

Reducing and Preventing Domestic Abuse in Southampton – Scrutiny Inquiry

Conclusions and Recommendations

Conclusions

- Southampton has high levels of reported domestic abuse and this figure continues to rise.
- Southampton has a strong and well developed suite of victim and survivor domestic abuse services.
- The range of accredited perpetrator services in Southampton is comparable to any city in the UK. This is primarily due to the innovative services developed by the voluntary and community sector in the city.
- It is not possible to reduce domestic abuse without reducing the number of people who are abusive. Key to reducing incidence of domestic abuse is to work at a whole population level to change the culture in society away from unhealthy and abusive values, attitudes and behaviours; addressing adverse childhood experiences; and, to directly engage with perpetrators.
- The draft Domestic Abuse Bill includes positive developments with regards to making appropriate relationship and sexual education in secondary and primary schools compulsory. More needs to be done across wider society to stigmatise abusive behaviours.
- There is a need to increase referrals to perpetrator services, and at an earlier stage, from agencies dealing with abuse. Improving awareness of perpetrator services and the service pathways will help to achieve this objective. As demand for commissioned perpetrator services increases there will be a need to increase resources to ensure that a backlog does not form.
- Opportunities exist to embed good practice and further improve partnership working by rolling out the Multi-Agency Tasking and Co-ordination Group (MATAC) and co-locating Hampton Trust staff within key service areas.
- There is a need to consider our relationship with risk factors (including alcohol, substance misuse and mental health). The draft Domestic Abuse Bill provides an opportunity for Southampton to work with Government and to develop the evidence base to help inform commissioning decisions.

Recommendations

Universal primary prevention

1. **Communications Campaign** – There is still a social acceptance of ‘low level’ abusive or oppressive behaviour in society which, therefore, needs a change in culture and community response to perpetrator behaviour. Learning from the findings of the developing Domestic Abuse Needs Assessment, it is recommended that, in line with the commitment in the draft Domestic Abuse Bill to promote public awareness of domestic abuse, the Council undertakes a communication campaign that, alongside the messages promoted through White Ribbon Day challenging

attitudes to gender inequality, seeks to stigmatise abusive behaviours and to signpost members of the public to the Hampton Trust and Respect Phone Line.

2. **Reporting Domestic Abuse** – Engage with local media outlets and encourage them to follow the new reporting guidelines developed by Level Up, and adopted by press regulators, on the way that domestic abuse is reported.
(<https://act.welevelup.org/campaigns/54>)
3. **Relationship Education** - Support schools, as required, to deliver the requirements on relationship education, relationships and sex education, and health education in primary and secondary skills outlined within the draft Domestic Abuse Bill.
4. **Adverse Childhood Experiences** - This is recognised as a city and nationwide issue and this view is further supported through the findings of the inquiry. It is recommended that the impact of adverse childhood experiences on domestic abuse is considered in the work the Council, as a whole, takes forward to address adverse childhood experiences.

Perpetrator Services / Whole system approach - We cannot reduce domestic abuse without reducing the number of people who are abusive. People who are abusive often need support to recognise their abuse and to change. Perpetrator services help to reduce the risk to partners, current and future, and mean fewer children live in families affected by domestic abuse. It also sends a clear social message that victims or survivors do not cause domestic abuse.

5. **Raise awareness of, and increase referrals to, perpetrator services** - There is a need to increase the identification of, and from this the number of referrals to perpetrator services, and at an earlier stage, from agencies dealing with abuse. It is recommended that a perpetrator services awareness raising campaign is undertaken targeted at potential referral partners, and that specific training is provided to agencies that deal with abuse, including substance misuse services, mental health services and relevant NHS services to ensure that they know the referral pathways. The draft Domestic Abuse Bill identifies specific funding for training to promote greater joining-up between substance misuse and domestic abuse services.
6. **Introduce routine enquiry for perpetrators** – Routine enquiry currently involves asking all women at assessments about abuse regardless of whether there are any indications or suspicions of abuse. No equivalent approach exists to ask if individuals are perpetrating abuse at assessments in key services. This should be introduced across an appropriate range of services, including primary care, mental health, substance misuse and other services, to improve identification and provides opportunities for early intervention.
7. **Seek additional resources to support perpetrator services in Southampton** – An estimated 11% of local domestic abuse funding is targeted at supporting perpetrators to recognise their behaviour and change. Additional resources are needed to enable services to meet need and the expected rise in demand to ensure that a backlog does not form. The work may include education, identification and a range of interventions, for example the LINX service.

8. **MATAC (Multi-Agency Tasking and Co-ordination)** – This is a strategic and integrated partnership approach that identifies and intervenes with high-risk and serial perpetrators of domestic abuse. MATAC has been piloted in Southampton by Hampton Trust and Hampshire Constabulary. The current evaluation is expected to show positive results. If this transpires it is recommended that the approach is rolled out in Southampton to improve the tracking and disruption of high risk and serial perpetrators in Southampton.
9. **Co-location of Hampton Trust staff within the key service areas** - To support long term institutional change in engaging perpetrators and to promote identification for early intervention it is recommended that Hampton Trust staff are co-located within key service areas for specified periods of time (e.g. 6 months at each location). This would include the High Risk Domestic Abuse Service, Substance Misuse and Mental health services, among others. Outcomes of this initiative should be evaluated.

Evidence Based Decision Making

10. **Update the Domestic and Sexual Abuse Strategy (DSA)** – The existing Southampton DSA Strategy runs from 2017-2020. The strategy needs to be updated to reflect the Domestic Abuse Strategic Needs Assessment and the findings from this inquiry.
11. **Evaluation of perpetrator services** – Evidence that supports the effectiveness of perpetrator services is limited but growing. To develop the evidence base it is recommended that the DSA strategic group receives and considers appropriate research and evaluations from across the UK and combines this with regular analysis of perpetrator services in Southampton to develop understanding about what services and initiatives are most effective and to inform future commissioning intentions.
12. **Return on Investment for Perpetrator Services** – Public Health to work with others to develop a return on investment for perpetrator services to help support future funding decisions made by the Council and partners.
13. **Alcohol and Substance Misuse** – The Draft Domestic Abuse Bill commits the Government to consider the impact of alcohol on domestic abuse and to identify gaps in the evidence base on the relationship between substance misuse and domestic abuse. It is recommended that the Integrated Commissioning Unit and Public Health keep abreast of the developments in this area and reflect on the outcomes when considering future decisions and strategies relating to domestic abuse and substance and alcohol misuse.
14. **The role of Public Health** – The Director of Public Health considers domestic abuse when the new funding arrangement and mandate for Public Health is announced nationally, timescale unknown.
15. **Consideration of the impact on victims and perpetrators of domestic abuse when making Council decisions** – To ensure that consideration is given to the impact of Council proposals on the victims and perpetrators of domestic abuse it is recommended that they are included within Equality and Safety Impact Assessments as if they were a protected characteristic.

16. Working with Government – Southampton has good survivor services and is recognised as a vanguard area for perpetrator services. However, the number of reported incidents of domestic abuse continues to rise. The draft Domestic Abuse Bill provides an opportunity for Southampton to, through the development of the next iteration of the DSA Strategy and improved resourcing towards perpetrators, develop a narrative on domestic abuse in Southampton and engage with the Government with the ambition of using the city as model for investing in innovative, citywide practice to reduce levels of domestic abuse. It should also form early and positive links with the proposed Domestic Abuse Commissioner if and when they are appointed.