

Domestic Abuse Perpetrator Programmes Evaluation

West Yorkshire Combined Authority and Violence Reduction Unit

Report from RedQuadrant

March 2023

Introduction

- 1.1 Red Quadrant was commissioned by the West Yorkshire Combined Authority and Violence Reduction Unit to provide:
 - an evaluative literature review dedicated to understanding and summarising the theory behind domestic and sexual violence perpetrator interventions;
 - an assessment of best practice interventions for perpetrators of domestic and sexual violence;
 - a service mapping exercise which identifies the existing perpetrator provision in West Yorkshire;
 - A summary of the service mapping exercise, which identifies current gaps or duplication in perpetrator intervention delivery; and,
 - a catalogue of appropriate, feasible and cost-effective domestic and sexual abuse perpetrator interventions for potential delivery in West Yorkshire.
- 1.2 In Part 1, we set out the findings from our evaluative literature review, and our assessment of best practice interventions based on the evidence and research available.
- 1.3 Our findings focus on literature and evidence published by relevant “What Works” centres and rapid evidence assessments on what works with domestic abuse perpetrators. We also looked at the evidence underpinning the Cautioning and Relationship Abuse (CARA) model, and the Drive Project. Finally, we consider the recently published Home Office “evidence-based standards for interventions with perpetrators of domestic abuse”.
- 1.4 In Part 2, we set out our findings from the service mapping exercise, highlighting where there are gaps or duplications. We then suggest what a catalogue of appropriate, feasible and cost-effective domestic and sexual perpetrator interventions might look like in West Yorkshire, based on our findings and on the available evidence base.
- 1.5 Our full service mapping findings are set out at [Annex A](#).
- 1.6 We would like to thank all those at the West Yorkshire Combined Authority and Violence Reduction Unit, plus the domestic abuse leads in the five local authorities, for their support and insights throughout this project.

Summary of findings

- 1.7 For this project, we identified and assessed a number of rapid evidence assessments and studies - including those from What Works centres, those commissioned by other Violence Reduction Units and Police and Crime commissioners, and those that looked at specific interventions, such as Drive or the Cautioning and Relationship Abuse (CARA) programme. We found far fewer studies in respect of sexual violence perpetrators.
- 1.8 What these studies and assessments tend to show is that the evidence is not yet well defined, and that further work in this area is needed. This view is supported by the work underpinning the standards for interventions with perpetrators of domestic abuse, recently published by the Home Office.
- 1.9 Across West Yorkshire, we identified 26 different programmes, interventions, or support services that could be considered as being for perpetrators of domestic abuse or sexual violence. Some of these were dedicated interventions, whilst others were much broader programmes aimed at promoting healthy relationships.
- 1.10 Of the 26 programmes, interventions, or support services we identified, 15 were situated in either Leeds or Bradford. It appeared to us that Bradford had the most comprehensive offer of support and interventions for domestic abuse perpetrators from across the five districts in West Yorkshire.
- 1.11 Outside of the West Yorkshire wide interventions, we found there to be no consistency in the types of programmes, interventions, or support services provided across the five districts. Similarly, there was no consistency in support for children, or for those from an ethnic minority and/ or LGBTQIA+ group.
- 1.12 Our report makes three recommendations which, if taken together, should strengthen the overall offer of support and interventions for perpetrators of domestic abuse or sexual violence. The recommendations should also help ensure that the approach in West Yorkshire is consistent with the recently published Home Office standards for interventions with perpetrators of domestic abuse. Our recommendations are:

Recommendation 1: Commissioners across West Yorkshire should work together to commission a suite of services that includes : (i) early intervention; (ii) interventions for low-risk offenders); (ii) interventions for medium-risk offenders; (iv) interventions for high-risk offenders; and (v) interventions for sexual violence offenders.

Recommendation 2; That commissioners across West Yorkshire agree definitions for “high-risk”, “medium-risk” and “low-risk” interventions, and then work with their local service

providers to assess whether services that are described as catering for “high-risk” or “medium-risk” perpetrators meet these agreed definitions.

Recommendation 3: That commissioners across West Yorkshire consider putting in place a “One front Door” (either at a local authority level or West Yorkshire wide level). This would ensure that individuals seeking help, or agencies seeking help on behalf of perpetrators, have one telephone number or one website/ portal to access. Other services should then link and refer to the One Front Door to ensure sufficient join up.

Methodology

- 1.13 We undertook a desk-top review to assess and evaluate the available literature and evidence in respect of domestic abuse and sexual violence perpetrator interventions.
- 1.14 For the service mapping elements, we held regular discussions with, and provided regular updates to, the domestic abuse leads across the five districts in West Yorkshire (Leeds, Bradford, Kirklees, Wakefield and Calderdale) as well as with the leads at the Combined Authority and Violence Reduction Unit.
- 1.15 We also undertook an extensive desk-top review to identify the organisations and programmes that would most likely fall within the scope of this project, and the closely linked “Domestic Abuse Service Mapping” project that we were also conducting for the West Yorkshire Combined authority and Violence Reduction Unit. In total, we identified around 100 potential programmes, interventions or offers of support across both projects – around 30 of which were considered to be relevant for this project.
- 1.16 Organisations were then contacted and sent a blank questionnaire to complete. The aim of the questionnaire was to confirm that the programmes, interventions or offers of support were indeed relevant to one or both of the two projects, and to obtain the detailed information that was required by the Combined Authority and Violence Reduction Unit. A follow-up reminder was also issued.
- 1.17 Unfortunately, very few of the organisations (approximately one-fifth) contacted responded to our requests for information. We therefore sought the assistance of the domestic abuse leads across the five districts in West Yorkshire and from the Combined Authority and Violence Reduction Unit. We also decided to partially complete the questionnaires for each organisation, based on the information that we had obtained through our desk-based review, and ask organisations to confirm that the information was accurate.
- 1.18 In the end, we captured or obtained information from 70 organisations. From those, we have identified 26 programmes, interventions or offers of support that relate to domestic abuse and sexual violence perpetrator interventions.

- 1.19 In addition to the questionnaires, we also issued an anonymous survey to organisations across West Yorkshire. Feedback was received from 22 organisations.
- 1.20 We also invited around 10 organisations to participate in focus groups and interviews to “deep dive” into some of the issues that we wished to explore. Unfortunately, we again struggled to get good engagement with organisations. We are not clear why this was the case.
- 1.21 As a result, much of the analysis in this (and the closely linked report on Domestic Abuse Service Mapping) is based on the information provided by organisations that completed the questionnaires, the information we obtained through our desk-based analysis, and our regular discussions with relevant domestic abuse leads from across the five districts in West Yorkshire.

Part 1: An evaluative literature review dedicated to understanding and summarising the theory behind domestic and sexual violence perpetrator interventions.

- 1.22 Understanding the causes and dynamics of domestic and sexual abuse is essential to building meaningful and impactful interventions to reduce harm and enhance victim-survivors sense of safety and space for action.
- 1.23 Before we consider what the literature says, we outline what domestic and sexual abuse is, and the casual factors and/or risks associated with the perpetration of domestic or sexual abuse.

What is domestic abuse and sexual violence?

- 1.24 The cross-government definition of domestic abuse is "set out in the Domestic Abuse Act 2021 and [accompanying guidance](#)". The definition includes intimate partner abuse, teenage relationship abuse, abuse by family members and child-to-parent abuse.
- 1.25 [Women's Aid](#) notes that, "In the vast majority of cases it is experienced by women and is perpetrated by men".
- 1.26 Whilst there is no cross-government definition of sexual abuse or sexual violence, it is typically used to describe any [sexual activity or act that happened without consent](#). The Crown Prosecution Service describes sexual offences as, "a range of crimes that can be considered as sexual offences, including non-consensual crimes such as rape or sexual assault, crimes against children including child sexual abuse or grooming, and crimes that exploit others for a sexual purpose, whether in person or online".
- 1.27 Sexual offences can occur between strangers, friends, acquaintances, current or ex-partners, or family members. The latest [ONS report](#) on the "Nature of sexual assault", says that:

"For the years ending March 2017 and March 2020 combined, victims who experienced sexual assault by rape or penetration since the age of 16 years were most likely to be victimised by their partner or ex-partner (44%). This was closely followed by someone who was known to them other than a partner or family member (37%), which includes friends (12%) and dates (10%). More than one in seven women (15%) reported being assaulted by a stranger, whereas this was true for almost half of male victims (43%)".

- 1.28 There is increasing evidence that digital technologies are used as a tool to perpetrate domestic and sexual abuse through harmful behaviours such as stalking, financial

abuse, “deep fakes”, trolling, hate speech, and the non-consensual sharing of intimate images.

- 1.29 Women’s Aid’s research showed that for “85% of respondents the abuse they received online from a partner or ex-partner was part of a pattern of abuse they also experienced offline and “nearly a third of respondents (29%) experienced the use of spyware or GPS locators on their phone or computers by a partner or ex-partner”¹.

