

Nottinghamshire COVID Impact Assessment: Health and Wellbeing and Health Inequalities

Phase 2: Domestic Abuse

Nottinghamshire County Council Public Health Team

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Introduction

The overall aim of the Nottinghamshire COVID Impact assessment (CIA) is to assess the impact of the COVID 19 pandemic on the health and wellbeing of the population of Nottinghamshire, with particular regard to health inequalities in order to inform public health and partner strategies, plans and commissioning.

Phase 2 of the CIA centres on Domestic Abuse, with the focus on three areas:

- a. Impact on DA services over time and different phases
- b. Impact on those who provide services
- c. Impact on risk/protective factors for victims and opportunistic factors for perpetrators

Impact on Nottinghamshire DA Services Over Time and Different Phases

Key Points

- Covid and Domestic Abuse have had a large impact on the community and the last two years have been challenging, however this is **not reflected equally across the services**.
- This may be due to the hidden nature of domestic abuse, the ways in which staff of services were subjected to challenging and new working conditions and the way individuals acted and reacted to the pandemic through the peaks and troughs of multiple lockdowns and changing guidance.
- This has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.
- Looking ahead the challenges are most likely to be exacerbated and the issues of challenge are likely to increase, therefore it may be recommended that in the light of the cost of living, there may be an opportunity to explore this further in terms of the further impact on services themselves.

Impact on those who provide services

Key Points

- Due to nature of their work, providers of DA support services usually require careful psychological and professional support. Much of this disappeared during the pandemic, especially informal peer support.
- Home tended to be viewed as a kind of sanctuary from work prior to the pandemic and then it became work and vice versa.
- Those practitioners from ethnic minorities were more likely to have additional stresses due to their direct impact of the virus and cultural circumstances.
- Those providing informal support to DA survivors and the impact on them should not be forgotten, especially as they may have stepped in to fill gaps left by formal services.
 - Future concerns surround:
 - Funding and resilience of services in future crises- flexibility and adaptability will be key
 - Resilience of current support for DA practitioners

- There are number of caveats to the national research that prevent very conclusive recommendations being drawn.

Impact on risk/protective factors for victims

Key Points

- DA increased globally during the pandemic, though reporting type and times differed.
- There continues to be underrepresentation of the issue in the data.
- Violence as a whole has been found to increase during times of emergency and disaster- need to consider DA in this, especially regarding the current cost of living crisis.
- The pandemic acted as an escalator and intensifier of existing abuse and removed usual protective factors such as the ability to get away from the abuse even for a short time and social contact and support from friends and family.
- Those at higher risk of DA (see Appendix 2) were overall at even greater risk during the pandemic- though sometimes this is an assumption due to lack of research.
- There was less access to service for a number of reasons though practitioners worked hard to overcome barriers.
- The switch from mainly face to face to digital and online services had a mixture of challenges (assessment of risk, connectivity) and benefits (increased access options).
- Concern that services lack resilience to work flexibly, needing to adapt to be more effective during emergencies.
- Concern regarding lack of funding in order to effectively support vulnerable groups such as ethnic minorities and LGBTQIA+.

Opportunistic factors for perpetrators

Key Points

- Research found that in the case of perpetrators, the motives behind their actions remained the same but COVID presented different methods and reasoning for coercive and violent behaviour.
- In terms of perpetrator treatment services, like those for survivors there were benefits and drawbacks to the switch to digital and internet services.

Recommendations

1. Policymakers should resource and prioritise domestic abuse within emergency planning and disaster response frameworks and inter-agency coordination.
2. There needs to be recognition of the disproportionate effect of the COVID pandemic on marginalised victims: older people, LGBTQ+, ethnic minorities etc. There needs to be a focus on reducing inequalities in support.
3. Evidence based interventions for perpetrators to reduce perpetration need to be explored and implemented.

4. Online capacities, service innovations and partnership implemented or strengthened in crisis-mode during the COVID-19 pandemic should inform the development and resilience of responsive services systems to help prevent gender-based violence post-COVID and in future crises.

5. Resilience of support to DA providers needs to be addressed as well as the resilience of the service itself, e.g., supervision, training, peer support and shadowing. Focus on the needs of those in specific groups such as ethnic minorities must be considered.

6. Examination of local data has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.

Additional recommendations:

7. Further review the courts and the impact of covid on the courts/criminal justice system and in turn for DA survivors particularly for domestic abuse and sexual violence to develop a plan for addressing any issues this highlights by March 2023.

8. Qualitative review of the role and impact of COVID on informal providers of support for survivors of DA to ascertain how their influence can be incorporated into current actions plans by March 2023.

1 Introduction

- The impact of the COVID 19 public health emergency on domestic abuse (DA) has often been called the “pandemic within a pandemic” (Wilson, 2022), a “shadow pandemic” (Wake and Kandula, 2022), a “perfect storm” or a “lose-lose situation” (Sower and Alexander, 2021) for survivors. This motivated a number of charities to write an open letter to the Prime Minister in 2020 citing the urgency of the situation (Horley et al, 2020).
- This phase of the wider Nottinghamshire COVID Impact Assessment therefore examines the far-reaching impact of the pandemic on DA survivors, the tactics and dynamics on perpetrators and the effect on those providing support to survivors and treatment services to perpetrators.
- N.B. Because terminology globally differs, we use the term domestic abuse (DA) in this report, but this also encompasses the terms domestic violence (DV) and intimate partner violence (IPV). The definition used by the Nottinghamshire Domestic Abuse Partnership Board (DAPB) is from the new Domestic Abuse Act 2021:

A person’s behaviour towards another is defined as domestic abuse if both people are aged 16 or over and are personally connected to each other, and the behaviour is abusive. In addition:

- The definition encompasses people who have been in a relationship or are relatives.
- Abuse is defined as “physical or sexual abuse, violence or threatening behaviour, controlling or coercive behaviour, economic abuse or psychological, emotional or other abuse”
- There is no upper age limit.

Shepperd, 2021.

2 Scope of COVID Impact Assessment

- The overall aim of the Nottinghamshire COVID Impact assessment (CIA) is to assess the impact of the COVID 19 pandemic on the health and wellbeing of the population of Nottinghamshire, with particular regard to health inequalities in order to inform public health and partner strategies, plans and commissioning.
- Phase 2 of the CIA centres on Domestic Abuse, with the focus on three areas:
 - a. Impact on DA services over time and different phases
 - b. Impact on those who provide services
 - c. Impact on risk/protective factors for victims and opportunistic factors for perpetrators
- Because children are not part of the Domestic Abuse Act 2021 definition of DA, they do not feature extensively in this report. However, phase 3 of the CIA concerns mental health which will cover some aspects of the impact of the pandemic of children experiencing or witnessing DA.

3 Literature Review

3.1 OHID COVID Knowledge and Library Service

- The office for Health Improvement and Disparities (OHID) has a research repository for COVID academic research. Its literature search facility was used to ask 2 questions regarding the pandemic impact on domestic abuse:

1. What has the impact of the COVID 19 pandemic been on domestic abuse risk and protective factors for victims and opportunistic factors for perpetrators in the UK?
 2. What have the health and wellbeing effects of the COVID 19 pandemic been on health and care professionals working with and providing services for victims of domestic abuse in the UK?
- See Appendix 1 for UKHSA Knowledge and Library Services: Search Results. Articles were selected on the basis of relevance to the purpose of the CIA in Nottinghamshire. Additional articles were from articles from these search results.

3.2 Types of Articles

Impact on Providers of DA Services		Impact on Risk/Protective Factors for Victims and Opportunities for Perpetrators	
Type of Article	Percentage of all articles	Type of Article	Percentage of all articles
Narrative Review/ Academic Evidence Review	11%	Narrative Review/ Academic Evidence Review	31%
Primary Research/Evidence drawn from Primary Research	66%	Primary Research/Evidence drawn from Primary Research	26%
Systematic Review	11%	Systematic Review	3%
Other	11%	Mixed Methods: Literature Review and primary research	8%
		Other	31%
Total number of articles	9	Total Number of articles	35

