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Systematically identifying and prioritising domestic abuse perpetrators for targeted intervention

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Bios (25-50 words each)

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Abstract (149 words)

International research finds that the majority of harm from crime can be attributed to a small proportion of perpetrators. Accurately identifying these individuals as priorities for intervention can lead to significant harm reduction. A new method, the Priority Perpetrator Identification Tool (PPIT), was implemented in three police force areas of England and Wales. Additional investment, restructuring of units and the development of bespoke policies and protocols were necessary to establish the pilots, which to date have seen the PPIT used in nearly 1,500 domestic abuse cases. Mixed methods research illustrates how the pilots instigated a systematic approach to identify and prioritise perpetrators in order to inform decisions about the scope and type of intervention to be deployed to reduce their offending. The development of these new collaborative arrangements represents a step change in the way the most harmful domestic abuse perpetrators are identified and managed within a multi-agency partnership.

Keywords: domestic abuse; perpetrators; police; multi-agency; re-offending; harm reduction

Introduction

Despite increasing governmental policy focus and the concerted efforts of both statutory and non-statutory agencies to tackle domestic abuse, it remains a prevalent issue. Each year in the UK, police respond to 1 million domestic abuse incidents (ONS, 2017). This high volume poses a challenge for police forces despite most domestic abuse remaining 'hidden', as four in five victims do not report their abuse to the police (ONS, 2017). Yet, for those that do, the police response directly influences the level and type of service provision they receive. For example, since 2009, the DASH risk assessment tool has informed decisions about how to target resources to those victims at greatest risk of harm, resulting in nearly 100,000 high-risk victims receiving specialist advocacy support and multi-agency risk management each year (Howarth & Robinson, 2016; Medina Ariza et al., 2016). This focus on developing and implementing effective interventions for victims has dominated the policy and practice agenda for nearly two decades. In contrast, there has been relatively less success in establishing effective interventions for perpetrators. A systematic review of European evidence concluded "we do not yet know what works best, for whom, and under what circumstances" (Akoensi et al., 2012, p.1220). More effective responses for dealing with perpetrators is heightened within a context of increased demand combined with the limitations of existing practice identified by Her Majesty's Inspectorate of the Constabulary (2014), which concluded that many forces across England and Wales were not policing domestic abuse as effectively as they could, noting in particular deficiencies in the way forces identify and target serial and repeat abusers.

A small number of areas in the UK are trialling new initiatives in an attempt to address these long-standing deficits (Houses of Parliament, 2015). Each aims to better coordinate police and other agency responses in order to reduce perpetrators' offending whilst also providing support for victims. To build upon this limited but promising evidence base, this article reports on research conducted in three police force areas in England and Wales, each of which uses a new method to systematically identify the most harmful perpetrators and then coordinate agency responses to address their behaviour.

Empirical evidence for systematic identification and prioritisation

Three separate bodies of academic scholarship demonstrate that the most harmful, prolific domestic abuse offending is not evenly distributed across perpetrators. First, analysis of police data illustrates the 'power few' principle: the majority of harm is attributable to a small minority of perpetrators (Sherman, 2007). For example, analysis of 214,814 domestic abuse cases reported to police in Western Australia found that just 707 perpetrators (2%) were responsible for the majority of harm. Shockingly, only 4% of these individuals were in prison (Sherman et al., 2016). These findings were corroborated by Bland and Ariel's (2015) analysis of 36,000 domestic abuse incidents reported to Suffolk Constabulary, which found that over 80% of harm was concentrated in less than 2% of the victim-perpetrator dyads. Similarly, Barnham et al. (2017) found that 3% of perpetrators inflicted 90% of the total domestic abuse harm in their analysis of 140,998 incidents reported to Thames Valley Police. Furthermore, domestic abuse perpetrators tend to possess criminal histories with multiple prior offences across a range of recorded crime types (Cunningham et al., 1998; Graves et al., 2011; Klein & Tobin, 2008; Sechrist & Weil, 2018). Implications from this research are clear: to significantly prevent crime and associated harm requires methods to accurately identify these individuals as the priorities for targeted multi-agency intervention.

