

Sheffield Domestic and Sexual Abuse Strategy 2018-2022



'Preventing violence, abuse and harassment is everyone's business'

Photograph of The Women's Quilt on display at the Winter Gardens in Sheffield, December 2017. A quilt honouring the lives of the 598 women killed by their partners or ex-partners between 2009 and 2015 in the UK.
thewomensquilt@gmail.com

1. Introduction

‘Domestic abuse is a widespread public health issue that needs a long-term strategy to reduce its prevalence’

The multi-agency response to children living with domestic abuse, September 2017¹

1.1 The new strategy outlines the local strategic direction of our citywide priorities on domestic and sexual abuse over the next four years. It has been developed by the Domestic Abuse Co-ordination Team in Sheffield City Council. It supports the Sheffield Corporate Plan, and complements other strategies and programmes which aim to prevent harm and target help at the most vulnerable. It acknowledges the national Violence Against Women and Girls Strategy², is informed by NICE guidance³, is supported by a comprehensive local needs assessment⁴ and by extensive consultation with victims, key stakeholders, service providers and the general public. The two issues of domestic and sexual abuse are not the same but significantly overlap as recognised in the national strategy hence the joint focus in Sheffield.

1.2 Domestic and sexual abuse are cross cutting issues, affecting individuals, families, children and young people, work places, schools, communities, and impacting on health, wellbeing both immediately and long into the future. These issues are increasingly being recognised as public health challenges that can and should be prevented.

1.3 In Sheffield we are fortunate in that there is a wealth of good work being undertaken to combat and address domestic and sexual abuse that cannot all be acknowledged in a concise strategy. This strategy aims to cover the key areas, link to local priorities and local known need. We will add new actions throughout the four year strategy period, in order to respond to changing circumstances, with approval from the Domestic and Sexual Abuse Strategic Board.

1.4 An overall action plan will be agreed, with each action in the strategy given a specific description and measurable target. Progress will be monitored quarterly throughout the four year period and key data will be updated annually, in line with the needs assessment process.

1.5 The strategy has been approved by Sheffield City Council and key stakeholders, including but not exclusively Sheffield CCG, South Yorkshire Police, the National Probation Service, South Yorkshire CRC, Sheffield Teaching Hospitals, Youth Justice Service, the Office of the Police and Crime Commissioner, the Independent Chair of the Children and Adults Safeguarding Boards, voluntary and third sector services and services users.

1.6 The Sheffield Domestic Abuse Co-ordination Team on behalf of Sheffield City Council will co-ordinate its implementation and will report to the Domestic and Sexual Abuse Strategic Board and the Safer and Sustainable Communities Partnership.

1.7 This is a challenging strategy, for a challenging time, not least in terms of maintaining investment in services, and only by strong partnership working, integrated commissioning, effective communication and multi-agency working can real long term, change take place.

¹ <https://www.gov.uk/government/publications/joint-inspections-of-the-response-to-children-living-with-domestic-abuse-september-2016-to-march-2017>

² <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

³ <https://www.nice.org.uk/guidance/PH50/Resources>

⁴ <http://sheffielddact.org.uk/domestic-abuse/resources/danac/>

2. Where do we want to be, and how will we get there?

2.1 **Our ambitions** remain that Domestic and Sexual Abuse, and all forms of violence against women and girls will not be tolerated in Sheffield and we believe that every individual and all agencies have a role to play in spreading this message.

No one should have to live in fear of violence, abuse or controlling behaviour in their relationship or family.

No one should think it acceptable to perpetrate violence against anyone.

No child should grow up in a home where violence or abuse is an everyday occurrence.

No woman or girl should have to put up with sexual harassment in our streets and public places

2.2 Aligning with the Sheffield City Council corporate plan, the national VAWG strategy, and other local strategies and in collaboration with service users and key stakeholders **we have identified our five priorities for Sheffield.**

2.3 In this strategy **we will:**

- **bring about culture change so that preventing domestic and sexual abuse is understood to be everyone's business**
- **work towards eliminating violence against women and girls**
- **ensure our services are of a good quality, promote safety and support recovery from abuse, so that people affected by abuse can achieve their full potential**
- **develop whole family working that supports victims and holds perpetrators to account**
- **tailor services to ensure support for the most vulnerable and those with complex needs**

3. Context

3.1 **What do we understand about domestic and sexual abuse?**

'I didn't recognise that I was being abused by my husband. The mental abuse and controlling behaviour went on for years before he began to hit me. One day I realised that my whole wardrobe had changed – the only colours I wore were brown and black.'

Member of the Domestic Abuse Service User Reference Group

3.1.1 People often associate Domestic Abuse with physical assault – a black eye, bruises, pulled hair, up to serious injuries...but there is increasing recognition that emotional abuse and controlling behaviour are the daily realities of living with domestic abuse. Survivors describe this as making them feel they are 'walking on eggshells'. It happens alongside physical attacks and can go on for years and can be even more damaging to physical and mental health and wellbeing, especially living with the fear of what might happen if the abuser isn't obeyed.

3.1.2 Sexual abuse and rape also occur as part of the domestic abuse in a relationship, or the perpetrator can be an acquaintance – a colleague, a friend, a neighbour – but it is rare that they are complete strangers. For many adults getting support, the abuse may have taken place when they were children. Whether the perpetrator is well known to the victim or not, the violation, shame and stigma will have a terrible impact on health and wellbeing, and feeling able to seek support for the after effects may be a process that takes many months or years.

3.2 Why does abuse happen?

3.2.1 It is commonly believed that the causes of domestic and sexual abuse are easy to identify. Alcohol misuse or drugs, or mental health problems on the part of the abuser are often seen as the main culprits. However it is important to distinguish between causes and triggers. Misusing substances does not necessarily lead to abusive behaviour and abstinence does not guarantee that people are not abusive either. Substance misuse can however be a trigger for incidents but conversely the use of drink or drugs can also be a coping mechanism for victims.

3.2.2 So what does cause domestic or sexual abuse? The experiences we have as children, especially when a parent or carer is abusive, can impact on our future behaviour. But there is no inevitable ‘cycle of abuse’ and thousands of children who live with domestic abuse do not go on to become victims or perpetrators.