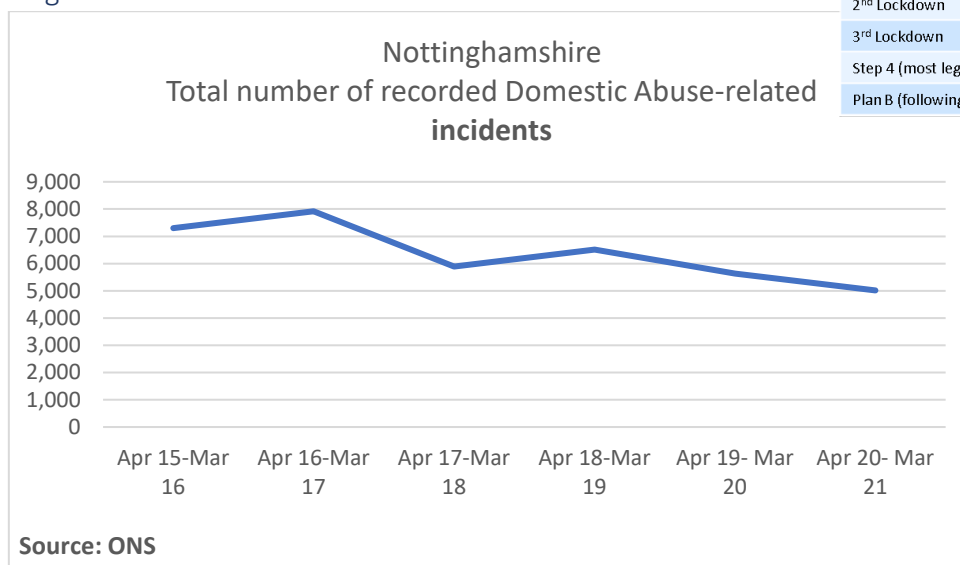
*Numbers have been rounded

4 Impact on Local DA Services over Time and Different Phases

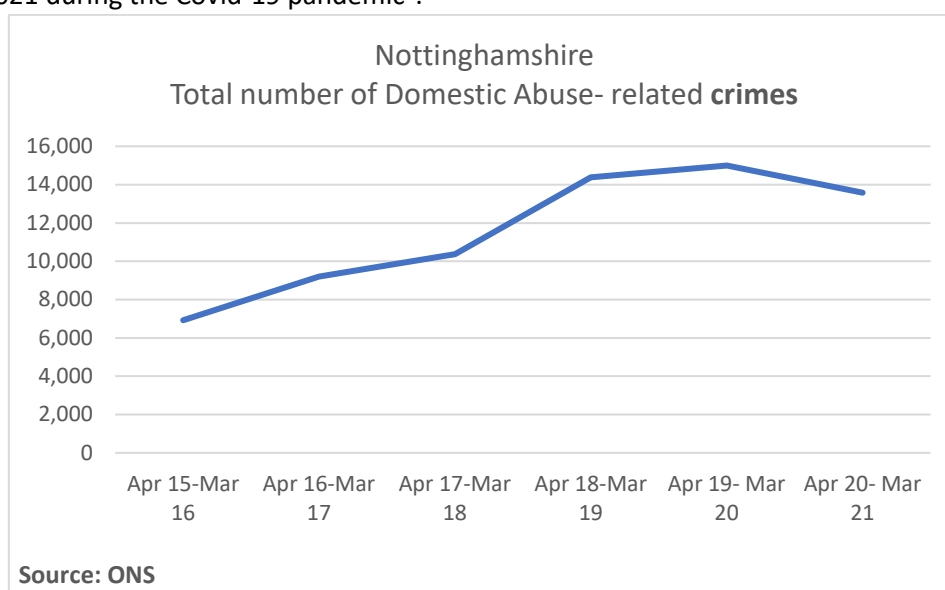
4.1 Police and Crime

4.1.1 Nottinghamshire Wide Recorded Incidents and Crimes

Event	Key date
1 st Lockdown	23 rd March 2020
2 nd Lockdown	5 th November 2020
3 rd Lockdown	6 th January 2021
Step 4 (most legal limits removed)	14 th June 2021
Plan B (following Omicron)	8 th December 2021



- The total number of recorded domestic abuse-related incidents recorded by Nottinghamshire Police had been steadily decreasing since the financial year April 2016 to March 2017, however this continued to decline in the financial year April 2020 to March 2021 during the Covid-19 pandemic¹.



- The total number of domestic abuse-related crimes recorded decreased in the financial year April 2020 to March 2021, from 14,998 in April 19- March 2020 to 13,585 in April 2020 to March 2021. This is a decrease of 9.4%. This could be due to the pandemic and under

¹ Source: ONS [Domestic abuse prevalence and victim characteristics - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/domesticabuse/prevalenceandvictimcharacteristics)

- Nottinghamshire Police 2020/21 Crime Plan and Performance Report [2021.03 Police and Crime Plan Performance Report Q4 to Mar 2021 \(pcc.police.uk\)](https://pcc.police.uk/2021.03/Police-and-Crime-Plan-Performance-Report-Q4-to-Mar-2021)
- Domestic abuse prevalence and trends, England and Wales: year ending March 2021 [Domestic abuse prevalence and trends, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/domesticabuse/prevalenceandvictimcharacteristics)

reporting of offences as victims struggle to come forward due to lockdown measures. Other trigger factors such as pub closing times, football matches and social aspects surrounding alcohol and public order, will also have had an impact on figures¹.

- These figures conflict with national trends. The police recorded a total of 1,459,663 domestic abuse-related incidents and crimes in England and Wales in the year ending March 2021. Of these, 845,734 were recorded as domestic abuse-related crimes, an increase of 6% from the previous year (2019/2020), representing 18% of all offences recorded by the police in the year ending March 2021². Some of this increase may be, in part, driven by general police improvements in offence-recording practices, as well as an increase in domestic abuse-related incidents coming to the attention of the police. Therefore, it cannot be determined whether this increase can be directly attributed to the coronavirus pandemic.

Prevalence/ rate of domestic abuse-related incidents and crimes recorded by Nottinghamshire Police (Financial Year Ending)	
Year	Rate
2017	15 incidents and crimes for every 1,000 people in the population
2018	14 incidents and crimes for every 1,000 people in the population
2019	18 incidents and crimes for every 1,000 people in the population
2020	18 incidents and crimes for every 1,000 people in the population
2021	16 incidents and crimes for every 1,000 people in the population

Prevalence/ rate of domestic abuse-related crimes recorded by Nottinghamshire Police (Financial Year Ending)	
Year	Rate
2017	8 crimes for every 1,000 people in the population
2018	9 crimes for every 1,000 people in the population
2019	12 crimes for every 1,000 people in the population
2020	13 crimes for every 1,000 people in the population
2021	12 crimes for every 1,000 people in the population

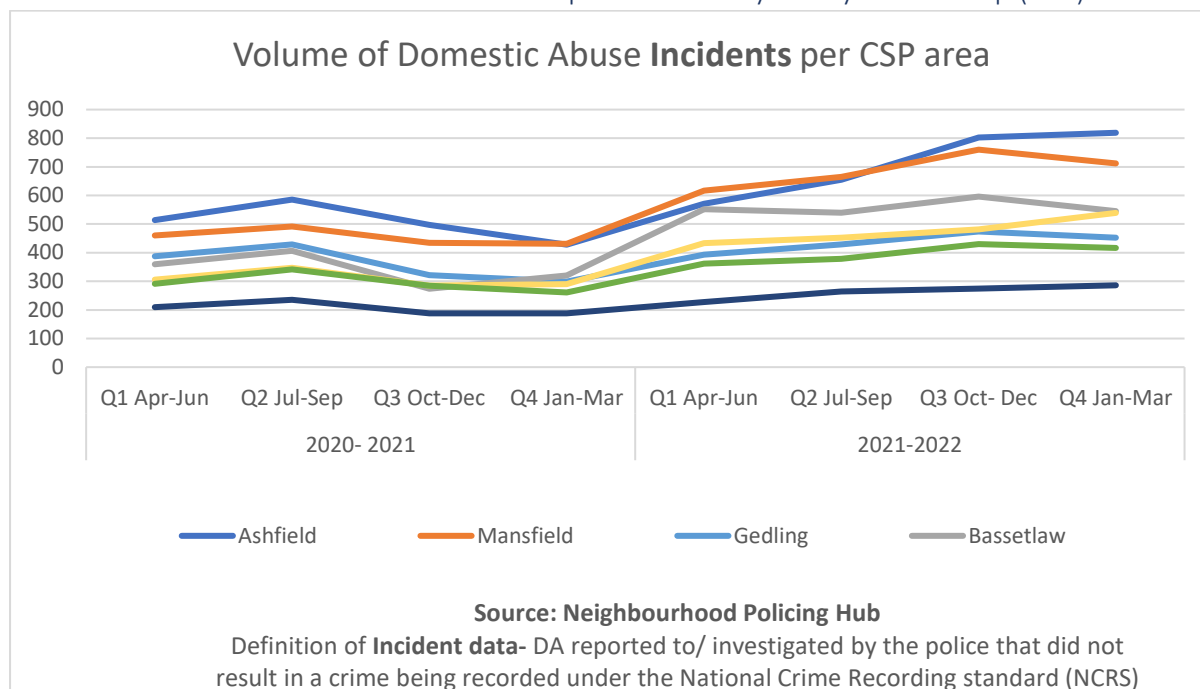
- Although crime rates decreased in 2021, it is important to remember that rates now mirror that of prevalence pre-pandemic (2019 figures).
- Throughout the pandemic there has been swathes of negativity around policing, events such as Sarah Everard, the police involvement and such like may have discouraged certain individuals from approaching the Police in the first instance². See section 6.2 on risk/protective factors for survivors.
- Caveats to Police data: As described in the literature review above, domestic abuse is often a hidden crime that is not reported to the police. Therefore, data held by the police can only provide a partial picture of the actual level of domestic abuse experienced. Many cases will not enter the criminal justice process as they are not reported to the police. Data is based on police force for Nottinghamshire so this will also include both City and County.

² Caveats: Police recorded crime data are not classified as National Statistics. Incidents and crimes have been combined to get a total picture of the demand upon the police that relates to domestic abuse. This includes both domestic abuse-related crimes (incidents for which a crime has been recorded) and domestic abuse-related incidents recorded by the police that were not classified as crimes. These statistics show rates of domestic abuse-related crimes recorded by the police in a financial year. This is a subset of the combined incident and crime data shown in the table above.

