

## COVID-19 RAPID HEALTH IMPACT ASSESSMENT

### TASK AND FINISH GROUP THEME:

#### Summary of Theme:

- Please provide a short description of the theme being reviewed by the task and finish group including what is in and out of scope.

Domestic and sexual abuse – victims/survivors, perpetrators and children including sexual abuse

#### Summary of impacts:

- Please describe particularly significant impacts overall relating to this theme
- Please highlight those specific population groups that have been differentially affected about by the response to Covid 19 relating to this theme. Impacts could be current or predicted
- Provide an indication of which issues/impacts the task and finish group feel should be given highest priority when developing the response to this HIA

*‘This pandemic creates a paradox as regards staying safe at home and it is one to which we should all pay attention. Governments across the globe have called upon us all to play our individual part in tackling COVID-19 by staying at home, but a critical mindfulness of what this means for many women and children is also important.’<sup>1</sup>*

Domestic Abuse is a particular concern during the COVID 19 pandemic because of :

- 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

The pandemic has highlighted the importance of understanding the dynamics of coercive control when responding to domestic abuse. The public narrative around Domestic Abuse has tended to be associated with physical manifestations e.g. black eyes and bruises, and while physical violence is of course harmful and can lead to serious harm or loss of life (and it is likely the rate of domestic homicides will have increased during lockdown), the daily reality of living with domestic abuse is likely to be the experience of coercive control. This is abuse that removes the victim’s/ survivor’s ‘space for action’<sup>2</sup> through the micromanagement of everyday life and which creates a state of hypervigilance that is described as ‘walking on eggshells’. This liberty crime<sup>3</sup> 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.

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<sup>1</sup> The pandemic paradox: The consequences of COVID-19 on domestic violence Caroline Bradbury-Jones RN, PhD Louise Isham PhD

<sup>2</sup> Liz Kelly, 2003

<sup>3</sup> Evan Stark, 2009

Coercive Control became a specific offence in 2015 (Section 76 of the Serious Crime and Victims Act) and is a key feature of the form of domestic abuse that Johnson<sup>4</sup> called 'intimate partner terrorism' – the most dangerous form of domestic abuse. It is defined as follows:

- Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim
- Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour

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. Referrals to Sheffield community support service IDAS where the victim/survivor is vulnerable as a result of isolation have increased from 0.7% of referrals last year to 2.9% during lockdown.

To summarise the impact of coercive control in the pandemic: people who were isolated because of domestic abuse already are likely to be more so during a lockdown. They are less visible to services and less able to seek help. Victims/survivors of sexual abuse are also less likely to report. And people who were most vulnerable already would have felt this impact most keenly e.g. people that have been shielding on health grounds at risk of domestic or sexual abuse. Services contacting shielding people need to be confident to respond to disclosures and aware of domestic and sexual abuse pathways.

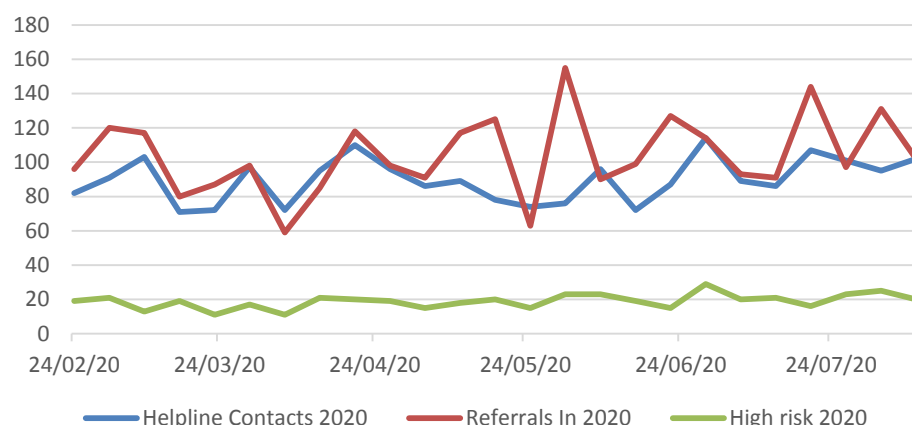
Conversely, for those that were not living with an abuser during lockdown some agencies have reported that victims/survivors have been able to use lockdown as an excuse to end the relationship and stop further contact with the perpetrator.

Initially the lockdown meant a reduction in referrals for support locally – both to domestic and sexual abuse services. The chart below illustrates weekly monitoring of the calls and referrals to the community based domestic abuse support service [IDAS](#) illustrating the dip in referrals in March as lockdown started:

