



**Vulnerability &
Policing Futures**
Research Centre

Domestic Abuse Response in Greater Manchester – Borough A Case Study





Context

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.

Stage One of the project engaged senior practitioners and other stakeholders across Greater Manchester to understand how Domestic Abuse responses operate and align with the recently introduced Greater Manchester Gender-Based Violence Strategy (2021). An overview of this work can be found on the Centre’s website.

During this stage, Borough A was identified as demonstrating good practice in responding to Domestic Abuse. Therefore, Stage Two of the project, examined this in more depth and engaged with Borough A practitioners and victim-survivors to build a detailed understanding of how such practice was implemented. Borough A’s commissioned Domestic Abuse partnership service emerged from this work as a well-regarded, transformative, whole-systems model for addressing Domestic Abuse, underpinned by significant and sustained work since 2015. Notable within Greater Manchester, Borough A’s commissioned Domestic Abuse partnership service provides a single, accessible front door for people experiencing Domestic Abuse, reflecting the growing evidence base on effective Domestic Abuse responses.

Alongside this service, Borough A’s Council and the health services demonstrate foresight and leadership by commissioning innovative initiatives using a Lead Provider Model. These have significantly enhanced service experiences and outcomes including Independent Domestic Violence Advocate (IVDA) schemes, with IDVAs in police custody suites and joint response models. Such interventions have helped to ensure that victim-survivors receive trauma-informed support at critical points of engagement/disengagement. Borough A has also invested in the Identification and Referral to Improve Safety (IRIS) Project (a GP referral pathway facilitating access to Domestic Abuse services), a youth support service delivering trauma-informed intervention for 0–18-year-olds, and a mental health post referring to Mental Health and Substance Misuse services. Borough A’s model may therefore provide valuable and transferable insights for strengthening practice in other localities.

What we did in Borough A

The research team conducted 36 interviews with 45 participants (some interviews involved more than one participant, and some participants were interviewed more than once).

Participants included practitioners at senior, middle management and frontline level, as well as victim-survivors of Domestic Abuse who had accessed local services. A breakdown of participants can be found in Table 1.

Sector/Background of participant	Number of participants
NHS/Health	4
Social Services	3
Criminal Justice	6
Domestic Abuse Third Sector	11
Housing	3
Partnership Representative	1
Statutory/Council	2
Victim-survivors	15

Table 1: Breakdown of participants of Borough A Case Study

Interviews were conducted between March 2024 and May 2025. The data was analysed to identify recurring themes. Themes draw on shared perspectives, examples of effective practice, and accounts of ongoing challenges. These findings aim to inform recommendations for Domestic Abuse provision within Borough A and across wider national systems of support and intervention.

Ethical Approval for this study was received from University of Leeds (Ref. 0627).



Findings

The following six themes emerged:

- Victim-survivor knowledge of and trust in support services and response mechanisms
- Development of innovative holistic interventions amid ongoing resource constraints
- Working through the complexities of perpetrator support
- Shift towards trauma-informed perpetrator interventions
- Enduring systemic and institutional barriers influencing service delivery
- Limited public awareness and workforce expertise in the response to Domestic Abuse

Victim-survivor knowledge of and trust in support services and response mechanisms

There was a consensus among victim-survivors that knowledge about Domestic Abuse support services is lacking amongst victim-survivors and the wider public. Victim-survivors were generally surprised by the level of support available, reflecting that earlier knowledge could have enabled them to seek help sooner. For many, it was only when abuse escalated to the point of emergency intervention that they became aware of the pathways to safety. In addition, some victim-survivors highlighted gaps in knowledge amongst professionals about available services, and highlighted limited skillsets in sharing such knowledge effectively with victim-survivors:

“ They didn’t tell me what facilities and services I had that was local to me in the refuge. So, it’s about maybe instructing and informing social workers as well.”

(Participant 34, Victim-survivor)

Beyond the sharing of information about support services, victim-survivors emphasised the importance of who delivers this information and when it is provided. Trust emerged as a central theme, underpinning their confidence in the value of coming forward. Trust, however, could just as quickly be undermined by the behaviour or communication of practitioners, as illustrated in the example below.

“ One victim-survivor described receiving a call from a council representative informing her that she had been offered a house on Sunday evening. She was sent pictures and told she could view the property the following day. Yet, the next day, she received a text stating that the house was not ready. When she attempted to call the council for clarification, she received no response. Despite assurances that someone would follow-up, no further contact was made. Later, her Women’s Aid key worker confirmed that the council had formally rejected her housing application. The participant expressed deep frustration and distress with this process, internalising blame for the rejection: “Is it a crime to ask, ‘Is it going to be ready?’”. Since this experience, she has reported ongoing anxiety, chest pain and panic attacks, describing a profound sense that the council does not want to help her secure a home.”