Source: ONS [Domestic abuse in England and Wales – Data tool - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/domesticabuse)

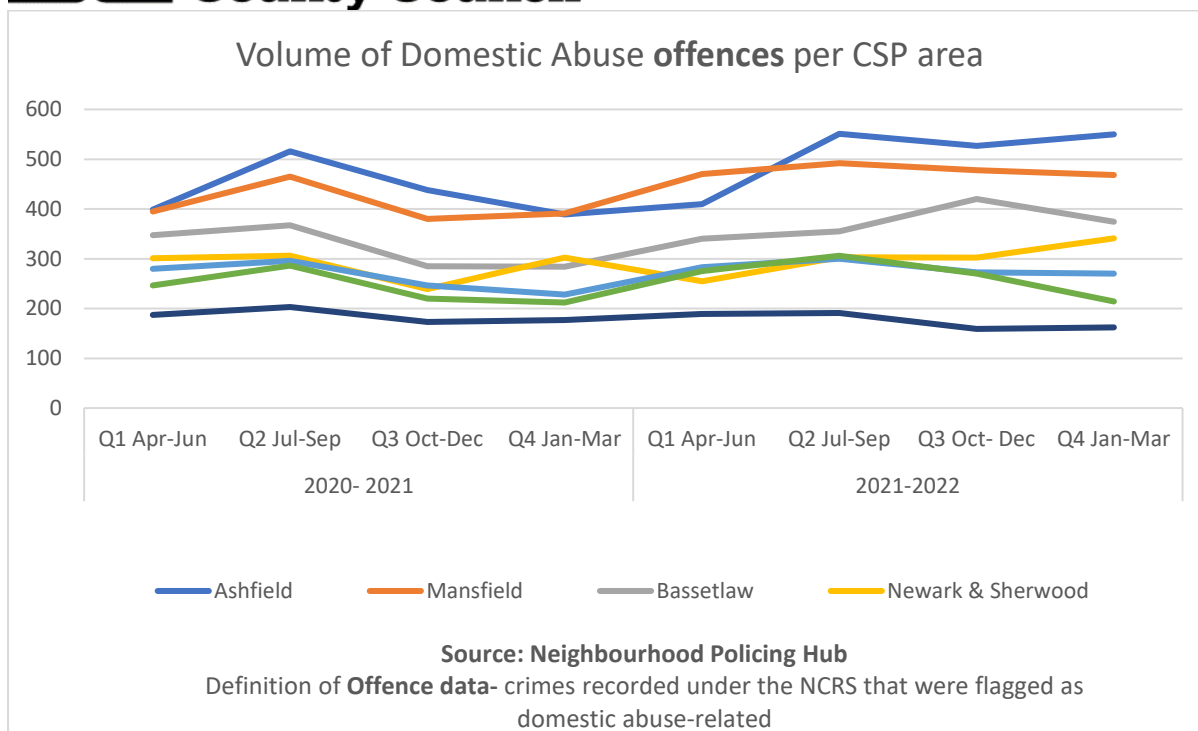
Policing in the pandemic- The police response to the coronavirus pandemic during 2020 [Policing in the pandemic – The police response to the coronavirus pandemic during 2020 - HMICFRS \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)

4.1.2 Volume of DA Incidents and Offences per Community Safety Partnership (CSP) Area



- Volume of DA incidents decreased during Q2 and Q3 of 2020-21. Q3 is where there was a second national lockdown (November 2020).
- Volume of DA offences generally increased in Q1, 2 and 3 2021-22 (as restrictions were lifted), following Q4 2020-21, and the third national lockdown (January 2021).
- Mansfield and Ashfield have the highest volume of DA incidents. Rushcliffe has the lowest volume of DA incidents.
- At the start of the pandemic, Districts had less variation in incidents (Q1 2020-2021) when compared to the most recent data available (Q4 2021-2022). The disparity between areas has increased³.

³ Caveats: Police data was unobtainable pre pandemic (April 2020). Unknowns have been taken out of the data presented on this slide.



- Volume of DA offences decreased between Q2 and Q3 2020-21 (during which period when the first lockdown occurred).
- Volume of DA offences generally increased throughout Q4 2020-21 (where there was a third national lockdown in January 2021) and into Q1 and Q2 2021-22 (as most restrictions were lifted), before generally plateauing or decreasing in Q3 and Q4 2021-22.
- Mansfield and Ashfield have the highest volume of DA offences. Rushcliffe has the lowest volume of DA offences.
- Similarly to incidents at the start of the pandemic, Districts had less variation in the number of offences (Q1 2020-2021) when compared to the most recent data available (Q4 2021-2022). The disparity between areas has widened during the course of the pandemic.⁴

⁴ Notes and caveats: Police data was unobtainable pre pandemic (April 2020). Unknowns have been taken out of the data presented on this slide.

4.2 Helpline

4.2.1 Juno (Women's Aid)

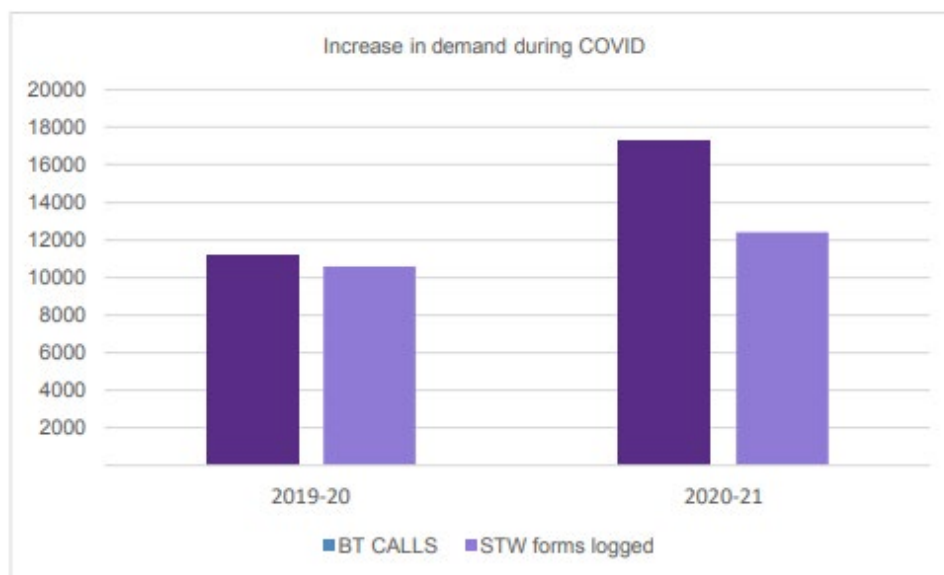
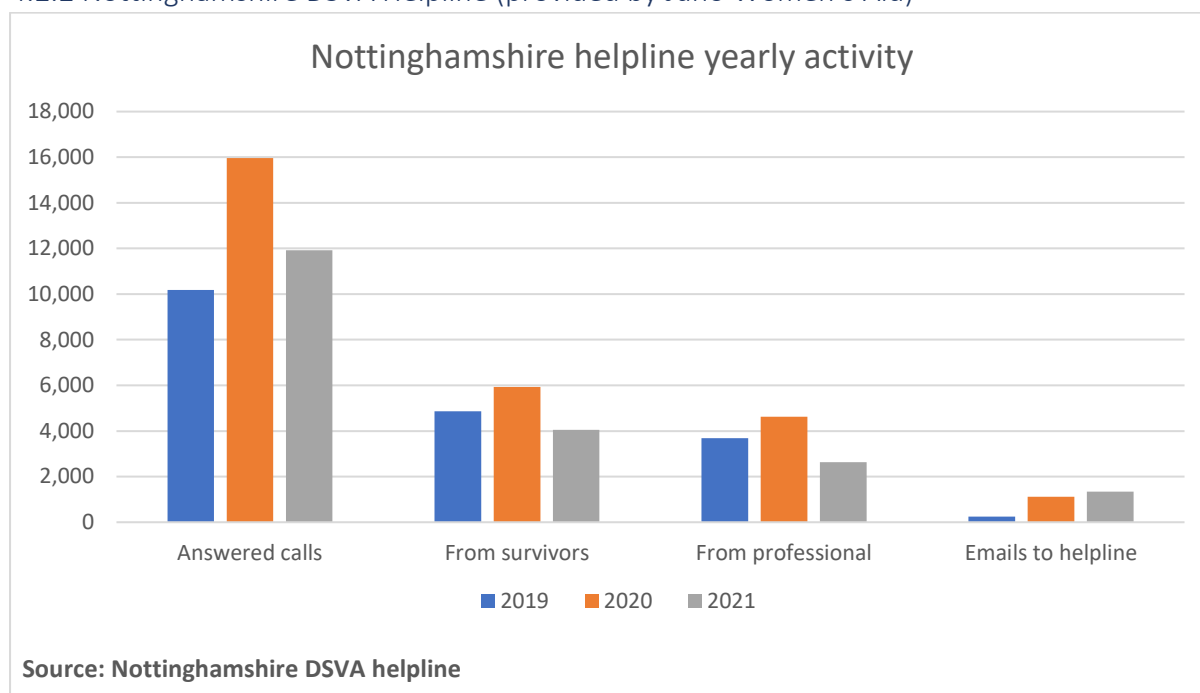


Figure 1: Comparison 2019/20 and 2020/21 levels of demand on the helpline

- The Helpline report highlights that the impact of COVID-19 on all Violence Against Women and Girls (VAWG) services and VAWG survivors will be felt for years to come.
- For the JUNO helpline there is clear evidence of an increase in demand in the 2020/21 year which is the year involving the greatest number of government-mandated COVID-19 restrictions (see Figure 1). The service was able to capture extremely high levels of demand through the BT inbound architect system which recorded an over 50% increase in BT calls made into the service (from 11,224 effective calls in 2019/20 to 17,320 calls in 2020/21). Furthermore, when compared with statistics for 2019/20, the service noted an increase in overall helpline activity, with a close to 20% increase in STW (Short Term Work) forms (from 10,574 forms logged overall to 12,398).
- However, during Covid-19, professionals and agency workers were asked to contact the 24/7 helpline rather than the helpline for agency enquiries and referrals, something that may be reflected in the surge in calls to the 24/7 number during this time. The significant increase in volume of calls coming into the service should be closely monitored following the return to the usual telephony system and ending of government restrictions to understand more about whether what is being shown here is an ongoing increase in demand following Covid-19 and the awareness that was raised during the pandemic about domestic abuse⁵.

