



**Vulnerability &
Policing Futures**
Research Centre

Policing, ‘Vulnerabilities’ and Domestic Abuse: Victims, Perpetrators, Interventions – Stage 1 Report



1. Summary

The 2021 Greater Manchester Gender-Based Violence Strategy (GBV) highlighted that ‘vulnerabilities’ can compound experiences of violence against women and girls, including domestic abuse.

The strategy emphasises the need to challenge attitudes and inequalities, upskill the workforce, and foster a culture of reflective learning. These priorities aim to enhance understanding, recognition and responses to domestic abuse and other forms of GBV.

This ‘victim-survivor-led’ framework seeks to equip practitioners to deliver fair and appropriate responses for victim-survivors and for people who use violence, including targeted and accessible support ‘to facilitate change among perpetrators’.

This research project explored how current practice in Greater Manchester aligns with this approach, identifying both challenges and opportunities for further development as reported by local practitioners.

Findings suggest:

- A strong focus on multi-agency collaboration in addressing GBV demonstrates commitment to exploring how experiences of victimisation and trauma influence both victims and perpetrators, shaping the risk of future domestic abuse.
- ‘Vulnerability’ can provide a focal point for coordinating the efforts of different service providers in tackling domestic abuse. However, applying this framework to people who use violence presents complex practical challenges.
- Identifying ‘vulnerabilities’ of people who use violence — such as alcohol or drug dependency, mental health problems, histories of trauma, homelessness and estrangement — offers an opportunity to inform intervention strategies aimed at preventing further offending.
- Effective intervention for people who use violence includes adopting trauma-informed approaches to support them in recognising the emotional and psychological drivers of the harm they have caused, in addition to addressing the social and economic factors which can generate conflict within families and relationships.
- There is concern among some service providers that a ‘vulnerability’ or trauma focus undermines efforts to hold perpetrators to account, justifies or excuses offending, and enables perpetrators to more easily manipulate the criminal justice system.
- While there are a growing number of short-term interventions for domestic abuse perpetrators, it is rare for their effectiveness to be fully established through evaluation. Most academic research has focused on victim-survivor perspectives, leaving limited evidence on effective perpetrator interventions. Consequently, the development of trauma-responsive approaches – including those under the trauma-responsive Greater Manchester banner – have largely evolved from therapeutic best practice, with limited evaluations underpinning such responses.
- On a political level, approaches that explicitly consider perpetrators’ ‘vulnerabilities’ and trauma are perceived as receiving a “soft on crime” label.
- A shared understanding of the factors shaping and sustaining different manifestations of domestic abuse is essential to inform effective, coordinated interventions for both victim-survivors and perpetrators. The absence of a robust evidence base creates significant challenges for service providers and commissioners, making it difficult to balance criminal justice responses with the need for early intervention. The key delivery challenge lies in redirecting investment towards long-term, preventative and early interventions also attuned to the specific circumstances and risk factors in perpetrators’ lives which increase the likelihood of continued offending.

2. The research project

The ‘Policing, Vulnerabilities and Domestic Abuse: Victims, Perpetrators and Interventions’ project was delivered through the Vulnerability and Policing Futures Research Centre, funded by the Economic and Social Research Council.

The research began in May 2023, and fieldwork concluded in May 2025. The project examined Greater Manchester Combined Authority’s (GMCA’s) response to domestic abuse, with a particular focus on how ‘vulnerabilities’ of people who use violence feature in this response. The wider project included

comparative work with Victoria (Australia), drawing on the Royal Commission into Family Violence (2016) and subsequent domestic abuse service reforms¹.

This report draws on interviews with 26 senior practitioners across the GMCA (Stage 1) and reflections from four frontline practitioners working within a commissioned domestic abuse perpetrator intervention service in one local authority area within GMCA² to illustrate key points. Participants represented various stages of the criminal justice system and the range of available support services for victim-survivors and perpetrators.

Type of Organisation	Number of Participants
GMCA & local authority	5
Police	3
Courts	2
Probation	3
Victim-survivor Services	4
Perpetrator Services	6
Other criminal justice services	3
Total	26

Table 1: Policing, Vulnerabilities and Domestic Abuse: Victims, Perpetrators, Interventions’ research project participant overview.

Themes emerging from these interviews are outlined below highlighting the opportunities and challenges in further developing responses to domestic abuse in GMCA.

