bring them into the Cohort. That would be a discussion. We've always said that."

[Interviewee #1 Manchester]

"I've got one at the moment, there's no evidence that he's a serial perpetrator but he's repeatedly raping the victim and she is repeatedly retracting her statement and so I think his score is only about five or six but there's lots of evidence of really highly harmful behaviour, so I'm tracking that one."

[Interviewee # 2 Hampshire]

In Dyfed Powys however, no threshold score is used to grade the PPIT and instead a click view system is used to generate potential referrals for PPIT form completion from DASH forms with one or more domestic abuse incidents in the current month and two in the previous month. DAOs in each division across the force are then responsible for using their professional judgement to assess PPITs completed by administrative staff and make

referrals to the pilot via the MARAC Co-ordinator. If the pilot arrangements were to continue, going forward, one interviewee recommended centralising the PPIT completion and review process in order to streamline the process and standardise the referrals being received.

"If this was to continue past the pilot... I'd centralise everything so all my referrals are the same. So if she was to do all the PPITs, at least they would be the same. I'd be looking in the same place... In an ideal world, one person would be doing the documents, so it's the same in every area."

[Interviewee # 2 Dyfed Powys]

Indeed, the geographical spread of the pilot across Dyfed Powys and its integration across all force divisions represented particular challenges for this site when administering the PPIT.

"I suppose the layer of complexity is in the way that we've had to do the process because the geography is that, you know there are quite a few steps in the process. There's the administrative support have to review them first Wednesday of every month then complete them then the DAO then looks at them and completes them, they're all saved in the shared drive, then [SPOC] looks at them from a MAPPA eligibility point of view then in the future, well you could say there's a fourth layer then which is the MAPPA screening. That will become the IOM MAPPA joint screening and then it'll go into that management structure then of managing them."

[Interviewee # 1 Dyfed Powys]

Researching and having access to information relating to historical offending, substance misuse, mental health, presence of children and weapon use was also highlighted during interviews as being of paramount importance when making the priority perpetrator judgement and considering the immediate safety of the victim.

"I'd be looking at history, all our knowledge of the history of that offender, because there's always patterns to people's offending generally. Then it's the risk factors, so the next thing I'd be looking at is your alcohol, your drugs, your mental health - although that's more prevalent now than it was maybe a while ago, in terms of looking at it early on. They would be the things that I'd be looking at. Things like whether there's a history of violence using weapons, things like that. That's somewhere where I'd also be thinking about the specific situation that perpetrator is in, because that is where I'd be starting in my mind at least to be thinking about the safeguarding of that victim."

[Interviewee # 3 Dyfed Powys]

However, a particular barrier for staff in Dyfed Powys was reported to be the delays associated with the 'click view' system of generating a monthly list of eligible perpetrators. Instead it was suggested that the DAOs should be able to use professional judgement at the initial stage of the process in order to action more timely completion of the PPITS.

"The biggest downside for me is that it's just too delayed because the outcome of the PPIT is that this person has now gone onto our actionable intelligence for actions by

other staff but it's something we had done months ago... because we know that this person is dangerous and all things that would be identified that needed to be done through PPIT we had done already, so I think it comes too late.... the PPIT review is only done once a month, isn't it, by the certain date of each month the admin staff have to collate the intelligence. So you could have an incident that's happened... say they collate it on the first of the month, your incident has happened on the third of the month. It's that delay that's the problem isn't it.

I: So a PPIT needs to be completed at the time of the incident?

Immediately. Yes."

In recognition of these concerns, amendments were made to enable DAOs to use professional judgement to reduce delays in PPIT completion and ensure perpetrators were included in the pilot at the appropriate time. It was also anticipated that this would increase the number of referrals into the pilot.

"Up until now we've generally been using the PPIT forms as a result of the people who are identified on the click view statistics system, whereas I think to go forward I think we need to be using professional judgment at the time of an incident."

[Interviewee # 5 Dyfed Powys]

4.2 Actions taken in response to priority perpetrators

As outlined in Chapter 2, each of the three pilots has adopted a different approach to working with those identified as priority perpetrators. It will be recalled that in Dyfed Powys for example, the PPIT is used as a route for referral onto the MAPPA and more recently, the IOM/WISDOM cohorts, whereas in Greater Manchester priority perpetrators may be referred to the Reframe project for focussed support and interventions. In Hampshire both priority and non-priority perpetrators are eligible for referral to a third sector agency within the partnership for perpetrator programmes together with additional one to one outreach support for priority perpetrators assessed as having extra needs. Regardless of the treatment approach however, priority perpetrators in all three areas are subject to increased monitoring and enforcement where necessary. It is therefore possible to conceptualise the actions taken in response to priority perpetrators as comprising of two main types of activities: a) 'behind the scenes' activities, which occur regardless of the perpetrator's engagement with the pilot and b) 'up front' activities which involve direct engagement of the perpetrator to address the offending behaviour.

4.2.1 Information-sharing 'behind the scenes'

The benefits of the pilots in facilitating a multi-agency approach to information sharing and aligning the work of victim and perpetrator focussed agencies more widely were commented upon by interviewees across all three of the pilot sites. Indeed, several interviewees highlighted that a lack of information-sharing between agencies had been an issue in the past and felt that this improvement had impacted positively upon victim safety and safeguarding.

"The fact that victims' agencies and perpetrator agencies are now talking to each other is a massive success already... understanding that our agendas are actually the same, that the intelligence that perpetrators organisations hold, coupled with victims organisations can really provide some intervention and some intelligence, that's really valuable for safeguarding victims and their children. I think the other success of the pilot is, it's been really instrumental in changing things. It's a really innovative model. It's quite simple, but it's really innovative and the PPIT's only strengthened that."

[Interviewee #1 Hampshire]

The benefits of the pilot in improving information sharing and risk management as a result of the integration and collaboration of the pilots with statutory agencies such as Probation were also emphasised.

"So there has been some, the two cases that [CRC worker] has seen today are both statutory cases, but the Probation Officers, the NPS and the CRC are involved and I've made sure that's incorporated into their risk management plans as well. So we're not working in isolation, we're working with... if we're going to take a statutory case; we need to be linked in with that sentence plan."

[Interviewee # 6 Manchester]

"At the moment MAPPA screening is done on its own so what we're going to move to is a joint screening process so that the MAPPA co-ordinator, WISDOM and IOM all sit in one room and in all, every referral comes in on one form and then all the people round the table, so those three co-ordinators and the police and Probation make a decision on where's the best, what are the best of arrangements to manage the risk that person poses."

[Interviewee # 1 Dyfed Powys]

"Hampton Trust might flag up a few more community perpetrators, if you know what I mean, or ones that maybe aren't on the radar of the police or offender managers and send them over to [SPPC] to do a full PPIT and make an assessment.I think they're the more worrying ones, because the police don't know anything about them or don't know as much as they think they do. So, that part of the process can work quite holistically."

[Interviewee # 1 Hampshire]

However, although information-sharing was reported to be operating effectively overall, some interviewees talked about difficulties when requesting information from certain agencies not directly involved in the pilot. This was partly believed to be due to a lack of

understanding about the PPIT tool and the legal parameters for sharing information across agencies. These kinds of cross agency data sharing issues highlight the benefits of pilot integration within a multi-agency hub such as the Multi Agency Safeguarding Hub in the Manchester pilot. The instant access to Social Services data in particular, was emphasised as one of the benefits stemming from this type of co-located arrangement

"It's [the MASH] given us a lot of information that we wouldn't know about because people don't tell the police everything, but they tell social workers. They do, because they've got the risk of the children going if they don't give them that information, or whatever it is, where we haven't got that. We've just got our enforcement line, which isn't... We can't do anything like that. So it's very good information."

[Interviewee # 2 Manchester]

One issue which came to light across two of the sites (Dyfed Powys and Greater Manchester) and which was reported to be largely as a result of improved multi agency data sharing facilitated by the pilots, was the potential for high risk perpetrators to have previously been managed as a medium risk offender under the CRC arrangement instead of the NPS. Subsequently, in Dyfed Powys for example, the risk level had been reviewed and the cases escalated to the NPS for management as high risk offenders.

"I suppose it's identified a bit of a rub between MAPPA and CRC....The CRC deal with low risk cases in the community where MAPPA automatically says and the PPIT says this person is high or very high risk of causing serious harm. If they think it's high risk they should be escalating it to Probation but it's probably identified that hasn't been happening, so both cases are now with Probation rather than CRC. We're saying the risk has escalated.... and the PPIT has helped in identifying them as a priority perpetrator."

[Interviewee # 1 Dyfed Powys]

"We've got a lot of DV perpetrators in the CRC who I think are high risk perpetrators, but they just haven't the accumulation of what they're being charged with doesn't warrant that, but there's obviously as we're working with these individuals, the risk can up to high. We've got a risk escalation process where we can refer our cases up to the NPS, but there needs to be a charge or an offence to do that. But we work with a lot of perpetrators of DV in the CRC that technically are medium to low risk, but it's quite evident that there's escalating behaviours to indicate they're not."