(Participant 35, Victim-survivor).

Victim-survivors pointed out that access to support systems remains heavily dependent on police and ambulance referrals. Nevertheless, there were signs of progress: several participants noted growing engagement from employers and private sector organisations offering safeguarding, signposting and encouragement to disclose concerns.

The central importance of building trust, confidence and shared understanding across support systems ensures that both victim-survivors and those who use violence receive timely, coordinated and effective intervention before crises arise.



Development of innovative holistic interventions amid resource constraints

Borough A's ambition for innovation and the reality of limited resources sits in tension with one another. Practitioners described Borough A as having a strong, shared identity and a collaborative, well-connected service network for Domestic Abuse, which was recognised by colleagues in other areas of Greater Manchester.

“ What there is in [Borough A] when I compare it to other places there is a much more collaborative culture between organisations and sectors. ... The VCSE sector is pretty well engaged often in a way that doesn't always happen in other places”

(Participant 5, Domestic Abuse Prevention Practitioner)

However, this potential is constrained by a lack of sustained investment. Cuts to promising perpetrator programmes, such as Drive, and the short-term nature of many initiatives were repeatedly identified as significant, persistent challenges:

“ Generally, it's a bit too initiative-y that people like to throw a bit of funny money for a short period of time, do a pilot, okay from my perspective the whole point of a pilot is if it doesn't work, you stop, if it does work you mainstream it.”

(Participant 17, Domestic Abuse Service Lead)

Despite resource constraints, Borough A's 'one-stop' service model and strategic use of co-location has delivered greater efficiency, coordinated victim-survivor support and improved information sharing by uniting partner agencies. Borough A's bold approach to service commissioning, including its IRIS initiative and IDVA schemes, have facilitated victim-survivor service referrals and enhanced engagement at critical points through coordinated work with police and hospitals:

“ The IDVAs deal with the high-risk cases, so we've got a team of IDVAs co-located with the police... The idea of the pilot is that it will improve that criminal justice response, so that by having a trained advocate to go out that they're more likely to get a better outcome. ... It's definitely shown that it's increased by having that pilot, it's improved.”

(Participant 1, Victim support service practitioner)

Indeed, IDVAs were mentioned several times by interviewees as central to the effective delivery of Domestic Abuse services and the effective navigation a victim-survivors journey:

“ I wrote a letter of thank you to [IDVA]’s boss to say I couldn’t have done it without [IDVA], she’d been there when I crumbled, I was crying, ... I’d be angry, all the different emotions that you go through.”

(Participant 26, Victim-survivor)

Moreover, Borough A’s commitment to investment in early intervention and prevention – commissioning a designated 0–18 young person’s service – distinguishes it within Greater Manchester. Further innovations include the Borough A Domestic Abuse Toolkit, a shared practitioner resource, accessible across the Greater Manchester region, designed to support practitioners in enhancing knowledge, consistency and exchange of effective practice:

“ We created a practitioners’ guidance – specific tools and resources for engaging with victim-survivors. The toolkit is open for all partnership agencies and all local authorities across GMCA.... If people have different learning styles there’s different videos and resources and tools on there which we direct our partnership agencies to, but also our practitioners.”

(Participant 3, Social Care Practitioner)



Working through the complexities of perpetrator support

Professionals described the considerable challenges involved in addressing perpetrator behaviour. They emphasised that supportive intervention is vital for achieving lasting change, yet acknowledged that such approaches are politically contentious within 'tough on crime' and victim-focused policy agendas¹:

“ When you mention, “I think I can support this guy [perpetrator],” a lot of IDVAs might look at you like, “They don’t need support – they need locking up, they need the key throwing away.” It becomes personal, but then it goes back to... if we just do that, it’s a cycle, it’s a constant cycle for them. They have to be held accountable for what they’ve done to a victim but if we don’t change their internal processing, this is going to keep happening throughout their life.”

(Participant 41, Perpetrator Behaviour Change Programme Provider)

Additional barriers include perpetrators’ limited acknowledgment of guilt, the often messy and inconsistent outcomes of behaviour change programmes (no magic bullet), and the risk of individuals exploiting a needs-based system.