A gendered crime

- 1.30 Data shows that domestic and sexual abuse crimes disproportionately affect women and girls. The Home Office [Tackling Violence Against Women and Girls \(VAWG\) Strategy](#) says that:

“The most recent statistics show that 1 in 5 women are victims of sexual assault (or attempted assault) in their lifetime (5% of victims are men), over 27% of women had experienced domestic abuse since the age of 16 (14% of men), and 20% of women aged 16-74 had experienced stalking since the age of 16 (10% of men)”.

- 1.31 In March 2021, the [Office for National Statistics](#) said that:

“The Crime Survey for England and Wales (CSEW) provides the best measure of victimisation and estimated that for the year ending March 2020 there were 773,000 adults aged 16 to 74 years who were victims of sexual assault (including attempts) in the last year, with almost four times as many female victims (618,000) as male victims (155,000).”

- 1.32 Women’s Aid say that

“It is impossible to disentangle women’s experiences of domestic abuse from their experiences of structural inequalities and the violence, abuse and harassment they are subjected to in other areas of their lives.”

West Yorkshire context

- 1.33 The [Mayor of West Yorkshire’s Safety of Women and Girls Strategy](#) set out the findings from a survey conducted in 2021 within an area of West Yorkshire, which received over 1300 responses from women. The findings from the survey showed that:
- “45 per cent had been followed or stalked, and 21 per cent had suffered sexual assault or rape.

¹ <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/online-safety/>

- 97% believe that ‘being a woman’ affects their personal safety”.
- 1.34 “Looking at West Yorkshire Police data for the 12 months between September 2021 and 2022 there have been:
- 92,859 crimes where we have a female victim aged 10+, this includes females as perpetrators as per the Home Office definition.
 - That is a 15% increase on the previous 12 months.
 - Nearly 1 in 5 of recorded VAWG offences are committed in a public space.”²
- 1.35 The [Safety of Women and Girls Strategy](#) also set out that, in Autumn 2021, the Mayor and Deputy Mayor for Policing and Crime hosted a Women and Girls Call for Evidence. This event was an opportunity to listen to partners, women and girls' groups and residents on what they saw as the issues that were priorities for women and girls' safety.
- 1.36 Feedback from the participants showed that the top five priorities, in order of importance, were:
- Male education and Prevention (73.44%)
 - Domestic and Sexual Violence (73.44%)
 - Women and Girls – Multiple and Complex Needs (56.25%)
 - Women and Girls – Minority/ Disadvantaged Communities (56.25%)
 - Child Sexual Exploitation (53.12%).

Conclusion

- 1.37 Both domestic and sexual abuse contain a range of behaviours and offences that can be physical, emotional or controlling, or exploitative in how they are perpetrated. The abuse can take place physically and online.
- 1.38 The evidence is clear that domestic and sexual abuse are gendered in nature. Whilst men can of course be victims of these offences, the data shows clearly that women and girls are disproportionately affected, and that in the vast majority of cases it is [perpetrated by men](#). Research has also shown that those who use violence and abuse in one relationship, are likely to go on and use abuse in consequent relationships.

² <https://www.westyorks-ca.gov.uk/media/9463/the-safety-of-women-and-girls-strategy.pdf>

1.39 These findings are reflected in the feedback used to shape the Mayor of West Yorkshire’s [Safety of Women and Girls Strategy](#), where those consulted said that male education and prevention and tackling domestic and sexual violence should be the two key priorities in the Strategy.

What does the literature tell us about the theory behind domestic and sexual violence perpetrator interventions?

Introduction

1.40 For this project, we considered a wide range of literature and evidence in relation to those interventions designed to prevent or address perpetration of both domestic and sexual violence. This included, but was not limited to:

- Research and analysis published by the College of Policing, and the What Works for Children’s Social Care and the Early Intervention Foundation (part of the “What Works” network, which provide high-quality evidence to inform good decision making);
- Several rapid evidence assessments on what works with domestic abuse perpetrators;
- Other relevant findings and reports; and
- HM Government’s recently published standards for domestic abuse perpetrator interventions.

1.41 Most of the research we identified considers perpetrator interventions in relation to domestic abuse, but we have summarised those that relate to sexual violence where available.

What Works Centres

1.42 The [College of Policing](#) has published findings in respect of four domestic abuse and three sexual violence interventions. The [What Works for Children’s Social Care and the Early Intervention Foundation](#) have published one study relating to domestic violence perpetrator programmes, and three studies relating to child abuse and safeguarding.

1.43 These 11 studies are summarised in the table below.

Table 1: Summary of evidence from the What Works Centres

Study title	Key Findings	Strength of evidence
College of Policing		
<p>Cognitive Behavioural Therapy (CBT) for Domestic Violence</p>	<p>CBT for perpetrators of domestic violence makes stopping or reducing violence the primary focus of treatment.</p> <p>CBT addresses violence as a learned behaviour and attempts to alter that behaviour. Some CBT programmes also consider emotional components of domestic abuse, such as jealousy or empathy, so are not only behavioural in their approach.</p> <p>There is some evidence that the intervention has reduced crime, but overall the intervention has not had a statistically significant effect on crime.</p> <p>The review authors stated that although overall there was no clear evidence of an effect of CBT on levels of reoffending, one study showed a statistically significant decrease.</p>	<p>Analysis based on systemic review covering six studies, and says the “review was sufficiently systematic that many forms of bias that could influence the study conclusions can be ruled out”.</p>
<p>Criminal Sanctions to Prevent Domestic Abuse</p>	<p>Criminal sanctions are used against perpetrators of domestic violence in an attempt to prevent reoffending.</p> <p>There is some evidence that the intervention has either increased or reduced crime, but no evidence overall the intervention had a statistically significant effect on crime, since no meta-analysis was conducted.</p>	<p>This narrative is based on a systematic review of 31 studies. All of the primary studies in the review were based on evidence from the USA or Canada, meaning that any application of the results in the UK must be approached with caution.</p>

	<p>Individual studies found both statistically significant positive and negative effects on crime. The review found that prosecution was associated with significantly less reoffending in 15 of the primary studies, but there was no effect in a further 17 studies.</p> <p>In 4 of the primary studies it was associated with significantly more reoffending. Neither conviction nor sentence severity was found to have any effect on reoffending. The overall evidence is therefore mixed, with the authors concluding that criminal justice sanctions for intimate partner violence have no consistent effect on subsequent offending.</p>	<p>Although the review was systematic, many forms of bias that could influence the study conclusions remain.</p>
<p>Educational Interventions to Prevent Relationship Violence</p>	<p>Educational interventions to prevent relationship violence in adolescents and young adults (11 to 26 years old) aim to promote an awareness of acceptable dating behaviour and an individual's rights within a relationship. Educational interventions are usually delivered in a community or school-based setting.</p> <p>There is some evidence that educational interventions to prevent relationship violence have reduced crime, but overall the interventions have not had a statistically significant effect on crime.</p> <p>Educational interventions were found to be more effective in rural schools compared to urban schools. Additionally, the interventions were found to be more successful when implemented in both a community and school setting.</p> <p>The effect of the intervention did not vary depending on the duration of the intervention,</p>	<p>Review one (covering 38 studies) and Review two (covering 23 studies) were sufficiently systematic that most forms of bias that could influence the study conclusions can be ruled out.</p> <p>Review three (covering eight studies) demonstrated a high-quality design, but did not quantify the overall summary effect for all of the primary studies</p>

	<p>who delivered it, or the characteristics of participants.</p> <p>The intervention was found to be more effective for high-risk groups (such as previously sentenced adolescent males or individuals with a history of maltreatment) compared to the general population.</p>	
<p>Second Responder Programmes to Prevent Domestic Abuse</p>	<p>A team – typically comprised of a police officer and a victim advocate – attend with the aim of providing assistance to the victim and sometimes the offender, preventing further violence and finding long-term solutions to the problem.</p> <p>There is some evidence that second responder programmes have reduced self-reported victimisation, but overall they have not had a statistically significant impact on crime.</p> <p>While one study found a statistically significant reduction in abuse based on victimisation surveys, the analysis of all studies combined showed that second responder programmes had no overall effect.</p> <p>The review also looked at new incidents of abuse reported to the police. Overall, studies with experimental designs found that second responder programmes resulted in a slight increase in reports of abuse to the police.</p> <p>The authors conclude therefore that second responder programmes led to slightly higher reporting of abuse than standard approaches,</p>	<p>This narrative summarises the findings of a systematic review based on 10 studies.</p>

