

## Domestic and Sexual Abuse Summary

### How the Covid-19 crisis has impacted on people in Sheffield's experience of domestic and sexual abuse

Domestic and Sexual Abuse are likely to be impacting greatly on people as a result of the pandemic because these issues are often (but not always) perpetrated by people in the family home. The pandemic has meant:

- Increased time at home
- Increased time in close proximity to the person causing harm
- Increased emotional and financial stress
- Increased isolation
- Reduced family and social support
- Increased risk of debilitating illness

**Access to support was difficult for people during lockdown** and referrals to domestic and sexual abuse services dipped initially. However since June, as lockdown eased, referrals to IDAS, the provider of the city's helpline and community based support services, have risen by 11% compared to last year, with cases assessed as being at high risk of serious harm or homicide up by a quarter. The service is now receiving an average of 104 referrals a week.

Homelessness presentations from March to July this year where the main reason was loss of home due to domestic abuse rose by 28.4% from the same period last year: 211 presentations in 2019 and 271 in 2020.

The Sheffield Safeguarding Hub – the Council's front door for reporting concerns about children – saw a reduction in contacts from 2130 in February this year to 1682 in May. However domestic abuse cases rose from being 22% of contacts in February to 29% in May.

Health services such as the Emergency Department at the Teaching Hospitals Trust initially reported a slump in domestic abuse cases coming through however domestic abuse related presentations have risen again as lockdown has eased. Midwifery services have however reported that they have seen some increase in disclosures during scan appointments etc. as partners are now not allowed to accompany women to these appointments. Conversely, where appointments have been at home there have been more issues seeing women alone in order to ask routine enquiry questions.

Sexual abuse and violence referrals to services also fell initially but have started to return to normal levels. Sexual abuse, assaults and violence are usually perpetrated by someone the victim/survivor knows, and this can be a partner, ex-partner, family member etc. as sexual abuse is also a feature of domestic abuse and therefore lockdown will have impacted on victims/survivors in similar ways.

Access to therapeutic and mental health support became difficult during lockdown. It has meant that for those who were already in support / treatment their recovery has been interrupted and for those traumatised during lockdown they face an even longer wait than before to access therapy or counselling. This is compounded by already existing issues with lack of capacity and unclear local pathways in relation to therapeutic support for survivors of domestic and /or sexual abuse

**The lockdown that began in March had the unintentional effect of enabling perpetrators of domestic abuse to increase their control over their victims/survivors**, and their children (many of whom were not at school), as their tactics of isolation, removing independence and regulation of

behaviour, usually backed up by threats and intimidation, were now effectively legitimised by the state. People living in domestic abuse situations will have felt that their routes for accessing support had been closed off – they could not contact agencies, see the professionals they may have been in touch with, family and friends were out of bounds, they may have been working from home or furloughed and the perpetrator may have been too. This form of abuse, **Coercive Control, has long lasting impacts on victims/survivors and their children but is often not identified** when incidents of abuse are reported to the police or other agencies. Professionals then tend to take the view that if there hasn't been another reported physical incident then the abuse must have stopped.

As lockdown eased in June referrals rose as victims/survivors began to make contact with agencies again and / or worried friends, family and neighbours alerted services. **Indications are that this upward trend, although uneven, will continue as lockdown continues to ease.** High risk cases showed the biggest rise in June – up by over a quarter on the previous year. This indicates that the severity of domestic abuse has increased in lockdown and it is likely that situations have escalated more rapidly during this time as well.

**COVID itself has been used to victimise people.** Spitting at people, using the threat of infection, flagrant breaching or threats to report people to authorities for breaching stay at home guidance and depriving them of their liberty have all been more common factors raised at Multi Agency Risk Assessment Conference meetings (that consider people at high risk of serious harm or homicide because of domestic abuse) since lockdown.

**A key pressure during lockdown and since has been the difficulties in accessing safe accommodation.** Refuge spaces and move on accommodation, including the additional temporary dispersed capacity commissioned locally and then expanded as part of the CV19 response, are mostly full up.