[Interviewee #6 Manchester]

However, with the move to a co-located multi-agency arrangement following the development of 'The Hub', the statutory supervision status of all perpetrator referrals is now checked with a Probation Officer within the team on receipt into the pilot. One interviewee in GMP also raised the potential for lines of accountability to become blurred when working with statutory offenders and made it clear that although the pilot team was working with perpetrators currently under NPS/CRC supervision, accountability and responsibility for risk management would always remain with the statutory organisation. The need for close communication and collaboration with such organisations was emphasised by the interviewee to be of paramount importance.

"I have got some concern because there's an accountability issue for me because statutory organisations, Probation, they have to provide that risk management and we're coming in and I don't want any overrides or conflicts of interest particularly with the NPS... We've made sure that we're feeding every action back to the supervising officer and there's some liaison there. The staff have gone to meet the offender with the Offender Manager so there's been three ways that have taken place."

[Interviewee # 6 Manchester]

Indeed, one interviewee commented that the multi-agency approach taken by the pilot in Hampshire had helped to facilitate a more consistent multi-agency risk language for domestic abuse perpetrators across Police, Probation/CRC and Third Sector agencies.

"What I do like about it, as somebody who's worked pre-DASH, is that we are all talking a common risk language. So, we know what we're talking when we say to a police officer, "That person's high-risk" or "They're a potential HPV risk" or whatever. We all understand and have a common language and I feel like with this pilot we're able to do that more with perpetrators and there hasn't been that before."

[Interviewee #1 Hampshire]

4.2.2 Disruption and enforcement activities

While the pilots tackle the issue of priority domestic abuse perpetrators slightly differently, each utilises the PPIT to prioritise perpetrators for focussed management and increased surveillance and/or enforcement activities. In Dyfed Powys for example, the PPIT is used to determine monthly priority nominations for every division across the force. Although this practice has been in place for several years, there was reported to have been little standardisation in the decision-making process behind the nominations. Interviewees felt the PPIT tool had been particularly helpful in encouraging cross-division consistency when focusing frontline officers upon key issues and ensured the decision-making was defensible and evidenced.

"Another thing that we've done is that every month each territorial area nominates two sets of domestic, so a domestic for their area to be the domestic violence nomination of the month. Now the domestic abuse officers and the Detective Inspector for that area will decide upon... what is our highest risk domestic couple? What do we need the help of frontline officers with more than anything and then that goes on actionable intelligence and that's briefed then to all frontline officers when they start their shift. And that's scrutinised... The Chief Inspector will ask the inspector for that area, "what are your staff doing about this?" ...Now what we've done is that the PPITs now become our DV nominations for the month. They'll still go into MARAC, they'll still go into MAPPA if that's what they're in but it's just a way of focussing frontline officers on the key issues as we see them."

[Interviewee # 1 Dyfed Powys]

Similarly in Hampshire, PPIT information was used to inform the monthly list of police priorities. Crucially, some of the offenders referred by the pilot had previously not made the list as they had been graded as a 'medium' risk.

"Hampshire Constabulary have got the Force Intelligence Bureau and within there they've got a specialist research and analysis team which are tasked just to focus on domestic abuse so that's another route of referral for me.... I'll forward them the PPIT and then they will populate it and they produce a top ten every month which some of the offenders that I've looked at might be on there or they might not be and then anything that's on that list that I haven't previously looked at I'll then do a PPIT on that as well."

I: So the PPIT is also feeding into the police top ten prioritisation process?

Yeah... They're supposed to be passed out to District Commanders to be looked at and managed in that way.... some of the cases that are in the top ten are stuff that I've passed over that would have been missed because they only bulk search for the high risk stuff and some of the ones I'm looking at, it's repeated medium risk but it shouldn't be..."

[Interviewee # 2 Hampshire]

In Hampshire, the evidence pertaining to historical offending gathered during completion of the PPIT has also prompted the pilot team to initiate consideration of the Domestic Violence Disclosure Scheme (DVDS) wherever appropriate. Efforts are also made to ensure that the case is referred to IOM/MAPPA as appropriate and that all partner agencies (such as Social Services / Probation) are fully aware of the perpetrator's history and risk.

Perpetrators engaging with the pilot in Manchester are also subject to a very similar information-sharing process to ensure relevant agencies are fully aware of the perpetrator's offending history, appropriate referrals are made and new partners are kept informed via the DVDS legislation.

"We're looking at contacting children's social care. I'd do the Clare's Law disclosure to the new partner. That's a group decision; the police tend to want to do it.... If we're picking these people out of a pot and saying these are the high risks, where there is strong possibility of either domestic homicide or serious harm, it's a no-brainer for me. That would happen anyway, but for each case on an individual basis, what they were saying is, just start rocking up. You're in our radar; it's very similar to the IOM model."

[Interviewee # 3 Manchester]

The added value of the PPIT in bringing together multi-agency data in one place to enable all agencies to gather a more holistic picture of the offender was repeatedly emphasised by interviewees. Police particularly valued the victim perspective offered by information gathered by the Third Sector and commented that this was not always represented on Police systems due to the unwillingness of some victims to talk to police.

"It doesn't replace anything, it just kind of adds to what we already know about the person or sometimes we might not know about them and the only thing we've got is the information from the PPIT. So, [SPPC] at her end, if she comes across someone

that's concerning and she thinks that we should be aware of them, she'll send us an email saying, 'Identified this perpetrator. I'm concerned about him, because he's come up as high on the PPIT' or he's got concerning characteristics around him that she's worried about. ..Using the PPIT... because sometimes [SPPC] might gather more information than we have, especially if she's talking to the victim, because, obviously, a lot of domestic abuse victims won't necessarily talk to the police, but they'll be more open to a charity helping them. So, sometimes we might have scored a perpetrator on our matrix and gone, "Yes, they're risky," but they're not what we call our top riskiest offender. However, if [SPPC] sends us a PPIT with all the information on and actually she's gleaned more information from that victim, that can kind of change our opinion or our scoring of that perpetrator."

[Interviewee #5 Hampshire]

Interviewees also highlighted the need for police and other agencies to make full and consistent use of the legislative tools available to them, such as Domestic Violence Protection Notices/Orders (DVPN/Os) and the DVPS. One issue for the Hampshire pilot in particular, was the limited capacity of the SPPC to undertake more frequent monitoring of cases, as the scheme was currently limited to a fortnightly review of high risk cases and monthly review of medium risk cases.

"I think, also, what would help would be sort of improving how we do the tracking, because at the moment I've only got time to dig back and look at the cases. So, high risk ones I look at once every two weeks, and the medium risk ones I look at once a month, but anything could go on in that period of time and I wouldn't necessarily know about it, unless other people are contacting me with the information. Ideally, I would like to see a uniform approach to perpetrators in terms of, you know, have we considered a DVPN or DVPO? Have we considered a DVPS, and not having to justify the reasons why, because I think there's lots of legitimate tools out there to better protect victims that just aren't being used."

[Interviewee # 2 Hampshire]

"Everyone that's scoring ten, even if you come onto the project, which some they don't for whatever reason, one of the things that was raised...was about Clare's Law. In terms of if these people are scoring at that level, it's then not defensible that we wouldn't contact the partner anyway and say, "We have to let you know that your partner has previous DV with a previous partner," or whatever it is. What we were going to do was add that onto the tool that's used to log everything, all the contacts and everything, we actually wanted it adding on as part of the process map, if you like, to have it acknowledged that it was done. In terms of that, yes it [PPIT] definitely has raised something which probably wouldn't have been identified before."

[Interviewee # 5 Manchester]

4.2.3 Multi-agency perspectives on working with perpetrators

Interviewees indicated that when the pilots initially commenced they had met with a certain degree of wariness and/or scepticism from some partner agencies, particularly

victim services. However, as the pilots have developed and awareness of their work has grown, this was reported to have largely dissipated. The following quote is representative of the similar experiences discussed by practitioners working with community based victim agencies in both Hampshire and Manchester.

"To start with, before we started, when we'd been to the vulnerability meeting, you got a little bit of...I suppose there are sceptics, services already set up. I think quite quickly...now [IDVA] has been very good with the communication side to allay any fears, "I can do a joint visit. You tell me..." whilst covering everything as well and I think that has given the confidence to the existing IDVAs and it's like, "You're one of us, you want the same thing." So, that quickly has gone."

[Interviewee # 3 Manchester]

Indeed, the positive regard with which community agencies now held the work of the pilots in Hampshire was evidenced by one interviewee who commented upon the popularity of the PPIT training events across a wide range of service providers.

"Any time I run a PPIT training event, it's... I'm delivering one in September. There's supposed to be 40 places and we've agreed to take 56 people on, just because people like it so much. I think they think it's such an interesting way of looking at perpetrator risk. So normally I have Police, Youth Offending Service, Probation, and Children's Services. It's a real cross-section of people that don't just deal with victims. They might deal with perpetrators, and some agencies obviously deal with both."

[Interviewee #2 Hampshire]

The importance of embedding the work of the pilots with community-based service providers in order to meet the wide range of needs experienced by both perpetrators and their victims was also highlighted during the interviews and on the whole, these arrangements were felt to be working very well.

