



Development of the Priority Perpetrator Identification Tool (PPIT) for Domestic Abuse

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Executive Summary

Overview

Our previous research into serial domestic abuse indicated the importance of shared multi-agency understanding when it comes to identification of and responses to the most serious forms of domestic abuse. Our last report, published in November 2014, questioned the prevailing assumption that serial abusers should be the focus of enhanced targeting and intervention, and instead recommended developing perpetrator-focussed responses that take into account serial alongside repeat and high-risk offending. Specifically, we recommended the development of a consistent definition and monitoring/flagging process for **priority perpetrators**. Informed by extensive experience and research indicating the efficacy of multi-agency responses to domestic abuse, we embarked on a project to create a **Priority Perpetrator Identification Tool (PPIT)**, incorporating serial, repeat and high-risk offending into a single tool with input and agreement across relevant agencies (e.g., Police, Criminal Justice and Third Sector). The intention is for the PPIT to complement and draw upon other existing tools (e.g., DASH for victims, OASys and SARA for perpetrators) so that agencies can reliably identify those individuals whose offending behaviour requires priority action. The development of this tool represents the first stage of establishing a more robust identification and referral pathway for priority domestic abuse perpetrators in Wales. This report documents the development and consultation process which was undertaken January-March of this year to create the PPIT.

Findings

Based on the evidence collected from the consultation (n=15 participants in the stage one stakeholder event and n=25 participants in the stage two online survey), there appears to be a high level of support amongst both operational and strategic agency representatives (from a range of agencies in Wales and elsewhere in the UK), for a tool to assist with the identification of those committing the most serious and harmful forms of domestic abuse. It is noteworthy that an overwhelming majority of respondents felt that the ten items in the PPIT captured the most important aspects to consider, and the brief guidance accompanying the tool was largely fit-for-purpose. Despite the complexities of what is involved, the majority view is favourable to implementing the PPIT.

Implications

The PPIT is envisioned as an instrument to be used to trigger an intervention, rather than an intervention itself, and aims to support the identification of a commonly recognised priority cohort of individuals which will be the focus of the collective efforts all partners. Concept and planning work is already underway to address the 'what comes next' question raised by many of those involved in the consultation process. To maximise its efficacy and potential to be a reliable and useful tool for frontline use across a range of agencies, we recommend further testing of the PPIT. Further research is needed to assess the range of policy and practice implications likely to result from the implementation of the PPIT.

Chapter 1: Background to the PPIT

1.1 Previous research

The Integrated Offender Management (IOM) Cymru partnership commissioned research (within the IOM High Risk of Harm work-stream) to develop the empirical evidence about domestic abuse perpetrators, and in particular those that commit serial, prolific and high-risk offending. The project was the first step in helping to inform and shape the development of an IOM-based approach to tackling domestic abuse across Wales. Two previous research reports should be read as background to the current project. Phase one (December 2013 – May 2014) consisted of a feasibility study to determine the nature and compatibility of the data held by relevant agencies in Wales. The phase one report is available at <http://orca.cf.ac.uk/63750/> and includes qualitative research (interviews with Police, Probation, and third sector agency representatives) along with a quantitative analysis of n=6642 anonymised domestic abuse perpetrator records provided by Wales Probation Trust. In phase two (June – October 2014) we interrogated agency files to gather more detailed information on a random sample of perpetrators (n=100) with the overall aim to provide much needed empirical evidence in a rapidly developing policy landscape. The phase two report is available at <http://orca.cf.ac.uk/67542/>. Following the completion of those studies, we recommended that serial offending be considered alongside repeat and high-risk offending behaviour in the determination of who is a **priority perpetrator** and that this determination should instigate a more intensive and targeted multi-agency response. The current study represents the first step in what will inevitably be a lengthy and interesting process.

1.2 Method

The aim of the current project was to develop an evidence-based **Priority Perpetrator Identification Tool (PPIT)**, which would help to identify those individuals committing the most serious and harmful forms of domestic abuse.

Research questions addressed by the current study include: What does an evidence-based identification tool for domestic abuse perpetrators look like? What are practitioner perspectives about its content, design, and overall utility? Do they feel that such a tool can be used reliably? What do they envision to be the resources implications of its implementation? What other challenges do they anticipate from the use of this tool in their own agencies?

This research project took place January-March 2015 and consisted of the following stages:

- Drawing upon existing research to develop a draft PPIT.
- Circulating the draft PPIT to a group of stakeholders representing key agencies across Wales and gaining their input in order to produce a revised tool. This information was gathered via a face-to-face consultation event.
- Using this feedback to develop a revised PPIT (see Appendix A).
- Circulating the revised PPIT to a wider consultation group representing relevant agencies at both the strategic and operational levels to ensure the tool is fit for purpose and user-friendly and also to assess the operational delivery and resource implications of its use. This information was gathered via an anonymous online survey (see Appendix B).
- Using the findings from this consultation exercise to recommend a PPIT and scoring rubric (see Appendix C), and to discuss the implications arising from this research.

1.2.1 Key stakeholder consultation event

Stage one of the consultation process was held in February 2015 in the form of a focus group chaired by the Acting Deputy Police and Crime Commissioner for South Wales who chaired the event on behalf of the (IOM) Cymru partnership. The event benefitted from strategic level representation (n=15) from nine partner agencies across Police, Criminal Justice and the Third Sector.¹ All areas of Wales were represented. This initial phase of consultation sought stakeholder views on the proposed focus and content of the initial PPIT draft and aimed to develop effective scoring criteria for triggering the PPIT response in preparation for stage two of the consultation (see Section 2.2 for more detail) .

The two-hour event was held in Churchill House, Cardiff. Prior to commencing discussion, all participants were asked to sign an informed consent form, and with agreement from all present, the event was digitally tape recorded. Participants were also asked to provide two or more operational level nominations from each agency for representation in stage two of the consultation; these were collated at the close of the session. Following completion of stage one, all feedback was used to revise and redraft the PPIT in preparation for the final stage of consultation.

¹ In the event a representative could not attend the event in person, they were asked to submit feedback in writing and/or nominate a replacement delegate.

1.2.2 Wider consultation exercise

Stage two of the consultation process was implemented using an anonymous online survey. This stage of the consultation sought views on the content and format of the tool and also aimed to gather perceptions on the operational delivery and resource implications of its use. The survey opened on Friday 6th March for a period of just over two weeks, closing on Monday 24th March. Each potential participant was invited to take part via email and issued with electronic copies of the PPIT and online survey. All responses were collated and analysed using the Qualtrics web survey tool (see Section 2.2 for further detail of the analysis).

Table 1 provides a breakdown of agencies invited to participate, along with agency response rates across Police, Criminal Justice², Third Sector and Other³ agencies. In total n=25 individuals representing n=17 agencies completed the online survey. All four police force areas in Wales were represented, along with all-Wales representation from a range of criminal justice and third sector agencies. Notably a number of participants worked in a national capacity, in Wales as well as England and Scotland.

Table 1: Breakdown of responses to the PPIT consultation survey

Agency type	N Agencies invited	N Agencies responded	N Individuals invited	N Individuals responded	Response rate Agencies (Individuals)
Police	8	5	15	9	63% <i>(60%)</i>
Criminal Justice	6	4	17	7	67% <i>(41%)</i>
Third Sector	7	3	15	4	43%

² Criminal Justice Agencies comprise: Wales Community Rehabilitation Company (CRC), National Offender Management Service (NOMS), Her Majesty's Prison Service (HMPS), National Probation Service, Integrated Offender Management (IOM), Youth Justice Board, and Group 4 Securicor (G4S).

³ Other comprises: UK Government, Welsh Government, Local Authorities, South East Wales Children's Safeguarding Board, Academic institutions.

					<i>(27%)</i>
Other	14	5	62	5	36% <i>(8%)</i>
Total N	35	17	109	25	49% <i>(23%)</i>

1.3 Structure of this report

The remainder of this report falls into two chapters. Chapter 2 provides a descriptive overview and analyses of responses to the two-stage consultation process that guided the development of the PPIT, Chapter 3 summarises the results and implications of the consultation for the development of the PPIT as part of a new multi-agency response to priority perpetrators of domestic abuse, and provides some recommendations for policy-makers, practitioners and future research.

Chapter 2: Development of the PPIT

This chapter provides a description of the two stage consultation process that guided the development of the PPIT. Section 2.1 comprises an analysis of stakeholder views gathered during the first phase of consultation. Section 2.2 presents the results of the stage two anonymous online consultation survey.

2.1 Key stakeholder consultation event

As discussed in section 1.2, the first stage of the consultation process involved a stakeholder focus group with 15 agency representatives. Findings from that event are presented here to illustrate how the development of the PPIT has been a multi-agency endeavour.

2.1.1 *Definitional focus of PPIT*

Consultation question 1:

Is it right to focus exclusively on intimate partners (the Association of Chief Police Officers and Home Office definitions of domestic violence/abuse include partners along with family members)?

There was an overall consensus that the focus of the PPIT should be expanded to include both family members and intimate partners. Participants agreed that the PPIT should adhere to the broader Home Office and ACPO definition of domestic abuse.⁴ It was anticipated that this would reduce the potential for confusion amongst front-line practitioners by requiring staff to interpret one, as opposed to multiple, definitions of abuse.

The inclusion of 16 – 18 year olds in the ACPO/Home Office definition of abuse was further reason for many to include familial perpetration within the remit of PPIT.

⁴ *“Any incident or pattern of incidents of controlling, coercive or threatening behaviour⁴, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.”* Home Office, March 2013.

All participants emphasised the need for the tool to be user-friendly and quick to administer, which should increase compliance and consistency with the use of the tool across agencies.