Second, research has revealed that domestic abuse offending can be classified into different typologies or sub-types. An early review of this research identified three main groups that differ according to the severity and generality of their violence and their level of psychopathology: the 'family only' abuser, the 'dysphoric/borderline' abuser and the 'generally violent/anti-social' abuser (Holtzworth-Munroe & Stuart, 1994). Building on this work, Johnson (2008) conceptualised domestic abuse as falling into three types: 'intimate terrorism', which is usually perpetrated by a man within a

general pattern of controlling and coercive behaviours; 'situational couple violence', which is defined as that arising sporadically when arguments escalate between partners; and 'violent resistance', which occurs when a victim uses violence to defend herself. Gilchrist et al. (2003) identified two subtypes: 'borderline emotionally dependent' offenders, who were primarily characterised by high levels of interpersonal dependency, high levels of anger and low self-esteem and 'antisocial/narcissistic' offenders, who were characterised by hostile attitudes towards women, low empathy and had the highest rate of alcohol dependence and previous convictions. They concluded each subtype perpetrated differing patterns of abuse and had varying capabilities of engaging in interventions designed to address their behaviour. Although this body of research has been critiqued as overly reductionist and pathologizing (Capaldi & Kim, 2007), it does highlight the utility of developing and implementing different response and treatment options that are informed by an understanding of the aetiology of the perpetrator's violence and associated risk factors.

Third, longitudinal research on criminal careers has identified the characteristics of those perpetrators who are least likely to desist from offending over time. A number of these studies demonstrate that the severity and prevalence of violence is inversely related to desistance. For example, Feld and Straus (1989) found a 90% rate of desistance by husbands who reported no severe assaults in year one, compared to 58% for those reporting one or two severe assaults in year one, while only 33% of those perpetrating three or more assaults in year one had desisted at follow up. Quigley and Leonard (1996) also found that the desistance rate varied significantly according to the level of violence perpetrated in the first year of marriage, with those using the most severe level of violence the least likely to desist. In their five-year study of 1,392 couples in the United States, Caetano et al. (2005) found that although the majority of couples had desisted by the time of the follow up interview, those reporting severe violence in year one were more likely than others in the sample to report severe violence in year five. Verbruggen et al. (2019) found that those with a history of persistent violent offending over the life-course were at increased risk of perpetrating domestic abuse and other violent crimes in later life. All of these studies point to the need for targeting intervention efforts towards those who perpetrate severe violence, as they are unlikely to 'naturally' desist from offending over time.

In summary, extant research from a range of disciplinary, theoretical and methodological traditions highlights that domestic abuse perpetrators are: a large, heterogeneous group; they tend to be prolific offenders (responsible for a large proportion of offences); they are generally criminal rather than 'specialising in DV', tending to commit many types of offences (both violent and non-violent); and, 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 and is least likely to stop offending without intervention. Systematically and accurately identifying these individuals and implementing effective responses to reduce their offending is a clear priority, and the focus of the three pilots described below.

Empirical background to the PPIT pilots

The development of each pilot drew upon a programme of research carried out by the authors, involving four empirical studies that reinforced the need for a more systematic method for identifying those domestic abuse perpetrators requiring more intensive management and intervention efforts to address their offending. During 2013, the Integrated Offender Management (IOM) Cymru partnership commissioned the first two studies to develop the empirical evidence about characteristics of domestic abuse perpetrators, and in particular those that commit serial, prolific and high-risk

offending.¹ Findings challenged the prevailing assumption that serial domestic abuse is inherently more harmful than, for example, sustained and escalating abuse against a single victim, or other forms of high-risk offending. Following the completion of those studies, we recommended that the development of a more systematic, perpetrator-focussed approach to tackling domestic abuse should encompass serial perpetrators as well as prolific and high-risk perpetrators. We referred to this group as ‘priority perpetrators’ in order to signal that they should be considered priorities for a more intensive and targeted multi-agency response.