"We work closely with all the housing teams around the county, local authority housing teams. All the homelessness and prevention of homelessness shelters, all the Drug and Alcohol Teams, obviously, the Community Mental Health teams. We've had to create important strategic alliances with all these partner agencies so we can work closer together and work better together It's about building relationships with community agencies, as much as building a relationship with the offender themselves, which is the secret to what we do."

[Interviewee #4 Hampshire]

"I just think very quickly everybody worked really well together. The information sharing has been there; they've been out and promoted things. There was a safeguarding conference and we went there and introduced, so there's a lot of the local services, so as much as I thought it may take a long time for people to understand and know what the Reframe, as they've called it, project is. Surprisingly that's happened very quickly, which is good, so it's talked about. That's been good; I think that's worked really well. Everybody in the same room has worked well. There's good information sharing, which is key, isn't it?"

[Interviewee #3 Manchester]

"We've got very good partners in all agencies, including the Offender Managers within the police; we were the first to be co-located with Probation. We were doing all these things so for us it's probably better in the sense that there's an actual formalised procedure of what we've maybe always done."

[Interviewee # 5 Dyfed Powys]

In Dyfed Powys and Greater Manchester however, the need to ensure there was adequate provision for some of the perpetrators experiencing more complex needs, (and indeed their victims) was raised.

"I think the challenges will be the complex needs of some of the perpetrators. So, things like mental health, drugs/alcohol, depending on... Like, you've articulated, where are they, and can we actually do some intervention with them? Something that's effective."

[Interviewee #1 Manchester]

"We're focussing on the highest risk repeat offenders, victims which have probably the most complex needs as well and one agency can't address them."

[Interviewee # 1 Dyfed Powys]

It is also important to acknowledge that while the pilot in Dyfed Powys was largely a Police driven initiative in comparison with the other site areas, the interventions available to perpetrators were still viewed as representing a multi-agency service; through referral to IOM and in particular, WISDOM, the pilot aimed to address the root cause of the offending behaviour with a particular focus upon mental health needs.

"The change probably for our police officers is that's going to be, instead of focussing on reconviction of volume crime, it's going to be a focus on well what can we do to stop this person re-offending from a domestic abuse point of view and that's about understanding the triggers for offending because if it's always alcohol then what can we do to help that person from doing that, from taking alcohol? Does it mean that they need support? I think the funding includes enhanced mental health services so if somebody's a red IOM or a red WISDOM, because they're all going to be the same ones, once a month there should be a multi-agency case conference which is called a MACC. Now that should be attended by a forensic clinician for mental health as well as Probation and police and that's what a lot of the money seems to be for within WISDOM bid for funding is around mental health"

[Interviewee # 1 Dyfed Powys]

4.2.4 'Up front' engagement work with perpetrators

Although participation in the Hampshire and Greater Manchester pilots is essentially voluntary, interviewees in both sites commented upon the high level of engagement amongst the priority perpetrators who had been offered the intervention. Much of this success was attributed to the nature of the one to one support on offer, which aimed to

address the individual needs of the perpetrator. Engaging with perpetrators in communities (e.g., coffee shops, local parks, etc.) instead of traditional law enforcement/probation establishments has also proved effective in promoting engagement in Manchester.

“What CRC are saying is that so far, the three people they’ve approached have all been very keen to engage, and they seem to think it’s that one on one aspect of not necessarily having to sit in a group, and having a really tailored response to their particular needs and issues.”

[Interviewee #1 Manchester]

“These are people who historically have not been able to engage with mainstream services. So we do assertive outreach and mentoring, and the mentoring sometimes begins with going to somebody’s house, dragging them out of bed, and taking them to that meeting they’ve got with housing. But it has to quickly become not doing things for them, doing things with them. But initially, that might be the catalyst that’s required to get the ball rolling. There’s usually something preventing that person from engaging with housing, with substance misuse, with community mental health teams, et cetera. We try to identify what that thing is, and we try to overcome it.... We’re looking at more than 30 cases right now. We have 100 per cent retention rate. Once we’ve started working with somebody, we haven’t had anybody drop out.”

[Interviewee #4 Hampshire]

Although interviewees acknowledged that disengagement from the pilot would have repercussions for perpetrators in the form of increased monitoring and enforcement, practitioners endeavoured to increase perpetrators’ motivation to comply by making clear the benefits of participation from the outset.

“It’s motivational interviewing really and it’s that treatment style embedded in that. The good thing about this pilot is we’ve got the Police which will obviously be straightforward, they’ll be repercussions but what we’re trying to do is capture some kind of attachment in terms of coming at it in a “We want to help you understand why you’re doing this”.

[Interviewee #6 Manchester]

“Initially, when we started off, it has been completely voluntary. They have to be on side with wanting to work with us, okay? Now, on a couple of instances, I’ve seen engagement with DAPP as part of the conditions....that’s already after they’ve agreed to work with us initially, and the engagement has fallen off... We can’t be forced on them. They need to be invested in what they’re doing, and understand that it’s for their own good.”

[Interviewee # 4 Hampshire]

Although practitioners reported no issues with initial uptake of the service, sustaining that compliance in the community was acknowledged to be more difficult. In Manchester, Children’s Social Care have become a key intervention for the pilot and a lever for

perpetrators to engage (e.g. CSC will consider statutory plans on the basis of the perpetrator's engagement with the scheme). Diminishing engagement was counteracted by practitioners subjecting perpetrators to increased monitoring and where appropriate, making them aware of this.

"I've certainly been taken aback by how easy these people have been to engage with it. Then what's happened is, they've had an appointment booked and they've not come. If we portray this as a purely voluntary project, compliance is going to be a nightmare. I think what we need to do right from the outset is say, "Okay, it is either engagement or it's enforcement."

[Interviewee #5 Manchester]

4.2.5 Referrals to services/interventions

Although all three pilots take a very different approach to addressing perpetrators' needs, each scheme draws upon services provided in the community. In Hampshire for example, although the pilot offers an in-house RADAR perpetrator programme, offenders experiencing issues which may prohibit their engagement with the intervention, such as homelessness, substance misuse and/or mental health problems, are referred on to the Baseline outreach advocacy team. This 'arm' of the pilot is closely linked in with a range of community-based service providers and appropriate referrals are made to ensure needs are met, and the offender is stabilised ready for engagement with the in-house RADAR programme.

"All the programmes are in place already in the community, so if somebody had mental health difficulties, substance misuse, housing need... We identify where the problems are with this person. We overcome the problems. We're acting as advocates...we try to overcome those hurdles, okay? Those barriers to recovery. Then, we actually get the persons involved with the already-existing programmes that are in the community. We're not looking to replicate what housing does, or what mental health team does, or what substance misuse team does. We're looking to bring somebody to them, who's ready, willing, and able to engage with them, who historically has not enjoyed any period of engagement with them at all. So there's no programme that I deliver. We just do a lot of individual, one-to-one work with the offenders, trying to overcome whatever barriers there are, and the resistance to engaging with mainstream services. Then, when we stabilise somebody to a certain degree, we're able to return them to our in-house, 20-week RADAR course."

[Interviewee # 6 Hampshire]

Similarly, although the CRC staff in GMP are trained to deliver the accredited Probation/CRC perpetrator programmes, the team acknowledged that the sessions may need to be adapted to meet individual needs. Services offered by community-based agencies are also drawn upon to deliver a tailored package of support as appropriate.

"We offer a one-to-one bespoke programme basically that is based on the programmes that we deliver in Probation and the CRC which are the accredited

programmes. So there's BBR (Building Better Relationships), and there's IRSC which is a lower intensity intervention, that we deliver, which is locally accredited. But what we want to do this is... it's possible that they could go onto a group in Probation and do a full programme, but [CRC worker 1] and [CRC worker 2] are trained to really spot the one-to-one treatment need of that individual, rather than offer a more generic programme, it's about targeting their needs.... This is a 12-month pilot so we can work with them until we feel that there's been some improvement or increased understanding or strong engagement. "

[Interviewee # 6 Manchester]

"The other thing around this project which I think is unique is the fact that what we're offering is one-to-one. Group work can be daunting for a lot of people... The initial assessment that we're going to be doing is to find out what's driving behaviourally what's causing the issue. It will be dependent really then. Where we're targeting this is very much to that individual, so that there will be some things that will be covered in BBR or whatever programme that actually the person doesn't have an issue with that, and I think that's another strength. As we've seen even with the three that we've had contact with, individually what seems to be the issues are so different in each case, and some more complex I would say than others, so I don't think we can put an exact timeframe on how long the intervention would be. It will also depend on if they work, can they come once a week, twice a week?"

[Interviewee # 5 Manchester]

Conversely, limitations were identified in the referral options available to the pilot in Dyfed Powys. From the commencement of the pilot until the point of interview (July 2017) IOM and MAPPA were the only referral routes available for priority perpetrator and while these options are intended to provide a full package of support, not all perpetrators assessed as a priority using the PPIT would have been eligible for referral.