	<p>but they do not impact on the likelihood of repeat violence.</p>	
<p>Circles of Support and Accountability for Sex Offenders</p>	<p>Circles of support and accountability (also known as Circles) are small groups of community volunteers who support sex offenders as they reintegrate into society after release from prison. Examples of support provided by volunteers include mentoring, practical help and monitoring.</p> <p>This approach is intended to promote successful reintegration into the community and reduce reoffending among high-risk sex offenders.</p> <p>There is some evidence that Circles programmes have reduced general reoffending, but overall the Circles programmes have not had a statistically significant effect on crime.</p> <p>The evidence suggests that Circles programmes had no overall impact on reoffending for sex offenders who received the Circles programme compared to the sex offenders who did not. However, it is possible that sex offenders in the control groups, as well as those who participated in Circles programmes, may have also participated in other sexual offender treatment programmes.</p> <p>The review authors note that Circles programmes are provided on a relatively small scale. This is due to the relatively low number of sex offenders released into the community at any one time, the novelty of the Circles approach and the availability of willing</p>	<p>This narrative is based on one systematic review covering 15 studies, which primarily focuses on the effect of Circles programmes on reoffending (including reconviction for any offence and any sexual offence, arrest, recall, or breach of licence).</p>

	volunteers. This means there are few large-scale studies of their effectiveness.	
Electronic Tagging for Sex Offenders	<p>Electronic monitoring (EM) of offenders involves placing a tag around the ankle or wrist of an offender, which – in combination with a receiving device – can verify their whereabouts at specified times. This allows the monitoring and enforcement of curfews between specific times or in specific locations, meaning the offender can be released into the community rather than serving time in a correctional institution.</p> <p>Overall, the evidence suggests that the intervention has reduced reoffending.</p> <p>The meta-analysis showed that electronic monitoring of sex offenders led to a statistically significant decrease in reoffending compared to control groups who did not have EM.</p>	This narrative is based on subgroup analysis conducted as part of a systematic review. The review covered 33 studies and examined the effectiveness of electronic monitoring of offenders.
Psychological Treatment of Adults convicted of Sex offences Against Children	<p>This intervention focuses on the psychotherapeutic treatment of adults who have been sentenced for sexual offences against children. The review evaluated the effect of short-term cognitive behavioural therapy (CBT) programmes.</p> <p>There is some evidence that the intervention has either increased or reduced crime, but the meta-analysis did not detect an overall statistically significant effect of psychological treatment for sex offenders on subsequent incidences of arrest or conviction.</p> <p>Of the nine studies included in the meta-analysis, four reported a reduction in rearrests and/or reconviction. One found that</p>	<p>This narrative is based on one review covering 14 studies. Two were CBT only, five involved CBT and relapse prevention therapy, two were relapse prevention therapy only, and five were coded as mixed or other.</p> <p>Although the review was systematic, many forms of bias that could influence the study conclusions remain.</p>

	<p>psychological treatment of sex offenders led to an increase in rearrest and/or reconviction in the treatment group. The remaining four studies returned non-significant results.</p> <p>The review found that as the quality of the study design increased, the observed treatment effect decreased.</p>	
<p>What Works for Children’s Social Care and the Early Intervention Foundation</p>		
<p>Domestic Violence Perpetrator Programmes</p>	<p>While there are promising findings regarding the reduction of repeated violence in relation to the Duluth programme in the UK, differences between programmes and how they are implemented makes it difficult to draw firm conclusions.</p> <p>The Duluth programme is underpinned by pro-feminist and cognitive-behavioural approaches. The key components of the Duluth model include:</p> <ul style="list-style-type: none"> • An emphasis on the perpetrator being accountable for their actions. • Domestic abuse being situated in a wider societal context, and the role of patriarchy. • A broad view of the role of power and control within domestic abuse. <p>Limitations regarding the methodological quality of domestic violence perpetrator programme evaluations mean that no definitive conclusions can be made regarding their effectiveness.</p>	<p>Analysis based on four UK studies.</p>

<p>Parent-Child Interaction Therapy</p>	<p>Parent-Child Interaction Therapy combines play therapy and behavioural therapy to encourage positive interactions between the parent and child that promote good behaviours in children and reduce negative behaviours. Parents are directly coached by a therapist while they interact with their child.</p> <p>The approach has a: (i) positive effect on reducing re-referrals for child physical abuse; and (ii) positive effect on reducing the risk of child abuse.</p>	<p>Analysis based on a systemic review carried out in 2018, and says that the evidence is of a “moderate strength”.</p>
<p>Parenting Programmes to Prevent Child Physical Abuse Recurrence</p>	<p>There is some evidence that targeting the parent-child relationship through social learning theory-based parenting programmes may be effective in preventing physical child abuse recurrence.</p> <p>Effects on harsh punishment were mixed. One intervention found benefits of a parenting intervention for harsh punishment. However, two others found that the intervention was no better than an alternative.</p> <p>Research is needed that identifies the key components of parenting programmes for preventing physical child abuse recurrence and how to improve programme effectiveness.</p>	<p>Analysis based on a systemic review of eight different parenting programmes carried out in 2017 and says that the evidence is of a “low strength”.</p>
<p>Signs of Safety</p>	<p>Signs of Safety aims to stabilise and strengthen families through collaboration to identify and harness their strengths and resources. This places relationships between social workers and parents at the centre of child protection.</p> <p>This framework is widely used internationally, including the UK.</p> <p>Currently there is no evidence to suggest that Signs of Safety has a positive effect on reducing the need for children to enter care.</p>	<p>Analysis based on a systemic review carried out in 2018. Says that the evidence is of a “very low strength”.</p>

What Works Centres – Conclusions

1.44 The evidence assessed by the College of Policing, and the What Works for Children’s Social Care and the Early Intervention Foundation, suggests that the domestic abuse perpetrator interventions most likely to have some positive effect are:

- Cognitive Behavioural Therapy for perpetrators of domestic violence
- Educational Interventions to Prevent Relationship Violence
- Domestic Violence Perpetrator Programmes based on the Duluth model
- Parent-Child Interaction Therapy
- Parenting Programmes to Prevent Child Physical Abuse Recurrence

1.45 For sexual violence, the only identified intervention that may have a positive effect is highlighted as being Electronic Tagging for Sex Offenders.

Rapid evidence assessments on what works with domestic abuse perpetrators

1.46 For this project, we considered the rapid evidence assessments conducted and published by:

- The [Welsh Government](#)
- The [Scottish Violence Reduction Unit](#)
- The [West Midlands Police and Crime Commissioner](#).

1.47 The findings from these assessments are summarised below:

1.48 In 2018, the Welsh Government published the report, *Rapid Evidence assessment: What works with domestic abuse perpetrators?* The findings fell into five broad categories, which are summarised in the table below.

Table 2: Summary of evidence from the Welsh Government analysis

Category	Findings
Specific Therapy Interventions	<i>Cognitive Behavioural Therapy (CBT)</i> Bloomfield and Dixon (2015) analysed the data across cognitive-behavioural domestic violence programmes delivered by the National Probation Service and looked at two-year re-conviction rates for over 4000 participants in the treatment group and over 2000 in the control group. They found small but positive significant effects for the treatment group on reconviction rates and survival

rates. The authors suggested that while this was found to be the case, most perpetrators still go on to re-offend and more effort needs to be put into the way interventions are delivered to maximise the positive effects.

Blatch et al (2016) used a propensity matched control group to consider reoffending rates for 953 domestic violence offenders subject to a 20 session CBT programme. The design was robust and the findings showed re-offending rates of 15% lower for the programme group. Survival rates to first overall reconviction were better for the programme group by 15%, and 27% to first violent re-conviction.

Boots, Wareham, Bartula and Canas (2015) explored whether perpetrator interventions of this type were more effective in reducing re-offending compared to other court sanctions made for lower level incidence of domestic violence in family court. This study suggested that diversion to treatment at this stage is more effective than imprisonment. This finding is supported by other studies.

Restorative Justice

Mills, Barocas and Ariel (2013) compared the effectiveness of a group-based intervention for court-mandated domestic violence perpetrators to a restorative justice-based programme. Employing a randomized design, and using re-arrest as an outcome measure, they found no statistically significant differences between the two treatment approaches.

Motivational Enhancement

Strang et al. (2017) offered perpetrators facing conviction for the first time the option to attend two five hour group workshops on consecutive weekends that used a motivational interviewing approach. Their findings suggest that over a one year follow up the perpetrators who engaged in the workshop group were subject to a lower arrest rate for less serious crimes. This suggests the approach can be effective from a harm reduction perspective.