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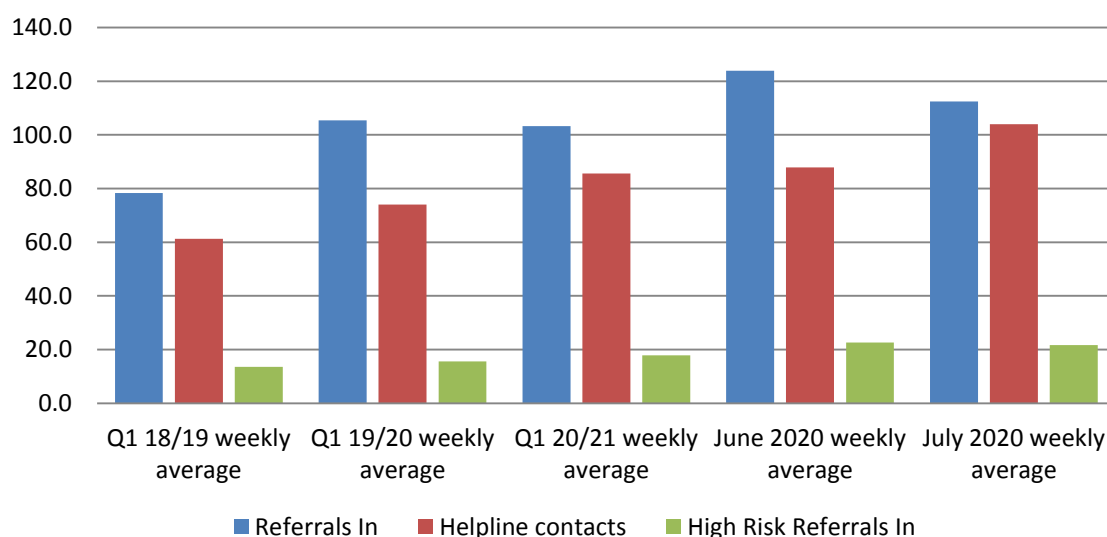
<sup>4</sup> **A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence**  
Michael P Johnson July 2008

### Domestic Abuse Service Helpline Contacts and Referrals In 2020



In June, however, when compared with the quarter 1 average in the last three years, referrals, helpline calls and numbers of high risk cases all showed an increase, as they did in July but not quite to the same extent:

### DA Service Activity Comparison



As lockdown eased in June the data above demonstrates that referrals were being made by professionals 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 with referrals to IDAS since February 2020 now averaging 104 a week – up 11% from last year. 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.

Spitting at people, using the threat of infection, 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. Risk to family members as a result of threats to infect is a concern felt keenly by children in particular. Also at MARAC several perpetrators were reported to have been reported to be flagrantly ignoring shielding and distancing by visiting other people, deliberately raising the risks to partners/victims. Fears about COVID causing barriers to accessing support have been reported by survivors to services. One woman said she was scared to leave and come to the refuge because she thought there would be lots of people sharing rooms, she was happy when she arrived and found she had the option to self isolate. Another survivor reported that when she had the symptoms of Coronavirus prior to coming to refuge - she wasn't allowed to self isolate. The perpetrator (father of their child) moved their 12 year old son into the same room as her so he would catch it too. Another woman told Women's Aid her abusive partner threatened her with COVID - that he would make sure she got it, as she had other health issues she was worried, but her next door neighbour supported her get help. In another case a woman with three children said her abusive husband kept bringing lots of men to her house for gaming and she had to sit with them with her children in the same room, and was frightened they would get COVID. She rang the refuge and they supported her to leave.

The high number of high risk cases has meant that extra day long MARAC meetings have had to be scheduled during July and August. With regard to Police referrals the BBC has reported that: 'Figures show there were 8,517 domestic abuse incidents reported in April to the North, West and South Yorkshire police forces compared to 7,693 for the same period last year. In addition, more than 2,500 domestic abuse arrests were made in the same month - nearly a third more than the previous April. In South Yorkshire, the number of domestic abuse arrests in April rose by 50% compared to the same month in 2019. Supt Shelley Hemsley, the force's lead for domestic abuse, said measures had been brought in during the lockdown to make it easier for people to report domestic abuse. She said there had been 250 contacts made to police via an online reporting method as opposed to having to use the telephone, which could be harder for victims.'<sup>5</sup>

Data for Sheffield from SYP shows that reports of Domestic Abuse rose from 1852 in the 8 weeks from 15<sup>th</sup> March, to 2024 in the 8 weeks from the 10<sup>th</sup> May to the 4<sup>th</sup> of July, an increase of 170 reports or 9.2%. At the same time criminal trials have mostly been suspended which will leave those that do wish to pursue a conviction waiting a long time before they get to court – prolonging stress and anxiety. The National Domestic Abuse Helpline has reported a large rise in contacts since lockdown - 40,000 calls and contacts during the first three months of lockdown. In June, calls and contacts were nearly 80% higher than usual<sup>6</sup>. This large increase is likely to be due to its national prominence. Unfortunately we are unable to see evidence of these referrals filtering through to a local level – the National Helpline signposts to local services rather than making referrals which makes local data capture problematic and also suggests that take up of signposting options from the National Helpline has not been high. It is therefore important that local helplines are promoted as these can ensure victims/survivors are linked up quickly with local support services. Other local third sector support services have also reported a rise in referrals e.g. Ashiana and Roshni – both specialising in support for BAME women, Shelter – who work with domestic abuse survivors through their homelessness prevention and resettlement support service, and the Together Women Project who support women offenders and deliver young women's engagement projects.