3.3 Gender

3.3.1 The Government’s Strategy focuses on Violence Against Women and Girls⁵. It states that inequalities that still exist between men and women are ‘both a cause and consequence’⁶ of violence against women and girls. The World Health Organisation states that ‘often inequalities in gender increase the risk of acts of violence by men against women. For instance, traditional beliefs that men have a right to control women make women and girls vulnerable to physical, emotional and sexual violence by men. They also hinder the ability of those affected to remove themselves from abusive situations or seek support’⁷.

3.3.2 Gender inequalities are a key factor, and an understanding of the impact of gender inequalities will inform how we tackle domestic and sexual abuse in Sheffield. Gender has been considered in all actions and one of our five priority areas is Violence Against Women and Girls (VAWG), in line with the national strategy and because it was a strong theme of our local consultation.

3.3.3 It is however, important to acknowledge that abuse doesn’t only affect women and girls, boys and men also suffer abuse albeit in fewer numbers. Hence this strategy is addressing domestic and sexual abuse as they impact on everyone in the city, whilst including specific priorities around VAWG.

⁵ <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

⁶ Ibid

⁷ http://www.who.int/violence_injury_prevention/violence/gender.pdf

4. What have we achieved so far?

'The Outreach service really supported me. And the YANA (You Are Not Alone) group has educated me and helped me understand what abuse is and the different forms.'

'It's now ten good days to one bad day rather than the other way round'.

Service user consultation summer 2017

4.1 In our previous three year Domestic and Sexual Abuse strategy (2014-2017) we stated that our vision was: *We will work together to:*

- *Provide effective services to those in need*
- *Protect the most vulnerable and those at highest risk*
- *Prevent domestic and sexual abuse by sending out clear messages that abuse is not acceptable in our city*

4.2 This is what we have achieved since 2014:

4.3. Provision: The services commissioned by Sheffield City Council and its partners the Clinical Commissioning Group and the Office of the Police and Crime Commissioner are accessed by around 6,000⁸ people every year – 94.3% were female and 5.7% of these were males. Specialist support is effective, with most users being assessed as safer at the end of support, as abuse has either stopped or been notably reduced. In addition, 93% of users of the sexual abuse counselling service stated that the service had helped them⁹.

4.4 More people than ever before contact the city's Helpline – over 2,200 calls are received each year with an increasing number from the public (the rest being from professionals on behalf of someone they are working with). In addition, there are a number of other specialist services in Sheffield supporting women and children affected by domestic and sexual abuse each year, thanks to charitable funding.

4.5 Protection: In the last 12 months the Sheffield Multi Agency Risk Assessment Conference (MARAC) discussed 945 cases where people were at high risk of serious harm in order to agree actions to help keep them safe. The MARAC has been reviewed by external auditors in 2017 and is fit for purpose.

4.6 While every death as a result of domestic abuse is a terrible tragedy it is a fact that Sheffield currently has the lowest rate of domestic homicides in the Core Cities (the 7 largest cities in England outside London). This is a current average of 1.3 deaths that meet the criteria per year. When deaths do occur robust Domestic Homicide Reviews have been and are completed to increase our local understanding of domestic abuse necessary and changes made.

4.7 Prevention: Last year around 1,200 staff across the city were provided with training on domestic and sexual abuse, with most rating it as excellent.

4.8 Other progress to date:

4.9 Provision

⁸Sheffield Domestic and Sexual Abuse Needs Assessment <http://sheffielddact.org.uk/domestic-abuse/resources/danac/>

⁹ Performance monitoring 2017

- The opening hours of the Domestic Abuse Helpline have extended so that people can get support at evenings and weekends.
- A new purpose built women's refuge comprising self-contained flats for families and individuals opened in 2014.
- Since 2016 Sexual abuse counselling services have been available to all genders.
- A new regional Sexual Abuse Referral Centre (SARC) has been commissioned (OPCC) operating from a new South Yorkshire SARC premises.
- The Paediatric SARC service has increased weekend/bank holiday hours from 2017-18.
- A new countywide Independent Sexual Violence Advocacy (ISVA) service which gives dedicated ISVA and Children's ISVA support in Sheffield.
- Guidance for working with interpreters when domestic or sexual abuse is disclosed is now available and there are new posters in Chinese, Slovak, Urdu and Arabic.
- In 2017 the 'Ask for Angela' scheme has been successfully rolled out in 27 pubs and clubs in the city centre – meaning that someone suffering sexual harassment when on a night out or who doesn't feel safe on a date can get help to leave the situation and get home safely. In addition, approximately 850 taxi and licensed trades have received awareness raising of domestic abuse and sexual abuse as part of safeguarding awareness training.
- Local voluntary sector organisations secured significant funding from the Big Lottery Fund for their specialist services for women and children affected by domestic and sexual abuse and trafficking.

4.10 Protection

- Our Independent Domestic Violence Advocates are attending court to support people giving evidence in trials.
- The Sanctuary Scheme, which offers 'target hardening' to make the homes of people who are at risk of harassment or abuse from an ex-partner (or other abuser) safer, has been relaunched in 2017 and is reaching out to people in both council and privately rented tenancies, and owner occupied properties.
- The Sheffield Safeguarding Children's Board has produced a strategy to combat Female Genital Mutilation.
- The city has a highly respected Sexual Exploitation Service that supports young people at risk of sexual exploitation. The latest development is to pilot the extension of this service to young adults as well.
- A 'traffic light tool' has been produced for practitioners to help them assess the risk to children and young people from abuse in their own relationships (peer on peer abuse).