"One issue we've had, because really, up and until next week, we've only had MAPPA as an option to refer them to, and obviously some of them that are high risk didn't have the relevant caution or conviction, a Cat 3. So, I've had... There's nothing else I can do with them. And they've come through again, and I'm like, well, there's still no conviction, still no caution.... They would be the ones for WISDOM now. But up until now... it's just the usual package. But I think that's a bit of a risk then. If something was to happen, it shows, yes, you've identified this person as a high risk, but what have you done with it?"

[Interviewee # 2 Dyfed Powys]

However, from July 2017, the WISDOM package of support and intervention commenced, providing an additional referral route for domestic abuse perpetrators not eligible for management through MAPPA.

"The PPIT, then that is fed then into the WISDOM system which is managed through a multi-agency umbrella then, of integrated management of serious and dangerous offenders..... A lot of MAPPA is statutory offences whereas WISDOM also covers non statutory offences and violent offences because, I don't know, you see we don't work under MAPPA we only work on the victim safety and MAPPA for us, we wouldn't until this point. ... You couldn't just refer into MAPPA because MAPPA referrals are based on

sentence, aren't they, like if someone gets a certain sentence or whatever....Yes. Whereas WISDOM we can refer people in so it's a tool for managing people that are not managed from the conviction."

[Interviewee # 6 Dyfed Powys]

4.2.6 Victim support and safeguarding

Interviewees from across the three pilots were unanimous in their views that victim safety and support was of paramount importance. Staff from each pilot reported having mechanisms and policies in place to ensure victims were safeguarded for the duration of the perpetrators' engagement with the pilot. Victim-specific services provided by the pilots were varied and included in-house programmes, such as the Freedom programme, IDVA support and links with community-based service providers.

"We [IDVAs] will obviously work with that victim, and the CRC would work with the perpetrator....we are looking at doing one-to-one support, advocacy support, institutional advocacy with other agencies, attending meetings such as that, making onward signposted referrals to whatever support's needed. So it's sort of trying to go in there, firstly identify the risk, what risk is posed, and obviously try and put some actions in there to counteract that risk, and whether we have to signpost to other agencies for some other things...we do deliver the Freedom Programme. We also had the Sanctuary scheme, which is the sort of target hardening stuff. So, trying to keep people safe within their own homes, and trying to prevent the upset of leaving if they don't want to leave."

[Interviewee # 4 Manchester]

In Dyfed Powys in particular, the shift to include a perpetrator-focussed approach in the work of the DAOs was viewed with some apprehension by the team as the DAO role had previously centred upon providing support and services to the victim. The advantage of the police-led approach in Dyfed Powys however, was that the DAOs responsible for driving pilot referrals and assessing the PPIT forms were also required to deliver victim support and safeguarding from the date of the abusive incident.

"We would make contact with all medium risk victims whether it's by telephone or letter and offer sign posting to support in third sector. ...So whether it's drug and alcohol or GPs or, you know.sometimes the IDVA will work with us. ...or have them come for support work as we will do joint visits with them. And we also offer out our alarms and our rapid deployment kits and things, yes we give them to high, but we would equally offer them to medium risk victims."

[Interviewee # 5 Dyfed Powys]

However, some of the interviewees in Dyfed Powys who had previously fulfilled more of a victim-centric role expressed that they felt the change to the more perpetrator focussed function of the pilot represented a certain degree of conflict with their previous work.

"My main concern with all of this is how you can intervene with the perpetrator without putting victims at risk?... For me it's whether there will be any identifiable offenders that can actually be worked with safely, that could have then a positive impact on the victims. This is the thing as a DAO; very much my role is safeguarding the victims. I do struggle to see whether the knock-on safeguarding for the victims is going to come from PPIT, if I'm honest.It's a new game, it's a new understanding, and I think that's going to be part of it, isn't it?"

[Interviewee #3 Dyfed Powys]

Indeed, staff in all three of the pilots acknowledged that by contacting the perpetrator there was an inevitable element of risk to the victim/s. However, each pilot had invested a great deal of effort into developing their approach to the perpetrators while minimising risk to the victims.

"I think where it does cause risk to the victim, if he doesn't know... If there hasn't been an incident that has come to police attention... You know, if there's a straightforward domestic, police get called there, the offender knows from the word go. But if the victim is reporting it, or obviously, any contact with an IDVA or Women's Aid, and then it's coming to us from an external referral into MARAC, and it obviously comes to our attention then, I think that's when maybe the risk element would raise for the victim, because it would alert the offender."

[Interviewee # 4 Dyfed Powys]

"We would not make a move, in terms of engaging with, or even approaching, a domestic abuse perpetrator, okay? We wouldn't even make the initial approach until we had a sign-off from the Hampton Trust victim support service worker... The Hampton Trust will have made sure that victim's services are all in place for this person, and they've all been informed of our intentions. So, for instance, in many, many cases, there's an IDVA. We wouldn't do anything in terms of engaging with that person, or approaching that person, the offender, until we have their blessings.. So we always make sure, before we do anything, the victim must come first, and we have to make sure... I'm going to say she, because it's usually a she. We have to make sure that she has full support mechanisms in place, and she knows what we're about to be doing."

[Interviewee #4 Hampshire]

Interviewees in Dyfed Powys also highlighted the potential for increased risk following victim contact for cases not reported to the police. On these occasions, a certain degree of 'undercover' work was reported to be necessary in order to avoid alerting the perpetrator to the victim's engagement with the pilot.

"They've been together since 2009, and there was a history of abuse between them, and, obviously, he's assaulted her, she was pregnant, she's lost the baby, but he doesn't feature anywhere. Well, for somebody like that to show that level of aggression, they've just obviously not been reported, or just gone under the radar you know? It's quite concerning then, to be that aggressive and not have any previous convictions, you know. So they're not managed by anyone. ..Say I've done a joint visit with a Gwalia Housing officer, to see a victim, because obviously they've got concerns, I'll go with the housing, on the pretences, if he's there, I'm a housing officer. So, you know, it's... So, I'm not showing that I'm a police officer, because otherwise, if he's there... So you've got to have that plan, you know. If he's not there, I am a domestic abuse officer. If he's

there, I'm just a housing officer, just seeing, just checking everything's okay in the house."

[Interviewee # 4 Dyfed Powys]

One interviewee in GMP also raised the point that the risk to victims may increase in the event the perpetrators disengaged from the pilot and were subject to increased enforcement activity from the police.

I think if people start disengaging, for whatever reason, and just how they're going to deal with getting them back on board, and how that's going to affect the victims really? Because if we start enforcing on our offenders who are enforcing our victims basically, how's that going to? That would concern me."

[Interviewee # 2 Manchester]

4.2.7 Actions taken for non-priority perpetrators

The actions taken for perpetrators not assessed to be a priority varied across the pilots. In Dyfed Powys and Manchester for example, the 'treatment as usual' approach was taken for these individuals, whereby the force would police them as they would any other domestic abuse perpetrator who had come to their attention.

"If they're not a priority perpetrator then they're not going to be looked at for a referral onto the WISDOM programme or MAPPA or anyone else. Obviously, if they are, then they're going to be looked at as part of those intervention streams."

[Interviewee # 3 Dyfed Powys]

"Just make sure positive action has been taken or, you know, in relation to breaches of bail or further offending or associates and we try and manage them then through other routes."

[Interviewee # 5 Dyfed Powys]

The need for there to be some form of intervention/approach available for all perpetrators assessed by the PPIT as both priority and non-priority was emphasised by staff in Manchester. While it was acknowledged that there may not yet be appropriate provision for every perpetrator, it was hoped that the pilot would help to focus local authority attention upon any gaps in service going forward.

"So through DASH, MARAC, IOM, that by applying the PPIT, we want to make sure that there is something in existence for everybody that scores on the PPIT. So, if you're below 10, what have we got in existence in the local authority to offer something to these individuals? So I'm hoping, at the end of the pilot, we can look at what we've achieved with the higher risk, but actually, what have you got to offer people who might not quite be there, but we recognise there might be something that we need to do with them. So we're hoping that it will inform some of the service provision as well."

[Interviewee #1 Manchester]

The Hampshire pilot endeavoured to engage with all perpetrators referred to the scheme, whether assessed by the PPIT as priority or non-priority. However, staff acknowledged that those not already engaged with an agency would be allocated to a waiting list and would be less likely to receive a treatment intervention due to the high level of demand for the service. Nonetheless, all high and medium risk perpetrators would still be subject to increased tracking and monitoring by the SPPC for up to two months.

"If I don't score them as being a priority perpetrator, I pass it straight over to the Hampton Trust and if they can find an agency engaged then they will approach them to get the referral and if not it goes in a cold call list which, in reality, is probably never going to be touched because they've got massive numbers that have been referred over. So what I try and do is if they are a priority perpetrator I will try and approach the agency for referral before we pass it over to the Hampton Trust."

[Interviewee # 2 Hampshire]

4.2.8 Key challenges going forward

A number of concerns were highlighted by interviewees as presenting challenges for the pilots going forward. Each pilot reported experiencing different issues, which was not overly surprising considering the different ways in which each pilot was configured and delivered.

