

Respect

Competency Framework

Developing and sustaining a safe, effective and professional workforce for the domestic abuse perpetrator sector



Foreword

For over two decades, Respect has worked to support and shape the domestic abuse perpetrator sector across the UK. During that time, the field has profoundly changed. We have seen rapid growth in the number and diversity of perpetrator interventions, increasing recognition of the need for integrated support services, and a growing evidence base about what helps – and what harms – in work with people who cause abuse.

This growth brings opportunity. It also brings responsibility.

Domestic abuse perpetrator work is not a neutral or low-risk area of practice. It is work conducted in conditions of power imbalance, coercion, trauma, gendered harm and high safeguarding risk. The quality of professional judgement exercised by Practitioners and Service Managers can have life-changing consequences for survivors, children and families. In this context, variation in workforce capability, supervision quality and ethical standards is not simply a workforce development issue; it is a safety issue.

This Competency Framework has been developed as part of Respect's commitment to building a Centre for Excellence for domestic abuse perpetrator responses in the UK. It reflects extensive consultation, research evidence and Practitioner expertise. But it also reflects a clear position: that safe and effective perpetrator work depends on more than good intentions, technical skills or training attendance. It depends on a shared, explicit understanding of the knowledge, skills, values and professional behaviours required to practise ethically, accountably and in a survivor-centred way.

At the heart of this framework are two pillars: reflective practice and values-based practice. These are not optional extras or 'soft' additions to technical competence. They are the conditions that make technical competence safe. Without sustained reflection, professional curiosity and a strong ethical compass, perpetrator work risks becoming procedural, defensive or collusive. Without a clear values base – rooted in survivor and child safety, accountability, equality and social justice – practice risks drifting away from its core purpose.

This framework is therefore not simply a training tool or a checklist of competencies. It is intended as a shared standard for the sector: a language for supervision, recruitment, workforce development, accreditation, commissioning and quality assurance. It is designed to support Practitioners at all stages of their development, while also placing clear responsibilities on Service Managers, organisational leaders and commissioners.

No Practitioner can practise competently in isolation from the organisational conditions around them. Protected reflective space, high-quality supervision, realistic caseloads, values-aligned leadership and sustained investment in training are not luxuries; they are prerequisites for safe practice. This framework is as much a challenge to leaders and funders as it is to frontline staff.

We encourage services, Practitioners, commissioners and partners to use this framework actively and critically: to embed it in recruitment and induction, to use it as a living tool in supervision and reflective practice, and to allow it to shape training, service design and quality assurance. It is not intended to be static. As the evidence base grows and practice evolves, so too should this framework.

The framework was developed by Respect in partnership with Liz Ostrowski as the lead author. Liz is an independent domestic abuse consultant with many years of experience in domestic abuse perpetrator work as a Practitioner, Senior Manager, and Trainer, as well as in quality assurance and clinical supervision. Liz was supported by Bhupinder Virdee and Jaskaran Sandhu, both of whom have extensive expertise in perpetrator responses.

I am grateful to them, as I am to Practitioners, Service Managers, and all other sector colleagues, who gave their time and insights throughout the development process.

This work was funded by the Home Office as part of the investment in the expansion of the Drive Project in England and Wales. We are grateful for their support.

We publish the Competency Framework confident that, if it becomes a shared foundation for safer, more accountable and more reflective practice across the sector, it will have achieved what it was designed to do.

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1. Introduction

1.1 Purpose of this framework

This Competency Framework has been developed as part of Respect's work to establish a Centre for Excellence for domestic abuse perpetrator responses across England and Wales. Its purpose is to define the knowledge, skills, values and professional behaviours required for Practitioners and managers working with those who cause harm, and to support consistent, safe and effective practice across the sector.

The framework is intended for Practitioners, Integrated Safety Support workers, Service Managers, commissioners, and partner agencies involved in Coordinated Community Responses. It can be used for self-assessment, supervision and workforce development, programme delivery, organisational quality assurance, and commissioning.

1.2 Context and rationale

Since Respect was founded in 2001, the domestic abuse perpetrator sector has expanded significantly. In addition to mainstream Domestic Abuse Perpetrator Programmes, specialist interventions have emerged for high-risk and high-harm perpetrators (e.g., the Drive Project), children and young people using harm (e.g., Respect Young People's Programme), and for perpetrators accessing community-based, early responses (e.g., Make a Change). Alongside this growth, research has continued to refine the theoretical foundations of abusive behaviour and the effectiveness of different intervention approaches.

Despite these developments, there remains limited clarity and consistency in how Practitioners and managers apply their knowledge and skills across services. Variation in practice, supervision structures and organisational support means that workforce quality, and therefore service quality, can differ considerably between areas. This framework aims to address these gaps by articulating a shared set of competencies that Practitioners and managers can work towards, maintain, and evidence.

1.3 Evidence base and influences

The framework draws on national and international research, sector expertise and consultation with Practitioners, managers and Respect staff. A full methodology is provided in Appendix A and literature references in Appendix B.

The work of Zuzana Zilkova at Durham University has been particularly influential. Through a survivor safety-centred approach, she created online reflective practice spaces for Domestic Abuse Perpetrator Programme facilitators and evaluated their impact. Her findings highlighted that while criminal justice accountability can be externally imposed, behaviour and belief change away from abuse is facilitated via responsible facilitative relationships, and that sustained Practitioner development through structured reflection instrumentally supports a Practitioner's continuous honing of appropriate relational practice with perpetrators.

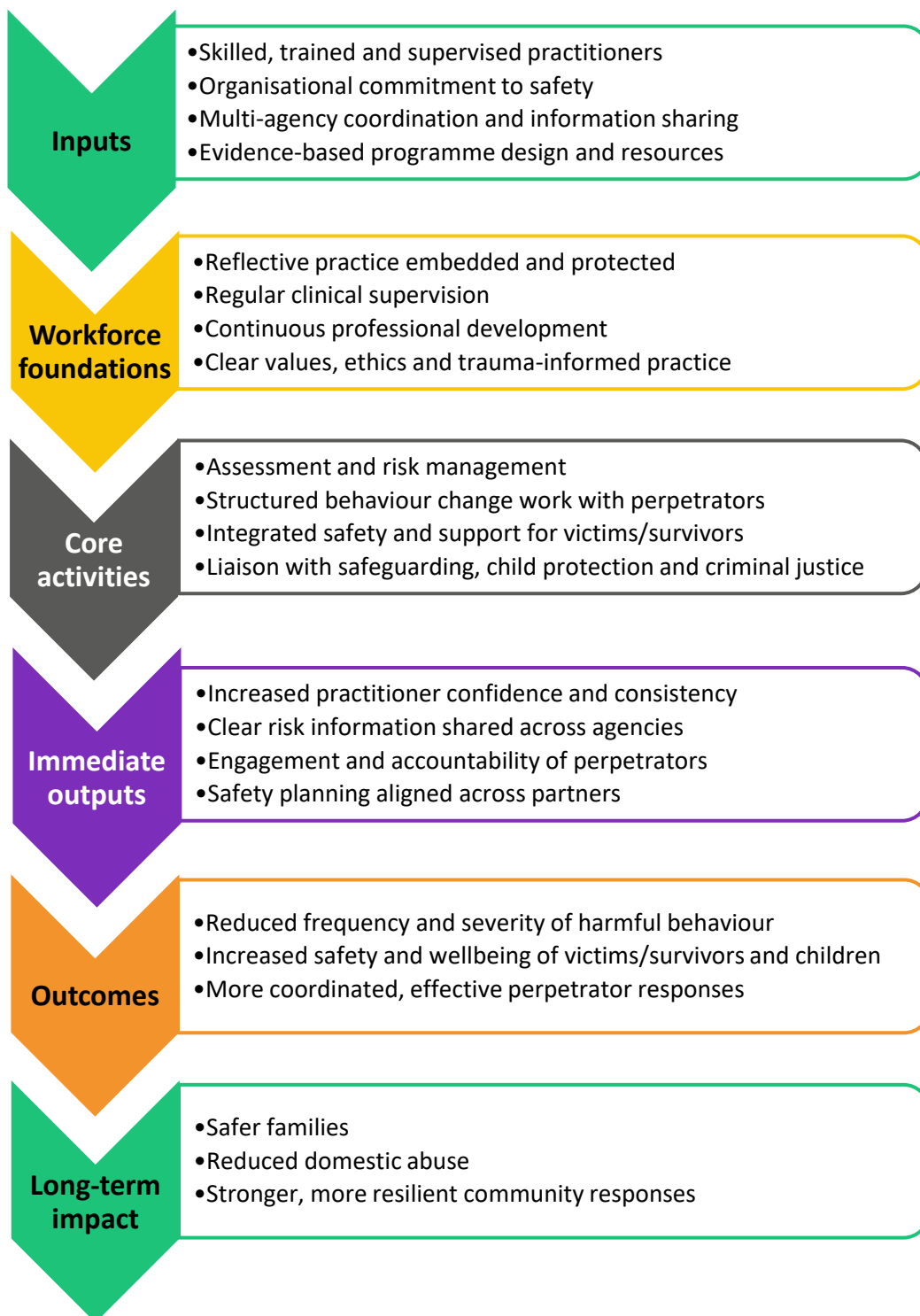
Zilkova's research demonstrated that high-quality reflective spaces can:

- Reduce Practitioner isolation
- Strengthen learning and confidence
- Improve self-reflection and professional judgement
- Widen exposure to diverse practice perspectives
- Enable sharing and dissemination of practice wisdom
- Support resilience and reduce burnout.

These insights reinforce the need for organisations to provide regular, protected, and meaningful reflective practice opportunities for both Practitioners and managers. Such support is not optional: it is essential for safe, ethical and effective perpetrator work.

1.4 Theory of change

Competency development must be grounded in a clear understanding of how services create change. Respect-accredited services are required to articulate a Theory of Change that explains how their activities lead to safer outcomes for victims/survivors, children and communities. While models differ between services, most share a common logic: skilled and supported Practitioners deliver structured, evidence-based interventions within a coordinated multi-agency system, leading to positive behaviour change and improved safety.



The framework follows this logic. It begins with the foundation of workforce capability, then sets out the underpinning theoretical knowledge, interpersonal skills, ethical values, and recording and monitoring responsibilities required for effective practice. These competencies support every stage of the behaviour-change process and help ensure that work with perpetrators contributes reliably and safely to wider system outcomes.

2. How to use the Competency Framework

A practical guide for Practitioners, managers, and organisations

2.1 Aims of the Competency Framework

This Competency Framework sets out the knowledge, skills, values, and behaviours required to deliver safe, effective, and ethically grounded responses to people who cause harm, and to support victim/survivors through integrated safety work.

The framework is designed to be used across the domestic abuse sector to:

- Support safe and consistent practice
- Clarify role expectations
- Guide recruitment, induction, and training
- Support supervision, reflective practice, and appraisal
- Enable career development and progression
- Underpin quality assurance, accreditation, and commissioning.

It recognises that effective perpetrator responses depend on shared understanding and collaboration between perpetrator Practitioners, Integrated Support Service workers, managers, and those responsible for training, supervision, and quality assurance.

2.2 Who the framework is for

The framework applies to:

- Practitioners working directly with people who cause harm
- Practitioners working with victim/survivors as part of Integrated Support Services
- Service Managers, Treatment Managers, and project leads
- Trainers, supervisors, and those involved in reflective practice and quality assurance
- Organisations responsible for workforce development and service delivery.

While roles differ, everyone is expected to share a common set of core values, knowledge, and interpersonal skills.

2.3 Structure of the framework

The framework has two main parts:

1. Core competencies (for everyone)

Each competency has a code to help identify its type. These codes indicate the type of competence, not its importance; all competencies are considered essential for the relevant role.

Core competencies apply to all roles in the domestic abuse perpetrator field. They cover three areas:

Code	Area	Description
V1 – V8	Values and ethical principles (section 3)	The foundational beliefs and ethics that guide all practice
K1 – K7	Core knowledge competencies (section 4)	Core understanding required to work safely in this field
S1 – S9	Core interpersonal and practice skills (section 4)	Essential skills for engaging with service users and colleagues

These competencies ensure that:

- Perpetrator Practitioners understand survivor-focused and integrated safety work
- Victim/survivor Practitioners understand perpetrator behaviour, accountability, and risk
- Managers and leaders can maintain the integrity of both elements within services.

2. Role-specific competencies

In addition to the core competencies, each role requires additional knowledge and skills depending on the focus of the role and any specialist areas of work.

Role	Knowledge	Skills	Practice areas covered
Perpetrator Practitioner	PK1 – PK4	PS1 – PS4	<ul style="list-style-type: none"> • Assessment • Individual engagement • Groupwork facilitation • Individual programme delivery
ISS Practitioner	IK1 – IK3	IS1 – IS3	<ul style="list-style-type: none"> • Assessment • Individual engagement

			<ul style="list-style-type: none"> Groupwork facilitation
Service Manager	MK1	MS1	Plus, direct attainment or sound practical understanding of the core Practitioner competencies

How to read this table: Each role requires all core competencies plus the role-specific competencies shown. The middle column shows which practice areas the competencies relate to.

2.4 Specialist roles

Some roles require additional specialist competencies. These build on the core Practitioner or manager competencies.

Specialist Role	Knowledge	Skills	Prerequisites
Intensive Case Management Intervention (e.g., Drive Project)			
Case Manager	ICMK1	ICMS1 and ICMS2	Core Practitioner competencies
Integrated Support Service IDVA	ICMK1	ICMS1	Core Practitioner competencies
Service Manager	ICMK1 and ICMK2	ICMS3	Core Practitioner competencies plus Service Manager MK1 and MS1 competencies
Children and Young People (CAPVA & YP-IPV)			
CAPVA & YP-IPV Worker (people causing harm)	CK1-CK3	CS1	Core Practitioner competencies
CAPVA & YP-IPV Worker (people experiencing harm)	CK1-CK3	CS1	Core Practitioner competencies
CYP Practitioner	CK1-CK3	CS2	Core Practitioner competencies
CAPVA/YP-IPV V/S Practitioner	CK1-CK3	CS3	Core Practitioner competencies
CAPVA Service Manager	CK4	CS4	CK1-CK3 & CS1-CS3, (direct or understanding)

Adult Family Abuse			
Adult Family Abuse Worker	AK1	AS1	Core Practitioner competencies
Adult Family Abuse Service Manager	AK2	–	AK1 & AS1 (direct or understanding)

The current specialist roles is not an exhaustive list and we recognise that there may need to be later additions.

2.5 Using the framework

Follow these steps to apply the framework to any role:

Step 1: Identify the role

Start by identifying the role you are reviewing (e.g., Practitioner, Manager, specialist Practitioner).

Step 2: Review the core competencies

All roles must meet the core competencies. These describe what everyone should demonstrate, regardless of role or seniority.

Step 3: Review the relevant role-specific section(s)

Look at the section(s) that match the role and any specialist area of work.

Step 4: Understand baseline and proficient expectations

For each role, the framework describes expectations at two levels:

- **Baseline level** – what someone should demonstrate to practise safely and effectively in the role
- **Proficient level** – what stronger, more confident, and more consistent practice looks like over time

Progression happens through:

- Experience in the role
- Supervision and reflective practice
- Training and continuing professional development
- Observation of practice and feedback

Step 5: Use evidence to support development

Competence should be demonstrated through evidence such as:

- Direct practice with service users
- Case work and assessments
- Reflective supervision discussions
- Observation or co-working
- Training completion and learning reflection
- Quality assurance or audit processes

The framework should be used in conjunction with job descriptions and organisational policies.

2.6 Worked examples

Example A: Perpetrator Practitioner

Role	Perpetrator Practitioner in a mainstream Domestic Abuse Perpetrator Programme
Role description	Assesses new referrals and delivers individual sessions (no groupwork)
Competencies required	All core competencies Plus, role-specific knowledge: K 1.1, K 1.2, K 1.4

What this means in practice: This Practitioner must demonstrate shared values, survivor-focused thinking, and core interpersonal skills, alongside specific knowledge about perpetrator behaviour, risk, and assessment relevant to individual work. Competence would be evidenced through safe assessments, accountable individual work, and reflective supervision.