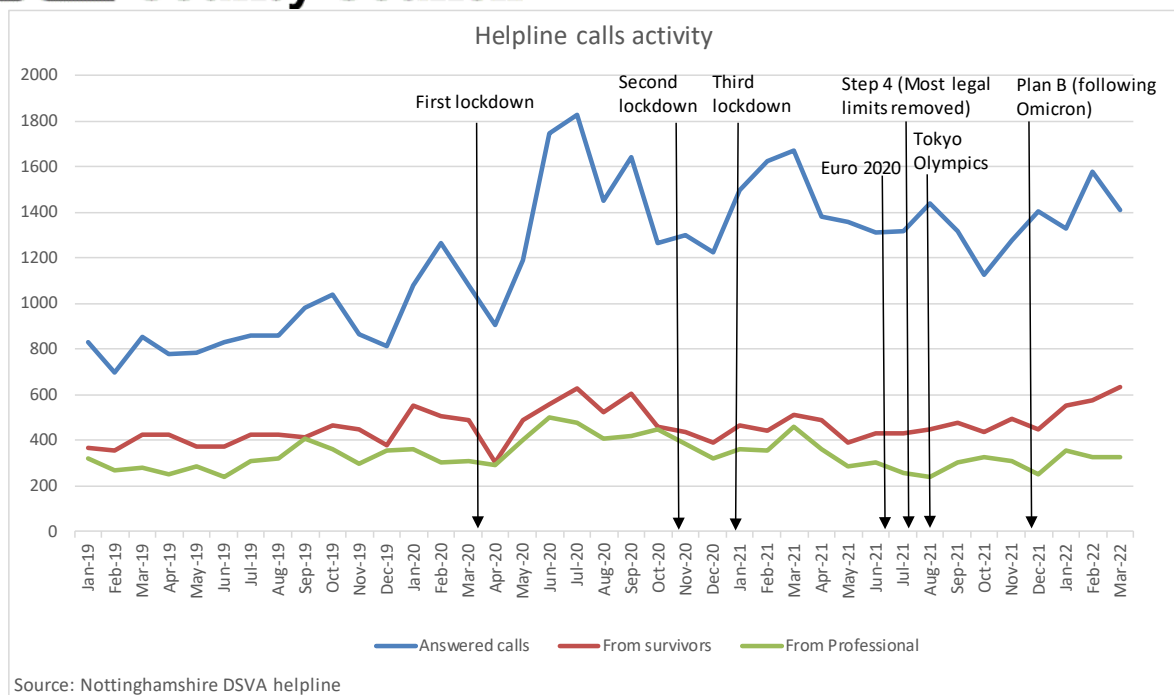
⁵ A caveat with the Helpline data is that different amounts of demographic data are recorded for each caller, depending on the needs of the caller and the risks identified by the worker. The rapid change to remote working combined with a reduced staff team due to COVID, and an increase in demand on the service also resulted in variance over the 2020/21 year as to the demographic data being recorded for callers. Staff with responsibility for overseeing the monitoring of the service noticed a decrease in the amount of demographic data being recorded for callers, something they attributed to workers needed to deprioritise data input to respond to need.



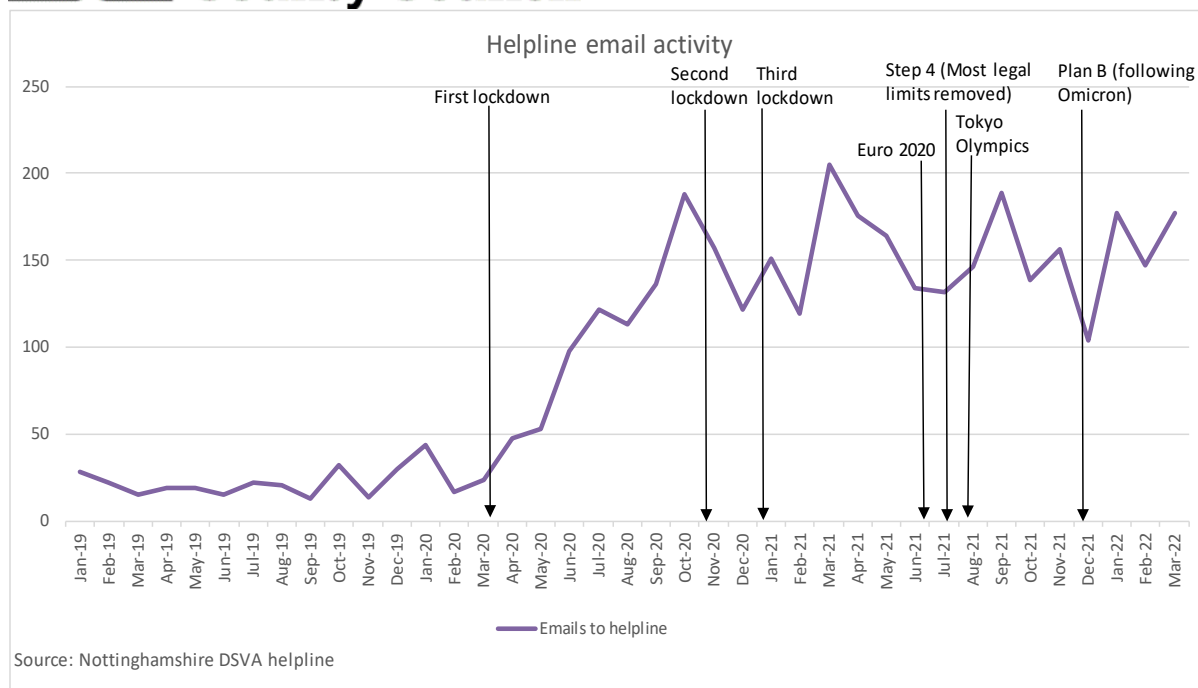
Helpline Activity	2019	2020	2021	% change 2019-2020	% change 2020-2021
Answered calls	10,178	15,961	11,927	57% increase ↑	25% decrease ↓
From survivors	4,864	5,931	4,043	22% increase ↑	32% decrease ↓
From professional	3,685	4,619	2,636	25% increase ↑	43% decrease ↓
Emails to helpline	250	1,122	1,340	349% increase ↑	19% increase ↑

- Activity can be observed across the service and through various mediums of communication (calls and emails)
 - Answered calls increased by 57% between 2019 and 2020, however figures decreased by 25% between 2020 and 2021.
 - Similarly calls from both survivors and professionals increased by 22% and 32% respectively between the years 2019 and 2020, however subsequently figures decreased when comparing 2020 to 2021 yearly figures.
 - Emails to the helpline increased by 349% between 2019 and 2020. They have continued to increase by a further 19% when comparing 2020 and 2021 figures.
- However, pre-covid emails to the service were solely professionals, post-covid the emails to the service were used by both professionals and survivors. This may indicate why there has been an increase year on year.
- Throughout the pandemic, individuals and professionals were finding better ways of communicating. However, it is important to remember that for each call that 'comes in' there are 'calls going out'. The workload is not solely taking a call from a survivor or a professional there are calls and further investigations to be made to respond to the query, for example finding a refuge⁶.

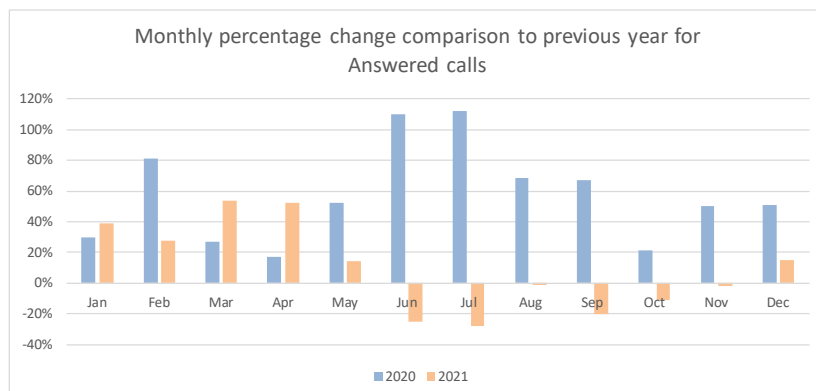
⁶ Caveat: It is important to remember that the Juno Nottinghamshire helpline is not the only helpline and therefore it only captures a fraction of calls. Other helplines including those at a National level are available and there is a variety of choice for those wishing to seek help. The Juno helpline has a underrepresentation from individuals living in the North of the County compared to the South of the County. The helpline also covers both Nottingham County and Nottingham City.