Capacity was raised as a particular issue for the SPPC in Hampshire, who was responsible for researching multi agency data pertaining to each perpetrator and completing and scoring all PPITs. The implications of this upon resources meant that tracking and monitoring of perpetrators was time limited to a maximum of two months and the use of professional judgements for PPITs falling beneath the score threshold had ceased.

"Just sort of having to really prioritise those cases. So whereas before, if something maybe scored a nine on the PPIT, I would keep it open to have a look at it. I'm just having to close them now. So anything that's... Yeah, I'm really only looking at stuff that's 10 and over on the PPIT, so even if that risk is quite concerning, I would have to go back to the referrer and say, "I don't have capacity to look at it."

[Interviewee #2 Hampshire]

Interviewees in all three sites discussed issues arising from the different contexts and geographies in which the pilots were delivered. In Dyfed Powys for example, the size and spread of the force area presented particular challenges in relation to the completion of and subsequent updates to PPITs, while ensuring this information aligned with the tracking of perpetrators across the different divisions.

"There's things we need to add onto the tracker. For example my section will say MAPPA referral, yes or no so I put no but sometimes I want to put a comment as to why...Because I'm not going to remember every time or sometimes to go back and

review because, for example, one has come up as high risk today so when I went to check if he was managed by CRC or Probation, I noticed that he's actually on custody waiting to be sentenced next week so we won't know until next week who he's going to be managed by so I need to go back.... We've got four different trackers for each area so the only issue that brings up, if someone's been discussing a PPIT in Carmarthenshire, they won't show because if it comes up in Powys, so they won't know they've done a PPIT before."

[Interviewee # 2 Dyfed Powys]

Interviewees also talked about how the nature of domestic abuse offences varied according to the socio demographic characteristics of the area. In Hampshire for example, much of the force area is rural which has implications in terms of countryside 'sports', many of which involve weapon use, which when combined with the military presence in the area means a notable proportion of the population may have legitimate access to firearms.

"I think geographically because we have some quite heavily populated cities that have got their own issues and they have some really rural areas where they've got their own kind of issues as well so yeah I think for me I had delivered some training and someone said "I don't think gun crime's an issue in Hampshire" and I was like not like gun crime that you maybe would get in inner city London...I don't think that's an issue in Hampshire but I said we've got a huge number of rural communities where they legitimately own firearms and I said we've got a huge number of people in the military with access to firearms."

[Interviewee # 2 Hampshire]

Similarly interviewees in Dyfed Powys noted that the dispersed nature of the population and distance between neighbours in many of the rural communities in Dyfed Powys meant that it was easier for domestic abuse to remain hidden, particularly among the older generation who may be less likely to self-report the abuse.

"Policing in rural areas is different, inherently, but the actual crimes and offences that are committed, the victims and the perpetrators, that doesn't change, it's the nature around those situations and people that change, which just means that it can be hidden a bit more really. Like I said in the meeting about Powys and Ceredigion having a lower age group, to me that's just because they generally have a massively older population living in rural areas, the stigma of domestic violence in the older generation is still very hidden, it's still not coming out, so it's not being reported, and because it's rural, it's not getting reported by the neighbours or the person on the street."

[Interviewee # 3 Dyfed Powys]

Interviewees in Dyfed Powys also talked about the need to ensure there was adequate provision for all priority perpetrators identified through the pilot, particularly those not currently eligible for the statutory domestic abuse programmes delivered by the NPS/CRC.

"One of the key challenges for us is to have a diversionary scheme so that when the WISDOM and IOM officers go and see these perpetrators then what do we have in terms of courses, like if they're convicted and they go to 'Building Better Relationships' with CRC or Probation, but some of these would be unconvicted so what can we do to support them?... So it's about what diversionary schemes, what commissioning, funding is there available so that we can have a scheme all over from Dyfed Powys where you can refer these people in and they can whatever type of course it is to understand the impact of their offending.

[Interviewee # 1 Dyfed Powys]

The ethnically diverse communities of Oldham also represented issues for the pilot in Manchester. Honour-based abuse was highlighted as a particular challenge for this site and staff acknowledged that they had neither the specialist knowledge nor resources to deal with this issue. A policy decision was therefore taken at the start of the pilot to signpost and refer on any honour-based abuse cases to appropriate agencies in the community.

"We have honour-based abuse here. It's a very diverse community. I think we've already had one case referred through the PPIT where it's honour-based abuse, and we've had to screen that out because we've made a policy decision around the complexities of dealing with something that is perhaps around people's culture and beliefs, and are you actually trying to manage a perpetrator, or have you got the wider issues of the community?

[Interviewee #1 Manchester]

Chapter 5: Discussion

5.1 Summary of main findings

Impetus for the development of the pilots and their intended outcomes: Practitioners across the three sites viewed the pilots as representing an important step change in the way the most dangerous domestic abuse perpetrators are identified and managed across statutory and non-statutory agencies. The focus upon addressing the risk and needs of the perpetrator was described by some interviewees as a move towards a more proactive approach in breaking the domestic abuse cycle of repeat and serial victimisation. Although interviewees across each of the sites acknowledged the significance of the 2014 HMIC report ‘Everyone’s business: Improving the police response to domestic abuse’ in focussing attention upon the problem of tackling domestic abuse in their force areas, the high numbers of repeat victims had already raised awareness of the need to adopt a more consistent and effective approach to dealing with the most serious and repeat perpetrators.

Key similarities and differences across the pilots: Along with the strong motivation to change the unsatisfactory status quo just described, the sites shared other commonalities (Table 5.1). The most obvious of these is the use of the PPIT within a newly established initiative, supported by multi-agency collaborative arrangements enabling access to key information systems, to enable a more systematic identification of a cohort of priority perpetrators. As a consequence, *all* perpetrators coming into the pilots had a level of analysis and review that would not have happened otherwise, and a wide range of actions were undertaken to try to disrupt, manage and engage with these individuals with the aim of reducing their offending and increasing victims’ safety.

Table 5.1 Comparative overview of the processes implemented in the pilots

Similarities	Differences
Systematic identification of a cohort of priority perpetrators via the PPIT.	Use of police crime recording systems to identify suitable cohort for completion of the PPIT.
Pilots integrated within police offender management/intelligence hubs and key personnel have access to police crime recording systems.	Number and type of practitioners involved in completing PPITs in each site.
Priority perpetrators are subject to increased enforcement and focussed management.	Some variation in the prevalence of PPIT scores and the use of professional judgment.

Arrangements are in place to refer eligible priority perpetrators onto the MAPPA/IOM and WISDOM (Wales only) cohorts.	Geographic spread of pilot and number of partner agencies involved.
Multi-agency partnership working and data sharing is central to the perpetrator-focussed approach taken by each of the pilots.	Range of actions/tactics used to manage perpetrator behaviour; availability of perpetrator interventions.

Significant differences were apparent in the referral sources used to identify eligible perpetrators across the three pilots. Although police-based referrals were the dominant source for all three sites, representing 65% in Hampshire, 80% in Manchester and 100% in Dyfed Powys, different referral pathways were involved. Furthermore, Hampshire, having been established the longest, and being co-located within a specialist service, gained more than a quarter of their referrals from other community-based specialist domestic and sexual violence services. Less reliance on police crime and incident data can be seen as a distinctive, and positive feature of the Hampshire pilot, as it helps to counteract the widely acknowledged limitations of police data.

Using the PPIT to identify priority perpetrators: Given the differences in the implementation and operation of the pilots just described, and the somewhat different demographic profile of the perpetrators involved (e.g. Manchester has a somewhat younger all-male sample, a third of whom would have met the police criteria of having at least 10 public protection investigations on their records), it is perhaps not surprising that analysis of the PPIT data revealed variation in the prevalence of certain items. For example, within the 'recent' timeframe, Hampshire had the largest proportion of perpetrators with serial and linked offending, Dyfed Powys had the largest proportion with deteriorating mental health, and Manchester had the largest proportion responsible for highly harmful consequences on victims.

Despite these differences, there appeared to be a common core set of PPIT items that were especially important to practitioners' judgments as to whether an individual is a priority perpetrator: active, escalating, serial, linked, high harm, alcohol/drugs, and weapons. Furthermore, the 'historical' timeframe also appeared to matter more to practitioners in all sites when it came to classifying perpetrators (i.e. longer criminal careers were indicative of priority perpetrators).

Recognising the importance of a shared understanding of the PPIT and how it is scored, steps were taken in each of the sites to maximise consistency in the approaches used to gather the evidence needed to complete the PPIT (e.g. by relying on one particular individual, as is the case in Hampshire and Manchester, or holding workshops where practitioners jointly score on the same cases and reflect on this exercise). Clearly, both approaches have advantages and disadvantages and will potentially require further refinements as the pilots continue to be embedded into local areas.

