



All-Wales Implementation Testing of the Priority Perpetrator Identification Tool (PPIT) for Domestic Abuse

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Final Report

May 2016



Gwasanaeth Cenedlaethol
Rheoli Troseddwyd Cymru

National Offender
Management Service in Wales

Acknowledgements:

The authors would like to express our sincere thanks to the many busy practitioners who took the time to participate in this research. In addition, we would like to thank the members of the Steering Group for sharing their valuable insights in support of this research.

How to cite this report:

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://www.cardiff.ac.uk/people/view/38078-robinson-amanda>

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Table of Contents

Executive Summary	5
Overview.....	5
Findings.....	5
Implications.....	6
Chapter 1: The current study.....	7
1.1 Policy and Empirical Context.....	7
1.2 How the PPIT developed.....	9
1.3 Methods and data.....	10
1.3.1 Research Questions.....	10
1.3.2 Multi-agency casefile sample	10
1.3.3 Practitioner feedback survey	12
1.4 Structure of this report.....	13
Chapter 2: Multi-agency testing of the PPIT.....	14
2.1 Overview of the Welsh sample	14
2.1.1 Participating agencies	14
2.1.2 Perpetrator demographics.....	16
2.2 Scores on the PPIT items	16
2.2.1 Offending-related items	17
2.2.2 Offender-related items	20
2.2.3 Variation in PPIT scores by perpetrator demographics	21
2.2.4 Variation in PPIT scores by agency of origin.....	23
2.2.5 Evidence and information used	24
2.3 Determining who is/not a priority perpetrator.....	32
2.3.1 Key factors in practitioners' judgements.....	32
2.3.2 Variation across different agencies	34

2.3.3 Variation across different perpetrators.....	35
2.3.4 Perceptions of their judgements.....	35
2.3.5 Explaining their judgements	37
2.3.6 Uncertainty in practitioners' decision-making.....	40
2.4 Summary.....	41
Chapter 3: Practitioner feedback about the PPIT.....	43
3.1 Overview of the practitioners taking part	43
3.2 Guidance and preparation.....	43
3.3 Using the PPIT	45
3.4 Views on Individual PPIT items.....	46
3.4.1 Importance of the items	46
3.4.2 Revisions to the items	50
3.5 Scoring rubric	51
3.6 General perceptions of the PPIT	53
3.6.1 Key benefits of the PPIT	53
3.6.2 Key challenges of the PPIT	54
3.7 Summary.....	57
Chapter 4: Discussion	58
4.1 Summary of main findings	58
4.2 Recommendations and future directions	59
Appendix A:	61
Appendix B:	64
Appendix C:	67

Executive Summary

Overview

Recent research in Wales suggests that the group of domestic abuse perpetrators causing the most harm is likely to include some combination of serial, high-risk and repeat perpetrators (Robinson et al., 2014), evidence which led to the development of the Priority Perpetrator Identification Tool (PPIT) (Robinson & Clancy, 2015). The PPIT has been designed to help frontline practitioners identify a subset of perpetrators considered the most dangerous and thus priorities for multi-agency monitoring and management.

For this research, police, probation officers, and Independent Domestic Violence Advisors (IDVAs) in Wales completed a PPIT form for each individual in a sample of perpetrators known to their agency (total n=406) and then provided further information about this process via a practitioner survey (n=42). Analysis of these data sources reveals: (1) the offending and demographic profiles for this sample of domestic abuse perpetrators, and how this varies across agencies, (2) the size and profile of the subset of perpetrators deemed to be 'priority perpetrators' by frontline practitioners, (3) the evidence and information used by practitioners when making these assessments, (4) differences in the interpretation and scoring of the tool across agencies, and (5) practitioners' perspectives on the utility and functionality of the tool.

Findings

Analysis revealed that certain PPIT items are recognised by practitioners as more prevalent within this multi-agency sample of 406 perpetrators, in addition to being more often perceived to be at 'critical' levels. Specifically, the most prevalent characteristics are *recent* offending (29.1% critical), *escalating* offending (28.1% critical), *repeated* offending against the same victim (31.6% critical) and offending that is *highly harmful*, by virtue of the psychological and/or physical harm it has caused to a victim (34.1% critical). Notably, the demographic characteristics of perpetrators (gender, age, race/ethnicity) were generally unrelated to the scores given by practitioners on the PPIT items. However, agency of origin was clearly related to the patterns of scores produced on the PPITs, with some agencies less likely to produce higher scores (e.g., CRC and police non-MARAC cases) compared to others (e.g., NPS, police MARAC and IDVA cases). Such variation is interpreted as a logical extension of the different groups of people coming into contact with these agencies, and the nature of their work.

A sizeable proportion (38%) of the perpetrators included in this multi-agency sample were judged to be priority perpetrators. As expected, priority perpetrators are much more likely to be scored 'critical' for all ten PPIT items. Furthermore, the differences between the two groups were statistically significant as well as substantial, with a large

proportion (if not a clear majority) of priority perpetrators assessed as 'critical' compared to only a small percentage of the other group.

Binary logistic regression analysis of the PPIT items identified those that are particularly influential in practitioners' judgements of who is/not a priority perpetrator: #1 recent, #2 escalating, #5 related and #7 high harm. The quantitative findings in combination with qualitative comments from practitioners as to the 'main reason' behind their judgements show the core determinants behind practitioners' decision-making to be: recent, repetitive, escalating, and severely harmful offending. Practitioners also seem to take particular note of 'related' offending and other forms of violence, in addition to the domestic abuse. In addition, comments by practitioners demonstrated the important role played by their perceptions of coercive control, which was considered to be present much more often in the offending behaviour of priority perpetrators (34.9% compared to 61.7%).

This study also provided an opportunity for practitioners to feedback their thoughts on the PPIT using an anonymous online feedback survey. Overall, although practitioners appeared positive that the PPIT could act as another tool to assist in the identification and management of risk associated with priority perpetrators, there appeared to be some confusion regarding the purpose of the PPIT and how it will align with existing processes. Additionally, whilst there was consensus that the ten PPIT items were necessary and appropriate, most practitioners also indicated that they would benefit from greater clarification of the criteria for evidencing some of the risk factors and scores attributed to each item.

Implications

The overarching implication of this study is that there is a big appetite for new approaches to responding to perpetrators of domestic abuse. The main benefit of the PPIT appears to be that it takes a step towards 'speaking a common language' across agencies about perpetrators and their abusive behaviour. However, a tool such as the PPIT is only a starting point. The extent and nature of the actions to follow the use of the PPIT still need to be developed. Some initiatives are already underway, which incorporate the PPIT, and the future evaluation of these different pilot projects will further enhance understanding of how to best address the behaviour of what is a very diverse group of perpetrators, committing a high volume of harmful offences, in any single community.

Chapter 1: The current study

1.1 Policy and Empirical Context

Existing scholarship has revealed that the repetitive nature of domestic abuse is one of its key distinguishing features, and is central to its conceptualisation as “a coercive course of conduct, usually involving a series of related occurrences, rather than a one-off event” (Walby, 2005, p.4¹; see also Stark, 2007²). Research demonstrates that the majority of male domestic abuse perpetrators are repeat offenders, with English research producing a figure of 83% within a six-year period (Hester, 2013³) and American research finding 60% within a ten-year period, although this was deemed to be an underestimate because recidivism was measured as new arrests rather than new incidents (Klein & Tobin, 2008⁴). The detrimental consequences for victims and their children of repeated exposure to domestic abuse has been recognised in the widespread adoption of responses aimed at focussing resources on those victims at highest risk of re-abuse (e.g., Multi-Agency Risk Assessment Conferences and Independent Domestic Violence Advisors).

A desire for more proactive and targeted approaches to manage the risk posed from the perpetrators of domestic abuse, most notably serial perpetrators, has been highlighted in a range of UK policy documents. One of the recommendations in the ACPO review (2009)⁵ provided the initial call for “wider recognition, and improved management, of serial perpetrators of violence against women and girls.” Five years later, the inspection by Her Majesty’s Inspectorate of Constabularies (2014)⁶ called for “examples of how forces are targeting serial and repeat domestic abuse perpetrators in order to prevent future offending” (p. 24).

¹ Walby, S. (2005). *Improving the Statistics on Violence Against Women*. Geneva: UN Division on the Advancement of Women.

² Stark, E. (2007). *Coercive Control: How Men Entrap Women in Everyday Life*. New York: Oxford University Press.

³ Hester, M. (2013). Who does what to whom? Gender and domestic violence perpetrators in English police records. *European Journal of Criminology*, 10(5), 623-637.

⁴ Klein, A. and Tobin, T. (2008). Longitudinal study of arrested batterers, 1995-2005: Career Criminals. *Violence Against Women* 14(2), 136-57.

⁵ ACPO (2009). *Tackling Perpetrators of Violence Against Women and Girls: ACPO Review for the Home Secretary*. London: Association of Chief Police Officers.

⁶ Her Majesty’s Inspectorate of the Constabulary (2014). *Everyone’s Business: Improving the police response to domestic violence*. London: HMIC.

Some lessons may be learned from areas that have implemented multi-agency strategies focussed on particular groups of high-volume offenders. Such efforts are underpinned by the concept of the 'power few' (i.e., a small percentage of offenders is responsible for a high percentage of harm) (Sherman, 2007⁷). Recent British research, relying upon police data, attributes 80% of domestic abuse harm to less than 2% of victim-offender dyads (Bland & Ariel, 2015⁸). The expectation is that investing resources in identifying this group, and reducing their offending, will pay dividends in terms of harm reduction. Known as offender-focused deterrence strategies, they combine the use of a variety of criminal justice sanctions ('pulling levers') with the provision of other services and resources to deter re-offending. Research has indicated the promising results of such strategies for reducing offending related to guns, gangs and drugs in certain cities in the USA (Braga & Weisburd, 2012⁹), and they are now being applied to domestic abuse (Kennedy 2012¹⁰). For example, an initiative in High Point, North Carolina uses a focused deterrence approach to target and respond to the most serious domestic abusers (defined according to their criminal conviction record), in addition to offering a range of services to victims (COPS, 2014¹¹). The first two years of implementation data show an overall re-offense rate of only 9 percent among more than 1,000 offenders as well as significant reductions in intimate partner homicide.

Such approaches have recently made inroads in the UK, with initiatives currently being developed and tested in Essex, Hertfordshire, Manchester, Merseyside, South Wales and Sussex police force areas (Houses of Parliament, 2015¹²). One notable example is the Drive project, which aims to provide a combination of support and 'disruption' tactics on a one-to-one basis with perpetrators identified through MARACs.¹³ All of these new British initiatives aim to coordinate a number of different responses in order to reduce

⁷ Sherman, L. W. (2007). The Power Few: Experimental Criminology and the Reduction of Harm. *Journal of Experimental Criminology*, 3, 299–321.

⁸ Bland, M. & Ariel, B. (2015). Targeting Escalation in Reported Domestic Abuse: Evidence from 36,000 Callouts. *International Criminal Justice Review*, 25(1), 30-53.

⁹ Braga, A. A., & Weisburd, D. (2012). The Effects of "Pulling Levers" Focused Deterrence Strategies on Crime. In M. W. Lipsey & A. Bjorndal (Eds.), *Campbell Systematic Reviews* (pp. 90). Oslo, Norway: The Campbell Collaboration

¹⁰ Kennedy, D. M. (2012). *Deterrence and Crime Prevention: Reconsidering the Prospect of Sanction*. New York: Taylor & Francis.

¹¹ COPS (2014). *A Different Response to Intimate Partner Violence*. Office of Community Oriented Policing Services: Washington, DC. Available at: <http://cops.usdoj.gov/html/dispatch/09-2014/a-different-response-to-ipv.asp>

¹² Houses of Parliament (2015). *Policing Domestic Abuse*. Westminster, London: The Parliamentary Office of Science and Technology Research Briefing 515.

¹³ See <http://www.safelives.org.uk/node/775>

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 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.¹⁴ 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.¹⁵

The current study builds on these earlier findings in order to gain information about the feasibility of implementation of the Priority Perpetrator Identification Tool (PPIT) for domestic abuse perpetrators across a range of relevant agencies. Currently there does not exist an evidence-based identification and management process for the most dangerous domestic abuse perpetrators. The development and use of this tool across agencies represents an important step in establishing a more robust identification and referral pathway for priority domestic abuse perpetrators in Wales.

¹⁴ 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/>.

¹⁵ 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

The aim of the current study was to gain information about the implementation of the PPIT for domestic abuse perpetrators across a range of relevant agencies, in order to both refine the tool and further our understanding of its operational and resource implications in advance of a full pilot and evaluation. We have referred to the data collection and analysis presented in this report as ‘multi-agency testing of the PPIT’ because it was undertaken in order to inform the possible implementation of the PPIT with ‘live’ cases in one or more pilot areas. The research was approved by the National Research Committee (NOMS) and the School of Social Sciences Research Ethics Committee (Cardiff University).

1.3.1 Research Questions

Key questions addressed by this ‘implementation testing’ phase of the research include:

- What proportion of domestic abuse perpetrators are assessed as priority perpetrators by the PPIT?
- 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?
- How does the scoring of items and identification of priority perpetrators by practitioners vary across agencies?
- What are practitioners’ perspectives on the utility and functionality of the tool?
- What recommendations arise from this research in terms of using the PPIT in multi-agency responses to domestic abuse perpetrators?

1.3.2 Multi-agency casefile sample

The first stage of this research took place between October – December 2015 and represented a practitioner-led ‘implementation testing’ exercise. This involved a multi-agency review of the PPIT, which required practitioners in the Police, NPS/CRC and IDVA services to complete the tool for a historical sample of the 100 most recent domestic abuse cases identified within each agency.

A version of the PPIT tool created for the research (see Appendix A) and accompanying guidance and FAQ documents (see Appendix B) were circulated via email to a nominated lead contact in each agency. Each contact was asked to distribute the PPIT and guidance to available staff within their agency. The number of practitioners identified to complete

the PPIT forms varied across each agency according to the operational resources available within each agency at the time.

We aimed to generate a sample of approximately 600 completed PPITs by implementing the tool across the following agencies:

- 7 Independent Domestic Violence Advocate (IDVA) services each to use the PPIT against 15 cases (n=105).
- 4 Multi-Agency Risk Assessment Conferences (MARACs) within the South Wales Police force area to use the PPIT against 25 cases each. (n=100).
- A non-MARAC police sample (n=100).
- National Probation Service (NPS) sample of 100 domestic abuse perpetrators.
- Community Rehabilitation Company (CRC) sample of 100 domestic abuse perpetrators.
- Another sample of Health, Child Protection and/or Social Services (total n= 100).

Table 1 provides a breakdown of the number of completed PPIT forms returned across each agency and shows that a total of 406 forms were received by the research team. Both the Police MARAC and non MARAC targets of 100 completed forms were achieved, whilst the NPS returned 86 and the CRC returned 48 completed PPIT forms. We were unable to access a sample from health, child protection, or social services for the current study.

Table 1. Number of completed PPITs returned by agency.		
Agency type	Number of completed PPIT forms returned	Agency completion rate
IDVA Services	70/105	67%
South Wales Police MARAC	100/100	100%
Gwent Police Non MARAC	33	100%
North Wales Police Non MARAC	34	100%
Dyfed Powys Police Non MARAC	35	102%
Total Non MARAC Police Sample	102/100	102 %
National Probation Service	86/100	86%
Community Rehabilitation Company	48/100	48%
Total	406	80.3%

All completed PPIT forms returned were analysed using the Statistical Package for Social Sciences (SPSS), and findings are presented in Chapter 2 of this report.

1.3.3 Practitioner feedback survey

The second stage of the study was implemented using an anonymous online feedback survey. All participants involved in testing the PPIT against historical and/or recent domestic abuse cases in their agencies during the first stage of the study were invited by email to take part. The survey was designed to draw upon their experiences of using the PPIT in order to further refine the tool and support the development of guidance for practitioners. The survey sought views on the content and scoring rubric of the tool, and also aimed to gather perceptions on the operational delivery and resource implications of its use.

The survey was opened to Police and IDVA agencies on Thursday 7th January 2016 for a period of two weeks, closing on 22nd January 2016. NPS and CRC participants were invited to take part between 14th – 29th January 2016. Each potential participant was invited to take part via email and issued with electronic copies of the PPIT and online survey. All responses were collated and analysed using the Qualtrics web survey tool, and findings are presented in Chapter 3 of this report.

Table 2 provides a breakdown of agencies invited to participate, along with agency response rates across Police, NPS, CRC and IDVA agencies. In total 42 individuals responded with representation across all agencies invited to take part. Both North Wales Police and IDVA services achieved a response rate of 100%, whilst less than a quarter of those invited from the NPS (24%) and CRC (22%) responded. However, this is likely to be due largely to the variation in the numbers invited to participate across each agency.

Table 2. Breakdown of responses to the PPIT participation feedback survey.			
Agency type	Individuals invited	Individuals responded	Response rate %
Police:			
<i>North Wales</i>	1	1	100 (1)
<i>South Wales</i>	16	10	62.5
<i>Gwent</i>	5	4	80

<i>Dyfed Powys</i>	8	4	50
NPS	37	9	24
CRC	36	8	22
IDVA Services	6	6	100
Total	109	42	38.5

1.4 Structure of this report

The remainder of this report falls into three chapters. Chapter 2 presents the analysis of the 406 PPIT forms completed by police officers, probation officers and IDVAs in Wales. Chapter 3 summarises the results and implications of the feedback provided by participating practitioners to the online survey about their experiences using the PPIT. Chapter 4 provides an overview of the key findings arising from this research, as well as recommendations for future research, policy and practice in this area.