In 2015, the Priority Perpetrator Identification Tool (PPIT) was developed from our third study, which involved a multi-agency consultation process involving practitioners at both strategic and operational levels from across the UK.² The PPIT was designed to be used by relevant agencies (Police, Criminal Justice and Third Sector) to identify a subset of ‘priority perpetrators’, defined as those “who, by virtue of their past and current offending behaviour, should be considered priority targets for multi-agency monitoring and management within a local partnership”. The PPIT contains 10 items in total: five items describe the nature of the offending behaviour (#1 recent, #2 escalating, #3 repeat, #4 serial and #5 linked), and five items describe key characteristics of the perpetrator him/herself (#6 subject of MAPPA, #7 highly harmful psychological and/or physical abuse, #8 worsening mental health, #9 increase in drug or alcohol misuse and #10 access to weapons). 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) in relation to the perpetrator’s behaviour. The PPIT is meant to structure their professional judgment when deciding whether an individual is a ‘priority perpetrator’ (i.e. a scoring threshold is not stipulated for this decision).

Further research was then undertaken to gain information about the implementation of the PPIT across relevant agencies and its operational and resource implications.³ A total of n=123 practitioners including Welsh police, probation officers working in either the National Probation Service (NPS) or Community Rehabilitation Companies (CRC) and Independent Domestic Violence Advisors (IDVAs⁴) completed the PPIT against historical cases from their agency (total n=406). As expected, the ten PPIT items were significantly more likely to be present for priority perpetrators. In addition, the difference in prevalence across the ten items between the two groups was substantial. Thus, the tool reliably aided practitioners to differentiate perpetrators into two groups, with the intention being that any

¹ 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 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 the Wales Probation Trust (see <http://orca.cf.ac.uk/63750/>). 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 additional evidence as to the characteristic of serial and prolific perpetrators (see <http://orca.cf.ac.uk/67542/>)

² 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/>

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/>

⁴ IDVAs work to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children (see http://www.safelives.org.uk/sites/default/files/resources/Safety_in_Numbers_16pp.pdf).

future piloting would prompt one group (priority perpetrators) to receive enhanced intervention. The research also found that practitioners perceived the PPIT to be a practical, user-friendly tool, which enabled 'speaking a common language' across agencies about which perpetrators should be prioritised for a targeted multi-agency response.

Dissemination of the PPIT and engagement with key stakeholders across England and Wales took place with funding from the Economic and Social Research Council for an impact secondment during 2015-16. As a result of those activities, three police force areas implemented new ways of working that incorporated the PPIT. In 2017, a fifth study was undertaken to: describe the pilots and their new protocols and referral pathways; assess the strengths and limitations of these new arrangements; compare the priority perpetrator cohorts being identified; understand and monitor the strategies being undertaken to manage these individuals; and gather the perceptions of those involved about the PPIT and responding to priority perpetrators. The methods and findings of that study are described in the sections that follow.

Methodology

Our aim was to examine the development and implementation of a new approach for systematic identifying and responding to priority domestic abuse perpetrators in three police force areas in England and Wales. A mixed methodological approach was employed, including: a number of site visits before and during implementation of each pilot; interviews with project staff at both strategic and operational levels; review of documents and protocols, and; a quantitative analysis of monitoring data collated from each site.⁵

Each site 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. Data collated from each site was combined into a monitoring database, which included initial identification criteria, offender and offence characteristics via the PPIT items, referral information, and risk management activities for 513 perpetrators. To complement the quantitative data, we conducted 18 semi-structured interviews with agency representatives involved in the operational delivery of each initiative as well as those with a strategic responsibility for 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, along with the documentary evidence, provided a detailed understanding of how each initiative works in practice. Key questions addressed by this study include:

- Why were the different pilots developed, and how does each work in practice?
- How do practitioners determine which perpetrators are dealt with by the pilot?
- What strategies are being used to reduce perpetrators' offending?