Example B: Service Manager for an intensive case management model (ICM)

Role	Service Manager for an intensive Case Management Model (ICM)
Competencies required	All core competencies Sound understanding of: K 1.1 – 1.4, K 2.1 – 2.3, S 1.1 – 1.4, S 2.1 – 2.3 <i>Ideally, direct experience in either perpetrator work or victim/survivor support.</i>

	Management-specific competencies: K 3.1, S 3.1 Specialist ICM competencies: K 4.1, K 4.2, S 4.1 – S 4.3
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What this means in practice: This manager must understand both perpetrator and survivor practice well enough to oversee integrated safety responses, support staff, assure quality, and maintain fidelity to the intensive case management model (ICM). Evidence would include supervision practice, decision-making, service oversight, and leadership of multi-agency work.

2.7 How the framework shapes recruitment and ongoing staff development

This section explains how the Competency Framework should be used to recruit, induct, develop, and support staff over time. It reinforces that competence is built through a combination of values, training, practice, reflection, and feedback, rather than through one-off learning or box-ticking exercises.

2.7.1 Using the framework in recruitment

The framework can be used at the point of recruitment to help ensure new staff are well-suited to the work. In particular:

- Values and ethical principles should be explored during interviews and selection processes
- Candidates should be able to describe how their values show up in practice, not just state that they hold them
- Questions should test self-awareness, openness to reflection, and understanding of accountability and survivor safety.

This applies to Practitioners, managers, and leaders. Technical skills can be developed, but values, ethical awareness, and reflective capacity are essential foundations.

2.7.2 Using the framework in induction and early practice

For new staff, managers can use the core competencies to:

- Shape induction programmes
- Identify priority areas for early training
- Set clear expectations about safe and ethical practice.

New workers are likely to begin some aspects of service delivery early, alongside training. The framework assumes this and emphasises that early practice must be supported by:

- Shadowing experienced colleagues (with the exception of new services)
- Mentoring
- Regular feedback
- Structured reflective spaces.

Induction should combine learning, observation, and supported practice, rather than delaying practice until 'all training is complete'.

2.7.3 Using the framework with existing staff

For existing Practitioners and Service Managers, the framework supports ongoing development, not assessment for its own sake. A recommended approach is:

- Self-assessment against relevant competencies
- Joint discussion in supervision or appraisal
- Identification of current strengths
- Agreement on next steps towards proficiency.

This helps shift development conversations away from gaps and deficits, and towards growth, confidence, and consistency in practice.

2.8 Journey towards proficiency

The graphic below illustrates how workers develop competence over time, whether as Practitioners or managers. The key principle is that **learning and practice happen in parallel from the very start**; workers do not complete all their training before beginning practice.

Understanding the graphic

The graphic shows two parallel tracks that progress together from left to right, from the entry point towards proficiency.

ENTRY POINT → DEVELOPING → ESTABLISHED → PROFICIENT			
LEARNING TRACK			
Foundational training	Further new & refresher training	Further new & refresher training	Further new & refresher training
PRACTICE TRACK			
Shadowing Being mentored Receiving feedback	Applying new skills Ongoing reflection	Consolidating practice Ongoing reflection	Mentoring others Ongoing reflection

The Learning Track shows formal learning: foundational training at the start, followed by further new and refresher training at regular intervals throughout a worker's development.

The Practice Track shows practice-based development: starting with shadowing, mentoring, and receiving feedback; progressing to trying out new skills with ongoing reflection; and eventually moving into a mentoring role while continuing to reflect.

What this means in practice

For new staff, this approach means:

- Foundational training covers core knowledge and interpersonal skills
- Some service delivery begins early, alongside training
- Reflective practice is built in from the start, including observing colleagues, receiving feedback, discussing scenarios, and self-reflection.

Embedding quality training and reflection as the norm from the outset sets workers up for safe, effective, and rewarding careers in this sector.

2.9 Training delivery

This section provides guidance on how training should be delivered to support the Competency Framework.

2.9.1 How the framework informs training

The Competency Framework is designed to shape Respect's training programme. The competency elements describe overarching principles of good practice, rather than prescribing how to carry out tasks. This allows flexibility for different services and organisational contexts.

2.9.2 In-person vs online training

Different competencies are best developed through different delivery methods:

Type of competency	Recommended delivery	Why
Interpersonal skills (communication, active listening, emotional intelligence)	In-person	Allows immediate feedback, observation of non-verbal cues, and richer group discussion
Underpinning knowledge	Online or in-person	Online delivery (including self-paced e-learning) can be equally effective and responsive to diverse learning styles

Online training can also complement in-person interpersonal skills training: for example, as a platform for reflecting on skills learned in the training room.

It is worth emphasising that the delivery method recommendations above do not imply that online training cannot be effective for developing interpersonal skills. Decisions about delivery should be shaped by a range of factors, including training availability, cost, and the quality of the content itself. Learners have different needs, and no single method works for everyone. With thoughtful design and creative facilitation, the challenges of delivering interpersonal skills training online can be overcome, keeping learners engaged with both the content and each other.

2.9.3 Accessing training

There is no expectation that all training comes from Respect. Services are encouraged to:

- Collaborate locally and regionally with other specialists
- Audit training available beyond their own organisation

- Develop reciprocal training arrangements

When using alternative providers or in-house training, the core principles of the Competency Framework should still be present.

2.4.4 Questions to ask of any training

Whether training is delivered by Respect or another provider, relevant staff should consider:

1. *"What does this course need to contain to enable someone in this role to gain this competency?"*
2. *"How can the Trainers evidence that they align with the core values and ethical principles of the Competency Framework?"*

Proficiency cannot be reached if foundational training is poor, either in content or delivery.

3. The two pillars of the Competency Framework: Reflective practice and values-based practice

3.1 Introduction

This Competency Framework is built on two foundational pillars: reflective practice and values-based practice. These pillars are not additional components to be applied once knowledge and skills have been acquired; rather, they are the conditions that make knowledge and skills meaningful, ethical, and effective in domestic abuse perpetrator work.

Experience across the domestic abuse sector consistently shows that amassing technical knowledge and intervention skills alone is insufficient to end the perpetration of abuse. Without sustained reflection and a strong values base, practice risks becoming procedural, defensive, or even harmful, particularly in work characterised by high risk, power imbalances, and emotional complexity.

Reflective practice enables Practitioners to examine how they show up in their work: how their assumptions, emotional responses, identities, power, and organisational context shape decision-making and interactions with perpetrators, survivors, colleagues, and partner agencies. A strong, shared values base provides the ethical compass that guides those reflections, anchoring practice in survivor and child safety, accountability, equality, and social justice.

Together, these pillars require Practitioners to continuously ask not only *what* they are doing, but *why* they are doing it, how it aligns with core values, and what needs to change in their knowledge, skills, or behaviour to improve safety and effectiveness. For this reason, reflective practice and values-based practice underpin every role, every competency area, and every stage of professional development within this framework.

3.2 Reflective Practice

Reflective practice is a structured process where workers think critically about their work, their decisions, and their interactions with service users and colleagues, to improve practice, deepen understanding, and strengthen professional judgement. It's an ongoing, intentional examination of one's actions, decisions, assumptions, and emotional responses in professional work.

This applies to Practitioners (both those working with perpetrators and those delivering Integrated Support Services), Service Managers, and those involved in quality assurance, such as Treatment Management and reflective practice facilitation itself.

The overarching purpose of effective reflective practice in all its forms is to enable and encourage self-awareness and sharing of insights that relate to the work, the self, and the intersection of both. The reflective environment should be a safe place to bring and discuss mistakes, to explore how to develop in the work, rather than highlight the best examples of it.

Workers should approach reflective practice activities in the spirit of genuine self-development, willingness to challenge and be challenged, and feeling emotionally uncomfortable at times. Likewise, managers at all levels must sustain an organisational culture that is congruent with this. It is only possible for Practitioners to bring honest observations about themselves, their peers, and service delivery practices, within a work environment that prioritises survivor-centred outcomes over outputs, people over processes, and where those responsible for implementing organisational strategy have a sound understanding of frontline practice.

3.2.1 Key features of reflective practice

Reflective practice in domestic abuse work is not simply a matter of thinking back on what happened. It is an intentional, structured process of examining how decisions were made, how power operated in the interaction, and how Practitioner responses may have contributed to safety, risk, accountability, or harm.

The following features are central to meaningful reflective practice in this field.

Critical thinking

Reflective practice requires Practitioners to move beyond describing their work to actively analysing it. This means examining decision-making processes, identifying patterns across cases, and questioning the assumptions that underpin professional judgements.

In domestic abuse work, this critical thinking is essential. Without it, responses can become routine, potentially increasing risk or obscuring indicators of coercive control.

Emotional awareness

Domestic abuse work evokes strong emotional responses in Practitioners as well as in service users. These may include fear, frustration, empathy, anger, grief, hope, and discomfort. Reflective practice involves recognising these emotional responses and considering how they influence perception, judgement, and behaviour.

Without emotional awareness, Practitioners risk allowing unexplored feelings to drive their practice in ways that undermine safety, accountability, or fairness, as well as impacting their own wellbeing.

Professional curiosity

Professional curiosity involves a sustained willingness to probe and question below the surface narratives and resist premature conclusions. In domestic abuse perpetrator work, this is particularly important given the prevalence of minimisation, denial, manipulation, and strategic compliance. It involves a set of skills that need to be taught and practised, rather than a trait assumed to be held automatically by workers.

Professional curiosity also applies inwardly. Practitioners are encouraged to question their own certainty, notice when they feel overly confident or defensive, and explore what may be driving those reactions.

Learning and adaptation

Reflective practice is only meaningful when it leads to change. This involves identifying not only what went well, but also what did not, and what needs to be done differently in future practice.

In this way, reflective practice becomes a mechanism for continuous improvement rather than retrospective justification of existing practice.

Safe space for exploration

Effective reflective practice requires spaces where Practitioners can speak honestly about uncertainty, mistakes, ethical tensions, and emotional impact without fear of blame or punishment.

However, safety in reflective spaces is not created by structure alone. It depends on trust, skilled facilitation, and an organisational culture that values learning over defensiveness, and where Senior Managers and strategy leaders are as reflective as they ask their Practitioners to be.

3.2.2 Why reflective practice matters in domestic abuse work

Reflective practice is particularly critical in domestic abuse perpetrator work because the consequences of poor decision-making can be severe, and the dynamics of abuse actively distort perception and judgment. Specifically, reflective practice can support the following areas of work:

Safeguarding and risk

Reflective practice supports Practitioners to:

- Identify blind spots, assumptions, or biases that may affect risk assessment
- Recognise patterns of underestimation or over-reliance on static indicators
- Strengthen decision-making in complex, high-risk, or ambiguous situations.

Reflection helps Practitioners recognise when confidence is masking uncertainty, or when familiarity with a case has begun to dull their vigilance.

Survivor safety

Reflective practice encourages ongoing scrutiny of whether practice genuinely centres survivor and child safety, rather than organisational process or perpetrator engagement.

This includes reflecting on:

- Whether the survivor's voice is genuinely being heard and given appropriate weight
- How Practitioner responses to perpetrators may affect survivor safety indirectly
- Tensions between respecting survivor wishes and managing risk.

Without reflective practice, there is a risk that safety becomes an abstract principle rather than an actively examined outcome.

Perpetrator accountability

Perpetrators often use minimisation, rationalisation, charm, or apparent compliance to influence professional responses. Male perpetrators may also use intimidation, both subtle and overt, towards female workers. Reflective practice enables Practitioners to examine:

- Moments of discomfort or relief that may signal collusion
- Shifts in boundaries over time
- The balance between empathy and challenge
- How the gendered nature of the work influences emotional and practical responses, for both female and male workers.

Workforce wellbeing

The emotional demands of domestic abuse work are cumulative. Reflective practice provides a structured means of processing these demands, reducing the risk of burnout, vicarious trauma, and emotional disengagement.

By creating space to acknowledge impact, reflect on meaning, and share responsibility, reflective practice supports resilience without normalising harmful levels of stress or overwork.

Equality and inclusion

Reflective practice enables Practitioners to examine how assumptions related to gender, culture, race, sexuality, disability, class, and other identities influence practice.

This includes reflecting on:

- How power and privilege shape interactions
- Whether services are experienced as accessible and respectful
- How unconscious bias may affect assessment, engagement, or decision-making.

Without reflective practice, commitments to equality risk remaining rhetorical rather than operational.

Through this process, Practitioners develop greater self-awareness, improved practice quality, stronger ethical decision-making, and better outcomes for the people they support.

3.2.3 Opportunities and spaces for reflective practice

The range of reflection opportunities might include any or all of the following:

Self-reflection journal: This is particularly useful for new Practitioners or those moving into a Service Manager role, but also a positive habit to maintain longer term. Keeping a journal of self-reflections regarding one's new learning, service delivery, interpersonal interactions and general self-awareness can hone core values and ethics and raise workers' consciousness of what they are learning, and how they want to apply it both at work and in their personal lives.

Service-level peer reflective practice: Held in-person or online, these groups often comprise colleagues from within the same team or service, facilitated either by an experienced Practitioner or by an external facilitator. Topics will vary but should include reflection on self-awareness, social identities and how they link to individual and power-based dynamics brought to this work by team members, as well as more specific service delivery issues regarding skills practice and development.

Regional/national level peer reflective practice: As above, but held online, enabling larger groups of Practitioners and/or Service Managers to share reflections on their work across various agencies and specialisms. Alternatively, the focus of a regional or national online reflective space could be for ISS workers, or solely for Service Managers within Drive, for example.

Treatment management: Specifically focused on perpetrator Practitioners delivering groupwork or individual sessions of behaviour change, this usually involves an initial visual or audio recording of an intervention session by an experienced perpetrator

Practitioner (the Treatment Manager), followed by feedback and reflective discussion between them and the relevant facilitator(s). The Treatment Manager may also be the Service Manager, an external, independent person, or an experienced Practitioner within the same organisation. It is important, however, that the role is filled by someone who can themselves demonstrate proficiency via the Competency Framework, to effectively support practice development and demonstration of the competency elements with less experienced workers.

Observed practice: Another form of Treatment management, observed practice is the opportunity for feedback and a reflective discussion following the observation of a session usually by a Treatment Manager or Service Manager, It can be an alternative to visual or audio recording if these techniques are not suitable, for example we have found some clients receiving intensive case management are resistant to be recorded. The same principals should apply in Observed Practice to Treatment Management.

Line management supervision: Whilst part of this involves HR functions, wellbeing check-ins and adherence to agency policy and procedures, line management should also incorporate self-reflection from both manager and supervisee on their working relationship, reflection on training and work activities to date, and identification of further learning needs, both formal and informal. Linking such discussions closely to this Competency Framework could be helpful within that process.

3.2.4 How reflective practice and values-based practice work together

Reflective practice and values-based practice are distinct but inseparable. Reflective practice is the mechanism through which Practitioners examine their actions, decisions, and impacts; values-based practice provides the criteria against which those reflections are evaluated.

Without a clear values base, reflection risks becoming neutral, self-referential, or overly focused on technique rather than impact. Practitioners may reflect on what they did and how they felt, without critically assessing whether their actions promoted safety, accountability, equality, and justice. Conversely, values held without reflective practice risk becoming fixed, performative, or disconnected from the realities of complex, pressured practice environments.

In domestic abuse work, values are routinely tested. Practitioners may experience empathy for perpetrators that risks collusion, organisational pressure that competes with survivor safety, or emotional responses that shape decision-making in unexamined ways. Reflective practice enables Practitioners to surface these tensions; values-based practice enables them to navigate them ethically.

Together, these pillars support Practitioners to ask not only:

- *What am I doing?*

But also:

- *Why am I doing it?*
- *Who does this serve?*
- *How does this align with our core values?*
- *What needs to change in my knowledge, skills, or behaviour to reduce harm and increase safety?*

For this reason, reflective practice and values-based practice underpin all other areas of competence within this framework and must be actively sustained throughout a Practitioner's career.

3.3 Values-based Practice

3.3.1 Purpose and scope

Values represent deeply held beliefs about what is important and right in human relationships and social justice, which a domestic abuse intervention's Theory of Change or Logic Model is likely to reflect.

Ethics consist of principles and standards derived from those values that guide behaviour, decision-making, and professional conduct in specific situations, such as confidentiality, accountability, and fairness.

Within the domestic abuse workforce, these should align with the desired outcomes of the work, namely, to promote equality, safety and wellbeing within human relationships. The following values and ethics are those identified across various sources in the UK and global domestic abuse sectors.

3.3.2 The eight core values

This section sets out the eight core values and ethics that underpin safe and effective domestic abuse perpetrator work.