Practitioner perspectives of the PPIT: As discussed, the PPIT was being used in the pilots to identify eligible priority perpetrators for inclusion in the various interventions. Staff across the three sites generally viewed the PPIT positively and indicated that they felt the

PPIT items incorporated the appropriate combination of physical, psychological and situational risk factors, which helped them to accurately assess an individual as a priority perpetrator. The need for practitioners to have access to multi agency data when completing the PPIT was highlighted by interviewees across all three sites. Interviewees also emphasised the utility of the PPIT in building a complete multi agency picture of perpetrators' histories and risk, which hitherto had often been lacking in the field of domestic abuse. Key benefits of the PPIT highlighted by practitioners included:

- a focus on psychological as well as physical harm;
- widening the multi-agency focus to include the perpetrator as well as the victim;
- engendering a proactive and preventative approach to identify perpetrators and break the cycle of abuse;
- a user-friendly tool that helps to inform professional judgment.

This enabled practitioners to use a combination of the threshold algorithm and their professional judgement, encouraging a standardised and multi-agency approach across both victim and perpetrator focussed agencies. Crucially, the PPIT's focus upon the perpetrator's full offence history had helped to identify a number of individuals who would otherwise have remained 'under the radar', either because information contained within the DASH and/or Police force recording forms had led them to be categorised as 'medium' risk, or because prior to the pilots, 'medium' risk offenders were not subject to the same scrutiny as 'high' risk offenders.

Actions taken to manage priority and non-priority perpetrators: Although each pilot differed in their approaches, the actions taken in response to priority perpetrators can be broadly described across all three sites as comprising of two main types of activities: a) 'behind the scenes' activities, which occur regardless of the perpetrator's engagement with the pilot and b) 'up front' activities which involve direct engagement of the perpetrator to address the offending behaviour. Examining 'behind the scenes' activities first, the benefits of the pilots in facilitating a multi-agency approach to information sharing and aligning the work of victim and perpetrator focussed agencies more widely were commented upon by interviewees across all three of the pilot sites and many indicated that they felt this improvement had impacted positively upon victim safety and safeguarding (in some cases prior to a MARAC referral being made). In a number of cases, information contained within the PPIT had been shared with partner agencies in the statutory sector; this had resulted in changes to the perpetrator's risk grading and subsequent escalation of statutory supervision from the CRC (as a medium risk perpetrator) to the NPS (as a high risk perpetrator). The PPIT was used to prioritise perpetrators for focussed management and increased surveillance and/or enforcement activities by Police across all three sites. In two of the sites (Dyfed Powys and Hampshire) the PPIT was also used to determine monthly priority nominations for the force. Police and partner agencies across the pilot sites also made use of a number of legislative tools available to them, such as Domestic Violence Protection Notices/Orders and the Domestic Violence Disclosure Scheme (Clare's Law).

Turning to 'up front activities', although all pilots offered their own in-house services and interventions, the need to embed the work of the pilots with community-based service providers in order to meet the wide range of needs experienced by both perpetrators and

their victims was highlighted during the interviews. Interviewees from across the three pilots were also unanimous in their views that victim safety and support was of paramount importance, although many acknowledged that by contacting the perpetrator there was an inevitable element of risk to the victim/s. Staff from each pilot reported having mechanisms and policies in place to offset this risk and ensure victims were safeguarded for the duration of the perpetrators' engagement with the pilot. Victim-specific services provided by the pilots were varied and included in-house programmes, such as the Freedom programme, IDVA support and links with community-based service providers.

Key challenges going forward: Finally, a number of concerns were highlighted by interviewees as presenting challenges for the pilots going forward. Interviewees in all three sites discussed issues arising from the different contexts and geographies in which the pilots were delivered. Capacity was presented as a particular issue for the SPPC in Hampshire, who was solely responsible for researching and completing all PPIT forms for each referral to the pilot (this might prove to be a similar problem for Manchester's recently implemented pilot as it gains momentum). In Dyfed Powys, the size and spread of the force area presented particular challenges in relation to the completion of and subsequent updates/tracking of the PPITs. Interviewees also talked about the nature and risk level of domestic abuse offences varying according to the socio demographic characteristics of the area. For example, the dispersed nature of the population and distance between neighbours in many of the rural communities in Dyfed Powys means that it is often easier for domestic abuse to remain unreported. Similarly, in Hampshire, the military presence and popularity of countryside 'sports' means more individuals may have legitimate access to firearms. In Manchester, the ethnically diverse population poses different challenges for the pilot staff not just in terms of a potential language barrier, but also in dealing with issues such as honour-based abuse.

5.2 Examples of best practice

Despite the relative recency with which *all* of the pilots have been implemented (even the most established initiative in Hampshire has been running little more than one year), it is notable the range of available examples illustrating the commitment and resourcefulness of the practitioners involved in their implementation (Table 5.2, next page).

Table 5.2. Examples of best practice in each of the pilots

Hampshire	Dyfed Powys	Manchester
Investment in awareness raising activities about the pilot and how partner agencies can be involved.	Careful implementation of a manageable initiative into a new force-wide investigative hub.	Development work to test the ERBP data tool against the PPIT prior to the pilot going live.
Large number of referral partners covering statutory and voluntary sector agencies.	Workshops to promote shared understanding and scoring of the PPIT across different divisions.	Maximising relevant multi-agency information available in the MASH to support the pilot.
Single point of contact to accept referrals and undertake the PPIT, with access to multiple data systems.	Co-location of pilot personnel within new investigative hub to agree shared actions in response to priority perpetrators.	Co-location of pilot personnel within police station to make timely decisions in response to priority perpetrators.
A range of perpetrator interventions available for both statutory and non-statutory cases.	Expanding referral sources to include professional judgement of Domestic Abuse Officers.	Design of a new perpetrator intervention embedded within the pilot, and making use of non-traditional locations for engaging with perpetrators.
The use of professional judgement to respond proactively to both priority and non-priority perpetrators.	Using PPIT information to systematically select 'DV Nominations' each month.	Close joint working between dedicated pilot IDVAs and the new perpetrator workers.

5.3 Recommendations and future directions

This research has illustrated the many ways that practitioners can work together to create meaningful change in how domestic abuse is tackled in local areas. This is a complex area of work, which requires partnership working across multiple agencies to address offending that is both high volume and which can also be highly harmful to adults as well as children. The new ways of working evident in the sites are the result of the investment of considerable time and energy thus far; these investments should be allowed to continue to grow so that the impacts they are making can be fully evidenced.

The key recommendation arising from this research is that all sites continue to operate the pilots for a two year period minimum to enable a robust evaluation of outcomes to complement this process evaluation.

Further research is required to systematically evaluate the full range of outcomes that are possible. Some examples of outcomes already evidenced from these pilots include:

- (1) Changed organisational practice across a range of relevant agencies, specifically more informed and coordinated responses in the identification and management of priority domestic abuse perpetrators; and
- (2) New policies and protocols to incorporate the PPIT and establish a more coordinated response to these perpetrators in local areas.

Further research is required to identify to what extent the following additional outcomes are achieved:

- (3) Decreases in offenders' recidivism as well as reductions in the seriousness of their offending;
- (4) Improvements in victims' safety and well-being, and;
- (5) Improvement in the safety and well-being of their children.

In addition to data gathered through the monitoring databases already in place, future research needs to access the views of those perpetrators and victims directly affected by these new arrangements.

Finally, opportunities for mutual learning and critical reflection on practice should be scheduled to support practitioners working in the pilots. This could include internal events for each pilot as well as shared events that bring together those working in the different pilots. Key activities could include exercises to highlight convergence and divergence in PPIT scoring, and creating a toolkit of effective actions to take in response to priority perpetrators. To build a *community of practice* or network of relevant stakeholders who engage in a process of collective learning would be highly beneficial at this stage, and would support the overall goal of maximising effective practice to break the cycle of domestic abuse.

Appendix A: The PPIT

Unique reference # _____

PPIT-PRIORITY PERPETRATOR IDENTIFICATION TOOL

November 2016 (version 10)

This tool has been designed to aid practitioners in the identification of domestic abuse perpetrators who will be considered priority targets for multi-agency monitoring and management within a local partnership. Please refer to the additional guidance at the end of this document before using the PPIT.