Findings

Description of the PPIT pilots

The PPIT was incorporated as a central feature of all three pilots; however, the scope and nature of each pilot was informed by its local context, including the geography, crime and socio-demographic profile, and multi-agency partnership working. Perhaps the first difference to mention and one which

⁵ Ethical approval for the research was granted by the Cardiff University School of Social Sciences ethics committee (ref SREC/2143).

no doubt influenced the delivery and implementation of each pilot is the fact that both Site 1 and Site 3 represent a partnership across statutory and third sector agencies, while Site 2 is mainly a police-led initiative. As a potential consequence of the partner agencies leading each initiative, there was a marked difference in the types of perpetrator interventions available. In Site 1 and Site 3 there was a focus upon changing behaviours through perpetrator programmes and delivery of one to one support. In contrast, Site 2 focussed on increased enforcement and management through referral to WISDOM⁶ and MAPPA⁷ cohorts.

The referral eligibility criteria also differed slightly across each pilot. For example, in its early stages Site 2 sourced referrals entirely using an algorithm on police data (one domestic incident in the current month and two in the previous month). Following feedback from staff, this was subsequently expanded to also enable Domestic Abuse Officers to refer cases using their professional knowledge. All sites sourced referrals from Police, Probation/CRC and Multi-Agency Risk Assessment Conferences (MARACs⁸), although Site 1 was the only initiative which also took referrals from other agencies (including other statutory agencies as well as non-statutory agencies). Access to the pilots also varied across the sites, with priority perpetrators in Site 3 subject to an additional layer of eligibility criteria (e.g. being required to speak English, be in a relationship with the victim, be on bail and either the victim or perpetrator required to reside in a specific district within the force area).

The differences described above reflect local refinement and adaptation of what was clearly a shared vision of a common model of practice where use of the PPIT was a key feature. Each site used the PPIT to systematically identify a subset of perpetrators who were then prioritised for some type of enhanced multi-agency response. The importance of enabling practitioners to apply their professional judgement when making the priority perpetrator assessment was also common across the sites. Other features that were broadly similar across the sites included: partnership working across agencies; incorporating victim safeguarding and support into the pilot; information-sharing agreements to enable improved communication between agencies, most notably the Police, Social Services and National Probation Service/Community Rehabilitation Companies; the pilot being integrated within the Police offender management and/or intelligence hubs; and key personnel having access to police incident and crime recording systems. Further details about each pilot are provided in the pen portraits below.

Pilot Site 1.

Site 1 is led by third sector agencies and represents a 'multi-agency behaviour change' approach. Referrals come from a wide range of statutory and non-statutory agencies, including Police, Probation/Community Rehabilitation Company (CRC), Social Services, Multi Agency Risk Assessment Conferences (MARAC) and Third Sector agencies. Following a series of dissemination and learning

⁶ WISDOM is the Wales Integrated Serious and Dangerous Offender Management project run by IOM Cymru (see <https://www.iomcymru.org.uk/WISDOM/>). The design of the programme is intended to complement and act as a support to MAPPA in the day-to-day management of offenders who pose a high risk of harm to the public, including priority domestic abuse perpetrators.

⁷ MAPPA are Multi-Agency Public Protection Arrangements, which bring together the Police, Probation and Prison Services to assess and manage the risk posed by certain sexual and violent offenders (see <https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa-2>).