1. There are reports available reflecting on what can be learned from the Victoria response to domestic abuse upon request. Additionally, a short summary report of comparative views between Victoria and GMCA can be found on our website: <https://vulnerabilitypolicing.org.uk/responding-to-family-violence-domestic-abuse-lessons-from-greater-manchester-uk-and-victoria-australia/>.

2. A separate report for Stage 2 will be available in due course with reflections from frontline practitioners and victim-survivors of domestic abuse in one GMCA local authority.

2.1. The advantages of strong multi-agency partnerships with long-term vision

A strength of the Greater Manchester domestic abuse response is the commitment within central partnership networks to drive positive change³. Led by the deputy mayor, the 10-year GBV Strategy secured substantial buy-in from both statutory and VCSE organisations to address the complexity and significant negative impact of domestic abuse. The devolved nature of the regional government — sharing an identical geographical footprint to the Greater Manchester Police (GMP), Greater Manchester Probation Service, and NHS Greater Manchester Integrated Care Board — has enabled the city-region to pool resources and implement strategic planning with a degree of autonomy from central government directives.



“It’s really helpful to have all 10 local authorities kind of working together in a combined authority. They obviously run their own local areas, but on these big questions which are dealt with on a city region basis, it’s really helpful to have that forum in which the 10 local authorities, the chief executives and leaders can meet together and agree collectively and it’s very helpful for the Police and Probation because they operate on a Greater Manchester-wide footprint, so it’s really helpful for them to not have to deal with 10 separate areas.”

(Participant 3, GMCA)

Discussions with stakeholders highlighted growing recognition that ‘vulnerabilities’ often underpin the behaviour of those who use violence, and addressing these factors is necessary to reduce reoffending and victimisation. In practice, the extent to which this framing was consistently applied as a strategic focus within domestic abuse responses varied across services.

Participants emphasised the importance of open dialogue around the underlying drivers of domestic abuse, highlighting the need for collaborative working across services to address the risks, needs and behaviours of perpetrators. However, doing this is not always easy considering the complexity of cases involving domestic abuse.

3. The maturity of this partnership is based on longstanding partnership arrangements in Greater Manchester since the late 80s, such as the Association of Greater Manchester Authorities (AGMA).

2.2. The complexity of domestic abuse

Practitioners recognised the complex and varied forms domestic abuse can take but noted a lack of evidence on effective approaches for addressing coercive and controlling behaviour, abuse in same sex relationships, cultural differences, financial abuse, intergenerational abuse, carer abuse, stalking, and online abuse.

Relationship dynamics in domestic abuse were described as particularly difficult to navigate in situations involving allegations of bi-directional abuse, where victim-survivors wish to remain with the perpetrator, or where children are present in the relationship. In one GMCA area, frontline perpetrator service providers stressed that addressing the wider dynamics influencing domestic abuse perpetration and the continuation of abuse requires working simultaneously with both victim-survivors and perpetrators, advocating a whole family approach.



Equally, isolated criminal justice interventions, such as the conviction of a perpetrator, was not always equated to a victory for victims.

“ We team up with the Victim Support if we were notified about some incident that happened last week, we’ll try to see if the client will bring it up to the group. If they don’t, the risk may be higher because they’re minimising something. If they open up, that’s helpful.”

(Participant 2, Frontline Perpetrator Behaviour Change Programme)

“ ... once you’ve gone through that legal system, the police [go], ‘I’ve got a win because I’ve got a conviction’. I’m not quite sure that the woman feels like it’s a win. The man doesn’t feel like it’s a win, he’s a loser. I just think it’s the wrong way to deal with complex emotional issues.”

(Participant 14, GMCA Victim-survivor Services)

2.3. Responses to domestic abuse victim-survivors and perpetrators: Shared aims but different approaches

2.3.1. Victim-survivor 'vulnerabilities' and interventions

The term 'vulnerability' was most often applied in relation to victim-survivors enabling the implementation of safeguarding interventions to reduce risks for both adults and children. Greater Manchester has also led the way in developing a plan to address gender-based violence against men and boys recognising that men can also be victims in cases of domestic abuse. Service providers generally agreed that 'vulnerability' framing is a valuable strategic — rather than operational — tool helping to facilitate concrete actions, such as faster identification of specific risk factors and immediate implementation of safeguarding and support measures.