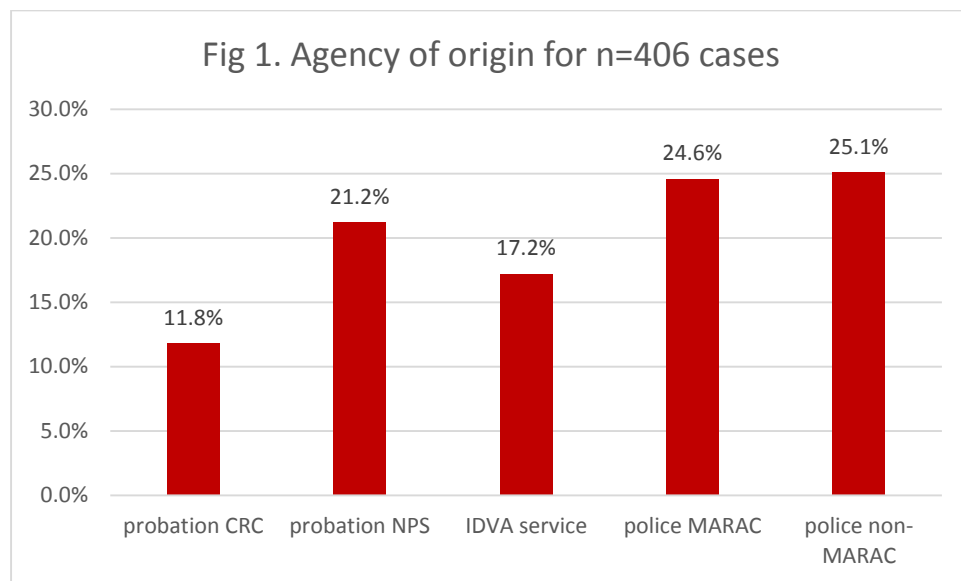
Chapter 2: Multi-agency testing of the PPIT

This chapter reports on the analysis of 406 PPIT forms completed from practitioners working in different agencies and areas of Wales. The analysis of these forms is structured to determine: (1) what the scores on the ten PPIT items reveals about the characteristics of domestic abuse perpetrators coming to the attention of police, probation and IDVA services across Wales, (2) the size and profile of the subset of perpetrators deemed by practitioners in these agencies to be ‘priority perpetrators’, and the evidence and information used by practitioners when making this determination, and (3) differences in the interpretation and scoring of the PPIT across agencies. In the next chapter, we present the findings from the feedback survey completed by practitioners involved in the multi-agency implementation testing of the PPIT.

2.1 Overview of the Welsh sample

2.1.1 Participating agencies

Figure 1 show the level of contribution by various agencies to the overall sample (n=406 in total). Police were the ‘agency of origin’ for nearly half of the sample. All four Welsh police forces took part in the implementation testing: one force provided n=100 cases identified through the MARAC process (25 cases each from four MARACs), and three other forces combined provided n=102 cases identified outside of the MARAC process. Five IDVA services located in different areas of Wales provided a total of n=70 cases. Approximately one-third of the sample was provided by probation agencies (n=48 cases from 8 CRC local delivery units, and n=86 from 11 NPS local delivery units).



It is important to recognise that each of these agencies tends to encounter a different cohort of people, and thus each will hold a different view of the domestic abuse that is taking place in the community. For example, police officers may interact with individuals who have no prior record for domestic abuse, as well as a range of others including those known to be highly dangerous serial perpetrators. Police deal with a wide spectrum of cases, with MARAC cases representing the victims at highest risk of re-abuse. Policing is the beginning of the criminal justice response, whereas the work of probation officers comes at the end, with those receiving convictions for their offending. Perpetrators managed by CRC are deemed to be at lower risk¹⁶ than those managed by NPS. IDVA services hold information, primarily from victims, which may or may not be part of the official records held by police and/or probation. Thus, the label 'agency of origin' covers different operating policies and procedures, and organisational cultures for dealing with domestic abuse, as well as different groups of people coming to their attention. Each agency can be seen to hold a valuable, and complementary, perspective on the issue.

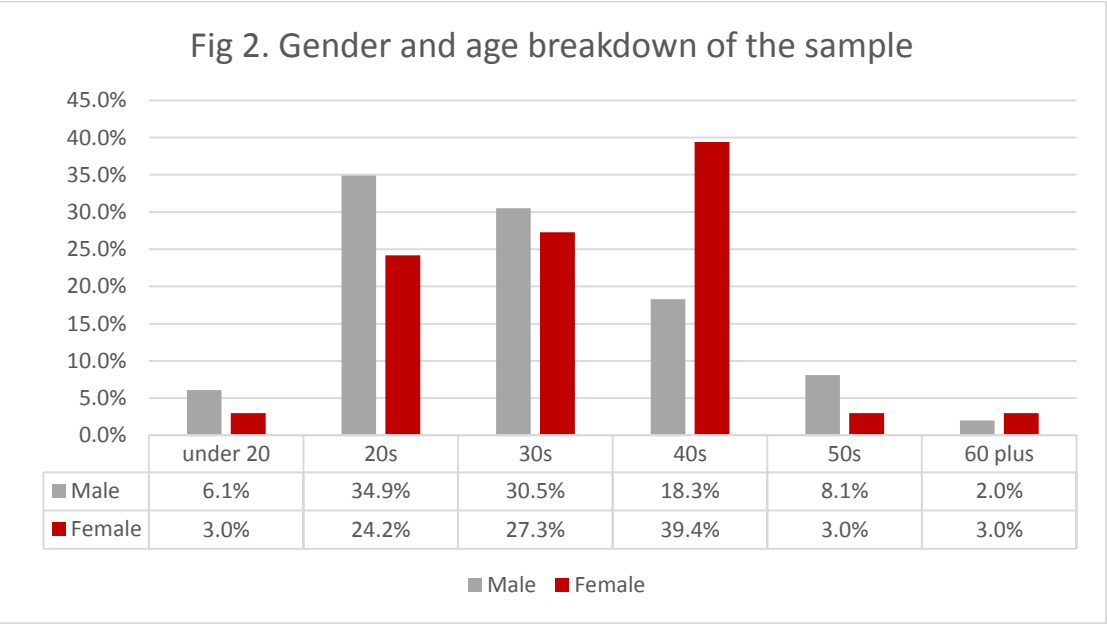
Analysis of the 406 PPIT forms revealed that each practitioner completed between 1 and 34 PPITs (average of 3 each). The majority of forms (68%) were completed in 30 minutes or less. However, the duration spent on each form did vary significantly according to agency of origin. On average, IDVAs were the quickest completing their forms (24.6

¹⁶ CRC and NPS define 'risk of harm' as: Low: current evidence does not indicate likelihood of causing serious harm; Medium: there are identifiable indicators of serious harm, meaning the offender has the potential to cause such harm, but is unlikely to do so unless there is a change in circumstances; High: there are identifiable indicators of risk of serious harm, meaning the potential event could happen at any time and the impact would be serious; and Very High: there is an imminent risk of serious harm, meaning the potential event is more likely than not to happen imminently and the impact would be serious (MAPPA Guidance, 2007, p. 39).

minutes), followed by police dealing with non-MARAC cases (27.5 minutes), probation (CRC and NPS both spent 33.5 minutes per case on average), with police MARAC cases taking the longest (37.1 minutes).

2.1.2 Perpetrator demographics

Of the 403 cases where gender was recorded, 368 (91%) were male. Of the 395 cases where race/ethnicity was recorded, 380 (96%) were white British. Age ranged from 17 to 79 years old, with an average age of 34 years. Figure 2 shows an analysis of gender by age. The age profile is statistically similar between male and female perpetrators, although a higher proportion of females in this sample were in their forties.



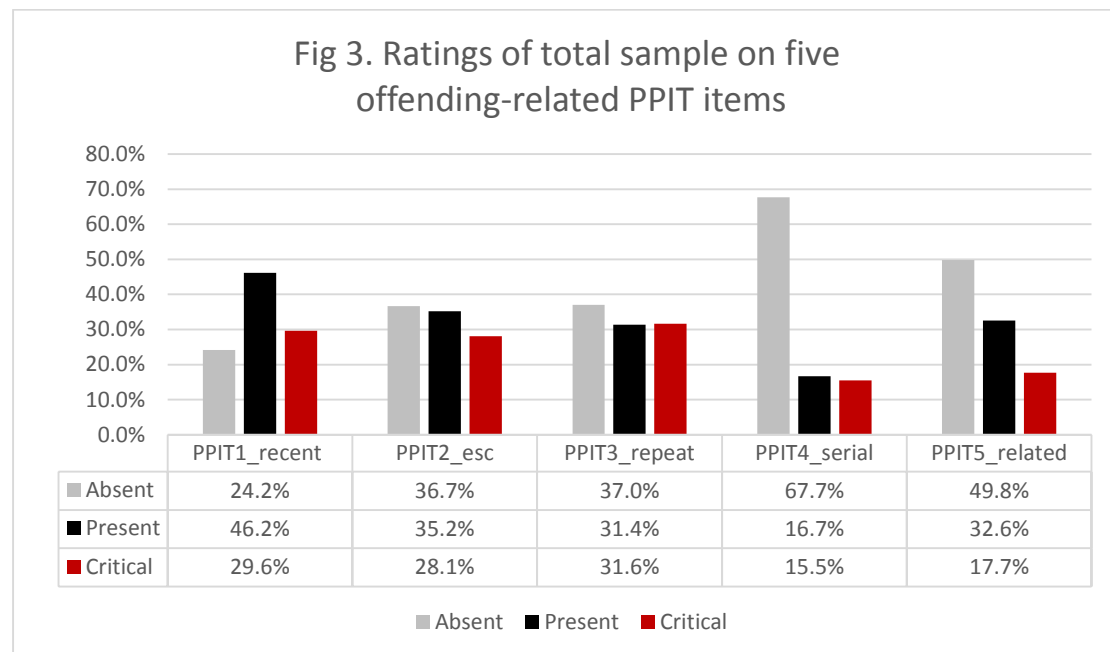
2.2 Scores on the PPIT items

In this section, we present analyses of the individual PPIT items for the whole sample, and identify how this varies according to the agency of origin and perpetrator demographics. In section 2.3 that follows, we examine the information underpinning practitioners’ ‘priority perpetrator’ judgements.

2.2.1 Offending-related items

Recall that the PPIT contains ten items in total, with each item being scored as 0=Absent, 1=Present, and 2=Critical. Five items describe the nature of the offending behaviour, the focus of this sub-section, whereas the other five items describe key characteristics of the offender him/herself, discussed in the following sub-section.

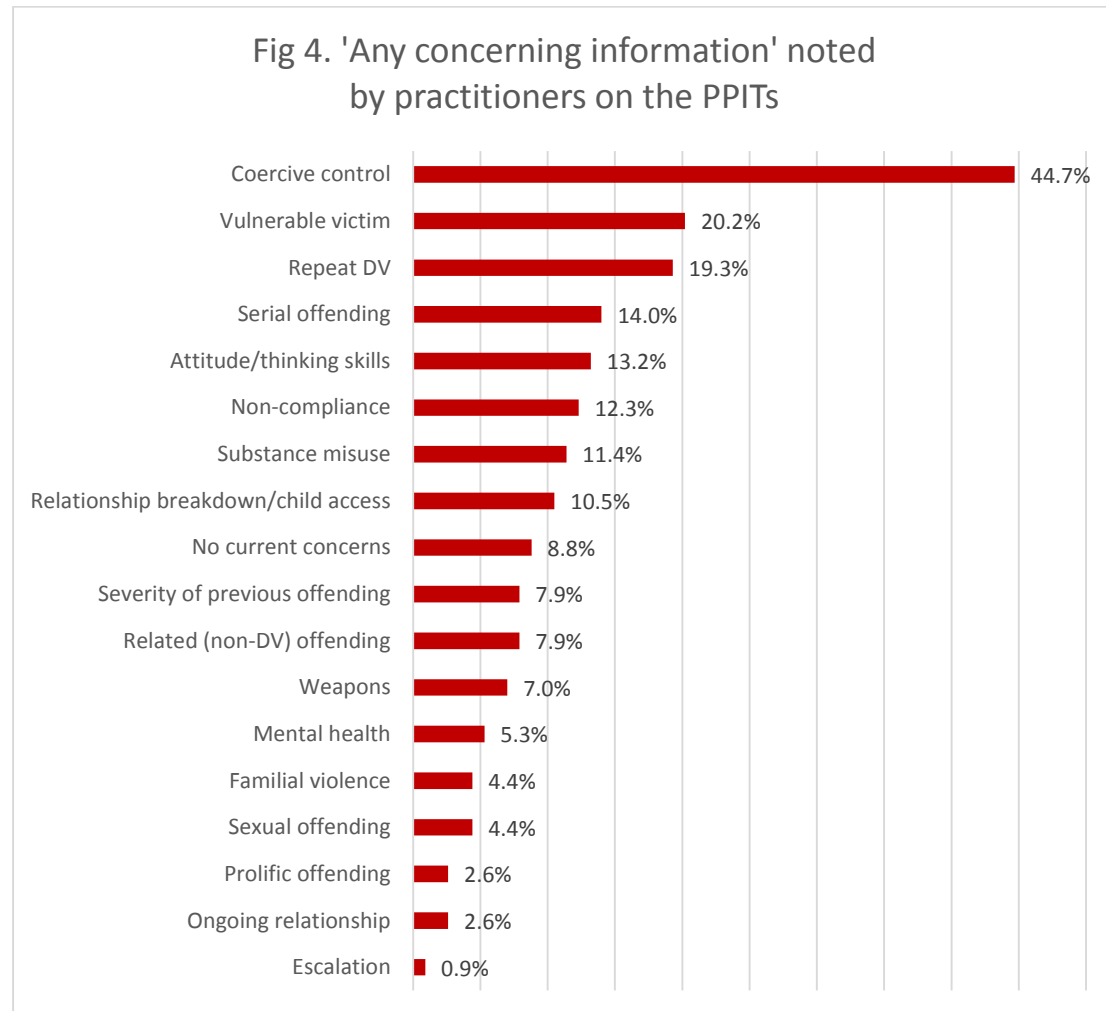
Figure 3 shows the scores for the five items on the PPIT that were designed to help describe the nature of the offending behaviour: #1 recent, #2 escalating, #3 repeat, #4 serial and #5 related. Looking at the sample as a whole, the most prevalent, and critical, features of the offending appear to be that it is recent, it is escalating, and it is repeated against the same victim. About 3-4 in every 10 perpetrators is scored 'present' and a further 3 in every 10 is 'critical' on these items. In contrast, for most of the sample (about 7 in 10) serial perpetration was considered to be 'absent'.



In addition to what is revealed by the quantitative data just discussed, practitioners completing the PPIT also had an opportunity to write qualitative comments about the nature of the perpetrator's offending on the first page of the PPIT form, which provided a space to write in 'any other concerning information (e.g., coercive control)'. For most of the forms received across all agencies, this section was left blank (71.9%, n=292).¹⁷

¹⁷ CRCs were most likely to complete this section with 54% of their forms not completed compared with 70% of NPS, 78.5% of IDVAs, 73% of Police MARAC and 76% of Police non MARAC.

Coding and analysis of 'concerning information' highlighted by practitioners was undertaken in order to provide a further indication of the practitioners' views on the nature of his/her offending. Figure 4 provides a breakdown of the issues highlighted in the 'Any Concerning Info' section on the PPIT forms.



Base N: 114 PPIT forms. Percentages do not total 100%, as practitioners could highlight more than one issue for each perpetrator.

Perhaps due to the prompt on the form, which named coercive control as an example of 'any concerning information', **coercive control** was the most commonly noted issue, present in 44.7% of the 114 forms with information provided in this section. Practitioners provided examples of a range of coercively controlling behaviours including isolation from friends and/or family, inducing fear, pressurising partners/family members for money, and using child contact to control and harass the victim. Although coercive control was the most common theme all cases, it is important to note that it was present much more often in those deemed to be priority perpetrators (34.9% compared to 61.7%). Some illustrative comments are provided below.

Perpetrator A

Source: IDVA Service, Priority Perpetrator, White, male, aged 54

The perpetrator would use fear to control. He made the victim believe that he has worked with some serious crime families in another area and therefore he made her believe that he could get other people to hurt her or to destroy the family business. He convinced her that he had access to guns. He isolated her from her family and he would put her down/ monitor what she ate.

Perpetrator B

Source: Police (non MARAC), Non Priority Perpetrator, White, Male, aged 30

The victim is frightened of the perpetrator he makes her feel isolated from her family in Manchester and also he has tried stopping her seeing the doctor. Victim has tried to separate from him but recently returned.

Perpetrator C

Source: Police (MARAC), Non Priority Perpetrator, White, Male, aged 41.

Continual control, giving victim alcohol to induce relapse. Told victim he has placed a tracker on her vehicle. Victim is disabled and relies upon male as her carer.

Perpetrator D

Source: IDVA Service, Priority Perpetrator, White, Male, aged 38.