Concerns were raised by a number of participants that the tool would identify a need, (particularly around familial domestic abuse) which services did not have the resource, capacity and/or interventions in place to manage as the focus has traditionally been upon tackling intimate partner violence (IPV) rather than familial. It was acknowledged however, that services would need to adapt to manage emerging needs identified:

“The tool will give a greater menu around the management of the offender... the same as when we introduced the DASH and MARACs. By identifying these individuals this puts a duty on the statutory sector to manage and put resources around change for perpetrators”

“Once we identify individuals we consider the most dangerous, resource allocations will follow that. We will then think about developing the work with familial offenders.”

2.1.2 Risk factors for inclusion in the PPIT

Consultation question 2:

Does the PPIT omit any items or risk factors that should be included?

- **What about current risk to victims? Is this visible enough through the items (especially #6 on MARACs) or do we need to more explicitly link to DASH?**

Views were sought on the items and risk factors comprising the PPIT. Respondents were also asked to give feedback on the guidance accompanying the tool.

A number of respondents believed the tool needed to include reference to a broader pattern of behaviours for which criminal convictions may not have been brought; this was felt to be particularly relevant for younger offenders within the 16 – 18 age range. The importance of using all available intelligence and knowledge of the historical context surrounding the case was emphasised by the majority of respondents.

However, rather than expanding the number of items on the tool, it was felt that the inclusion of a description of relevant behaviours and situational/contextual factors within the accompanying guidance would be sufficient. Practitioners would then be required to use their professional judgement and knowledge of the case when completing the PPIT.

“Situational and contextual factors are important as we want to identify a worsening or a change that we could highlight, and divert a perpetrator from more serious offending. It could be something made more explicit in the guidance. For example, with escalating [item #2], if they score a 2, a professional would need to evidence why they score that. So situational factors can be captured and are embedded within that evidence. This can be highlighted in the guidance to people when filling out the form that these are important triggers to remember.”

Concerns were raised by some that the accompanying guidance may not always be available to practitioners. It was therefore suggested that a short summary of the relevant guidance be included under each item on the PPIT form to encourage a standardised approach across agencies.

It was further agreed that personality disorder should be added to the guidance relating to PPIT item 8 (mental health).

Some also raised concerns that the PPIT appeared to focus disproportionately on physical abuse and ‘serious injury’ with not enough emphasis being given to the harm caused by extreme psychological/emotional abuse. Further clarification was also sought with regards to the definition and interpretation of ‘serious injury’ within item #7 as it was drafted.

“Are we going to set a threshold on what we consider serious injury? Are we talking Grievous Bodily Harm (GBH) and above, or Actual Bodily Harm (ABH) and above. Are we going to fit in with National Crime Recording Standards or charging standards?”

After discussion, a proposal was put forward and accepted by the group to revise item #7 so that it used the term ‘harm’ rather than ‘injury’ and explicitly included both extreme physical and psychological abuse.

2.1.3 Thresholds and timeframes

Consultation question 3:

Are the thresholds adopted stringent enough to be useful?

- **Recent (any incident in last 12-months)**
- **Serial (3 or more partners ever)**
- **Repeat (3 or more incidents against any partner ever)**

There was consensus across the group that the thresholds and time-frames adopted by the PPIT should mirror those used within the ACPO/Home Office definition of abuse. A number of participants also commented however, upon the need to caveat the risk of 'missing' psychological abuse / coercive control when imposing timeframes on the PPIT.

"I have a concern that we might miss the element of grooming and long-term psychological abuse. If we just focus on so many incidences, we could miss the ones who are more sophisticated."

"I think there is a danger when we are putting a time limit on, we end up missing things. Especially around coercive control and the significant time periods over which that occurs."

"I agree, there is a danger of looking at volume, and equating it with risk and the two aren't necessarily compatible."

The need to consider all intelligence and anecdotal evidence surrounding the offence/s regardless of the actual conviction/s received was also raised:

"There is a need to consider intelligence and convictions, not just convictions. A lack of convictions is not indicative of absence of behaviour. A measure of risk can't be based on the success of the Criminal Justice System (CJS)."

"Exactly, perpetrators will come into the CJS long before they gain a conviction and I agree, intelligence as a whole should be used as we could miss relevant indicators otherwise."

Recommendations were subsequently made to use professional judgement when considering evidence of this nature and to include any additional details within the section, 'Any other concerning information.'

There was some further discussion around the need to impose a time limit upon PPIT item 6 (whether the perpetrator had been a subject of MARAC or MAPPA⁵),

"I think it's worth distinguishing why somebody was subject to MAPPA, caution needs to be expressed around inferring level of risk from previous MAPPA involvement."

"There needs to be some timing context. If someone was in MAPPA 10 years ago and hasn't offended since, we need to put that in context."

The group subsequently agreed to remain consistent with the ACPO proposal for a three-year timeframe for serial offending, by imposing a three-year limit on MARAC/MAPPA involvement.

⁵ Multi-Agency Protection Panel, Multi-Agency Risk Assessment Conference.

The need to take account of the context surrounding MAPPA involvement was also noted. The PPIT was therefore amended to encourage professionals to consider the reason/s why a perpetrator was previously a subject of MAPPA.

2.1.4 Scoring rubric

Consultation question 4:

Is it right that the 10 items should be weighted equally? Or should some items be essential for triggering a response? Or should an equal number of points be required in each category (offending and offender)?

All participants agreed that a score of 1 and above on items 2 (escalating) and 7 (ever seriously injured or killed a partner) should be prioritised to capture dynamic risk and high level of harm, thus triggering an immediate PPIT response.

“We feel there should be some immediate ones, bold printed so they should immediately be considered a priority offender, for me escalation and seriousness of harm caused should trigger an immediate response, #2 and #7 to capture changes in dynamic risk and #7 to capture level of harm.”

Discussion also focused upon the scoring rubric. There was consensus that providing a scale (0-1-2) for each item was preferable to a simple yes/no option. However attendees felt there was potential for confusion when interpreting the language involved for the scoring key. It was agreed that the use of the word ‘issue’ would be removed and the scoring key be amended from 0=‘absent/not an issue’, 1=‘potential/minor issue’, 2=‘present/major issue’) to 0=‘Absent’, 1=‘Potential’, 3=‘Present’.

Participants discussed in detail what the threshold for response should be in the determination of a priority perpetrator. It was acknowledged that currently there is a lack of evidence to inform this decision, and that this would be generated from the proposed pilot study and evaluation of the PPIT.

The issue of varying service capacity in different areas, and the impact this would have upon agencies’ ability to respond to the proportion of offenders identified as priority perpetrators was also raised.

“With DASH we took an arbitrary point of 14 initially. When we looked at the sample of victims, we found anybody 7 plus was a high risk, but we didn’t have the capacity to deliver services to people between 7 and 14. So the cut and the threshold depends also upon what capacity you have to resource this. Otherwise you are setting yourself

up to fail if you identify these people and then don't have the resources to provide them with a service."

"Thresholds, can differ according to geographical location, depending on volume coming through in different areas and capacity of services."

Following discussion, the decision was reached to establish a response threshold of five items with a score of 2 (equating to a minimum score of 10), and with the requirement that this should include a score of 2 for item #2 and #7. It was agreed that this should inform the scoring system for the proposed pilot and evaluation of the PPIT.

"In terms of research to determine a sensible threshold for this tool that will be on us. We will pilot this tool and if a threshold of 10 captures too many people then we have to revise the threshold. We actually don't know. We can just propose an option now to the best of our ability as something to go forward with."

"Let's go with what we've agreed, items #2 and #7 and a score of 10 out of 20, or five of the separate characteristics of the offending and the offender. The research will then do different cuts to see what proportions it creates."

2.1.5 Summary

Below we provide a summary of the revisions which were discussed and agreed at the key stakeholder consultation event held in February. These revisions were incorporated into the tool and guidance that was sent out for wider consultation in March (see Appendix A).

- Introductory paragraph amended to adopt the Home Office and ACPO definitions of domestic abuse (i.e., which include intimate partner as well as familial violence rather than just intimate partner violence)
- A brief 'guidance note' was inserted below each item on page 1
- Terminology within the scoring rubric was revised (from 0='absent/not an issue', 1='potential/minor issue', 2='present/major issue' to 0='Absent', 1='Potential', 3='Present')
- Item 3: Definition of REPEAT changed (from 3 or more victims ever to 2 or more in past 12 months), in line with current ACPO definition
- Item 4: Definition of SERIAL changed (from 3 or more victims ever to 2 or more in past 3 years), in line with current ACPO definition
- Item 5: For related offending to make explicit this includes any other violent or abusive behaviour
- Item 6: Time period for MARAC/MAPPA changed from 'ever' to 'past 3 years' years and guidance to encourage consideration of the reason for the MAPPA (i.e., was it also related to domestic abuse and/or violence against women and girls?)

- Item 7: Amended to include both physical and psychological abuse, and to refer to 'harm' rather than 'injury'
- Item 8: Addition of personality disorders to guidance note
- A scoring threshold was proposed and accepted, consisting of five items with a score of 2 (equating to a minimum score of 10), and with the requirement that this should include a score of 2 for item #2 and #7.

2.2 Wider consultation exercise

As discussed in section 1.2, the second stage of the consultation process involved an anonymous online consultation survey which yielded a total of n=25 responses. Findings from the survey are discussed in this section to demonstrate the level of support for the nature and content of the PPIT and to indicate where any further changes should be made prior to further testing and implementation. Please refer to Appendix A (PPIT – Consultation version) and Appendix B (Consultation survey) for reference. The consultation questions and responses are provided and discussed below.

2.2.1 Introduction and General Guidance

The PPIT is introduced and described on page 1 as follows:

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

Do you think this is an appropriate introduction for the PPIT?

#	Answer	Response	%
1	YES	24	96%
2	NO	1	4%
	Total	25	100%

Additional comments included:

- Does it need to highlight how it may inform other predictive risk assessment tools - even though not one in its own right?

- Is 'offending behaviour' the right language when we know that abusive behaviour often does not result in criminal convictions? We know from research that much of this type of violence is unreported and thus may not be identified as an 'offence' in official records.
- Should practitioners be informed about how long they would need to complete it properly and the information they would need to access, and when and where it is safe to use it?
- Date of Completion and name of person completing together with agency details needs to be included.
- How are you going to manage duplicate entries?
- Should there be a Data Protection warning included?