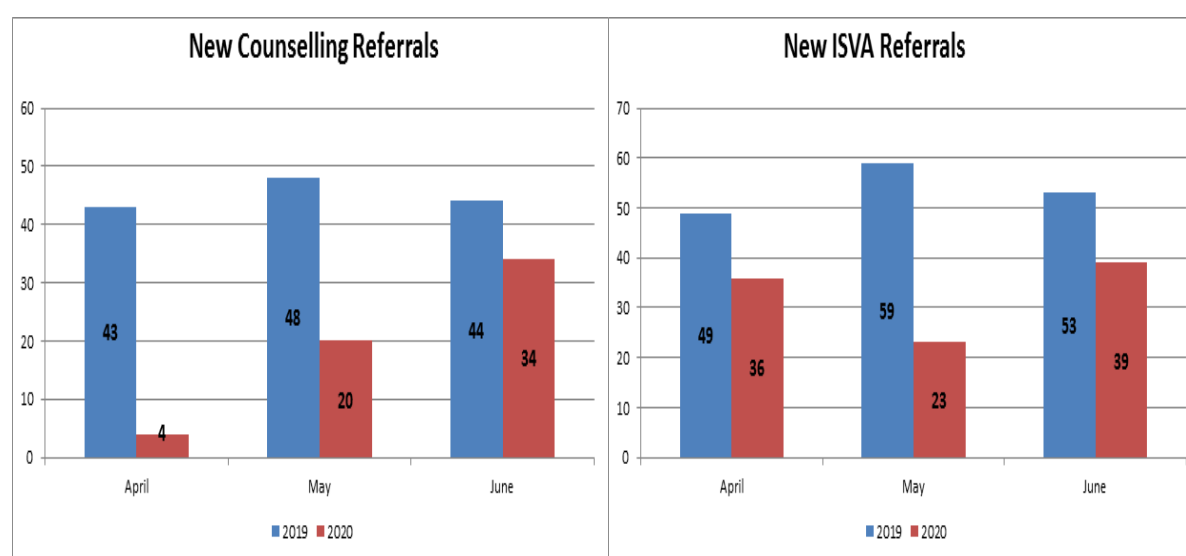
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<sup>5</sup> <https://www.bbc.co.uk/news/uk-england-53493263>

<sup>6</sup> <https://www.bbc.co.uk/news/uk-53498675>

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. And this is in contrast to the fall in homeless presentations overall during lockdown: Sheffield City Council's Housing Solutions has seen between 75-85% fewer presentations per month. 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. There were also 251 more contacts of a domestic abuse nature in the period March – May 2020 than there were in the same period in 2019.

Sexual abuse services have seen a similar pattern with regard to referrals since lockdown. [Sheffield Rape and Sexual Abuse Centre](#) saw referrals for both its counselling service and to its Independent Sexual Violence Advisors (who support victims/ survivors through the criminal justice process if they choose to pursue a conviction), dip and then begin to recover by June as the graphs below illustrate:



The dip is much clearer in relation to counselling referrals indicating that access to therapeutic and mental health support became difficult during lockdown which will have consequences down the line as people have not had the support they need to help them recover from the trauma of abuse. 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. However where the perpetrator is an acquaintance, friend or in a small number of cases a stranger then lockdown is likely to have impacted by reducing the capacity to seek support rather than exacerbating the abuse itself. Exceptions to this will be where victims were locked down with their abusers but no intimate relationship existed e.g. in houses of multiple occupancy or where the sexual abuse was perpetrated by a carer.

Therapeutic services such as counselling and therapy services initially faced significant barriers to resuming their offer of support during lockdown and as lockdown eased. Services such as SRASAC immediately began telephone check ins with counselling clients but were concerned about resuming

in depth counselling sessions with people impacted by trauma by phone rather than face to face. However Rape Crisis England have since developed an online secure counselling room service that SRASAC are now using to offer to those clients who wish to / are able to use this method of online support – see section on digital exclusion. Victims / survivors of domestic and sexual abuse are all recovering from trauma, both recent and often historic – especially in the case of adult survivors of child sexual abuse. Lockdown 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.

The Mental Health and Learning Disabilities Improvement Board for the city agreed a paper in September 2019 that highlighted issues with lack of capacity and unclear local pathways in relation to therapeutic support for survivors of domestic and /or sexual abuse and which recommended the establishment of a task and finish group to consider these issues – unfortunately this has not yet been set up. Members of the Domestic Abuse Service User Reference Group were keen to point out that lockdown will have had an additional significant impact on the mental health of victims / survivors, many of whose mental health would already have been impacted by their experience of abuse. IDAS also report that access to mental health services has become more difficult during the pandemic. Recent research (as yet unpublished) by the Transforming health and social care in Kent and Medway partnership highlights the link between suicide and domestic abuse e.g. finding that over 60% of high risk victims had felt suicidal and / or attempted suicide, and that out of 93 Domestic Homicide Reviews published in England and Wales since 2016, over a quarter (26%) contained a suicide; either that of the victim or perpetrator (murder/suicide).

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. This is because tenancy quittings reduced dramatically and the Choice Based Lettings system was paused (in line with government guidance) and remains suspended at time of writing although there are plans to reintroduce it in the autumn. Only people assessed as in critical need are being offered tenancies and viewing of properties is not currently allowed although steps are being taken to address this issue, meaning that move on refuges and other supported or temporary accommodation is very slow. This means that when people have reached a decision that leaving an abusive situation is their best option it is very hard to find them somewhere suitable to move to. Limited options may mean people stay with or return to abusers. Housing providers / support organisations have also seen large rises in demand. For example, Guinness Trust in Sheffield have reported a 20% rise in domestic abuse cases. Combined with the rise in homelessness presentations due to domestic abuse this situation has meant that agencies have had to accommodate women and children in B and Bs (which are often not suitable environments for traumatised individuals and vulnerable children) and hotels.