He targeted the victim from a young age and he controlled her totally emotionally, that resulted in her not having her thinking skills. There were pockets of violence, which would only be used to raise the fear factor when he felt he needed to re enforce his control.

Perpetrator E

Source: Probation CRC, Non Priority Perpetrator, White, Male, aged 40.

[Perpetrator] presents as being very controlling over [victim], financially and emotionally. A number of times she has asked for support in leaving him but has later stated that it is too difficult.

The majority of perpetrators had more than one issue of concern highlighted on the PPIT form, with practitioners including up to seven issues for some individuals. Some examples of practitioners' comments are provided below in order to illustrate the ***constellation of problematic behaviours*** that are present for some perpetrators and which practitioners choose to comment upon:

Perpetrator F

Source: Probation NPS, Non Priority Perpetrator, White, Male, aged 21

Attitudes/thinking skills, related violent offending, substance misuse, non-compliance: *He has a belief in using violence/threats of as a means of resolving conflict in intimate relationships. Has a belief that substance misuse is an entitlement, previously breached community orders and restraining order and does not want to behave well upon release. He has behaved poorly in hospital assaulting patients and staff, refuses to cooperate even in discussions regarding his licence release, does not understand his motivation for offending, and is not in any way motivated to comply or address his behaviour.*

Perpetrator G

Source: Probation CRC, Non Priority Perpetrator, White, Female, aged 34

Repeat perpetrator, substance misuse, weapons indicated, mental health issues: *[Perpetrator] and her partner, X have a historically volatile relationship that has been aggressive and violent for some time. [Perpetrator] has been charged twice for Assaults on X in the last 12 months. Their relationship is intense with a lack of trust on both side which leads to significant conflict. [Perpetrator] suffers with depression as well as an addiction to amphetamine. She has previously gone in to psychosis which has led to her exhibiting worrying behaviour and grabbing knives in front of staff at the hostel she was residing at.*

Perpetrator H

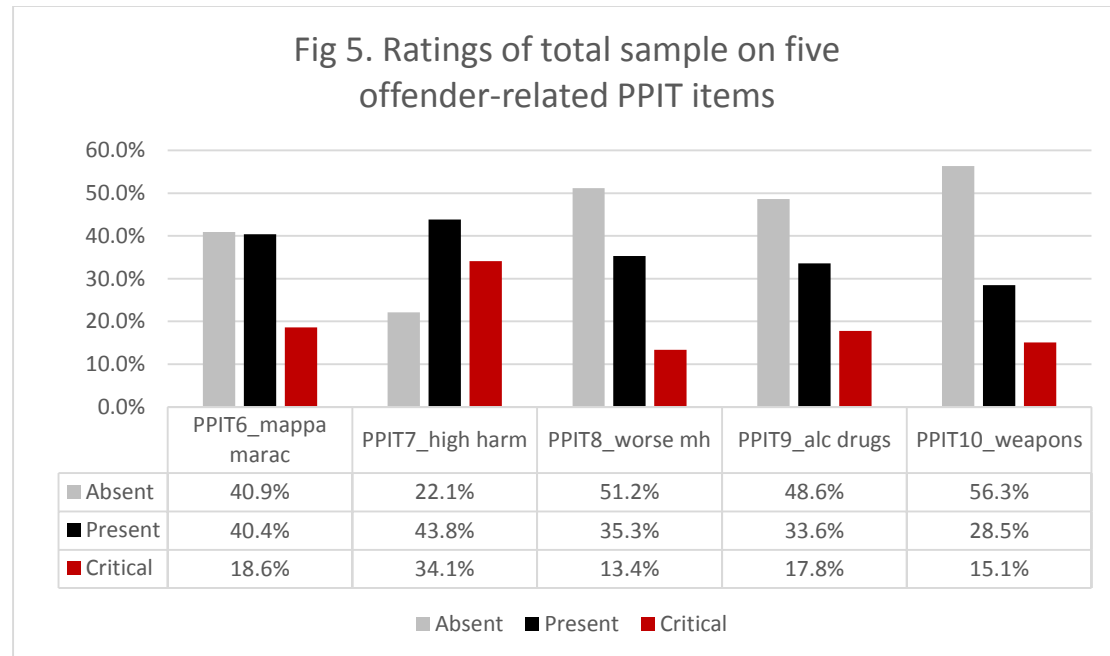
Source: Probation NPS, Priority Perpetrator, White Male, aged 30

Vulnerable victim/s, repeat perpetrator, controlling behaviour and/or emotional abuse, related violent offending, weapons indicated, serial perpetrator, substance misuse: *Numerous police callouts and allegations made in relation to [perpetrator] and his current partner. X's partner has recently given birth (pregnant at the point of escalation in police callout). Previous DV concerns, children from previous relationships removed from parental care also linked to substance misuse and also allegations made toward X within casual relationships. Relationship has been volatile within the last 12 months... X has history of violent offending and use of weapons, recent intelligence linked to knife use (IOM case) and family history of serious harm and domestic violence. Evidence of psychological abuse and controlling behaviour and previous evidence of potential to cause serious harm in non-intimate relationships.....Discloses depression but no current mental health diagnosis or evidence of worsening mental health. Ongoing substance misuse concerns, no evidence of it worsening...*

2.2.2 Offender-related items

Practitioners assessed perpetrators in their casefiles on five items designed to indicate issues relating to the perpetrator him/herself that could be a cause for concern, including: #6 subject of MAPPA or MARAC within past 3-years, #7 responsible for highly harmful abuse (physical and/or psychological) against a former or current victim, #8 worsening mental health, #9 increase in drug or alcohol misuse, and #10 known history or current access to weapons (see Figure 5). The most prevalent item, and with the highest

proportion of perpetrators rated at 'critical' levels, is #7 high harm. Similar to #1 discussed in the previous sub-section, practitioners considered #7 'absent' for only a minority of perpetrators (about 1 in 5).



2.2.3 Variation in PPIT scores by perpetrator demographics

Next, we examined whether the likelihood of achieving a critical rating on each of the ten PPIT items varied according to the gender, age and race of the perpetrator. Generally, results indicate that perpetrator demographics play a relatively small role.

Figure 6 compares the percentages of male and female perpetrators who were deemed to be at a 'critical' level for each PPIT item. Recall that the overall sample is comprised mostly of men (96%), and therefore a PPIT was completed for a relatively small number of women. Nevertheless, the results provide an interesting comparison of the profile of male and female domestic abuse perpetrators coming to the attention of various agencies. Generally, although a higher percentage of men were deemed to be at 'critical' levels, these differences were not statistically significant. The exceptions were for item #2 (escalating) and item #5 (related) offending, where there was a statistically significant difference that was also substantial. For example, in contrast to their female counterparts, male perpetrators were twice as likely to be perpetrating abuse that was escalating, and nearly four times as likely to be engaged in related types of offending behaviour. Finally, it is worth noting that for two items the percentage was higher for female than male perpetrators (#8 mental health and #9 alcohol/drugs).

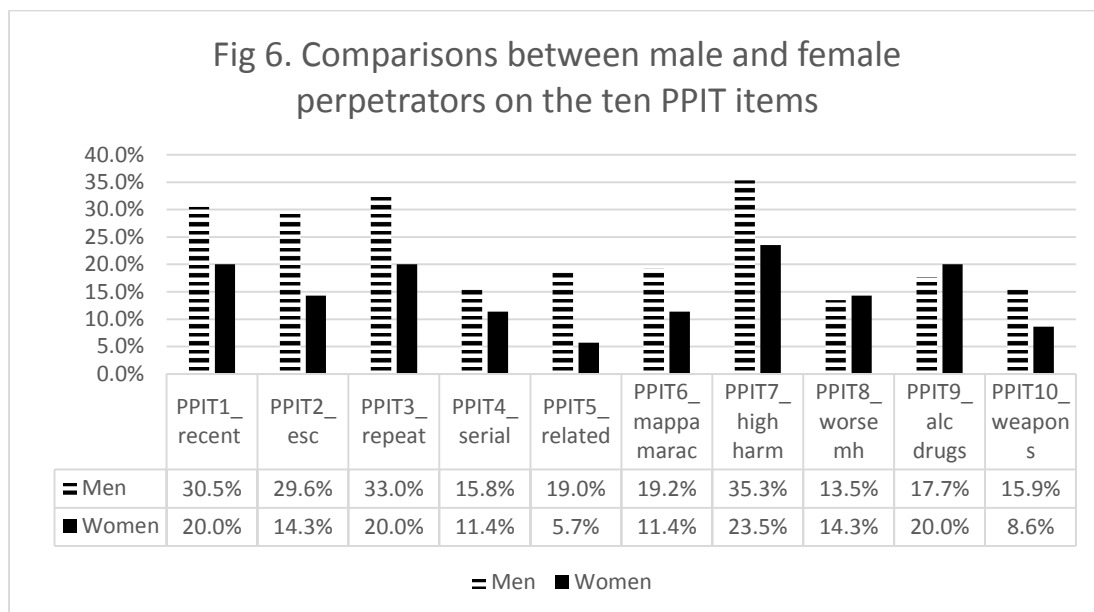


Figure 7 presents a similar analysis of the percentage of perpetrators in various age categories that were deemed to be at 'critical' levels. Although results must be treated with caution, due to the small numbers particularly in the youngest and oldest age categories, it seems that a clear pattern is not discernible. For eight of the ten items, the observed differences across the age categories are not statistically significant. The exceptions are item #5 (related) and item #6 (MAPPA/MARAC), which do not share a pattern (i.e. those over 60 having the highest percentage for item #5, but those under twenty having the highest percentage for item #6).

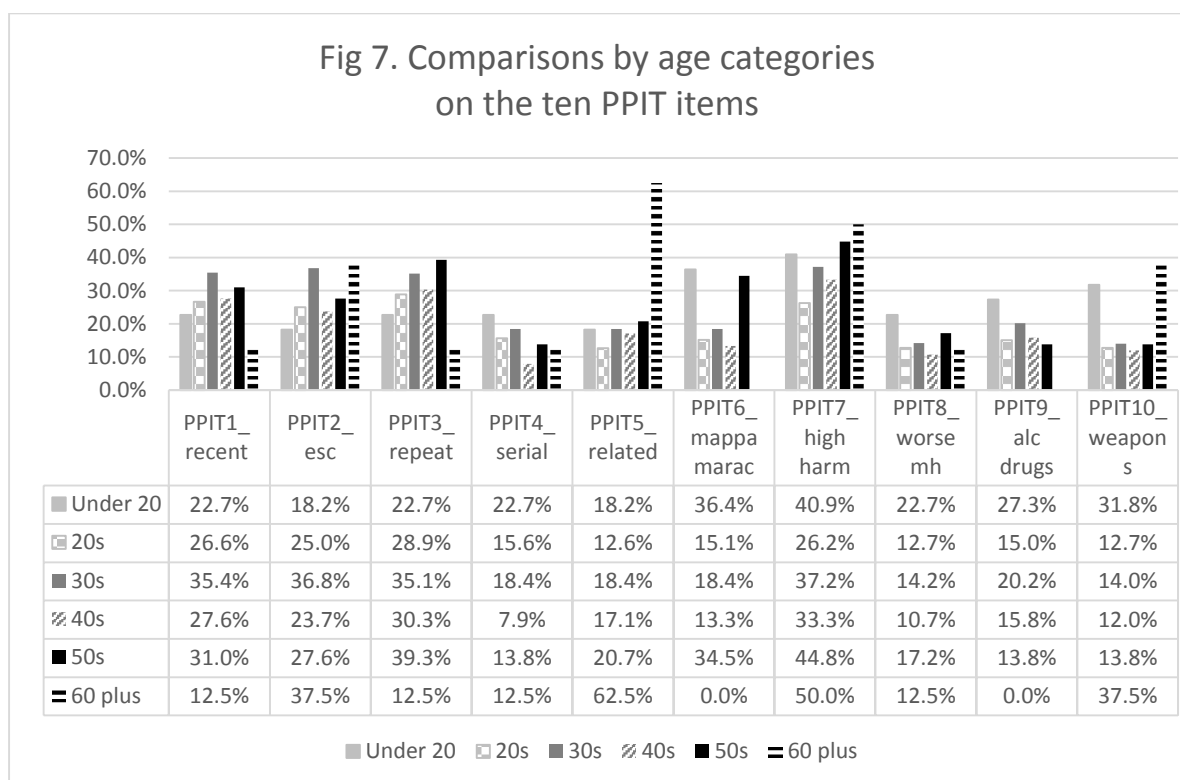
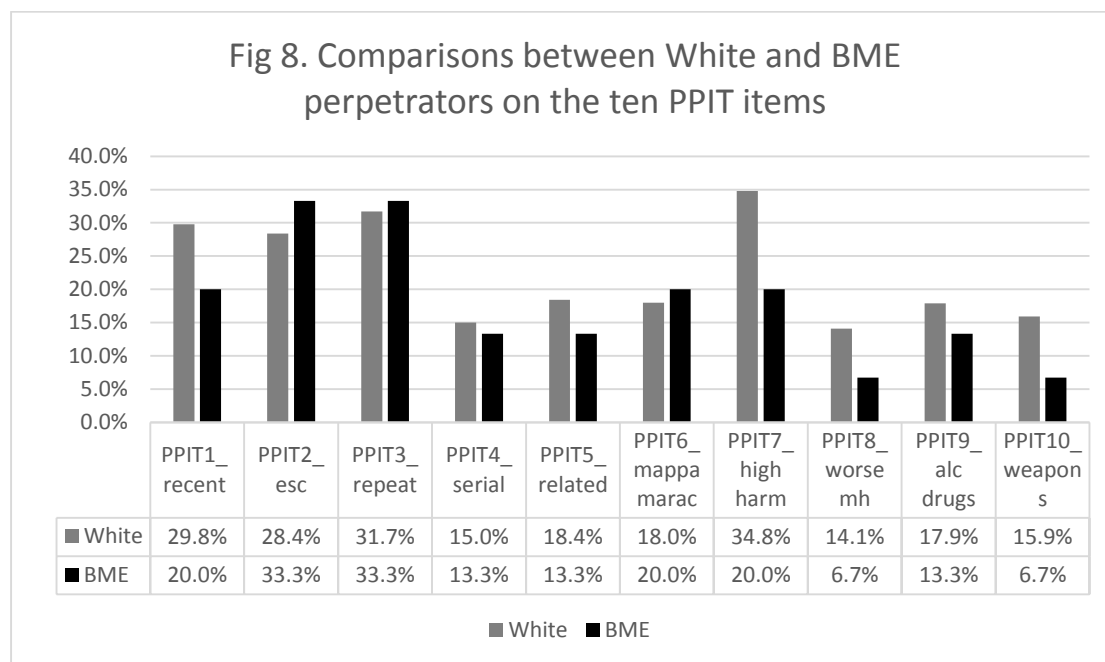


Figure 8 compares the percentages of White and Black and Minority Ethnic (BME) perpetrators who were deemed to be at a 'critical' level for each PPIT item. Recall that the overall sample is comprised mostly of White perpetrators (96%), and therefore a PPIT was completed for a relatively small number of BME perpetrators (n=15). No statistically significant comparisons emerged from this analysis (i.e. for this sample, white and BME perpetrators shared a profile that is more similar than different).



2.2.4 Variation in PPIT scores by agency of origin

Figures in Table 3 indicate the percentage of perpetrators deemed to be at a 'critical' level (as opposed to 'absent' or 'present') for each PPIT item, across the different agencies providing the cases. All comparisons are statistically significant ($p < .01$), indicating that the observed differences in the percentages can be interpreted as meaningful.

Recall that each type of agency has a different remit in relation to domestic abuse, and this is reflected in their different patterns of scoring across the ten PPIT items. Generally, those cases originating in CRC and police non-MARAC cases were evaluated as less serious. This is logical considering that CRC manage lower-risk offenders in comparison to NPS and police non-MARAC cases are lower risk in comparison to police MARAC cases. IDVA services not only work with high-risk victims, but they are potentially privy to information disclosed from victims that is not known to criminal justice agencies, providing an explanation for their generally higher scoring. This is perhaps best reflected

in the differences in percentages deemed to be 'critical' for #7 high harm: 8.5% for CRC, 8.8% for police non-MARAC, 42.4% for police MARAC, 45.9% for NPS, and 62.3% for IDVA.

Table 3. Variation in PPIT item scoring across agencies.						
	AGENCY OF ORIGIN					
PPIT ITEM	CRC	NPS	IDVA	Police MARAC	Police non-MARAC	TOTAL
PPIT1_recent	10.6	38.4	55.7	35.0	7.8	29.6
PPIT2_esc	12.5	31.4	57.1	36.0	4.9	28.1
PPIT3_repeat	14.6	44.2	50.7	37.0	10.8	31.6
PPIT4_serial	6.2	31.4	24.3	15.0	1.0	15.5
PPIT5_related	2.1	22.6	42.0	16.2	5.9	17.7
PPIT6_mappamarac	8.5	29.8	30.0	24.0	1.0	18.6
PPIT7_highharm	8.5	45.9	62.3	42.4	8.8	34.1
PPIT8_worsemh	0.0	18.8	21.7	12.1	10.9	13.4
PPIT9_alcdrugs	4.2	25.9	34.3	11.0	12.7	17.8
PPIT10_weapons	6.2	14.3	24.3	23.2	5.9	15.1

The analyses presented thus far have identified certain PPIT items as being recognised by practitioners as more prevalent within the sample, and more often at 'critical' levels. It has also revealed that agency of origin seems to be more influential in practitioners' scoring of the items than do the demographic characteristics of perpetrators.