General Guidance 1: The PPIT contains the following general guidance about domestic abuse perpetrators:

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

Do you agree that the PPIT should adopt the UK governmental definition of domestic violence/abuse?

#	Answer	Response	%
1	YES	24	96%
2	NO	1	4%
	Total	25	100%

Additional comments raised included:

- It does seem all encompassing, which may mean that the increase in cases is significant. It also appears that many of the items included are related to violence against a partner (the SARA is quoted as an evidence base) and so the links to familial violence or adolescent dating violence seem less clear.

- In my view, the breadth of the definition is appropriate. It is important to capture the range of perpetrators that need to be treated as a priority. However, the inclusion of the variety of perpetrator identified above might cause problems in terms of comparing different perpetrators and identifying who is a priority. The risk factors may well be different for different types which could lead to an increased tool complexity.
- It is important to cover young people because there is evidence to show that they can be perpetrators of abuse. However some professionals prefer the term 'young people causing harm to others' or 'young people' rather than 'young perpetrators'. I hope the response to these individuals reflects their developmental stage and does not treat them the same as older adult perpetrators.
- It's good that the definition allows for many types of abuse, including less overt ones. Hopefully the guidance will give further instruction/info on what constitutes things like 'coercion' as this can be subjectively interpreted.

General Guidance 2: The PPIT contains the following general guidance about applying professional judgment:

"Professional judgment: Practitioners will need to use their specialist expertise and experience in relation to domestic abuse when completing the PPIT. This is a multi-agency tool and thus a range of practitioners will be evaluating the items against their agency's information and applying a score. Professional judgment should be used in order to promote the identification of those individuals considered to be most dangerous and thus requiring multi-agency monitoring and management."

Do you agree that professional judgment should be used when completing the PPIT?

#	Answer	Response	%
1	YES	24	96%
2	NO	1	4%
	Total	25	100%

Additional comments included:

- Professional judgement is an essential component of any risk identification process. It must not only be used to determine a 'score' when completing a risk identification checklist; in this case the PPIT; it must also be utilised to determine levels of risk even if the 'score' is low. Often police officers have specialist knowledge or experience of working with high risk perpetrators and

even if the PPIT score is low, a 'gut feeling' (professional judgement) should not be ignored and I suggest the risk levels adjusted accordingly.

- The use of professional judgement should be central to identifying priority perpetrators, especially as there is no clear overlap between agency recording of risk levels... which is likely linked to the lack of a common definition of risk and a lack of information being shared. My recommendation would be for common risk language to be introduced across all agencies.
- It is necessary to encourage professional judgement whilst also highlighting the importance of considering evidence to support these judgements. My concern would be that this may leave it open to people having a 'gut feeling' that someone is risky and allow personal feelings about the individual influence their scores. Therefore it would also be useful to ensure there is free space available so practitioners can evidence and back up their professional judgment: evidence should be visible and listed in order to ensure objectivity rather than subjective opinion.
- Professional judgment means different things to different agencies. A training/workshop event that benchmarks against a given set of criteria would be needed to ensure that there is a degree of commonality of understanding, despite the difference in agencies completing it. For example, the term 'dangerous' is used, this has a particular meaning for probation, particularly in terms of an assessment of "dangerousness" as this is a legal test applied to certain offences.
- Professional judgement is very helpful to identify some nuanced signals which can be missed with lack of experience. For example, culturally disproportionate forms of domestic violence which are linked to honour require deeper understanding of issues that happens through experience.
- Many organisations (e.g. Health & Social Care) do not record / retain information concerning perpetrators. Guidance should be provided to enable all organisations to record this type of data.
- A definition of professional judgement would be useful: do people know when they don't have it and when they need support?
- Research shows that 'structured professional judgement' is the most valid approach. Is there evidence that such tools can effectively identify 'the most dangerous' perpetrators?

General Guidance 3: The PPIT contains the following general guidance about applicable information:

"Applicable information: The full intelligence picture held about a particular individual's offending behaviour should be used to complete the PPIT. The information considered should not be restricted to criminal justice outcomes such as

arrests and convictions. Experiences of victims also should inform the scoring of the PPIT."

Do you agree that all available information should be used to complete the PPIT?

#	Answer	Response	%
1	YES	25	100%
2	NO	0	0%
	Total	25	100%

Additional comments included:

- This is essential. In my view, the major benefit of a tool like this will be to develop a complete intelligence picture of an individual that all agencies can contribute to. A rounded approach is needed with a balance between paper records and personal accounts / interviews, and take into consideration non-CJS evidence (e.g. from doctors, social services, support networks, etc.).
- Absolutely! Victims of domestic abuse may suffer repeatedly at the hands of their perpetrator, the majority of which, I would suggest, are not reported to the police or are of such a nature that they do not fall within the sanctions delivered by the criminal justice system and therefore lost in the bigger picture of risk assessment. A victim's perception of risk is essential and should be included.
- Victim's perception of risk is seen as important in the literature and so should be considered (especially as it may not be specifically considered elsewhere in the 10 items). It is a known fact that in some instances individuals do not report their DV, therefore the person's narrative of the experience is an important component of information to be considered.
- Additional information (i.e., DASH from victims and soft intel) could feed in to this tool. It should not be restricted to criminal justice outcomes such as arrests and convictions and should also include information gathered through the monitoring of intelligence.
- Is this assessment going to be disclosed to the offender? If so people may need to consider the information they are using and the disclosure level of this information. For example, if a current partner has disclosed information relating to violence but does not want the offender to know this professionals would need to be careful with including this information if the offender would be able to question where it has come from.
- Victim confidentiality issues would need to be carefully considered. It can be difficult for victim experience info to be accessed across agencies. Not all agency professionals would understand how to handle such sensitive information. How would data assurance issues be managed? What if an offender applied to see all info held on them under the Data Protection Act?

2.2.2 Individual Items and Guidance

The PPIT contains 10 items with which to evaluate a domestic abuse perpetrator.

Next to each item, indicate how important you think the item is to include (1=not at all important, 2=somewhat important, 3=very important).

#	Question	1= not at all important	2= somewhat important	3= very important	Total N	Mean
1	RECENT: Offending against victims in past 12-months	1	3	21	25	2.80
2	ESCALATING: Offending in frequency and/or severity in past 12-months	1	1	23	25	2.88
3	REPEAT: Two or more incidents against any victim in past 12-months	2	8	15	25	2.52
4	SERIAL: Two or more victims in past 3-years	1	7	17	25	2.64
5	RELATED offending (any violent/abusive behaviour)	0	9	16	25	2.64
6	Subject of a MARAC/MAPPA in past 3 years	1	15	9	25	2.32
7	HIGH HARM to victims from psychological and/or physical abuse	1	3	21	25	2.80
8	Noticeable worsening of MENTAL HEALTH	2	8	15	25	2.52
9	Noticeable increase in ALCOHOL/DRUG misuse	2	10	13	26	2.44
10	Known history and/or current access to FIREARMS	1	7	17	25	2.64

Nearly all of the items received a majority of respondents indicating they were 'very important' to include in the PPIT. This is a clear indication that, taken together, the items are meeting expectations of what is vital to consider when it comes to the most serious forms of abuse. The exception to this was item #6 (subject of MARAC or MAPPA), although a majority did still consider this information to be 'somewhat important'. The

item with the highest score was ESCALATING, with RECENT and HIGH HARM tied for second place; these can be considered the most essential items.

Additional comments, grouped by the item concerned, are presented below:

- For item #1 RECENT is there also a need to consider whether the perpetrator is currently in a relationship with a potential victim?
- Item #2 needs to include the nature of the escalation (e.g. verbal abuse escalating to physical abuse escalating to weapons).
- Regarding item #4 (SERIAL), a timeframe (3 years) should not be specified as the perpetrator may have spent time in prison. Instead, there should be no time restriction.
- Item #5 - related offending is not always indicative of increased risk to family members and the incidences where it might should be picked up in items #8 and #9. Does related offending need to include broader antisocial behaviour like drugs convictions? Need to consider: Use of sexual violence within/outside a relationship? History of stalking behaviours? Also, issues relating to abuse of older people should be considered, this is often missed or not recognised.
- It may also be useful to include in item #6 IOM arrangements as this would give a picture of multi-agency involvement/management, particularly as IOM now covers a wide range of offending (including violence). Also referral into MARAC is less certain than referral into MAPPAs, so this needs to be taken into account. Another respondent expressed concern that this depends on how good the system is rather than the person's behaviour. Another queried how accessible MARAC/MAPPA info is across all practitioners/ organisations.
- Item #7 - How would this "high level" be measured? What/who defines "high level"?
- Item #8 should include not just mental health diagnosis / medication issues but also circumstances that could cause decline in mental state, especially if known as a previous trigger for the perpetrator (e.g. bereavement, family breakdown, loss of employment)
- Items #8 and #9 need clarity regarding how these are linked to the perpetrator's abusive behaviour. Another urged consideration of whether the perpetrator has engaged in treatment related to mental health and/or substance abuse. Another stated that the importance of these items will be dependent on the individual and the relevance of this to their use of violence.
- Due to the low levels of firearms in this country it may be worth considering expanding item #10 from 'firearms' to 'access to lethal weapons'. Although this may mean most people would score due to access to kitchen knives, so perhaps include history of possession of or using an offensive weapon? Similarly, another respondent queried whether practitioners should be urged to think more broadly about 'weapons' (e.g., knives and swords) instead of 'firearms' and also whether use of weapons applies to all offending or only in DV instances. Could this be addressed in guidance notes?

Underneath each PPIT item on page 1 is space for a small amount of guidance (additional guidance is contained on pages 2-3).

Please indicate whether you think the guidance for each item is suitable (yes/no).