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.

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 zoom, WhatsApp, through socially distanced walks etc. Staff continued to be onsite at the refuges during lockdown to offer reassurance and support. The Council has made PPE available to refuge staff and St Luke's Hospice were commissioned to provide training via zoom on using PPE safely. Space in refuge buildings was adapted to ensure socially distanced face to face contact e.g. using the lounges as a keywork rooms

and using the outside spaces more. The play leaders at the refuges made video contact with every child every day and supplied materials (arts/crafts/bake a cake/dance off/making rainbows) to enjoy in their own flat with their mum. Face to face (socially distanced and family specific) play sessions resumed from the 1st June 2020 - encouraging mums to 'play' with their children and using the outside space no matter what the weather. Sheffield Women's Aid have ensured regular food bank and Food Pharmacy deliveries for residents. Work has also been ongoing to put in measures for testing and tracing in accommodation provision like refuges and upgraded business continuity plans will be an expected outcome in case of further outbreaks.

Alongside the online reporting form developed by SYP, agencies such as IDAS have increased their offer of webchat facilities and introduced webchat for professionals wanting to discuss a case. These options have been promoted on social media along with the silent 999 option for alerting the Police if it is too dangerous to speak. They have also been able to bid for substantial government funding that was not available to local authorities e.g. £485,000 came to specialist domestic and sexual abuse organisations in South Yorkshire from the Ministry of Justice via the Office of the Police and Crime Commissioner a large proportion of which came to those working in Sheffield. Charities such as Women's Aid have also managed to secure funding from businesses such as John Lewis to enable purchase of equipment for residents. Information about local services was sent to Pharmacies participating in the national [Safe Spaces](#) scheme providing an option for victims/survivors needing to seek help who could not use the phone or internet to do so. Members of the Sheffield Domestic Abuse Service User Reference Group felt that this sort of initiative should be encouraged and expanded.

**Digital exclusion is a key concern** raised by local support providers - while some service users have welcomed WhatsApp calls etc. (refuge residents have their own whatsapp groups etc. to combat isolation) 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. This links to coercive control and isolation – even if you have the equipment and skills, if you are isolated at home with your abusive partner you may not be able to use online means to access support. There is also likely to be pressure due to children being at home who may not be able to access lessons, support, or entertainment either or there may be competing demands in a household. There is also a limit to the size of groups that can be conducted via online platforms. Some agencies, voluntary and statutory, are providing equipment to vulnerable families they are working with thanks to additional funding. These issues also apply to children and young people being supported by local services such as [Haven](#) (the local specialist service supporting children and young people affected by domestic abuse) who have found that some of those that they are working with:

- Lack the ability to maintain safe space/contact (e.g. the perpetrator may be present and

entering in support can provide extra pressure, worry and risk for the young person as the perpetrator may think they are sharing details of the abuse)

- A lack of private space means that young people do not feel able to communicate.
- Young people often do not have access to technology and borrowing phones etc. from carers can be problematic. Support can be disrupted with the notifications/messages etc. and sometimes carers are reluctant to give up their phone for an hour or just don't have the data to spare.
- Or in some cases the relationship wasn't built with the practitioner prior to lockdown and this can impact on the young person's ability to engage remotely
- The young person had additional issues which impacted on their ability to communicate (prior to lockdown) e.g. anxiety, emotional regulation, able to 'be still' and this was even more problematic when communicating online.

### **Poverty**

Poverty as a result of domestic or sexual abuse has always been an issue due to having to leave your home or job or support networks to escape it, but also due to national / structural issues such as benefit caps imposed in recent years. Shelter have reported that during the pandemic there have been problems in relation to housing benefit for example, where this is set at a level that precludes access to private rented accommodation or results in growing arrears. According to the Sheffield Star<sup>7</sup> 'Department for Work and Pensions figures show 866 households had their benefits capped in Sheffield in May. This was a rise of 61% on the number capped in February, when there were 537 families who had either their housing benefit or Universal Credit payment reduced.'

### **Children**

The NSPCC have seen an increase in the number of people contacting the NSPCC helpline about domestic abuse, rising from an average of around 140 contacts a week earlier this year to an average of around 185 contacts a week since the government's stay at home guidance was issued.<sup>8</sup> The themes the NSPCC have identified from these contacts are:

- lockdown bringing domestic abuse into sharp focus
- making it harder for children and young people to speak out
- making it more difficult to leave
- parental drinking during lockdown has increased
- abusive parents have been exploiting fears about the coronavirus
- young people are worried about other family members.