2.2.5 Evidence and information used

The second part of the PPIT form comprises a 'Supporting Evidence' section, which provides practitioners with an opportunity to note specific examples and sources of information used to score each PPIT item. This qualitative data was thematically analysed in order to examine the type of evidence used by practitioners when determining the score for each item.

Supporting Evidence PPIT1_ Recent

A number of different sources of evidence were used to score this item, with the majority of practitioners focusing upon the frequency of police incidents and call out data over the past 12 months. The number of arrests, charges, recorded convictions, court appearances, and recent breaches of non-contact orders were also used to assess this item. IDVA Services in particular focused upon information gathered from witness information and CAADA DASH forms. Practitioners in the NPS and CRC also tended to draw upon data from the OASys¹⁸ and SARA¹⁹ risk assessment tools. The level of detail provided also varied across individual practitioners. Supporting evidence was not provided for this item on eleven forms, some practitioners focused solely on the frequency of offences, others examined both the frequency and type of offence, whilst other forms included detailed narratives of the offence(s). Examples of comments illustrating these findings include:

“6 reported incidents in past 12 months. Mostly verbal and minor damage/pushing /grabbing.”

[PPIT1 score Present: Police MARAC]

“Cut to the neck from a scissors, regular physical abuse, injecting victim with drugs.”

[PPIT1 score Critical: IDVA]

“Date of last incident 15/03/15.”

[PPIT1 score Present: Police MARAC]

“Has used knives to threaten her, thrown her down the stairs when pregnant, has attempted to strangle, has caused injuries i.e. black eyes.”

[PPIT1 score Critical: IDVA]

Convicted of Stalking and Breach of Restraining Order 18/05/2015. (Pre Cons/OASys).

[PPIT1 score Critical: Probation NPS]

Supporting Evidence PPIT2_ Escalating

¹⁸ The Offender Assessment System (OASys) is a risk and needs assessment instrument, developed jointly by Her Majesty's Prison Service (HMPS) and the National Probation Service (NPS). It provides the basis for integrated offender management throughout all custodial and community sentences.

¹⁹ SARA is the Spousal Assault Risk Assessment Tool, which consists of 20 risk factors along with two summary risk judgments. SARA is completed with all offenders who are flagged as domestic abuse perpetrators. See Kropp et al. (1995) *Manual for the Spousal Assault Risk Assessment Guide* (2nd Edition): The British Columbia Institute on Family Violence.

This section was completed for 393 of the 406 PPIT forms returned. Practitioners drew upon police incident data and convictions to assess any increase in frequency and/or severity. Practitioners also made a clear distinction between frequent yet consistent offending (scored Absent) and marked increases in frequency and/or severity. Breach of non-contact orders, data from OASys and victim reports from the CAADA DASH tool were also used to assess the score for this item as were details of situational triggers and risk factors such as substance misuse, relationship breakdown and worsening mental health:

“Earlier incidents reported as verbal only. This incident involved damage to property and significantly he destroyed her phone.”

[PPIT2 score Critical: Police MARAC]

“Increase in callouts related to DV within the past 12 months”.

[PPIT2 score Critical: Police MARAC]

“Increase in callouts related to DV within the past 12 months. Pregnancy and volatile relationship. Recent separation.”

[PPIT2 score Critical: Probation NPS]

“[Perpetrator] has an ongoing pattern of domestic abuse against partners, and as such, the most recent offences do not appear to represent an escalation either in frequency or seriousness.”

[PPIT2 score Absent: Probation NPS]

“Scored 1 because of the situational trigger. Power and control in index offence and this is a pattern of behaviour demonstrated in previous offending.”

[PPIT2 score Present: Probation CRC]

Supporting Evidence PPIT3_ Repeat

This section was left blank on 18 of the 406 returned forms. The number of police reported incidents was the main source of data used to complete this section. Evidence was also drawn from OASys assessments, victim reports/DASH forms, breaches and convictions. Again, the level of detail varied across individuals with some practitioners including the number and type of offence, some providing detailed descriptions of recent occurrences and others responding Yes /No or Not Known. Comments which illustrate these findings include:

“There have been two incidents against his current victim within the past twelve months.”

[PPIT3 score Critical: Probation NPS]

“There have been four domestic occurrences involving the offender and the same ex-partner within the past 12 months. One of these involved the offender as the

aggrieved and made an allegation that he was assaulted by his ex-partner. The two other occurrences were both verbal arguments and no police action was taken. Prior to these occurrences, the offender was last involved in a domestic with the same partner on 15/08/2010. This was a verbal domestic only and no police action was taken."

[PPIT3 score Present: Police Non-MARAC]

As the above comments highlight, practitioners' interpretation of the evidence did not always result in a consistent scoring threshold, with four occurrences in the past 12 months assessed as 'Present' by one practitioner compared with two incidents in the past 12 months assessed as 'Critical' by another practitioner. It is likely therefore, that the score for each item is not considered in isolation but rather is influenced by the practitioner's knowledge of all the characteristics of the offender and his/her offending.

"Has been charged with assault x 5 and C/Damage x 2 with two different ex-partners in the last 2 years."

[PPIT3 score Critical: Police MARAC]

"Incidents of violence with 2 partners in last 12 months. Beaten up current partner, held brick to the head of last partner and threatened to smash skull in and threatened her with knife."

[PPIT3 score Critical: IDVA]

Supporting Evidence PPIT4_Serial

This section was left blank on 16 PPIT forms. Practitioner comments ranged from 'Yes' /'No' to details of the nature of offending against each previous victim. It is also evident that some perpetrators could be identified as having offended against more than one victim but not within the three year timeframe and were therefore scored Absent. Some practitioners gave details of the nature of the victim relationship, which indicated that familial abuse was also included.

"In the last three years, the offender has assaulted his partner, daughter and son. Details of the physical abuse towards his daughter and partner are stated above. There has also been an occurrence where the offender has punched his son in the face on 28/07/2013 (RC13122149). The offender was arrested for this but not charged".

[PPIT4 score Present: Police Non-MARAC]

"ABH against then partner - 7.9.12 harassment of her - 3.5.13. Common Assault against next partner - 19.4.14."

[PPIT4 score Present: Probation CRC]

“Does not have two or more victims within the past three years but has 2 previous victims and demonstrates distorted thinking and attitudes supportive of domestic abuse.”

[PPIT4 score Absent: Probation NPS]

“Flag for serial but not in past three years.”

[PPIT4 score Absent: Police MARAC]

Supporting Evidence PPIT5_ Related

This item was left blank for 27 of the 406 PPIT forms returned. As with other items within the Supporting Evidence section, the level of detail included varied considerably across practitioners. Information for this item was taken principally from the number and type of previous convictions and information contained within OASys assessments. 14 of the 379 completed forms were marked as ‘not known’ all of which were returned by IDVA Services indicating that not all agencies are able to access the necessary data required for this item. There did also appear to be a certain degree of confusion around this item, with evidence on 15 forms pertaining to the relationship between the victim and perpetrator as opposed to the nature of other offending:

“Husband and wife.”

[PPIT5 score Present: Police Non-MARAC]

“Boyfriend and girlfriend.”

[PPIT5_score Absent: Police Non-MARAC]

However, the vast majority of practitioners did interpret the item correctly by providing evidence of other offending behaviour.

“Male is a prolific offender. He has previous arrests for numerous affray and grievously bodily harm. Male has been arrested previously for harassment.”

[PPIT5 score Present: Police Non-MARAC]

Supporting Evidence PPIT6_ MAPPA/MARAC

This item was left blank on 15 of the 406 forms. Comments ranged from ‘Yes’/‘No’ to the frequency, dates, and the nature of the (violent) offences leading to the MAPPA/MARAC referral.

“The assault and theft incident resulted in a MARAC referral. We do not know if he was referred to MAPPA.”

[PPIT6_score Present: IDVA]

“X is a MAPPA 1 case because of the nature of the Robbery and AOABH offences.”

[PPIT6_score Present: Probation NPS]

“Perpetrator referred to MARAC on one occasion as a result of assaulting his partner with a piece of wood and smashing her car window with 3 young children sat in the car.”

[PPIT6 score Present: Police MARAC]

Supporting Evidence PPIT7_High Harm

Practitioners utilised a range of data sources when completing this item, which included: victim reports, OASys assessments and/or Delius records, police and/or court documents indicating the severity of the current offence, victim statements and nature of previous convictions. The majority of the evidence provided for this item tended to describe the abusive event and/or assess the potential risk of future harm as opposed to evidencing the severity of the consequences for victims. This may be due to practitioners misconceiving the required evidence for the high harm item, a lack of available evidence of the consequences, or a combination of both.

“The offender is a risk of causing high harm to others. This includes her most previous domestic occurrence where she physically assaulted her partner which resulted in a broken jaw/cheek. Although she has not committed any murders, the above suggests that she could cause harm to the public.”

[PPIT7 score Critical: Police Non-MARAC]

“OASys High Risk of Serious Harm to known adults, grandmother and partner however no convictions for violence against partner (self-disclosure during supervision) and recent breaches of Restraining Order in respect of Grandmother relates to [perpetrator] staying at the property and using drugs. No violence towards grandmother on this occasion.”

[PPIT7 score Present: Probation NPS]

“Controlling/makes threats unless victim returns home.”

[PPIT7 score Present: Police MARAC]

“Victim was pregnant at the time of incident, and perpetrator has punched her to the stomach, tried to smother her to stop her breathing, grabbed her around the throat and bitten her arm. Violent assault.”

[PPIT7 score Critical: Police MARAC]

An example of the type of evidence used by one practitioner to evidence the harmful consequences of the abuse for victims is provided below:

“The continued verbal and mental abuse has caused the victim to self-harm and become withdrawn.”

[PPIT7 score Present: Police MARAC]

Supporting Evidence PPIT8_Worsening mental health

Information for this item has been drawn from a combination of perpetrator and/or victim disclosure, OASys assessments and warning markers attached to perpetrator records on police systems. This item was completed for 96% of forms returned. The majority of practitioners made the distinction between the presence of mental health issues (most scored this as Absent if there was no discernible change) and a noticeable deterioration/worsening in mental wellbeing. However, it seemed as though there was a ‘blurring of the lines’ between what constituted a ‘present’ score for this item compared with a ‘critical’ worsening of mental health. As the comments below illustrate, both perpetrators report feeling suicidal yet the individual who has already made an attempt on his life is scored as ‘present’, and the latter who has not, is scored as ‘critical’.

“Deteriorating- attempted to hang himself in custody cell, threatened staff that he would kill himself. Depressed – medicated, self-harm cuts to arms.”

[PPIT8 score Present: Police MARAC]

“Appears to have worsened admits feeling suicidal.”

[PPIT8 score Critical: Police MARAC]

Supporting Evidence PPIT9_Increased Alcohol/Drug Misuse

Again, the evidence provided for this item has tended to be taken from perpetrator reports, OASys assessments and Police records. Evidence was missing for 3% of forms returned. As with the previous item, the evidence detailed on some of the forms highlights the potential for subjectivity when scoring this item. The comments below exemplify how the threshold for ‘present’ and ‘critical’ scores can vary according to individual, with similar evidence provided for a ‘present’ and ‘critical’ score.

“Chronic alcohol misuse.”

[PPIT9 score Present: Probation NPS]

“X has significant problems in relation to alcohol misuse. He is also on a methadone script due to previous issues re heroin. Information suggests that around the time of the assault he was drunk. He also used cocaine on occasions.”

[PPIT9 score Present: Probation NPS]

“Fairly regular chronic cannabis use.”

[PPIT9 score Critical: Police MARAC]

“Longstanding drug/alcohol problems. Currently drug free but using alcohol. This increases likelihood of aggressive behaviour.”

[PPIT9 score Critical: Probation CRC]

Supporting Evidence PPIT10_Weapons

Information for this item was drawn from warning markers on police records, police intelligence, previous convictions, OASys assessments and/or Delius records and victim/perpetrator disclosure. As with other items within the Supporting Evidence section, there was a high level of completion (24 missing). Analysis of this item indicates that perpetrators with historic convictions for possession of weapons were being scored similarly to those who have currently/recently been in possession of weapons and made threats to use them. Subsequently, for some, there was little discernible difference between the evidence provided for a ‘critical’ score and a ‘present’ score.

“Previous conviction for offensive weapon in 1987.”

[PPIT10 score Present: Probation CRC]

“No access to weapons however does have a previous offence for Possession of Offensive weapon.”

[PPIT10 score Present: Probation CRC]

“Information that the subject has threatened to shoot his victim with a double barrelled shotgun, had iron bar in possession.”

[PPIT10 score Present: Police MARAC]

“Concerns raised by social services that the subject had hidden a handgun in the garden of his partner, also a warning marker for threatening to stab victim with screwdriver.”

[PPIT10 score Critical: Police MARAC]

“Previous use of knife... in 2014 whereby the alleged offender brandished a knife around the house making gestures that she would attack family members.”

[PPIT10 score Critical: Police NON MARAC]

Overall, it appears that whilst the PPIT items were interpreted in a similar way by the majority of practitioners, some inconsistencies in scoring reveal a degree of confusion regarding a number of the items. The findings derived from this analysis therefore indicate that practitioners would benefit from greater clarification around the rationale for some items and particularly how to distinguish between the ‘present’ and ‘critical’ classification. This suggests a number of evidence-based revisions to be made to the PPIT guidance, the implications of which will be discussed further in Chapter 4.

2.3 Determining who is/not a priority perpetrator

In this section we explore the quantitative and qualitative data available to describe how practitioners determine who is, and who is not, a priority perpetrator. How do they arrive at this judgement? First we use statistical methods to identify those PPIT items that seem particularly influential. Then we examine what the practitioners themselves identified as the ‘main reason’ behind their judgements. Together these analyses reveal that the core determinants behind the priority perpetrator judgement appear to be: recent, repetitive, escalating, and severely harmful offending. Practitioners also seem to take note of ‘related’ offending and other forms of violence, in addition to the domestic abuse.

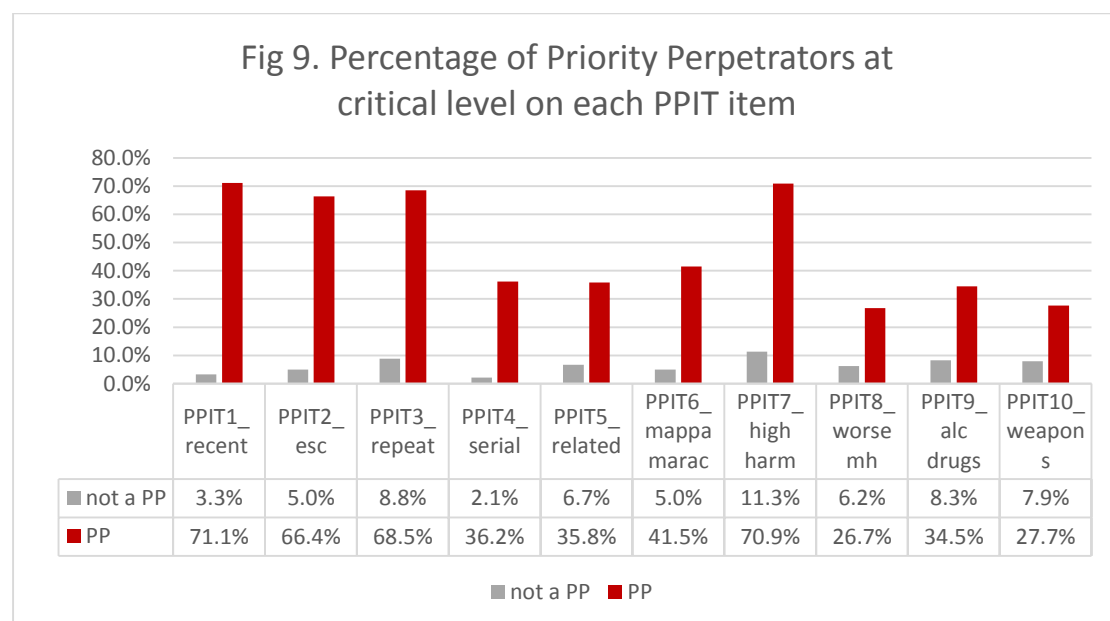
2.3.1 Key factors in practitioners’ judgements

A sizeable proportion (n=149 or 38%) of the perpetrators included in this multi-agency sample were considered to be priority perpetrators. As explored in the next sections, this proportion did vary significantly according to the agency of origin. However, perpetrator demographic characteristics seemed to play a comparatively small role in practitioners’ judgements.

Mostly practitioners followed the scoring rubric²⁰ but in 10 cases the practitioners used their professional judgement to “upgrade” – to designate PP when the scoring threshold was not met. These 10 instances originated in six police cases, three NPS cases, and one IDVA case. Thus, at this point there does not seem to be a pattern with some types of agencies being more or less likely to use professional judgement than others.

²⁰ Each of the 10 items is scored (0=Absent, 1= Present, 2=Critical). A total score is obtained by summing the item scores (for a possible maximum score of 20). The recommendation at this stage is 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 (see also Appendix B).

