

Domestic Abuse and Covid19

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During my time on the bench I often found myself sitting in the remand court on public holidays, Boxing Day in particular. Domestic abuse cases appeared to surge on these occasions, not surprising perhaps as that is when many families spend time together, sometimes well lubricated with alcohol. It was therefore sad, but inevitable, that the “lockdown” restrictions imposed on 23 March, lasting as they have for so much longer, would lead to a significant spike in such cases—made worse by the fact that victims often found themselves trapped in doors with the perpetrators and with no means of escape.

Government recognition of the problem

The risk was acknowledged by the government, though perhaps not early enough. On 14 April they issued *Covid19: Support for Victims of Domestic Abuse*, which stated that: “The household isolation instruction as a result of coronavirus does not apply if you need to leave your home to escape domestic abuse.”

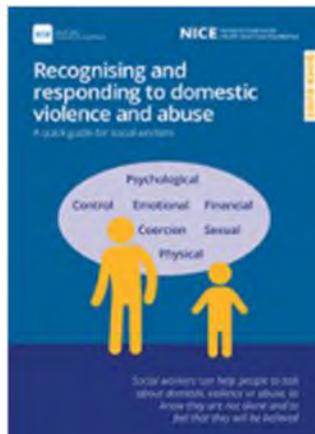
On 22 April the Department of Health and Social Care issued a safeguarding document to professionals which admitted that “Emerging evidence from statutory and voluntary agencies across the UK has emphasised the increased risks of domestic abuse, with [Refuge](#) reporting a 25 per cent increase in calls and online requests since the lockdown began in March 2020.” Then on 27 April the Home Affairs Select Committee called for “Urgent action ... to protect victims and prevent perpetrators from exploiting the lockdown to increase abuse.” “We are calling for new emergency funding for support services,” the report continued, “new ways for victims to access help through supermarkets and pharmacies, outreach visits to known vulnerable households, support for children, and a new guarantee of safe housing for anyone needing to leave their home during lockdown because of abuse.”

On 2 June *The Independent* reported that: “Calls to the UK’s national domestic abuse helpline have risen by 66 per cent and visits to its website have surged by 950 per cent since the start of the coronavirus lockdown. Frontline service providers told *The Independent* they were bracing for a surge in victims coming forward as the UK starts to ease restrictions.” Many other press articles reported similar stories.

On 6 August, perhaps not before time, the government issued a document, [Domestic Abuse ... get help during the Coronavirus \(Covid 19\) outbreak](#). It encourages people to “Find out how to get help if you or someone you know is a victim of domestic abuse.” It contains a definition of domestic abuse; a list of signs to watch out for; and a comprehensive list of organisations which can help.

Next steps

Meanwhile, and in the light of my voluntary work since retiring from the bench with a charity dealing with victims of domestic abuse, I was invited to take part in an online conference and ongoing project on “Domestic abuse during Covid-19: recommendations for next steps”. Led by health care workers from NHS England, it also includes participants from social services, the voluntary sector, education, justice, plus the Cabinet Office, Home Office, Department of Work and Pensions, and various other government departments. The objective of the workshop was to: “reduce instances of, and improve detection and response to, domestic abuse during the Covid-19 crisis”. It outlined its aims as being to: surface current and new best practice, enabling sharing and scaling; identify innovations, support cross-sector approaches; support internal and external communications across sectors, maximising impact.



As with many such conferences which begin as “brainstorming” sessions, the ideas were many and varied, and in many cases difficult to classify. But a major area of discussion was on prevention and reduction, which gave rise to numerous suggestions. Perhaps the most significant included cross sector staff training on all aspects of domestic abuse, including different cultures and determinants; cross sector partnerships; staff training to identify domestic abuse via remote working without the usual visual clues; provision of “safe spaces” for talking; inclusion of mental health professionals; confidential phone lines for both victims and perpetrators; independent domestic abuse advisers (IDVAs) located in hospitals, and information sharing between education and health.

Other suggestions were for a “toolkit” for employers and schools, for both detection and survivor support; new guidelines from NICE (the National Institute for Clinical Excellence); empowerment of community groups.

Many people doing small things

Since the conference a “Covid19 NHS Future Planning” platform has been established with one section devoted to domestic abuse, in which participants can exchange ideas and information, evaluate progress, and hopefully build on earlier discussions. At the time of writing this project remains very much “work in progress”. Essentially it involves a large number of people all doing small things.

My own contribution mostly involves giving Zoom talks on domestic abuse to local faith groups. The incidence of DA in these faith/ethnic/cultural groupings is no greater or less than elsewhere, but in some groups there is less willingness to recognise and act on this, though in my final years on the bench, and especially in my voluntary work, victims from these backgrounds are showing a greater willingness to come forward. My talks highlight the nature and scope of DA; how it is made worse by Covid19; why so few cases are ever reported. I give some real examples, such as one of the first DA cases I was involved with in the criminal court and which centred on a traditional religious community.

The “victim” was a lady in middle age who, allegedly, had suffered severe abuse, physical, mental, emotional, controlling, psychological, from her husband for over 25 years. She could often be seen with a burn mark on her face or her arm in a sling, explained by the fact that she was clumsy and kept having accidents. It's inconceivable that the neighbours could not have known what was going on, but they kept quiet. She did have two very close female friends in whom she confided. Her children, growing up in the house, must also have known. But it wasn't until one day when she received such a severe beating that she finished up in hospital with serious injuries, that the police, and hence the courts, became involved.

When the trial came, multiple character witness said what a great guy the husband was, charitable, humble, wouldn't hurt a fly, while at the same time blackening his wife's name,

claiming she was mentally ill, clumsy, deliberately self harming to make her husband look bad. And the two close friends? Neither would give evidence. Only because of the testimony of the forensic medical examiner that the injuries she suffered on this occasion could not possibly have been accidental or self inflicted, but were the result of a sustained attack by a third party over an extended period of time, was a conviction possible.

When I left the court afterwards what I saw was the man, surrounded by his friends and supporters, laughing and shaking hands—while his wife left the court building alone. The aggressor had become the victim, and the victim the aggressor. Her crime ... "to blow the whistle" on 25 years of abuse. I mentioned this case afterwards to some friends within the same community. All naturally were shocked ... before shaking their heads and stressing the need "not to wash our dirty linen in public" but to try to deal with it "within the community". Fine. Except that the community must have known ... and did nothing.