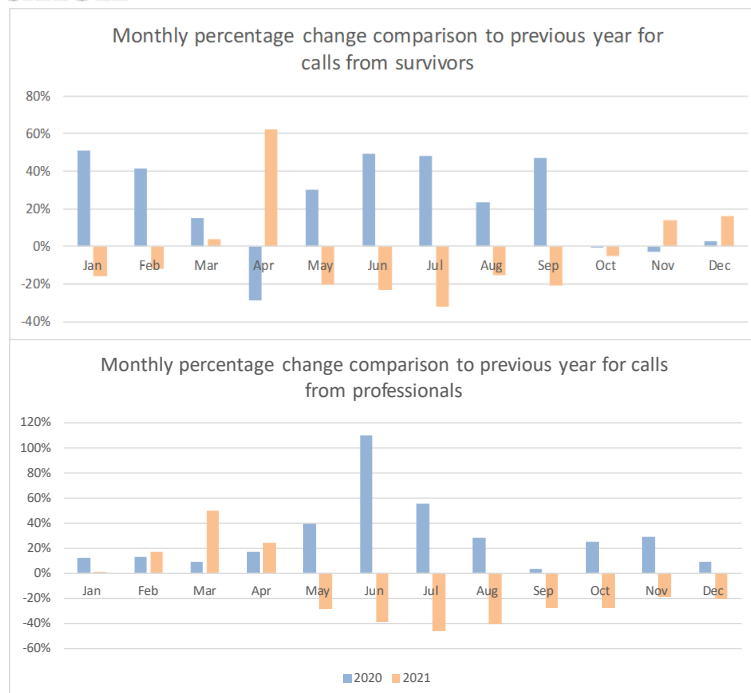
- Activity in answered calls and calls from both survivors and professionals increased in activity until the beginning of Summer 2020. April 2020 also saw the launch of a new telephone system. Calls subsequently declined throughout August and September 2020. Generally, see October as a quieter period although the baseline is higher now in 2021 and 2022 than it was before March 2020 for example. Calls subsequently increased after December 2020 to March 2021 before declining in the Summer of 2021. Calls increased slightly during July and August, albeit from the professionals. Calls from October 2021 have continued to generally increase, despite a small decrease around Christmas/ December 2021.
- Helpline calls activity has been maintained and has not dropped to pre-pandemic levels.



- Emails to the helpline rose sharply between March 2020 and October 2020 and then saw a slight decrease in activity over the Winter period between the second and third national lockdowns. February and March 2021 saw an increase in email activity as rules were relaxed. Heading into the Summer months activity declined however started to increase in July and August 2021 as most legal restrictions had been removed and large sporting events such as the delayed Euro 2020 and Tokyo Olympics took place. Heading into the Winter activity decreased, however it increased once more following the announcement of Plan B in light of the Omicron variant. Helpline email activity has been maintained and has not dropped to pre-pandemic levels.
- Throughout all calendar months of 2020, calls to the Helpline increased, particularly throughout June and July 2020, when compared to the same month in 2019.
- Calls continued to increase into 2021, however saw a reduction when compared to the same month in 2020 from June 2021 to November 2021. December 2021 saw a further increase when compared to December 2020 figures although less of a percentage change.
- Calls from survivors saw an increase during the first three months of 2020 when compared to 2019. Subsequently calls saw a decrease in April 2020 when compared to 2019. Calls from survivors increased throughout the Summer and into September 2020 before seeing a small reduction in October and November 2020. Calls from survivors slightly increased in December 2020 when compared to December 2019.
- Calls from survivors saw a reduction in January and February 2021 when compared to 2020 figures before increasing slightly in March and April 2021. May, June, July, August,

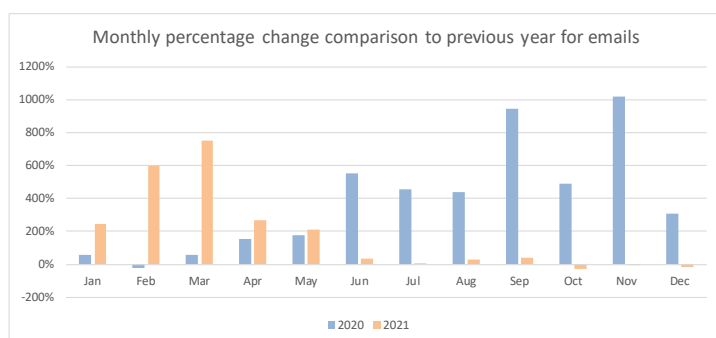


September and October 2021 saw fewer calls from survivors when compared to 2020. Although November and December 2021 saw a percentage increase compared to 2020.



- Throughout all calendar months of 2020, calls from professionals to the helpline saw an increase when compared to 2019 figures. The largest increase was seen in June 2020.
- Calls from professionals continued to increase into 2021, however saw a reduction when compared to the same month in 2020 from May 2021 to December 2021.
- The profile of Domestic Abuse was raised in the press, particularly during and following the first lockdown in March 2020. This heightened awareness may have raised the number of calls from professionals following the large amounts of information generated both nationally and locally in the press.

- Throughout all calendar months of 2020, emails to the helpline saw an increase when compared to 2019 figures. The largest increase was seen in November 2020, this coincides with the second national lockdown.



- Emails continued to increase into 2021, however saw a slight reduction from October 2021 to December 2021 when compared to the same month in 2020.

4.2.3 Nottinghamshire Women's Aid-The Farr Centre

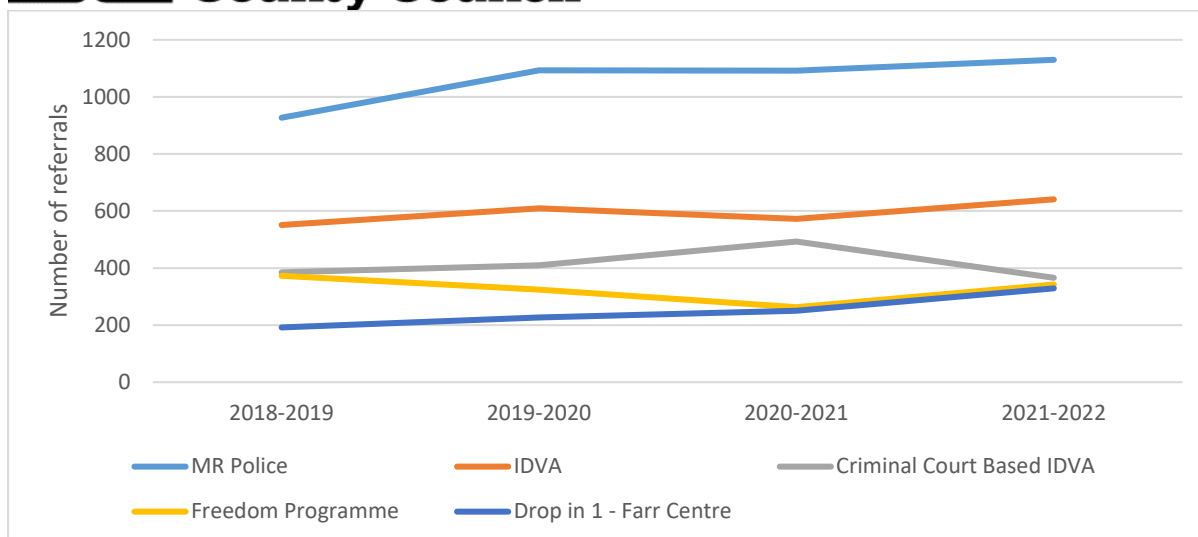
- NWAL has a women's centre in Bassetlaw, this provides both community space and NWAL's office base, although NWAL do have other colocation offices.
- The Farr Centre number is promoted and provided to the local community. NWAL data accompanied with Juno data shows that women in their service area (Bassetlaw, Mansfield and Newark and Sherwood) ring the Farr Centre directly for support. The Farr centre is staffed Monday - Friday 9.00 -16:30, it is not funded or classified as a helpline and so does not have helpline monitoring mechanisms attached to it. Preceding March 2020 NWAL do not have data with regards to the volume / context of calls that came to or out of the Farr Centre.

- NWAL started to monitor the type and volume of calls to the Farr Centre in March 2020, this was to support both the public and our professional communities. The below detail was gathered throughout COVID 19 from telephone monitoring which was manually inputted into.
- NWAL has experienced ongoing contact from the survivor community and the professional community throughout this time. This is positive as there was a concern that media in the public was stating that DV services were ‘overwhelmed’ by need, which could deter survivors to seeking support at this time.
- Averaging around 2 / 3 calls a day from new survivors and 2 / 3 calls a day from existing survivors.
- High levels of contact to the Farr centre to update with regards to sickness policy etc from NWAL professionals as well as staff asking generalised logistical calls; contact re finance as finance have no mobiles, questions etc.
- Ongoing contact from external professionals with regards to referrals and asking for support to contact NWAL professionals.
- Minimal contact from any individual with regards to the subjects of: child contact, MARAC, food banks, loneliness.
- Week commencing 20th -24 April 2021 saw an increase in external professional enquiring about NWAL referral pathways.
- Average 77 calls a week⁷.