#	Core Value	Description
1	Survivor and child safety focus	Safety is the primary outcome in domestic abuse interventions. Being focused on this and listening to the needs of survivors enables Workers to prioritise safety planning, assess risk accurately, and ensure that not only integrated partner support, but also perpetrator work is designed with positive survivor outcomes at its heart.

2	Perpetrator accountability, with empathy	This is about workers' core belief that people are responsible for the harm they cause, can change, and that we all share a common humanity that benefits from empathy with the challenges, trauma and other experiences that may be linked to decisions to use abuse. Empathy increases the likelihood of engagement, which in turn maximises opportunities for perpetrator change.
3	Ethical integrity and professionalism	This enables workers to make defensible decisions and maintain professional boundaries. In many ways, it encapsulates many of the other values but invites workers to be consciously aware of the principles upon which all their actions are based, including how they are congruent with those used in their own relationships outside of the workplace.
4	Feminist, anti-racist, anti-discriminatory, intersectional approach	Recognising structural inequalities and intersecting identities is essential to delivering equitable, culturally responsive services. These values also underpin evidence-based understanding of domestic abuse being a gendered pattern of harms and which further exploits other intersecting power dynamics at individual and societal levels, so workers can be part of wider social justice promotion beyond solely the service delivery activities.
5	Reflective practice and self-awareness	A commitment to engaging in this throughout a career in the domestic abuse field is essential for workers to critically examine their biases, practice delivery and to enjoy engaging in the continuous refinement of all aspects of their work, to reduce harm and improve society. Reflection and the consequent professional and personal development actions are referenced throughout this Competency Framework, as it is impossible to become a truly effective Practitioner or manager without these.
6	Emotional resilience and self-care	All roles within this sector are emotionally demanding, as the work itself focuses on emotional responses, trauma experiences and exploration of harmful and distressing behaviours. People need to develop resilience to prevent burnout and maintain effectiveness, which requires self-care and commitment to receiving clinical supervision.
7	Collaboration and community accountability	The Coordinated Community Response is essential to safe and effective domestic abuse responses, and as such, workers must commit to working collaboratively with local and national agencies and processes to support survivor safety whilst holding perpetrators to account.

		This involves respecting their own and other agencies' place within community-based solutions to abuse. It invites professional humility and discourages arrogance by recognising the limitations and dangers of silo working.
8	Flexibility and commitment to growth	Any people-based work is inherently changeable, requiring adaptability and ongoing learning to respond effectively to emerging situations. With domestic abuse services, flexibility and a desire to continually develop as a worker enable the tailoring of responses, embracing new knowledge and improved outcomes for service users.

3.3.3 Role and experience: What values-based practice looks like

3.3.3.1 Expectations against Practitioner experience and responsibility

The following table outlines what should be expected from Practitioners in terms of how their work reflects the eight core values.

Baseline Practitioner	Proficient Practitioner	Service Manager
Understands and demonstrates the values with support; recognises when they are being tested; seeks guidance in complex situations.	Holds the values consistently under pressure; navigates tensions independently; supports others' development.	Embeds the values systemically; models them through leadership; creates conditions for others to practise them.

3.3.3.2 Indicators for each core value

The following tables describe what each core value looks like in practice at each level of experience and responsibility.

CV 0.1 – Survivor and child safety focus		
Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> Understands survivor and child safety as the priority of the perpetrator intervention. 	<ul style="list-style-type: none"> Navigates complex risk scenarios with confidence. Recognises subtle or emerging risks others might miss. 	<ul style="list-style-type: none"> Ensures service design and case oversight structures prioritise survivor and child safety.

<ul style="list-style-type: none"> • Follows safeguarding procedures consistently. • Integrates survivor perspectives when working with perpetrators. • Seeks guidance when balancing survivor wishes with safety concerns. 	<ul style="list-style-type: none"> • Holds safety as paramount even when under pressure from perpetrators, families, or external organisations. • Contributes meaningfully to multi-agency safety planning. 	<ul style="list-style-type: none"> • Audits risk management practice across the team. • Maintains relationships with survivor services to keep their perspectives central. • Creates clear escalation pathways for high-risk situations. • Actively identifies and mitigates organisational pressures (such as funding constraints, throughput targets, or commissioning demands) that may undermine survivor and child safety. • Uses managerial authority to prioritise defensible, safety-led decision-making over expediency or performance metrics.
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CV 0.2 – Perpetrator accountability with empathy

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Builds respectful, boundaried relationships with service users. • Recognises minimisation and denial when it occurs. • Seeks supervision when unsure how to balance empathy with challenge. • Holds belief in the possibility of change while not excusing harmful behaviour. 	<ul style="list-style-type: none"> • Challenges harmful narratives skilfully without losing engagement. • Navigates the empathy-accountability tension competently across diverse presentations. • Recognises blind spots and biases that may result in collusion with perpetrators. • Supports less experienced colleagues 	<ul style="list-style-type: none"> • Ensures service design and practice embeds accountability. • Identifies and addresses patterns of collusion across the team. • Models respectful challenge in staff relationships.

	in developing this balance.	
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CV 0.3 – Ethical integrity and professionalism

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Demonstrates honesty and reliability in daily practice. • Maintains confidentiality and clear professional boundaries. • Follows organisational codes of conduct. • Raises concerns when facing ethical uncertainty. 	<ul style="list-style-type: none"> • Navigates boundary challenges and ethical grey areas thoughtfully and independently. • Models ethical practice for colleagues. • Supports peers facing ethical dilemmas without taking over. 	<ul style="list-style-type: none"> • Sets and upholds professional standards across the service. • Addresses boundary breaches or ethical concerns promptly and fairly. • Creates a culture where staff feel safe raising concerns. • Ensures policies actively support ethical practice. • Reflects critically on the use of managerial power and how organisational decisions impact frontline ethical practice. • Intervenes when organisational priorities, policies, or external pressures risk distorting professional judgement or ethical standards.

CV 0.4 – Feminist, anti-racist, anti-discriminatory, intersectional approach

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Understands patriarchy, racism, and privilege as root causes of inequality and abuse. • Recognises own experiences of power and privilege, based on social identities in different contexts, and 	<ul style="list-style-type: none"> • Applies an intersectional gender-informed approach to all aspects of practice, with service users, colleagues and multiagency processes • Challenges discriminatory attitudes in service users and, 	<ul style="list-style-type: none"> • Embeds anti-discriminatory practice in policies, recruitment, and service design. • Addresses systemic barriers to access. • Creates conditions for diverse voices to be heard within the team.

<p>how these could affect practice.</p> <ul style="list-style-type: none"> • Applies inclusive approaches. • Actively seeks learning on intersectionality and anti-oppressive practice. 	<p>where appropriate, colleagues.</p> <ul style="list-style-type: none"> • Adapts practice flexibly to meet diverse needs. • Recognises how intersecting identities shape experiences of abuse and help-seeking. • Contributes to making services more accessible. 	<ul style="list-style-type: none"> • Holds the service accountable for equity in outcomes and experience.
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CV 0.5 – Reflective practice and self-awareness		
Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Engages productively in supervision and reflective practice activities. • Reflects on practice after service delivery sessions and identifies learning. • Recognises own emotional responses and potential biases. • Receives feedback openly. 	<ul style="list-style-type: none"> • Reflects during practice, not only afterwards. • Identifies patterns in own work and actively addresses them. • Draws on multiple sources of feedback. • Supports peers' reflective development. 	<ul style="list-style-type: none"> • Creates structures that enable reflective practice: quality supervision, peer reflection, and learning reviews. • Models openness about their own reflection. • Uses service-level learning to drive improvement. • Protects staff time for reflection. • Reflects on how leadership decisions shape the emotional climate, safety, and ethical practice of the team. • Actively seeks challenge and feedback on their leadership practice, including from staff they line-manage.

Note on CV 0.5: This value focuses on how reflective practice is lived and demonstrated in day-to-day behaviour, building on the earlier definition of reflective practice within this framework. While reflective practice is a foundational pillar for all roles, this section describes the observable ways in which Practitioners at different

levels of experience engage with reflection, respond to feedback, and use self-awareness to improve safety, accountability, and effectiveness in their work.

CV 0.6 – Emotional resilience and self-care		
Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Recognises the emotional impact of the work on own wellbeing. • Uses available support structures. • Maintains boundaries between work and personal life. • Seeks help when struggling. 	<ul style="list-style-type: none"> • Manages emotional responses during challenging situations without losing effectiveness. • Has established sustainable self-care practices. • Recognises signs of burnout or secondary trauma in self and others. • Offers informal support to colleagues. 	<ul style="list-style-type: none"> • Creates conditions that protect staff wellbeing—manageable caseloads, quality supervision, realistic expectations. • Monitors for signs of team-wide strain. • Models healthy boundaries. • Responds promptly and supportively when staff are struggling.

CV 0.7 – Collaboration and community accountability		
Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Works cooperatively with colleagues and partner agencies. • Shares information appropriately and in line with protocols. • Understands own role within the wider coordinated response. • Recognises the risks of working in isolation. 	<ul style="list-style-type: none"> • Builds effective relationships across agency boundaries. • Navigates disagreements with partners constructively. • Represents perpetrator intervention perspectives in multi-agency settings. • Contributes actively to coordinated safety responses. 	<ul style="list-style-type: none"> • Develops and maintains strategic partnerships. • Ensures information-sharing agreements are robust and followed. • Represents the service in accountability structures such as strategic boards and MARACs. • Addresses systemic barriers to effective collaboration.

CV 0.8 – Flexibility and commitment to growth		
Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> Adapts to changing circumstances and service priorities. Open to new ways of working. Engages with training and development opportunities. Recognises own areas for growth. 	<ul style="list-style-type: none"> Responds positively to change and supports others through it. Seeks learning beyond mandatory requirements. Integrates new evidence and approaches into practice. Contributes to service development and improvement. 	<ul style="list-style-type: none"> Leads change effectively while bringing staff along. Fosters a culture of continuous learning and improvement. Ensures learning from incidents, feedback, and research shapes practice. Plans strategically for staff development.

3.3.4 Developing and supporting values-based practice

3.3.4.1 Developing values-based practice

In themselves, values and ethics are not competencies to be worked towards, but they provide the moral foundation and motivation for competent practice, shaping professional identity.

Therefore, Practitioners need to enter this field of work with at least some conscious awareness of their own values and ethics base from the outset, and an overt commitment to adhere to those that align with safe and effective perpetrator and survivor support services.

With experience, all workers should deepen their ethical understanding through reflective practice, not only following service delivery in peer reflections, but also consciously self-reflecting during their practice interactions. Links to core values and ethical practice should be explicitly referenced during structured training events. Experienced Practitioners and managers will internalise these values as part of their professional identity, and this in turn will result in more effective, competent practice.

There are, however, opportunities for structured training to inform reflection on values and their application in practice, particularly on topics such as intersectionality, anti-racism, and the historical feminist basis upon which domestic abuse perpetrator work was founded.

Through ongoing reflective engagement with values, Practitioners are better positioned to identify meaningful learning needs. Rather than pursuing skills or knowledge in isolation, Practitioners can assess where gaps in competence are undermining alignment with core values: for example, where limited understanding

of intersectionality affects safety, or where insufficient confidence in challenge weakens accountability.

In this way, values-based reflective practice becomes the foundation for intentional, targeted professional development across the lifespan of a Practitioner's career.

3.3.4.2 Supporting values-based practice

The preceding sections describe what values-based practice looks like as Practitioners gain experience. This progression does not happen automatically. It requires deliberate attention from both individuals and organisations.

The starting point is recruitment. Organisations should use this framework to identify candidates whose values align with safe and effective perpetrator intervention and survivor support. However, recruiting for alignment does not mean Practitioners arrive fully formed. Even well-aligned staff will need to deepen their understanding, test their values against real-world complexity, and develop consistency in applying them under pressure.

3.3.4.3 How values-based practice is enriched

Values-based practice develops through several interconnected processes:

Reflective supervision – where Practitioners explore ethical dilemmas, examine how their values were tested in specific cases, and receive honest feedback on blind spots or drift from espoused values.

Peer reflection and group discussion – where Practitioners hear how colleagues navigate similar tensions, encounter different perspectives, and are constructively challenged by peers.

Structured learning – particularly on intersectionality, anti-racism, and the feminist foundations of this work, which deepens understanding and unsettles assumptions.

Feedback from multiple sources – including from colleagues, partner agencies, and, where appropriate, service users, which reveals gaps between intention and impact.

Exposure to complexity – encountering situations that genuinely test values, followed by supported reflection on how those situations were navigated.

These processes work together. Structured learning provides frameworks; supervision and peer reflection create space to apply them; feedback and exposure to complexity reveal where further development is needed.

3.3.4.4 The role of survivor perspectives in values-based practice

Values-based practice in domestic abuse work cannot be developed solely through internal professional reflection. Survivor experiences, both direct and indirect, are essential in testing whether values are being enacted in ways that genuinely promote safety, dignity, and justice.

Survivor perspectives may be encountered through Integrated Support Services, feedback mechanisms, partnership with survivor-led organisations, learning from Domestic Abuse Related Death Reviews or Safeguarding Adult Reviews, and engagement with research and evaluation findings. These sources offer critical insight into the gap that can exist between Practitioner intention and survivor experience.

Reflective engagement with survivor perspectives supports Practitioners and organisations to:

- Identify unintended harms or blind spots in practice
- Recognise where systems prioritise process over lived safety
- Re-anchor decision-making in survivor-defined outcomes rather than organisational convenience.

For managers and leaders, this includes responsibility for ensuring survivor voices meaningfully inform service design, quality assurance, and learning processes, rather than being treated as abstract principles.

3.3.4.5 Navigating tensions between values

The eight core values do not exist in isolation, and there will be occasions when they create tensions with one another in specific practice situations. For example, acknowledging trauma experienced by a perpetrator while remaining unequivocal about their responsibility for the harm they have and may still be causing, and holding an uncompromising focus on survivor safety; a commitment to anti-discriminatory practice might complicate decisions about how to challenge a service user's attitudes; or the desire for collaborative working might conflict with professional boundaries when partner agencies operate from different value bases.

It is not within the scope of this Competency Framework to resolve these tensions. They are inherent to the complexity of domestic abuse work, and their resolution depends on the specifics of each situation, professional judgement, and often, consultation with colleagues and supervisors.

What the framework does require is that Practitioners recognise when values are in tension, rather than defaulting to one value while ignoring the claims of another. This is where reflective practice becomes essential. The reflective space, whether in supervision, peer discussion, or personal reflection, is where Practitioners can examine how they navigated a values conflict, whether they gave appropriate weight to competing considerations, and what they might do differently in future. Holding multiple values does not mean they will never conflict; it means having the honesty to acknowledge when they do and the commitment to work through those conflicts thoughtfully.

4. Core competencies: Knowledge and Skills

4.1 Core knowledge competencies

4.1.1 Purpose and scope

All roles involved in domestic abuse perpetrator interventions and integrated survivor support require a shared foundation of knowledge.

This knowledge enables Practitioners and managers to:

- Deliver safe, ethical, survivor-centred work
- Understand and interpret risk
- Apply appropriate intervention models
- Engage effectively within a multi-agency system
- Make defensible decisions that uphold safeguarding responsibilities

While depth and complexity differ by role, every Practitioner must understand the theoretical, practical and systemic contexts in which perpetrator work operates. As Practitioners progress to proficiency and, particularly, into management roles, their autonomy and responsibility for decision-making increase. A strong, evidence-based knowledge foundation supports consistent, high-quality practice across the sector.

4.1.2 Core knowledge domains (K1 – K7)

Each core domain includes:

- What the knowledge area covers
- Why it matters for practice
- Required content overview.