Aligned with this needs-led framing, service providers identified potential benefits in adopting a 'one stop shop' model whereby a single point of contact assesses individual intervention needs and directs them to the appropriate services. This approach was also seen as advantageous for staff development and service alignment. In one GMCA area, perpetrator intervention providers reported significant benefits from a co-located, one-stop shop provision:



“ I can definitely see actually there’s something different about being under an umbrella actually, to go, okay, so what are we all doing in this area and how does that fit with each other? I think there’s real bonuses with that... As part of [this umbrella organisation], they run full team meetings as well, so I think that’s good, just to get updates from everyone. I feel like they’ve been really good with their CPD as well to get everyone trained up in lots of different areas.”

(Participant 39, Domestic Abuse Service)

Such a system was seen to better enable needs-based interventions while sparing victim-survivors repeatedly recounting traumatic experiences. While single point of contact systems can improve access, they do not resolve wider issues of uneven service provision. The persistent 'postcode lottery' across the GMCA footprint presents a separate challenge, with access to services varying despite the combined authority's efforts to achieve consistency.

Interviewees highlighted the strong positive focus on 'lived experience' within GMCA, with support from key criminal justice stakeholders — including the police — in advancing knowledge of domestic abuse victimisation and promoting strength-based interventions. Understandably, this work has largely centred on female victim-survivors, while the lived experience of adult men — both as perpetrators and victims — as well as women who use violence, have received comparatively little attention.

In working with men, most service providers interviewed were mindful of risks associated with adopting a 'vulnerabilities' perspective, particularly the potential to undermine the resilience of victim-survivors. Some stakeholders also cautioned that the term 'vulnerability' can be ambiguous and broad, making consistent application in practice difficult.



2.3.2. People who use violence: ‘Vulnerabilities’ and Interventions

A wide range of programmes for people who use violence operates within Greater Manchester (see Figure 1), including VCSE sector-delivered specialist programmes and interventions, alongside Ministry of Justice accredited programmes delivered by the probation services.



Figure 1: Examples of available interventions for people who use violence or are at risk of using violence in the context of domestic abuse.

Within certain models, interventions for perpetrators are victim-survivor-focused and gender-orientated, aiming to address the structural drivers of abuse, such as patriarchal gender norms, socialisation processes and role-modelling. In contrast, other domestic abuse approaches – often delivered by grassroots organisations and not accredited through national frameworks such as RESPECT – emphasised the role of Adverse Childhood Experiences (ACEs) in producing emotional dysregulation and violent behaviour, focusing on individual trauma-responsive work. Certain professionals working within these contexts cautioned that gender-based framings of domestic abuse can risk pathologising men and, in so doing, obscure or downplay the individualised factors underpinning abusive behaviours.

“ We try and walk the line between understanding that there are reasons why people perpetrate, [...] but you can understand and empathise and try and deal with those to change them but also hold them to account. The reasons that people perpetrate is never an excuse so it’s that line between understanding that there is no excuse but there are things that happen in people’s lives which would mean they behave in a certain way, you can unpick those, that’s the way you can change behaviour.”

(Participant 17, NGO Perpetrator Support)

Building on this perspective, the adoption of ‘vulnerability’ language and trauma-informed approaches has introduced an additional dimension to longstanding tensions surrounding interventions for perpetrators in the context of domestic abuse. Almost all respondents indicated a preference for framing such interventions through a ‘risk’ rather than a ‘vulnerabilities’ lens. This approach was considered more practical for managing the high caseloads faced by practitioners, enabling them to prioritise cases more effectively.

Despite this general preference, there was considerable variation in service providers’ views on the relevance of ‘vulnerabilities’ experienced by perpetrators. These differences were reflected in the range of approaches and responses evident across the spectrum of interventions, discussed above. Some participants framed domestic abuse perpetration primarily in terms of dominance within a hierarchical society, as set out in the Duluth Model, and considered this perspective incompatible with a focus on perpetrator vulnerabilities:

“ I don’t think it [addressing ‘vulnerabilities’ of people who use violence] will work. I mean so when you get to 25 your behaviour is pretty well set, and we would always say that domestic violence isn’t because of alcohol and isn’t because of drug use, the perpetrator is doing that because he can and he wants to. I don’t see identifying vulnerabilities would make a blind bit of difference, I don’t.”