**Voluntary sector support services have all responded quickly to the lockdown and found creative ways of maintaining contact** with clients e.g. through the use of webchat, zoom, WhatsApp, through socially distanced walks etc. Staff continued to be onsite at the refuges during lockdown to offer reassurance and support. They have also been able to bid for substantial government funding that was not available to local authorities to support changes in service delivery.

**Digital exclusion is a key concern** - while some service users have welcomed WhatsApp calls or coffee mornings by zoom etc. others do not have access to equipment, cannot afford to use it or do not have Wi-Fi, do not have the skills, or perhaps most importantly for this client group - do not have somewhere safe and confidential to use it. If you are isolated at home with your abusive partner you may not be able to use online means to access support. This is a particular issue for young people seeking support who may have even less access to digital resources or private space, and for younger children, support is not possible if offered remotely.

During lockdown **long term emotional harm risk to children and young people** is a concern due to them living with domestic abuse and not having access to normal support mechanisms (school, friendship groups, family members etc.). SAYIT the local specialist LGBT+ young people's service report that LGBT young people have been more at risk of abuse when living in lockdown with homophobic family members. As children return to school in the autumn teachers need to be supported to recognise the impact of abuse and how they can adopt a trauma informed approach in managing behaviours.

**A new model of working with families affected by domestic abuse has started to be introduced during lockdown.** The [Safe and Together](#) model is one that is a child centred; a strengths based

approach that seeks to develop the capacity and understanding of practitioners to safely respond to domestic abuse by partnering with the non-abusing parent. It strengthens the ability of services to understand how the perpetrator is creating harm or the risk of harm to children. This perpetrator pattern based aspect of the model ensures that fathers who are perpetrators will be held to the same standard of parenting expectations as mothers.

There have also been concerns raised, particularly by the Children's NHS Foundation Trust that child to parent abuse has risen during lockdown – systems are not in place to quantify this however.

**The proportion of males presenting as homeless due to domestic abuse has risen** during lockdown by 71% from 24 to 41 between March and July. The SafeZones dispersed safe accommodation project has enabled 3 men to access safe housing during the lockdown period.

**The proportion of IDAS service users that identified as lesbian, gay or bisexual** increased during lockdown compared with last year: from 2.6% to 3.8%. This may be linked to the work that SAYIT have been conducting for the city through the [Call it Out](#) project which aims to increase awareness of LGBT+ people's experience of domestic abuse and increase the skills and confidence of professionals – specialist and non specialist in responding.

The proportion of IDAS service users who are BAME has fallen during lockdown. **The pandemic and lockdown have potentially increased barriers to accessing support amongst the BAME community.** Specialist agencies have reported that some BAME women are likely to more be more isolated and have less access to usual supportive agencies and / or technology to help them access support. They may also have less access to information about support agencies in their own languages. The higher level of incidence of COVID 19 in the BAME community has also raised issues – e.g. the risk of isolation and coercive control by family members could be heightened as they argued that the victim/survivor should not leave the household to go to work for fear of them being exposed to COVID in the workplace and bringing the virus back to the home. One mother who did not speak English told a service that she believed her abusive husband when he told her she wasn't allowed to leave the home because the government wouldn't allow it due to COVID, she would have her child removed and she would be arrested.

During lockdown, employees that are experiencing domestic abuse may be more at risk due to isolation and the abuser using lockdown to control them further. **The pandemic has made it clear how important it is that agencies have policies in place to support staff** affected by domestic abuse – Business in the Community updated their [toolkit for employers](#) in April.

The voluntary perpetrator programme [Inspire to Change](#) has seen increased issues for their clients with regard to substance misuse during the pandemic – e.g. large rises in referrals relating to alcohol especially during the bank holiday periods of lockdown. The service is running online drop ins, and has posted lots of digital content and videos via its YouTube channel, and uptake has been positive. **Engagement with perpetrator support has increased as a result of a change in offer – many clients have preferred telephone assessments to attending a building for their initial contact with the service.** This has meant an increase in successful completions from 26 in the whole of 2019/20 to 18 in quarter one. However the service was designed as a primarily group provision and therefore capacity is extremely stretched with most interventions now being one to one, and no COVID related government funds being made available to perpetrator focussed services.