A common view among the public and professionals is that children are affected by domestic abuse if they have 'witnessed' it however increasing understanding of coercive control has enabled us to improve our awareness of the long lasting harmful impact of living with an abuser has on children whether they are directly physically harmed or not. As Dr Emma Katz asserts: 'Perpetrators'/fathers' coercive control places children in isolated, disempowering and constrained worlds which can hamper children's resilience and healthy development and contribute to emotional and behavioural problems...Children may be harmed by non-physical abusive behaviours inherent to coercive control-based domestic violence, including continual monitoring, isolation and verbal/emotional/psychological and financial abuses'.<sup>9</sup>

During lockdown long term emotional harm risk to children is a concern due to them living with

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<sup>7</sup> Sheffield Star 21/08/2020

<sup>8</sup> <https://learning.nspcc.org.uk/research-resources/2020/coronavirus-insight-briefing-domestic-abuse>

<sup>9</sup> [https://www.researchgate.net/publication/281633706\\_Beyond\\_the\\_Physical\\_Incident\\_Model\\_How\\_Children\\_Living\\_with\\_Domestic\\_Violence\\_are\\_Harmed\\_By\\_and\\_Resist\\_Regimes\\_of\\_Coercive\\_Control](https://www.researchgate.net/publication/281633706_Beyond_the_Physical_Incident_Model_How_Children_Living_with_Domestic_Violence_are_Harmed_By_and_Resist_Regimes_of_Coercive_Control)

domestic abuse and not having access to normal support mechanisms (school, friendship groups, family members etc.). [Haven](#) have been funded by SCC during lockdown to increase their capacity so that they can work with more vulnerable children impacted by Domestic Abuse. A new process of checking child protection cases against domestic abuse service records has started during lockdown and this has established that 80% of families discussed at child protection conference have had some history of involvement with domestic abuse services indicating the scale of the overlap between the two issues. For some families, the impact of home schooling and home working will have been significant, especially if this is impacting on a perpetrator's mental health and increasing substance misuse and anger issues within the home. Operation Encompass, the sharing of information about police call outs re. domestic abuse with relevant schools, was initially paused at the start of lockdown but has been re-offered in a revised form to schools for safe operation while most children have been at home, with extra resources provided to support safe contact with victims.

Haven have reported that lockdown has had a significant impact on their clients: 'Many of the CYP we support have some level of mental distress, many issues relate to anxiety and CYP have struggled to maintain attendance at school – we will need to work with teachers to recognise the impact of abuse and how they can adopt a more trauma informed approach in managing behaviours that could be masking the inability to managing emotions, disassociation etc. Additional support will be needed for CYP to help them cope in returning to schools that are likely to feel unfamiliar and unsafe.' Women's Aid reported issues as formal contact arrangements via Social Care were stopped. This meant one of their residents didn't see her child at all during lockdown. Although social care supported video contact - this didn't work as the child was 1 years old. Her solicitors and the Court couldn't help. Mum was really struggling with this (contact went from 3 x a week to nothing) and self medicated using drugs and alcohol after being 'dry and stable' for months. A member of the Domestic and Sexual Abuse service user group also said that contact with her child's father through remote means was impossible due to the child's age.

A new model of working with families affected by domestic abuse has started to be introduced during lockdown because of the concerns that domestic abuse would be escalating for some families, at the same time that engagement was becoming more difficult. Therefore professionals needed to increase their skills and become more domestic abuse informed in the current circumstances. Dr Emma Katz is clear that 'responsibility for the impacts on children of coercive control-based domestic violence should be placed with the perpetrator (usually fathers/father-figures) and not with the victimised parent (usually mothers)'<sup>10</sup> and the [Safe and Together](#) model that children's and domestic abuse practitioners have started to be trained on in spring / summer 2020 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. The model responds to domestic abuse by removing victim blaming and instead placing a specific focus on the perpetrator's behaviours. Safe and Together is specifically designed to focus on promoting the best interests of children focusing on safety, permanency, recovery from trauma and well-being. 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. Setting high standards for fathers helps children because it guarantees a more comprehensive assessment of risk, safety and protective factors and increases the effectiveness of the system in engaging men to become better fathers. It is intended that the programme will be rolled out across the city by trainers from the Strengthening Families specialist domestic abuse team working with social care in the council and trainers from IDAS.

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<sup>10</sup> Emma Katz ibid

Members of the Domestic and Sexual Abuse Service User Reference Group felt that the Family Courts process was even more difficult than usual during COVID e.g. re. making contact with court staff or sorting our problems such as ensuring Courts were not sending documents to the wrong solicitor.

### **Young People**

Haven has outlined some of the harmful impacts of the lockdown on the young people they support as follows:

- Young people are experiencing greater degrees of isolation and are being forced to spend more time in the home environment, with none or little respite – for many children and young people this is not a safe place to be.
- For some children and young people contact they were having with non-abusing parents has been stopped
- Some children and young people are breaching ‘lockdown’ requirements that is bringing them in contact with the police and in conflict with communities
- Children and young people are engaging in ‘risky’ behaviour, becoming vulnerable to exploitation both criminal and sexual<sup>11</sup>
- Young people are lacking access to privacy and activities that help them to manage their mental health and wellbeing and for those unable to communicate remotely, professional support has also stopped. This means that for some the progress they had made in dealing with destructive feelings and behaviours has been eroded and as a result mental health is suffering with increasing in depression, anxiety, poor self-care and a lack of motivation - some CYP that were accessing support have become withdrawn.
- Safe people and contacts are no-longer accessible, particularly those that found school and or social, sport or friendships groups - the places where they would find people to talk about their worries and/or make disclosures of significant harm.

