

Report on Options for Responding to DA Perpetration

July 2025

Introduction:

This report considers options for the adoption of a response to challenge people who cause harm in Torbay, identified as a significant gap of our system and one of the central pillars of the Domestic Abuse and Sexual Violence Strategy (DASV) Strategy to address. The Torbay system currently focusses on the provision of support to victims of domestic abuse, relying on the Criminal Justice System as the mechanism for challenging the people causing harm. Most perpetrators do not go through the CJS (approximately 76% of DA related offences go unreported), which highlights the gap of reach into the population of people causing harm.

In 24/25 domestic abuse was the second largest reason for MASH referrals in Torbay (19%). Between 2021 – 2024 domestic abuse was found to be a factor across 48% of all referrals into MASH upon completion of assessment. A recent deep dive taken into re-referrals into MASH of 10 children found 100% had been exposed to domestic abuse. The Domestic Abuse Act 2021 explicitly references children as victims of DA if they see, hear or experience effects of abuse.

Background and overview

Perpetration programmes have typically consisted of 121 or group work with individuals, or a blend of both accompanied with support for any partners and their children. Generally these programmes are community based and voluntary in nature, for people that recognise their behaviour is of concern / causes harm and they wish to address this. Attendance at such structured programmes takes place over many months and requires a genuine commitment to change, which enhances the likelihood of better outcomes and increased safety for partners and children. Risks of such programmes can include attendance as a means to give the impression of trying to be a better partner / parent either for the purposes of further controlling the relationship and / or using it as a means to try and influence the outcome of child protection processes. Pre-engagement assessment is a crucial and integral part of any programme seeking to address harm and ensuring they are not misused.

Torbay has previously delivered a behaviour change programme through its commissioned domestic abuse service Torbay Domestic Abuse Service (TDAS), using applicable grant funds that covered the costs of training some staff in the ability to deliver a programme to groups of males. The programme was voluntary to attend and ran over a 26 week period. Referrals came from children's services, probation or were self-initiated. Due to the non-recurrent nature of funds the programme ceased when trained staff moved on from the service.

In the few years after covid more funds became available for perpetration based work on a short term basis. The intention was to recruit into a post called a 'Behaviour Change IDVA' who would work directly with people causing harm, as Devon County were doing with their allocation of funds. At the time the Police and Probation service's Integrated Offender Management Teams focus included DA, which would have helped provide some wider support and structure to the work. Despite multiple attempts recruitment into the post was unsuccessful, we believe due to the short term nature of the contract and the fact that it was an entirely new role within systems. This aspiration differed from the provision of a programme that would run on a referral basis, as it incorporated a proactive and targeted means to engage people of concern and seek to address harm within wider mechanisms of systemic activity. It also would have been accompanied by individual support for victims and their children. This has meant that an intensive casework management of high harm perpetrators has not been developed in Torbay. Despite some targeting of offenders by police on a routine basis, this has been a largely single-agency response without the input of the wider system in a structured and intentional way.

To utilise the funds we then procured access to a behaviour change programme focussed on standard / medium risk harm perpetrators delivered by an organisation based in Plymouth. This included 121 and group work as well as support for victims and children. The programme was weekly over a period of 30-40 weeks. Due to the funding nature this was only able to run on a referral basis between Feb – Nov 2023. It received 9 referrals, 8 of which were self referrals (remaining 1 from Children's Services) and 5 people successfully engaged the programme. 3 referrals were assessed as not suitable.

From the experience of having delivered two forms of programme in Torbay it was apparent that having access to a programme is a necessary part of the system, but in isolation it is not sufficient to meet various levels of harm, particularly responses to high risk harmers who may require targeted and bespoke action taken to address risks posed. Referrals into both programmes were less than had been anticipated and clearly needed further time to embed with practitioners across the system being able to identify appropriate referrals. It also confirmed in line with best practice that providing support to victims and their children as part of the approach was vital.

In the absence of any specific and focussed work in a community setting, the only specific response to perpetration is within the Criminal Justice System (CJS).

CJS

The CJS will process people convicted of DA related offences (there is no specific offence of DA). Within the system are two main areas of work that people having caused harm may be suitable for.

Firstly, there is a Cautioning and Relationship Abuse (CARA) service for standard risk first time offenders who have accepted full responsibility for their offence and been offered a conditional caution. They will then go on to attend two workshops that explores abusive behaviours and ways

to ensure that they are not repeated. This is a new initiative within Devon and Cornwall with rates of use currently low.

Secondly, Building Better Relationships is a 30 week programme for men convicted of an intimate partner violence (IPV) related offence, typically delivered by the Probation Service. It uses group work and a cognitive behaviour therapy approach to explore abusive behaviours and develop healthier relationship skills.

It is estimated that less than 24% of domestic abuse related offences are reported to the police (1).