(Participant 8, NGO Victim-Survivor Support)

Other interviewees acknowledged that strength-based, trauma-informed approaches are important for improving engagement, achieving positive intervention outcomes, and reducing reoffending. These views were largely expressed by practitioners actively applying such methods, rather than representing a universal consensus among all participants:

“ Ultimately, I think it’s supporting and addressing that vulnerability that is just as key to rehabilitation as it is to kind of empowering somebody to say, ‘I recognise what’s happened here and I’m going to take ownership of that’ .”

(Participant 11, Probation)

In one GMCA area, frontline practitioners delivering perpetrator interventions regarded ‘vulnerability’ as a crucial framing for supporting behaviour change, using it to explore the personal circumstances and challenges influencing violent behaviour:

“ The vulnerability is what we try and bring out of them: what’s going on for them at that time, “What’s vulnerable for you at that time?” . . . because we have a big chart of words and, “There’s your vulnerability.” If they don’t deal with their vulnerabilities then that’s when you start becoming abusive and it’s that and tell them, “It’s fine to be vulnerable, it’s fine to feel afraid, it’s fine to be embarrassed, criticised. It’s how you deal with that.”

(Participant 40, Frontline Domestic Abuse Perpetrator Programme)

A persistent challenge in the design and delivery of perpetrator programmes is how to balance needs-based interventions aimed at promoting behaviour change and reduce reoffending with more punitive or enforcement-orientated aspects of intervention. In other words, the task lies in integrating rehabilitative support with clear mechanisms for accountability. Multi-agency partnerships were widely viewed as central to striking this balance, offering a platform for sharing learning and fostering open dialogue on approaches to behaviour change, as illustrated by one Probation practitioner:

“ We’ve got historically, lots of different intervention pockets running in different areas, community and probation and the thinking is that they’re not all evidence based, we’re going to almost wipe the slate clean and bring in a very streamlined model and I think that runs the risk of stifling some kind of local creative responses, so I think for me, that is where particularly in GM, we’ve evolved and we have GMCA, that we can work more closely with them to get that local responsive offer, to have a range of interventions and a range of triaging around resources.”

(Participant 11, Probation)

Interviewees agreed that responses to high harm, high risk perpetrators through Multi-Agency Risk Assessment Conferences (MARACs) were generally robust in discussing and formulating strategies to address perpetrator needs and prevent reoffending. Yet, perpetrator support programme providers reported that these strengths were not always evident in practice. Their experiences pointed to limited success in translating strategic discussions into effective engagement, with persistent challenges in sustaining perpetrators' participation in interventions:

“ The thing with the high risk, high harm is they don't have to do it. They get brought in, on to the MATAAC, MARAC, whichever one it is at the moment, and they try and get – I had a couple where you make initial introduction – by probation, mine was. I had a couple of chats with them, all that sort of stuff then tried to arrange a separate one-to-one session. He just said he's not interested, doesn't want any assistance. It falls off then because they don't want to do it whereas the other one where they've got social services in the background, there's more of an impetus for them to do it because it's children at the end of it. It's not social service led on the high risk, high harm.”

(Participant 40, Frontline Domestic Abuse Perpetrator Programme)

This interviewee underscores the difficulty of identifying effective levers for engagement in cases where family and childcare responsibilities are absent. Several service providers further criticised the current emphasis on high-harm, high-risk cases, viewing it as a weakness because it limits opportunities for early interventions with individuals assessed as low to medium risk. The complex interplay between 'vulnerability' and 'risk' was viewed as a further challenge for both service providers and policymakers, particularly in the context of new civil measures such as Domestic Abuse Protection Orders (DAPOs):