4.2.4 Nottinghamshire Women’s Aid- NWAL Service

Number of referrals per year				
	2018-2019	2019-2020	2020-2021	2021-2022
MR Police	927	1093	1092	1130
IDVA	551	609	573	641
Criminal Court Based IDVA	385	410	493	366
Freedom Programme	373	324	263	342
Drop in 1 - Farr Centre	192	227	251	329

⁷ Note: Please note that this data is throughout the Easter season including bank holiday which affects data trends and so data rhythms are affected. Source: Nottinghamshire Women’s Aid [Farr Centre Services \(nottswa.org\)](https://nottswa.org)



- The NWAL data demonstrates evidence of the increase in volume of referrals and need.
- NWAL has 25 referral routes including the newly constructed 5 new services within 'COVID 19 timeline's DA car, STEA (Short Term Emergency Accommodation that NWAL was funded to offer for a short amount of time within 2021/22), project horizon, housing liaison workers and Domestic Violence Disclosure Service (DVDS).
- The referral route with the most referrals was MR (Medium-Risk) Police, followed by IDVA, Criminal Court Based IDVA, Freedom Programme and Drop in 1- The Farr Centre.

Figures for these can be seen in the table and corresponding chart above⁸.

4.3 Multiagency Risk Assessment Conference (MARAC)

Data by Police force area (Nottinghamshire)	2017	2018	2019	2020	2021
Cases discussed at MARACs per 10,000 adult females (aged 16+)	30	33	33	44	44
% of cases discussed at a MARAC that involved a male victim	N/A	5%	5%	5%	6%
% of cases discussed at MARAC repeat cases	23%	26%	26%	25%	33%
% of cases discussed at MARAC that were referred to the MARAC by police	44%	40%	40%	32%	31%

- MARAC repeats have noticeably increased from 25% to 33% between 2020 and 2021. However, a third of cases discussed are repeats. It is also important to be mindful that a third of cases being heard are not being resolved through the MARAC system.
- Decreases in percentage of cases discussed at MARAC that were referred to the MARAC by police mirror that of decreases observed in the number of recorded crimes and incidents of domestic abuse (see slides 3 and 4). Less being reported, less referred to MARAC. However, Police changed their operating processes in November 2021.

⁸ Please note for some of the services, the referral volume is dependant on external prior action i.e. police action, cases going to court. For example, IOMS - from IOMS panel, IDVA - referrals from survivor facing agencies, Criminal court - referrals from the courts and Hospital IDVA - health practitioners in Kingsmill

NWA: We were not able to deliver groups with teens and children virtually due to safeguarding procedures. NWAL have been critically reflecting on the data and identified services where a reduction of referrals was noted and are working with referrers to support increase back to 'typical' pre COVID 19 levels.

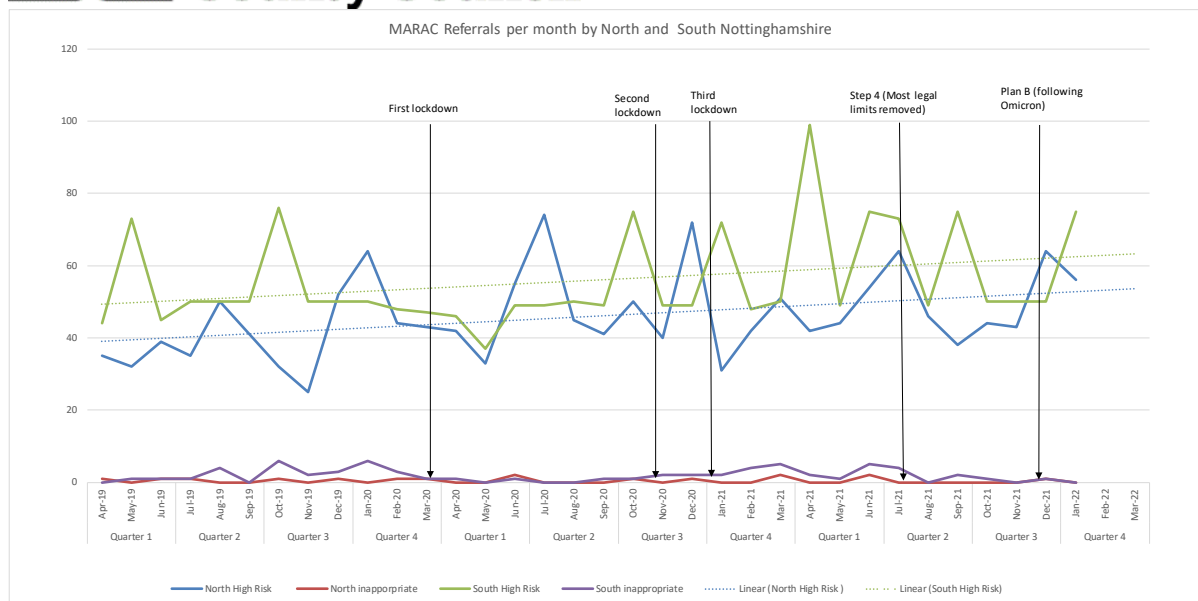
Referral source/ sector	2018-19	2019-20	2020-21	% change 2019-20 to 2020-21
Police	32.9	32.0	30.7	↓decrease -4%
IDVA (Independent DA Advisor)	19.8	22.9	22.1	↓decrease -3.5%
Secondary Care Acute trust services	10.7	15.3	14.3	↓decrease -6.5%
Primary Care Services	10.3	5.9	5.8	↓decrease -1.7%
Voluntary Sector	5.4	5.7	10.4	↑increase 82.5%
Other	4.8	2.9	3.0	↑increase 3.5%
Children Social Care Services	4.7	2.8	3.1	↑increase 10.7%
Housing	4.3	3.9	3.6	↓decrease -7.7%
Mental Health services	2.6	3.9	3.2	↓decrease -17.9%
Substance Abuse Services	1.9	1.4	1.1	↓decrease -21.4%
Probation	1.4	1.7	1.0	↓decrease -41.2%
Adult Social Care Services	0.9	1.3	1.5	↑increase 15.4%
Education	0.3	0.2	0.2	No change
MASH	0	0.0	0.1	↑ increase 0.1%

- The majority of Referrals to MARAC in Nottinghamshire are from the Police, followed by IDVA and Secondary Care Acute Trust Services, however this decreased between 2019-20 and 2020-21. These reductions may be due to the fact that lockdowns and restrictions meant that individuals found it difficult (and perhaps in some instances still find it challenging to see their GP) and the restrictions in hospitals translated into seeing fewer domestic abuse cases being referred to MARAC.
- The majority of Referrals from sources in Nottinghamshire decreased between 2019-20 and 2020-21, however Children's Social Care Services, Adult Social Care Services, other and MASH saw an increase, although the Voluntary sector the most substantial increase. The Voluntary sector definition in this context is 'This includes other specialist DV services and any non-statutory body that is not included elsewhere on this spreadsheet. This also includes specialist BAME / LGBT+ organisations from the voluntary sector. If the Idva who refers is from a voluntary agency, it is still recorded under 'Idva' rather than under 'Voluntary Sector' as provided to us by SafeLives.
- Despite both increases and decreases observed in the data it is difficult to attribute a cause-and-effect relationship (i.e., whether this could be said with absolute certainty that it was due to the pandemic).⁹

⁹ Notes and caveats with SafeLives and MARAC data: SafeLives is a charity that aims to end domestic abuse. There are approximately 290 Maracs across the UK. Marac data is data submitted to SafeLives, by individual Maracs and this data is a summary of Marac data by Police Force area, more specifically Nottinghamshire so this data covers both Nottingham and Nottinghamshire. SafeLives data is not classified as official statistics. All MARACs fall within police force area boundaries, but police force areas can have more than one MARAC (in Nottinghamshire this is the case).

Source: ONS [Domestic abuse in England and Wales – Data tool - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/domesticabuse/data) (Table 1)

Source: SafeLives [Latest Marac National Dataset | Safelives](https://safelives.org.uk/data) (Table 2)



- The data presented above shows the number of MARAC referrals heard per month by North and South Nottinghamshire between April 2019 and January 2022.
- During the start of the pandemic (March 2020) MARAC operations changed and many face-to-face practices transferred to online. The data peaks and troughs as the number of MARAC meetings each month affects the number of cases heard, however there is a general increase although this increase can also be observed nationally¹. There has been an increase in the complexity of cases and a step-change in the cases heard, more serious cases. There may be an opportunity to review the MARAC process in the light of ongoing capacity and staffing resources in addition to the challenges of additional complexity with the cases.
- Moving forward there will be post-covid challenges. There is a concern that some individuals have managed their own abuse over the last two years. With the cost of living crisis and a war in Europe and the concern some have managed their abuse over the pandemic (who may now be ready to come forward), these factors are expected to create ongoing challenges¹⁰.

Percentage change for MARAC referrals heard per quarter for all Nottinghamshire MARACs compared to 2019/2020 baseline data

	Q1 Apr- Jun	Q2 Jul- Sep	Q3 Oct-Dec	Q4 Jan-Mar
% Change 2020-2021	-2.2%	11.6%	-24.9%	-0.7%
% Change 2021-2022	35.4%	25.0%	5.6%	33.5%

- Since March 2020, the Covid-19 pandemic and the subsequent national lockdowns has had a significant impact on the everyday functioning of MARACs.

¹⁰ Caveats with MARAC data: The challenge with MARACs is that the number of meetings each month affects the number of cases heard. Meetings have a cap of 25 cases, which results in cases being delayed to the next meeting if extra meetings are not scheduled. This has become an issue over the last 6 months, which is why we have scheduled additional meetings to avoid delays. Furthermore, MARAC referrals heard may be repeats and therefore the total does not reflect 'cases'. Furthermore, MARACs are not solely intimate partner violence, they also cover violence within families.