	<p>Mind-body</p> <p>Mind-body treatment is grounded in the importance of self-awareness and self-care. Mind-body interventions therefore seek to develop such qualities, for example, through mindfulness and somatic exercise. Drawing on literature identifying the link between emotional dysregulation and domestic violence, it has been considered as a potential treatment modality for the perpetrators of interest in this review. Tollefson and Phillips (2015) found that such intervention adapted to this population was associated with lower attrition rates (compared to other treatment approaches), reduced re-offending, and improvements across measures of mindfulness, physical and mental health. The authors acknowledged that further research is required to determine any impact of mind-body treatment on the behaviour of previously domestically violent men within their relationships.</p>
<p>Family Interventions</p>	<p>There is limited robust research related to family interventions reducing family violence. However, those studies that are available provide potential for developing preventative approaches. Feinberg et al. (2016), found that a transition to parenting programme had a significant effect on parent reports of family violence when conducted with high-risk couples compared to a control group with a similar risk level.</p> <p>A randomized control trial engaged mothers who had experienced domestic abuse in delivering a dating abuse prevention programme to their teenage daughters. The results showed not only reduced victimisation but a decrease in perpetration of psychological and cyber abuse by those teenage girls who had been exposed to high levels of domestic abuse (Foshee et al. 2016).</p>
<p>Community/ Bystander Intervention</p>	<p>Bystander intervention programmes tend to train participants to challenge perpetrators, support victims and diffuse potentially harmful situations. A number of community-based/bystander intervention studies have taken place in school and college/university environments, perhaps reflecting their high-risk for sexual and relationship violence. Moynihan et al. (2015) specifically studied the long-term effects of students attending such a programme and found that positive behavioural changes were maintained one year following participation (and to a greater degree than a control group receiving only a social marketing campaign). Nevertheless, the authors acknowledged the</p>

	<p>complexities associated with bystander interventions (and their evaluation), with factors such as gender and relationship with the target person (i.e. stranger vs. friend) influencing programme effectiveness.</p> <p>Elias-Lambert and Black (2016) examined the effects of a bystander intervention on college males who they categorised as low vs. high risk for perpetrating sexually coercive behaviours. While they found the programme had a positive impact on attitudes related to sexual violence (such as rape myth acceptance), there was less of an effect on those participants identified as high risk. There was, however, a decrease in self-reported sexually coercive behaviours amongst the high risk participants. The authors did acknowledge the relatively short follow-up period and stated that they did not know if these effects would be maintained over time. Of interest if that the research did not find any significant changes on any of the specific bystander measures (of attitudes and behaviours), particularly as this was the primary aim of the intervention.</p>
Specific Communities	<p>Baker, Naai, Mitchell and Trecker (2014) explored the effectiveness of a 'train the trainer' model for delivering a culturally responsive school-based sexual violence prevention curriculum in Hawaii. Findings indicated that students receiving the intervention significantly increased their sexual violence knowledge, decreased their victim-blaming, and increased their bystander efficacy compared to those in a control school.</p>
External Management	<p>A number of interventions have sought to reduce domestic abuse risk through imposing sanctions and/or external management strategies on the alleged/proven perpetrators. Sloan, Platt, Chepke and Blevins (2013) studied the deterrent effects of court penalties for domestic violence offences. Hypothesising that knowledge of arrest and subsequent punishment are considered in the thinking processes preceding such offending, the authors did not actually find this to be supported in their study. They concluded that sanctions alone are not sufficient to prevent further domestic violence offending.</p> <p>Grommon, Rydberg and Carter (2017) examined the effect of GPS (Global Positioning System) tracking on the behaviour of alleged intimate partner violence perpetrators awaiting trial. They found GPS to be just as effective as traditional supervision in reducing re-arrest or failure to appear at court. However, GPS was associated</p>

	<p>with increased likelihood of attending supervision appointments, which the researchers suggested highlighted the potential benefits of GPS to probation management.</p> <p>Specific domestic violence courts (DVCs) also appear to have mixed outcomes. Based on a New York sample, Cissner, Labriola and Rempel (2015) examined the impact of criminal DVCs on re-offending and other case outcomes. They found a small positive effect of DVCs for convicted offenders but not those who were unconvicted. The level of imprisonment imposed by DVCs was not significantly different to that imposed by traditional courts, however, DVCs were found to be more efficient, decreasing significantly the time from arrest to disposition. The researchers suggested that victim safety practices and perpetrator rehabilitation were more effective than court-based processes in reducing re-offending.</p> <p>In their UK-based evaluation of the pilot of Domestic Violence Protection Orders (DVPOs), Kelly et al. (2013) examined their effectiveness in providing immediate protection for victims following a domestic violence incident in cases where no other restrictions were available. DVPOs were designed to provide victims with a 14-28- day period in which the perpetrator has restricted access to them/their home so that they can determine a course of action. Of note is that not a single DVPO resulted in a perpetrator accessing a behavioural change programme. Nevertheless, DVPOs were associated with reduced levels of domestic abuse, although the authors acknowledged that this may not be attributable to the DVPOs. They were associated with a particular reduction in domestic violence for those cases considered 'chronic' or repeat offenders.</p>
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1.49 In 2022, the Scottish Violence Reduction Unit and Abertay University published, Effectiveness of existing intervention programmes to reduce violent re-offending in domestic abuse perpetrators: A Rapid Review of the Literature. The findings from that report are summarised in the table below.

Table 3: Summary of evidence from the Scottish Violence Reduction Unit

Category	Findings
Duluth Model	<p>The Duluth Model applies a combination of concepts from feminist and sociological frameworks and focuses on re-educating male individuals with abusive pasts, by specifically targeting and converting men’s supposed need for power and control over women (Snead et al., 2018; Bates et al., 2017; Karakurt et al., 2020). Today, it is one of the most influential programmes, and used not only in the USA and Canada, but also the United Kingdom and Europe (Babcock et al., 2016; GrahamKevan & Bates 2020).</p> <p>One of the main criticisms directed towards the model is the disregard of the important role that emotional dysregulation plays in abusive behaviours, since it has been shown that emotional regulation is essential for controlling impulsive behaviour, including abusiveness (Birkley & Eckhardt, 2015; cited in Bates et al., 2017; Lozano-Madrid et al., 2020).</p> <p>In a systematic review conducted by Bates et al. (2017) the success rate of the application of Duluth Model based interventions was examined, reporting unsuccessful outcomes. The authors attributed this failure to the extensive disregard of many relevant aspects of abuse predictors, such as social, developmental, and biological factors. Researchers additionally stated that the model showed a lack of focus on influential emotional and psychological issues. Reported findings from several studies showed mixed results, rooted in evidence for which interpretation seemed to be largely dependent on ideological beliefs and a radical misunderstanding of feminist ideology that concludes in a gender biased outlook.</p> <p>Despite mixed evidence, the Duluth Model remains the dominant and most frequently used intervention technique within the USA and the United Kingdom.</p> <p>At the moment the model reflects little awareness of female perpetrators and the verbal and physical aggression displayed by them, limiting the useful application of this approach in</p>

	<p>interventions to male aggressors, who fall under the narrow criteria it is based on (Graham-Kevan & Bates 2020)</p>
<p>Cognitive Behavioural Therapy</p>	<p>CBT treatments have been found to be the most frequently used type of intervention in European countries, especially in programmes directed at the rehabilitation of violent perpetrators (Hamilton et al., 2012; cited in Bates et al., 2017; Babcock, 2017).</p> <p>It is one of the most actively researched psychotherapies with an extensive empirical evidence base showing effectiveness in the treatment of mental health problems, this includes tackling the issue of emotional regulation (Nesset et al., 2019). In the treatment of aggressive behaviour and anger issues, CBT techniques utilize behavioural change strategies, cognitive development, and the evaluation of beliefs and strategies to prevent relapses and implement successful management strategies (Nesset et al., 2019).</p> <p>Bates and her colleagues (2017) reviewed CBT-based intervention programmes in group settings. The selected studies primarily focused on the use of CBT for heterosexual male perpetrators. Promising results showed decreased recidivism over a three-year follow up period for CBT treatment participants, compared to those of a Duluth intervention (Travers et al., 2021).</p> <p>Similar results were found by Cotti et al. (2019) who reported superior results of a CBT intervention over a Duluth intervention (cited in Travers et al., 2021). The superiority of CBT based interventions might be due to them directly addressing relevant triggers of the perpetrator and the implementation of behavioural change strategies (Karakurt et al., 2020).</p>
<p>Risk-Need-Responsivity Model</p>	<p>Travers et al. (2021) conducted an analysis comparing different types of interventions based on the Risk-Need-Responsivity (RNR) Model, which entails perpetrators being assessed based on three principles: personal risk, personal needs, and the environment needed to reduce recidivism.</p> <p>The model has become immensely popular for rehabilitation purposes, and focuses on exploring the behavioural patterns of individuals, specifically their criminal behaviour to successfully</p>

	<p>reduce recidivism (Basanta et al., 2018). RNR is seen as a treatment framework rather than an intervention and as such requires, often multiple, interventions to target identified risk factors. The RNR model promotes primarily CBT style programmes as a favoured intervention based on superior results found in the past (Andrew & Bonta, 2010; cited in Travers et al., 2021). The analysis included a total of 31 studies and included multiple interventions, CBT, and Duluth style treatments among others.</p> <p>It was concluded that the RNR-treatments showed promising short-term effects. They report a significant pooled effect on recidivism for up to a year.</p> <p>However, based on the presented research findings, it is questionable whether the approach is appropriate for long-term recidivism reduction, due to the lack of evidence.</p>
Comorbidity Issues	<p>A recent review conducted by Tarzia et al. (2020) explored the effectiveness of interventions for male IPV perpetrators in a health care setting. They analysed a total of ten interventions and found weak evidence for the effectiveness of the interventions used. The only treatments that seem encouraging according to their findings are IPV treatments in combination with others, such as alcohol treatments. However, the analysis was limited to a small clinical sample, which means the result might not be generalizable to the wider population.</p> <p>A review on the effectiveness of IPV interventions for men who abuse substances was conducted by Stephens-Lewis et al. (2019). They found that cognitive behavioural and motivational interviewing therapies were the most commonly used interventions and results indicate short-term reductions in both substance abuse as well as IPV. They concluded that there is little evidence of treatments considering substance abuse in IPV perpetrators. Moreover, there is a lack of satisfactory trials utilizing these types of interventions.</p>

1.50 In 2022, the West Midlands Police and Crime Commissioner published, [Research into “what works” with Domestic Abuse Perpetrators: Key lessons](#). The findings from that report are summarised in the table below.