⁸ MARACs are meetings where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors (see <http://www.safelives.org.uk/practice-support/resources-marac-meetings>).

events on the PPIT, practitioners from these agencies use their professional judgement to decide who is eligible for a PPIT. The Serial and Priority Perpetrator Coordinator (SPCC) then completes a PPIT 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. 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 for assessment and referral onto different interventions available locally (e.g. outreach sessions, group work or one-to-one programs to address different types of abuse, impact of abuse on children, parenting, adverse childhood experiences, mental health and substance misuse, etc.). The pilot also provides an integrated victim safety service which ensures contact is made or re-established with current and ex-partners of all priority perpetrators. Priority perpetrators not engaged with a statutory agency or the pilot are monitored for two months by the SPCC and mutual information exchange undertaken with Police, Probation/CRC and Social Services as appropriate.

Pilot Site 2.

Site 2 is a police-led initiative covering an entire police force area representing an 'identification and focussed management' model. Police intelligence administrative staff receive a list each month based on the police algorithm (one incident in the current month and two in the previous month) of eligible perpetrators (as well as any referred via the professional judgment of specialist Domestic Abuser Officers or DAOs). Multiple police databases are interrogated in order to complete the PPIT, which is then sent to the DAO in each division who will use their professional judgment to make the priority perpetrator assessment. DAOs work with IDVAs to ensure that victim safeguarding is integrated and made available to all partners and ex-partners of perpetrators coming through the pilot, as appropriate. 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/IOM 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.

Pilot site 3.

Site 3 represents a multi-agency partnership between Police, the Community Rehabilitation Company (CRC) and a Third Sector IDVA agency. An 'engage or intervene' approach has been adopted 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. 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 criteria are signposted on to an appropriate agency/police team for action. Perpetrators assessed as priorities by the SPOC are then reviewed by a Detective Sergeant prior to acceptance onto the pilot, which includes a new perpetrator intervention. This intervention consists of the perpetrator programme provider (CRC) and a key worker for the victim (IDVA), supported further by a police case worker. The initial visit to the perpetrator comprises a joint visit with the purpose of engaging with both parties (if together) or coordinating visits (if separated). This enables pilot workers to determine their needs and suitability for other interventions available locally.

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 serial and repeat perpetrators. However, they were already aware of the need to adopt a more consistent and effective approach to dealing with their most 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? [Developing the pilot] was about understanding 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?" [#1, site #2]

"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?" [#1, site #1]

"We noticed that our repeat perpetrators were serial perpetrators, and were, you know, committing offences across [the city], and moving around. There was inherent risk in that. So there was a real drive then to start to focus on perpetrators." [#1, site #3]

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 that 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." [#3, site #3]

"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?" [#2, site #2]

Systematic identification of priority perpetrators in practice

As discussed, each pilot adopted the PPIT as a method for more systematic and robust identification of their cohort of priority perpetrators. Table 1 depicts the prevalence of each item, overall score and proportion deemed to be priority perpetrators in each site. Clearly, the most prevalent items for all pilots were 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 scoring of the PPIT results in a total score ranging from 0 to 20. The slightly lower average score in Site 2 is likely due to the composition of the pilot being more circumscribed in contrast to the broader array of agencies contributing to the other pilots. There was a significant correlation between the total score and the designation of an individual as a 'priority perpetrator'. Furthermore, the average total score was 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 identify those perpetrators who should be priorities for intensive multi-agency management.

Table 1. Overview of PPIT data

PPIT Item (% 1=present)	Site 1		Site 2		Site 3	
	Recent	Historical	Recent	Historical	Recent	Historical
Active	94.6	92.1	98.5	60.0	98.0	98.0
Escalating	88.4	75.5	91.5	13.8	84.0	84.0
Repeat	88.8	85.9	90.8	34.6	68.0	92.0
Serial	70.1	34.4	22.3	19.2	14.0	82.0
Linked	50.6	52.7	30.8	28.5	28.0	56.0
High Harm	14.9	8.3	48.8	20.3	68.0	62.0
Mental health	14.5	12.4	46.2	18.5	6.0	14.0
Alcohol/drugs	24.1	13.3	41.5	16.2	40.0	38.0
Weapons	37.8	53.1	23.1	18.6	24.0	44.9
MAPPA	9.5	21.6	2.5	0.8	0.0	6.0
Average total PPIT score (PP, non-PP)	9.46 (11.30, 7.61)		7.28 (8.48, 6.39)		9.94 (10.88, 8.39)	
Total perps (priority perps n, %)	N=328 (121, 50.4)		N=130 (58, 49.6)		N=55 (32, 64.0)	