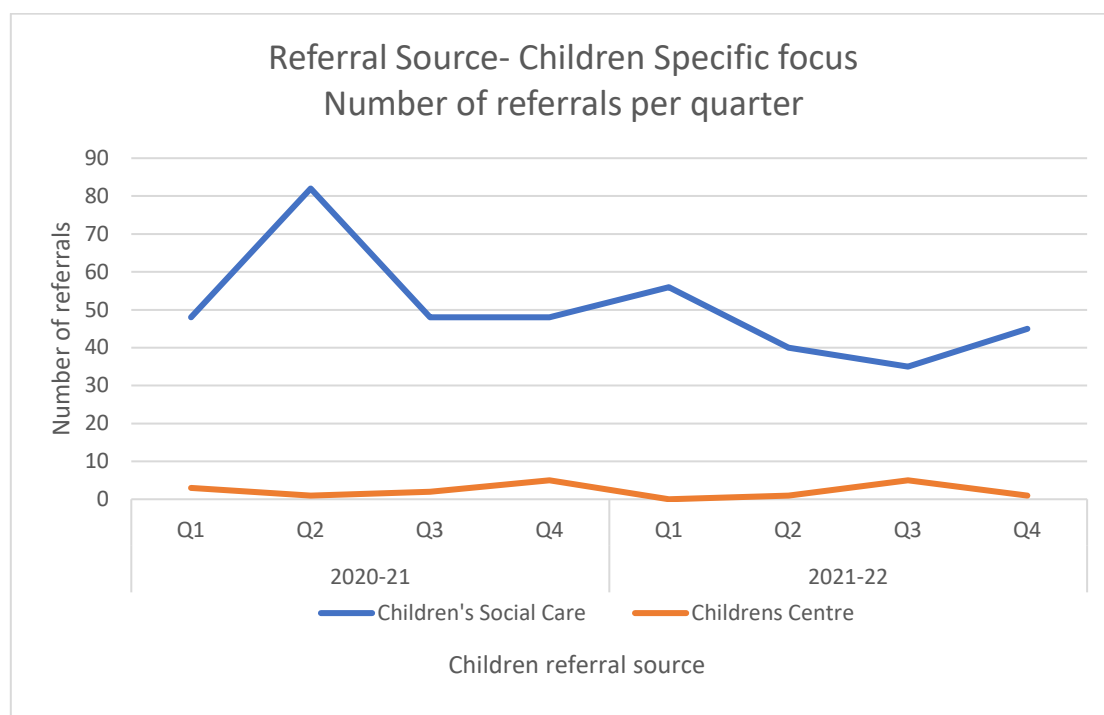
Safe Lives MARAC data- Key findings April 2020- March 2021 [Marac Data Key Findings External April 20 to March 21.pdf \(safelives.org.uk\)](https://safelives.org.uk/Marac-Data-Key-Findings-External-April-20-to-March-21.pdf)

- The first quarter in 2020 saw a small decrease in comparison to the previous year's quarter, this coincides with the first lockdown in March and April 2020.
- Quarter 2 saw an increase of 11.6%, this may be due to the easing of lockdown restrictions which took place across most of the UK from June to October 2020. With the reopening of statutory services and schools, this may have allowed easier access to MARAC referral routes than during lockdown and impacted the rise in cases heard¹.
- Subsequent MARAC's referrals heard decreased in Quarter 3 and 4 perhaps due to National lockdowns in November 2020 and January 2021, which impacted the number of MARAC's heard.
- The first quarter April to June 2021 saw an increase of 35.4% of referrals heard when compared to 2019/2020 baseline. Lockdown restrictions subsequently eased as did restrictions and MARAC referrals rose sharply for the rest of the financial year 2021/22¹¹.

4.4 Domestic Homicide Reviews (DHRs)

This information is data sensitive and therefore not included in this version

¹¹ Safe Lives MARAC data- Key findings April 2020- March 2021 [Marac Data Key Findings External April 20 to March 21.pdf](#)
(safelives.org.uk)



There are multiple referral sources from both Juno and NWA. However, data shown in this chart focusses on CYP referral sectors.

Percentage change by quarter between 2020-21 and 2021-22 for Children's Social Care

% Change from previous year's quarter- Children Social Care			
Q1	Q2	Q3	Q4
-16.6%	-51.2%	-27.1%	-6.3%

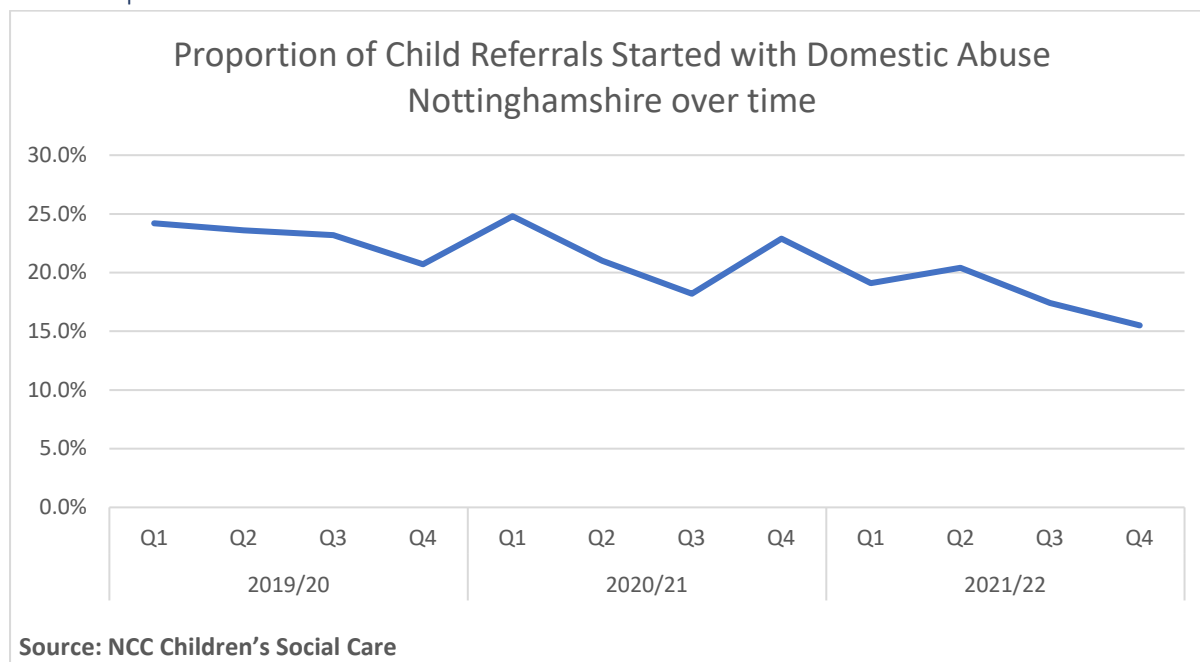
- The number of referrals from Children's Social Care generally decreased throughout 2020-21 and 2021-22. Although referrals decreased on the whole (including new referrals to the service). It is important to note that agencies stopped seeing children and visits were greatly reduced due to social care staff navigating covid restrictions and social distancing. Staff were subjected to challenging working environments due to the restrictions.
- Although figures for CYP look low, generally uptake from Children is low¹².
- Note: Figures are too small to compare Children's Centres

¹² Caveats with services and service performance data (Juno and Notts Women's Aid (NWA)):

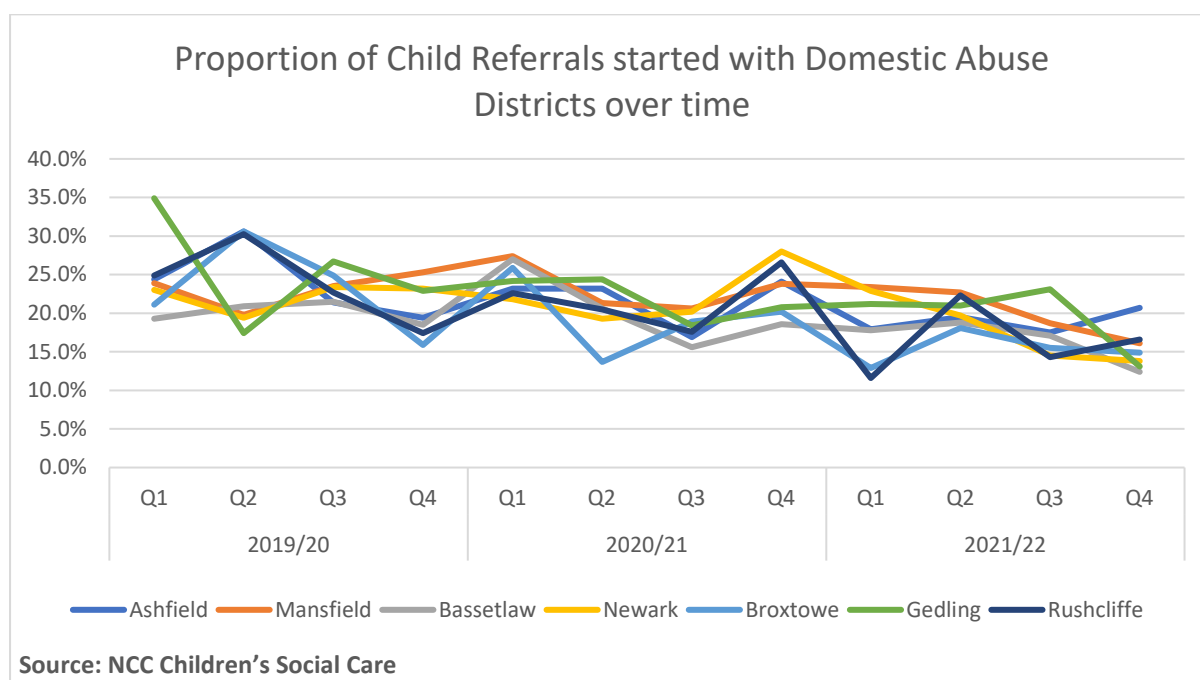
The service data performance reviews and data now capture and record those that are new into the service. The old contracts combine both joining and existing individuals.