#	Question	YES	NO	Total N
1	Identify whether the perpetrator is actively engaged in perpetrating domestic abuse	23	1	24
2	Consider situational triggers such as relationship breakup, victim's pregnancy, etc.	20	5	25
3	Is there a pattern of abuse including physical and psychological	22	2	24
4	Has the offending recently moved beyond a single victim	23	2	25
5	For example, stalking, sexual violence, child abuse, elder abuse, HBV, etc.	22	2	24
6	Consider the reason for the MAPP	17	6	23
7	Serious and worrying events with significant consequences for victims	22	3	25
8	Evidence of suicidality, PTSD, personality disorders, etc.	20	5	25
9	Changes in the frequency and/or type of substance used	23	2	25
10	Threats and/or past experience using weapons, including arson	25	0	25

Recall that these small guidance notes were included on page 1 following the first key stakeholder consultation event. Additional (although still limited) guidance is available on pages 2-3 and there are plans to extend this considerably should the PPIT be implemented in agencies. However the view was expressed that these small guidance notes would be more accessible on a day-to-day basis and could therefore prompt more reliable and thoughtful scoring by practitioners. Despite the space constraints and the inherent complexity of the topics covered, the guidance notes were deemed to be suitable by a majority of respondents. Nevertheless there were some additional comments made to refine and improve these notes:

- I believe the small amount of guidance underneath each item is sufficient. Practitioners using the PPIT on a regular basis will be well versed in its content and, one would expect, have no difficulty in completing it. I'm sure a more comprehensive PPIT guidance document will contain more detailed information that does not need to be reproduced on the PPIT itself.
- Overall, for there to be consistency in reporting, more detailed guidance will be necessary. It will also be important if less experienced staff are to feel confident in using it. Another stated that the guidance needs to be much more comprehensive to avoid misinterpretation and subjectivity.

- I think indicators of what is considered abuse for the purpose of this particular tool would be helpful for (especially as the scope of the tool is wide ranging, including abuse against family members, etc.). Similarly, another respondent felt it would be better to remind people to consider all forms of abuse.
- Item # 2 appears to relate to situational factors known to relate to an increased risk of serious harm and not necessarily related to recent escalation in the level of violence used - this may be confusing for staff scoring the item. Guidance should be specific in relation to escalating behaviour as well as triggers. Another respondent advised that it may be worth rephrasing to remind that escalation can take non-physical forms, also worth evaluating whether the escalation becomes acute?
- Item #3 (fuller guidance on page 2) would benefit from revision. On the one hand the approach is not confined to criminal offences but you are including reference to North Carolina's use of 3 or more criminal charges. This inconsistency may be confusing. Another stated that it would be better to remind about types of abuse rather than introducing a new term (pattern).
- Item #4 needs more clarification as people will be confused and should tick yes to anyone with children. Evidence of repeat victimisation across one or more partners/people?
- Maybe any previous assault history should be considered at Item #5 (as in the SARA). Wording needs to be revised - are examples of what?
- There isn't enough information / direction given around Item #6 MAPPa and this may require further clarification (i.e., what reasons would be considered relevant?). Perhaps there is also a need to consider how recent the MAPPa / MARAC was. Another respondent stated that the explanation offered needs to divide MARAC from MAPPa and explain both separately (e.g., MARAC is a victim led process and MAPPa is an offender led process). The latter's inclusion is determined by the nature of offending (sexual and/or violence) and the sentence imposed. Not all offenders in MAPPa are classified as high risk offenders. Another queried why is the reason for the MAPPa important (i.e., asking for the reason implies that some are more relevant than others)?
- For Item #7, strongly believe this needs examples to clarify what constitutes 'significant' (e.g., strangulation). Another respondent also indicated a need to define 'significant consequences'. In addition, one stated that the type of harm (psych or physical) should be clarified rather than using a two clause statement about the practitioner's worry and the consequences to the victim.
- Staff who do not have a mental health or psychological background may not feel confident in rating Item #8, and so more detailed guidance would seem useful. Another respondent felt that it was too restrictive to diagnosis - needs distinction between 'existing' conditions and general symptoms of declining mental health (e.g., erratic behaviour). Another requested that 'self-harming, unusual or changed behaviour, suicidal threats' be used. Conversely, another respondent felt that a less specific catch all term would usefully encourage people to go with their feelings, rather than the current wording which implies you need MH expertise to make the judgement. Also not sure that if a broader

group of professionals are using this that personality disorder is well understood. Depression and anxiety should be added to the list.

- For Item #9 two respondents recommended changing the wording to 'Escalation or chaotic substance use'. Another respondent indicated that a specialist is needed to make that decision.
- Item #10 the guidance here is better than the item itself (i.e., not restricted to firearms). This was echoed by another respondent who stated that 'weapons' should be used in both the item and the guidance note.

2.2.3 Scoring Rubric

The following scoring options are provided for the PPIT items: "Evaluate each of the following items in relation to this domestic abuse perpetrator. Circle one option for each (0=ABSENT, 1=POTENTIAL, 2=PRESENT)." Do you think these are appropriate scoring options for all 10 items?

#	Answer	Response	%
1	YES	18	75%
2	NO	6	25%
	Total	24	100%

This is where there was the least consensus about what was proposed, with 25% of respondents disagreeing that the scoring options as currently drafted were appropriate. However it is still important to note that a majority (74%) did agree with the scoring options provided. Most comments centred on the term 'potential' and how that was problematic and should be changed. For example:

- There is always 'potential' and therefore this would probably result in a minimum of 1 would be scored for each item. Change to: 0 = absent, 1 = historic, 2 = present.
- I'm not clear what is meant by 'potential' - to me most of the items have the potential to develop or be present. Could another word be used here?
- I think the scoring system needs explanation. Does 'potential' mean maybe/not sure or does it mean 'based on my knowledge of impending events there is the potential for the abuse to escalate' etc.?
- Lots of room for subjectivity in the 'potential' score - wouldn't everyone be 'potential' if they have popped up on the radar, and therefore wouldn't that be a natural default setting for the assessor as a 'safety precaution'?
- I do not consider it relevant to have a 'potential' on many of the items (i.e., there either has been domestic abuse in the last 12 months or there hasn't, there either has been a repeat or there hasn't, been to MAPPA or not, etc.).

- The answer to a lot of the questions would be either Absent or Present so maybe the third option needs to encapsulate the severity or imminence. This would lead to the possible scoring options being 0=Absent, 1=Present, 2=Critical (critical reflects imminence or severity of harm). Or maybe a RAG Rating - red, amber, green compiled by an assessment of likelihood versus severity.

Additional comments include:

- Some of the items seem to lend themselves to 'yes or no' answers - such as 'two or more victims in the past 3years', 'subject of MAPPA, MARAC', etc.
- Professional judgement based on the knowledge of the individual is essential but difficult to score.
- Another respondent stated the difficulty of answering this question without completely understanding the available options for scoring and what the service provision or response this would result in.
- What if certain items can't be scored because of missing/conflicting info?

The PPIT may result in a total score ranging from a minimum of 0 to a maximum of 20 (i.e., a score of 2=present was applied to all 10 items). After calculating the total score, do you think applying the following guidance would effectively identify priority perpetrators?

Does the total score include five items with a '2'? (YES/NO)

Does the total score include a '2' for item #2 (escalation) AND a '2' for item #7 (high level of harm)? (YES/NO)

*****YES to both questions indicates a priority perpetrator*****

#	Answer	Response	%
1	YES	18	72%
2	NO	7	28%
	Total	25	100%

Again less consensus was found with the scoring rubric, with more than a quarter disagreeing with the proposed system. Some felt that the threshold was too high, whilst others commented that the threshold could not be established without further research. The role of professional judgment also prompted comments. For example:

- Rather than a scoring rubric, I suggest professional judgement should play a part in the identification of priority perpetrators. Hypothetically, what would happen if the criteria mentioned above is applied however only 4 items score '2' along

with both items #2 and #7 scoring '2'. This score would not indicate a priority perpetrator however professional judgement may indicate otherwise. What happens then?

- Yes - however professional judgement could mean that any of these factors constitute identification. For example, referral into MARAC would evidence a risk assessment has suggested the victim is at a significant risk of harm or fatality from the perpetrator, therefore a priority perpetrator? I wonder how much is subjective to professional judgement considering the fluidity of risk?
- It is difficult to say at this stage - I think this needs to be established by way of further evaluation of the tool's ability to identify priority perpetrators using the scoring suggested, and the relevance of certain items for identification purposes. Another commented similarly: we need to draw the line somewhere in order to account for priority 'few', but this 'line' may need reviewing following pilot of PPIT (i.e. if too many fall/too few in scope then scoring should change).
- I think the score should include five items with a 2 including EITHER a 2 for item #2 OR a 2 for item #7. In my view, professional judgement should also play a key role (and I would recommend the use of OASys definitions to determine this). I understand that the initial research expressed concerns over the lack of read across between different agency assessments, however, I would anticipate that this is more a result of a lack of information sharing rather than incompatibility of risk assessment.
- I think that 5 items with a 2 seems a really high threshold. Why doesn't access to weapons raise a red flag? Or MAPP (evidence of previous offending) or previous abusive behaviour? I think that at the outset, and without clear justification around the weighting of items, the second requirement shouldn't be included. Another commented similarly: we put forward perpetrators to the MATAC that would score less than that, so I think requiring 5 might be too high.
- I don't wholly agree with the items so can't agree with these cut-offs. Has the assessment been tested for inter-rater reliability? Doesn't this tool need to be validated in some way first (e.g. by being applied to historical cases - has this been done already)? Also, we are saying this isn't a risk assessment but it is really starting to look like one. Why aren't we advocating for the application of existing valid and reliable tools for assessing risk in IPV offenders? Feels like the wheel is being re-invented here.