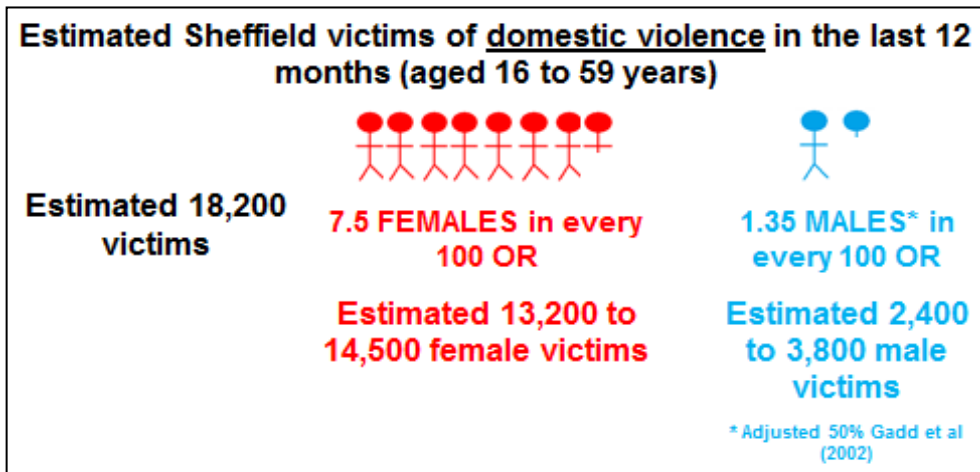
4.11 Prevention

- A leaflet has been produced for new arrivals to the city explaining that domestic and sexual abuse is not tolerated in the UK and there is help and support available for people who are abused.
- A new workplace policy on domestic abuse and e-learning has been adopted by Sheffield City Council and shared with other large employers in the city, some of whom have used it as a template for their own policies.
- Learn Sheffield, the Council and many specialist organisations and experts in the city have developed a web-based resource for schools and other educational bodies to help them address issues such as domestic and sexual abuse with their students.

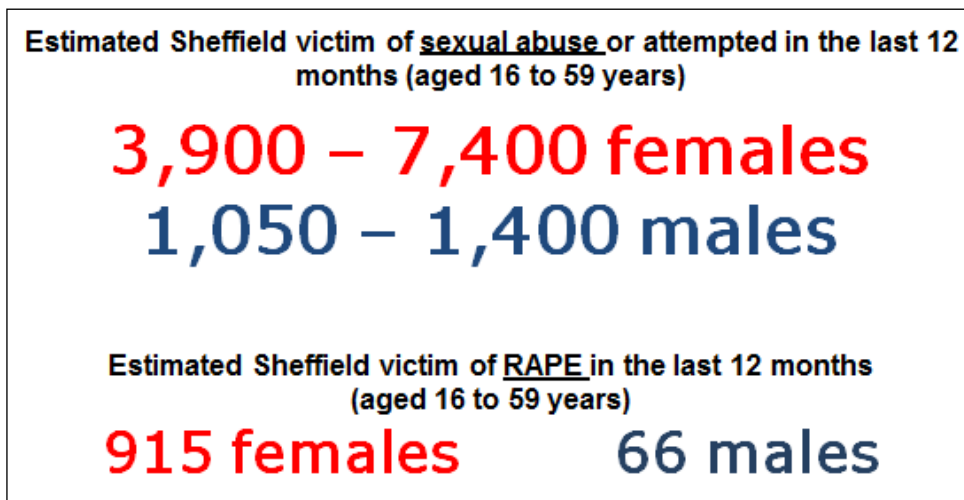
4.12 We have achieved a lot since 2014 but there is still more to do.

5. How big is the task?

5.1 Domestic and Sexual Abuse affect many people each year in Sheffield. Over 18,000 people (aged 16- 59 years) are estimated¹⁰ to have been a victim of **domestic abuse** in Sheffield in the last 12 months.



5.2 Between 5,000 and 9,000 people (aged 16-59 years) are estimated to have been victims of **sexual abuse or rape** in Sheffield in the last 12 months.



5.3 But we know in reality, that these estimates are likely to be higher. We know that domestic and sexual abuse doesn't stop at the age of 59; we know that confidence in reporting, especially of sexual violence, is still an issue. Whilst there were 12,029 incidents of domestic abuse reported to the Police in 2016/17 national data suggests a significant proportion of incidents of domestic and sexual abuse are not reported, e.g. only 15% of the estimated level of sexual crime was reported.

¹⁰ Sheffield Domestic and Sexual Abuse Needs Assessment 2017 <http://sheffielddact.org.uk/domestic-abuse/resources/danac/>

5.4 Research also tells us that the data we get from the Crime Survey of England of Wales (CSEW, self-completion questionnaire) only tells us part of the picture and can exaggerate the numbers of men who are experiencing abuse and minimise the number of repeat incidents experienced by female victims¹¹. Studies have found that at least 50% of men who self-report to surveys that they had been a victim of domestic abuse may in fact have been perpetrators of abuse¹². Our male victim data finds differences in the abuse profile between men and women, with men more likely than females to be abused by an adult family member, e.g. 31% of male victims from the last two years report they are being abused by adult family members rather than a partner, husband or wife.

5.5 Young people are at greater risk from domestic abuse than adults - An estimated 12.6% females and 6.6% males aged 16 to 19 years have experienced domestic abuse in the last year¹³. Young people's relationships can change quickly and not be visible to adults but where there is abuse it can be more severe.

An estimated 3,500 young people aged 16 and 17 years old (2,300 of these are female) in Sheffield have been a victim of domestic abuse in the last 12 months.

5.6 Young people are at higher risk of sexual abuse than adults – An estimated 9% of young women and 1.4% young men aged 16 to 19 years old has been a victim of sexual assault in the last 12 months. Unfortunately, we know that young people can be at risk of sexual exploitation or abuse in their neighbourhoods but also in school, college or via social media.

An estimated 1,900 sexual assault victims aged 16 to 19 years (1,660 of these are female) in Sheffield have been a victim of sexual assault in the last 12 months

A significant proportion (41% or 365) of reported sexual assaults to the police involved a child victim aged 15 years and younger.

5.7 **Children growing up in a household** where they are exposed to domestic abuse or sexual abuse are more likely to experience poor outcomes in educational attainment, have behavioural issues, suffer from poor mental health and are more likely to misuse substances. Domestic abuse and sexual abuse are recognised as adverse childhood experience (ACEs). We estimate that over 17,000 children are living in a household where domestic and sexual abuse is present.