Code	What this knowledge area covers	Why it matters	Required Knowledge Content
K1 Theoretical Foundations of Domestic Abuse	Understanding the core theoretical frameworks that explain how and why domestic abuse occurs, how perpetrators use abusive behaviour, and how	A sound theoretical grounding enables Practitioners to recognise patterns of harm, understand the drivers of abusive behaviour, and use	<ul style="list-style-type: none">• Dynamics of abuse and patterns of coercive control• Power, entitlement and relationship hierarchies• Impacts of abuse on adult and child victims

Code	What this knowledge area covers	Why it matters	Required Knowledge Content
	change can be facilitated.	theory to inform formulation, intervention planning, escalation, and defensible decision-making.	<ul style="list-style-type: none"> • Relevant aspects of attachment and trauma theory • Perpetrator typologies and behavioural presentations • Core behaviour-change theories (e.g., Stages of Change, CBT-informed approaches, values-led frameworks, solution-focused approaches, Pro- Social Modelling)
K2 Intersectionality and Responsivity	Understanding how multiple social inequalities and personal characteristics shape experiences of abuse, presentations of risk, and responsivity to interventions.	Intersectional knowledge strengthens a Practitioner's ability to engage meaningfully with diverse service users, tailor interventions, recognise structural barriers, and challenge inequality within practice.	<ul style="list-style-type: none"> • Theoretical grounding in patriarchy, racism and the interplay of systemic inequalities • The ecological model of understanding abuse within and across individual, relationship, community and societal levels • How intersecting factors influence abusive behaviour and risk • Responsivity factors including disability, neurodiversity, mental health, substance use, sexuality, gender identity and cultural context • Awareness of related fields such as trauma, homelessness, immigration status, social isolation
K3	An understanding of evidence-based	Accurate understanding of risk	<ul style="list-style-type: none"> • Static and dynamic risk indicators

Code	What this knowledge area covers	Why it matters	Required Knowledge Content
Risk Assessment Theory and Tools	approaches to domestic abuse risk, including how risk is conceptualised, assessed, interpreted and managed.	underpins all decisions relating to safeguarding, intervention planning, escalation and multi-agency collaboration.	<ul style="list-style-type: none"> • Key evidence-based assessment frameworks • Principles of interpreting formal risk tools • Understanding risk escalation, patterns and triggers • Relationship between risk and desistance
K4 Intervention Models and Change Processes	Knowledge of the theoretical and practical foundations underpinning the intervention being delivered.	Practitioners must understand how and why an intervention works to deliver it with fidelity, adapt appropriately, and maintain a survivor-centred orientation.	<ul style="list-style-type: none"> • Programme Theory of Change or Logic Model • Links to evidence-based behaviour-change theories • Group dynamics: cohesion, resistance, power imbalances • Individual relational dynamics relevant to one-to-one work • Principles of responsiveness and adaptation
K5 Integration of Perpetrator and Survivor Work	Knowledge of how perpetrator interventions fit within wider safety and support structures for survivors.	Survivor safety is the primary objective of perpetrator work. Practitioners must understand how both strands of the service interact and how information flows protect victims.	<ul style="list-style-type: none"> • Principles of safe, appropriate information-sharing • Case management processes and escalation pathways • Structure, purpose and content of the survivor support strand • Survivor-centred outcome monitoring and evaluation
K6 Safeguarding, Legislation and Duties	Knowledge of the statutory frameworks, legal duties and safeguarding	Practitioners operate within a legal framework that requires them to recognise, respond to	<ul style="list-style-type: none"> • UK domestic abuse legislation and statutory definitions • Safeguarding duties for adults and children

Code	What this knowledge area covers	Why it matters	Required Knowledge Content
	responsibilities relevant to domestic abuse work.	and escalate concerns appropriately.	<ul style="list-style-type: none"> Confidentiality, information governance and data protection Roles and responsibilities of partner agencies Thresholds for statutory intervention
K7 Multi-Agency Context and Whole-System Response	Understanding how perpetrator services operate within a Coordinated Community Response (CCR) and the key mechanisms that support joint risk management.	Effective perpetrator work requires coordinated, multi-agency action. Practitioners must know when and how to work collaboratively to manage risks and support survivors.	<ul style="list-style-type: none"> Roles and responsibilities of local partner agencies MARAC, MAPPA, criminal justice processes and local risk panels Referral pathways into and out of the service Case management principles within a wider CCR Escalation processes and cross-agency communication

4.1.3 Developing knowledge competence

Competence is developed through structured learning, supervised practice, and reflective integration of theory and experience.

Methods of Developing Competence	Methods of Demonstrating Competence
<ul style="list-style-type: none"> Mandatory training (in-person or online) Structured self-guided e-learning Reading of approved theory and practice resources Reflective practice sessions Supervision and case formulation discussions 	<ul style="list-style-type: none"> Application during role delivery (e.g., assessments, group facilitation, case coordination) Participation in reflective practice and supervision Articulation of theoretical reasoning behind decisions Demonstration of defensible, evidence-informed decision-making

4.1.4 Core knowledge competency expectations by role level

Observable behaviours that demonstrate knowledge at each level.

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Can describe foundational theories and how they underpin practice • Recognises patterns of abuse, indicators of risk, and survivor impact • Applies knowledge under guidance and within programme structure • Identifies complexities, but does not manage them autonomously • Uses supervision to deepen understanding and ensure safe decision-making 	<ul style="list-style-type: none"> • Uses clear, integrated and nuanced language to explain theory, risk and practice • Applies knowledge flexibly across diverse scenarios • Evaluates complexity and actively contributes to collaborative decision-making • Demonstrates theoretical reasoning during interventions, escalation and formulation • Leads or co-leads reflective learning, supporting colleagues' development • Uses intersectional, survivor-centred and evidence-based approaches consistently 	<ul style="list-style-type: none"> • Demonstrates application of theory and legislation at strategic, operational and system levels • Quality-assures practice using evidence-based standards and statutory frameworks • Ensures interventions are survivor-centred and delivered with fidelity • Integrates knowledge into supervision, reflective practice and staff development • Represents the service in multi-agency fora, applying specialist knowledge to system improvement • Translates knowledge into policy, service design and evaluation frameworks

4.1.5 Core knowledge competency grid

K1 – K7 | Required knowledge summary

Code	Competency Area	Required Knowledge
K1	Theoretical Foundations of Domestic Abuse	<ul style="list-style-type: none"> • Dynamics of abuse, coercive control, power and hierarchy • Impacts on adult and child victims • Attachment and trauma concepts relevant to DA • Perpetrator typologies • Behaviour-change theories (CBT-informed, values-led, solution-focused)
K2	Intersectionality	<ul style="list-style-type: none"> • Patriarchy, racism and systemic inequalities

Code	Competency Area	Required Knowledge
		<ul style="list-style-type: none"> • The ecological model of understanding domestic abuse • How inequalities shape abuse dynamics and responsivity • Trauma, mental health, substance use • Disability, neurodiversity, sexuality, gender identity, cultural context
K3	Risk Assessment Theory and Tools	<ul style="list-style-type: none"> • Static and dynamic risk indicators • Evidence-based risk frameworks • Principles for interpreting assessment tools
K4	Intervention Model	<ul style="list-style-type: none"> • Programme Model of Work / Theory of Change • Evidence-based behaviour-change principles • Group and individual relational dynamics
K5	Integration of Perpetrator and Survivor Work	<ul style="list-style-type: none"> • Information-sharing principles • Case management processes • Content and purpose of survivor support strand • Survivor-focused monitoring and evaluation
K6	Safeguarding and Legislation	<ul style="list-style-type: none"> • UK domestic abuse law • Safeguarding duties and thresholds • Information governance • Statutory responsibilities
K7	Multi-Agency Context	<ul style="list-style-type: none"> • Roles of partner agencies • MARAC, MAPPA and other risk forums • Criminal justice processes • CCR structure and pathways • Integration of case management within CCR

4.1.6 Core knowledge competency - glossary of key terms

Term	Definition
Attachment Theory	A psychological framework explaining how early relational experiences shape adult behaviour, emotional regulation, and relationship patterns. In perpetrator work, it helps Practitioners understand how attachment styles may influence abusive behaviour and responsivity to intervention.
Behaviour Change Theory	A set of evidence-based models (e.g., Cognitive Behavioural Theory, Motivational Interviewing, values-led approaches) that explain how people can shift

Term	Definition
	attitudes, beliefs, and behaviours over time. Essential for designing and delivering effective perpetrator interventions.
Case Management	A coordinated approach to assessing, planning, monitoring and reviewing risk, behaviour and safety needs across agencies. Individualised approach to direct client work that addresses perpetrator need and behaviour whilst centralising survivor safety. Ensures consistent communication and survivor-centred decision-making.
Coercive Control	A pattern of controlling, dominating and isolating behaviours intended to restrict a victim's freedom and autonomy. Recognised in UK law. A central concept for identifying and understanding domestic abuse dynamics.
Confidentiality	The principle and legal requirement to protect personal information. In domestic abuse work, confidentiality must be balanced with safeguarding duties and justified information-sharing to protect victims and children.
Coordinated Community Response (CCR)	A joined-up, whole-system approach in which agencies work collaboratively to prevent domestic abuse, manage risk, support survivors and hold perpetrators accountable. Includes MARAC, police, social care, health, housing, courts, and specialist services.
Cultural Humility	A practice stance that involves continuous critical self-reflection, recognition of power imbalances, and openness to understanding how culture shapes people's experiences and needs.
Desistance	The process of ceasing abusive or harmful behaviours. In domestic abuse practice, desistance is complex and requires sustained internal change, accountability and external support structures.
Dynamic Risk Factors	Changeable behaviours, circumstances or conditions that increase or decrease someone's risk of causing

Term	Definition
	harm (e.g., substance use, escalation of jealousy, new partner). Distinguished from static risk factors.
Evidence-Based Practice	Practice informed by the best available research, Practitioner expertise, and survivor experience. Ensures that interventions are grounded in what is known to be safe and effective.
Formulation	A structured interpretation of a service user's behaviour, risk, motivation and patterns, developed using theory and evidence. Helps Practitioners plan appropriate intervention responses.
Group Dynamics	Interpersonal and behavioural patterns that emerge when working with service users in group settings (e.g., dominance, resistance, cohesion, collusion). Practitioners must understand these to maintain safety and fidelity.
Intersectionality	The concept that different identities, needs and forms of oppression (e.g., racism, sexism, ableism, homophobia, classism) overlap and intersect to shape people's experiences of abuse, risk, and access to support. Necessary for responsiveness and equitable practice.
Logic Model/Theory of Change	A structured explanation of how an intervention works, the mechanisms it activates, and how these lead to intended outcomes (e.g., reduced harm, improved safety). Used to guide programme design and evaluation.
MAPPA (Multi-Agency Public Protection Arrangements)	A statutory framework for managing sexual and violent offenders. Relevant when perpetrators are subject to probation oversight or pose significant risk.
MARAC (Multi-Agency Risk Assessment Conference)	A meeting where agencies share risk information and coordinate safety planning for high-risk domestic abuse cases.

Term	Definition
Motivational Interviewing (MI)	A collaborative, goal-oriented communication style designed to strengthen a person's motivation for change. Commonly used in perpetrator work.
Neurodiversity	The natural variation in neurocognitive functioning (e.g., ADHD, Autism). Knowledge of neurodiversity helps Practitioners adapt communication and responsivity.
Perpetrator Typology	A classification system for different presentations and patterns among perpetrators (e.g., situational, coercive controlling, antisocial). Helps inform risk assessment and responsivity.
Power and Control	Core concepts describing how perpetrators use behaviours intentionally to dominate, intimidate and control partners or ex-partners. Underpins most DA theoretical frameworks.
Reflective Practice	A structured process where Practitioners examine their decision-making, emotional responses, biases and assumptions to improve safe, effective practice.
Responsivity	The ability to adapt interventions, communication and engagement strategies to match a service user's needs, learning style, culture, identity and cognitive profile.
Risk Assessment	A systematic process for identifying factors that indicate likelihood, severity and imminence of harm. Includes structured professional judgement, actuarial tools, and multi-agency information-sharing.
Safety Planning	A set of coordinated actions designed to reduce risk to victims and children, informed by current danger, perpetrator behaviour and multi-agency assessment.
Static Risk Factors	Historical features that cannot change (e.g., previous convictions, past incidents of abuse). Used to understand baseline risk.

Term	Definition
Survivor-Centred Practice	An approach that prioritises the safety, voice and wellbeing of adult and child victims at all stages of intervention, decision-making and programme design.
Trauma-Informed Practice	An approach recognising the impact of trauma on survivors and perpetrators, emphasising safety, empowerment and understanding of emotional regulation.
Values-Led Approaches	Intervention strategies that explore how personal values, ethics and identity relate to behavioural change, accountability and responsibility.
Pro-social Modelling	A values-based approach whereby Practitioners act as role models, demonstrate positive behaviours such as boundaries, communication, interaction with others and support perpetrators to also act in this way, Pro-social Modelling is evidenced to improve engagement and outcomes.

4.2 Core interpersonal, values-based skills

4.2.1 Purpose and scope

Interpersonal skills are the practical expression of the values, ethics, and theoretical foundations that underpin high-quality domestic abuse perpetrator work. These skills determine how Practitioners engage with perpetrators and survivors, build purposeful relationships, challenge harmful beliefs, manage risk, and collaborate across systems to support safety and meaningful change.

In domestic abuse practice, interpersonal skills must be:

- Boundaried – sustaining warmth without collusion
- Risk-led – guided by survivor safety, risk cues, and accountability
- Trauma-informed and anti-oppressive – recognising the impact of trauma and structural inequalities on engagement, without excusing abuse
- Evidence-based – applying techniques such as Motivational Interviewing in ways adapted for perpetrator work

- Adaptive – responsive to complex dynamics, manipulation, resistance, and diverse needs.

This chapter identifies:

- A. Foundational interpersonal skills
- B. Specialist perpetrator-focused interpersonal skills
- C. Methods for developing competence
- D. Competence expectations by role
- E. Detailed skill-specific competency indicators
- F. A glossary of terms

4.2.2 Framework structure: types of interpersonal skills

Foundational skills

Universal communication and relational abilities that underpin all Practitioner–service user interactions:

- Active listening
- Emotional regulation
- Conflict management
- Responsivity
- Feedback and coaching.

Specialist perpetrator-focused skills

Skills uniquely required for safe and effective work with people who use abusive behaviours:

- Motivational interviewing for accountability and change
- Challenging denial, minimisation, justification, and entitlement
- Relational influence
- Authoritative and boundaried practice
- Risk-responsive communication
- Trauma-informed accountability.

Multi-agency interpersonal skills

Skills required to represent practice insights within systems, advocate for survivor safety, and coordinate responses:

- Collaborative and multi-agency working
- Accurate, purposeful communication of risk and concern
- Professional credibility and relational authority across agencies

4.2.3 Values integration

All interpersonal skills must explicitly reinforce:

- Survivor and child safety focus
- Perpetrator accountability, with empathy
- Ethical integrity and professionalism
- Feminist, anti-racist, anti-discriminatory, intersectional approach
- Reflective practice and self-awareness
- Emotional resilience and self-care
- Collaboration and community accountability
- Flexibility and commitment to growth.

Each skill identified below includes a summary of its relationship to these core values.

4.2.4 Methods for developing competence

Interpersonal skills are strengthened through **structured, iterative practice**, not solely through classroom learning.

Methods of Developing Competence	Methods of Demonstrating Competence
<p>Recommended Core Development Activities</p> <ul style="list-style-type: none"> • In-person Motivational Interviewing training with specialist domestic abuse adaptations • Shadowing experienced Practitioners (group and 1:1 settings) • Structured role plays with observation and feedback • Regular reflective practice with a trained facilitator • Managerial and peer observation with recorded feedback 	<ul style="list-style-type: none"> • Observed practice with service users (group or 1:1) • Live or recorded demonstrations in supervision • Written case formulations showing relational reasoning • Effective multi-agency communication • Reflective practice demonstrating insight and growth • Responses to simulated high-risk or conflict scenarios

Methods of Developing Competence	Methods of Demonstrating Competence
<ul style="list-style-type: none"> • Case consultations and scenario-based learning • DA-specific advanced skills workshops (e.g., challenging entitlement, managing testing behaviours) <p>Supplementary development activities:</p> <ul style="list-style-type: none"> • Self-guided e-learning • Reading, podcasts, and evidence reviews • Peer coaching sessions • Communities of practice 	

4.2.5 Role expectations for interpersonal skills

The demonstration of interpersonal skills evolves as Practitioners gain experience, confidence, and professional judgement. Competence develops through exposure to diverse situations, integration of feedback, and an increasing ability to balance empathy, accountability, survivor safety, and risk-awareness in all relational work.