The NSPCC also make the latter point in relation to disclosure of sexual abuse – these are less likely in lockdown situations especially if the abuser is a family member.<sup>12</sup>

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. 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. Data from IDAS shows an increase in referrals in quarter 1 2020 compared to last year of those aged 16 and 17 from 1.5% to 1.8%, aged 18 from 1.3% to 1.7% and 19 from 2% of all referrals to 2.6%. These numbers are still low e.g. 26 16/17 year olds during lockdown

### **Older people**

Referrals of those aged 65+ to IDAS increased during quarter one to 4.1% compared to 3.5% of all referrals last year. Older people are more likely to have other health conditions, be disabled or be shielding. They are also more likely to be living with a perpetrator who is also at home if they are a partner / spouse. It is important to remember that older people are not all heterosexual. Stonewall’s most recent report<sup>13</sup> into the topic showed that lesbian, gay and bi people over 55 are more likely to be single and live alone, and less likely to have children or regularly see family members than straight people. If LGBT+ older people are living with an abuser then getting help may be even more difficult than for their heterosexual peers. The proportion of referrals where the perpetrator was identified as an adult child of the victim / survivor has increased in quarter 1 from

<sup>11</sup> A finding echoed by NSPCC <https://learning.nspcc.org.uk/media/2246/isolated-and-struggling-social-isolation-risk-child-maltreatment-lockdown-and-beyond.pdf>

<sup>12</sup> NSPCC ibid

<sup>13</sup> <https://www.stonewall.org.uk/resources/lesbian-gay-and-bisexual-people-later-life-2011>

4.6% last year to 6% during lockdown. A finding of a local case review was that agencies sometimes do not recognise this form of abuse as domestic abuse and risk assessments and referrals are sometimes not undertaken, this rise in referrals during lockdown emphasises the need agencies to be alert to adult family violence as a form of domestic abuse.

### **Gender**

Women generally are more likely to be affected by domestic abuse and more likely to experience repeated or severe domestic abuse. [The evidence for this is outlined in Sheffield's Domestic and Sexual Abuse Strategy](#). The gender split of referrals has stayed the same as last year during the lockdown period e.g. around 89% female 11% male. There are a small number of people this year (and last) who are non binary, or who prefer to self describe their gender and a small number who disclosed their gender is now different to that which was assigned to them at birth. 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 and it is intended to review the effectiveness of this offer in the autumn and make a case for longer term investment.

The South Yorkshire voluntary perpetrator programme Inspire to Change has seen a rise in engagement during lockdown. Of the referrals they received during the quarter 210 were males and 75 were females however the provider (South Yorkshire Community Rehabilitation Company) has expressed a view that a proportion of the referrals of women were inappropriate as they are women who are the primary victim in the situation but who have retaliated or 'used violent resistance'<sup>14</sup> against the primary perpetrator.

### **Pregnant women**

The proportion of pregnant women referred to IDAS declined during the lockdown period from 13.8% last year to 11.5%. 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.

The Teaching Hospitals NHS Foundation Trust has reported that the rapid introduction of telemedicine into the abortion service has helped the majority of women experiencing domestic abuse (but not all women) access care. Women can now self refer to abortion services if required so they do not need to see GP or sexual health services.

### **Sexual orientation**

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. Manchester's LGBT Foundation has conducted surveys during COVID and found that 8% of respondents did not feel safe where they were currently staying. This included 9% of BAME LGBT people, 15% of disabled LGBT people, 17% of trans people and 17% of non-binary people. The LGBT Foundation's Domestic Abuse programme had seen a 38% increase in number of people referred for domestic abuse support again indicating that there is more work to be done in Sheffield in relation to engaging marginalised communities in domestic abuse support.

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<sup>14</sup> Johnson 2008 ibid

**Black, Asian and Minority Ethnic people**

In 2019/20 34.4% of IDAS service users were BAME. In Q1 of 20/21 the proportion is 27.4%. The most significant reductions were in relation to people identifying as: Arabic (8.3% to 4.6%), Asian other (i.e. not Bangladeshi, Pakistani, Indian or Chinese: down from 5.7% to 5%) and Black other (i.e. not African or Caribbean down from 4.7% to 3.9%). 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 be more isolated and have less access to usual supportive agencies and / or technology to help them access support. Some of the problem will be in relation to language barriers. The majority of social media messages have been in English however at the time of writing a card translated into community languages is being printed for distribution via food banks and other community outreach provision. Shelter have reported that people without regularised immigration status fleeing domestic abuse are also experiencing problems accessing emergency accommodation. And the higher level of incidence of COVID 19 in the BAME community has also raised issues – a local health trust reported a recent case involving a BAME staff member where the risk of isolation and coercive control by their family members was 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 community or workplace and potentially bringing the virus back to the home. Local specialist services – Ashiana and Roshni have reported a rise in referrals and while their overall referral levels are low compared with IDAS this may indicate that more could be done to work jointly with BAME specialist organisations to safeguard and support victims/survivors. The proportion of people referred to IDAS who described themselves as being at risk due to forms of abuse more prevalent in certain cultures (i.e. Forced Marriage, so called ‘Honour’ Based Abuse and Female Genital Mutilation) has not changed over lockdown. Some victims/survivors with no recourse to public funds have faced additional barriers to access support: one survivor was trafficked into the country as a child. As well as experiencing domestic abuse she had been sex working to support her children and maintain her privately rented flat. During lockdown she stopped working and sought help from school who helped her access a refuge. Another woman with one child said her husband told her she wasn’t allowed to leave because the government won’t allow it due to COVID, she would have her child removed and she would be arrested. The woman was from Iran, English was her second language, so she believed him. Children’s Social Care got involved and she was then supported to leave.