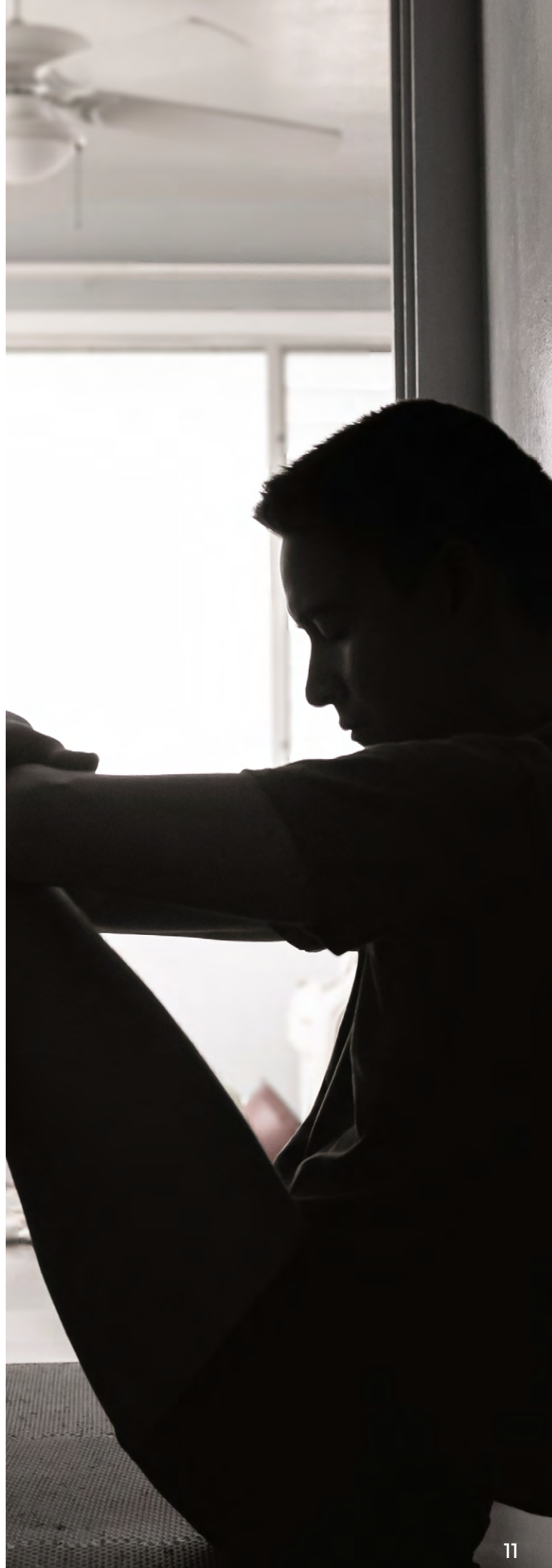
“ There isn't that ability to signpost suspects into treatment. DAPOs will bring a greater ability to assign or force people into assistance and help.... alcohol provision, anger management, financial or other bits, but the issue is with suspects for Domestic Abuse is most that come to our attention are so far ingrained that voluntary help doesn't really work.... DAPOs will change our approach and our availability and those mapped pathways. So that probably will make a significant difference for us.”

(Participant 6, GMP)

Developing a cohesive approach to addressing perpetrators' behaviour was seen as essential, though interviewees stressed this must not compromise victim-survivor safety. Achieving this balance requires careful consideration of risk when working with perpetrators identified as 'vulnerable'. Since most domestic abuse perpetrators offend against multiple victims, risk assessments frequently heighten calls for policing-led interventions:

“ If you take it as a problem-solving approach, people repeating, you're not often going to solve that with signposting and with interventions. You usually have to solve that with a policing investigation and getting somebody charged.... it's almost lifestyle approaches with certain people. You look at agency intervention over years and years and they've had everything under the sun.”

(Participant 6, GMP)





2.3.2.1. Balancing accountability with support for trauma-informed practice for people who use violence

All interviewees agreed people who use violence retain a degree of agency in committing domestic abuse – they choose to offend. Consequently, interventions should aim not only to instigate behaviour change but also ensure that perpetrators are held accountable through appropriate criminal justice consequences.

When discussing the potential for service provision to become more inclusive of perpetrator ‘vulnerabilities’ and trauma, some service providers voiced concerns that defendants might invoke their ‘vulnerabilities’ to evade punishment and undermine accountability to victims. Others warned that a focus on developmental trauma, mental health issues and substance use among people who use violence could inadvertently provide a means of justifying offending behaviour and avoid sanction if not subject to rigorous oversight:

“

Obviously, we’ve got childhood trauma, drug and alcohol issues, mental ill health. So yes, there are vulnerabilities in the perpetrator, what are we going to put in place to address those issues and make sure we’ve got the support to ensure they don’t continue down the path they’re in.... So, we might need to look what can we do but that’s not the reason for the behaviour, that’s not the excuse. We’ve got to be very mindful that behaviour needs to be dealt with and we need to take the right action to deal with it... You’ll have perpetrators who manipulate the situation, manipulate the officer, claiming their own vulnerabilities at times, “I couldn’t have done this because I’m this ... I don’t have it within me because I take this medication.” So, you’ve got your perpetrator who knows how to manipulate the situation, you’ve got a victim who doesn’t know how to manipulate a situation... [I] think we’ve got to support everybody to ensure that a change is made, but we’ve got to be very careful of perpetrators who effectively play the system.”