Table 4: summary of evidence from the West Midlands Police and Crime Commissioner

Finding	Summary
<p>Commissioning should be informed by the characteristics of perpetrators</p>	<p>Data regarding the characteristics of domestic abuse perpetrators is limited, and highlights the need for more effective and coordinated collation and analysis of perpetrator data at local, regional and national levels.</p> <p>Where data is available, it suggests that characteristics of domestic abuse perpetrators does vary between Local Authority areas in the West Midlands, and that this variation is not always in-line with variations in the characteristics of the wider population. Commissioning of domestic abuse perpetrator programmes requires an understanding of local characteristics of perpetrators in order to enable services to be tailored to local need.</p> <p>Available data does provide insights into the characteristics of perpetrators. These insights are important for commissioners to consider, as understanding the characteristics of perpetrators will enable Domestic Abuse perpetrator Programmes (DAPPs) to be commissioned which are appropriate for local need, and which may have been shown to be particularly effective with certain groups.</p>
<p>A whole system approach</p>	<p>DAPPs have the best chance of working successfully when they are well integrated into a whole system approach, i.e. so that all stakeholders understand the aims, objectives and role of the DAPP in the wider response to domestic violence and abuse. Stakeholders consulted as part of this research recognised that multi-agency approaches are key to delivering DAPPs successfully. The reasons for this include:</p> <ul style="list-style-type: none"> • More effective approaches to addressing domestic abuse and managing risk. Strategic oversight from commissioners and funders can help support agencies to work together to address domestic abuse and manage the risk. • Ensuring agreement on the aims and objectives of DAPPs in the whole system response. When designing DAPPs, providers, commissioners and partners should work collaboratively and agree intended outcomes and impacts and develop a shared

	<p>understanding of the inputs, activities and outputs required to achieve success (see section on logic models below). Collaborative approaches that ensure system ‘ownership’ and ‘buy-in’ to the DAPP are likely to have greater chances of success.</p> <ul style="list-style-type: none"> • Improved DAPP design. Collaboration between commissioners, providers and partners will help to support: (1) agreement of desired outcomes and impacts; (2) design of programmes to help ensure they support behaviour change, (3) enabling DAPPs to have a period of adaptation linked to evaluation evidence before programmes are successfully embedded, i.e. it is important to give DAPPs time to develop, adapt and innovate in light of evidence of what is and is not working to give the best chance of success, and (4) effective agreement around evaluation and the roles and responsibilities of partners in providing data. • Supporting tailored approaches to meet the needs of perpetrators, victims and families. Partnership working with other services is important in facilitating a tailored approach based on risk and need which helps to keep victim/survivors and their families safe, and simultaneously maintain oversight of, and provide support to, perpetrators. DAPPs should therefore integrate with other interventions services, such as education, health, employment, housing, probation, substance abuse services, and victim services. • Reaching communities commonly referred to as “hard-to-reach”. By partnering with community groups, DAPPs may be able to reach people and communities commonly referred to as “hard-to-reach” (including, for example, those who DAPPs do not know how to access in the right way) who may be unaware of the provision available or mistrustful of traditional referral routes, for example, those that may involve contact with social services.
<p>Joint commissioning approaches</p>	<p>The evidence from the stakeholder consultation suggests that DAPPs would benefit from more effective commissioning approaches. There is potential for partners to develop joint commissioning frameworks and budget pooling. For instance, currently in the West Midlands both the Police and Crime Commissioner and local authorities are commissioning separate DAPPs. There may be strategic benefit in working together more closely to avoid DAPPs competing for referrals. Moving towards</p>

	<p>joint commissioning approaches would help support the effective commissioning of DAPPs to meet need, address gaps and avoid duplication.</p>
<p>DAPPs should address the causes of perpetrator behaviour</p>	<p>To support the development of DAPPs stakeholders recognised it was important to have a good understanding of the causes of perpetrator behaviour. They also recognised that it was important to draw upon evidence and expertise in ‘what works’ in supporting perpetrators to change their behaviours. The following areas may be worth considering and developing.</p> <ul style="list-style-type: none"> • DAPPs taking a trauma informed approach. Stakeholders recognised that perpetrators often experienced or witnessed domestic abuse as children. They suggested that a trauma-informed approach linked to Adverse Childhood Experiences (ACEs) could help in understanding and addressing the ‘root cause’ of abusive behaviour. Other stakeholders suggested that challenging patriarchal values and misogynistic behaviour of male offenders was important as they saw this as a cause. • Developing research on causes of domestic abuse perpetrator behaviour and exploring the wider evidence about causes of offending. There is a need to continue to invest in research to understand the causes of perpetrator behaviour. However, there is existing research about the causes of offending behaviour which may help in the design and development of DAPPs. <p>Given the limited evidence base for what works in addressing the causes of domestic abuse through DAPPs, a theoretically led risk-protective factor approach based on the evidence of what works for general offenders might be usefully applied to DAPPs. For example, evidence shows that programmes which have successfully reduced reoffending tend to address known dynamic risk factors, such as impulsivity or self-control, and use cognitive behavioural therapy (CBT) approaches to address how offenders process information</p>
<p>Agreeing the focus of provision</p>	<p>Evidence collected as part of this research suggests that agreeing the focus of resource for domestic abuse perpetrators is complex in terms of whether it should be targeted at low, medium or high-risk offenders. There are mixed views among stakeholders and in the literature.</p>

	<p>Stakeholders consulted as part of this research suggested that early intervention with low and medium risk perpetrators is the most effective use of resource as these perpetrators are more likely to achieve sustained behavioural change than higher-risk perpetrators. However, it is worth considering the evidence which shows:</p> <ul style="list-style-type: none"> • Programmes aimed at high-risk offenders tend to have the strongest evidence behind them. This is certainly the case in the wider literature around what works in changing offender behaviour. This evidence also suggests that programmes aimed at low or medium risk offenders tend not to have as great an impact and, in some cases, did harm. • A small number of high-risk perpetrators are responsible for a larger proportion of harm (Sherman et al. 2016). <p>As such, there is an argument that targeting programmes at high-risk perpetrators may be a more effective use of resource than focusing on low and medium risk perpetrators.</p>
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Other relevant findings and reports

1.51 In addition to the above reports and evidence reviews, we also looked at evidence and information published by those working in the Violence Against Women and Girls sector to reduce perpetration of abuse and violence.

1.52 We identified three areas that seemed particularly relevant for this project:

- A report by Research in Practice, which looked at the importance of Respect accreditation and the different types of interventions that might take place at any given time in an area;
- Analysis and evidence supporting the Drive Project for high-risk and high-harm perpetrators – as this was identified as a key gap in our discussions with service providers
- Analysis and evidence supporting the Cautioning and Relationship Abuse (CARA) intervention, as this is already being run across West Yorkshire.

1.53 In 2021, [Research in Practice](#) published, Working with people who perpetrate domestic violence and abuse in families: Strategic briefing. The briefing aimed to set out “some key principles and messages that could apply to social work with perpetrators of DVA, based on the evidence and established good practice sector guidance”.

1.54 The report highlighted that:

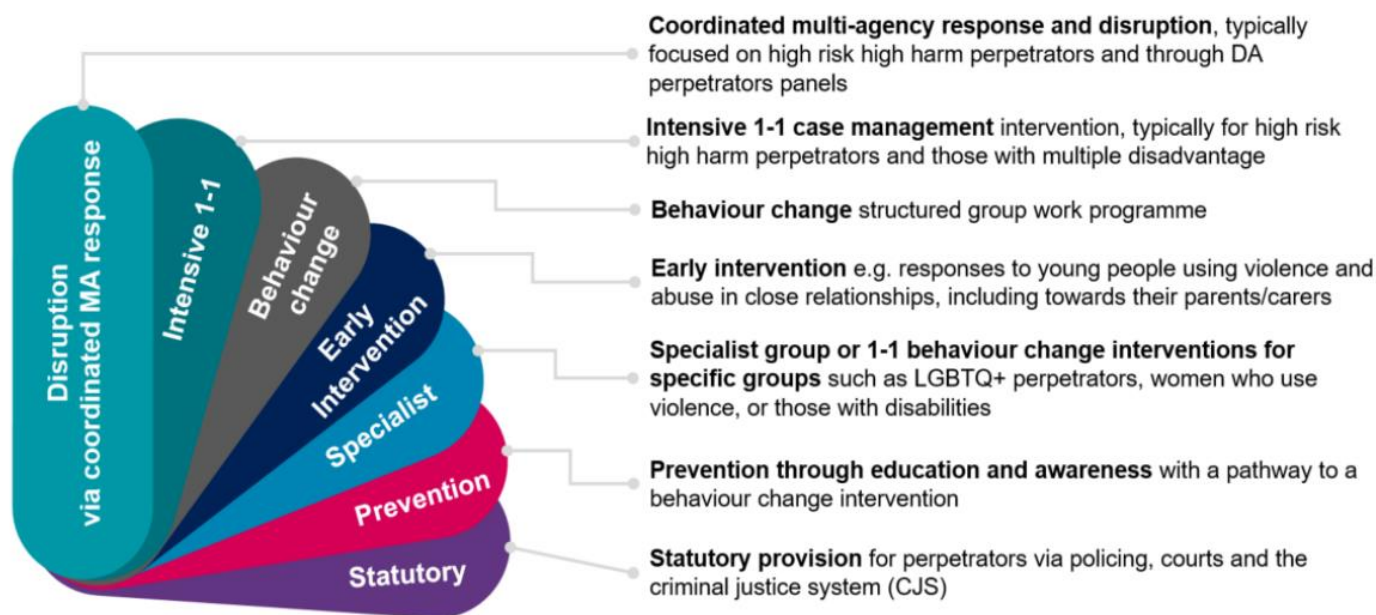
“Perpetrator interventions can differ in terms of method, objectives and scope, but they generally share the common goals of stopping the violence or abuse, increasing the safety of adult and child victim-survivors, and holding the perpetrator of abuse to account (Callaghan et al., 2020; Pallatino et al., 2019), including to their children (Alderson et al., 2013). The Respect Standard third edition sets out requirements for safe and effective practice with perpetrators of DVA in the UK, which includes the requisite provision of integrated services for (ex)partners of men on the programme (Respect, 2017).