Figure 9 indicates the percentage of perpetrators deemed to be at a 'critical' level (as opposed to 'absent' or 'present') for each PPIT item, comparing this for those judged as priority perpetrators and those not. As expected, the overall pattern is that priority perpetrators are significantly more likely to be scored at 'critical' levels for all ten PPIT items. All comparisons were statistically significant ($p < .01$), meaning that practitioners' scores for the two groups varied in a meaningful way.²¹ For all ten items, the differences between the two groups are also substantial, with a substantial proportion (if not a clear majority) of priority perpetrators being assessed as 'critical' compared to a small fraction of the other group. For example, analysis of item #1 indicates that 71.1% of priority perpetrators were considered to have recent offending at a critical level, compared to only 3.3% of those not considered to be priority perpetrators.



Binary logistic regression analysis of the ten items together revealed that items #1 recent, #2 escalating, and #7 high harm were particularly influential in practitioners' judgements (i.e., each significantly increased the likelihood of a PP designation, holding the other items constant). To a lesser extent, #5 related and #9 alcohol/drugs were also important.

²¹ It is worth noting that probation officers (CRC and NPS) have an additional sources of information which they can take into consideration, namely the perpetrator's rating on the OASys risk assessment (low/medium/high/very high), and SARA assessments of risk to partners (low/medium/high) and risk to others (low/medium/high). Analysis of these variables with the PP judgement showed that those assessed as high risk on OASys and SARA risk to partners were more likely to be judged as priority perpetrators. There was no relationship between SARA risk to others and the PP judgement.

The regression models produced very robust findings.²² Notably, these findings do not change even when agency of origin is included, indicating that these specific PPIT items are influential regardless of the practitioners' agency.

This type of statistical analysis helps reveal those items driving practitioners' decision-making, and these findings are further reinforced and illustrated in section 2.3.5, which reports on the qualitative data.

2.3.2 Variation across different agencies

Figures in the first row of Table 4 indicate the percentage of cases assessed as priority perpetrators by each agency. CRC cases had the lowest proportion (8.5%) and IDVA services had the highest proportion (69.6%). The average total score also varies considerably across agencies. All comparisons are statistically significant ($p < .01$), indicating meaningful differences. As discussed previously, these are likely due to the different types of cases dealt with by the agencies.

Table 4. Overall score and priority perpetrator judgement, by agency of origin.						
	TYPE OF CASE					
	CRC	NPS	IDVA	Police MARAC	Police non-MARAC	TOTAL
% assessed as PP	8.5	40.3	69.6	48.5	18.4	38.2
Mean total score	4.7	8.9	10.9	9.6	4.6	7.8

²² For example, including the PPIT items as originally coded (0=absent, 1=present, 2=critical), along with type of agency as a control variable, produced robust model fit statistics (chi-square=333.09; df=24; $p < .0001$), classified 92.2% of the cases correctly, and explained 80% of the variance. Using dichotomous versions of the PPIT items (0=absent or present, 1=critical), along with type of agency as a control variables, did not substantively change the findings, and also produced robust model fit statistics (chi-square=299.791; df=14; $p < .0001$), classified 91.2% of the cases correctly, and explained 75% of the variance.

2.3.3 Variation across different perpetrators

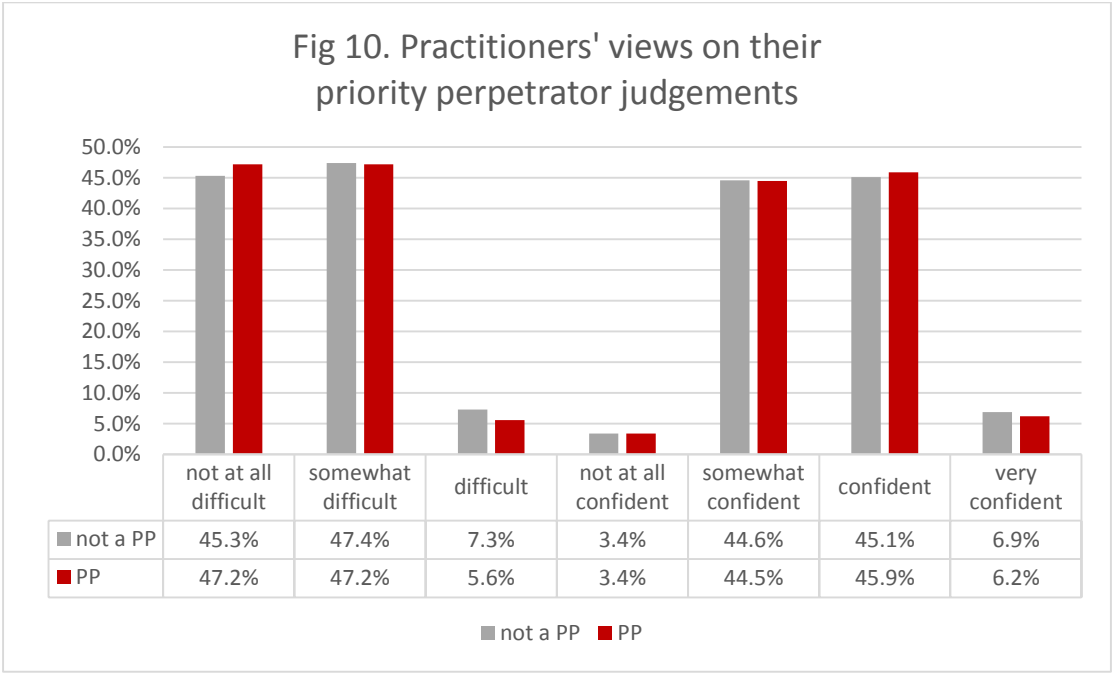
Figures in the first row of Table 5 indicate the percentage of cases assessed as priority perpetrators, across different demographic characteristics. In line with the results presented earlier in section 2.2.3, only the gender differences are statistically significant (with female perpetrators having a significantly lower mean score and a lower percentage assessed as priority perpetrators compared to their male counterparts). In other words, White and BME perpetrators are likely to be scored and assessed as priority perpetrators at similar levels, and likewise the differences across the three age categories were not statistically significant.

Table 5. Overall score and priority perpetrator judgement, by perpetrator demographic characteristics.							
	TYPE OF PERPETRATOR						
	Male	Female	White	BME	20s or younger	30s	40s or older
% assessed as PP	39.5	24.2	38.6	20.0	37.5	42.0	31.5
Mean total score	8.04	6.00	7.90	7.07	7.84	8.21	7.33

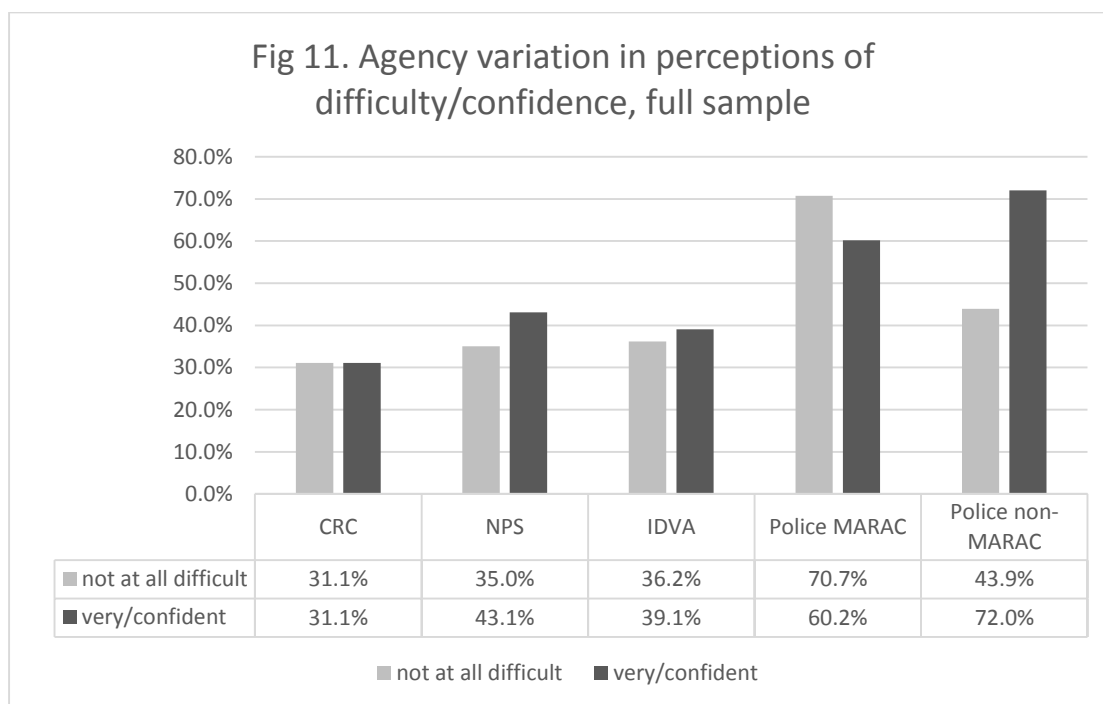
2.3.4 Perceptions of their judgements

Practitioners were asked to rate the difficulty of completing the PPIT for this case and how confident they are in their assessment. About half considered the task 'not at all difficult' and felt 'confident' in their assessment. Perceptions of difficulty and confidence were interrelated (with increases in the former decreasing the latter); however, even when they felt it was a difficult task, about half still felt confident in their assessment.

It might be expected that some cases are more difficult to evaluate than others, with perhaps the more serious cases being easier to identify as those involving priority perpetrators. However, as figure 10 shows, perceptions of their judgements for specific cases were not related to their difficulty and confidence ratings of the same cases. In other words, it is not possible to say at this point that certain types of perpetrators are perceived by practitioners to be easier to evaluate, nor that practitioners have higher or lower levels of confidence when using the PPIT for certain types of cases.



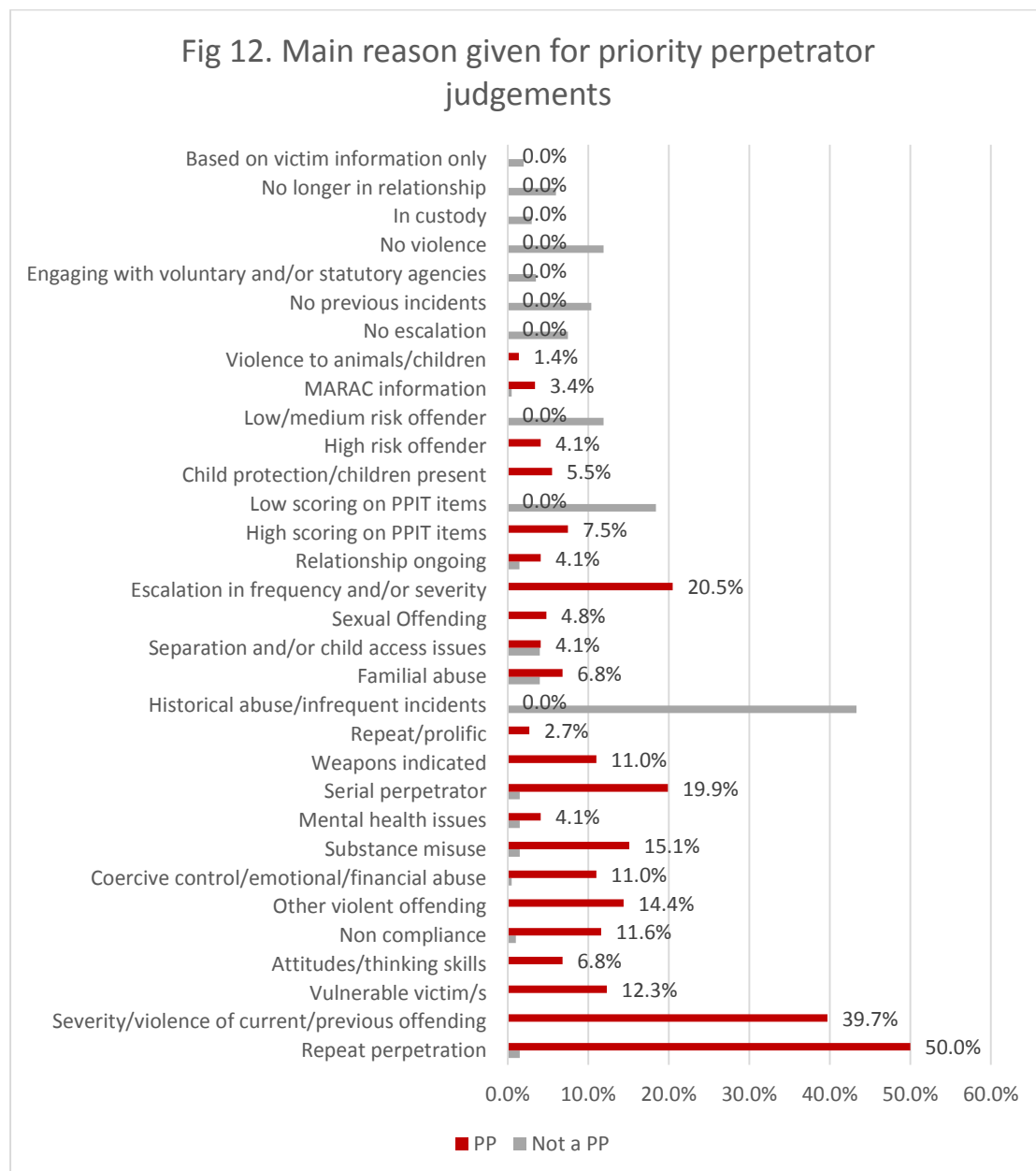
Although difficulty and confidence ratings are not associated with the priority perpetrator judgement, they are associated with the agency of origin. Figure 11 illustrates that the practitioners working in some agencies are significantly more likely to consider the case to be 'not at all difficult' to evaluate, and had higher confidence in their assessments. Overall, police officers had the most positive perceptions of their judgements.



2.3.5 Explaining their judgements

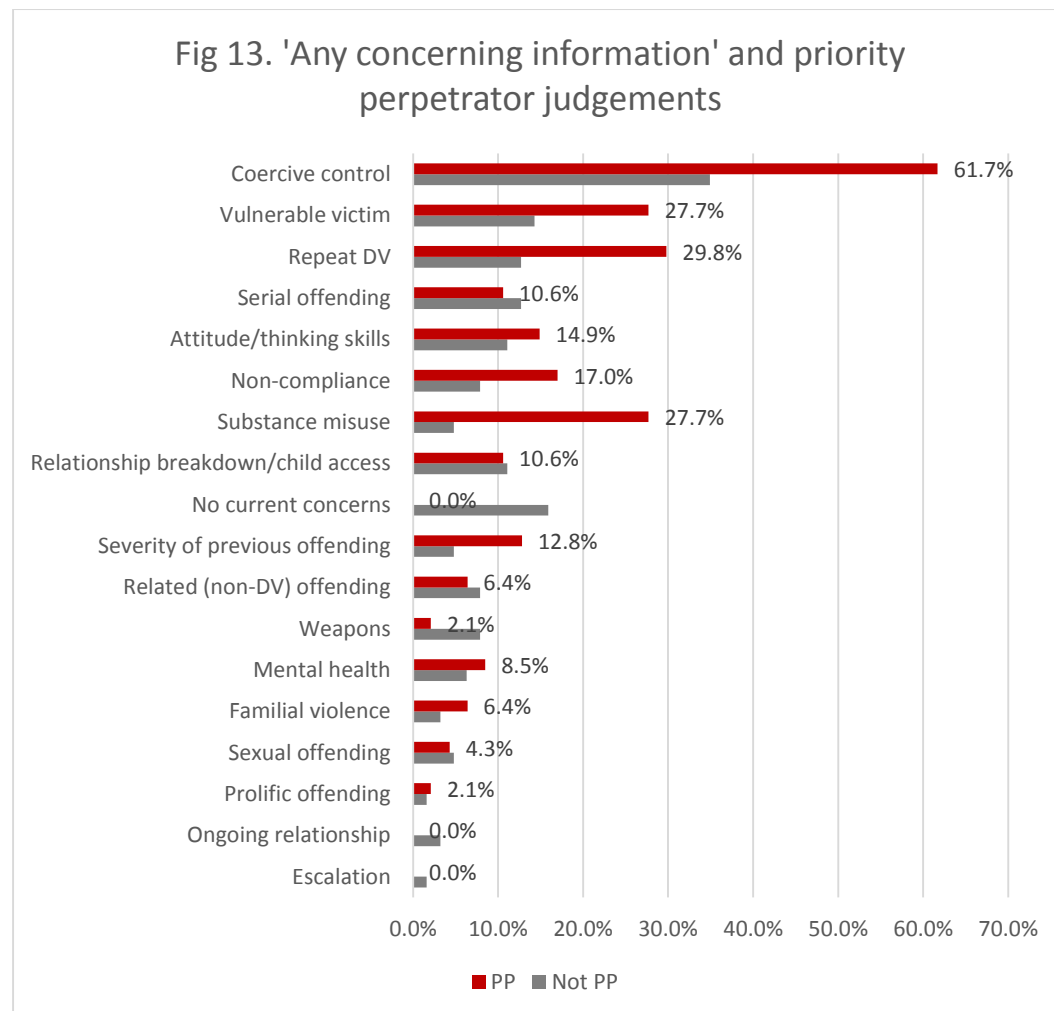
Practitioners were asked to provide a brief explanation of the *main reason* behind their decision to assess an offender as a priority/non priority perpetrator. This item was not completed for 53 of the 406 forms returned. 16 forms were missing a priority/non priority perpetrator judgement. Six of these forms provided a reason for omitting the judgement.²³ A breakdown of the key factors given by practitioners in determining whether an individual should be categorised as a priority perpetrator is provided in Figure 12, for both groups.