17,292

...the estimated children in Sheffield who have a female parent who is a victim of domestic abuse

5.8 We know that people in some groups are more likely to be victims of abuse.

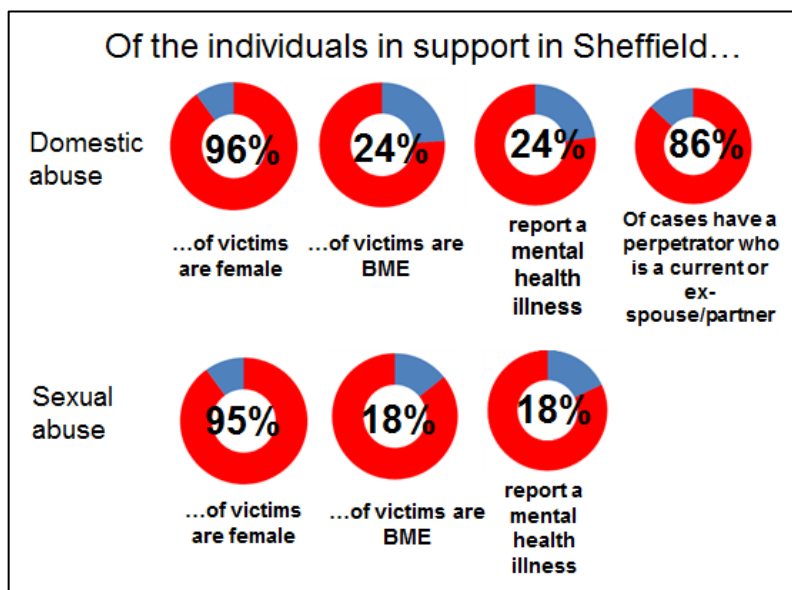
¹¹ Walby, S. Towers, J. Francis, B. (2005) 'Is violent crime increasing or decreasing? A new methodology to measure repeat attacks making visible the significance of gender and domestic relations'. British Journal of Criminology

¹² Gadd, D., Farrall, S., Dallimore, D & Lombard, N (2002) *Domestic abuse against men in Scotland*, Scottish Executive Central Research Unit <http://www.gov.scot/Publications/2002/09/15201/9609> - pages 33-46

¹³ CSEW data using Office of National Statistics categories

5.9 For example, the national figure of 8.2% of women who are likely to experience domestic abuse increases to 14.3% for those who are of a 'mixed/multiple' ethnic group. Local data suggests Sheffield has a relatively good engagement of Black, Minority, Ethnic and Refugee (BMER) individuals into specialist support. The local domestic abuse services had over 20% and the sexual abuse service 18% in their caseload of individuals from a minority ethnic group, which is higher than the 17% of the Sheffield population who are aged 16 to 59 years old and BMER (see image below).

5.10 The number of women who are likely to experience domestic abuse increases for those women who are unemployed and also doubles for women with a long standing illness or disability¹⁴. We know that around 24% in local support services have a disability, 63% are not working and between 18% and 24% of those in support service report a mental illness¹⁵.



5.11 SafeLives estimate that around 5% of the MARAC high risk cases should be Lesbian, Gay, Bisexual or Transgender (LGBT) based on the proportion of the population that are LGBT. Both the national (1%) and Sheffield activity (1.3%) are lower than this. Access to support services is routinely scrutinised by commissioners with contract targets for BMER, gender and LGBT.

5.12 While we have developed pathways and tools to help us understand vulnerabilities, risk and to support young people affected by domestic and sexual abuse we need to ensure these are widely understood and widely used by agencies receiving disclosures.

5.13 It's clear that domestic and sexual abuse affects thousands of people every year: women, men, children and young people. We are fortunate that Sheffield has widespread domestic abuse support and sexual abuse services for victims and an active VAWG sector and these are strengths which we will continue to build upon.

5.14 During the life of this strategy action will be taken to address areas of concern, build upon current practice, improve systems in place and develop best practice.

¹⁴ ibid

¹⁵ www.sheffielddact.org.uk/dasna The Sheffield Domestic and Sexual abuse needs assessment 2017 has comprehensive information on the latest research, data and access to local support including gender, BMER, LGBT, age, language, mental health, employment, drugs and alcohol misuse.

5.15 Measuring success will be complex, since the key indicators of police reported incidents and contact with support services have increased over the last strategy period. This is because we are still in a situation where we want to encourage reporting and take up of support as we know that many still do not report or seek help. The trend is that reporting is increasing – particularly in relation to sexual abuse, and this is not unique to Sheffield. This mirrors societal changes as more people recognise what they are experiencing is abuse, that it is not acceptable, and that support is available.

Sheffield				
Domestic abuse	2016/17	2013/14	3 year change	Direction of change
Domestic abuse incidents reported to the police	12,029	11,639	3.5%	↑
High risk cases heard at MARAC	930	867	7.3%	↑
Total contacts with commissioned support services	5,347	4,956	7.9%	↑
Helpline calls	2,248	865	159.8%	↑
Planned exits from the High risk service	90%	59%	+31 percentage points	↑
Sexual abuse	2016/17	2013/14	3 year change	Direction of change
Sexual abuse offences reported to the police	1,229	512	140.0%	↑
Referrals to commissioned sexual abuse counselling services	243	60	305.0%	↑

5.16 Throughout this four year strategy period we would expect to see a continued increase in these measures; however these will be closely scrutinised alongside a range of other indicators. This will include successful prosecutions, changes in prevalence estimates, increased use of police sanctions, the proportion of incidents that are ‘crimed’ and a range of support service performance data. We will measure the effectiveness of the MARAC, waiting times for support, engagement in support by the most vulnerable and those most at risk, and outcomes, risk reduction and service user feedback. Where possible, all will be compared with national, similar police force area and core cities data.

6. Funding

6.1 The City Council, the Office of the Police and Crime Commissioner and other partners invest around £2 million pounds a year to respond to domestic and sexual abuse in Sheffield, and additional funding is also received by the city’s voluntary sector organisations through charitable trusts such as the lottery.

Domestic and Sexual abuse funding in Sheffield 2017/18	
Sheffield	
Sheffield City Council	£ 1,420,997
Strengthening Families	£ 450,000
Clinical Commissioning Group	£ 47,769
Police and Crime Commissioner	£ 108,157
Safer and Sustainable Communities Partnership	£ 10,000
Total income	£ 2,036,923
South Yorkshire wide	
Police and Crime Commissioner	£ 591,762

6.2 However, the cost of domestic and sexual abuse to the city's public services is estimated to be many millions per year. Nonetheless, as a result of the current difficult financial situation the aims of this strategy will need to be met through existing funding arrangements or through external funding opportunities.