The most common intervention in the UK is the domestic violence perpetrator programme (DVPP) and there are examples of them being successfully co-located within children’s social care settings (Phillips, 2012). DVPPs typically use cognitive behavioural, (pro)feminist, psychodynamic and / or psychoeducational models of intervention in a group setting (Akoensi et al., 2013; Phillips et al., 2013). They are generally divided into criminal justice or community-based/non-criminal justice programmes. Community programmes tend to receive referrals from social work child protection and family courts (Kelly & Westmarland, 2015)”.

1.55 The report also highlights the importance of Respect Accredited programmes, and says that:

“Safe and effective interventions for perpetrators of DVA should be provided within the context of a coordinated community response, which includes the requisite support provision for victim-survivors, as set out in the Respect Standard third edition (2017)”.

1.56 The report noted seven different types of interventions that might take place at any given time in an area. The report notes that interventions for perpetrators of domestic violence and abuse should be underpinned by support for victim-survivors, broad referral pathways and information sharing, good governance, culturally appropriate practice and quality assurance.



Source: Respect, SafeLives, Social Finance, 2021

Drive partnership

- 1.57 The [Drive Partnership](#) was developed in 2015 by Respect, SafeLives and Social Finance to address a gap in work with high-harm perpetrators of domestic abuse. The partnership has developed a high-harm high-risk intervention model for perpetrators, known as the Drive Project. The Drive Project currently operates in a number of Police and Crime Commissioner areas, working with (according to Social Finance) *“around 3,500 high risk perpetrators of domestic abuse, impacting on their lives and the lives of around 4,000 associated adult victim-survivors and around 6,800 children”*.
- 1.58 The Drive website says that *“Drive Project clients are overwhelmingly, but not exclusively, men and in heterosexual relationships, and that 26% of perpetrators on our programmes are from racialised communities”*.
- 1.59 An evaluation of the Drive Project was published in 2020 by the [University of Bristol](#). The evaluation says that:

“Drive targets perpetrators of domestic abuse to improve outcomes for victims and children. The key objectives are to: reduce the harm caused to victims and children; reduce the number of serial perpetrators of domestic abuse; reduce the number of repeat and new victims; and intervene earlier to safeguard families living with high-risk, high-harm domestic abuse.

Quantitative and qualitative data shows that the Drive perpetrator intervention is reducing the use of abusive behaviours, increasing safety for victims and children, and doing so to a greater degree than in cases where

only support to the victim is being provided. The data also shows a more sustainable impact on safety when Drive is present”.

1.60 In 2022, the Drive Partnership published, “[A Domestic Abuse Perpetrator Strategy for England and Wales – a Call to Action](#)”. The Call to Action set out five elements that it wanted to see in a Government led strategy to tackle perpetrators of domestic abuse:

- Public services and voluntary organisations empowered to hold perpetrators to account – this would include: police led multi-agency forums; more systemic use of criminal justice opportunities; workforce development training; clear pathways into perpetrator interventions.
- Best-practice perpetrator interventions available across England and Wales – including the availability of quality assured perpetrator interventions and appropriate community level initiatives and communications
- National Quality Assurance Systems – this includes: national assurance to quality assurance; that perpetrator work should be covered by the relevant inspectorates; and that England and Wales-wide data collection, supported by analysts and communicators, should enable the collation and use of best practice and insights
- A sustainable, predictable, source of funding – this calls for a cross-departmental funding commitment from the Treasury
- National and local leaders to spearhead the perpetrator strategy – this includes: explicitly including the remit to oversee responses to perpetrators in the responsibilities of the Domestic Abuse Commissioner; developing a leadership programme to train and link organisations; and holding Ministers in every Government Department accountable for calling out abusive behaviour.

1.61 The Call to Action was supported by a wide range of signatories, including organisations focussed on supporting victims of domestic abuse (such as Women’s Aid, Respect, Victim Support, and End Violence Against Women), police forces and OPCCs (including Essex, Northumbria, and West Midlands OPCCs, MOPAC, and West Mercia police), and the Local Government Association.

Hampton Trust – Cautioning and Relationship Abuse (CARA)

1.62 The CARA programme is a domestic abuse awareness raising intervention, which was originally developed by the Hampton Trust in 2011. CARA sits within the criminal justice system as an early intervention targeting domestic abuse offenders meeting specific criteria to be issued with a Conditional Caution. Under the new two-tier policing framework CARA will be used for offenders receiving a Diversionary Caution.

1.63 CARA is currently operating in nine police force areas across England.

1.64 In 2022, the [University of Birmingham](#) published a report showing that:

“The results of the impact evaluation for West Midlands showed that the CARA Service had a significant impact on the amount of recidivism – on average, the CARA Service reduced offences by 81% in the first six months. The effect is substantial also after twelve months – on average the CARA Service reduced offences by 56% in the 12 months. However, there was no significant reduction in the severity of the crimes that were committed after completing the CARA Service. This latter result contrasts with Strang et al. (2017), who documented such a reduction. The difference could be driven by the fact that the offenses in the West Midlands Police sample were less harmful compared to Strang et al. (2017); in the former, the average CHI was 6.32, which is 25% to 45% smaller than the 8 to 11 CHI averages reported in the latter.

The results of the impact evaluation for Hampshire showed that, on average, the CARA Service reduced offences by 39% in the first six months. The reduction after twelve months was 41%. Like West Midlands, there was no significant reduction in the severity of the crimes committed after completing the CARA Service. Overall, the evidence demonstrates that CARA has a significant effect on recidivism in two independent areas of study”.

1.65 In October 2022, RedQuadrant submitted our evaluation of the CARA programme running in West Yorkshire to the West Yorkshire Combined Authority. Our findings showed that:

“There is already a body of evidence supporting the CARA approach, and this evaluation also concludes that the programme is a valuable intervention for working with those perpetrators who have no (or minimal) previous history of domestic abuse offending, issued with a Conditional Caution by West Yorkshire Police.

The programme appears to work (almost) equally well for male and female perpetrators, with 86% male and 85% female perpetrators reporting a positive change in attitude towards their abusive behaviour. Similarly, 80% male and 71% female perpetrators reported a positive change in attitude towards their partner/ ex-partner.

Feedback from the 62 victim-survivors spoken with between April to June 2022, were also very encouraging, with 74% saying that they have seen a positive change in the perpetrators’ behaviour”.

National Standards for Domestic Abuse Perpetrator Interventions

- 1.66 In January 2023, the Home Office published the “[overarching principles and practice guidelines for commissioning and delivering interventions for perpetrators of domestic abuse](#)”. The aim of this was to develop evidence-based standards for interventions with perpetrators of domestic abuse.
- 1.67 The interventions in scope include intimate partner violence and abuse; violence and abuse where the victim and perpetrator are aged 16 or over and are personally connected (meaning that under 16 child to parent abuse is not included).
- 1.68 The standards apply to four types of interventions:
- Help-seeking - interventions established for people to talk about their behaviour at an early point. They are usually brief interventions that operate as a pathway into other responses (for example, the Respect Phonenumber).
 - Early responses - This covers work that is a step before long term behaviour change – it may involve group or one to one work to provide information about domestic abuse, and/or to motivate perpetrators to consider a behaviour change programme. These are usually shorter-term interventions. The examples given include, Change that Lasts Early Awareness Raising (CLEAR) and Cautioning and Relationship Abuse (CARA).
 - Behaviour change work – this deals with individuals where abuse has become an ongoing pattern, longer term interventions (the published standards propose at least 22 weeks) offer the possibility of rethinking and changing how they relate to others. Often combined with risk and needs assessment, individual one to one work where needed, case management and multi- agency processes. The examples given include, Respect accredited Domestic Abuse Perpetrator Programme’s (DAPPs), and Make a Change.
 - Intensive multi-agency case management – interventions that work with ‘high harm, high risk’ cases identified by police on the basis of repeat call outs and/or multiple victims but could also cover other harm and risk levels. The key characteristic here is direct work backed up by a systems response - the coordination of agency responses, it can also include individual one to one work. The examples given include, [Drive Change](#), and [See Change](#).
- 1.69 The seven standards are:
- The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victim-survivors, including children.