Staff working in the pilots reported that the PPIT was useful in informing their decisions about who to prioritise for multi-agency management. Furthermore, they felt the tool’s simplicity helped to promote a more standardised approach across agencies.

“What I do like about it, as somebody who’s worked pre-DASH, is that we are all talking a common risk language. 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.” [#1, site #1]

“What I think is useful about the PPIT is that it’s manageable...it feels that we can manage it within the system as an enhancement to domestic abuse management... I feel like it adds value to an existing system...” [#1, site #3]

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’, because available information was often based solely upon the victim-based risk assessment (DASH) rather than an analysis of the perpetrator’s own risks and criminogenic needs. The information contained within the PPIT was seen to help ‘shine a light’ on the full offence history of these individuals.

“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 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.” [#3, site #2]

“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.” [#6, site #3]

“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." [#4, site #2]

Targeted responses to priority perpetrators

As discussed, all perpetrators coming into the pilot had a level of review and analysis that would not have happened prior to implementation. Gathering the information necessary 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 which 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 the National Probation Service 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.

Broadly speaking, the range of activities undertaken could be distinguished according to whether they did or did not involve direct contact with the perpetrator. Non-contact activities, or 'behind the scenes' work by practitioners in different agencies, took place to some degree for all priority perpetrators. In contrast, other activities required 'up front' direct communication with perpetrators, either within the pilot itself or via a referral from the pilot to another intervention.

Working 'behind the scenes'.

The benefits of the pilots working 'behind the scenes' to facilitate 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 the new working arrangements had impacted positively upon victim safety and safeguarding. In some cases, the holistic gathering and reviewing of information about a perpetrator's offending had led to an escalation of their management (e.g. from CRC to NPS).

"The fact that victims' agencies and perpetrator agencies are now talking to each other is a massive success already... 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. [The pilot] has been really instrumental in changing things. It's a really innovative model." [#1, site #1]

"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." [#1, site #2]

While the pilots respond to priority perpetrators slightly differently, each utilised the PPIT to inform their decision-making about how best to utilise various interventions and enforcement activities. 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 have the DAOs and the Detective Inspector in each territorial area decide upon a 'domestic violence nomination of the month'... What is our highest risk couple? What do we need the help of frontline officers with more than anything? And then that goes on actionable intelligence and that's then briefed 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?" And now what we've done is let the PPITs become our DV nominations for the month.... it's just a way of focussing frontline officers on the key issues as we see them." [#1, site #2]

In Site 1, the evidence pertaining to historical offending gathered during completion of the PPIT also prompted the pilot team to initiate 'preventative referrals' by forwarding the perpetrator's details to the MARAC before an offence was committed against a new partner. Although this was initially met with some resistance from the force, the information gathered resulted in the Domestic Violence Disclosure Scheme (DVDS) being actioned. Efforts were also made to ensure that the case was referred to IOM/MAPPA as appropriate and that all partner agencies (such as Social Services / Probation) were fully aware of the perpetrator's history and risk.

Perpetrators engaging with the pilot in Site 3 were also subject to a very similar information-sharing process to ensure relevant agencies were made fully aware of the perpetrator's offending history, enabling appropriate referrals to be made. Any new intimate partners were 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." [#3, site #3]

Up front work.