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Demonstrates an emerging understanding of the nine interpersonal skills and applies them in a structured, intentional way. • Their use of skills may feel procedural as they build confidence, but they actively reflect on outcomes, seek guidance when needed, and use supervision to refine their approach. • They rely on more experienced colleagues when navigating complex dynamics, high-risk situations, or challenging 	<ul style="list-style-type: none"> • Uses the nine skill areas flexibly and confidently across a wide variety of practice contexts. • Demonstrates nuanced understanding of perpetrator dynamics, manipulation, minimisation, trauma responses, and patterns of coercive control. • Their interpersonal skills are consistently underpinned by survivor safety and accountability. • They can adjust their approach in real time, manage complexity with minimal supervision, and 	<ul style="list-style-type: none"> • Models high standards of interpersonal skill use and promotes consistency and quality across teams. • Demonstrates advanced application of interpersonal skills with staff, external partners, and—where relevant—service users, and they ensure that the team’s practice reflects the organisation’s values, safety commitments, and evidence base. • Recognises strengths and gaps in their team’s interpersonal skill development and

Baseline Practitioner	Proficient Practitioner	Service Manager
<p>behaviours from perpetrators.</p> <ul style="list-style-type: none"> • They demonstrate openness to feedback and a growing capacity to recognise how their interpersonal style affects engagement, challenge, and safety. 	<p>balance empathy with firm, boundaried challenge.</p> <ul style="list-style-type: none"> • They contribute actively to reflective spaces, provide guidance to less experienced colleagues, and represent practice confidently in multi-agency settings. 	<p>supports ongoing learning through coaching, supervision, observation, and reflective practice.</p> <ul style="list-style-type: none"> • Applies interpersonal skills to maintain effective, survivor-focused multi-agency relationships and upholds practice integrity across the service.

4.2.6 Interpersonal skills competencies by role

1. Active listening

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Demonstrates attentive listening, using paraphrasing, reflections, and summaries to build rapport and understanding. • Shows patience with silence and allows space for thought and discomfort. • Identifies basic avoidance, resistance, or emotional cues, seeking guidance when unsure. • Applies listening skills consistently but may rely on structured prompts. 	<ul style="list-style-type: none"> • Detects nuanced verbal and non-verbal cues associated with minimisation, evasiveness, shame, or manipulation. • Uses purposeful listening to deepen accountability-focused conversations. • Responds to resistance safely and constructively in real time. • Integrates active listening with risk awareness and goal direction. 	<ul style="list-style-type: none"> • Models highly attuned, boundaried listening that reinforces accountability and safety. • Supports staff to refine listening skills through observation, feedback, and reflection. • Identifies systemic or practice patterns that impact team listening practices.

2. Motivational interviewing

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Applies MI techniques (open questions, affirmations, reflections, summaries) with basic accuracy. • Begins eliciting change talk, though may struggle to differentiate genuine vs. pseudo change talk. • Uses MI structure to guide conversations toward reflection on behaviour. 	<ul style="list-style-type: none"> • Integrates MI fluently with perpetrator-focused challenge and accountability. • Elicits and strengthens self-generated reasons for behaviour change. • Responds to ambivalence, resistance, and cognitive distortions confidently and safely. • Identifies when MI is ineffective or being manipulated. 	<ul style="list-style-type: none"> • Ensures consistent MI practice across the team through modelling, training, and reflective discussion. • Supports Practitioners to use MI adaptively in high-risk, complex, or emotionally charged cases. • Upholds fidelity to MI principles while ensuring alignment with survivor-focused outcomes.

3. Emotional regulation

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Demonstrates awareness of personal emotional responses and attempts to manage them appropriately. • Uses basic strategies (pausing, breathing, reframing) to maintain professionalism in difficult situations. • Recognises when emotional responses may impact practice and seeks supervision. 	<ul style="list-style-type: none"> • Maintains emotional steadiness during disclosures, hostility, minimisation, or crisis moments. • Applies regulation strategies automatically and models calm, authoritative presence. • Balances emotional engagement with professional boundaries, avoiding over-identification or withdrawal. 	<ul style="list-style-type: none"> • Models emotionally regulated responses across all interactions, including conflict and organisational stress. • Coaches staff on identifying emotional triggers and maintaining resilience. • Establishes team cultures that promote emotional safety, reflection, and containment.

4. Conflict management

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Recognises early signs of interpersonal tension or escalation. • Applies de-escalation strategies, seeking support when safety or boundaries are challenged. • Maintains professionalism when confronted with disagreement or frustration. 	<ul style="list-style-type: none"> • Manages conflict confidently, balancing safety, accountability, and relational engagement. • Identifies when conflict is linked to abusive patterns (e.g., entitlement, control, manipulation). • Uses assertive, bounded communication to redirect unsafe or unproductive interactions. 	<ul style="list-style-type: none"> • Demonstrates advanced conflict management with staff and external partners. • Intervenes early to prevent escalating difficulties within the team or multi-agency settings. • Supports Practitioners in understanding conflict dynamics and building confidence in responding to them.

5. Challenging denial, minimisation, and justification

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Identifies basic examples of denial, minimisation, and justification. • Uses structured tools or prompts to begin challenging distortions but may need support navigating complexity. • Maintains respectful tone while offering simple, evidence-based challenges. 	<ul style="list-style-type: none"> • Confidently disrupts cognitive distortions through targeted, reflective challenge. • Integrates survivor impact, evidence, and discrepancy-building techniques. • Recognises subtle forms of entitlement, defensiveness, or pseudo accountability. • Maintains empathy while holding firm boundaries against avoidance. 	<ul style="list-style-type: none"> • Ensures staff challenge harmful narratives safely and consistently. • Offers coaching on advanced challenge techniques, including responding to manipulation or rehearsed narratives. • Promotes organisational clarity on expectations regarding accountability-driven practice.

6. Collaborative and multi-agency working

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Shares information appropriately and follows guidance on risk processes. • Communicates clearly but may need support articulating complex risk dynamics. • Participates in multi-agency meetings with supervision support. 	<ul style="list-style-type: none"> • Communicates detailed risk information confidently and effectively. • Offers analysis of patterns, behaviours, and risks in multi-agency contexts. • Manages differing viewpoints constructively while keeping survivor safety central. • Upholds professional credibility and contributes to joint safety planning. 	<ul style="list-style-type: none"> • Represents the service with authority in strategic and operational forums. • Ensures team members understand multi-agency responsibilities and thresholds. • Strengthens inter-agency relationships and improves system-level responses.

7. Responsivity

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Identifies basic responsivity needs (e.g., accessibility, communication style). • Adapts practice when appropriate, seeking support for more complex adjustments. • Begins to distinguish between genuine responsivity needs and avoidance. 	<ul style="list-style-type: none"> • Applies nuanced responsivity strategies that increase engagement without compromising accountability. • Integrates anti-oppressive and culturally humble practice into communication and intervention. • Works collaboratively to address barriers and advocates for appropriate adaptations. 	<ul style="list-style-type: none"> • Ensures the team maintains clear, consistent responsivity standards. • Supports Practitioners to respond appropriately to identity-specific, trauma-related, or systemic barriers. • Identifies organisational-level responsivity needs and advocates for systemic change.

8. Feedback and coaching

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Accepts and applies feedback constructively. • Offers basic peer observations and reflections with guidance. • Participates fully in reflective discussions. 	<ul style="list-style-type: none"> • Provides structured, constructive feedback to colleagues. • Supports peers to integrate learning into practice. • Demonstrates reflective thinking that contributes to team learning. 	<ul style="list-style-type: none"> • Leads feedback processes with clarity, fairness, and professional authority. • Ensures staff receive high-quality coaching and development opportunities. • Uses observation and supervision to guide ongoing competence development.

9. Relational influence

Baseline Practitioner	Proficient Practitioner	Service Manager
<ul style="list-style-type: none"> • Builds rapport respectfully and safely, using clear professional boundaries. • Begins to understand how relational dynamics affect engagement and accountability. • Follows structured approaches to maintain direction and purpose. 	<ul style="list-style-type: none"> • Uses the Practitioner–Service User relationship intentionally to support movement through ambivalence. • Recognises and manages relational shifts such as testing, over-compliance, or hostility. • Creates psychologically safe spaces that support difficult conversations and reflective challenge. 	<ul style="list-style-type: none"> • Models relational influence that integrates authority, empathy, and clarity. • Supports Practitioners to understand complex relational patterns in perpetrator work. • Embeds standards that ensure relationships remain purposeful, bounded, and safe across the service.

4.2.7 Glossary of interpersonal skills terms

Term	Definition
Accountability-Attuned Empathy	Empathy that is intentionally bounded, so it does not collude with avoidance or excuse abusive behaviour.

Term	Definition
Authoritative Practice	A relational stance combining warmth, clarity, firmness, and consistent boundary-setting.
Cognitive Distortions	Patterns of thinking that minimise or justify harmful behaviour (e.g., entitlement, victim-blaming).
Discrepancy-Building	A motivational interviewing technique that highlights the gap between stated values and harmful actions.
Emotional Regulation	The ability to manage one’s internal emotional state to remain effective in practice.
Manipulative Dynamics	Behaviours such as charm, minimisation, testing, or evasion, used to avoid accountability.
Pseudo Change Talk	Statements that appear to indicate progress but reinforce denial or avoidance.
Relational Authority	Credibility that arises from consistent boundaries, professionalism, and attunement—not power or control.
Relational Influence	Purposeful use of the working relationship to guide movement through ambivalence toward behaviour change.
Responsivity	Adapting content or delivery to increase accessibility, learning, or engagement, without compromising boundaries.
Risk-Responsive Communication	Tailoring communication to emerging risk, adjusting tone, questions, challenge, or escalation accordingly.
Shame Spiral	A reaction where shame leads to defensiveness or collapse, hindering reflection and accountability.
Trauma-Informed Accountability	An approach that integrates trauma awareness with clear responsibility for harm
Testing Behaviours	Attempts by perpetrators to assess whether boundaries can be pushed, narratives accepted, or collusion gained.

5. Role-specific Competencies

5.1 Role-specific competencies in Behaviour-change interventions

Behaviour-change interventions are aimed at perpetrators who are willing to engage and are relatively stable in terms of mental health, housing, substance misuse, and other factors that may impact their readiness to change. Early-response, awareness-raising interventions (as a standalone intervention or as an add-on before a behaviour-change intervention), which are aimed at perpetrators who are concerned about their behaviour, are also included here. These interventions can be delivered on an individual or groupwork basis, or a combination of both, but always follow a defined structure/curriculum.

5.1.1 Perpetrator worker competencies

The knowledge and skills in the table below are ***in addition to*** all those within the **core competencies** tables, to be combined according to the specific role and job description required of a worker.

Role activity	Underpinning Knowledge	Skills
<p>Perpetrator assessment</p> <p>Initial and review risk and needs identification, not including expert assessments for Family Court</p>	<p>PK1</p> <ul style="list-style-type: none"> Detailed underpinning theory relating to the risk assessment framework and tools being used within the service Clarity on suitability criteria and thresholds for available interventions Understanding of the relationship between static and dynamic factors and how they are identified in practice Recognition of ambivalence and its place within the Stages of Change and motivational approaches 	<p>PS1</p> <ul style="list-style-type: none"> Conducting proportionate assessments aligned with the intervention goals Identifying additional or complex needs and planning appropriate referrals or adaptations for these where appropriate and feasible Applying motivational interviewing and relational approach to identify and influence readiness to change and suitability for the intervention Gathering and triangulating information from multiple sources, including survivor

	<ul style="list-style-type: none"> • Impact of trauma in all its forms, alongside impact of attachment patterns on behaviour, risk, and engagement with interventions • Influence of social and learning needs on risk and engagement with interventions, including substance use, mental health, housing, Neurodivergence, etc • Clarity on all local referral and communication pathways for information gathering and sharing 	<p>impact and child safeguarding considerations</p> <ul style="list-style-type: none"> • Analysing information using an evidence-based risk assessment framework, combining actuarial tools with professional judgement to form logical and defensible conclusions regarding risk, programme suitability and readiness • Recognising changes in risk over time and identifying triggers or early warning signs of escalation • Writing concise, clear reports for internal or external use, that articulate risk, protective factors, and intervention needs
<p>Overarching perpetrator intervention</p> <p><i>These cover all delivery formats, with additional skills required depending on group, individual or online delivery</i></p>	<p>The underpinning knowledge needed here is covered within core competencies, plus:</p> <p>PK2</p> <ul style="list-style-type: none"> • Service-specific recording, monitoring and evaluation processes for the perpetrator intervention 	<p>PS2</p> <ul style="list-style-type: none"> • Actively applying all core interpersonal skills to build trust and rapport, develop motivation, manage conflict and enable safe challenging towards intervention goals • Adhering to the underpinning theoretical base of the intervention and applying knowledge regarding perpetrator behaviour change processes • Utilising information gained through case management processes safely and effectively to steer session content and maintain the survivor focus within the work

		<ul style="list-style-type: none"> • Recognising and responding appropriately to signs of service user dependency on the process or worker(s), disguised compliance and other distractions from genuine change processes • Balancing rapport-building and strengths-based work with vigilance regarding risk escalation and the need to address this in and outside of the session • Clear, concise and relevant recording of notes and other data in line with service requirements
<p>Perpetrator groupwork facilitation</p> <p><i>In addition to the overarching skills above</i></p>	<p>PK3</p> <ul style="list-style-type: none"> • Theories of effective groupwork, including generic groupwork dynamics • Familiarity with the intervention manual, both content and theoretical basis • Dynamics of sex / gender-specific groups and co-facilitation dynamics • Responsivity issues that maximise effective engagement with service users, including neurodiversity in the context of domestic abuse • How perpetrators may present within group settings, including manipulation tactics, hostility and invitations to collude 	<p>PS3</p> <ul style="list-style-type: none"> • Establishing clear boundaries and safe environment that enables constructive engagement for all participants in the group environment • Maintaining engagement through responsivity to learning styles and needs as well as to specific issues and input from individuals during a session, whilst balancing wider group needs • Co-facilitating with meaningful collaboration that reflects pre-agreed dynamics and post-session debriefing discussions with colleagues • Using co-facilitation to model gender-balanced equity, respect and sharing of tasks to participants

	<ul style="list-style-type: none"> Understanding the purpose and format of Treatment Management and other quality assurance and reflective practices within the groupwork context 	<ul style="list-style-type: none"> Alternating between supportive and challenging roles in a balanced way with the co-facilitator, observing and responding to group dynamics Utilising understanding of groupwork dynamics to invite and encourage peer challenge and insight-building discussions
<p>Perpetrator individual intervention work</p> <p><i>In addition to the overarching skills above</i></p>	<p>PK4</p> <ul style="list-style-type: none"> Theory underpinning the relational approach utilised within the intervention How perpetrators may present within 1-2-1 settings, including distraction techniques and dependency 	<p>PS4</p> <ul style="list-style-type: none"> Utilising the principles of relational influence to develop rapport, attunement and responsivity with individuals, towards the intended goals of the intervention Consciously adapting pace, style, and techniques to the individual's readiness for change, learning style and cultural context

5.1.2 Integrated Support Service worker competencies

The knowledge and skills in the table below are in addition to those within the core competencies tables and must be combined and applied to Integrated Support work within perpetrator interventions.