6.3 There is some uncertainty ahead as a result of the governments planned changes to the funding of supported accommodation and the use of housing benefit. However we are optimistic that by working closely with our refuge providers we can find a resolution that enables the continuation of services.

6.4 Sheffield has protected, maintained and extended domestic and sexual abuse services since 2014 and while our focus must move towards prevention, the demand for support services is still rising. These services are vital, and make a real difference to the lives of many people in Sheffield, that's why despite the current and future cuts to the budget of the Council and our Partners, our aim is to do all we can to maintain and protect investment to this important area of work.

Priority One - PREVENTING DOMESTIC AND SEXUAL ABUSE IS EVERYONE'S BUSINESS

'Why would you call the helpline if you don't realise you are a victim'

Service user consultation 2017

7.1 Information needs to be easily accessible that helps victims and their supporters understand when they are being abused and how to get help. Raising awareness of how to get support has been a focus for several years and will continue to be a key element of our work in Sheffield but we now need to work together to prevent abuse happening in the first place.

7.2 Education is the key

7.3 Education for young people on healthy relationships; education for workers on how to identify and address domestic and sexual abuse and take action; education for the general public on how to respond to those sharing their experiences with them; and education for those perpetrating abuse so that they understand that it is not acceptable.

7.4 Culture change is needed

7.5 We need to change the culture in Sheffield so that domestic and sexual abuse and violence are not tolerated – by the people around us every day as well as the agencies we turn to for help. This includes sexual harassment or misogynist abuse in the street or in pubs and clubs when we are on a night out.

'80% of women in a violent relationship seek help from health services, usually general practice, at least once, and this may be their first or only contact with professionals'

Department of Health

7.6 We have specialist services in the city but a victim seeking help may go first to their faith leader, their GP, their child's teacher or a friend or family member. Many of us have been asked for help by someone we know but have felt unsure, inadequate, or torn between friendship and family loyalties. Many of us have witnessed abusive behaviour ourselves and found it hard to say something. Many of us have been abused and felt unsupported by the people around us.

7.7 We need to make domestic abuse a priority for 'everyone' including all staff and volunteers in agencies and organisations and those working in health and public health services¹⁶. Equipping them so that abuse is identified early and people feel they can disclose. We need workers to feel confident when working with victims so that they are able to respond appropriately. We need workers across the city who can listen to someone who wants to talk about their experience of abuse, who can sensitively ask the right questions, who can understand the risks they are facing, who can offer immediate support if safe to do so and help to signpost or refer people to the right services if they need them.

¹⁶ The national VAWG strategy has 'Make early detection and prevention a priority for the health and public health services, and mainstream this into the work of all health professionals', as one of its key outcomes for its early intervention and prevention theme, VAWG strategy page 26

7.8 Learning about healthy relationships

'You need to use social media, nobody really looks at leaflets any more'

Service user consultation, 2017

7.9 Some children and young people in Sheffield are growing up in homes where they witness abuse or are abused themselves – some become 'looked after' by the local authority as a result. Or they can see the impact of abuse on their friends. Or they experience or witness abusive behaviour at school or college between peers. We need to be clear with children and young people about what a respectful and healthy relationship looks like at an earlier stage. Learning about relationships should be part of growing up.

7.10 The needs of young victims differ to those of adult victims

7.11 Young people are less likely to understand the severity of the abuse and have less understanding of what constitutes a healthy relationship. This means there are also areas of overlap with sexual exploitation – sometimes what appears to be Sexual Exploitation is domestic or sexual abuse within a relationship, or a young person and others can fail to recognise exploitation because they perceive the situation as a boyfriend / girlfriend relationship.

7.12 We also need to direct stronger messages that abuse is not acceptable to those that abuse. As recommended in a recent government report, *'there needs to be a public service message aimed at reducing the prevalence of domestic abuse as part of a long-term strategy. The focus of this public service message needs to be on those perpetrators who have offended or might offend, and to communicate a better understanding of the behaviour and attitudes of those perpetrating abuse'*¹⁷.

7.13 The sort of culture changes we need will take time. The efforts we put in now may take years to see positive outcomes. But that doesn't mean we shouldn't try to achieve change for the longer term. Advice and support on healthy relationships and sexual consent needs to be part of a range of interventions that are available to help people be equipped to deal with things that may happen to them in their lives.

7.14 We will:

- Continue to provide information about support available in Sheffield.
- Continue to increase access to healthy relationships programmes for children and young people in education and youth services ensuring that it is inclusive, joined up and meets all the areas of need.
- Ensure young people affected by abuse are identified and offered support whether they are a victim or a young person causing harm.
- Ensure key messages about domestic and sexual abuse including harassment, consent and healthy relationships are included in relationships and sex education in the city
- Explore the feasibility of developing a young people's perpetrator programme.
- Offer therapeutic support to children and young people identified as being traumatised by domestic and / or sexual abuse.
- Work to ensure that the overlaps and differences between child sexual exploitation and domestic and sexual abuse are understood.

¹⁷ The multi-agency response to children living with domestic abuse September 2017

- Promote prevention initiatives which seek to involve community members – such as faith groups and promote development of peer networks.
- Promote *‘making domestic and sexual abuse everybody’s business’* in key locations and communities, and implement effective early prevention and intervention.
- Work with GP practices to increase awareness of domestic and sexual abuse, including exploring the use of routine enquiry in key GP practices.
- Engage businesses and employers – with domestic and sexual abuse policies adopted in workplaces and development of support systems for those making disclosures.
- Commission a coercive control training programme.
- Develop a campaign focused on male perpetrators, that will challenge the ‘social norm’ that abuse of any kind towards women and girls is acceptable¹⁸.
- Challenge victim blaming language and responses.
- Maintain an accessible website that includes resources for professionals and introduce a social media plan. Both should promote local and national campaigns; advertise local service provision, provide information and advice, and advertise training available.
- Tackle under reporting, particularly within specific community groups.
- Continue to provide a commissioned training programme that raises workers’ awareness of domestic and sexual abuse and use of assessment tools.