²³ One form was completed by an IDVA in relation to a victim providing information on multiple perpetrators linked to historic abuse stemming from her childhood. A further three forms indicated that the practitioner did not understand the section, whilst the fifth form was completed by an Offender Manager who had not managed the perpetrator and was reliant upon information contained within Delius and OASys. This individual therefore did not feel qualified to make the judgement. A sixth form indicated that, "I was instructed to provide this information therefore no professional judgement was involved in identifying this perpetrator. I believe that X poses a High Risk of Serious Harm to his partner, however I am not convinced that a need to have power and control underpins his behaviour as would be the norm. Rather he is incapable of managing his emotions and appears to have an irrational reaction to any sense of being controlled by anyone, rather than a need to control others."



As illustrated above, there is a broad spectrum of factors contributing to a practitioner's decision to categorise a perpetrator as priority (or not), with practitioners using different factors to distinguish the two groups. Repeat offending, severity of the current and/or previous offence, escalation in offending and serial perpetration were all cited as key determining factors in practitioners' assessments of a priority perpetrator. The presence of substance misuse, non-compliance, use of weapons and other violent offending were also more likely to be considered as reasons for assessing a perpetrator as a priority. On the other hand, historical and/or infrequent offending, absence of violence, low/medium risk OASys assessment, and no prior incidents were the main reasons given for deciding against a priority judgement.

Another source of qualitative data relevant to understanding practitioners' priority perpetrator judgements is the 'any concerning information' section of the PPIT. Recall that this information was coded thematically and previously presented for the whole sample (see Figure 4). Figure 13 presents this information according to whether the perpetrator was considered to be a priority (or not).



Base N = 110, (296 excluded from analysis, missing PP judgement and/or 'Any Concerning Info')

Again, the qualitative information provided by practitioners highlights certain themes as particularly relevant to making priority perpetrator judgements, including: exhibiting controlling/coercive behaviour; offending that is repetitive, severe and/or serial; victimising vulnerable victims; and non-compliance with licence conditions and/or non-contact orders. Finally, it is important to highlight that a number of different reasons were often cited for each individual, which together contributed to the judgement made.

2.3.6 Uncertainty in practitioners' decision-making

Analysis of practitioner comments provided in the '**main reason**' section on the PPIT form indicates that some practitioners were not confident in making the priority perpetrator judgement and would have benefitted from more guidance, particularly in relation to the criteria for determining a perpetrator to be a priority (or not):

- Unclear what definition of priority perpetrators, however given score I would suspect he is.
- As X is assessed as a medium risk of harm, I do not believe that he meets the criteria of PPIT. However due to limited guidance I am unsure of the exact criteria.
- I am unaware of the criteria for a PP however as X is assessed as medium risk, I would assume that he does not meet the threshold? Also first conviction for a DV offence and no further callouts since the index offence was committed.

The uncertainty felt by some practitioners when making the PPIT judgement was further corroborated by comments made in the 'Any other comment' section of the form.

- In this case, I felt the offender is more dangerous than thought but there is not enough evidence to prove this. I feel the ratings may not always be reliable as it is not specified what is seen as 1-present and 2-critical.
- I never rate the above as very confident as the offender may be more critical than thought, as there may have been unreported occurrences, which won't have been put on RMS.
- The critical and present boxes could do with clearer guidelines. If the behaviour is 'present' then what constitutes critical is largely subjective unless there are guidelines.
- I am unclear as to what would make someone a priority perpetrator over a non-priority? I've therefore gone under the assumption of resources needed at this time to manage the risk and imminent risk of serious harm.
- Did not feel that enough guidance was given regarding the criteria of PPIT.
- A definition of priority perpetrator would be helpful on form.

The potential for disparity between recorded incidents/convictions on Police/Probation systems with victim reports together with personal knowledge of a case was also evident in comments made by practitioners when attempting to make a priority/non priority judgement:

- Due to the outcome of the ratings above, the offender is not seen as a priority perpetrator. However, in both domestic occurrences that he has been involved in more recently, he has shown that he can be physically abusive and also has a warning mark for anger management problems. His wife has stated that he has assaulted her since they have been together but there isn't much record of this on RMS which is what I base this questionnaire on. If I am judging by RMS, I would say the offender is not a priority perpetrator. However, if he has been physically abusing and his wife for 13 years, then I would see him as a priority perpetrator even though there is no record of this.

- Whilst X has a lengthy criminal history with the majority involving violence, I do not have enough information to consider him a priority perpetrator. From the information available, it appears as though the last DV offence was committed in 2010. If I knew X professionally and was made aware of the nature of the previous violent offences then he could potentially be considered a priority perpetrator.

2.4 Summary

What proportion of domestic abuse perpetrators are assessed as priority perpetrators by the PPIT? Analysis of the 406 completed PPIT forms indicated that just over a third (n=149 or 38%) of the perpetrators were considered to be priority perpetrators. A comparison of the priority judgement across a number of demographic characteristics (gender, age and ethnicity) found that whilst women were significantly less likely to receive a priority judgement than their male counterparts, the age and ethnic group of the perpetrator did not have an effect on the judgement made.

How does the profile/characteristics of priority perpetrators compare to those not identified as priority perpetrators? Priority perpetrators were significantly more likely than the rest of the sample to be scored at 'critical' levels for all ten PPIT items with items #1 recent, #2 escalating, and #7 high harm being particularly influential in practitioners' judgements. #5 related and #9 alcohol/drugs were also important factors driving practitioners' decision-making. These findings were consistent across all agencies. A qualitative analysis of practitioners' descriptive explanations of the *main reason* behind their decision corroborated the statistics, with repeat offending, severity of the current and/or previous offence, escalation in offending and serial perpetration all cited as key determining factors in the priority judgement. The issue of **coercive control** was cited as a concern for almost half (44.7%) of the whole sample, and was considered to be present much more often in the offending behaviour of priority perpetrators (34.9% compared to 61.7%). The presence of substance misuse, non-compliance, use of weapons and other violent offending were also more given as reasons for assessing a perpetrator as a priority. On the other hand, historical and/or infrequent offending, absence of violence, low/medium risk OASys assessment, and no prior incidents were the main reasons given for deciding against a priority judgement.

What evidence and information is used by practitioners when completing the PPIT? Practitioners used a number of information sources in order to complete the PPIT. Sources of information accessed included:

- Police recording/reporting systems
- MARAC/MAPPA data
- OASys/Delius/SARA data
- Victim reports/interviews
- Perpetrator interviews
- CPS/Court referral data
- PNC/PND information assets

- Agency case files and/or personal knowledge of the case
- Children's Services information
- Fast Delivery Reports/Pre Sentence Reports
- CAADA DASH

The form also requires practitioners to provide specific examples and evidence to support the score attributed to each PPIT item. Analysis of the information provided indicates that, on the whole, practitioners interpreted each item as intended. However, discrepancies were found across a small proportion of forms in the interpretation and scoring of a number of PPIT items, in particular, #3 Repeat, #5 Related, #7 High Harm, #8 Worsening mental health, #9 Alcohol/drugs, #10 Weapons. Together, these findings indicate a need for greater clarity in the accompanying PPIT guidance, the implications of which will be discussed further in Chapter 4.

How does the scoring of items and identification of priority perpetrators by practitioners vary across agencies? As outlined above, 38% of the sample was assessed as priority perpetrators; this proportion was also found to vary significantly according to the agency of origin with practitioners from the CRCs issuing the lowest number of priority judgements (8.5%) and IDVA Services the most (69.7%). This is likely to be due to the different cohort of perpetrators coming to the attention of agencies; CRC manage lower-risk offenders in comparison to NPS and police non-MARAC cases are lower risk in comparison to police MARAC cases. IDVA services work with high-risk victims, and are likely to receive information from victims that is not known to criminal justice agencies, providing an explanation for their generally higher scoring. Further, whilst practitioner difficulty and confidence ratings were not found to be associated with the priority judgement, they did vary according to agency of origin with police officers the most confident in their assessments and probation CRC staff the least.

Chapter 3: Practitioner feedback about the PPIT

3.1 Overview of the practitioners taking part

As discussed previously, the second stage of the implementation testing exercise comprised an anonymous online feedback survey which yielded a total of n=42 responses. All participants involved in testing the Priority Perpetrator Identification Tool (PPIT) against historical and/or recent domestic abuse cases in their agencies during the first stage of the study were invited to take part. The survey was designed to draw upon their experiences of using the PPIT in order to further refine the tool and support the development of guidance for practitioners. Findings from the survey are discussed in this section to evidence practitioners' perceptions of the purpose, content and operational implementation of the PPIT, and to indicate where any further changes should be made. In addition, participants were asked to provide their views on the nature of accompanying guidance to support future delivery of the PPIT (see Appendix B). The survey questions and responses are discussed below.

3.2 Guidance and preparation

A 3-page document of Frequently Asked Questions (FAQs) and brief guidance about using the PPIT was circulated in conjunction with the PPIT as part of the research (see Appendix B). Practitioners were asked whether they had read this information prior to completing the PPITs. Almost three quarters (73.2%) of participants reported that they had read the guidance. Seven of the 11 participants who had provided reasons for not reading the guidance had failed to receive the documents when the PPIT forms were circulated during the first phase of testing. One individual received the guidance but did not have time to read it. Respondents were further asked to clarify whether they felt the accompanying information was helpful in adequately preparing them to complete the PPIT. Of those who had read the FAQs document and guidance, opinions were mixed. Additional comments included:

- Helpful to a certain degree however would have been beneficial to have had a definition of a priority perpetrator.
- The document explained why the PPIT was being done and why the various points within the PPIT were being researched. The explanations were from a research and academic perspective. Practical examples would be more helpful.
- Information provided to help with completing the form was easy clear and concise.

- Self explanatory, put things into perspective in terms of establishing a pattern of DV related incidences in the past 12 months.
- It was helpful but I do not feel that it prepared me sufficiently for completing the PPIT document.
- I read the document and felt it clearly explained what was required.
- I didn't feel that the definitions within the questions were clear enough for me to know what information was due to be put where even after reading the document.
- We had the email attachment and used that. I am not sure that I filled it out correctly.

The proportion of participants who received a verbal briefing/advice from their managers prior to completing the PPIT was fairly low, only 36.6% of participants reported receiving any advice from line management. Of those who had received some form of advice from line managers, one felt it contradicted the guidance whilst another felt that it helped ensure their understanding. Nine participants reported that instructions to complete the PPIT were distributed via email with no involvement and/or information from line management. Of those who had not received additional guidance only three reported feeling that this would have been helpful. The majority of comments indicated that staff felt their line managers had no greater understanding of the PPIT than they did. Additional comments included:

- It probably would have been helpful. I was just sent an email with the guidance and told to complete 10.
- Line manager didn't really have any more knowledge than me on what the tool was for.
- It would have been helpful to clarify the initial questions as I felt I was repeating myself in the supporting information. My line manager had the same information available to her and felt the same.
- My line manager went through the process and we completed one together to ensure understanding.
- My line manager was not involved in the process.
- Nobody really knew anything about it.
- Information received via email without verbal guidance. Unknown why. This would have been helpful.
- No guidance or introduction from line-management, the PPIT arrived via email via admin (along with many other things in the inbox).
- May not have been helpful as they had as much information as I did.

Participants were asked to add any further comments about the guidance needed to support the implementation of the PPIT. Twelve participants responded to this item, just over half of whom (58%) did not feel the accompanying guidance was sufficient in its current form. Additional comments included:

- There was insufficient guidance on why we were being asked to fill in the tool, how to fill in the tool and what would be done with the information that we gave.

- As detailed, the form felt repetitive, perhaps because I was putting the wrong information in the wrong place. More specific examples, of what should go in each area may be beneficial.
- Need to explain what the purpose of this tool is as it didn't seem to be productive in the way we determine priority offenders.
- I still do not understand what the criteria for a priority perpetrator are, so did not complete this part of the questionnaire. Both my forms were therefore not fully completed. The rest of the form however was straight forward.
- It needs more detailed explanation by the designers as it is open to interpretation by all who complete it and is quite subjective.
- I think it would have been helpful to put the PPIT in context. I know it was for priority offenders but what will happen post identification?
- I completed two PPIT forms for offenders, both of whom are serving lengthy custodial sentences. Having considered the questions contained on the form, I don't think the PPIT questionnaire will be accurate for custody cases who are serving lengthy sentences, as some of the questions relate to the last 12 months.
- We decided as practitioners how we were going to use the tool, no supervisor required and the guidelines were explanatory.
- Written guidance was sufficient to complete the tool.

One individual felt that the PPIT needs to be more aligned with the OASys and SARA forms currently used by the NPS/CRCs:

- It would have been helpful if you required full answers or the PPIT completed in short. The evidence is in SARA and OASys. Therefore, if PPITs are required, it would be more beneficial if it was electronically aligned with OASys to pull the information through.

3.3 Using the PPIT

Practitioners used a range of information sources in order to complete the PPIT. The majority of participants used several different sources of information, often from other agencies, in order to provide a comprehensive assessment of the perpetrator. Sources of information used included:

- Police recording/reporting systems / Pre convictions (NICHE/ORIS)
- MARAC data
- OASys/Delius/SARA data
- Victim reports/interviews
- CPS/Court referral data
- PNC/PND information assets
- Agency case files and/or personal knowledge of the case

- Children's Services information
- Fast Delivery Reports/Pre Sentence Reports
- Offender interviews
- CAADA DASH

Participants were then asked whether they felt they had access to sufficient information to enable them to confidently complete the PPIT. Two thirds of participants (66.7%) reported that they did feel confident when completing the forms. The remaining third (33.3%) did not.

Participants were further asked to identify any sources of information they would have liked to have had access to but didn't at the time of PPIT completion. Participants typically felt they would have benefitted from access to information held by other agencies. Additional comments included:

- Mental health and drug use - we wouldn't hold any personal details of these people unless it was brought to our attention in custody or during the taking of the DASH. **[Police]**
- Sometimes difficult to ascertain details of custodial sentences. **[Police]**
- Yes - our information held on perpetrators post incidents is very limited. It is very victim focused. **[Police]**
- Maybe the victim perspective. **[NPS]**
- Not really, but Delius makes it time-consuming as it's so hard to trawl through to find relevant info that you know is there! **[CRC]**
- More police intelligence. Records on Delius of dates of MARAC as not always recorded. **[CRC]**
- Other agency information would be useful. However this would delay results and I felt that it was accurate enough. **[Police]**
- Police reports. Could only draw on information provided by the victim **[Police]**
- I'd have liked to have known where the offender was and whether he was even in a relationship. It was a bit of an odd case to use for the sample as he was AWOL and on a warrant. **[NPS]**
- PNC and PND. **[Police]**
- Women's safety worker views / comments from the victim. **[NPS]**

3.4 Views on Individual PPIT items

3.4.1 Importance of the items

The PPIT contains 10 items with which to evaluate a domestic abuse perpetrator (see Table 6 below). Participants were asked to indicate how important they perceived each item to be on a scale: 1=not at all important, 2=somewhat important, 3=very important.

Table 6. Participants' perceived importance of each PPIT item.			
Item	1= Not at all important %	2= Somewhat important %	3= Very important %
Recent	-	7.9	92.1
Escalating	-	2.6	97.4
Repeat	-	5.3	94.7
Serial	2.6	2.6	94.7
Related Offending		7.9	92.1
Subject of MARAC or MAPPA in past 3 years	2.7	16.2	81.1
High level of harm	5.3	2.6	92.1
Worsening mental Health	-	10.5	89.5
Noticeable increase in drug/alcohol use	-	7.9	92.1
Known history/current access to weapons	-	5.3	94.7

Base N: 38.

All of the items were rated as, 'very important' to include in the PPIT by a majority of participants, thus evidencing that the PPIT items currently cover what practitioners consider to be essential indicators of risk. The item most likely to be scored, 'very important' by participants was 'Escalating' (97.4%) followed by 'Repeat', 'Serial' and 'Known access to weapons' all scoring as equally important (94.7%).

Additional comments grouped by the relevant PPIT item are shown below:

RECENT: Offending against victims in past 12-months.

- It was difficult for high risk offenders which had been in prison for the past 12 months or longer, did not show their normal propensity for violence.
- Often we have information to indicate DV but no offence, or someone has a pattern of past dv but currently no police callouts. Therefore relying solely on evidence of offending may not indicate critical risk.
- Please note previous comment regarding any prison time an offender may be serving, this would show a period of time where there would be no dv. This would not be a true reflection.
- Please note that whilst this form seem a reasonably useful tool for assessing DV perpetrators who are likely to receive short custodial sentences or community based sanctions, sections 1-4 would not in my view be an accurate reflection of risk for offenders serving lengthy custodial sentences for serious crimes, as they only consider the last 12 months/3 years.
- This identifies the perpetrator is reoffending and shows a pattern of behaviour/ MO.

- It's establishing whether they are a serial perpetrator and the likelihood of them abusing a further partner.
- 1 to 10 are all important to include and are much easier to answer than the SARA - nice and concrete
- All of the below are very significant in assessing current risk.
- 12 months is a long time frame and where abuse has been escalating I would be looking at factors perhaps over last 3 months or a significant event.