PPIT Instructions: Evaluate each of the following items in relation to this domestic abuse perpetrator. Determine whether there is evidence for the item (0=absent and 1=present,) for both recent (within past 6-months) and historic (beyond 6-months) timeframes. Note additional information and supporting evidence on the next page, giving details of significant/critical '1' scores.				
CHARACTERISTICS OF THE OFFENDING				
	RECENT <6 mos.		HISTORIC 6+ mos.	
1) ACTIVE: Onset and duration of the domestic abuse <i>Identify whether the offending is recent, historical, or both.</i>	0	1	0	1
2) ESCALATION: Offending increasing in frequency and/or severity <i>Consider situational triggers e.g., relationship breakup, pregnancy, etc.</i>	0	1	0	1
3) REPEAT: Offending (2 or more incidents) against any single victim <i>Is there a pattern of physical and/or psychological abuse?</i>	0	1	0	1
4) SERIAL: Offending against multiple (2 or more) victims <i>Has the offending affected more than one victim?</i>	0	1	0	1
5) LINKED forms of offending (other violent/abusive behaviour) <i>For example, stalking, sexual violence, child abuse, elder abuse, HBV, etc.</i>	0	1	0	1
CHARACTERISTICS OF THE OFFENDER				
	RECENT <6 mos.		HISTORIC 6+ mos.	
6) Subject of a MAPPA <i>Consider the reason for the referral and the outcomes.</i>	0	1	0	1
7) Highly harmful to victims (psychological and/or physical abuse) <i>Events with significant consequences for victims; also consider MARAC.</i>	0	1	0	1
8) Noticeable worsening of mental health <i>Evidence of suicidality, PTSD, personality disorders, etc.</i>	0	1	0	1
9) Noticeable increase in alcohol and/or drug misuse <i>Changes in the frequency and/or type of substance used.</i>	0	1	0	1
10) Known history and/or current access to weapons <i>Threats and/or past use of any objects or weapons, including arson.</i>	0	1	0	1
What are your primary concerns in relation to this perpetrator? (e.g. coercive control) 				
TOTAL SCORE (ranging from 0 minimum to 20 maximum)				

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SUPPORTING EVIDENCE: <i>Note here specific examples, considering the robustness of the available information, and clarify when information was limited or missing.</i>	
1) ACTIVE DA OFFENDING	
2) ESCALATING DA OFFENDING	
3) REPEAT DA OFFENDING	
4) SERIAL DA OFFENDING	
5) LINKED OFFENDING (RELEVANT TO DA)	
6) MAPPA (NOTE WHETHER DA-RELATED)	
7) HIGHLY HARMFUL DA	
8) MENTAL HEALTH	
9) ALC/DRUG MISUSE	
10) WEAPONS	
In your professional judgement, is this a PRIORITY PERPETRATOR?	YES NO UNSURE
Date of Completion (dd/mm/yy)	
Your Name	
Your Agency	

Unique reference # _____

General Guidance for using the PPIT Wales:

Purpose: The PPIT is not a predictive risk assessment tool but can be used to focus agency resources on those individuals whose offending behaviour requires priority action (e.g., through multi-agency risk management and safeguarding structures).

Perpetrators of domestic abuse: The PPIT has adopted the Home Office definition of domestic abuse: *“any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and/or emotional.”*¹ Therefore, the PPIT should be applied to perpetrators who are intimate partners as well as family members of their victims. Young perpetrators (aged 16 and 17) are also covered by the revised definition and should be considered eligible for the PPIT.

The definitional scope of the PPIT is broad in order to facilitate more ‘joined up’ thinking about those perpetrating violence/abuse against their intimate partners and ex-partners as well as other forms of domestic abuse and ‘linked’ offending (PPIT item #5). This should enable the PPIT to be used across different safeguarding structures, including those that focus on domestic abuse (e.g., MARAC) as well as those which incorporate domestic abuse alongside other forms of offending (e.g., MAPPA and MASH).

Despite the broad scope of the PPIT, it is envisioned as a tool to be used primarily with perpetrators who have committed domestic abuse against their current or former intimate partners. Where this is not the case, and the perpetrator has no known offending of this type, partner agencies will need to agree and implement a shared approach for dealing with these perpetrators (which may or may not involve the use of the PPIT).

Priority perpetrators: Domestic abuse perpetrators (using the current Home Office definition) who, by virtue of their past and current offending behaviour, should be considered priority targets for multi-agency monitoring and management.

Professional judgment: Practitioners will need to use their specialist expertise and experience in relation to domestic abuse when completing the PPIT (i.e., the total score should be used as a prompt, in addition to the practitioner’s own specialist knowledge, expertise and assessment of an individual perpetrator). This is a multi-agency tool and thus a range of practitioners will be evaluating the items against their agency’s information and applying a score. Professional judgment should be used in order to promote the identification of those individuals considered to be most dangerous and thus requiring multi-agency monitoring and management.

Previous development² and testing³ of the PPIT revealed that some of the ten items are perceived to be particularly important by practitioners when judging whether a perpetrator should be considered a

¹ For more information, visit the Home Office website: <https://www.gov.uk/guidance/domestic-violence-and-abuse>

² Robinson, A. L. and Clancy, A. (2015). *Development of the Priority Perpetrator Identification Tool (PPIT) for Domestic Abuse*. Cardiff: Cardiff University. Available at: <http://orca.cf.ac.uk/75006/>

³ Robinson, A. L. and Clancy, A. (2016). *All-Wales Implementation Testing of the Priority Perpetrator Identification Tool (PPIT) for Domestic Abuse*. Cardiff: Cardiff University. Available at: <http://orca.cf.ac.uk/92141/>

Unique reference # _____

'priority' for multi-agency intervention. These include #1 recent, #2 escalating, #5 related/linked and #7 highly harmful offending.⁴

Applicable information: The full intelligence picture held about a particular individual's offending behaviour should be used to complete the PPIT. This should include domestic abuse as well as related forms of 'linked' offending (e.g., other forms of violence against women and girls, see item #5). The information considered should *not* be restricted to criminal justice outcomes such as arrests and convictions. Experiences of victims also should inform the scoring of the PPIT and as such the input from voluntary sector organisations (advocates and IDVAs) is particularly important.

Harm: Serious harm can be defined as an event, which is life-threatening and/or traumatic, from which recovery, whether physical or psychological, can be expected to be difficult or impossible.⁵

Coercive control: Section 76 of the Serious Crime Act 2015 created a new offence of controlling or coercive behaviour in an intimate or family relationship. The new offence, which does not have retrospective effect, came into force on 29 December 2015. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.⁶

Evidence-Base for Items in PPIT Wales:

There is ample evidence to support the inclusion of each item, as all are strong correlates of repeated further violence and/or homicide; only select studies have been included here.

- 1) **Active domestic abuse offending:** The onset and duration of offending is one of the strongest correlates of any future offending. This item also indicates whether an individual is actively engaged in offending, which is a vital consideration when deciding whether and to what extent the perpetrator should be considered a target for multi-agency management. Other areas in the US, England and Scotland also use recency as a central domain to consider when targeting resources (e.g. the recency-gravity-frequency framework). Also see the SARA Manual (past physical assault, past assault of family members).
- 2) **Escalating offending:** Indicates a dynamic situation that is worsening and requires attention. Also see SARA Manual (recent escalation in frequency or severity of assault). Non-physical forms of abuse (jealous/controlling behaviours and stalking) have been linked to further physical assault (Robinson & Howarth, 2012), a reminder that escalation can take non-physical forms.

⁵ See MAPPA guidance section 5 on risk assessment (p. 39), <http://www.n-kesteven.gov.uk/upload/public/attachments/820/05riskassessment.pdf>

⁶ For more information, see the Home Office Statutory Guidance available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf and CPS Domestic Abuse Legal Guidance at http://www.cps.gov.uk/legal/d_to_g/domestic_abuse_guidelines_for_prosecutors/#a92

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- 3) **Repeat offending:** Domestic abuse is defined by its repetitive nature; the issue therefore it to impose a threshold that signifies the need for priority intervention. The DV perpetrator intervention in High Point North Carolina uses a threshold of 3 or more charges.
- 4) **Serial offending:** Recent research in Wales (Robinson et al., 2014) and in England (Hester and Westmarland, 2007) shows that a sizeable minority of domestic abuse offenders in contact with criminal justice agencies at any one time will be serial offenders (roughly 1 in 5). Robinson et al. 2014 found that nearly all serial perpetrators were also repeat offenders.
- 5) **Linked types of offending:** Domestic abuse is but one type of offending that disproportionately affects women and girls. Other types of gender-based offending (sexual violence and exploitation, honour-based violence, stalking) and offending against vulnerable groups (child abuse, elder abuse) must be considered alongside the domestic abuse otherwise the most dangerous offenders will be missed. Research clearly documents the multiple forms of offending of some serious domestic abusers (Richards, 2004; ACPO 2009) and the links to child abuse (Hester et al., 2007). Past sexual abuse correlated with further physical violence in a large sample of UK victims accessing IDVA services (Robinson & Howarth, 2012). The SARA tool also includes items related to sexual violence (past sexual assault, sexual violence in the index offence), in recognition of its relevance to domestic abuse.
- 6) **MAPPAs:** Those who have ever been subject to MAPPA have been deemed to be high-risk offenders and this should be considered in the determination of who the priority perpetrators are in local areas. Information about the reason for the MAPPA (i.e. is it specifically related to domestic abuse) as well as the category and level of the MAPPA should be considered.
- 7) **Highly harmful to victims:** This item indicates those perpetrators whose offending behaviour has previously caused significant harm to one or more domestic abuse victims. This harm could be caused from the commission of any type of abuse (e.g., coercive control, stalking, physical assault, sexual violence) or a combination of abusive experiences. The role of coercive control and stalking has been documented in prior research as an important correlate of serious further violence and homicide (Home Office, 2013; Monckton Smith et al., 2014; Richards, 2004). Re-analysis of the Crime Survey for England and Wales found that women who experienced coercive control suffered significantly more physical assaults, physical and emotional injuries, and disruption to their working lives compared to women who did not (Myhill, 2015). Research has shown the importance of significant injuries in predicting future abuse (Robinson & Howarth, 2012). The perpetrator previously attempting to strangle/choke the victim is also a significant risk factor for further violence. The SARA Manual also includes similar items (severe violence in the index offence). MARAC referrals and the minutes of MARAC meetings might provide useful evidence of the harm caused by a particular offender to previous victim/s and should be considered (as well as the DASH for which would inform MARAC referrals).
- 8) **Mental health issues:** Are strongly correlated with serious incidents and have featured in domestic violence homicide reviews. The SARA tool includes several items related to mental health (suicidality, recent psychotic or manic symptoms, personality disorder).