2.2.4 Using the PPIT

Who should fill out the PPIT? (tick all that apply)

#	Answer	Response	%
1	Police	24	96%
2	Probation	24	96%
3	IDVAs	20	83%
4	MARAC Coordinators	14	58%
5	Health (please specify)	12	50%
6	Other (please specify)	13	54%

Clearly respondents feel that police, probation and IDVAs will be the primary users of the PPIT. This is not surprising, given that these professionals have the most access to information that would be relevant for completing the PPIT.

Respondents were able to note who specifically they meant for 'Health'. Responses clustered around health visitors, midwives, GPs, A&E staff (i.e., those healthcare professionals who have potential contact with perpetrators). Mental health and substance misuse workers were also deemed to be important, along with social care staff.

For 'Other' agencies respondents indicated the following: Third sector workers (e.g., HBV and LGBT specialist providers), Substance Misuse Agencies, Prison Services, YOS, CAF/CASS, Social Services, Housing, Education, Armed Forces. It was also noted that 'relevant parties to each individual case' could provide insight such as Psychologists or Forensic Psychologists (prison and probation).

One respondent made the important point that 'Some agencies will have a fuller more detailed picture than other agencies. I haven't ticked the 'other' agencies because I'm unclear about the extent of the information they would have access to in order to complete. If an agency completes it, without the information required, it is important that there they indicate that there are gaps and they don't guess!!'

When should the PPIT be filled out?

This consultation allowed for free text responses to be provided by respondents. It seems the PPIT could be used at a range of suitable time points. Overwhelmingly, it was felt that the PPIT should be used at the 'earliest opportunity'. This response was given by 17 respondents and the comments below give a sense of the complicated nature of the issues involved. For example, 'earliest opportunity' might not necessarily mean at point of first disclosure.

- It would seem sensible for the PPIT to be completed by the police as the first point of contact and then shared (and reviewed) with the relevant services involved in the offender's management.
- At any point when a professional involved with the perpetrator perceives a change in risk (e.g., worsening mental health, incident involving police, information from IDVAs working with the victim)
- At an early stage when considering whether an individual is likely to be a perpetrator. Such thresholds can be identified by DAO's during routine management of caseloads, IDVA's and MARAC coordinators when considering repeat incidents for inclusion at MARAC. Probation staff could also complete the tool as part of any referral process for statutory intervention programmes (e.g., BBR (Building Better Relationship Programme))
- My preference would be for the PPIT to follow a perpetrator through the CJS so completing one at the earliest opportunity would aid information sharing between agencies.

If a professional has concerns (e.g., if a person attends at hospital with injuries causing concern). The moment there concerns/allegations of domestic abuse. At the earliest opportunity when it has been identified the person is a perpetrator. Whenever domestic abuse is identified.

- On disclosure of current DV (from victim, perpetrator or other). Upon disclosure by victim to IDVA or upon PPU involvement when a report has been made to the police.

Although the 'earliest opportunity' might be perceived to be the ideal, some potential challenges were noted. For example:

- Access to information may prove problematic at a very early stage.
- At a point where there has been an appropriate amount of time to gather some information, not as a first response. Ideally it would include information from a range of professionals

One respondent felt the PPIT should be used as part of the pre-sentence report. This should then be reviewed once additional information is available and if circumstances change. Other respondents also highlighted points in the criminal justice process where

the PPIT could be particularly useful: release from prison, or when a perpetrator is being supervised by probation (preferably at the beginning of their involvement and reviewed at the end), or at the secondary risk assessment stage (i.e. by PPU/WISDOM staff).

What should happen to the PPIT information? How should it be shared paying due attention to data protection?

Again, a free text option was provided. Overall the view was that the information should be shared across relevant agencies in order that it can inform actions to prevent and reduce further abusive behaviour. For example:

- It needs to be shared with all agencies involved/potentially involved with the perpetrator, victim and/or their family to allow safety planning and next steps.
- The PPIT information must be shared to ensure a truly integrated multi-agency response. It may prove initially difficult to overcome without legislative provision/requirement however it must be achieved for the PPIT 'process' to work.
- The PPIT should be shared with all agencies working with a perpetrator so that a complete intelligence picture can be built up.
- It should be shared within a multi-agency environment, ideally co-located, and covered by a WASPI
- Shared with relevant agencies/professionals. It should be updated/reviewed regularly in light of changing/new info. What about the offender? Are they involved in this at all? Are they interviewed? In order to accurately assess risk they should be.
- It should be used to flag systems with the relevant organisations. If the receiving organisation identifies relevant information that would raise concerns for the safety of a victim/s, this should be shared accordingly.
- Needs to be shared the same as victim information is used now.
- I think we need to be careful just sharing scores as this may be meaningless to be people working with them. People should be encouraged to review the individual items to gain a greater understanding of the risks associated with the individual. Disclosure of information will need to be considered to ensure victims are protected.
- Priority perpetrators needs to trigger the same response as high risk victims- a support independent adviser and a multi-agency response. Perpetrators not meeting that threshold should be only shared with consent for support or with relevant agencies proportionate to the needs/ risks identified.

- I have concerns about what we do with the information once it's scored. If someone is identified as a priority perpetrator but they are not currently on the criminal justice system (i.e. if not convicted at court) how could this be managed directly with the perpetrator if he does not acknowledge his offending behaviour or consent to referral to voluntary perpetrator programmes?

The importance of linking in with existing process was also highlighted by several respondents. For example:

- It could be shared using existing processes such as MASH, MARAC, IOM meetings, MAPPA, etc.
- It should be recorded and shared via platforms such as MARAC, MAPPA and Information Sharing Protocols (e.g., Child Protection).
- Via an appropriate forum, where information sharing protocols are in place, and where the correct level of representation from each agency is evidenced. For example, MARAC, DSVAPerpetrator forum, MAPPA (which are all subject to confidentiality agreement if individual cases discussed).
- It should be sent to the police who should do an intelligence check and perhaps instigate a Multi Agency Tasking And Coordinating Group (MATAC).
- Unsure of current data sharing agreements across agencies, but the Violent and Sex Offender Register (ViSOR⁶) may provide one option of ensuring it is accessible across agencies?
- Central database maybe where an allocated person has access and has responsibility for entering data and where all PPIT are sent. That person then shares appropriately with relevant agencies via a designated SPOC (e.g. DV Liaison, which would be needed in each agency). Maybe a similar system to VISOR.
- It should be brought to the attention of the Protecting Vulnerable People Unit (PVPVU) supervisors who in turn can consider wider dissemination to promote safeguarding actions (e.g., to NPT for patrol strategies, more sensitive interventions by dedicated PVPVU staff). It should also be used as a standing MARAC item or used to refer the current relationship into MARAC (if not already discussed).

Other respondents used their response as a reminder of the rationale for creating the PPIT (to prevent crime) and thus information sharing can be justified:

⁶ The Violent and Sex Offender Register (ViSOR) is a database of records of those required to register with the Police under the Sexual Offences Act 2003, those jailed for more than 12 months for violent offences, and those thought to be at risk of offending. It is managed by the National Policing Improvement Agency of the Home Office.

- Priority perpetrators pose a significant risk of harm or fatality - therefore defensible and proportionate information sharing would be appropriate to protect and safeguard welfare.
- This is preventing crime. If we are content the criteria are right then the information should be shared between partner agencies.
- It should be shared with support agencies with consent from the individual. If the threshold for consent is superseded, then the individual should be advised that the information will be shared due to safeguarding concerns.

What type of intervention/pathway/management process should be triggered by the PPIT?

The free text format was used for this question as well, in order to provide respondents an unrestricted format for expressing their views. This yielded two main themes which can be considered the key ingredients for 'what comes next': a specialist worker/advisor to manage the case; new or existing multi-agency responses.

Comments about the specialist worker/ case manager included:

- The management of DV perpetrators is only really actively done by Probation at present; there should be full time independent workers (similar to IDVAs for victims) who can offer qualified help to perpetrators well before it gets to the point of Probation (i.e. after sentence).
- Link with a specific point of contact who will co-ordinate a care pathway which uses a Disruption versus Support model for increased level of supervision and control.
- Multi-agency response and a single point of contact for perpetrator where priority perpetrator identified.

Comments in relation to linking in to new and/or existing multi-agency responses and other specialist interventions included:

- A multi-agency tasking and coordination group, chaired by Police, to proactively target/manage priority perpetrators.
- This would depend on the circumstances but I would expect to see appropriate referrals to MARAC, MAPPA, and Third Sector agencies as a result of the information being available.
- MAPPA intervention for the most serious cases. MARAC for all high-risk cases. For other types of cases there should be consideration for specialist support interventions to offer appropriate advice, etc.

- MARAC discussion - multi-agency safeguarding actions, MATACs, consideration for referral of the perpetrator to an IOM scheme.
- It should link into existing processes, e.g. OASys, sentence planning, accredited interventions, MAPPA, MARAC, offender management
- Should feed into existing pathways where viable e.g. MARAC /MAPPAs for those without maybe triggers an initial strategy meeting including relevant personnel e.g. the DV Liaison and a new post for coordinating the PPIT (PPIT Data Co-Ordinator).
- Police to disrupt perpetrator's behaviour, agencies to share intelligence regarding offending behaviour with police. Encourage perpetrator to attend voluntary perpetrator programmes where appropriate. Multi-agency meeting to develop coordinated action plan.
- Higher dosage of intervention should be recommended for higher risk individuals based on this assessment. Other agencies may also need to be involved.
- Daily review of incidents to identify relevant perpetrators. Multi-agency decision making to determine priorities and action plan
- In the prison environment the SARA and OASys are currently used to establish current treatment pathways, so it could potentially feed into that process (although it would appear that many of the items will already be considered in the application of the SARA).
- Others included: Community Perpetrator Programmes; Preventative work through the Families First process; Safeguarding; criminal justice implemented programs such as Building Better Relationships or any other education relevant to behaviour in relationships; Claire's Law applications

2.2.5 Overall Perceptions

Please indicate your agreement with the following statement:				
<i>"Overall, implementing the PPIT would improve the response to domestic abuse."</i>				
#	Answer		Response	%
1	Strongly Disagree		0	0%
2	Disagree		1	4%
3	Neither Agree nor Disagree		3	12%
4	Agree		14	56%
5	Strongly Agree		7	28%
	Total		25	100%

Despite the complexities of what is involved, it is evident from these responses that, on the whole, there is agreement that implementing the PPIT would improve the response to domestic abuse.