(Participant 8, GMP)

2.4. Political, cultural and system stumbling blocks

Whilst the importance of addressing the underlying drivers of perpetration to prevent repeat offending and support desistance was widely acknowledged, many participants noted that reframing perpetrators' behaviour through a 'vulnerability' lens was politically contentious:

“ I would say there is a vulnerability to the “vulnerabilities” model.”

(Participant 22, NGO Perpetrator Intervention)

“ It's got to be about changing the narrative that being soft on crime if you don't send them to prison is about preventing people from being victims in the future. So, it's an evidence-base to justify investment, because we live in a highly politicised society and certain media outlets that say “This is the government going soft on crime.” We can play about at our level but ultimately the investment is going to come from government.”

(Participant 4, GMCA)

Relatedly, the question of who qualifies as 'vulnerable' itself was contested, exposing deeper political and cultural tensions that complicate efforts to reorientate the system towards vulnerability-informed approaches.

“ The other point of course where politicians are influenced is we saw this absolutely in our consultation is that certain VCSE sector groups from a particular feminist perspective will say that you shouldn't be putting money into perpetrators, you should be putting money into supporting victims.”

(Participant 2, GMCA)

Nevertheless, several service providers emphasised that addressing the underlying factors driving perpetration ultimately benefits victim-survivors, most often through trauma-responsive approaches that support all parties involved.



3. Considerations for further developing the GM response to domestic abuse

Our research examined domestic abuse as one element of GBV within the wider framework of GBV under the GMCA GBV strategy.

Accordingly, the analysis identifies opportunities to strengthen the domestic abuse response within this broader strategy, particularly informing development of GMCA’s perpetrator strategy. It is important to preface this discussion with the caveat that our findings reveal both the inherent complexity of domestic abuse and the absence of a shared understanding or cohesive direction among service providers. These conditions, coupled with the persistent operational challenges, constrain the ability to formulate specific, actionable recommendations.

3.1. Develop a comprehensive needs analysis for people who use violence in cases of domestic abuse

While the use of terms such as ‘trauma-informed practice’ and ‘ACEs’ suggests a degree of shared articulation among service providers, our interviews reveal notable variation in how these concepts are understood and applied. For some, the integration of ‘vulnerability’, ‘trauma’ and ‘ACEs’ into service responses risked being reduced to procedural tick-box exercises rather than being employed as meaningful levers for change.

Service providers’ understanding of how these factors influence behaviour – and their perspectives on appropriate service provision, behaviour change and domestic abuse more broadly – was at times inconsistent or insufficiently developed. Strengthening the GM perpetrator strategy will therefore depend on fostering a shared and more nuanced understanding among service providers of the often complex developmental and behavioural influences that underpin offending.

Ongoing development of a comprehensive needs analysis for domestic abuse perpetrators will be essential. The perpetrator strategy must recognise diversity across perpetrator profiles, patterns of offending, and factors influencing why certain individuals are targeted. It should also acknowledge and respond to differences in age, ethnicity, faith and sexuality with both awareness and sensitivity:

“ I think in terms of getting it right for the individual, it’s about trying to have a menu of things that are evidence based, work, have an impact but also give you the personal choice about what’s the right interventions for them.”

(Participant 17, Perpetrator Services)

Many services continue to rely on victim-survivor reports to identify perpetrators, which creates significant barriers to reaching people who use violence for intervention. Similarly, individuals who use violence may be unwilling or unable to acknowledge their needs, making readiness for intervention a critical consideration in the design and delivery of effective responses.

The perpetrator strategy should assess whether certain criminal justice interventions —such as occupation orders or treatment orders under Domestic Abuse Protection Orders (DAPOs) – might inadvertently exacerbate perpetrators’ ‘vulnerabilities’ (e.g., create homelessness) or contribute to other forms of GBV, such as stalking. Indeed, the procedural nature of such orders may fail to address the complex interplay of factors influencing a perpetrator’s behaviour and relationship dynamics.