For 23/24 across England and Wales (2):

- 42 arrests were made per 100 reported DA related offences.
- Percentage of prosecutions resulting in conviction was 76%

Under these circumstances at least 76% of DA offences in Torbay go unchallenged by the system. As such the CJS is only able to reach a comparatively small proportion of people causing domestic abuse, highlighting the size of the gap within Torbay's current system due to a lack of community based interventions. Having access to behaviour change interventions seeks to make visible the unseen perpetrators and make them accountable for their actions.

Behaviour Change Interventions – evidence

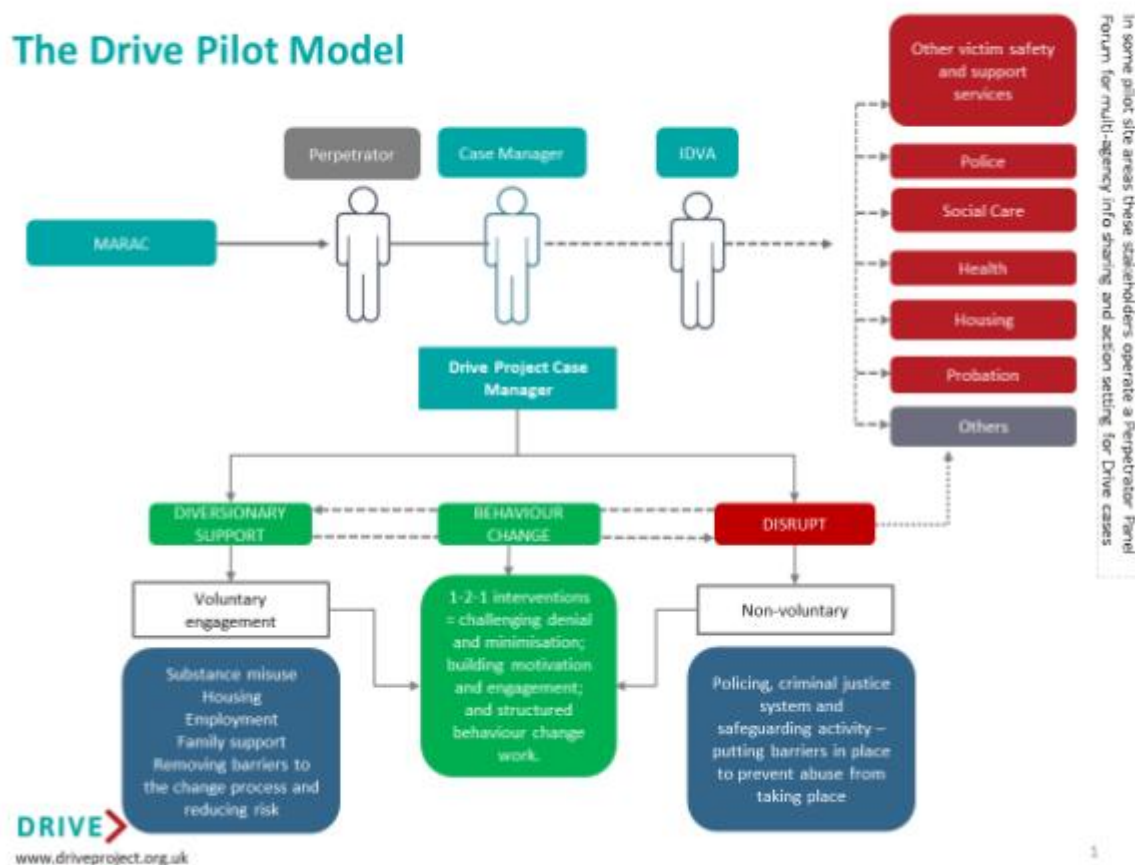
In general terms, there is insufficient evidence regarding the long-term impacts of behaviour change interventions. But there are evaluations of some programmes that indicate positive shorter term impacts which may or may not have been sustained into the future. A research project from 2015 exploring the questions of 'do they work in reducing mens violence AND in increasing freedom for women and children' concluded that whereas many questions remain, many lives of men, women and children are improved after engagement with a perpetrator programme (3).

In the UK there is an accreditation mechanism for behaviour change programmes through Respect. The Respect Standards provide a framework for the safe, effective and survivor focused work with perpetrators of domestic abuse – inclusive of those who are willing and motivated to change and those who are categorised as high harm and require intensive case management approaches (4). Delivery to these standards ensures the efficacy of the intervention being delivered, including the organisational support / governance around it. Depending on what is to be delivered in Torbay and how, there may be a cost for achieving accreditation.