**What we think we should do about it**

The impact of lockdown is likely to be felt for some time for people impacted by domestic and sexual abuse, we are expecting that service capacity will be under pressure for several months at least. Voluntary sector services and specialist teams in statutory services (e.g. the Strengthening Families domestic abuse team) have been responsive and flexible during the pandemic. However domestic and sexual abuse were not created by the pandemic, and while these issues have no doubt had terrible impacts on individuals of all ages during lockdown but they did so beforehand as well. We need to continue with developing joined up multi agency responses to domestic and sexual abuse that take heed of emerging best practice and take a whole family approach. We must:

**Invest in services for all those impacted by domestic abuse – victims / survivors, children and perpetrators, and increase capacity where needed to ensure needs are met**

- Continue to commission good quality victim / survivor support services that have enough capacity to respond to the need in the city. The capacity of services is not enough to fully meet the needs of these victims/survivors.
- Work to ensure that commissioned services meet the needs of all sections of the population, particularly BAME victims / survivors.
- Increase the capacity of specialist therapeutic support for victims/survivors of domestic and sexual abuse and review and rationalise pathways to and from mental health services.
- Ensure commissioned services are trained in suicide prevention.
- Invest in voluntary support for perpetrators. Professionals must be trained to understand how to talk about domestic abuse with perpetrators in order to protect children and victims / survivors – the Safe and Together model must be rolled out and embedded in practice.
- Continue to promote awareness of services and how to access support, building on all that has been done during the pandemic including continuing to identify safe spaces where people can ask for support e.g. working with local businesses.
- Promote digital inclusion including in safe spaces – libraries, children’s centres, schools etc. Find ways of offering group work support to people who are digitally excluded.

**Ensure there is adequate provision of good quality, safe, appropriate emergency accommodation with specialist support**

- Maintain and grow the new dispersed safe accommodation offer (currently funded by a government grant) as this has proved vital when refuge provision filled up.
- Consider providing more emergency safe accommodation for families with specialist support which can be accessed in an emergency that can flex and grow in times of emergency and / or consider remodelling existing provision.
- Ensure better joined up working between support providers and housing so that move on is more streamlined

**Improve responses from agencies and employers**

- Ensure organisations have effective domestic abuse policies covering both clients and staff and include responding to victims/survivors but also perpetrators.
- Encourage attitudinal change in relation to domestic abuse both in terms of the general public and of professionals. Safe and Together will move the focus for agencies from ‘why doesn’t the victim leave’ to why doesn’t the perpetrator stop’. A greater understanding of coercive control and its impacts is still needed. This training should be mandatory for key

professionals e.g. health, criminal justice agencies, voluntary sector providers, housing and social care.

- Encourage all professionals and organisations to continue to work toward becoming trauma-informed, to an approved standard.
- Improve multi agency information sharing and creative joint working to increase engagement in support

**Prevent domestic and sexual abuse in the future by increasing understanding of the dynamics of abuse and the impact of trauma, and by branding Sheffield as a city where we foster healthy relationships**

- Encourage attitudinal change in relation to domestic abuse by the general public. Attitudinal change and awareness of the issues could also be championed by key city leaders in order to provoke debate and discussion among the public.
- Positively promote the importance of healthy respectful and nurturing relationships throughout the life course –as children, parents, in couples, as neighbours, as friends, as carers and as colleagues. We should commit to making a statement about the importance of relationships as Rochdale has done in it's [Relationships Manifesto](#).
- Ensure high quality Relationship and Sex Education is available in our educational settings.
- Support the roll out of bystander projects such as the Glasgow model [Mentors in Violence Prevention](#) which builds the skills of young people to challenge their peers around bullying, harassment and controlling relationships.

**Work with national organisations and partners to raise national issues**

- Work with partners to pressure national government to ensure housing benefit is set at a level that helps secure access to private rentals and prevents growing arrears as a result of the pandemic. The benefit cap must be lifted to ensure people receive the uplift in housing benefit and can flee domestic abuse to new tenancies they can afford.

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