Overall, what are the key benefits and the key challenges associated with the PPIT?

The balanced perspective offered by respondents about the key benefits along with the key challenges associated with the PPIT can be taken as a sign that their optimism about the introduction of such a tool is not likely to tip into hubris.

Key benefits

Thematic analysis of the perceived positive consequences from the PPIT indicated that comments clustered around four main benefits: improved crime reduction/ prevention; targeting multi-agency resources; shared information and understanding; and user-friendly/ practical tool.

Improved crime reduction/ prevention

- Potential reduction in homicide/serious assaults.
- Enables preventative work on domestic abuse which is a key driver of public service demand as well as key source of harm to partners and children.
- The engagement of the perpetrator which will reduce repeat occurrences and serial perpetration.
- Assists with identification of treatment pathways and management.
- Early identification that could potentially decrease risk of death/serious injury. Also could lead to supportive functions for victims and perpetrators or identify assistance e.g. GPs that could reduce risk.
- Identifying serial perpetrators with a view to monitor relationships for any relevant safeguarding to be addressed for persons vulnerable to him/her.

Targeting multi-agency resources

- Focused, integrated multi-agency response to proactively identify and target priority domestic abuse perpetrators. I have no doubt it will provide a great combination of prevention and enforcement, at the heart of which must be information sharing. I'm confident greater consistency and information sharing will increase partners' collective ability to keep victims safe and hold perpetrators to account.

- The PPIT will allow closer airing of information and risk management processes by a variety of agencies. It allows focussed assessment and identification of priority perpetrator cases.
- Another form of identification and evidence based assessment to support decision making and distribution of resources.
- I can see a benefit in having a structured means of identifying DV perps which may help agencies target them appropriately and ensure everything available is offered.
- Focussing finite resources, resources following risk.
- It should enable agencies to narrow focus onto the perpetrators who pose the highest levels of risk
- Prioritization of response and resources
- Standardised process for the identification of perpetrators, enabling a focused response on safeguarding actions. Ownership of the actions can be allocated.

Shared information and understanding

- Enhancing awareness regarding 'hidden' behaviour and the impact on severity, etc. Learning the lessons, and applying them.
- Consistency of language - multi-agency approach
- Common understanding of what offenders are considered a priority across agencies.
- This is an opportunity to combine intelligence from all agencies involved in domestic abuse.
- Common use of language for all practitioners with a common threshold and awareness of risk factors

User-friendly/ practical tool

- Likely to be quite quick to fill in (less resource intensive)
- Quick and easy to complete and allows involvement from a range of professionals
- A user friendly checklist of things to consider in if and when there are concerns of DA
- I think this is a useful way of getting practitioners to focus on information related to the perpetrator, given that risk judgements are often predicated on the characteristics of recent incidents.

Key challenges

Thematic analysis of the perceived negative consequences or potential problems associated with the PPIT indicated that comments clustered around five main challenges: duplication / yet another form; time and resources; working together effectively; lack of clarity post-PPIT (i.e., the 'what comes next' question).

Duplication / yet another form

- Some practitioners may feel concern at completing another form. Due to this there needs to be a clear explanation regarding its use and purpose and how it fits in with other risk assessments such as SARA, DASH and OASys. Practitioners also need clear guidance as to how they use this information and record it (e.g., on Delius or OASys).
- There is a danger of introducing another method of assessment/identification, when tools already exist to identify those that present the greatest risk (the SARA and DASH).
- Be careful this doesn't replace more thorough risk assessments, as people may become overly focussed on the numerical scores.

Time and resources

- Available support and resources to implement a care pathway once priority perpetrators have been identified.
- Additional work / responsibility for a decreasing workforce.
- Likely numbers arising from the analysis. Capacity to deliver the process consistently.
- At present the support in place for DV perpetrators to address their behaviour is only really post-conviction and this is not ideal. There should be some kind of specialist preventative measure available which could even be imposed not only as an option for sentencing but also offered at all stages when a DV perpetrator of a certain risk is identified.
- Allocating resources to this client group will be tricky building on existing pathways for victims where volumes are unmanageable.
- The perception of 'another thing to do' at times of limited resources. Is it valid/reliable? If not, it may result in the misapplication of resources.

Working together effectively

- Overcoming organisation obstacles for information sharing. Information sharing can often be a stumbling block in any partnership approach and the issues partners face can't be underestimated.
- Another challenge may be collating the different pieces of information that various professionals hold, although this is nothing new. I think that training needs to accompany this tool to instruct people as to where to seek particular pieces of information.
- Consistency of scoring; challenges of implementing and maintaining a PPIT database; timely dissemination of information to relevant parties; disjointed working; multi-agency crossover and duplication; catastrophising - losing the critical few through catastrophising the many.
- There is little research or work completed which is coordinated from other agencies.

- Maintaining the integrity of the tool. Ensuring knowledge/ability to complete the tool and completion being inadequately evidenced. Another commented that it is imperative that practitioners are made aware of the importance of their experience to capture beyond the 'obvious', even when the numerical score may be below the threshold.
- Building the process and knowledge among the sector.
- Data sharing and data protection.

Lack of clarity post-PPIT

- Making the services join up once the assessment is done and the lack of preventative services available. We need to change our investment from responsive to proactive services.
- I wonder once known where will they go and what action will be taken?
- To get the perpetrator to engage when identified as a priority perpetrator.
- Deciding relevant actions as a result of the PPIT and enforcing change. What do we do with the information if the perpetrator is not kept in the criminal justice system?

Do you have any final comments to make about the development of a new identification and management process for priority domestic abuse perpetrators in Wales?

- I feel this is important work and step forward to tackling Domestic Abuse - but a new team / roles would have to be identified to complete this work. Distinct from current roles.
- Don't make it just another tool to identify risk without looking at practical ways of tackling that risk.
- What review process will be put in place to monitor the effectiveness of the tool? It would be good to understand upfront what the plans are to assess how effectively this can be implemented, how well it is used and then what difference it makes.
- Our discussion was around how it may seem that the challenges initially outweigh the benefits however, we concluded that this may be the case at the start but once a smooth process is established (following pilot) the benefits in relation to reducing risk of serious injury / death / or multiple victims is worth it. In addition the multi-agency working must be a benefit.
- It would be useful to understand 'what's next' for practitioners in terms of the implementation and rollout of this tool.

- There is a risk of us moving away from what is done in England and beyond... many of our male perpetrators of IPV who are in prison go to England for treatment, therefore our assessment systems need to have a degree of consistency.

2.2.6 Summary

Overall there was a high degree of support for the new tool and accompanying brief guidance. Many experienced practitioners took a careful look at the PPIT and provided much constructive feedback. Without pre-empting the further testing and piloting of this tool that is currently being planned, we felt that the survey responses pointed to a few revisions that could be usefully made at this stage. These are summarised below (and reflected in the version provided in Appendix C):

- Inclusion of an additional page (page 2) to note further details/evidence – item by item – along with date of completion and name/agency of person completing the PPIT.
- General guidance about ‘professional judgement’ revised to include the following: (i.e., the total score and two additional questions should be used as prompts in addition to the practitioner’s own knowledge and judgment of an individual perpetrator). On page 2 a space is provided to note and explain whether professional judgment was used.
- Item scoring: The terminology was changed to Absent=0, Present=1, Critical=2 (critical reflects imminence or severity of harm).
- The wording of the two scoring questions on page 1 were revised in an attempt to be clearer: Does the score include five items at critical levels? Are both #2 ESCALATING and #7 HIGH HARM at critical levels?
- General guidance about ‘applicable information’ revised to make it explicit that ‘offending behaviour’ should include domestic abuse as well as related offending (as described for item #5).
- Item 10 was revised to reference the broader category of ‘weapons’ rather than ‘firearms’, as reflected in guidance note for this item.

Chapter 3: Discussion

3.1 Summary of main findings

This section reviews the main findings arising from the research. Based on the evidence collected from the consultation, there appears to be a high level of support amongst both operational and strategic agency representatives (representing a range of agencies from Wales and elsewhere in the UK), for a tool to assist with the identification of those committing the most serious and harmful forms of domestic abuse. Despite the complexities of what is involved, the majority view is that implementing the PPIT would improve the response to domestic abuse.

It is noteworthy that an overwhelming majority of respondents felt that the ten items in the PPIT captured the most important aspects to consider, and the brief guidance accompanying the tool was largely fit-for-purpose. This is a clear indication that, taken together, the items are meeting expectations of what is vital to consider when it comes to identifying those perpetrators engaged in the most serious and harmful forms of domestic abuse. The item with the highest score was ESCALATING (92% of respondents felt this item was 'very important' to include), with RECENT and HIGH HARM tied for second place (ranked by 84% as 'very important'); these can be considered the most essential items. Although some minor revisions to wording were recommended, it is notable that the PPIT was not seen to omit any key indicators.

Regarding the total score and thresholds proposed for identifying a 'priority perpetrator', some felt that requiring 5 out of 10 items to be at a 'critical' level was too high, whilst others commented that the threshold could not be reliably established without further research. It was also felt to be necessary to encourage the use of professional judgement whilst also highlighting the importance of considering evidence to support these judgements.