ESCALATING: Offending in frequency and/or severity in past 12-months.

- Shows a pattern of behaviour.
- Already on the dash report so this is a duplication for the police.
- This identifies the risk of escalating harm and the greater risks when a victim is pregnant or trying to separate from the perpetrator.
- Extremely important in the identification of victim being in imminent danger of significant harm.
- It shows that the offender is increasingly becoming more agitated and aggressive which increases the risk to the victim.

REPEAT: Two or more incidents against any victim in past 12-months.

- It's establishing whether they are a serial perpetrator and the likelihood of them abusing a further partner.
- Helps to develop a pattern to the offender's behaviour, which is paramount in being able to safety plan effectively with the victim.
- This would also indicate an escalation.
- With some of the victims we deal with, again 12 months is a long time. I think the 3-month window is more relevant. Some people's lives are chaotic and 12 months in my personal opinion is too long.

SERIAL: Two or more victims in past 3-years.

- Repeat perpetrators with multiple victims are a concern.
- REPEAT and SERIAL appear to mean the same thing, it is only the time span that has altered.
- Could identify a serial perpetrator.
- Already on the dash report so this is a duplication for the police.
- I think the 3-year time span should be increased. If someone was in a relationship for over 3 years, they could still be a serial perpetrator but this would not be recorded.

RELATED offending: Any other violent or abusive behaviour.

- Difficult if they had been in prison for the recent time.
- Already on the dash report so this is a duplication for the police
- Because most serious crimes have this element in them.

- This shows that the offender is controlling in general and it is not just about their relationship with their partner. They are a danger to other individuals also.

Subject of a MARAC or MAPPA in past 3 years.

- Why the period of three years - this is very broad.
- Some perpetrators won't be subject to MAPPA and only recently will be referred to MARAC on one offence. Otherwise might need the additional box to refer to MARAC.
- Discretionary, just because a case has not been heard at a MARAC or MAPPA I would be concerned that the perpetrator is then deemed as not presenting a certain level of risk as a result of a decision of an OM not to refer.
- The history of previous risks can be identified.
- Some behaviours are of concern but do not meet MARAC criteria.
- It shows that the perpetrator is either a violent or sexual offender, which increases the risk to the victim and any children who may become involved.
- Important but hard to find in Delius, trawling through pages of entries.

Noticeable worsening of MENTAL HEALTH.

- Difficult as all mental health involvement is not always known on NICHE. Warning markers are not always accurate as they are put on at custody from what the suspect states, but does not always mean they have been diagnosed with the ailment.
- Information may hold vital indications to assist rehabilitating the offender and to get the right agencies in to help.
- Changes in perpetrator's mental health often correlates with abuse. Many clients will refer to perpetrator's mental health as a contributing factor in the abuse.
- Mental Health can be unpredictable especially if untreated. In some cases, that person affected cannot control their mind/thoughts or think rationally.

Noticeable increase in ALCOHOL/DRUG MISUSE.

- However, I don't think it has to be a noticeable increase to be an issue - any drug or alcohol issues are relevant.
- Again to recognise the risk of offending and identify when offences are likely to occur when the perpetrator is drinking - to identify if there could be referred support for this problem.
- This is a risk factor, which again can increase irrational and unprovoked behaviour.
- Changes in alcohol/substance misuse often correlates with abuse. Many clients will refer to perpetrator's use of alcohol/drugs as a contributing factor in the abuse.

Known history and/or current access to WEAPONS.

- Already on the dash report so this is a duplication for the police.

- All these items are important to include, as these will help determine the risk posed to the victim.
- This is important to identify serious risks posed to the victim and family and understand the capability of the perpetrators in current/future relationships - information police/agencies can take action from.
- Important to be aware of the potential use of or previous use of weapons whether specifically to the victim or not. Identifies potential for further violence.
- This increases the risk to the victim.

3.4.2 Revisions to the items

Participants were further asked whether they thought any of the items needed to be revised or otherwise changed from how they are currently presented on the PPIT. 53.8% of participants who responded to this question felt that some form of amendment to the PPIT items was necessary. Recommended changes to the form included the following:

- We were directed to complete the PPIT for cases which hadn't gone to MARAC or MAPPA therefore the questions relating to MARAC and MAPPA are not relevant to the test. The problem being that all cases which are repeats/escalations or high risk would be automatically referred to MARAC therefore this eliminates a majority of our cases to put forward on the PPIT.
- I do not feel it is helpful to place a particular emphasis on whether the case has been heard at a MARAC or MAPPA.
- Identifying whether someone is a priority or not was a bit confusing. It didn't indicate the parameters - is it about immediate resources needed to manage risk or about general risk of harm or rehabilitative interventions? Someone who's high risk in prison may not be a priority if they are not due out in terms of resource in the community, whereas someone who was in the community and may have less of the items checked, but living with a partner with children may be more of a priority.
- I think that expanding the scale on the PPIT would assist in a better scoring matrix. There were a few there that could have been critical but also slightly less on the scoring.
- The PPIT questionnaire seems to be more focused towards DV perpetrators who are sentenced to short term custodial sentences or community based sanctions, where their crimes are recent. For example I'm not sure a prolific DV perpetrator who is serving life for a DV murder would score much at all on PPIT.
- It would be useful for questions #8 and #9 for it to specify over what period of time e.g. is it in reference to pattern of behaviour (the last 12 months) or current behaviour (last month).
- The time frame bracket was difficult for me to review the risk of incidents to fit what was being asked of me.

- More information required on question 'do you consider this individual to be a priority perpetrator?' and what a PP means.
- Definition of 'harm' referred to in #7 – does it relate to the definition of 'serious harm' in OASys or different? However, I am aware that these may have already been answered by the guidance, which I have not had sight of.
- Perhaps if information about the purpose of form was included within form it may be helpful.
- RECENT - presumably this includes callouts not just convictions - good to be clear about this - maybe it explains in the guidance but sometimes the PPIT will be filled out without reference to this.
- I think there should be an officer observations scale of assessing level of risk 0 - 10.
- I think PPIT should be part of OASys. We currently complete SARA if domestic violence. They both need to be together and one assessment.

The online survey also asked participants whether they felt any important items are currently missing from the PPIT and which should be included. Nineteen participants responded to this question, and only four felt that additional items needed to be included on the PPIT:

- Yes, consideration should be given to historical DV, as it must be acknowledged an individual could be a repeat DV offender, be sentenced to 10 years imprisonment for DV then be re-released not rehabilitated and continue to commit DV offences.
- Description of parent; domineering controlling parent. Description of family; dysfunctional, views of roles.
- Children being present in the home or witnessing any incidents.

3.5 Scoring rubric

Participants were asked to indicate whether they felt that the current scoring options, 'ABSENT=0, PRESENT=1, CRITICAL=2' were appropriate for all 10 items. The majority (76%) agreed with the scoring options provided. Of those who did not, several practitioners indicated that they felt unsure of the definitions for the criteria used within the PPIT:

- Further detail about what would constitute critical would be useful. People may have different baselines.
- We would request that the definition of each rating be more specific.
- What is critical? Who decides?
- For some of the items, it is difficult to measure quantitatively and a more qualitative response may have been more helpful.

- Are restrictive. Some may not be present now but may have been in the past. How far back is still relevant and critical would usually imply a high risk offender which for the CRC is not applicable. Again, this is due to insufficient information on how to fill in the form.
- I think the scoring is appropriate however, duplication of why in the next section is not required.

Two participants also highlighted concerns with the use of the PPIT to assess perpetrators serving custodial sentences:

- If the perpetrator was in prison, I feel this would not give an accurate overview of the imminence or severity of harm.
- Sections 1-4 would not be an accurate reflection of risk for offenders serving lengthy custodial sentences, as they only consider the last 12 months/3 years.

Results presented in Table 7 indicate that the majority of participants agreed/strongly agreed that they understood the PPIT criteria for scoring an individual as a priority perpetrator. However, 27% of participants indicated that they found the Scoring Threshold confusing. Just under a half (48.6%) agreed that much more guidance is needed about how to apply the Scoring Threshold, whilst just over a quarter (29.7%) felt that the Scoring Threshold needed to be changed for it to be workable in practice.

Table 7. Participants' reported comprehension of the PPIT scoring rubric.					
Question	Strongly Disagree %	Disagree %	Agree %	Strongly Agree %	Total % (N)
I understand how to calculate the Total Score.	5.0	5.0	65.0	25.0	100 (40)
I understand how to answer the Scoring Questions.	2.5	12.5	72.5	12.5	100 (40)
I understand that both Scoring Questions are recommended to be answered YES for the identification of a priority perpetrator.	5.0	7.5	67.5	20.0	100 (40)
I understand that I can use my professional judgement to identify a priority perpetrator even if the Scoring Threshold is not met.	7.5	5.0	62.5	25	100 (40)
I think the Scoring Threshold is about right (i.e. not too stringent nor too lax).	2.6	7.9	78.9	10.5	100 (38)
I think the Scoring Threshold is confusing.	8.1	64.9	24.3	2.7	100 (37)

The Scoring Threshold needs to be changed for it to be workable in practice.	5.4	64.9	21.6	8.1	100 (37)
Much more guidance is needed about how to apply the Scoring Threshold.	2.7	48.6	45.9	2.7	100 (37)

3.6 General perceptions of the PPIT

Participants were asked for their views on the key benefits and perceived issues associated with the PPIT. Thematic analysis of practitioners' responses indicate that the operational challenges identified tended to outweigh the perceived positive consequences of the tool.

3.6.1 Key benefits of the PPIT

Positive views regarding the implementation of the PPIT could be grouped under three main themes: (1) ease of use, (2) a more focused assessment of risk, leading to (3) better identification of perpetrators.

User friendly tool

Ten comments were received which indicated that practitioners found the PPIT user friendly; NPS (3), CRC (4), Police (1), IDVA (2). Examples of comments made included:

- Scoring was straightforward. Questions were appropriate.
- Easy to use. Does not take too much time to complete.
- The questions asked were clear and straightforward to complete.
- Didn't take too long.
- Relatively easy format to use and understand. Having suggestions in brackets helped to identify and input relevant information and assisted with the scoring.
- Relatively quick to complete providing the information is available about the case. Scoring system seems easy to follow.
- Straightforward layout, clear questions.
- Pretty straightforward to use.

Risk management

Representatives across all agencies indicated that they could see the benefits of the tool in managing perpetrator risk, (Police (3), NPS (3) CRC (2) IDVA (2). Examples of comments made included:

- It was interesting to complete another type of risk assessment, and to be aware of how to look at situations from all areas.
- The risk factors used to identify a high risk perpetrator were correct.
- I can see it being of great use for MARAC and general management of risk.
- PPIT considers many aspects of risk, such as whether weapons were used.
- From my point of view recognising the risks of the perpetrator and putting all of the information together to create a bigger picture.
- Useful when reviewing risk. Could be used to inform RMP etc.
- Content is relevant Scoring assists in identifying level of risk.
- Allows you to question how risky they are.

Identification of perpetrators

The potential for the tool to assist in the identification of priority perpetrators was highlighted by nine practitioners from Police (5), NPS (1), CRC (1) and organisations supplying IDVA services (2). Comments included:

- Good tool to identify perpetrators.
- Focuses on key aspects of identifying serial and repeat perpetrators.
- Identification and being able to put all the facts together.
- Allows practitioners to identify, more clearly, a pattern of DV.
- Useful to see all of the scores on paper and the process of thinking about if someone was a priority or not and justifying the answers.
- Tool to highlight a Priority Perpetrator.
- The idea itself it very positive. It is a clear way of identifying perpetrators.

3.6.2 Key challenges of the PPIT

Thematic analysis of the perceived negative issues associated with the PPIT indicated that comments could be grouped under five main themes: (1) time-consuming, (2) duplication of existing forms/processes, (3) lack of post PPIT interventions/resources, (4) lack of available information and (5) dissatisfaction with the content of the PPIT (items and/or scoring rubric).

Time-consuming/lack of operational resource

The time taken to complete the PPIT within current resources was viewed as an issue by a number of practitioners: Police (6), NPS (1) CRC (1), IDVA (1).

- Time consuming to complete the process properly.
- Time consuming and at times confusing.
- The timeframe given to complete it given current workload.
- The process can be quite time consuming, which is an issue when workloads are already high.

- Having to go back over previous notes and not having worked with the clients myself.
- It was not necessary for us to complete for our work. We do not work with priority perpetrators and would rather spend my time safeguarding the victims than completing long-winded forms.
- It is another form to complete around work commitments / time restraints. Would be difficult if you were not familiar with the case and would take longer to complete.
- Each one took a long time to complete.
- The PPIT takes a considerable amount of time to complete which is not time I have spare working in a busy office.

Duplication of existing forms/processes

The potential for the PPIT to duplicate existing assessment forms/measures, particularly SARA and DASH was raised as an issue by practitioners across the NPS (2), CRC (1) and Police (2).

- I do wonder how it will be useful in practice as DASH and risk assessment of the victim would take priority.
- Having so many other forms of assessments to complete it is difficult to decide which is the most useful when devising a risk management plan.
- Quite repetitive of the SARA.
- It seems like a duplication for those forces that review all dash reports.
- The information is on the DASH/PPN therefore it was a lot of duplication.

Lack of post PPIT interventions/resources

Three individuals highlighted concerns regarding a current lack of available perpetrator-focused interventions in the community (NPS, (1), CRC (1), Police (1)).

- With the quantity of work, time constraints and financial implications, identification of the perpetrators although important, I am not sure what can be done unless specific support work will be done with them. This is not a police role and who would undertake this? There are already schemes with Probation but they are limited.
- Not sure whether the form should be directed to Community Payback Officers, as if any risk concerns highlighted beforehand would mean the case would be transferred to a Probation Officer anyway.
- Would be beneficial if the outcome refers the individual to a multi-agency team to work with.

Lack of available information

Four individuals (Police (2), NPS (1) IDVA (1) commented that they did not have access to adequate information in order to confidently complete the PPIT:

- It seemed like a waste of time as my offender had been AWOL for 6 months and I had no up to date information about him whatsoever, I was just waiting for the police to arrest him on the outstanding Breach Warrant.
- I don't think it's useful to force practitioners to apply this tool to cases where they have insufficient information, it isn't useful, it just becomes a pointless time wasting box ticking exercise.
- As the information required was only gained from the victim, I didn't have enough evidence about the perpetrator or the validity of the information to feel that I was able to provide evidenced information.
- Not having enough information about the perpetrator on police systems to accurately fill in the forms.

Content of the PPIT (criteria, items and/ Scoring Threshold)

Thirteen practitioners (NPS (4), CRC (3), Police (4), IDVA (2) commented that the content of the PPIT and/or the scoring rubric posed an issue during the testing. However, a number of constructive suggestions to revise the PPIT were made. Comments included:

- Some information could not be recorded, e.g. serial perpetrators where it had been longer than 3 years ago.
- The critical and present boxes could do with clearer guidelines. If the behaviour is 'present' then what constitutes critical is largely subjective unless there are guidelines.
- 1 – 10 are defined in the FAQ document in terms of a research perspective but not a completion of the PPIT perspective, which would be more useful.
- The repeat section is based on a person being violent towards another partner in a 3 year period. Whilst this appears to be a long time frame, if a perpetrator and victim are together for a number of years but they have been violent during another relationship, or numerous relationships then this is not recordable.
- I was unclear about what constitutes a priority and the overlap with some of the evidence in the lower section.
- More information needs to be looked at to give a true reflection of a perpetrator – if in prison previous recent history still needs to be looked at.
- I feel expansion on the scoring choices need to be given. Another two options would help when scoring as it is based on knowledge gained from reading past records.
- Could have considered whether the victim was pregnant, as this is a risk factor on SARA.
- Could have also considered more historical use of DV violence, as this is more applicable to prisoners serving lengthy custodial sentences.
- Escalation of severity of DV offending could be a bit misleading for an individual who is on life licence for a DV offence, then commits a DV common assault, as this

new offence is not an escalation in seriousness, where clearly the offender has the capacity to cause serious harm.

- More information required on question 'do you consider this individual to be a priority perpetrator?' and what a PP means.
- Definition of 'harm' referred to in #7 – does it relate to the definition of 'serious harm' in OASys or different?
- Assessment of critical levels and priority perpetrator is unclear.
- Difficult to score a perpetrator who had been in prison for the past 12 months or more.
- I am still confused over what the PPIT was used for and its main aim. The scoring did not always match my personal judgement.

3.7 Summary

Overall, whilst practitioners appeared positive that the PPIT could act as another tool to assist in the identification and management of risk associated with priority perpetrators, there appeared to be some confusion regarding the purpose of the PPIT and how it will align with existing processes. Additionally whilst the general consensus indicated that the ten PPIT items were necessary and appropriate, practitioners would benefit from greater clarification of the criteria for evidencing some of the risk factors and scores attributed to each item. It is possible that some of these queries may stem from the lack of written and/or verbal guidance received by a proportion of those participating in the implementation testing of the PPIT (see section 3.2 for details). Nonetheless, a great deal of constructive feedback was received which enables us to suggest a number of evidenced-based revisions to the PPIT:

- Accompanying guidance to be revised to include more detail around the purpose and context of the PPIT and how the PPIT aligns with existing assessments (e.g., DASH, OASys and SARA).
- Clarification/definition around what is a Priority Perpetrator.
- Guidance to be revised to make it more practitioner and less research-focused.
- Greater clarity around the scoring criteria of 'Present' and 'Critical'.
- Consideration to be given to how the PPIT can adequately identify perpetrators serving lengthy custodial sentences.
- Aligned to the point above, consideration as to how information about historical offending can be best incorporated, without unduly inflating scores for the majority of the sample.
- The need to consider risk factors such as children present and/or vulnerable/pregnant victims to be made more explicit in the guidance.
- Consideration of whether items #8 and #9 should include a time-frame.
- Reinforcing the message that the full spectrum of available evidence should be used to inform the completion of the PPIT, not just criminal convictions.