The Drive Project is a whole system approach to high risk / high harm and or serial perpetrators of domestic abuse, using intensive case management and involving a range of other partners to provide a coordinated response. The focus is to improve safety for victims and children. It was the focus of a 3 year randomised control trial which found that it was successful in reducing abusive behaviours and enhanced the safety for victims (6). The evaluation indicated that participation resulted in reductions in abuse and risk amongst users of the service, with physical abuse reduced by 82% and jealous and controlling behaviours reduced by 73%. Figure 1 represents an overview

of the Drive Model with its core components, demonstrating how it uses a multi-disciplinary model around both perpetrators and victims of the behaviours. Whereas most behaviour change work with perpetrators should be through voluntary engagement, Drive also provides a non-voluntary approach that seeks to disrupt abusive behaviours / patterns.

Figure 1 The Drive Intervention



The Drive Partnership have launched a Call To Action for a National Strategy on DA perpetration, with 5 central tenets. Attached here for reference (7).

Key elements of effective responses to perpetrators

Safe and effective interventions for perpetrators of DVA should be provided within the context of an integrated or coordinated community response, which includes the requisite support provision for victim-survivors, as set out in the Respect Standard.

Evidence from evaluated programmes, discussed here, together suggest interventions and programmes which respond to perpetrators of DVA require:

- A multi-agency, multi-sector response across a range of different settings
- A combination of different types of engagement including one-to-one and group work
- Broad and varied referral pathways
- Information sharing across the services and providers involved in supporting families

- Robust risk assessment and management
- Good governance. (5)

Approaches should also provide specialist consideration and responses for the needs of LGBTQ communities.

Therefore a systemic response necessitates multiple elements that address harms of varying degrees. This paper does not seek to outline all such components, but highlights this as the context for which any funded intervention/s would sit. To be able to respond to the various degrees of harm and operate in a preventative manner, our system would require both trained caseworkers (as per option 1 below) and access to 121 and group behaviour change interventions – as well as healthy relationship and bystander programmes. The blend of casework and programme activity would ensure responses are viable for those motivated to change and those who are not.

Developing a coordinated approach in Torbay to people who cause harm - options

An optimal system for responding to harm would include working across primary, secondary and tertiary levels of prevention. This would integrate a range of approaches from early intervention through to intensive case management approaches. More thoroughly developing this range of activity is for DASVEG to conduct and there are elements of work that have already been delivering on this. Given that there is such limited infrastructure in terms of direct perpetration centric work, there are several places at which an investment could be made to start building a coherent response.

Targeting investment at medium and or high risk / high harm perpetration would likely have most immediate impact in improving the safety of victims and their children. Currently, both Plymouth and Cornwall are engaged in commissioning exercises for related service provision that may provide an opportunity for collaborative working within the region if Torbay is able to provide committed funds to this area of work. Both Plymouth and Cornwall are delivering or expanding community based approaches to perpetration with various levels of intervention to address the types of harm. As such they have experience of delivering a more holistic range of interventions in a system coherent way, which could be beneficial for Torbay to partner with if opportunity allows.

As the models differ by context and developing programmes not an 'off the shelf' exercise, it is not possible to obtain broad quotes based on the various options. We believe that an investment of around £100k would enable one of the following options (with caveat it could be more or less) given the funds previously spent on similar:

Option 1. Recruiting Behaviour Change Specialist Roles x 2

This option is based upon the Drive Model, which is believed to be expensive to implement but replicable as an approach. Such roles would be recruited to carry a caseload of medium / high risk perpetrators whilst support for victims / children provided by additional resource. As the first of this type of role in Torbay they would also advise on further system development of our community based response to perpetration. They would conduct intensive casework in respect of high risk perpetrators and also engage in casework with medium risk people particularly within the context

of family-based work with Children's Services. They would be responsible for delivering behaviour change work directly with individuals and facilitate group work.

Option 2. Commission behaviour change interventions with support for victims and children

There are providers who provide packages of interventions such as briefly experienced in Torbay in 2023. This could seek to provide interventions and support at the medium / high risk levels, but would not include intensive case management function – therefore focus on those motivated to change. A procurement exercise would be run to identify programmes for referrals into and the support for any accompanying victims and children. This would provide a consistent means for 121 and group work to be facilitated, but would be less fully embedded with the system given the referral nature of the structure – this would likely have less reach into the casework of Children's Services as previously experienced.

Option 3. Seek to partner with Plymouth or Cornwall pending their commissioning outcomes

Cornwall have already expressed a willingness to consider joint contractual arrangements following their process and it is likely that a similar conversation is welcome with Plymouth also, given the continuous relationships enjoyed across the peninsular between the respective commissioners of such services. This would mean waiting for the outcome of existing processes that they are engaged with before being able to take any tangible steps to start work, but it would provide a direction of travel and benefits of shared learning and possibly economies of scale with the successful provider.