¹⁸ VAWG strategy 2016 page 16– *‘Violence against women and girls is both a cause and consequence of gender inequality9. We will continue to challenge the deep-rooted social norms, attitudes and behaviours that discriminate against and limit women and girls across all communities’.*

Priority Two - ELIMINATING VIOLENCE AGAINST WOMEN AND GIRLS

'We need to stop minimising the things that happen to us, and stop justifying ourselves'

'I will talk more openly about sexual harassment, especially with male friends and family'

'If I see it happening to someone else, I won't be afraid to speak out'

Participants at Know the Line sexual harassment campaign launch event, Nov 2017

8.1 The national Violence Against Women and Girls Strategy explicitly acknowledges that women are most likely to be the victim in the majority of domestic abuse and sexual abuse cases. In addition, women are disproportionately affected by some forms of abuse and the term 'gendered crimes' is often used. There is a wealth of both local and national data and research that evidences this, most notably by Professor Sylvia Walby, which demonstrates that being female means being more vulnerable to, experiencing longer, more severe and more repeated victimisation than if you are male.

8.2 We know that perpetrators of domestic and sexual abuse are more likely to be male (South Yorkshire Police data shows that 85% of reported domestic abuse cases had a male perpetrator) and that most female murders are committed by a current or past intimate male partner (63% of the 936 female deaths in England and Wales between 2009 and 2015).

8.3 Violence Against Women and Girls (VAWG) is not confined to domestic abuse within relationships or families. The definition of domestic abuse includes forced and early marriage, 'honour' based violence, and female genital mutilation (FGM), but violence against women and girls can range from sexual harassment – at work, at school, in the street – to issues like trafficking, sexual exploitation, or being forced or coerced into sex work.

8.4 The everyday sexism and casual misogyny that are so pervasive create a culture that sees abuse directed at women and girls as part of 'normal' life. Often victims do not know they are a victim of domestic or sexual abuse¹⁹. We need this to change and therefore there is a need to lead on and promote local campaigns that raise awareness of domestic and sexual abuse and other forms of VAWG among women and girls. These campaigns should acknowledge that girls and women are most vulnerable to domestic and sexual abuse.

8.5 Women access support differently to male victims so our services must be accessible and offer women only provision, not just at the point of crisis but in order to aid recovery and build resilience so that women and girls can move on with their lives in a positive way.

8.6 There is a need to take a stand and state that misogyny, sexism and violence against women and girls are not acceptable and should not be tolerated in Sheffield.

8.7 There are specific aims we want to achieve to address VAWG in Sheffield; however we also recognise that VAWG crosses over into all priority areas of this strategy.

¹⁹ Sheffield Domestic and Sexual abuse needs assessment 2017 – page 8 – the CSEW 2015 found that only 40% of female victims and 28% of male victims perceived they were a victim of domestic abuse

8.8 We will:-

- Work collaboratively with local organisations focussing on VAWG, the Women's Equality Hub, student unions and other groups that promote the interests of women and girls, and co-ordinate and support VAWG campaigns in Sheffield.
- Promote making domestic and sexual abuse and other forms of violence against women and girls 'everyone's business' in key communities and women only groups / services.
- Continue to commission services for women, women / girls only support groups within services and commission services hosting women only peer support groups.
- Ensure that the female victim is always offered support when their male perpetrator is receiving their interventions and that services are thorough in their assessment of male presentations.
- Raise awareness of coercive controlling behaviour, and the different forms it may take in different communities e.g. in some communities women may be prevented from using contraception.
- Promote public service messages that challenge abusive behaviour by men and boys, and promote respect for women and girls.
- Support the recognition of misogyny as a category of hate crime and support initiatives to combat sexual harassment.
- Campaign to prevent girls and women from Sheffield being subject to FGM. Ensure the workforce can respond to the needs of women and girls affected by FGM.

Priority Three - PROVIDE GOOD QUALITY SERVICES AND PATHWAYS TO SUPPORT

'I'm nervous about leaving the refuge. I'd like to be able to go to a drop in once I have left so that I'm not on my own.'

'I'm still going through a lot of emotional stuff, anxiety, panic attacks'.

Service user consultation, summer 2017

9.1 Survivors of domestic and sexual abuse often need support with a range of issues and problems before they can begin to recover. Our services will help people to help themselves by building on their strengths and increasing their resilience. However, services must also be safety focussed, we want to prevent people being hurt over and over again and this means agencies understanding the motivations of perpetrators and the risks that people are faced with so that they can offer the right support and interventions.

9.2 Many victims can suffer ongoing harassment for long periods. One of the issues we need to get better at identifying and responding to is where harassment has become obsessive and is taking the form of stalking which research tells us heightens risk.

9.3 We know that aftercare and ongoing support, following crisis intervention is important to service users – to prevent isolation and loneliness, and help them recover and develop new networks of support themselves.

9.4 Society has changed and is becoming more sophisticated. Bullying and controlling behaviour is now increasingly on-line or via social media. We need to continue to develop advice and support for people suffering online abuse. We need to take advantage of online methods of promoting services and messages about domestic and sexual abuse, and other forms of violence against women and girls, particularly to young people.

9.5 Service users tell us that repeating their stories can be traumatic – they want to build a trusting relationship with the person supporting them and not have to move between services unnecessarily. We will re-commission our services in order to provide as seamless a service as possible to promote recovery, and we will continue to work with therapeutic support providers to ensure that domestic and sexual abuse is identified and responded to appropriately.

9.6 An identified gap in the city is around young adults and sexual exploitation²⁰. It is our intention that support will be made available for young adults who have been victims of sexual exploitation as children but are still dealing with the impact of this abuse. Support will also be offered to young adults who are vulnerable to being sexually exploited due to a range of issues but because they are over a certain age do not qualify for children's services.

9.7 Sheffield recognises that responding to Domestic and Sexual Abuse needs a multi-agency and community based response. We recognise that resources are limited and the need is great. We commit to working in partnership to address gaps and maximise our resources.