Role activity	Underpinning Knowledge	Skills
<p>Victim/survivor assessment</p> <p><i>Initial and review risk and needs identification, not</i></p>	<p>IK1</p> <ul style="list-style-type: none"> Detailed underpinning theory relating to the risk assessment framework and tools being used within the service 	<p>IS1</p> <ul style="list-style-type: none"> Conducting proportionate assessments aligned with the support service goals Identifying additional or complex needs and planning

<p><i>including expert assessments for Family Court</i></p>	<ul style="list-style-type: none"> • The role of professional judgement in risk assessment • Factors that influence victim/survivor reluctance to disclose details of abuse and children’s experiences • Impact of trauma in all its forms, and attachment patterns on responses to abuse and engagement with interventions • Influence of social and learning needs on vulnerability to abuse and engagement with support, including substance use, mental health, housing, Neurodivergence, etc 	<p>appropriate referrals or adaptations for these where appropriate and feasible</p> <ul style="list-style-type: none"> • Applying active listening and relational approach to identify and influence trust in engaging with support and safety planning • Gathering, safely sharing, and collaboratively analysing risk related information with perpetrator workers and other professionals in line with agency policy and processes • Recognising changes in risk over time and identifying triggers or early warning signs of escalation to review safety planning and inform overall risk management • Writing concise, clear reports for internal or external use, that articulate risk, protective factors, and support needs for victim/survivors
<p>Overarching individual victim/survivor support</p>	<p>IK2</p> <ul style="list-style-type: none"> • Purpose and nature of proactive contact, and how this differs from standalone domestic abuse victim services • Reasons for victim/survivor decisions to remain in relationships and the importance of informed choice • Understanding space for action and realistic 	<p>IS2</p> <ul style="list-style-type: none"> • Actively applying all core interpersonal skills to build trust and rapport, encourage engagement, manage resistance, and enable supportive conversations towards safety and wellbeing • Recognising and responding appropriately to victim/survivor self-blame and negative self-talk

	<p>perpetrator change implications for victim/survivors</p> <ul style="list-style-type: none"> • Violent resistance and “space for reaction” in the context of victim/survivor responses to being abused • Clarity on all local referral and communication pathways for signposting and supported referrals • Safety planning principles in the context of domestic abuse and wider safeguarding procedures • Up-to-date range of criminal and civil options available to victim/survivors in various situations • Service-specific recording, monitoring and evaluations processes for the ISS service • Links between victim/survivor assessment and child and adult safeguarding duties 	<ul style="list-style-type: none"> • Aligning support with the perpetrator intervention, both in terms of topics and realistic outcomes, and sensitively managing expectations of victim/survivors in that context • Utilising information gained through case management processes in a safe and effective way to steer support sessions • Recognising and responding appropriately to signs of service user dependency on the support or worker(s), and other distractions from the purpose of the support • Balancing rapport-building and strengths-based work with vigilance regarding risk escalation and the need to prioritise child and adult safeguarding • Negotiating and advocating for victim/survivors in a wide range of individual and multi-agency contexts • Clear, concise and relevant recording of notes and other data in line with service requirements
<p>Victim/survivor groupwork facilitation</p> <p><i>In addition to the overarching</i></p>	<p>IK3</p> <ul style="list-style-type: none"> • Theories of effective groupwork, including generic groupwork dynamics 	<p>IS3</p> <ul style="list-style-type: none"> • Establishing clear boundaries and safe environment that enables constructive engagement for all

<p><i>support skills above</i></p>	<ul style="list-style-type: none"> • Familiarity with the support programme manual, both content and theoretical basis • Dynamics of sex / gender-specific groups and co-facilitation dynamics • Responsivity issues that maximise effective engagement with service users, including neurodiversity in the context of experiencing domestic abuse • How victim/survivors may present within group settings, including trauma responses, anxiety, withdrawal, over-sharing, hostility, etc • Understanding the purpose and format of quality assurance and reflective practices within the groupwork context 	<ul style="list-style-type: none"> participants in the group environment • Maintaining engagement through responsivity to learning styles and needs as well as to specific issues and input from individuals during a session, whilst balancing wider group needs • Co-facilitating (where this is the delivery format) with meaningful collaboration that reflects pre-agreed dynamics and post-session debriefing discussions with colleagues • Utilising understanding of groupwork dynamics to invite and encourage peer support and insight-building discussions
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5.1.3 Service Manager competencies

The most effective Service Managers within domestic abuse perpetrator responses will themselves have direct experience of delivering either perpetrator and/or survivor support services. Good leadership in this sector requires a genuine understanding of what it means to be a Practitioner; not just the activities listed in a job description, but the day-to-day reality of the work. This includes its emotional and practical demands, as well as how Practitioners relate to one another within their teams and the wider organisation.

Furthermore, Service Managers need to demonstrate how they actively maintain a survivor focus throughout their oversight of the service, which ideally entails directly listening to the voices and experiences of survivors accessing the service.

Service Managers for all perpetrator responses should have the values, underpinning knowledge and interpersonal skills that are incorporated within the core

competencies, and examples of how those might look within Service Management are given in the overview preceding Competency Tables for those three sections.

Additionally, there are some manager-specific underpinning knowledge and skills that are required, detailed below.

MK1 Required Underpinning Knowledge Competency

- Clear legal and statutory processes relating to domestic abuse, stalking, and breach of protective orders.
- Details of public and private law family court processes, child arrangements, and safe engagement with abusive parents within family court proceedings
- Respect Accreditation Standards and quality assurance processes
- Data protection, confidentiality, and legal duties to share information when needed
- Relevant outcomes monitoring and evaluation frameworks and tools
- Internal case management systems and processes

MS1 Required Service Manager Skills Competency

- Leading individual staff and teams (comprising a range of skills contained in generic or sector-specific leadership courses)
- Quality assuring Practitioners' practice (this will differ depending on the service delivered)
- Upholding the integrity and fidelity of the programme delivered
- Applying and overseeing Practitioners' application of responsivity factors to aspects of the service
- Routinely overseeing risk assessment, risk management and case management processes and decisions
- Ensuring Practitioners follow safeguarding protocols
- Escalating cases into external pathways and processes when needed
- Representing the service at a range of external fora and settings
- Managing budgets (optional for some management roles)
- Monitoring and evaluation skills and quality writing up of reports on this for internal and external readership
- Effective use of monitoring and evaluation to shape programme and service delivery changes

5.2 Role-specific competencies in intensive case management interventions

5.2.1 Learnings from the Drive Project

Intensive case management interventions are designed primarily to contribute to the risk management of high-harm, high-risk, and/or significant recidivist perpetrators of domestic abuse. The main function of this model is to manage risk, safeguard survivors and children and create increased accountability. This is achieved through rigorous assessment and identification of risk and need, and, where appropriate, direct engagement with the perpetrator. Structured behaviour change intervention may be a component of the service delivery, but it will not be the primary strand of intervention.

An example of an intensive case management Intervention is the Drive Project, which is referred to throughout this document as it is the most prevalent model for this type of intervention, and it has been evaluated for its effectiveness.

Learning from evaluations to date of the Drive Project has led to a focus on strong risk assessment and risk management, multi-agency collaboration, victim/survivor safety planning, and the implementation of disruption tactics to reduce the ability of perpetrators to cause further harm. This stems from the reality that whilst behaviour change is still feasible with some service users, for most this requires considerable motivational work and additional support, and some will never be ready or willing to engage with behaviour change.

Therefore, the competencies required here reflect the above. Perpetrator motivation and engagement skills are still also important, primarily within the context of monitoring and holding to account the service user, even when significant behaviour change is unforthcoming. The Integrated Support Service IDVA competencies emphasise proactive negotiation with agencies to ensure they understand and respond to risks and safety needs, and clear, sensitive communication with victim/survivors about the potential implications of perpetrator responses on them and their children.

Additional knowledge is also necessary to underpin this work, reflecting the prevalence of substance use and mental health issues within this cohort, as well as a sound awareness of criminal justice processes.

5.2.2 What competence looks like for Intensive Case Managers

Role and Experience	What Competence Looks Like for Intensive Case Managers <i>(In addition to that within the core competencies)</i>
<p>Baseline Case Manager</p>	<ul style="list-style-type: none"> • Demonstrates rapport-building with service users, while maintaining professional boundaries. • Applies to their assessment and case management a high level of knowledge around substance use, mental health and other intersecting social difficulties that may have influenced and exacerbated service users' harmful behaviours. • They will be able to collate information from key sources and recognise coercive control patterns and factors that indicate risk escalation. • They will be developing and applying structured professional judgment to inform and apply disruption actions. • They will have a good general understanding of partner agency roles and responsibilities, how they and their team's role sit within multi-agency processes to manage risks, with them attending and contributing to multi-agency meetings (e.g., MARAC, MAPPA, MATAAC). • They engage in reflective practice both with colleagues and Practitioners from partner agencies.
<p>Proficient Case Manager</p>	<ul style="list-style-type: none"> • They can integrate complex information from multiple sources to predict escalation, identifying subtle patterns of coercive behaviour and high-risk indicators, and making defensible decisions regarding disruption strategies, based on their working knowledge of legal and civil responses to manage risk. • They are confident in presenting their expertise to inform and negotiate within multi-agency settings. • They are empathic with service users with the purpose of eliciting their insights and compliance, and able to identify manipulation, deception, and risk escalation, not as a sole worker but in collaboration with colleagues, including survivor support IDVAs, ISS workers and other professionals. • They model emotional resilience and lead reflective spaces with colleagues.

<p>Baseline Integrated Support Service IDVA</p>	<ul style="list-style-type: none"> • They have a good working understanding of the principle of “parallel but independent” work in collaboration with perpetrator Case Managers. • They can carry out risk assessments, recognise high risk indicators and know what information to share with the Drive team and partner agencies in most cases. • They are developing their rapport building skills with service users and offering support, signposting and onward referrals for those presenting with the most common issues. • They understand coercive control and the impact of high-risk behaviours on adult and child victims and are learning the most effective ways of supporting service users to make safe, informed decisions in relation to these risks.
<p>Proficient Integrated Support Service IDVA</p>	<ul style="list-style-type: none"> • They consistently integrate victim/survivors into daily practice, balancing victim/survivor advocacy with system accountability. • They demonstrate strong skills in trauma-informed, empowerment-based advocacy, and have a high level of understanding of perpetrator behaviours. • They can undertake nuanced risk analysis in a range of complex cases. • They are confident when coordinating and negotiating within multi-agency safety planning meetings. • They contribute to and may lead on reflective learning across the team, including reinforcing the need for perpetrator Case Managers to centre survivor safety and needs within their practice.
<p>Service Manager</p>	<ul style="list-style-type: none"> • They show influential leadership, upholding the model’s principles, and demonstrate confidence in making evidence-based decisions under pressure. • They have an advanced understanding of perpetrator behaviours, survivor experiences, risk assessment and risk management application within the high risk, high harm context, and they show how they prioritise adult and child safeguarding in their decisions and actions.

	<ul style="list-style-type: none"> • They build and maintain strong agency partnerships and negotiate solutions effectively to hold perpetrators to account.
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5.2.3 Intensive case management (ICM) underpinning knowledge

Most of the knowledge required to work within intensive case management, is common across all roles. There needs to be a good understanding of your intensive case management model, e.g., the Drive Project, and everyone’s responsibilities within it, to enable effective collaboration and victim/survivor safety.

In addition to the underpinning knowledge relating to core competencies for perpetrator responses in general, *and* the role-specific knowledge for perpetrator workers and ISS workers, the following knowledge should be gained by Intensive Case Managers, ISS/IDVAs and Service Managers:

ICMK1 Required Knowledge Competency (all roles)
<ul style="list-style-type: none"> • ICM Model and the principle of “parallel but independent” work between perpetrator and IDVA roles • Advanced risk assessment focusing on high risks, high harm and post-separation abuse • Complexities and nuances of intersecting issues of mental health, substance use and domestic abuse, including impact of past and ongoing trauma on current behaviours (perpetrators) and experiences of abuse (victim/survivors) and engagement with intervention or support • Suicide risk factors and suicide prevention strategies within the context of domestic abuse • ICM case management processes, including perpetrator disrupt options and their potential impact on victim/survivors • Multi-agency processes and their application that enable disruption of high-risk perpetrator behaviours
ICMK2 Service Manager Knowledge Competency (in addition to the above)
<ul style="list-style-type: none"> • High-harm patterns of coercive control and stalking behaviours • Systemic accountability and the strategic role of Service Managers, as applied through the model • High-risk perpetrator profiling within advanced risk assessment understanding • Risk-driven intervention planning

5.2.4 Intensive Case Management specific skills

Many of the skills-based competencies for Intensive Case Managers will be those detailed for other perpetrator and ISS roles, particularly those relating to risk and needs assessment and individual engagement with service users. Additionally, the following competencies are likely to be unique to Intensive Case Managers and should form a core part of their professional development.

ICMS1 Required Skills Competency (*applicable for both Case Manager and ISS/IDVA unless stated otherwise*)

- Inputting expertise within multi-agency strategy meetings regarding risk management of perpetrators and safeguarding adult and child victim/survivors
- Applying clear understanding of survivor voice to all decisions
- Signposting and referring appropriately to partner agencies for additional support needs
- Identifying additional or complex needs and planning appropriate referrals or adaptations for these where appropriate and feasible
- Applying active listening and relational approach to identify and influence trust in engaging with the service
- Gathering, safely sharing, and collaboratively analysing risk related information with ICM team and other professionals in line with agency policy and processes
- Recognising changes in risk and other relevant issues over time, and identifying triggers or early warning signs of escalation to inform safety planning with victim/survivors and inform overall risk management
- Writing concise, clear reports for internal or external use, that articulate static and dynamic risk and protective factors, and support needs (adapted for either perpetrators or victim/survivors)

ICMS2 Additional Perpetrator Case Manager specific:

- Confidently applying knowledge of disruption options and procedures to recommending and implementing disrupt strategies
- Creatively striving for and maintaining engagement with perpetrators alongside firm boundary and accountability reinforcement

ICMS3 Service Manager Skills Competency (*in addition to those within generic Service Manager section*)

- Leading high-risk related forums (MARAC, MAPPA, complex case panels)
- Influencing statutory partners in risk-led decisions

- Challenging other professionals, including statutory agencies, where necessary to promote victim/survivor safety
- Challenging systemic gaps or unsafe practice, towards system change, not just programme delivery
- Navigating disagreements over assessment and decisions
- Supporting staff through vicarious trauma and complex emotional impacts of the work
- Managing staff with handling multiple crisis cases
- Facilitating structured risk-based reflective practice
- Responding quickly to volatile risk situations

6. Child and Adolescent to Parent Violence and Abuse (CAPVA) and Young People's IPV Practitioners and Service Managers

Work with children and young adults who are harming family members, carers or partners, has many competencies in common with adult perpetrator work, but also some important differences. Similarly, the support service for those affected by this harm needs to reflect the different dynamics presented.

Those using abuse are often children themselves, and many have been, or still are, victims of domestic abuse within the home environment. Parents suffering harm from their child cannot separate from that relationship as an adult might from a partner and are generally reluctant to involve criminal sanctions.

CAPVA and YP-IPV also frequently incorporate awareness-raising and educational work with children in community settings. The underpinning knowledge and skills of Practitioners and Service Managers within responses for this cohort needs to reflect all these aspects.

As with all other roles in the sector, core competencies remain relevant for CAPVA / YP-IPV workers, as do the Perpetrator Role-Specific elements that cover assessment and individual engagement with those causing and those affected by the harm. The following tables are therefore in addition to those.

6.1 What competence looks like for CAPVA and YP-IPV Workers

Role and Experience	What Competence Looks Like for CAPVA and YP-IPV Workers (in addition to that within the core competencies)
<p>Baseline Practitioner (both those working with those causing and those experiencing harm)</p>	<ul style="list-style-type: none"> • A Baseline Practitioner demonstrates foundational knowledge of child and adolescent-to-parent violence and abuse (CAPVA) dynamics and adolescent development. • They can deliver structured, manualised interventions for adolescents, or structured support for those affected by harm, with appropriate guidance and supervision. • They form safe, supportive relationships with children and young people and their parents/carers, or with young victim/survivors of intimate partner violence and can recognise indicators of harm within the context of adolescent perpetration, following clear processes for risk escalation and safeguarding.

	<ul style="list-style-type: none"> • They require regular supervision to interpret complex dynamics, make nuanced professional judgements, and adapt sessions appropriately. • They seek additional support when risk, complexity, or family dynamics exceed their current experience, and demonstrate a highly reflective approach to practice and ongoing professional development.
<p>Proficient Practitioner <i>(both those working with those causing and those experiencing harm)</i></p>	<ul style="list-style-type: none"> • A Proficient Practitioner integrates specialist knowledge of child and adolescent-to-parent violence and abuse (CAPVA), adolescent development, trauma, whole-family dynamics, and young people’s experiences of intimate partner violence into practice. • They work autonomously, adapting interventions to the developmental stage, needs, and contextual circumstances of young people and all those affected, and navigate family conflict while maintaining clear boundaries, empathy, and accountability. • They deliver tailored versions of structured interventions with skill and engage effectively with resistant and distressed family members. • They demonstrate clear leadership and professional expertise within multi-agency settings and can recognise and respond safely to escalating and complex family dynamics, including situations involving children and young adults who are victims of intimate partner violence.
<p>Service Manager</p>	<ul style="list-style-type: none"> • The Service Manager ensures that all work is safe, developmentally appropriate, trauma-informed, family-focused, and aligned with the intervention model of their service. • They think systemically about the family, the young person, and the wider safeguarding environment, and their leadership supports nuanced and balanced decision-making across complex family systems. • Their multi-agency practice reflects advanced expertise in children’s use of harm and wider family dynamics, and they actively promote system competence and effective system change within the wider safeguarding and domestic abuse response.