**Religion and Belief**

There appears to have been little if any change in the proportions of people who declared their religion or belief, or that they had none, during the pandemic.

**Marital Status**

A higher proportion of IDAS clients were married in quarter 1 compared to last year, up to 14.7% from 12%. However the biggest change was in terms of those stating they were single at the time of receiving the service – up from 20% last year to 27% during the lockdown. However a proportion of the perpetrators in these cases must be a family member rather than an ex-partner as the number of perpetrators that were described as ‘current partners’ has increased during lockdown (28.5% to 32.7%) while the proportion of perpetrators that are ex-partners has decreased (from 40.2% to 37.6%). This may highlight the negative impact that lockdown has had on some couples, and the reduction in ex-partner domestic abuse could mean that lockdown has led to less contact with people outside the home.

**Working age people**

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. It is therefore important to check in with them regularly and:

- if staff are home based – managers should ensure that information about online support is shared and that this includes technology security tips, such as how to hide or clear your browsing history, without arousing suspicion;
- Managers should have regular; structured 1-2-1s/contact with all team members, including those who are subject to sickness leave or furloughed;
- Managers should help support staff wellbeing by sensitively asking how they feel about the changes to their working environment and what support they have at home;
- Managers should ensure they have sufficient time with staff and undertake 1-2-1s via video calls to check in.

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.

### **Disability**

National evidence<sup>15</sup> tells us that disabled people are at higher risk of serious harm due to domestic abuse in non lockdown circumstances. During Q1 2020/21 41.7% of IDAS service users are recorded as having a disability – however around 20% of clients were not asked / the data is not recorded. This is in comparison to 24.5% of service users during 2019/20. This may be a positive change in the rate of accessing support for people with disabilities due to new remote routes in / increased promotion of alternative methods to access support. During lockdown, for people with disabilities who were experiencing domestic abuse isolation will again have increased, and risk and severity of abuse are likely to have increased as well. Specific disabilities will result in particular issues during lockdown e.g. people with hearing difficulties will face further barriers when support is offered by phone or zoom unless they have specialist equipment. People with care and support needs will however still have been getting visits if health or social care agencies were providing their care.

Carers can be at risk of domestic abuse themselves. Sheffield has undertaken domestic homicide and serious case reviews where the victim has been a carer. Again increased isolation during lockdown is likely to have exacerbated abusive behaviour. Social care has reported a higher level of care arrangements breaking down in relation to people living with dementia during the lockdown period. Some of these circumstances will have involved abusive behaviour.

### **Substance misuse**

Substance misuse does not cause domestic abuse but it can be a trigger and can increase the frequency or severity of abuse. Deteriorating mental health, fear and anxiety about the virus and reduced access to or reluctance to engage with assessment, support, treatment for substance misuse during COVID may be impacting on both the victims/survivors and perpetrators and subsequently on any children present. Alcohol Concern found that 6%<sup>16</sup> of people reported that COVID-19 had created more tension in the household. MARAC cases are showing high levels of substance misuse as additional factors / needs during COVID. The proportion of victims/ survivors supported by IDAS identified as problematic drinkers or drug users increased this quarter compared to last year: from 4.9 to 5.2% for alcohol users, and 2.9% to 3.7% for drug users, as substance misuse is a coping mechanism for some victims/survivors this is another possible indication of the stresses of lockdown. A single woman who was living on the streets and a drug user, told services she was scared because she found it impossible to socially distance, but after coming to refuge and developing symptoms of COVID she was able to isolate and recover. Sheffield Women's Aid supported her by picking up her script and bought her shopping in and accessed food bank donations (her benefits were not in payment at the time). She said if she was still on the streets, ill and being abused, she believes she would be dead now.

<sup>15</sup> <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

<sup>16</sup> <https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings>

### Perpetrators

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. They have also seen a large rise in referrals generally – mostly due to changes in police practice - this time last year Inspire to Change received approximately 121 referrals, by mid July this year they had already received 576<sup>17</sup>. Structured group programmes are not going ahead as yet and clients are reported to be missing the peer contact which leads to more effective rehabilitation. However they are still running drop-in groups over the phone once per month. The service has posted lots of digital content and videos via its YouTube channel, and uptake has been positive, and the people attending have said it has been useful. Engagement has increased as a result of the 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.

### Recommendations:

How do you suggest this information can be used to ensure negative impacts are mitigated in our future decision making? For example:

- How can we/the city prevent or mitigate any negative impacts?
- How might our services/approach flex to meet the needs identified here to aid recovery?
- What are the good things happening that we want to keep? How could we do this?
- If there's no such thing as business as usual any more, are there opportunities for more radical change?
- What more do we need to know?

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. Several of these themes are already captured in [Sheffield's Domestic and Sexual Abuse Strategy 2018-22](#) which we will continue to implement. In addition, 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. IDAS is receiving an average of 104 referrals a week since lockdown, 19% of which are high risk. The capacity of the service is not enough to fully meet the needs of these victims/survivors many of whom have complex needs due to their experience of trauma, and support them to recover from the impact of abuse.
- Work to ensure that commissioned services meet the needs of all sections of the population,

<sup>17</sup> Reported at July 13<sup>th</sup> Domestic and Sexual Abuse Provider Consultation Group

particularly BAME victims / survivors encouraging partnerships and joint working where expertise is needed.