Interviewees also emphasised:

- The tightly interwoven relationship between accountability, punishment and support, which creates a complex and sometimes difficult-to-navigate service landscape.
- That certain interventions are only accessible to individuals who admit to causing harm, which can link engagement to criminal justice admissions rather than voluntary disclosure. This requirement may inadvertently exclude those who could benefit from early or preventative support.
- That even when people who cause harm engage with support services, progress is not guaranteed.
- As one practitioner observed, the absence of a formal mandate to engage in programmes can make it difficult to maintain motivation and ensure programme completion:

“ We call them “lightbulb moments” where you can just see that someone is getting it and understanding it and wants, really wants to change. They’re the magical moments that happen but they are quite rare and the rest of the time, it can feel demoralising and because we’ve been working really hard with someone for 12 weeks and suddenly they stop coming and we can’t engage with them – we’ve tried to re-engage with them but we can’t.”

(Participant 8, Domestic Abuse Prevention Practitioner)

1. Something also discussed in our Greater Manchester Stage 1 Report, which is available on the Centre website.

Shift towards trauma-informed perpetrator support interventions

The core provider of perpetrator interventions in Borough A delivers several programmes tailored to different risk levels and varying levels of engagement with victim-survivors. There are additional services for Domestic Abuse perpetrators, but these may not operate in an official capacity to reduce reoffending and rather provide related parenting, mental health and substance use support. Practitioners noted that there is not always a joined-up approach between services supporting the same individual, and that navigating and coordinating support across victim-survivors and perpetrators, with different intervention lengths and intensity, can be challenging.

Several interviewees observed a marked shift from the limited service offer available a decade ago to the more structured interventions now in place, with increasing emphasis on trauma-informed and holistic responses. Acknowledging the difficulty of securing engagement and admission of wrongdoing with perpetrators, practitioners highlighted the value of trauma-informed approaches in delivering these interventions. Stressing the importance of intervention sequencing, the approach involved talking through events with individuals to process acknowledgement and identify leavers of engagement, before addressing specific emotional and behavioural drivers and applying a gender-based lens:

“It’s not about finding why and excusing the fact that they are perpetrating domestic abuse, but we end up having conversations about what’s happened in their lives up to that point... They’ve got other issues – drug and alcohol, mental health, homelessness, where their lives are too chaotic to expect to attend a weekly session. By working with them on an intensive basis we’re trying to find levers of engagement. We might work closely with probation, housing, or another agency, to find a way of “Let’s work together; let’s see what we can do to try and help you.”

(Frontline Practitioner, Participant 8, Perpetrator Behaviour Change Programme Provider)

Interviewees observed a marked shift from the limited service offer available a decade ago to the more structured interventions now in place, with increasing emphasis on trauma-informed and holistic responses:

“When I first joined Borough A, there was a real pushback of, “We don’t have enough money for victim-survivor services why are we investing in perpetrator provision?”... But now they can see that the changes are happening over a period of time... I guess it’s getting round that head space that it is the ripple effect of that perpetrator .”

(Participant 3, Social Care Practitioner)





Nonetheless, gaps remain, with system-wide understanding still underdeveloped, over-reliance on voluntary engagement, and discontinuation of emerging good practice, reducing coherence and duration of perpetrator provisions. Additionally, there is a limited understanding about what effectively engages perpetrators in behaviour change programmes and how to identify effective levers of engagement. Victim-survivors also expressed doubts about the potential for genuine change in those who had abused them, some questioning the effectiveness of behaviour change programmes:

“ [anger] controlled him to a certain extent, it must have done something, but I know he’s having to do a new one now [anger management course], he’s having to redo it, so I don’t know, perhaps she’ll [the new girlfriend] get the new – I don’t know, but does a leopard change its spots? I don’t know. “

(Participant 26, Victim-survivor)

While victim-survivors recognised the value of perpetrators acknowledging harm within the criminal justice process, participants also voiced support for ensuring that individuals who cause harm receive help to address the underlying trauma and unmet needs that drive or sustain abusive behaviour.

Enduring systemic and institutional barriers influencing service delivery

Organisations applied distinct approaches, evident in the varying thresholds for support and differing definitions of need across policing (law enforcement perspective), mental health (diagnosis-based thresholds), and housing (legal definitions of vulnerability).

“ So, the duty owed to you [as a victim] is significantly more. For a perpetrator to get that priority need they would have to have dependent children, which isn't very often the case, or they would need to have some significant vulnerability which most commonly is around mental health. So we'd be looking at some diagnosed mental health condition [...]. So for the majority of perpetrators of domestic abuse we won't owe a duty to provide them with temporary accommodation, and neither will there be a duty to provide them with anything settled going forward.”