²⁰ Identified by the Sheffield Safeguarding Adults Partnership

9.8 We will:

- Continue to provide a good quality Helpline that provides confidential first contact.
- Ensure support is focussed on safety - the DASH assessment should be a familiar tool for use by Sheffield workers.
- Work with partners to raise awareness of the difference between harassment and stalking.
- Tailor support to the specific needs of all individuals and build on their strengths
- Work to ensure seamless service provision for victims by re-commissioning the community based domestic abuse services as one contract to begin delivery in April 2019.
- Continue to ensure good quality women's refuge accommodation is provided using available evidence to determine needs and capacity.
- Work with both statutory partners and voluntary sector / third sector partners to achieve joined up, needs led commissioning.
- Work with provider services to improve and increase therapeutic support to aid recovery from both domestic and sexual abuse.
- Support the establishment of more support groups for survivors.
- Continue to provide opportunities for survivors to express their views and experiences of the services and pathways.
- Continue to provide an effective MARAC process, with periodic process reviews regarding the management of a high volume MARAC.
- Increase the effective use of sanctions such as Domestic Violence Protection Orders which remove the perpetrator from the victim's home for a period of time when risk of harm is ongoing.
- Work with partners to ensure there is support for young adults at risk of or who are recovering from sexual exploitation.
- Ensure people can access support regardless of their ethnicity, nationality, gender, disability, age, sexuality or religion.
- Work to increase health workers' confidence to take positive action when disclosures are made.
- Provide therapeutic support to children and young people living in refuges.
- Continue to work towards having an effective information sharing process between partners in accordance with the data protection guidelines and laws.
- Continue to provide a commissioned training programme for specialist domestic and sexual abuse workers, so they can respond to victims in accordance with best practice, including the needs of those who are most vulnerable.

Priority Four - WHOLE FAMILY WORKING

'I grew up in a home where my dad was violent to my mum. I didn't know what a healthy relationship looked like.'

Service user consultation summer 2017

10.1 For too long responses to domestic and sexual abuse have focussed on individuals rather than taking a whole family approach. Whole family working does not mean that our aim is to encourage families to stay together, or to try and stop victims from leaving an abusive relationship. It does mean recognising that perpetrators of abuse will move on to new relationships and many will remain in contact with their children or start new families. And it means working with families where the victim does not currently want, or feel able to leave the relationship.

10.2 It is often the case that agencies do not consider the whole family. Some agencies focus on supporting the adult victim (the specialist domestic and sexual abuse services etc...), others focus on the perpetrator (criminal justice agencies) and others focus on the needs of children and young people living in families where abuse is taking place (children's social care etc.) and then Family Courts can bring another perspective. This can mean that agencies duplicate their efforts at best or work against each other at worst. Academic Marianne Hester has described the way we respond to domestic abuse as three different 'planets'- the domestic violence planet (where domestic abuse is a crime and the adult victim needs protection), the child protection planet (where the child's safety is paramount), and the child contact planet (where it is considered in the 'best interests' of the child to keep having contact with the abusive parent):

10.3 In order to protect the children, social workers are likely to insist that the mother removes herself and her children from the violent relationship. If she does not do so, it is she who is seen as 'failing to protect' and the children may then be removed into the care of the local authority. This puts the mother in a very difficult position and makes it more difficult for her to contact social services; thus the children remain vulnerable to abuse from the father. On the child protection planet, therefore, despite professionals identifying that the threat of violence comes from the man, it is the mother who is seen as responsible for dealing with the consequences and the violent man effectively disappears from the picture.²¹

And...

10.4 The mother who has tried to protect the child from her partner's violent behaviour by calling in the police and supporting his prosecution, and by leaving him as instructed by child protection agencies, but is later on ordered to allow contact between her violent partner and children, leaving her confused and fearing yet again for the safety of her children.

10.5 Domestic and sexual abuse are the reasons for many of the referrals to children's social care in Sheffield. A new programme led by the Council but with partner support, 'Strengthening Families' aims to use the learning from Hester's work to change the way we work with families where domestic abuse is a factor. This will mean recognising the impact that domestic and sexual abuse has on parenting and the bond between the non-abusive parent and their children, and finding ways to increase the ability of parents to protect their children **and** support them as survivors to lead abuse free lives themselves. It will mean helping children and young people to recover from living

²¹ <http://www.bristol.ac.uk/news/2009/6703.html>

with abuse. We will hold perpetrators to account (e.g. through the criminal and civil justice system) but also work with them as parents. We were all children once; our belief is that by helping perpetrators think about abuse through the eyes of their children this can be their motivation for change.

10.6 We will:

- Develop whole family working in response to domestic and sexual abuse that supports disclosure and recognises resilience of non-abusing parents.
- Expand the capacity of programmes to support non abusing parents and aid recovery of survivors.
- Work with SY Police, CPS and the Courts to increase the proportion of perpetrators that are prosecuted successfully.
- Work with partners to continue to improve sexual abuse survivors experience of the criminal justice system.
- Work in partnership with the Office of the Police and Crime Commissioner (and other local authorities in South Yorkshire) to ensure the voluntary (i.e. that does not require a court order) domestic abuse perpetrator programme is effectively delivered. The programme is for perpetrators to understand the impact of their abusive behaviour on victims (and children), and to work to make changes and to stop perpetrating abuse in the future.
- Commission a parenting programme for dads who are perpetrators and continue with the You and Me Mum programme for mothers who have been victims.
- Work with agencies to improve their confidence / capacity for identifying and challenging perpetrators.
- Train workers in Sheffield to:
 - Recognise children's experiences of abuse;
 - Avoid victim blaming;
 - Understand coercive control;
 - Hold perpetrators to account

Priority Five - SUPPORTING THE MOST VULNERABLE and THOSE WITH COMPLEX NEEDS

'I've never been without a man; they've kept me in booze but also in beatings. I've got into relationships at every treatment centre I've been to and it's always got me into trouble. I want to be on my own now, get my own place – date myself!'

'There should be more support for working girls. I didn't know anything about SWWOP'²²

Co-create consultation with adults with multiple and complex needs, Summer 2017

'Women and girls with extensive experience of violence and abuse often have multiple difficulties in their lives. These are more likely to require specialist services which provide holistic support, including the opportunity to address the trauma of violent and abusive experiences'²³.