Frontline staff stressed the importance of a ‘Think Family’ approach, ensuring coordinated service provision between victim-survivors and perpetrators to address both risk and need. Safeguarding and support measures must be carefully designed to avoid unintentionally generating new ‘vulnerabilities’, which could increase risks for both existing and new victim-survivors. This remains a priority for GMCA and underscores the value of sustained collaboration with partners, such as the ‘Probation Service’s Homeless Prevention Taskforce’.



The following are actions which may support such a comprehensive needs analysis:

3.1.1. Strengthening the evidence-base

Building on the need for a better understanding of perpetrator needs, there is an accompanying requirement for service providers to review their criteria and thresholds. This includes clarifying which interventions are most appropriate for which individuals, at what stage of their journey, how transitions between programmes should occur, and how interventions are accessed by victim-survivors, service providers and people who use violence.

From a multi-agency perspective, it is essential to ensure that when an individual does not meet one service's threshold, there is a clear pathway to alternative forms of support or monitoring. This would help prevent perpetrators or victim-survivors from slipping through gaps in provision. Achieving this may involve bringing service providers into closer alignment to create a more integrated, responsive system. Nevertheless, it is important to acknowledge that service providers operate within a competitive tendering environment, a dynamic that can sometimes stymie best practice and limit the development of sustainable, long-term infrastructure.

To improve understanding of how threshold and risk frameworks influence domestic abuse cases, it is vital to incorporate the perspectives of both victim-survivors and perpetrators. Embedding these voices into service design and evaluation could generate valuable insights to refine intervention strategies and ensure they are responsive to the realities of those directly affected.

3.1.2. Focus on early intervention and long-term solutions

Multi-agency partnership arrangements for high-risk cases of domestic abuse – such as those coordinated through MARAC – were widely regarded as effective in delivering coordinated responses. Nonetheless, practitioners noted that the MARAC model can become overburdened due to the volume of cases and its strong victim-survivor-focus, which can limit opportunities to address the 'vulnerabilities' of perpetrators that may contribute to the use of violence. These issues were considered particularly pressing in complex repeat cases, where a problem-solving approach could be beneficial.

The recent introduction of Multi-Agency Tasking and Coordination (MATAC) meetings in some GMCA areas offers potential for a more targeted response to perpetrators. Yet, frontline reflections suggest that the effectiveness of such arrangement is heavily dependent on the composition of participants, their willingness to engage in open information-sharing, and a shared understanding of needs and thresholds. As outlined in the GMCA GBV strategy, there is scope to strengthen responses to perpetrators outside of the highest risk category through earlier interventions that address individual needs, potentially leading to more effective and resource-efficient outcomes over the longer term.

4. Concluding thoughts

This study highlights both the progress and ongoing challenges in Greater Manchester's response to domestic abuse.

GMCA has established a strong foundation of multi-agency collaboration, political commitment and devolved governance, enabling more coordinated and preventative approaches. The city region's emphasis on partnership working, trauma awareness, and reflective learning marks an important step towards a more consistent and systemic response.

Yet tensions remain in applying a 'vulnerability' lens to perpetrators. While practitioners increasingly recognise how trauma, social disadvantage and unmet need can influence violent behaviour, concern remains that such framing risks weakening accountability or appearing 'soft'. However, it is equally important to acknowledge that not all perpetrators have trauma histories or ACEs, so intervention models need to remain flexible and person-centred, capable of addressing a range of behavioural drivers. Achieving a balance depends on sustained interagency dialogue and reflective practice to build shared understanding and ensure coordinated responses that combine compassion and consequence.

A stronger evidence base is needed to inform interventions for people who use violence. While Greater Manchester hosts a range of innovative and locally developed initiatives, few have been robustly evaluated, and practice remains uneven across the

region. Building a consistent, effective response will require a comprehensive needs analysis, shared conceptual clarity, and closer alignment between criminal justice, health and VCSE partners. Sustained political leadership and a commitment to continuous learning are essential to embed this progress and ensure that innovation translates into lasting systemic improvement.

Ultimately, improving Greater Manchester's response to domestic abuse will require sustained investment in early intervention, long-term prevention and the alignment of trauma-informed practice with effective risk management. Embedding these principles across services will enhance accountability, reduce reoffending, and promote safety and justice for victim-survivors throughout the region.

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