Chapter 4: Discussion

4.1 Summary of main findings

This section reviews the main findings arising from the research. First, analysis revealed that certain PPIT items are recognised by practitioners as more prevalent within this multi-agency sample of 406 perpetrators, in addition to being more often perceived to be at 'critical' levels. Specifically, the most prevalent characteristics are *recent* offending (29.1% critical), *escalating* offending (28.1% critical), *repeated* offending against the same victim (31.6% critical) and offending that is *highly harmful*, by virtue of the psychological and/or physical harm it has caused to a victim (34.1% critical).

Notably, the demographic characteristics of perpetrators were generally unrelated to the scores given by practitioners on the PPIT items. Although women were significantly less likely to receive a priority judgement than their male counterparts, the age and ethnic group of the perpetrator did not have an effect. However, agency of origin was clearly related to the patterns of scores produced on the PPITs, with some agencies less likely to produce higher scores (e.g., CRC and police non-MARAC cases) compared to others (e.g., NPS, police MARAC and IDVA cases). Such variation is interpreted as a logical extension of the different groups of people coming into contact with these agencies, and the nature of their work. For example, CRC manage lower-risk offenders in comparison to NPS and police non-MARAC cases are lower risk in comparison to police MARAC cases. IDVA services work with high-risk victims, and are likely to receive information from victims that is not known to criminal justice agencies, providing an explanation for their generally higher scoring.

A sizeable proportion (38%) of the perpetrators included in this multi-agency sample were judged to be priority perpetrators. As expected, priority perpetrators are much more likely to be scored 'critical' for all ten PPIT items. Furthermore, the differences between the two groups were statistically significant as well as substantial, with a large proportion (if not a clear majority) of priority perpetrators assessed as 'critical' compared to only a small percentage of the other group.

The quantitative findings in combination with qualitative comments from practitioners as to the 'main reason' behind their judgements show the core determinants behind practitioners' decision-making to be: recent, repetitive, escalating, and severely harmful offending. These findings were consistent across all agencies. Practitioners also seem to take particular note of 'related' offending and other forms of violence, in addition to the domestic abuse. The issue of ***coercive control*** was cited as a concern for almost half (44.7%) of the whole sample, and was considered to be present much more often in the offending behaviour of priority perpetrators (34.9% compared to 61.7%).

Practitioners used a number of information sources in order to complete the PPIT, including police and probation data, victim reports and DASH risk assessments, perpetrator interviews, court referral data, agency case files and personal knowledge of the case. Practitioners provided specific examples and evidence to support the score attributed to each PPIT item. Analysis of the information provided indicates that, on the whole, practitioners interpreted each item as intended. However, discrepancies were found across a small proportion of forms in the interpretation and scoring of a number of PPIT items. Together, these findings indicate a need for more detailed guidance and training to support the use of the PPIT in different agencies.

Finally, whilst practitioners appeared positive that the PPIT could act as another tool to assist in the identification and management of risk associated with priority perpetrators, they also expressed confusion regarding the purpose of the PPIT, and to what extent it can be effectively integrated with existing processes, both within and across agencies (e.g., DASH, OASys, SARA, MARACs). Additionally, whilst the general consensus indicated that the ten PPIT items were necessary and appropriate, greater clarification of the criteria for evidencing some of the risk factors and scores attributed to each item was seen to be necessary to take this work forward.

4.2 Recommendations and future directions

Although the development of the PPIT represents the first step towards establishing a multi-agency identification and referral pathway for priority domestic abuse perpetrators across Wales, the actions and interventions triggered by the tool still need to be developed. This subsequently raises the question of how the PPIT will align with existing assessments and processes in order to maximise its potential to be a reliable and useful tool for frontline practitioners. As discussed previously (see Section 1.1), a number of perpetrator-focused initiatives across the UK are currently being piloted, some of which incorporate the PPIT (e.g., the Drive project). As information is collected and shared about the processes and outcomes associated with these new initiatives, we will be in a better place to answer the ‘what should come next’ question. ***We recommend that new pilot initiatives involving the PPIT are planned within a multi-agency forum, to ensure that a range of relevant agencies contribute to the design and delivery of responses aimed at curtailing the offending of priority perpetrators.***

Appendix C provides a revised version of the PPIT and guidance,²⁴ incorporating many of the suggestions made by practitioners during the current phase of research. The most notable change is to the scoring rubric, which has been amended to indicate whether an item is critical (0=not critical, 1=critical) for both Recent (past 6-months) and Historic (beyond 6-month) timeframes. This change provides a consistent timeframe across all ten

²⁴ This version is currently in use for the Drive project.

items, as opposed to the variable timeframes in the previous version, which were perceived to be unhelpful. However, it is important to recognise that any decisions pertaining to the scoring rubric and threshold for triggering an intervention will very much depend upon both the context in which the PPIT is being implemented, and the level of resources available to provide the intervention. For example, the PPIT may be used to a) trigger a particular approach or intervention designed specifically for priority perpetrators, b) provide practitioners with a multi-agency profile of perpetrators eligible for an intervention (as in the case of the Drive project), c) enhance the ability of agencies to identify and/or monitor priority perpetrators known to their agency, and/or d) identify *non*-priority perpetrators for appropriate interventions (within or outside of the criminal justice system). Any suggested scoring/threshold for intervention will need to be determined alongside the development of the intervention, and tested once the intervention is implemented, in order to ensure it is fit-for-purpose. ***We recommend that decisions about the PPIT scoring rubric are made as part of the development of an intervention and in partnership with the agency or agencies involved in its implementation.***

Further research is required to determine how the PPIT informs practitioners' work with live cases (recall that the current study relied upon recent/historic cases). We would also highlight the need for research that compares the scores of different agencies using the PPIT for the same sample of perpetrators. This would provide greater understanding of the level of inter-agency consistency in identification and recording of priority perpetrators. ***We recommend evaluation of the PPIT as part of a multi-agency response to priority perpetrators, which includes analysis of different agencies' PPIT scores on the same group of perpetrators.***

Practitioners offered many constructive points during the current phase of research to improve the accompanying PPIT guidance. As this work progresses and a greater range of perpetrator interventions are developed and implemented, it will be necessary to develop bespoke training packages for practitioners, the nature of which will depend upon the type of intervention planned to facilitate effective multi-agency partnership work. This guidance should include more detail around the purpose and context of the PPIT and how the PPIT aligns with existing processes. ***We recommend that more detailed guidance and training on the use of the PPIT is developed to support the implementation of any new pilot initiatives.***

In closing, we are pleased that the current study involved the cooperation and input of many different agencies across Wales, and highlighted the utility of the PPIT and the feasibility of developing new initiatives to respond more proactively to domestic abuse perpetrators.

PPIT-Wales: PRIORITY PERPETRATOR IDENTIFICATION TOOL

PPIT Instructions: Evaluate each of the following items in relation to this domestic abuse perpetrator. Circle one option for each (Absent=0, Present=1, Critical=2, where critical reflects imminence or severity of harm) and note the sources of your supporting evidence on the next page.			
CHARACTERISTICS OF THE OFFENDING			
1) RECENT: Offending against victims in past 12-months <i>Identify whether the perpetrator is actively engaged in perpetrating domestic abuse.</i>	0	1	2
2) ESCALATING: Offending in frequency and/or severity in past 12-months <i>Consider situational triggers such as relationship breakup, victim's pregnancy, etc.</i>	0	1	2
3) REPEAT: Two or more incidents against any victim in past 12-months <i>Is there a pattern of abuse including physical and psychological?</i>	0	1	2
4) SERIAL: Two or more victims in past 3-years <i>Has the offending recently moved beyond a single victim?</i>	0	1	2
5) Related offending (any other violent or abusive behaviour) <i>For example, stalking, sexual violence, child abuse, elder abuse, HBV, etc.</i>	0	1	2
CHARACTERISTICS OF THE OFFENDER			
6) Subject of a MARAC or MAPPA in past 3-years <i>Consider the reason for the MAPPA.</i>	0	1	2
7) High level of harm to victims from psychological and/or physical abuse <i>Serious and worrying events with significant consequences for victims.</i>	0	1	2
8) Noticeable worsening of mental health <i>Evidence of suicidality, PTSD, personality disorders, etc.</i>	0	1	2
9) Noticeable increase in alcohol and/or drug misuse <i>Changes in the frequency and/or type of substance used.</i>	0	1	2
10) Known history and/or current access to weapons <i>Threats and/or past experience using weapons, including arson</i>	0	1	2
Any other concerning information (e.g., COERCIVE CONTROL):			
TOTAL SCORE			
Does the score include five items at critical levels?	YES	NO	
Are both #2 ESCALATING and #7 HIGH HARM at critical levels?	YES	NO	
IS THIS A PRIORITY PERPETRATOR?	YES	NO	

SUPPORTING EVIDENCE: <i>Note here specific examples and sources of evidence used to score each item. Evaluate the completeness of the information held. Clarify when information was limited or missing.</i>	
1) RECENT	
2) ESCALATING	
3) REPEAT	
4) SERIAL	
5) RELATED	
6) MARAC/MAPPA	
7) HIGH HARM	
8) MENTAL HEALTH	
9) ALC/DRUG MISUSE	
10) WEAPONS	
<i>If professional judgment was used to identify a priority perpetrator, please explain:</i>	

Additional information for research purposes:

Crime reference number:	
Date of crime: mm/dd/yy	
PNC number:	
Perpetrator's gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Perpetrator's age in years:	
Perpetrator's race/ethnicity:	<input type="checkbox"/> White or White British <input type="checkbox"/> Black or Black British <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Chinese or Other <input type="checkbox"/> Mixed Background (specify: _____) <input type="checkbox"/> Not Recorded
Do you consider this individual to be a PRIORITY PERPETRATOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the MAIN reason behind your decision?	
Date of PPIT completion: mm/dd/yy	
Total duration (minutes) to complete the PPIT:	
Your name:	
Your agency:	
Your view on the difficulty of completing the PPIT for this case:	<input type="checkbox"/> Not at all difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Difficult <input type="checkbox"/> Very Difficult
How confident are you about your assessment in this case?	<input type="checkbox"/> Not at all confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Confident <input type="checkbox"/> Very Confident
Any other comments you wish to add about the PPIT:	

Appendix B:

PPIT-Wales: PRIORITY PERPETRATOR IDENTIFICATION TOOL

October 2015 (FAQ and Guidance for implementation testing)

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 earlier in 2015. Representatives from Police, Probation, and the Third Sector were involved. The full report is available here: <http://orca.cf.ac.uk/75006/>

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, and the third page (for research purposes only) asks some additional questions about completing the PPIT.

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. A very brief summary has been provided on page 2-3 of this document.

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 related 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, 1= Present, 2=Critical). A total score is obtained by summing the item scores (for a possible maximum score of 20). The recommendation at this stage is 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, in some cases perhaps these conditions will not be met, yet your judgment is still that the individual is a Priority Perpetrator. Please use your professional judgment (see next question).

8) Does the PPIT allow me to apply my 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 and two additional questions should be used as prompts in addition to the practitioner's own knowledge and judgment 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. This may not *always* be consistent with the item scoring – if this is the case, you need to provide an explanation in the space provided on page 2.

9) What will happen to the individuals that I consider to be Priority Perpetrators?

As this is a research exercise to 'test' the implementation of the PPIT across different agencies, no particular intervention is planned for those identified as Priority Perpetrators. However, this research may inform the development of a response to Priority Perpetrators in the future.

10) What will happen to the information I provide during the implementation testing?

The data will be held securely in password-protected files on university computers. Please direct any queries to the research team: Dr Amanda Robinson at Cardiff University (robinsona@cardiff.ac.uk) or Anna Clancy (anna.clancy@southwales.ac.uk). The research has been approved by the National Research Committee (NOMS) and the School of Social Sciences Research Ethics Committee (Cardiff University).

Evidence-Base for Items in PPIT Wales:

- 1) **Recent domestic abuse:** One of the strongest correlates of future domestic abuse and indicates an individual actively engaged in offending. Recency is an important domain to consider when targeting resources and this is consistent with approaches adopted in the US, England and Scotland. 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.
- 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). The PPIT definition is consistent with that proposed by the ACPO working group (two or more victims in the past 3-

years, including both family members and intimate partners). Robinson et al. 2014 found that nearly all serial perpetrators were also repeat offenders.

- 5) **Related 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) **MARAC/MAPPA:** Those whose domestic abuse offending has ever resulted in their ex/partner being referred to MARAC, or who have ever been subject to MAPPA, have been deemed to be high-risk offenders through these procedures and this should be considered in the determination of who the priority perpetrators are in local areas. This item is intending for the PPIT to make use of these other important assessments (especially DASH for victims which would inform MARAC referrals).
- 7) **Prior serious violence:** The severity of previous violence is essential to consider. 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).
- 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).
- 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). A broad interpretation of what constitutes a weapon, including the potential for arson, should be applied.

Appendix C:

Unique reference # _____

PPIT-PRIORITY PERPETRATOR IDENTIFICATION TOOL

March 2016 (version 7)

This is a tool for the identification of 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. 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. Further guidance and information is provided at the end of this document.

PPIT Instructions: Evaluate each of the following items in relation to this domestic abuse perpetrator. Determine whether the item is at a critical level (0=not critical and 1=critical, defined as imminence or severity of harm) for both recent (within past 6-months) and historic (beyond 6-months) timeframes. Note additional information and supporting evidence on the next page.				
CHARACTERISTICS OF THE OFFENDING				
	RECENT		HISTORIC	
1) RECENT: Domestic abuse against victims <i>Identify whether the perpetrator is actively offending.</i>	0	1	0	1
2) ESCALATING: Offending in frequency and/or severity <i>Consider situational triggers e.g., relationship breakup, victim's pregnancy, etc.</i>	0	1	0	1
3) REPEAT: Two or more incidents against any victim <i>Is there a pattern of abuse including physical and psychological?</i>	0	1	0	1
4) SERIAL: Two or more victims <i>Has the offending recently moved beyond a single victim?</i>	0	1	0	1
5) Related offending (any other violent or abusive behaviour) <i>For example, stalking, sexual violence, child abuse, elder abuse, HBV, etc.</i>	0	1	0	1
CHARACTERISTICS OF THE OFFENDER				
	RECENT		HISTORIC	
6) Subject of a MARAC or MAPPA <i>Consider the reason for the MAPPA.</i>	0	1	0	1
7) High level of harm to victims from psychological and/or physical abuse <i>Serious and worrying events with significant consequences for victims.</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 weapons, including arson.</i>	0	1	0	1
Any other concerning information (e.g., COERCIVE CONTROL):				
<div style="display: flex; justify-content: space-between;"> <div> TOTAL SCORE (ranging from 0 minimum to 20 maximum) </div> <div style="width: 100px; height: 30px; background-color: #cccccc;"></div> </div>				

Unique reference # _____

SUPPORTING EVIDENCE: <i>Note here specific examples and sources of evidence used to score each item. Clarify when information was limited or missing.</i>	
1) RECENT	
2) ESCALATING	
3) REPEAT	
4) SERIAL	
5) RELATED	
6) MARAC/MAPPA	
7) HIGH HARM	
8) MENTAL HEALTH	
9) ALC/DRUG MISUSE	
10) WEAPONS	
Do you consider this individual to be a PRIORITY PERPETRATOR?	YES NO UNSURE
Date of Completion (dd/mm/yy)	
Your Name	
Your Agency	

General Guidance for using the PPIT Wales:

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.

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.

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 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.

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.²

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.³

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

² See MAPPA guidance section 5 on risk assessment (p. 39), <http://www.n-kesteven.gov.uk/upload/public/attachments/820/05riskassessment.pdf>

³ 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

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) **Recent domestic abuse:** One of the strongest correlates of future domestic abuse and indicates an individual actively engaged in offending. Recency is an important domain to consider when targeting resources and this is consistent with approaches adopted in the US, England and Scotland. 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.
- 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) **Related 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) **MARAC/MAPPA:** Those whose domestic abuse offending has ever resulted in their ex/partner being referred to MARAC, or who have ever been subject to MAPPA, have been deemed to be high-risk offenders through these procedures and this should be considered in the determination of who the priority perpetrators are in local areas. This item is intended for the PPIT to make use of these other important assessments (especially DASH for victims which would inform MARAC referrals).
- 7) **Prior serious violence:** The severity of previous violence is essential to consider. 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).

- 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).
- 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). A broad interpretation of what constitutes a weapon, including the potential for arson, should be applied.

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/>

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.

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 related 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 according to whether it is deemed to be a 'critical' concern (0=not critical and 1=critical, with critical defined as imminence or severity of harm). This needs to be determined 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).⁴ This score should influence, rather than determine, your judgment as to whether the individual is a Priority Perpetrator (see next question). 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.

⁴ 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 critical (0=not critical, 1=critical) for both recent and historic timeframes.