6.2 CAPVA/YP-IPV Underpinning Knowledge

In addition to the underpinning knowledge for the core competencies relating to perpetrator responses in general, *and* the role-specific knowledge for perpetrator workers and ISS workers, the following knowledge should be gained by all those working within CAPVA and YP-IPV service provision:

Required Knowledge Competency (*all roles need an understanding of both those using and experiencing harm*)

CK1 Knowledge relating to those causing harm:

- The differences in CAPVA compared with adult perpetrator behaviour patterns (e.g., intent, capacity and legal responsibility)
- Family systems and power dynamics in adolescent–parent relationships
- Intergenerational trauma and its influence on abusive behaviours
- Adolescent brain development, including impulse control, emotional regulation, risk-taking, the impact of stress
- How neurodiversity and communication differences influence adolescent behaviour
- Adolescent social development, including identity formation and peer influence, and intersectionality for adolescents
- Trauma and ACE-informed practice applied to child and adolescent behaviours
- Common adolescent mental health presentations
- Co-existing challenges such as substance use, school exclusion, social isolation, and online harms
- The links between emotional literacy and CAPVA behaviours
- Thresholds for adolescent harm constituting domestic abuse, both with CAPVA and YP-IPV
- Specific safeguarding pathways for young people who cause harm
- Relating the Domestic Abuse Act and multi-agency processes to children and young adults

CK2 Knowledge relating to victim/survivors of the harm:

- Parental trauma, fear, shame, and impacts of coercion on parents by young people
- Impact of CAPVA on siblings and family functioning
- Patterns of escalation and circular conflict within the family context
- Safeguarding thresholds and duties for child victims of CAPVA or IPV

CK3 Knowledge of interventions (depending on what the service offers):

- Respect RYPP model
- Non-Violent Resistance (NVR)
- Motivational interviewing adapted for adolescents
- Restorative and relational approaches
- Systemic family work

- Cognitive-behavioural frameworks adapted for adolescents

CK4 Service Manager Knowledge Competency (in addition to the above)

- Processes of, and pathways between child-related services, including children’s social care, youth justice, early help, education, CAMHS, and their intersection with adult-related services and domestic abuse responses

6.3 CAPVA and YP–IPV Specific Skills

The following skills are specific or predominant within children and young people’s work and linked victim/survivor support, *in addition to* those needed more generically within perpetrator services, detailed in previous sections.

CS1 Required Skills Competency (*applicable for workers with those causing and those impacted by the harm*)

- Assessing with a conscious focus on developmental stages, experiences of trauma, family dynamics and social influences
- Recognising disguised compliance and eliciting motivation to engage
- Creatively and responsively applying knowledge of the service’s intervention in service delivery with those causing or experiencing harm
- Forming age-appropriate, whole-family safety plans alongside family members
- Facilitating safe communication and conflict management between children and parents
- Recognising and responding with balanced judgement to risk presented to or from multiple family members
- Working collaboratively across child and young adult statutory and voluntary services to meet specific family needs and wider systemic change

CS2 Additional CYP Practitioner specific:

- Using age and learning approach-appropriate language, relational approach and materials within all interactions with children and young adults

CS3 Additional Victim/Survivor Support Practitioner specific:

- Supporting and coaching parents/carers relationally and without blaming
- Creatively striving for and maintaining engagement with young people who cause harm, alongside firm boundary and accountability reinforcement

CS4 Service Manager Skills Competency (*in addition to those within generic Service Manager section*)

- Advocating for age-appropriate understanding and responses in multi-agency settings, including challenging harmful narratives that blame parents or pathologise children
- Leading a service and Practitioners in a way that reflects the high level of family distress and its impact on worker wellbeing

7. Adult Family Abuse Practitioners and Service Managers

This work focuses on adult perpetrators of domestic abuse against family members. It may include adult offspring harming their parents, or vice versa, adult sibling or elder abuse. Dynamics of so-called Honour Based Abuse and forced marriage can also fall under this umbrella, which brings with it additional, unique knowledge and skills requirements.

In addition to core competencies and relevant perpetrator or survivor support role competencies, an adult family abuse Practitioner will often also be working within CAPVA and/or Young People's IPV services, and so the overview of what competence looks like will mirror that, plus some further specific knowledge and skills competencies for most Practitioners and managers. Understanding and acting sensitively towards wider family dynamics and complexities around mental health, substance use, capacity, caring responsibilities and reluctance to involve criminal justice agencies, are key to all family abuse work.

There are then further specialist knowledge and skills related to so-called Honour Based Abuse and forced marriage responses. The most effective work in this will be undertaken by, or in close collaboration with specialist by-and-for agencies, rather than generic domestic abuse services, but initial identification, assessment and safety planning may be undertaken within the context of wider family abuse responses, prior to external referrals, or partnership working with specialists to engage perpetrators and support survivors.

7.1 Adult Family Abuse Underpinning Knowledge

In addition to the underpinning knowledge for the core competencies relating to perpetrator responses in general, plus role-specific knowledge for perpetrator workers and ISS workers, as well as CAPVA knowledge for understanding family dynamics, the following knowledge should be gained by all those working within filial abuse and HBA service provision:

AK1 Required Knowledge Competency *(all roles need understanding of both those using and experiencing harm)*

- Legislation and its application, including the Care Act 2014
- Financial, housing and emotional dependency and its influence on power dynamics
- Adult safeguarding duties and pathways, including for elders, in the context of domestic abuse
- Most common filial and elder abuse behaviours that differ from other domestic abuse

- Cognitive and physical decline and disability, social isolation, carer stress and its impact on behaviours
- Intersection of mental health and substance use with adults' harm towards family members
- Knowledge of interventions (depending on what the service offers)
- Knowledge of all relevant agency interventions and referral pathways
- Specific assessment tools for adult family abuse perpetrators and victims
- Risk factors associated with HBA and forced marriage and related assessment tools
- Legislation specifically relating to HBA and forced marriage
- Cultural factors relevant to the families worked with and their communities

AK2 Service Manager Knowledge Competency *(in addition to the above and the CAPVA Service Manager competencies)*

- Processes of, and pathways between adult safeguarding services, mental health, substance use and other relevant services for adults either using or experiencing family abuse of any kind.
- Strong knowledge of HBA and related harms and local or national specialist services available for client or professional support

7.2 Adult Family Abuse Specific Skills

AS1 Required Skills Competency *(applicable for perpetrator and victim/survivor workers)*

- Assessing with a conscious focus on adult family dynamics, including cultural and "honour" based beliefs as applicable
- Assessing capacity in elders or those with mental health difficulties (if appropriate for the role)
- Mediating between family members (where safe and appropriate as per service policy)
- Respecting the autonomy of adult victims at risk, whilst protecting them from further harm
- Collaborating with specialist "by-and-for" agencies to ensure perpetrator and victim/survivor responses are culturally responsive, anti-racist as well as feminist in approach

Appendix A: Methodology of Competency Framework Development

The process of gathering information, expertise and other insights comprised the following components:

1. Online survey sent to all Respect members and other sector workers (33 respondents)
2. Focus groups with a range of sector experts (14 participants)
3. Individual interviews with Respect and Drive Partnership leads
4. Individual interview with a UK-based researcher in relational and reflective practice, Zuzana Zilkova
5. Literature review of national and global understanding of competencies in domestic abuse perpetrator work
6. Elements of the draft framework scrutinised by a few “critical friends” with specialisms in the sector

1. Online survey: Domestic Abuse Perpetrator Worker Journeys

This survey was live for around 6 weeks and promoted across the UK Respect membership.

In total, there were 33 anonymous respondents, currently involved in some way within domestic abuse perpetrator work (including integrated survivor support) at Practitioner, manager or quality assurance level. Responses to each question are summarised as follows:

Q1: Current functions (several people undertake more than one relevant core function in their current role)

Role function	#
Behaviour-change 121 with adults using IPV	19
Behaviour-change in groups with adults using IPV	18
Risk identification and assessment	14
Service Manager for adult IPV interventions	10
Behaviour-change with adults using family abuse	7
Integrated Safety Support	4
Family support linked to CAPVA	4

Role function	#
Treatment Manager for any programme	4
Service Manager for CAPVA / young people's IPV	3
Intervention with adolescents/young adults using IPV	2
CARA delivery	2
Intervention with children using harm to parents (CAPVA)	1
Senior Manager relating to any intervention	1
Therapist	1
Workforce Development	1
Survivor support not linked to a perpetrator intervention	1

Q2: Current intervention involved with – again, several people were involved with multiple interventions

Intervention involved with	#
Generic adult heterosexual DAPP with ISS	29
Motivational work alongside Children's Social Care	9
High-Risk, High-Harm (e.g., Drive or equivalent)	8
Specialist behaviour-change interventions (by-and-for racialised or LGBT+ communities)	8
Adult early response or diversion programme	6
Probation or prison-based interventions	2
Behaviour-change within a DAPO	1

Q3: Length of time in current role

Length of time in current role	#
Under 6 months	2
6-12 months	4

Length of time in current role	#
1-2 years	5
2-5 years	15
Over 5 years	7

Q4: Worked in a previous domestic abuse professional role

70% of respondents have worked in a domestic abuse professional role previously, 30% have not. Of those with previous sector experience, this spanned from frontline crisis support to long-term interventions, policy development, and leadership roles. Many participants had dedicated over a decade to the field, with some having more than 20 years of experience. Collectively, their roles covered both direct service provision and systemic change.

A significant number of respondents previously worked directly with survivors, including as IDVAs/IDSVAs, outreach workers, helpline staff, counsellors, and facilitators of therapeutic or educational groups. Their work often focused on high-risk survivors, those with complex needs such as mental health or substance use, and children and young people impacted by domestic abuse. Several also supported families in child protection contexts and ran ISS alongside perpetrator programmes.

Many respondents also described extensive experience working with perpetrators. Some specialised in CAPVA, adult family abuse, or within prison and probation settings.

Beyond frontline roles, respondents also contributed to systemic and organisational responses, including service management, training, research, risk assessment, programme development, and senior management within local authorities or voluntary organisations. A few also highlighted their involvement in setting up country-wide responses to domestic abuse and sexual violence, as well as integrating domestic abuse awareness into related fields such as substance misuse, homelessness, and criminal justice interventions.

Notably, many respondents had previously worked with survivors before moving into perpetrator work.

17 of those with previous sector experience (74%) described former roles focused on victim/survivor support.

Q5: Worked in another relevant sector

82% of respondents have previously worked in another relevant sector, 18% have not. The most prevalent previous work sectors had been social work, mental health and substance use, followed by youth and child-based roles, generic counselling/psychotherapy, education and work with offenders.

Q6: Motivations into perpetrator related work

Many respondents (40%) were motivated by personal or lived experience of domestic abuse, either as survivors themselves or through seeing its impact on friends, family, or service users in related roles. For some, these experiences drove a deep passion for breaking the cycle of abuse and protecting victims and children.

Another strong theme was a commitment to working with perpetrators directly, with 50% describing a belief that true change and prevention require addressing abusive behaviour at its root, rather than placing the burden of safety solely on survivors. Many linked this to their interest in psychology, criminology, counselling, or behaviour change, with some having also pursued academic research or other continued learning in those areas.

Several people highlighted values-based motivations such as gender equality, social justice, challenging inequalities in general, and systemic change.

Q7: Interpersonal skills

Respondents were asked whether each of a list of interpersonal skills were *essential* for their current role, *nice to have*, or *not necessary* for that role. The list comprised:

- Active listening
- Clear and boundaried communication
- Session facilitation skills (group or 121)
- Motivational Interviewing
- Conflict management
- Collaborative engagement with other agencies
- Responsivity with activity content and delivery
- Feedback and coaching skills
- Emotional intelligence

Most respondents indicated that all the listed skills were essential for anyone undertaking their current role.

However, **7 behaviour-change workers** did not think they were all essential for that work.

Within these, the “*nice to have, not essential*” responses included facilitation skills, coaching and feedback, agency collaboration, responsivity, motivational interviewing and conflict management.

Amongst the 13 **service managers**, 2 did not consider the skill of coaching and feedback to be essential; 2 others did not consider responsivity to session content and approach to be an essential skill for their role and 1 did not consider they needed to have facilitation skills.

The above responses suggest that while most sector workers have a common understanding of the range of interpersonal skills required in order to be effective, there are some who perhaps experience their work within a more narrow sphere, highlighting the need for the Competency Framework to provide clarity on the broader influence of each role within this sector, beyond a simple list of day to day tasks.

Q8: Other skills required for the roles

Respondents were given a free space to add skills they considered necessary for their role in addition to those in Q7. At the *organisational level*, respondents emphasised the importance of assessment tools, reporting systems, and referral pathways.

Leadership skills included fostering positive work cultures, supporting staff wellbeing, promoting accountability, and ensuring accurate data for planning and reporting.

On a *Practitioner level*, respondents stressed the need for strong domestic abuse knowledge: dynamics of abuse, risk assessment, safety planning, trauma-informed practice, safeguarding law, and cultural competence. Many highlighted communication skills, empathy, patience, the ability to challenge harmful beliefs, and the balance of accountability with compassion. A recurring theme was the capacity to work reflectively, to integrate theoretical approaches, managing discomfort, and practising self-awareness to avoid bias.

Interpersonal qualities that align with values, were repeatedly named: being non-judgemental, authentic, resilient, self-aware, and reflective, alongside the ability to sit with difficult conversations and maintain professional boundaries. Many also saw creativity, humour, flexibility, and cultural humility as vital in engaging participants effectively.

Q9: Relevant training attended

A range of training courses were listed and respondents stated which they had attended, who delivered it and whether it was online or in-person.

While online delivery of training is popular, there are several training courses relevant for this work that more people have attended in-person, notably those involving core delivery skills. Also, that more training has been accessed by trainers other than Respect, indicating the need for a large pool of trainers to meet local demand for in-person delivery, but with consideration for a consistent approach to remain congruent with the Competency Framework.

Q10: Additional training attendance, provider, and delivery mode

Respondents were asked to indicate whether they had attended training in each of the following topics, who delivered the training, and whether it was online or in-person.

Training topic	Attendance		Provider		Delivery	
	Yes	No	Respect	Other	Online	In-person
Working with perpetrators (1 or 2-day course)	21	7	11	10	9	11
Facilitating perpetrator group programmes (4+ days)	15	12	7	13	6	10
Identifying and responding to dual allegations	21	2	9	16	12	6
Integrated survivor support (3+ days)	13	13	3	11	2	8
Supporting male victims	16	10	6	12	5	8
Facilitating 1-2-1 perpetrator programmes	18	9	9	13	7	11
Writing reports regarding programme participation	17	11	10	10	10	7
Risk identification and management (2+ days)	18	6	9	15	10	9

Cultural humility/safety and anti-racist practice	21	7	5	17	12	9
Facilitating content on sexual respect	15	12	6	9	10	9
Service Manager training (multi-session)	10	17	4	6	5	7
Treatment Management skills	9	18	4	4	4	6
Defensible decisions and record-keeping	15	12	6	14	6	8

Specialist populations and issues (20 mentions)

- IPV in LGBT+ communities
- Neurodiversity, Autism, learning disabilities
- Male victims, disabled survivors, migrant survivors
- Forced marriage, FGM, so-called “honour” based abuse
- Child-to-parent abuse (CAPVA), elder abuse and carer awareness
- Stalking and harassment
- Digital abuse and cyber safety

Trauma, mental Health, suicide awareness (18 mentions)

- Trauma-informed practice, PTS, adverse childhood experiences (ACEs)
- Suicide awareness/prevention (Papyrus, ASIST, MIND, CRAFT high-risk)
- Mindfulness, non-violent communication, stress management
- Therapy/ counselling training

Domestic Abuse behaviours and specific perpetrator programme manual (15 mentions)

- DAPP (Respect, Choose to Change, +Choices, specific developer-led training)
- Perpetrator programme facilitation/shadowing
- High-risk/high-harm domestic abuse, denial and minimisation work
- Lessons from Domestic Homicide Reviews (focus on perpetrators)
- Technology-facilitated abuse

Safeguarding, risk assessment (14 mentions)

- SafeLives IDVA/Outreach Worker training
- DASH, SOAG, structured risk assessment
- Safeguarding adults & children (Level 3)

- Parenting content and child protection awareness
- High-risk case management, risk timelines

Behaviour-change skills, conflict resolution (12 mentions)

- Motivational interviewing (MI), solution-focused practice
- Advanced conflict resolution, restorative justice, family/community conferencing
- Neurolinguistic programming (NLP), profiling, body language
- Co-facilitation skills, counselling skills

Broader social justice and equality (10 mentions)

- Anti-racist practice and inclusive practice
- Gender activism and sexual respect
- Cultural competence, diversity and inclusion awareness
- Trauma and disadvantage intersectionality

Substance use (7 mentions)

- Drug and alcohol awareness, dual diagnosis
- Substance misuse and recovery-focused DA interventions

Academic qualifications (6 mentions)

- Doctorate-level training on causes of violence, behaviour change, risk management
- Diploma in motivational interviewing, certificate in counselling
- CPD accredited leadership/team management training
- Practice Educator Masterclass (reflective supervision)

Q11: Frequency of reflective practice

Respondents were asked how often, if at all, they currently access reflective practice, defined as an ongoing process of critically thinking about actions, decisions, and interactions with service users, colleagues, and systems to improve professional practice.