Although the approach taken to managing perpetrators differs across the pilots, each offer targeted, needs-led interventions to address their offending. For example, Site 1 and Site 3 focussed upon changing behaviours through attendance at perpetrator programmes and delivery of individual support. Similarly, while Site 2 is police-driven and has more of a focus upon enforcement, it does aim to address the root cause of offending behaviour by addressing mental health needs through referral to IOM and WISDOM.

The importance of embedding the work of the pilots with community-based service providers in order to tailor the package of support available to meet the wide range of needs experienced by both perpetrators and their victims was also emphasised during the interviews. In Site 1, although the pilot offers an in-house perpetrator programme, offenders experiencing issues which may prohibit their engagement with the intervention, such as homelessness, substance misuse and/or mental health problems, are first referred to the outreach team. This team liaises with and makes referrals to a range of community-based service providers to ensure perpetrators' needs are met, so that they can then engage with the in-house 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 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." [# 6, site #1]

Similarly, although the CRC staff in Site 3 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 were also drawn upon to deliver a

bespoke package of support. Conversely, limitations were identified in the referral options available in Site 2. From the commencement of the pilot until the point of interview (July 2017), IOM and MAPPA were the only referral routes available for priority perpetrators and while these options were intended to provide a full package of support, not all perpetrators assessed as a priority using the PPIT would have been eligible for referral. However, from July 2017, the WISDOM package of support and intervention commenced, providing an additional referral route for those not eligible for management through MAPPA.

Conclusion

Until very recently, there has been little innovation in how agencies respond to perpetrators of domestic abuse. The key blocks to progress have been 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. Our study provides the first evidence into the development and operation of three unique and innovative pilots, each of which implemented the PPIT as a novel method to systematically identify and prioritise domestic abuse perpetrators for targeted intervention. A wide range of international research studies underpinned the development of these new approaches, which were informed by understanding that domestic abuse perpetrators represent a large, heterogeneous group that is characterised by offending that is both prolific and varied. Within this population, however, is a smaller cohort that differentiates itself in terms of offending frequency, severity, and persistence (see e.g. Caetano et al., 2005; Holtzworth-Munroe & Stuart, 1994; Klein & Tobin, 2008; Sherman et al., 2016; Verbruggen et al., 2019). This cohort is responsible for the most harm and therefore must be identified and prioritised for intervention. To successfully change the offending behaviour of these 'priority perpetrators', a range of interventions will be required, due to their different aetiologies and identified risk factors (see e.g. Cunningham et al., 1998; Edleson & Tolman, 1992; Gilchrist et al., 2003). These robust empirical insights were intuitive to practitioners who developed their new PPIT-based approach with confidence that it would yield significant improvements. More effectively reducing harm from domestic abuse perpetrators was seen to be essential in the context of rising demand on police and the limitations of existing practice in policing domestic abuse identified by Her Majesty's Inspectorate of the Constabulary (2014). Despite the enormous effort involved in developing, implementing and running the pilots, those interviewed reflected positively on what they viewed as a step change in the way that their local partnership responded to domestic abuse perpetrators.

The use of the PPIT, supported by multi-agency collaborative arrangements facilitating access to a range of key information systems, enabled a more systematic identification of priority perpetrators. Embedding a straightforward tool to structure practitioners' judgments was unanimously perceived to be a strength of the pilots. Lengthy assessments of perpetrators' attitudes or personality are not required for practitioners to make reasonable judgments regarding their risk of re-offending (Puffett & Gavin, 2004). Notwithstanding the challenges inherent in collaborative risk-led initiatives (e.g. uneven training and expertise with regard to the practice of risk assessment compounded by different professional vantage points, dynamic policy contexts and increasing limitations upon resources, see Medina Ariza et al., 2016; Robinson, 2010; Robinson et al., 2018), our study clearly emphasises the benefits of partnership working, as each pilot was able to 'pool intelligence' from multiple data sources in order to provide a more holistic picture of both the victim and the perpetrator. These findings echo those of Davies and Biddle (2018) who noted that "a range of agencies and individuals – with diverse priorities, professional backgrounds and practices – can work together to safeguard victims and tackle serial perpetrators of domestic abuse" (p.16). Indeed, Murphy et al. (1998) noted that the benefits of adopting a multi-agency approach to tackling domestic abuse can offset the limitations of sole reliance upon police interventions because they represent just one element of a complex process that includes

court prosecutions, probation monitoring, court-mandated perpetrator programmes, and victim services.