Respondents were also given the opportunity to comment on how the PPIT should be used in practice. A majority expected police, probation and IDVAs to be the primary users of the PPIT. This is not surprising, given that these professionals have the most access to information that would be relevant for completing the PPIT. Overwhelmingly, it was felt that the PPIT should be used at the 'earliest opportunity', notwithstanding the complicated nature of the issues involved (e.g., 'earliest opportunity' might not necessarily mean at point of first disclosure). Other respondents also highlighted points in the criminal justice process where the PPIT could be particularly useful: release from prison, or when a perpetrator is being supervised by probation (preferably at the beginning of their involvement and reviewed at the end), or at the secondary risk assessment stage (i.e. by PPU/WISDOM staff). A major benefit of the PPIT was seen to be that it could assist in developing a complete intelligence picture of an individual that all

agencies can contribute to. There was consensus that the information documented on the PPIT should be shared across relevant agencies in order to inform actions to prevent and reduce further abusive behaviour. Thus, the necessary information-sharing protocols and data protection arrangements would need to be put into place.

Thematic analysis of comments about the potential positive and negative consequences following implementation of the PPIT provide a useful summary of the issues. The following perceived benefits included: improved crime reduction and prevention; more effective targeting of multi-agency resources; shared information and common understanding; and a user-friendly and practical tool. The potential challenges included: perceived duplication of effort; insufficient time and resources; working together effectively; lack of clarity post-PPIT (i.e., the 'what comes next' question).

Respondents identified two key ingredients for 'what comes next' following the PPIT: a specialist worker/advisor to manage the perpetrator and a multi-agency coordination group to deliver the actions. Differing perspectives on whether the PPIT should trigger an intervention which is based on a Disruption model of intervention (enhanced surveillance and control) versus a Support model (to facilitate behaviour change and rehabilitation) were implied by the comments and will be an important area of discussion in future. The heterogeneity of the perpetrators identified for action following the use of the PPIT will be a key source of information as to the number of interventions needed on a post-PPIT pathway (ideally there would be a mix available to suit what is expected to be a diverse cohort of perpetrators presenting different risks and needs).

3.2 Recommendations

The PPIT is envisioned as an instrument to be used to trigger an intervention, rather than an intervention itself. Concept and planning work is already underway to address the 'what comes next' question raised by many of those involved in the consultation process. To maximise its efficacy and potential to be a reliable and useful tool for frontline use across a range of agencies, we recommend the following:

(1) Fund additional research to understand the range of policy and practice implications likely to result from the implementation of the PPIT.

(1a) This should start with *implementation testing* – using the PPIT against historical cases from a range of agencies as well as assessing the perspectives of practitioners involved in this exercise). This would provide an indication of how many perpetrators would be triggered for action and also the consistency of recording and identification across agencies (inter-agency agreement). The PPIT needs to be tested against adequate samples (e.g., n=100 or more) across the key agencies (Police, Criminal Justice and Third Sector, primarily IDVA services).

(1b) Following this, *piloting in one or more operational sites* across Wales is recommended to evaluate the 'live' use of the PPIT.

(2) Develop tools to support the implementation of the PPIT, drawing on existing research along with the expertise of frontline practitioners.

(2a) For example, *fuller guidance* to clarify what is meant by the term 'coercion' to minimise subjective interpretation as well as more detailed examples for all items to improve consistency in recording across agencies, particularly for those requiring more specialist knowledge such as mental health and substance misuse. Guidance on data protection and information sharing needs to be developed specifically for the PPIT, particularly if victim perceptions/experiences are included and the tool is disclosed to perpetrators.

(2b) In addition, a *bespoke training programme* for practitioners should be developed to facilitate shared understanding and consistent implementation of the PPIT across agencies.

3.3 Future directions

In Appendix C we provide a recommended version of the PPIT, which incorporates a few of the many useful suggestions made by a variety of experienced practitioners during the consultation process (summarised in section 2.2.6). This version is the fruit of a short but productive development period. Hopefully any other changes that are made over time will be a reflection of additional evidence gathered from rigorous research into its use 'on the ground'. As the PPIT is but the first step in a long process of developing a new plank in the coordinated community response to domestic abuse, future directions should focus on building the evidence-base about 'what works' in the identification and management of priority perpetrators of domestic abuse.

Appendix A: The PPIT (Consultation Version)

PPIT-Wales

PRIORITY PERPETRATOR IDENTIFICATION TOOL

March 2015 (version 2)

This is a tool for the identification of domestic abuse perpetrators (using the current Home Office definition) who, by virtue of their past and current offending behaviour, should be considered priority targets for multi-agency monitoring and management. The PPIT is **not** a predictive risk assessment tool but can be used to focus agency resources on those individuals whose offending behaviour requires priority action. Evidence for the items included in the tool is described overleaf.

(Perpetrator's identifying information here)

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

General Guidance for using the PPIT Wales:

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

Professional judgment: Practitioners will need to use their specialist expertise and experience in relation to domestic abuse when completing the PPIT. This is a multi-agency tool and thus a range of practitioners will be evaluating the items against their agency’s information and applying a score. Professional judgment should be used in order to promote the identification of those individuals considered to be most dangerous and thus requiring multi-agency monitoring and management.

Applicable information: The full intelligence picture held about a particular individual’s offending behaviour should be used to complete the PPIT. The information considered should **not** be restricted to criminal justice outcomes such as arrests and convictions. Experiences of victims also should inform the scoring of the PPIT.

Evidence-Base for Items in PPIT Wales:

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

- 1) **Recent domestic abuse:** One of the strongest correlates of future domestic abuse and indicates an individual actively engaged in offending. Recency is an important domain to consider when targeting resources and this is consistent with approaches adopted in the US, England and Scotland. Also see the SARA Manual (past physical assault, past assault of family members).
- 2) **Escalating offending:** Indicates a dynamic situation that is worsening and requires attention. Also see SARA Manual (recent escalation in frequency or severity of assault). Non-physical forms of abuse (jealous/controlling behaviours and stalking) have been linked to further physical assault (Robinson & Howarth, 2012), a reminder that escalation can take non-physical forms.
- 3) **Repeat offending:** Domestic abuse is defined by its repetitive nature; the issue therefore it to impose a threshold that signifies the need for priority intervention. The DV perpetrator intervention in High Point North Carolina uses a threshold of 3 or more charges. The PPIT definition is consistent with the ACPO definition currently being considered for its new Authorised Professional Practice for domestic abuse.
- 4) **Serial offending:** Recent research in Wales (Robinson et al., 2014) and in England (Hester and Westmarland, 2007) shows that a sizeable minority of domestic abuse offenders in contact with criminal justice agencies at any one time will be serial offenders (roughly 1 in 5). The PPIT definition is consistent with that being proposed by the ACPO working group (two or more victims in the past 3-years, including both family members and intimate partners). Robinson et al. 2014 found that nearly all serial perpetrators were also repeat offenders.

- 5) **Related types of offending:** Domestic abuse is but one type of offending that disproportionately affects women and girls. Other types of gender-based offending (sexual violence and exploitation, honour-based violence, stalking) and offending against vulnerable groups (child abuse, elder abuse) must be considered alongside the domestic abuse otherwise the most dangerous offenders will be missed. Research clearly documents the multiple forms of offending of some serious domestic abusers (Richards, 2004; ACPO 2009) and the links to child abuse (Hester et al., 2007). Past sexual abuse correlated with further physical violence in a large sample of UK victims accessing IDVA services (Robinson & Howarth, 2012). The SARA tool also includes items related to sexual violence (past sexual assault, sexual violence in the index offence), in recognition of its relevance to domestic abuse.
- 6) **MARAC/MAPPA:** Those whose domestic abuse offending has ever resulted in their ex/partner being referred to MARAC, or who have ever been subject to MAPPA, have been deemed to be high-risk offenders through these procedures and this should be considered in the determination of who the priority perpetrators are in local areas. This item is intended for the PPIT to make use of these other important assessments (especially DASH for victims which would inform MARAC referrals).
- 7) **Prior serious violence:** The severity of previous violence is essential to consider. Research has shown the importance of significant injuries in predicting future abuse (Robinson & Howarth, 2012). The perpetrator previously attempting to strangle/choke the victim is also a significant risk factor for further violence. The SARA Manual also includes similar items (severe violence in the index offence).
- 8) **Mental health issues:** Are strongly correlated with serious incidents and have prominently featured in recent domestic violence homicide reviews. The SARA tool includes several items related to mental health (suicidality, recent psychotic or manic symptoms, personality disorders).
- 9) **Alcohol/drug problems:** Research with Welsh victims indicated that the perpetrator's drug use was correlated with more serious injuries (Robinson, 2003). US research shows that prior alcohol and drug crimes are linked to high-rates of domestic violence arrests (Richards et al., 2013). Also see the SARA Manual (recent substance abuse/dependence).
- 10) **Access to weapons:** The importance of evaluating the perpetrator's access to, prior use of, and/or making credible threats to use weapons is clear from research (Richards, 2004; Robinson & Howarth, 2012) and included in UK tools (DASH, SARA items on past use of weapons, use of a weapon in the index offence) as well as US risk tools (Campbell's Lethality Assessment Program). A broad interpretation of what constitutes a weapon, including the potential for arson, should be applied.

Appendix B: Consultation Survey

Default Question Block

**PPIT-Wales
PRIORITY PERPETRATOR IDENTIFICATION TOOL
Practitioner and Stakeholder Consultation**

This survey has been designed to collect your views about the development of a new identification tool for domestic abuse perpetrators in Wales: the Priority Perpetrator Identification Tool (PPIT). Please review the PPIT document (attached to the email inviting you to participate in this consultation) before taking the survey.

If you are someone who comes into contact with victims and/or perpetrators of domestic abuse through your employment (e.g., Police, Probation, and relevant Third Sector agencies), or who has specialist knowledge about domestic abuse and/or criminal justice, please take this survey. Your participation is voluntary.

This survey should take approximately 15 minute to complete. This survey is anonymous. Please note that any response you give may be quoted in a report on the subject, but that your contribution will be anonymised.

If you have any questions about this survey, please contact Dr Amanda Robinson (RobinsonA@Cardiff.ac.uk).

By choosing YES I acknowledge I am over the age of 18, I understand the information written above, and I agree to participate.