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- 9) **Alcohol/drug problems:** Research with Welsh victims indicated that the perpetrator's drug use was correlated with more serious injuries (Robinson, 2003). US research shows that prior alcohol and drug crimes are linked to high-rates of domestic violence arrests (Richards et al., 2013). Also see the SARA Manual (recent substance abuse/dependence).
- 10) **Access to weapons:** The importance of evaluating the perpetrator's access to, prior use of, and/or making credible threats to use weapons is clear from research (Richards, 2004; Robinson & Howarth, 2012) and included in UK tools (DASH, SARA items on past use of weapons, use of a weapon in the index offence) as well as US risk tools (Campbell's Lethality Assessment Program). Apply a broad interpretation of what constitutes a weapon when scoring this item, including household objects, cars, tools, ropes, knives or guns. Previous fire-setting and/or threats to commit arson should also be considered.

Frequently Asked Questions:

1) What is the PPIT?

The PPIT is a tool for the identification of domestic abuse perpetrators who, by virtue of their past and current offending behaviour, should be considered priority targets for multi-agency monitoring and management. The PPIT is *not* a predictive risk assessment tool but can be used to focus agency resources on those individuals whose offending behaviour requires priority action.

2) How was the PPIT developed?

The PPIT was developed from a two-stage consultation exercise that took place in Wales in 2015. Representatives from Police, Probation, and the Third Sector were involved. The full report is available here: <http://orca.cf.ac.uk/75006/>. The PPIT was then used by practitioners in different agencies (police, probation and IDVAs) against historical cases in their agency. This testing exercise resulted in some further refinements to the PPIT. The full report is available here: <http://orca.cf.ac.uk/92141/>.

3) What types of perpetrators are covered by the PPIT?

The PPIT has adopted the Home Office definition of domestic abuse: "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and/or emotional." Thus, the PPIT should be applied to perpetrators who are intimate partners as well as family members of their victims. Young perpetrators (aged 16 and 17) are also covered by the revised definition and should be considered eligible for the PPIT.

4) How long is the PPIT?

The first page of the PPIT contains the 10 items to be scored. The second page is for noting the information used to determine the item scoring and the overall decision.

5) What is the rationale behind each of the 10 PPIT items?

There is ample evidence to support the inclusion of each item, as all are strong correlates of repeated further violence and/or homicide. Some of the research underpinning these items is included in this document.

Unique reference # _____

6) What types of information should I use to complete the PPIT?

The full intelligence picture held about a particular individual's offending behaviour should be used to complete the PPIT. This should include domestic abuse as well as 'linked' or related forms of offending (item #5). The information considered should *not* be restricted to criminal justice outcomes such as arrests and convictions. Experiences of victims also should inform the scoring of the PPIT (e.g., via the DASH).

7) How do I score the PPIT?

Each of the 10 items is scored 0=absent and 1= present for both recent (within past 6-months) and historic (beyond 6-months) timeframes. A total score is obtained by summing the item scores (for a possible maximum score of 20).⁷ This score should influence, rather than determine, your judgment as to whether the individual is a Priority Perpetrator (see next question). Critical events (with critical defined as imminence or severity of harm) should also inform your judgment. How the overall score and priority perpetrator judgment relates to specific actions undertaken by practitioners in each agency needs to be determined and agreed within a multi-agency partnership.

8) Does the PPIT allow me to apply my professional judgment?

Yes. Practitioners will need to use their specialist expertise and experience in relation to domestic abuse when completing the PPIT (i.e., the total score should be used as a prompt, in addition to the practitioner's own specialist knowledge, expertise and assessment of an individual perpetrator). This is a multi-agency tool and thus a range of practitioners will be evaluating the items against their agency's information and applying a score. All agencies involved in completing PPITs need to provide written comments to explain their answers on page 2, to facilitate cross-agency understanding.

9) What will happen to the information I provide on the PPIT?

The sharing of PPITs, and the storing of PPITs, should be undertaken in accordance with those policies and protocols put in place to support multi-agency work in each local area.

⁷ For the all-Wales implementation testing research, the recommendation was that at least 5 of the 10 items are considered Critical, and that this must include item #2 (Escalating) and item #7 (High Harm), for an individual to be considered a Priority Perpetrator. If these two conditions are met, the final question (Is this a Priority Perpetrator?) should be answered YES. However, based on the research, the item scoring was changed from 0=absent, 1=present, 2=critical to 0=absent 1=present for both recent and historic timeframes.

Appendix B: Prevalence of PPIT items

* Indicates statistically significant difference in prevalence between the pilot sites (p<.05).			Pilot site		
			Hampshire	Dyfed Powys	Manchester
PPIT1_active_recent	No	N	13	2	1
		%	5.4%	1.5%	2.0%
	Yes	N	228	128	49
		%	94.6%	98.5%	98.0%
PPIT1_active_historic*	No	N	19	52	1
		%	7.9%	40.0%	2.0%
	Yes	N	222	78	49
		%	92.1%	60.0%	98.0%
PPIT2_repeat_recent	No	N	28	11	8
		%	11.6%	8.5%	16.0%
	Yes	N	213	119	42
		%	88.4%	91.5%	84.0%
PPIT2_repeat_historic*	No	N	59	112	8
		%	24.5%	86.2%	16.0%
	Yes	N	182	18	42
		%	75.5%	13.8%	84.0%
PPIT3_esc_recent*	No	N	27	12	16
		%	11.2%	9.2%	32.0%
	Yes	N	214	118	34
		%	88.8%	90.8%	68.0%
PPIT3_esc_historic*	No	N	34	85	4
		%	14.1%	65.4%	8.0%
	Yes	N	207	45	46
		%	85.9%	34.6%	92.0%
PPIT4_serial_recent*	No	N	72	101	43
		%	29.9%	77.7%	86.0%
	Yes	N	169	29	7
		%	70.1%	22.3%	14.0%
PPIT4_serial_historic*	No	N	158	105	9
		%	65.6%	80.8%	18.0%
	Yes	N	83	25	41
		%	34.4%	19.2%	82.0%
PPIT5_linked_recent*	No	N	119	90	36
		%	49.4%	69.2%	72.0%
	Yes	N	122	40	14
		%	50.6%	30.8%	28.0%
PPIT5_linked_historic*	No	N	114	93	22
		%	47.3%	71.5%	44.0%

PPIT6_MAPPA_recent*	Yes	N	127	37	28
		%	52.7%	28.5%	56.0%
PPIT6_MAPPA_recent*	No	N	218	117	50
		%	90.5%	97.5%	100.0%
PPIT6_MAPPA_historic*	Yes	N	23	3	0
		%	9.5%	2.5%	0.0%
PPIT6_MAPPA_historic*	No	N	189	119	47
		%	78.4%	99.2%	94.0%
PPIT7_harm_recent*	Yes	N	52	1	3
		%	21.6%	0.8%	6.0%
PPIT7_harm_recent*	No	N	205	66	16
		%	85.1%	51.2%	32.0%
PPIT7_harm_historic*	Yes	N	36	63	34
		%	14.9%	48.8%	68.0%
PPIT7_harm_historic*	No	N	221	102	19
		%	91.7%	79.7%	38.0%
PPIT8_mental_recent*	Yes	N	20	26	31
		%	8.3%	20.3%	62.0%
PPIT8_mental_recent*	No	N	206	70	47
		%	85.5%	53.8%	94.0%
PPIT8_mental_historic	Yes	N	35	60	3
		%	14.5%	46.2%	6.0%
PPIT8_mental_historic	No	N	211	106	43
		%	87.6%	81.5%	86.0%
PPIT9_alcdrugs_recent*	Yes	N	30	24	7
		%	12.4%	18.5%	14.0%
PPIT9_alcdrugs_recent*	No	N	183	76	30
		%	75.9%	58.5%	60.0%
PPIT9_alcdrugs_historic*	Yes	N	58	54	20
		%	24.1%	41.5%	40.0%
PPIT9_alcdrugs_historic*	No	N	209	109	31
		%	86.7%	83.8%	62.0%
PPIT10_weapons_recent*	Yes	N	32	21	19
		%	13.3%	16.2%	38.0%
PPIT10_weapons_recent*	No	N	150	100	38
		%	62.2%	76.9%	76.0%
PPIT10_weapons_historic*	Yes	N	91	30	12
		%	37.8%	23.1%	24.0%
PPIT10_weapons_historic*	No	N	113	105	27
		%	46.9%	81.4%	55.1%
PPIT10_weapons_historic*	Yes	N	128	24	22
		%	53.1%	18.6%	44.9%