Option 1:

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Provides embedded expertise within our systems as opposed to attached to it • Case-holding function means can directly contribute to the work of Police, Children's Services and other relevant agencies – becomes part of a multi-disciplinary approach • Could operate with medium / high risk situations and provide integrated assessment of suitability for behaviour change interventions • Provision of both 121 and group sessions of behaviour change work • Development function would help further mature a system response by identifying areas for improvement / investment 	<ul style="list-style-type: none"> • Cost likely to exceed £100k to ensure necessary inclusion of victim / child support alongside behaviour change work undertaken • Accreditation would also be an additional cost of an unknown quantity • Unlikely to be able to take self-referrals (unless already known to statutory system)

<ul style="list-style-type: none"> • This option is most likely to provide the best connectivity to the work of Children's Services if delivered well (due to the integrative nature of casework model) • Would enable an approach similar to the Drive Model with demonstrable outcomes 	
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • To develop greater understanding of behaviour change work across systems in Torbay • To learn from Devon who have implemented similar roles for a number of years • To start developing ways of working across the system that challenge the default position of requiring women to be responsible for the behaviour of their abuser when it comes to protecting their children from them. 	<ul style="list-style-type: none"> • Current levels of system capacity appear such that there is no obvious place to host the roles with confidence that the work can be thoroughly supported and developed • Inability to sufficiently support or develop the work would lead to suboptimal outcomes and potentially increase risk for some victims and their children • The roles would require another form of multi-agency meeting structure to help achieve outcomes, this is another request for resource from a stretched system (although this is in part mitigated by the strong support for enabling this sort of work).

Option 2:

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Intervention would be provided by an organisation with demonstrable skill and experience in domestic abuse related behaviour change• Can specify that any intervention delivered is Respect Accredited as part of procurement process• Service start would most likely be quicker than Option 1, possibly significantly so.• There are at least some regionally experienced providers• Can take self-referrals as well as from statutory agencies	<ul style="list-style-type: none">• A procured programme would be an addition to the current system, not embedded within it – not being actively engaged in casework relies on referral mechanisms and ‘arms-length’ relationship between the provider and referrers• Previous experience of running similar programmes in Torbay demonstrated very low utilisation from Children’s Services• Can only work with persons already motivated to change – cannot provide disruptive element to high risk / high harm perpetrators
OPPORTUNITIES	THREATS
<ul style="list-style-type: none">• Learning from the delivery of the interventions can help support further system development on work challenging perpetration	<ul style="list-style-type: none">• That the expectations of key referral partners are not met, through a variety of foreseeable realities such as referrals being accessed as not suitable / safe, attrition rates and length of programmes• Expectations not being met would likely reduce future referral levels and increase lost opportunities for pattern changing work – this is foreseeably most probable in terms of referrals from Children’s Services• Any lack of impact seen directly across the work of statutory agencies may be perceived as lacking value for money

Option 3:

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Procurement work would already have been completed, saving time and Council resource in respect of commissioning processes• Regional partners have greater experience in the delivery of behaviour change interventions, embedding the work and managing related contracts• Potential for some savings through economies of scale	<ul style="list-style-type: none">• Timescale and contract details currently unknown, including cost implications• Provider selection process would not include Torbay representatives
OPPORTUNITIES	THREATS
<ul style="list-style-type: none">• Potential for added value in a contract with another LA that covers wider range of interventions – possibility of creative means to resource additionality• Access to wider source of learning when working in a regional partnership• Could strengthen future funding bids for related activities	<ul style="list-style-type: none">• Torbay could be seen as the weaker / smaller partner within the contract (assuming larger volumes of funds from other LAs)• LGR creates uncertainty regarding regional arrangements

Summary

Investment in any of the options discussed would put Torbay in a stronger place than it has ever been, unless the funding were to be short term in which case option 1 would not be viable and option 2 / 3 achieve limited impact .

Whereas option 1 would be strongly preferential due to the nature of the work being integrated into Torbay's systems and casework, with the ability to target efforts towards individuals and families as well as support the work of MARAC – the concerns regarding the capacity of the system to competently host such new and risk-holding roles are significant. It is not a comment on willing, but of time and commitment capacity to provide strong and effective management, governance and the navigation / forming of new cross-system relationships. Growth In Action would be the natural host for such roles given the presence of domestic abuse and drug and alcohol services, but has a series of challenges at present that would impact ability to deliver.

For this reason, option 2 is the most straight forward and clearly defined option available, that will lead to tangible and known result in the form of a procured service. Lack of reach into the casework of Children's Services remains a concern but with some concerted effort this may be mitigated to a degree. Option 3 does have strengths and could lead to added value, but creates delay and uncertainty if the intention was to proceed in a more timely manner.

However, should this form part of budget setting for next financial year, this would give time to explore these options in more detail and obtain more detailed costs associated with them. If implementation were to be from 26/27 then it may be possible to seek some assurance regarding the viability of option 1.

Recommendation

This paper concludes that under current circumstances Option 2 is the most viable to be progressed within the shortest timescale.

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