(Participant 13, Housing Practitioner)

These inconsistencies undermined a whole-system approach, leading to delays and fragmented service user journeys.

Limited public awareness and workforce expertise in the response to Domestic Abuse

Participants reported awareness and knowledge about the impact of Domestic Abuse and limited availability of support, especially within minority groups (male victims, ethnic minorities, and LGBTQIA+ individuals). According to participants, this lack of knowledge prevented individuals from seeking and accessing available support:

“ I hear often families say, “Yeah, we knew something was wrong but we had hold of it, we were looking out for her, we were telling him to sling his hook,” but at what point do family and friends need to know that they can get support and what are the barriers to them seeking that support from statutory agencies or commissioned services? That's a big gap.”

(Participant 21, Borough A Council practitioner)

Practitioners highlighted the need to strengthen workforce knowledge and confidence, particularly within a young workforce with limited training. This was considered important to improve trust in the system and create better outcomes for victim-survivors and perpetrators.

“ We're challenged, ... as a domestic abuse sector, there's not enough trained, skilled, experienced people out there and we're just as providers almost in Greater Manchester nicking staff off each other in a constant vicious circle to be honest. ... Providers can't magic that out of thin air, there needs to be a real, proper workforce training strategy.”

(Participant 17, Domestic Abuse Service Lead)

Recommendations and conclusions

Drawing on Borough A's exemplary and innovative practice, as well as the wider transferable learning emerging from this study, the following recommendations outline how Domestic Abuse responses may be enhanced, sustained and replicated across localities.

- **Secure long-term, stable funding to embed collaborative infrastructure.** Borough A's success is underpinned by long-standing relationships between statutory agencies and the VCSE sector, supported by consistent investment. Replicating this stability elsewhere is essential for embedding innovation, maintaining workforce continuity and enabling effective partnership working.
- **Integrated 'one front door' model to reduce duplication and improve navigation.** A single point of access for Domestic Abuse support — delivered through a skilled, trauma-informed workforce — enables victim-survivors to move through services more easily, ensures coordinated responses and strengthens accountability across agencies.
- **Co-location and multi-agency delivery to enhance early intervention.** Embedding IDVAs and specialist practitioners within police custody suites, health settings and other multi-agency environments improves information-sharing, promotes earlier identification of harm and enables more joined-up intervention.
- **Early identification pathways across health, youth and community services.** Programmes such as IRIS and Borough A's youth provision demonstrate the value of embedding Domestic Abuse expertise where early risks are most likely to be recognised. Wider implementation of these models can reduce crisis-level demand and improve safety outcomes.
- **A 'Think Family' and trauma-informed approach across all services.** Borough A's whole-family ethos shows how coordinated support for victim-survivors, children and perpetrators can disrupt cycles of abuse. Long-term, flexible engagement with all family members, underpinned by clear communication and shared values, being central to effective practice.
- **Evidence-based perpetrator intervention pathways within whole-system responses.** Trauma-informed behaviour change programmes, linked closely with victim-survivor services, can improve safety and help promote sustainable

change, particularly when combined with mental health and emotional wellbeing support. However, maintaining a balance between support and accountability remains crucial.

- **Shared practitioner resources and consistent training frameworks.** Borough A's Domestic Abuse Toolkit offers a transferable model for standardising practice, providing accessible guidance, quality-assured tools and adaptable training materials that can be adopted across local authorities and partner agencies.
- **System-wide accountability, monitoring and evaluation.** Regular outcome measurement, peer learning and cross-locality knowledge exchange can consolidate improvements, support replication of effective models, avoiding short-term pilot fatigue. Transparent data-sharing and robust governance structures are key to sustaining progress.
- **Awareness raising and developing trust in communities.** Developing trust in and knowledge of available Domestic Abuse support mechanisms in each locality is key to ensure that those experiencing Domestic Abuse come forward as early as possible. This requires public awareness campaigns and a skilled trauma-informed workforce who can develop trusting relationships with victim-survivors (and perpetrators).

Authors

The research team were: Professor Sandra Walklate (University of Liverpool), Professor Nicole Westmarland (Durham University), Professor Kate Fitz-Gibbon (Monash University, Australia), Dr Larissa Engemann (University of Leeds), Dr David Rowlands (University of Leeds), Dr Öznur Yardımcı (University of York)

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