'I would like counselling in my language, I don't trust the interpreter to translate what I'm saying'

Service user consultation, Summer 2017

11.1 We know that there are 'hidden victims' in Sheffield, that identifying and responding to the needs of such victims is a challenge for agencies, and that people do not therefore get the support they need. The impact of domestic and sexual abuse can vary depending on other issues a person may face. And the experience of abuse can bring about other problems – some victims (and perpetrators) experience severe and multiple disadvantages and therefore have complex needs. We need to ensure that that no one is turned away, and that any barriers are removed so that those with greatest needs are able to access services.

11.2 This includes, but is not limited to, addressing the support needs of victims of all genders, all ages, all sexualities, people with physical and learning disabilities, people with mental health issues, substance misusers, and a diverse range of community groups and migrants.

11.3 Domestic and Sexual abuse are recognised in the Care Act 2014. Older victims (over 65s) currently equate to around 2% of the total people receiving support (from commissioned services) – around 120 people a year. We know that domestic and sexual abuse becomes less visible as we get older. Sometimes abuse in later life can be obscured by caring responsibilities and labelled as 'carer stress' – agencies must work together to help people lead safe later lives. We are becoming more aware of abuse against parents by children - both young people and adults, and in these cases victims frequently minimise risks and don't ask for help due to their desire to support their family members who may be homeless or experiencing other problems. Services need to be able to identify and respond to coercive control and abuse where victims are older or have care and support needs.

11.4 Around 3% of those receiving support were victims of harmful cultural practices (180 people); 2% of forced marriage and 1% of so-called 'honour' based violence. 4% of high risk MARAC cases were identified as experiencing so called 'honour' based abuse. We are aware that acid attacks are

²² Sheffield Working Women's Opportunities Project

²³ Hidden Hurt – violence, abuse, and disadvantage in the lives of women, DMSS research for Agenda, January 2016.

on the rise in other parts of the country as a new form of domestic abuse, and Sheffield needs to work across partners to put preventative measures in place.

11.5 There is more to be done to challenge attitudes around these issues and the barriers that people from some communities experience that mean that they are less likely to engage with support. An ongoing issue reported by providers is the availability and competence of interpreters.

11.6 An estimated 7.5% of victims had a drug issue and 13% had an alcohol issue. 3% had the 'trilogy of risk' with poor mental health, drugs and alcohol issues as well as domestic or sexual abuse. These victims were:

- more likely to be at high risk of serious harm;
- the majority had received services on more than one occasion;
- more likely to be vulnerable to being targeted by other perpetrators for relationships, which go on to become abusive.

11.7 They may also have been looked after children, and had issues with transition from children's to adult services. From an agency point of view it can feel that women in these circumstances are 'resistant to change' but instead we need to consider whether our services are accessible. Rather than blame the victim, we need to consider how they can be safeguarded from being targeted by abusive men, and how the behaviour of serial perpetrators can be disrupted.

11.8 The evidence suggests that survivor-centred advocacy, co-production and empowerment are effective in achieving better outcomes for women with multiple and complex needs: e.g. the victim being less likely to return to abusive partners. A strengths based approach allows someone who has been abused to relearn how to use their own power and enables them to learn skills that increase their 'space for action', for example personal skills such as decision making and information skills such as navigating services that they may need in the future, as well as new sports and leisure interests²⁴.

11.9 In relation to suicides, the Domestic Homicide Review guidance is now explicit that a review should be conducted into a death *'where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship'*. There is a need for the links between suicide and domestic and sexual abuse to be made more explicit for agencies.

11.10 We want all services who are working with vulnerable victims of domestic and sexual abuse to recognise the signs of abuse, be supportive and listen to the victim, risk assess, and address the immediate need. And we will ensure that specialist domestic and sexual abuse services are equipped to support the needs of all people in the city.

11.11 **We will:**

- Work with specific communities (e.g. LGBT communities, BME community groups), and organisations that specialise in working with vulnerable groups to ensure that services are appropriate and accessible.
- We will work with partners to identify people at risk of domestic or sexual abuse due to gang involvement.

²⁴ Allen et al, 2013; Berry et al, 2014

- Work with partners to develop a multi-agency response to emerging forms of abuse, e.g. the issue of acid attacks in a domestic abuse context.
- Ensure that Sheffield services are accessible to all individuals. The Sheffield workforce will respond to the needs of people with additional vulnerabilities including:
 - Older people
 - Victims of harmful cultural practices such as forced / early marriage, so called 'honour' based abuse
 - People with physical and learning disabilities
 - New arrivals to the city – including refugees and asylum seekers
 - Individuals where English is not their first language
- Explore new ways of working with victims and perpetrator with severe and multiple disadvantages who find it difficult to engage in support and work with providers to minimise barriers to accessing services.
- Ensure the risk of suicide of people affected by domestic and sexual abuse is recognised in suicide prevention work in the city.
- Commission good quality support for women who are sex workers.

12. Risks to implementation

12.1 There are a number of risks and challenges associated with the implementation of this strategy. They include:-

- Working across multiple organisations that each has their own competing priorities.
- Continuing funding for domestic and sexual abuse services in Sheffield in the light of changing national policy e.g. in relation to housing benefit.
- Communicating what success means when higher reporting and service take up are positive outcomes.
- Responding to changing and emerging forms of abuse, e.g. the use of social media as a form of abuse and recognition of the significance of coercive control.
- Effective partnership working with key stakeholders and with key voluntary sector organisations.
- Increased pressure on support services.

13. Mitigation

13.1 Our programme is ambitious but most of the commitments outlined relate to issues that we are already beginning to address or that have been identified as needing attention. We believe that refocussing our goals on prevention and whole family working, whilst maintaining good quality services for crisis support, will help us achieve our aim of ending tolerance of domestic and sexual abuse and violence against women and girls in our city.

14. Links to other local strategies

14.1 Domestic and Sexual Abuse are cross cutting issues. Where there are existing strategies this document does not seek to duplicate them. Links to other strategies / initiatives include:

- Female Genital Mutilation
- Sexual Exploitation
- Health and Well Being
- Neglect
- Homelessness Prevention
- Modern Slavery
- Community Safety
- Social prescribing
- Supported Housing
- Alcohol
- Drug
- Hidden harm
- Suicide prevention
- Public Health
- Tackling Poverty