YES (continue with survey)
 NO (exit)

First, please let us know a few details about yourself. These will be used to ascertain the breadth of the consultation exercise only. Your specific details will remain confidential.

Your job title

Your agency

Region where you work

The PPIT is introduced and described on page 1 as follows:

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

Do you think this is an appropriate introduction for the PPIT?

YES
 NO

Please note any suggested changes to the PPIT introduction here:

General Guidance 1: The PPIT contains the following general guidance about domestic abuse perpetrators:

"Perpetrators of domestic abuse: The PPIT has adopted the Home Office definition of domestic abuse: "any incident

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

Do you agree that the PPIT should adopt the UK governmental definition of domestic violence/abuse?

YES
 NO

Please note any additional comments regarding General Guidance 1 - the definition underpinning the PPIT:

General Guidance 2: The PPIT contains the following general guidance about applying professional judgment:

"Professional judgment: Practitioners will need to use their specialist expertise and experience in relation to domestic abuse when completing the PPIT. This is a multi-agency tool and thus a range of practitioners will be evaluating the items against their agency's information and applying a score. Professional judgment should be used in order to promote the identification of those individuals considered to be most dangerous and thus requiring multi-agency monitoring and management."

Do you agree that professional judgment should be used when completing the PPIT?

YES
 NO

Please note any additional comments regarding General Guidance 2 - applying professional judgment:

General Guidance 3: The PPIT contains the following general guidance about applicable information:

"Applicable information: The full intelligence picture held about a particular individual's offending behaviour should be used to complete the PPIT. The information considered should not be restricted to criminal justice outcomes such as arrests and convictions. Experiences of victims also should inform the scoring of the PPIT."

Do you agree that all available information should be used to complete the PPIT?

YES
 NO

Please note any additional comments regarding General Guidance 3 - applicable information:

The PPIT contains 10 items with which to evaluate a domestic abuse perpetrator. Next to each item, indicate how

important you think the item is to include (1=not at all important, 2=somewhat important, 3=very important).

	1=not at all important	2=somewhat important	3=very important
1) RECENT: Offending against victims in past 12-months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) ESCALATING: Offending in frequency and/or severity in past 12-months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) REPEAT: Two or more incidents against any victim in past 12-months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) SERIAL: Two or more victims in past 3-years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Related offending (any other violent or abusive behaviour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Subject of a MARAC or MAPPA in past 3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) High level of harm to victims from psychological and/or physical abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Noticeable worsening of mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Noticeable increase in alcohol and/or drug misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Known history and/or current access to firearms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please note any suggested changes to the PPIT items here:

Underneath each PPIT item on page 1 is space for a small amount of guidance (additional guidance is contained on pages 2-3). Please indicate whether you think the guidance for each item is suitable (yes/no).

	YES	NO
1) Identify whether the perpetrator is actively engaged in perpetrating domestic abuse	<input type="radio"/>	<input type="radio"/>
2) Consider situational triggers such as relationship breakup, victim's pregnancy, etc.	<input type="radio"/>	<input type="radio"/>
3) Is there a pattern of abuse including physical and psychological	<input type="radio"/>	<input type="radio"/>
4) Has the offending recently moved beyond a single victim	<input type="radio"/>	<input type="radio"/>
5) For example, stalking, sexual violence, child abuse, elder abuse, HBV, etc.	<input type="radio"/>	<input type="radio"/>
6) Consider the reason for the MAPPA	<input type="radio"/>	<input type="radio"/>
7) Serious and worrying events with significant consequences for victims	<input type="radio"/>	<input type="radio"/>
8) Evidence of suicidality, PTSD, personality disorders, etc.	<input type="radio"/>	<input type="radio"/>
9) Changes in the frequency and/or type of substance used	<input type="radio"/>	<input type="radio"/>
10) Threats and/or past experience using weapons, including arson	<input type="radio"/>	<input type="radio"/>

Please note any suggested changes to the PPIT guidance for individual items here:

The following scoring options are provided for the PPIT items:

"Evaluate each of the following items in relation to this domestic abuse perpetrator. Circle one option for each (0=ABSENT, 1=POTENTIAL, 2=PRESENT)."

Do you think these are appropriate scoring options for all 10 items?

YES

NO

Please note any comments about the PPIT item scoring here:

The PPIT may result in a total score ranging from a minimum of 0 to a maximum of 20 (i.e., a score of 2=present was applied to all 10 items).

After calculating the total score, do you think applying the following guidance would effectively identify priority perpetrators?

Does the total score include five items with a '2'?
(YES/NO)

Does the total score include a '2' for item #2 (escalation) AND a '2' for item #7 (high level of harm)?
(YES/NO)

YES to both questions indicates a priority perpetrator

YES
 NO

Please note any comments about the PPIT total score here:

Who should fill out the PPIT? (tick all that apply)

- Police
- Probation
- IDVAs

- MARAC Coordinators
- Health (please specify)
- Other (please specify)

When should the PPIT be filled out?

What should happen to the PPIT information? How should it be shared paying due attention to data protection?

What type of intervention/pathway/management process should be triggered by the PPIT?

Please indicate your agreement with the following statement:

Overall, implementing the PPIT would improve the response to domestic abuse.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

Overall, what are the key benefits and the key challenges associated with the PPIT?

Key benefits

Key challenges

Do you have any final comments to make about the development of a new identification and management process for priority domestic abuse perpetrators in Wales?

Appendix C: The PPIT (Recommended Version)

PPIT-Wales

PRIORITY PERPETRATOR IDENTIFICATION TOOL

April 2015 (version 3)

This is a tool for the identification of domestic abuse perpetrators (using the current Home Office definition) who, by virtue of their past and current offending behaviour, should be considered priority targets for multi-agency monitoring and management. The PPIT is **not** a predictive risk assessment tool but can be used to focus agency resources on those individuals whose offending behaviour requires priority action. Evidence for the items included in the tool is described at the end of this document.

(Perpetrator’s identifying information here)

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

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

General Guidance for using the PPIT Wales:

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

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

Applicable information: The full intelligence picture held about a particular individual’s offending behaviour should be used to complete the PPIT. This should include domestic abuse as well as related offending (see #5 below). The information considered should **not** be restricted to criminal justice outcomes such as arrests and convictions. Experiences of victims also should inform the scoring of the PPIT.

Evidence-Base for Items in PPIT Wales:

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

- 1) **Recent domestic abuse:** One of the strongest correlates of future domestic abuse and indicates an individual actively engaged in offending. Recency is an important domain to consider when targeting resources and this is consistent with approaches adopted in the US, England and Scotland. Also see the SARA Manual (past physical assault, past assault of family members).
- 2) **Escalating offending:** Indicates a dynamic situation that is worsening and requires attention. Also see SARA Manual (recent escalation in frequency or severity of assault). Non-physical forms of abuse (jealous/controlling behaviours and stalking) have been linked to further physical assault (Robinson & Howarth, 2012), a reminder that escalation can take non-physical forms.
- 3) **Repeat offending:** Domestic abuse is defined by its repetitive nature; the issue therefore it to impose a threshold that signifies the need for priority intervention. The DV perpetrator intervention in High Point North Carolina uses a threshold of 3 or more charges. The PPIT definition is consistent with the ACPO definition currently being considered for its new Authorised Professional Practice for domestic abuse.
- 4) **Serial offending:** Recent research in Wales (Robinson et al., 2014) and in England (Hester and Westmarland, 2007) shows that a sizeable minority of domestic abuse offenders in contact with criminal justice agencies at any one time will be serial offenders (roughly 1 in 5). The PPIT definition is consistent with that being proposed by the ACPO working group (two or more victims in the past

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

- 5) **Related types of offending:** Domestic abuse is but one type of offending that disproportionately affects women and girls. Other types of gender-based offending (sexual violence and exploitation, honour-based violence, stalking) and offending against vulnerable groups (child abuse, elder abuse) must be considered alongside the domestic abuse otherwise the most dangerous offenders will be missed. Research clearly documents the multiple forms of offending of some serious domestic abusers (Richards, 2004; ACPO 2009) and the links to child abuse (Hester et al., 2007). Past sexual abuse correlated with further physical violence in a large sample of UK victims accessing IDVA services (Robinson & Howarth, 2012). The SARA tool also includes items related to sexual violence (past sexual assault, sexual violence in the index offence), in recognition of its relevance to domestic abuse.
- 6) **MARAC/MAPPA:** Those whose domestic abuse offending has ever resulted in their ex/partner being referred to MARAC, or who have ever been subject to MAPPA, have been deemed to be high-risk offenders through these procedures and this should be considered in the determination of who the priority perpetrators are in local areas. This item is intending for the PPIT to make use of these other important assessments (especially DASH for victims which would inform MARAC referrals).
- 7) **Prior serious violence:** The severity of previous violence is essential to consider. Research has shown the importance of significant injuries in predicting future abuse (Robinson & Howarth, 2012). The perpetrator previously attempting to strangle/choke the victim is also a significant risk factor for further violence. The SARA Manual also includes similar items (severe violence in the index offence).
- 8) **Mental health issues:** Are strongly correlated with serious incidents and have prominently featured in recent domestic violence homicide reviews. The SARA tool includes several items related to mental health (suicidality, recent psychotic or manic symptoms, personality disorders).
- 9) **Alcohol/drug problems:** Research with Welsh victims indicated that the perpetrator's drug use was correlated with more serious injuries (Robinson, 2003). US research shows that prior alcohol and drug crimes are linked to high-rates of domestic violence arrests (Richards et al., 2013). Also see the SARA Manual (recent substance abuse/dependence).
- 10) **Access to weapons:** The importance of evaluating the perpetrator's access to, prior use of, and/or making credible threats to use weapons is clear from research (Richards, 2004; Robinson & Howarth, 2012) and included in UK tools (DASH, SARA items on past use of weapons, use of a weapon in the index offence) as well as US risk tools (Campbell's Lethality Assessment Program). A broad interpretation of what constitutes a weapon, including the potential for arson, should be applied.