The proactive multi-agency review of information triggered by the PPIT meant that *all* perpetrators coming into the pilots had a level of analysis and focus that would not have happened otherwise. Crucially, this led to the identification of a number of priority domestic abuse perpetrators who were previously ‘under the radar’ of agencies. This tended to occur because information was previously limited, incomplete, outdated or not shared. Consequently, some individuals were not known for any type of offending, or they were known as offenders but not for domestic abuse, or their domestic abuse offending was (improperly) categorised as low or medium risk. Prior to the pilots, these individuals had not been dealt with at all or not in a way that was proportionate to their offending. The pilots enabled a clearer view of their offending, which agencies could then respond to with a range of intervention options, including both ‘behind the scenes’ and ‘up front’ work. Other research has noted the importance of ‘behind the scenes’ activities such as tracking perpetrators’ whereabouts, living arrangements and cohabitants, access to children and other vulnerable people, and compliance with any conditions of bail or sentences (Sherman et al., 2016).

In addition to the increased surveillance and monitoring described above, a key element of all three pilots was the ‘up front’ work undertaken with perpetrators to provide a holistic package of support which aimed to address their offending-related needs. Research has shown that this combination of support and increased monitoring/enforcement has been effective with other cohorts of offenders, particularly in relation to the reduction of gang-related violent crime and homicide in the United States (Braga and Weisburd, 2012; Braga et al., 2018). Research has also begun to indicate the efficacy of this approach in reducing domestic abuse. For example, research on a focused deterrence initiative in High Point, North Carolina found significant reductions in the volume of incidents, arrests and the proportion of arrests involving physical injury to the victim (Sechrist & Weil, 2018). Other initiatives underscore the importance of targeting interventions towards those at highest risk of re-offending and combining criminal justice responses with immediate, practical actions to address their criminogenic needs. In the UK, the Drive project provides a combination of support and disruption tactics on a one-to-one basis with perpetrators. Early evaluation findings demonstrate that this perpetrator-focused approach reduces harm to victims and their children above and beyond the harm reduction resulting from victim-focused service provision alone (Hester et al., 2019). Similarly, Canadian research found significant and lasting reductions in offending for domestic abuse perpetrators who received individual sessions linking them to community resources (e.g., housing, legal advice, addictions and mental health services, cognitive-behavioral therapy, etc.) (Scott et al., 2015).

Improving outcomes at the individual level is an important measure of success but another is increasing the effectiveness of the organisations and systems at the community level. The current study focused on documenting and understanding the new processes implemented in the pilot sites, and was not able to include a robust evaluation of individual perpetrator outcomes. Our findings are limited in that regard; however, we found compelling evidence of improved organisational practice across a range of relevant agencies. Specifically, practitioner decision-making became more structured and coordinated through using the PPIT as a new method that both enhanced and refined existing working relationships. Indeed, Sechrist and Weil (2018) reflected that “one of the biggest benefits that has emerged from the [new] strategy, but cannot be quantified, is the formation of the multidisciplinary partner work group that continues to meet... ensuring the offenders can be held accountable and that the system is working collectively toward the common goals of the strategy” (p.263). In closing, we argue that the key innovative strength of the three PPIT pilots is their emphasis upon taking a systematic, but also a collaborative approach to working with perpetrators ‘up front’ as

well as 'behind the scenes', stemming from a shared understanding of the need for systematic identification and prioritisation of domestic abuse perpetrators for targeted intervention.

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