- 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. During COVID it has been proven that greater engagement is possible if the offer is right. We must put efforts into behaviour change to stop people ruining the lives of others, and usually their own lives, as a result of using abuse in relationships and in their parenting. 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. This will also promote better understanding of the impact of abuse on children and the need for trauma informed responses to victims/survivors of all ages.
- 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. Including finding ways to promote support messages discreetly and via languages other than English.
- 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. This could be through considering mixed methods of delivery i.e. delivering a physical group with a very small number of people in a social distanced space with others connected in via Zoom on a screen. This would mean the needs of those who really need to be seen face to face and those that need to isolate or simply cannot get into buildings would be met. Or if this is too difficult for group cohesion, begin offering small face to face groups alongside virtual groups for those that prefer them or can safely access them.

**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 an MHCLG grant) as this has proved vital when refuge provision filled up, it also means families with children are less likely to be placed in unsuitable B and B accommodation. Promote the offer of safe accommodation to men and the LGBT community as this was the gap it was set up to fill prior to lockdown.
- 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 from supported housing into sustainable tenancies. This means finding a way to enable viewings (virtually or in person) for direct lets.

**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. 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.
  - To complete a mapping exercise of trauma informed training across the borough
  - To agree and adopt a set of trauma informed principles and standardsPartners should self- assess against the agreed trauma informed principles and standard

- Improve multi agency information sharing and creative joint working to increase engagement in support e.g. so that agencies co-ordinate appointments to enable attempts to engage victims when perpetrators are seeing agencies such as Probation or by working with universal services such as health and education.

**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 in terms of 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](#). This is being explored as a result of the work to connect and clarify the differences between responding to parental conflict and domestic abuse, and has been discussed with partners in SCC and public health with an initial agreement to explore further.
- Roll out high quality Relationship and Sex Education in our educational settings. A recent article in the Lancet emphasised the importance of comprehensive sex education in combatting 'gender based violence': 'GBV is a multifaceted issue, but the failure to implement comprehensive sexuality education (CSE) internationally puts all people at increased risk of violence. CSE includes developmentally and culturally relevant, science-based, medically accurate information on a wide range of topics, including human development, gender identity, sexual behaviours, communication skills, empathy, and mutual respect. CSE teaches the skills needed to develop healthy relationships and to prevent and not perpetrate violence.'<sup>18</sup>
- 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. This is part of the Violence Reduction Unit strategy which aims to 'end domestic abuse'.

**Work with organisations such as the Local Government Association 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.

**Contributors:**

- Membership of task and finish group
- Other contributors or consultees (indicate whether contribution has already been made or is planned)
- Sheffield Domestic Abuse Service User Reference Group (facilitated by Sheffield Domestic Abuse Coordination Team Sheffield City Council)
- IDAS (DA helpline and IDVAs)
- Young Women's Housing project
- Haven (children and domestic abuse service)
- SAYiT (currently delivering an LGBT+ domestic abuse project)

<sup>18</sup> Comprehensive sexuality education to address gender-based violence, the Lancet Vol 396 July 18, 2020

- Sheffield Rape and Sexual Abuse Centre
- Sheffield Women's Aid
- Roshni
- Ashiana
- Vida Sheffield (therapeutic services)
- Shelter
- Together Women Project
- Strengthening Families Domestic Abuse Team (SCC)
- Guinness Partnership
- South Yorkshire Housing Association
- Office of the Police and Crime Commissioner
- South Yorkshire Police
- Sheffield Teaching Hospitals Foundation Trust
- Sheffield City Council Housing Services
- Sheffield Safeguarding Hub
- Sheffield City Council Housing Independence Service
- Sheffield Clinical Commissioning Group
- Head of Commissioning Vulnerable People – Sheffield City Council
- Sheffield Probation Service
- Sheffield Health and Social Care Trust
- Sheffield Children's NHS Foundation Trust.
- South Yorkshire Community Rehabilitation Company

#### **Methods and Sources of Intelligence:**

- Please give details of the various sources of information you plan to use to inform this Health Impact Assessment
- Please also highlight any significant gaps in intelligence, for example relating to certain population groups

Performance monitoring information relating to contracts commissioned by the Council has been used alongside information provided by Housing Solutions, the Sheffield Safeguarding Hub and South Yorkshire Police.

A provider meeting was held on 15<sup>th</sup> June and a further meeting with a wider group of invitees was held on the 13<sup>th</sup> July. The RHIA and its recommendations was also discussed at the Domestic and Sexual Abuse Strategic Board on the 2<sup>nd</sup> July and the Domestic and Sexual Abuse Joint Commissioning Group on 13<sup>th</sup> August. Emails asking for contributions were sent to a large group of contacts from agencies ranging from statutory to voluntary sectors. Providers were also asked to consult with service users e.g. service user voices were provided by Sheffield Women's Aid. Sheffield Domestic Abuse Service User Reference Group were also consulted on the draft report in August. Where policy or research has been used it has been indicated in references.

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