- Interventions should be located within a wider co-ordinated community response in which all agencies share the responsibility of holding abusive behaviour in view, enabling change in perpetrators and enhancing the safety and freedom (space for action) of victim-survivors and their children.
- Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
- The right intervention should be offered to the right people at the right time.
- Interventions should be delivered equitably with respect to protected characteristics that intersect and overlap.
- Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.
- Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

1.70 The authors of the standards noted that:

“The seven standards and corresponding policy and practice guidelines have been developed in consultation with practitioners, policy makers, academics, victim-survivors and perpetrators. It is intended that they will underpin the development of safe and effective domestic abuse perpetrator interventions across England and Wales.

The work did reveal some serious gaps in the evidence base, especially in terms of how current responses can be extended to cover all forms of domestic abuse and to diversity within perpetrators.

In addition, scaling up provision faces the challenge of recruitment, this is a specialist area that needs capacity building through both a workforce development plan and agreed training standards. Meeting this challenge would also offer an opportunity to expand the pool of staff who belong to currently underserved communities”.

Conclusion

1.71 As we have seen, there are a wide number of sources that consider the effectiveness of domestic abuse perpetrator interventions, and to a lesser extent, interventions aimed at sexual violence perpetrators.

1.72 In the next section, we shall set out our assessment of these interventions and highlight what we consider a good suite of domestic and sexual violence interventions should include.

Part 2: An assessment of best practice interventions for perpetrators of domestic and sexual violence

- 2.1 In the previous sections, we saw that there are a number of different rapid evidence assessments and studies that consider the effectiveness of different types of, or approaches to, domestic abuse perpetrator interventions. There are far fewer studies in respect of sexual violence perpetrators.
- 2.2 What these studies tend to show is that the evidence is not yet well defined, and that further work in this area is needed. This view is supported by the work underpinning the standards for interventions with perpetrators of domestic abuse, recently published by the Home Office.
- 2.3 A summary of the evidence we assessed on the different types of domestic and sexual violence perpetrator interventions is set out in the table below.
- 2.4 As the West Midlands analysis highlights, it is important that areas decide what should be the focus of their perpetrator provision, e.g. early intervention; a focus on low and/or medium-risk; or a focus on those individuals that are high-harm and high-risk.
- 2.5 That analysis noted that the stakeholders consulted considered that, “early intervention with low and medium risk perpetrators is the most effective use of resource as these perpetrators are more likely to achieve sustained behavioural change than higher-risk perpetrators”.
- 2.6 However, the report authors also noted that, “it is worth considering the evidence which shows: Programmes aimed at high-risk offenders tend to have the strongest evidence behind them. This is certainly the case in the wider literature around what works in changing offender behaviour”.
- 2.7 Our assessment is that, whilst there is compelling evidence supporting programmes aimed at high-risk offenders (such as the Drive Project), there is also good evidence for earlier intervention programmes such as the Cautioning and Relationship Abuse (CARA) programme.
- 2.8 Feedback from those asked to help inform the Mayor of West Yorkshire’s Safety of Women and Girls Strategy, highlighted that “male education and prevention” was their top priority. This is consistent with the findings from the West Midlands.
- 2.9 We would also note that, whilst the current evidence base continues to develop, there are sufficient studies to suggest that interventions which take a Cognitive Behavioural Therapy approach, or those that are based on the Duluth model may be beneficial in

reducing medium-risk domestic abuse perpetration, and that early intervention initiatives such as educational programmes in schools may also be beneficial.

- 2.10 Having considered the available evidence and research, it is our recommendation that commissioners across West Yorkshire (including the Combined Authority, Violence Reduction Unit, five local authorities, and health bodies) should work together to commission a suite of services that includes : (i) early intervention; (ii) interventions for low-risk offenders); (iii) interventions for medium-risk offenders; (iv) interventions for high-risk offenders; and (v) interventions for sexual violence offenders.

Recommendation 1: Commissioners across West Yorkshire should work together to commission a suite of services that includes: (i) early intervention; (ii) interventions for low-risk offenders); (ii) interventions for medium-risk offenders; (iv) interventions for high-risk offenders; and (v) interventions for sexual violence offenders.

Table 5: Summary of evidence assessed on different types domestic abuse and sexual violence perpetrator programmes or interventions

Source	Good evidence	Some or mixed evidence	Poor or negative evidence
College of Policing		Cognitive Behavioural Therapy for Domestic Violence	
College of Policing		Criminal Sanctions to Prevent Domestic Abuse	
College of Policing		Educational Interventions to Prevent Relationship Violence	
College of Policing		Second Responder Programmes to Prevent Domestic Abuse	
College of Policing		Circles of Support and Accountability for Sex Offenders	
College of Policing	Electronic Tagging for Sex Offenders		
College of Policing		Psychological Treatment of Adults convicted of Sex offences Against Children	

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF)		Domestic Violence Perpetrator Programmes based on the Duluth model	
WWCSC and EIF	Parent-Child Interaction Therapy		
WWCSC and EIF	Parenting Programmes to Prevent Child Physical Abuse Recurrence		
WWCSC and EIF			Signs of Safety
Welsh Government analysis	Cognitive Behavioural Therapy		
Welsh Government analysis			Restorative Justice
Welsh Government analysis		Motivational Enhancement	
Welsh Government analysis		Mind-body	
Welsh Government analysis		Family Interventions	
Welsh Government analysis		Community/ Bystander Intervention	
Welsh Government analysis	Specific Communities		
Welsh Government analysis		External Management (depending on approach taken)	

Scottish VRU analysis		Duluth Model	
Scottish VRU analysis	Cognitive Behavioural Therapy		
Scottish VRU analysis	Risk-Need-Responsivity Model		
Scottish VRU analysis			Comorbidity Issues
Evaluation of CARA	For perpetrators of domestic abuse who are subject to Conditional Cautions		
Evaluation of Drive	Drive Project for high-risk and high-harm perpetrators		

What could a catalogue of appropriate, feasible and cost-effective domestic and sexual perpetrator interventions look like in West Yorkshire?

2.11 In **Annex A** to this report, we set out our findings from the service mapping exercise that we carried out. A summary of the findings is set out in the table below.

2.12 The table shows that, from the current programmes, interventions, or support services available across West Yorkshire:

- 15 of the 26 services are in Leeds or Bradford
- 24 relate to domestic abuse perpetration
- 8 relate to sexual violence or CSE perpetration
- 9 provide support to high-risk offenders
- 10 provide support to medium-risk offenders
- 17 provide support to low-risk offenders
- 18 offer specific support for children
- 18 offer support for ethnic minority groups
- 12 offer support for LGBTQIA+ groups.

2.13 **A note of caution** – the information we have included on services comes from one of two sources: information that the service providers have themselves sent to us in the questionnaires we sent out, or information that we captured through our desk-based analysis.

2.14 However, as we scrutinised the information we obtained, we noted three particular issues which it is important to highlight:

- Firstly, many services say they provide specific support to ethnic minority or LGBTQIA+ groups, whilst not providing any evidence (in their returned questionnaires) to support this. We believe (but cannot evidence) that these services provide general support, which would include ethnic minority or LGBTQIA+ groups, rather than providing specific provision for these groups.

Table 6: Summary of findings from our mapping exercise

			Is specific support provided for:				Perpetrator risk level		
			Adults	Children	Ethnic minority groups	LGBTQI A+	High	Medium	Low
Leeds									
1. Caring Dads	The Journey Project	DA	✓	✓	✓	?	-	-	✓
2. Caring Dads	The +1 Programme	DA	✓	✓	✓	?	-	-	✓
3. Caring Dads	Stop Gap Support	DA	✓	✓	✓	?	-	-	✓
4. Change, Grow Live	Safer Leeds Domestic Abuse Perpetrator Worker	DA	?	?	?	?	✓	✓	-
5. Phil Mitchell Counselling	Counselling and supervision	DA/ SV/ CSE	✓	✓	✓	✓	-	-	✓
6. Project Hope	The Confidence Course	DA							
7. Safer Leeds Partnership	Online advice	DA	-	-	-	-	-	-	-

Bradford									
8. Bradford Council: Safer Bradford	Safer Bradford	DA/ SV	-	-	-	-	-	-	-
9. BFDDASV	Online advice and links to services	DA	✓	✓	✓	-	-	-	-
10. Bridge Project	Bridge Project (MARAC Navigator service)	DA/ SV	?	?	?	?	?	?	?
11. Staying Put (part of Survive & Thrive Consortium)	Helpline – the One Front Door Service	DA/ SV	✓	✓	✓	✓	-	-	-
12. Step2 Young People's Health	Counselling	DA	-	✓	✓	✓	-	✓	✓
13. WomenCentre	Domestic Abuse Perpetrator Programme (DAPP)	DA	✓	✓	✓	✓	✓	✓	✓
14. WomenCentre	South Asian Domestic Abuse Prevention Programme (South Asian DAPP)	DA	✓	✓	✓	✓	✓	✓	✓
15. WomenCentre	Specialist Domestic Abuse Practitioner (SDAP)	DA	✓	✓	✓	✓	✓	✓	✓