Reflective practice frequency	Responses
More than once a month	14 (42.4%)
Monthly	9 (27.3%)
Every 2-3 months	6 (18.2%)
Occasionally (less than quarterly)	3 (9.1%)

- **Importance of core skills:** Communication, empathy, boundary management, and reflective practice were seen as essential. Several respondents liked the idea of a clear, sector-wide competency framework to guide best practice and set professional standards. Within this, there was popularity in the suggestion that competencies should be evidenced through observation, case demonstration, and role play, not just attendance at training courses.
- **Victim/survivor-centred practice:** Perpetrator work must be grounded in the needs, voices, and safety of adult and child victims/survivors. Training in the impact of abuse on victims and an understanding of the Integrated Support Service processes were recognised as essential preparation for perpetrator work, particularly for understanding risks, family systems, and dynamics of abuse.
- **Value of observation, supervision, and reflective learning:** Learning from shadowing and observing skilled Practitioners (in groups, case management, treatment management) was seen as one of the most effective training methods. The importance of reflective practice, and self-questioning to avoid replicating unhealthy power dynamics was also emphasised.
- **Training needs and gaps:** A need for more and ongoing training, with some noting they had insufficient training at the start and had to “learn on the job.” Specific areas of training requested included ISS work (as distinct from IDVA roles), risk assessment and risk management, Motivational Interviewing, behaviour-change models, dual allegations and complex cases, multi-agency working.
- **Partnership and collaboration:** Building effective partnerships across services, multi-agency collaboration, and being consistent and reliable ambassadors for the programme were highlighted. Recognising and respecting the different but complementary roles of perpetrator and survivor services was also noted as vital.
- **Continuous development on individual, service and sector levels:** An acknowledgement of progress in the field and the need for services to remain innovative and forward-looking. Commitment to continuous professional development and inclusive access to relevant courses was viewed as vital.

The above comments, along with the survey responses in general, indicate a strong support for a national Competency Framework, with structured training (in-person as well as some online options) being front-loaded to embed core knowledge and practice, but then the vital contribution provided by ongoing reflective practice within all roles.

There is a recognition that Respect need not have a monopoly on all training delivery, due to the important role played by a range of specialist trainers, particularly to enable local in-person delivery to meet demand. Consistency of approach to training content and longer-term reflective development through shadowing, observation and peer as well as manager feedback seems largely supported.

2. Focus groups

2 separate focus groups were facilitated online.

- **In Group 1, there were 10 participants.** They represented a wide range of roles including those in perpetrator behaviour change programmes, women's refuges, specialist survivor support, youth and community work and CAPVA, social work, and research. Many had long careers in frontline work, managing services, or facilitating interventions. These included services for LGBT+ communities and racialised communities. Some were additionally involved in PhD research related to the sector.
- **In Group 2 there were 4 participants.** These included a leading programme and training developer within the sector, a survivor support worker spanning 50 years of experience, an expert in multiagency strategic responses with all risk levels and within the Criminal Justice, public and voluntary sectors, and a leader / Practitioner in youth work, child therapy and adult perpetrator behaviour change interventions.

In both sessions, questions were asked by the facilitator to initiate thinking, but the discussion was then allowed to develop organically to maximise the depth and breadth of responses.

Discussion summary combined across both focus groups

- **Values, traits and ethical basis needed for the work:** What is needed for people in all roles from the outset, included a survivor focus, child safety, ethical integrity, empathy with boundaries, accountability, emotional resilience and a belief that perpetrators can change, whilst not being naive as to the reality of how many will. What can be developed whilst undertaking the work, included collaboration, cultural competence, self-reflection, gender-informed approaches. A strong emphasis was placed on commitment to learning, not needing to know everything from the start but being open to

continuous growth. The feminist foundations for the work were emphasised, with male workers needing to be conscious of how they relate to female colleagues and to perpetrators, as well as female workers being aware of how male perpetrators use intimidation and manipulation based on gender inequality.

- **Pathways into the sector and transferable skills:** Many considered transferable skills to be more important than having direct domestic abuse experience on entry to the sector, e.g., working with offenders, community development, substance use, mental health, and general healthcare. Emotional resilience and ability to handle difficult conversations were seen as key transferable traits and skills highly relevant in this work. Lived experience was viewed as useful for some, with a clear necessity for balance with professional boundaries.
- **Gaining proficiency and then excellence:** Practitioners described this journey like piecing together a jigsaw puzzle of skills. Examples were given of proficiency = able to manage cases confidently; excellence = confidently challenging professionals, shaping services, and holding clear survivor/child focus under pressure. Many resisted referring to themselves as “experts,” emphasising a desire for professional humility and a recognition of continuous learning.
- **Service Management:** When discussing whether Service Managers need direct perpetrator programme experience, many felt managers who had “done the work” were better able to support frontline staff and ensure safety. However, it was agreed that managers without direct practice experience can still be competent if they are open, flexible, and willing to learn from their team. Ultimately, though, supervisors were considered to need to be better trained than those they supervise. It was noted that good management focuses on survivor safety and programme integrity (people) rather than solely on targets and stats (processes). Another key role for Service Managers and Practice/Treatment Managers is to create safe spaces for Practitioners to be vulnerable and acknowledge what they still need to learn and improve in. And not only at the Service Manager level, but that the whole organisation needs to create and maintain a culture of self-reflection and safety in feeding back to colleagues to assist development.
- **Specialist services:** It was agreed that programmes for specific cohorts (LGBT+ communities, CAPVA, racialised communities, etc) require the same core interpersonal skills and values as mainstream perpetrator and ISS work, but

with additional adaptability and cultural responsiveness. Also, that simply learning a manual is insufficient for any programme delivery, but that Practitioners need to recognise the wider societal factors that impact on both perpetrators and victim / survivors (housing, discrimination, etc).

- **Training vs. learning on the job:** Overall there was a consensus that the balance of formal training against ongoing practice and peer collaboration, should ideally be around 30:70. The most important learning was viewed to come from co-facilitators and other peers, reflective practice and supervision, and just being in the room doing the work with perpetrators. Training was valued as providing important foundations, but confidence and adaptability can only develop through practice.

3. Interviews with Respect and Drive Partnership Leads

Separate discussions were held with 5 operational and strategic leads within Respect and 2 training leads within the Drive Partnership, to draw on their knowledge and views of current and potential future training and development support for Practitioners and managers, including within specialist cohorts. CAPVA, and young people's IPV, the Drive Project and Make a Change were explored, as was a broader view of the sector based on one interviewee's extensive global experience of Duluth-based curricula.

Summary of key discussion topics

1. Working with young people using harm and those impacted

Recognition of differences between child/adolescent perpetration and adult perpetration:

- Young people's brains are still developing; emotional regulation and emotional literacy are underdeveloped
- High levels of neurodiversity in CAPVA caseloads, which requires adaptive, scaffolded work
- Emotionally dysregulated behaviour in young people often reflects skill deficits, whereas in adults it is more commonly a tool of justification

Balancing trauma with accountability:

- Practitioners struggle with balancing empathy for trauma with clear use of consequences, in the context of children often being victims whilst also perpetrating harm

- Accountability must still be developed early rather than waiting for criminal justice intervention

Practitioner challenges:

- Child/adolescent Practitioners are often uncomfortable working with parents
- Adult domestic abuse workers can be anxious when working with young people
- Engagement with both young people and parents requires specialist and nuanced training and support
- Parents often feel blamed; learning to frame sessions carefully is essential

Engagement skills required for CAPVA and YP's IPV work:

- Integrity and honesty from the Practitioner matter
- Use of play, activities, metaphors, games
- Addressing bias, Practitioner self-awareness, and genuine collaboration
- Explicitly planning together how to handle moments of frustration or conflict in the room
- Effective work blends education, CBT, narrative therapy, family work, and contextual safeguarding
- Because reasons for behaviour vary (neurodiversity, family system, societal messaging), a single theoretical lens is too narrow.

2. Working with adult perpetrators and survivors in mainstream and early intervention programmes

Training plus learning on the job:

- Foundational training is essential to embed key theories, approaches, and skills, as well as to prevent Practitioners from having to "make it up as they go along."
- ISS roles require specific additional training for their broader scope of work
- All Practitioners need a deep understanding of the dynamics of abuse, impacts on survivors, systemic collusion, and barriers to safety
- Foundational training must be explicit, not assumed
- Induction should include 2–3 months of structured learning, shadowing, scenario-based learning and case study exploration

- Reflective practice should include peer reflective spaces, managerial reflective spaces, and constructive feedback on observed sessions

Survivor-focused principles informing training and reflective practice:

- Safety first / do no harm - asking how each action might help or hinder the survivor
- Intersectionality needs to extend beyond racism, to include sexism, mother-blaming, structural oppression and ecological factors
- Institutional pressures on survivors
- Understanding how survivors may approach ISS work with low trust but high hope
- How perpetrators may minimise (e.g., complaining about “babysitting”) while survivors carry the burden of danger, planning, and fear

Gender and oppression-informed practice – Practitioners and managers need to:

- Clearly understand the gendered nature of abuse
- Acknowledge structural power differences
- Reflect on their own entitlement and bias
- All these factors must be explored in reflective practice to avoid Practitioners reinforcing power imbalances or increasing risk

Skills needed for perpetrator programme facilitation:

- How to plan sessions responsively to the individual or group
- Responding to dynamic sessions and issues arising
- Understanding how to co-facilitate, especially gender dynamics and modelling equality
- How to effectively assess behaviour change, beyond just session attendance
- Understanding static and dynamic risk factors

A key message: If a facilitator does not believe domestic abuse is rooted in gender inequality and sexism, they cannot deliver DAPP safely or effectively.

Other key knowledge and skills of application required:

- Trauma-informed practice, meaning understanding the impact without removing accountability for harm
- Understanding and responding to Neurodivergence, without excusing harm

Organisational and commissioning responsibilities if Practitioners are to become competent:

- Employers must resource training and support, including managerial and Practitioner time built in
- Manager anxiety needs to be recognised and supported
- The training and support limitations of zero hours facilitators needs to be addressed
- Funding commissioners must recognise the true cost of competent, safe work
- Currently, ISS work often loses out first when budgets are tight
- Need to include training and ongoing support regarding partnership working and DAPP / ISS communication

Considering risks of online session delivery:

- The need for clear parameters and guidance on when and when not to run online sessions
- Ensuring decisions are survivor-focused, not to cater for pressures from perpetrators or commissioners

3. Considerations for High Risk, High Harm work (Drive Project)

Skills that reflect perpetrator resistance to engagement:

- Practitioners need to understand resistance and complexities of perpetrators' lives
- Underpinning knowledge needs to include range of options available for both perpetrators and survivors when behaviour change is not likely
- Strong skills to be nurtured around partnership and multi-agency trust building and creative collaboration, for disrupt and other risk management strategies
- ISS training needs to align with IDVA qualification curriculum

4. Competencies within the work generally

The need for a coherent Theory of Change:

- Practitioners need a clear purpose, and a framework that directs the activities in a competent way

- The field of perpetrator work is currently **incoherent**: trauma theories, gender-based violence theories, psychology models, substance misuse approaches are all mixed inconsistently in programmes
- Coherent theory shapes practice, so a competency framework is a practice framework
- Competency includes moment-by-moment decisions in a session about how to respond.
- Facilitators must know why they are saying something, not just follow a script.
- Facilitators need strategic engagement skills that reduce shame, avoid blame, and keep responsibility clear.

Survivor-centred work in practice:

- Being survivor-centred means mentally "having the survivor in the room" when facilitating perpetrator sessions
- Both perpetrator and survivor experience adversity/trauma, but only one uses violence, so workers need to focus on entitlement, choice, harm caused, and what meaning the perpetrator attributes to the survivor's behaviour

4. Interview with Zuzana Zilkova, Researcher in Relational Practice

Background to the interview: Zuzana Zilkova studies how relational influence (the interpersonal processes between people) shapes behaviour change in the context of domestic abuse and perpetrator programmes. In other words: how people around the perpetrator (partners, facilitators, social networks) help or hinder someone's move away from abusive behaviour.

This means paying attention to the relational stance of Practitioners and facilitators: the emotional, boundary-setting and interactional practices that support (or block) change in group and one-to-one work with perpetrators. She explores what facilitators do in interaction (holding boundaries, emotional labour, tone/stance) and how that affects outcomes. Zilkova also links this to measuring "what works" beyond simple outcome metrics, i.e., looking at relational processes as part of programme efficacy in violence prevention.

Reflective online spaces (Practitioner-facing idea): Zilkova has designed and facilitated online reflective spaces for Practitioners (workshops, courses, and

reflective groups) which create safe, structured virtual spaces where workers can reflect on practice, process difficult emotions, and maintain relational boundaries while remote/online. This appears both as practical training material and as part of exploratory practice-based research.

Insights from the interview with Zuzana Zilkova

Key components needed in a Competency Framework:

- Tiered structure comprising values and traits, interpersonal skills (how you relate to service users and colleagues) and technical skills (role-specific tools, manuals, risk assessment and management)
- The need to integrate survivor perspectives on what works, the causes of failures in practice (whether workers, managers, systems, or manuals), and a balance of training and practice-based learning
- A recognition of the value of learning in practice within comprehensive reflective practice spaces.

Considerations for training programme linked to Framework:

- Respect trainers and those trained by Respect (TTT) must be exceptionally well selected because Practitioners take the training as “gospel”
- Trainers require a rigorous vetting process, to ensure values alignment, because they are the ones shaping the sector’s practice.
- Vital to include ongoing learning environments beyond initial training.

Insights from Zilkova’s research:

- Facilitators thrive when given structured opportunities to try new relational techniques, regularly return to reflective spaces, debrief with peers about what happened in sessions, and build relational skill through experimentation
- The action-research model aligns strongly with what Practitioners said they need:

Cohort of facilitators → training workshop → try something new → reconvene → reflect + refine.

- Practitioners report highly valuing structured reflective spaces. Many say these are the only settings where they can talk honestly, and that being with others who "get" the work is invaluable.

- Reflective spaces include regular peer supervision, cross-organisation groups, protected spaces where people can admit mistakes, and dedicated spaces for Service Managers to also meet and reflect
- A key feature within the research groups was having no two people from the same organisation present, so people can be honest without fearing surveillance.

Aspects of competence that can be taught through structured training:

- DA dynamics, power and control
- Techniques for accountability-focused conversations
- Relational approaches
- Recognising denial, minimising, blaming, and entitlement
- Working against collusion.

Aspects of competence that need to be developed long-term:

- Ability to hold boundaries
- Clear sense of purpose
- Self-awareness in the facilitator role
- Emotional resilience for week-by-week contact with men who may not change
- Comfort with necessary level of challenge.

Key component of all perpetrator work is to recognise and avoid “eclipsing”: *Where the humanity of the perpetrator eclipses the humanity of the victim.*

- Facilitators overly empathise with his trauma
- His Neurodivergence or other learning need becomes the focal point
- Workers recoil from “being mean” or setting boundaries
- Workers prefer the emotional relief of befriending him over holding accountability (gendered nature of female workers’ own safety response with men who harm).

Consequences of eclipsing:

- The survivor’s suffering disappears
- Gendered patterns of minimising women’s harm re-emerge
- Collusion grows
- The facilitator’s “helping” identity pulls them off track.

The Competency Framework must therefore:

- Prevent early collusion
- Un-stick long-term facilitators who are still collusive or overly harsh after years of practice.

Overall, a strong Competency Framework that aligns with Zilkova's relational approach should include:

- Clear values
- Core knowledge
- Relational practice skills
- Experiential learning cycles
- Regular reflective spaces
- Observation- and evidence-based assessment
- Anti-collusion frameworks
- Survivor-centred decision-making
- High-quality treatment managers
- A culture of accountability and learning – not fear.

Foundational training needs to be paired with:

- Structured opportunities to practice
- Safe, ongoing learning spaces
- Peer supervision
- Session video audio review
- Development self-journaling.

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