Wakefield									
16. Awareness Matters	Escape the Trap Programme	SV/ CSE	✓	✓	✓	✓	-	-	✓
17. Rosalie Ryrie Foundation	Footsteps 4 Men	DA/ CSE	✓	✓	✓	✓	✓	✓	✓
18. Together Women	ISVA HMP Newhall	SV	✓	✓	✓	✓	✓	✓	✓
Kirklees									
19. EdShift	ACT OUT/ SPEAK UP	DA/ SV	-	✓	✓	✓	-	-	✓
20. Yorkshire Children Centre	DAPP – Domestic Abuse Prevention Programme	DA	✓	-	✓	-	✓	✓	-
21. Yorkshire Children Centre	RRC - Recognise Reflect and Change	DA	✓	-	✓	-	✓	✓	-
Calderdale									
22. EdShift	Project Zero	DA	-	✓	✓	✓	-	-	✓
West Yorkshire Wide									
23. Freedom Programme	Freedom Programme	DA	✓	?	?	?	-	-	✓
24. Restorative Solutions	CARA	DA	✓	✓	-	-	-	-	✓

25. Restorative Solutions	Restore Families	DA	✓	✓	-	-	-	-	✓
26. West Yorkshire Liaison and Diversion	Managing clients and referring into services	DA	✓	✓	✓	✓	✓	✓	✓

- Secondly, some services say they do not provide any perpetrator services, but on closer inspection, they do provide education and training on relationships, which we consider to be a form of early intervention to prevent future offending. In these circumstances, we consider that these services do provide a form of perpetrator service/ intervention.
- Thirdly, some services say they provide support for high-risk or medium-risk interventions. Based on our earlier evaluation in West Yorkshire of domestic abuse services, where we spoke with a wide range of providers, we are sceptical that the definition of “high-risk” or “medium-risk” is used consistently. It may therefore be the case that, whilst some services claim to provide support or interventions for high-risk or medium-risk offenders, that other specialist services would disagree with these descriptions.

2.15 As it was outside the scope of this work to conduct a deep-dive on each service, we have opted to accept the information provided to us as being factually accurate. There are a few exceptions, notably where an organisation has told us that they provide perpetrator services, and then make no mention of working with perpetrators in their description of the services they provide.

2.16 Where a service has told us that they do provide specific support for ethnic minority or LGBTQIA+ groups, we have accepted this, even if we have doubts that this is the case.

Gaps and duplications

2.17 Outside of the West Yorkshire wide interventions, we found there to be no consistency in the types of support or programmes provided across the five districts. Accounting for 15 out of the 26 interventions, for example:

- Leeds has: three different programmes from Caring Dads (including for ethnic minority fathers and for men aged 16-24); signposting to the Respect helpline and website from the Leeds Safer Partnership website; a private counsellor; and a course to help individuals grow in confidence and make positive change (albeit that this last one is not a specific domestic abuse intervention).
- Bradford has: dedicated website pages (BFDDASV and Bradford Council websites) with links and helplines for those who have been abusive; general and specialist domestic abuse perpetrator programme provision (delivered by WomenCentre); a One Front Door helpline service (Staying Put); and some early intervention counselling (albeit that this last one is also not a specific domestic abuse intervention).

- 2.18 This inconsistency applies to the types of service available, and whether there is specialist provision for children, ethnic minority and/ or LGBTQIA+ groups.
- 2.19 We also question whether the support services or interventions described as “high-risk” or “medium-risk” conform to any agreed or standardised criteria across West Yorkshire. From our discussions with service providers in this and recent evaluations across West Yorkshire, we understood that there were significant gaps in provision for “high-risk” or “medium-risk” perpetrators.

Recommendation 2; That commissioners across West Yorkshire agree definitions for “high-risk”, “medium-risk” and “low-risk” interventions, and then work with their local service providers to assess whether services that are described as catering for “high-risk” or “medium-risk” perpetrators meet these agreed definitions.

A suite of services

- 2.20 It’s clear from the above table that perpetrator provision is not consistent across West Yorkshire. Bradford appears to have the most comprehensive arrangements, as a result of the Survive & Thrive Consortium, which can refer individuals into the DAPP and specialist DAPP provisions available through its One Front Door Service.
- 2.21 We have recommended that commissioners across West Yorkshire work together to commission a suite of services that includes: (i) early intervention; (ii) interventions for low-risk offenders; (iii) interventions for medium-risk offenders; (iv) interventions for high-risk offenders; and (v) interventions for sexual violence offenders.
- 2.22 So, what might this look like?
- 2.23 We consider that any suite of support services or interventions for perpetrators of domestic abuse and sexual violence must (as far as is practicable) be (i) based on the available evidence and (ii) in line with the Home Office standards.
- 2.24 This would suggest a suite of support across West Yorkshire that includes:
- **Early intervention:** educational interventions to prevent relationship violence or abuse (ie healthy relationships training and awareness); family Interventions; community or bystander interventions; and helplines and online advice and information for those seeking help.
 - **Interventions for low-risk offenders:** Cautions and Relationship Abuse programme; Domestic Abuse Perpetrator Programmes (DAPP) and specialist DAPP programmes (using cognitive behavioural therapy or Duluth approaches); parenting programmes or

family interventions; helplines and online advice and guidance; and relevant use of police powers/ criminal sanctions (ie cautioning).

- **Interventions for medium-risk offenders:** Domestic Abuse Perpetrator Programmes (DAPP) and specialist DAPP programmes (using cognitive behavioural therapy or Duluth approaches); parenting programmes or family interventions; counselling and therapy; and relevant use of police powers/ criminal sanctions (ie arrest and tagging).
- **Interventions for high-risk offenders:** programmes that take a similar approach to that used by the Drive Project.
- **Interventions for sexual violence offenders:** based on the evidence available, a suite of interventions might include electronic tagging for sex offenders; psychotherapeutic treatment of adults who have been sentenced for sexual offences against children; and Circles of support and accountability for sex offenders.

2.25 In all cases, we would expect that services and interventions be tailored to local needs (ie the South Asian DAPP in Bradford exists to fill an identified gap in provision), and recognise the inter-sectional nature of violence and abuse (ie that the support needs of those from an LGBTQIA+ group may differ from other groups).

A One Front Door

2.26 To ensure that anyone across West Yorkshire can access the right support or intervention to meet their circumstances, we recommend that a “One Front Door” approach be considered.

2.27 During our desk-based analysis of services across West Yorkshire, we found that it was often quite difficult to see what support or interventions were available overall. For example, in Bradford, which arguably has the most joined-up and comprehensive offer:

- The Bradford District domestic abuse and sexual violence information (BFDDASV) website has a dedicated section for those who are concerned about their behaviour. The page contains helpful information and provides information about support offered by the Bradford Maze. However, no links are provided, only a telephone number. The website does not link to the advice on the Bradford Council website.
- Similarly, on the Bradford Council website, there is some information on the Bradford Maze. However, the description of services seems aimed to be more for victims and survivors, even though the page is aimed at those “who are abusive”. The link provided is described as being for “any agency wishing to make a referral”, rather than for perpetrators, although the telephone number is given. The website does not link to the advice on the BFDDASV website.

2.28 Bradford does have a One Front Door service, run by Staying Put, who can refer individuals to the right support services that best meet their needs. Whilst we consider this to be a very positive element of the support provided, we would have liked to have seen the advice and links to support online more joined up.

Recommendation 3: That commissioners across West Yorkshire consider putting in place a “One front Door” (either at a local authority level or West Yorkshire wide level). This would ensure that individuals seeking help, or agencies seeking help on behalf of perpetrators, have one telephone number or one website/ portal to access. Other services should then link and refer to the One Front Door to ensure sufficient join up.

2.29 We consider that these recommendations, when taken together, would help commissioners across West Yorkshire ensure that domestic abuse and sexual violence service provision was consistent with the seven standards set by the Home Office.

Conclusion

2.30 Our analysis shows that there is not a consistent provision of programmes, interventions, or support services for domestic abuse or sexual violence perpetrators across West Yorkshire.

2.31 Similarly, there was no consistency in support for children, or for those from an ethnic minority and/ or LGBTQIA+ group.

2.32 However, there are good foundations on which to build, notably in Bradford which has the One Front Door model, and specialist support for those from an ethnic minority group. The CARA model, which is already in place and working well, provides another strong foundation for supporting perpetrators who are low-risk.

2.33 The available evidence suggests that a suite of interventions and support is most likely to be effective. We recognise the challenges for the Combined Authority, the Violence Reduction Unit and each of the five local authorities in trying to fund such a suite of services on their own. This is why we have recommended that commissioners work together to create a package of services that meets the needs of their communities, and addresses harm at different levels.