Unfortunately the timing of the contracts came into play when the pandemic hit. It is therefore difficult to compare and draw conclusions when the fundamental data and principles have changed pre and post pandemic. Juno and NWA contract data shown in this slide has been combined to show trends in the data from both contracts over time. Despite this focussing on CYP, the data relates to the children of the main survivor.

4.5.2 Proportion of Referrals



- Pre pandemic throughout 2019/20 the proportion of referrals with Domestic Abuse started to decrease.
- The proportion/ percentage of Child Referrals Started with Domestic Abuse continued to generally decrease throughout 2020/21 and 2021/22.
- This could be due to the lack of professional availability and the overall supply of the workforce rather than reflecting the real need from Children. The workforce were subjected to challenging work conditions as they continued to work from home and were unable to detect the visible signs of abuse.



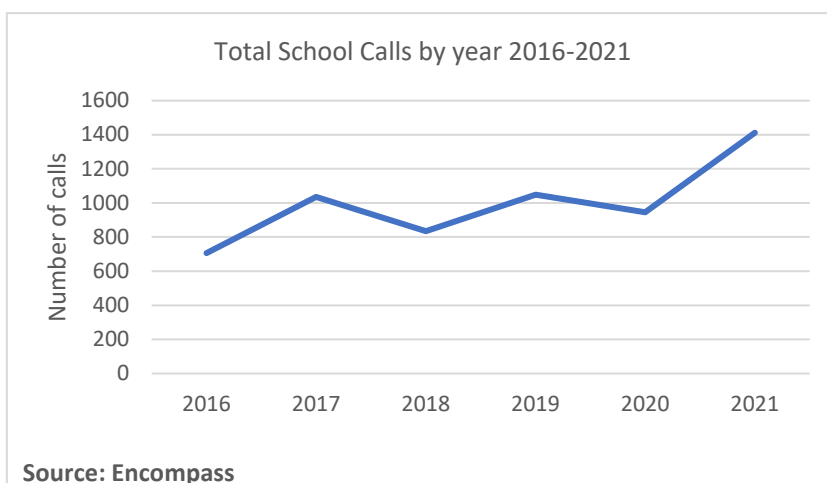
- Variation or the disparity between districts is to a lesser extent, however Child Referrals started percentage of referrals with Domestic Abuse generally decreased throughout 2020/21 and 2021/22.
- The latest available data Q4 2021/22 shows that the proportion in all Districts is lower than that of pre-pandemic figures¹³.

4.6 Encompass

4.6.1 Total School Calls

Numbers relate to numbers of children, as each child is logged separately. The number of notifications has risen, and this is the highest annual total by far (2021).

However, there is less filtering than previously when MASH did not usually notify schools if young people didn't see or have contact with either party involved.

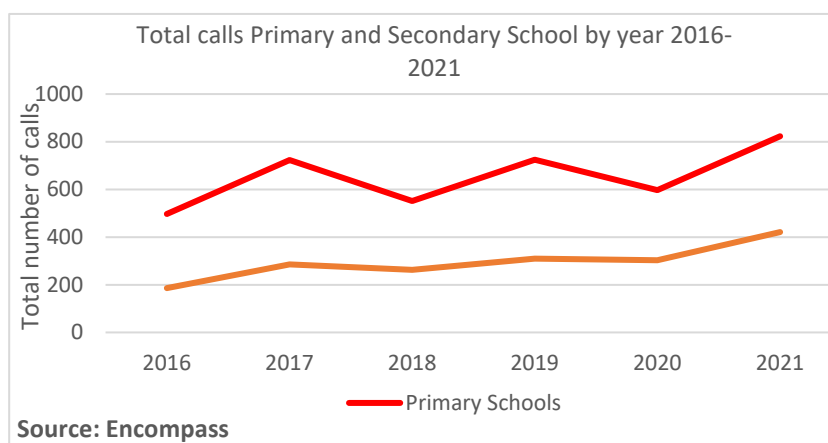


Therefore, it is difficult to see whether this represents a real increase in children affected by DA incidents.

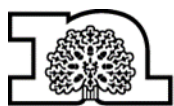
The largest proportion of calls across all educational settings are made to Primary and Secondary schools, more so Primary. Both school settings have seen calls increase in 2021 when compared to 2020 figures.

Colleges remain difficult to identify as this information is not obtained from the police at the point of notification, furthermore there is no search

facility available in MASH. Data for other educational settings is limited and figures are small to be able to draw on year on year trends. However please see table below for raw data.

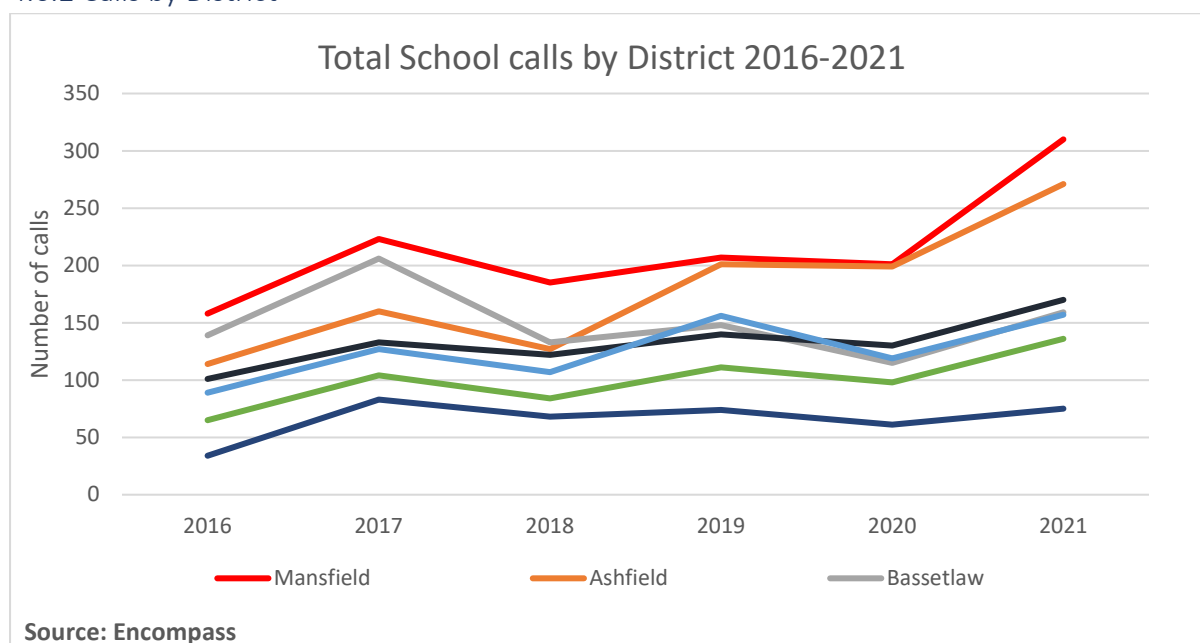


¹³ NB: The latest available yearly report produced by NCC Children's Social Care can be accessed here:



	2016	2017	2018	2019	2020	2021
Special Schools	10	5	3	3	11	22
Colleges	8	11	6	9	7	11
Alternative Provision	N/A	N/A	N/A	N/A	10	7
Not Specified	N/A	N/A	N/A	N/A	N/A	113
Independent Schools	5	12	2	0	N/A	3
Elective home Educated	N/A	N/A	N/A	N/A	N/A	12

4.6.2 Calls by District



- The number of notifications is variable by District. Over time Mansfield has had the highest number of calls to schools situated in the District. Conversely, Rushcliffe has had the lowest.

District	% Change 2020 to 2021
Mansfield	54% increase
Ashfield	36% increase
Bassetlaw	38% increase
Gedling	31% increase
Newark & Sherwood	32% increase
Broxtowe	39% increase
Rushcliffe	23% increase

- However, all Districts in Nottinghamshire saw an increase in calls in 2021 when compared to the previous year (see table opposite).
- All Districts have seen an increase in school calls when comparing data from 2020 to 2021. However, Mansfield has observed the sharpest increase in 2021 (54%) when compared to 2020¹⁴.

¹⁴ General Caveats regarding Encompass data:

Encompass is the data received on children who have witnessed or are present when DA takes place in the home. Data gives an indication of impact not prevalence. The data is not incidents so there can be more than one notification in a year per child and multiple children in a family. Data is sent to the MASH (Multi- Agency Safeguarding Hub) who identify the schools that children attend. Schools are informed by the MASH the following day to support children. Recurring incidents will be counted individually. Furthermore, during Summer 2020, the method of notification changed. Previously, it was a phone call to schools after there had been a DA focussed meeting in the MASH with police, social care and probation. This then changed to a system of everything conducted by email and it has removed the filtration. For example, there would now be a notification on anything that police share with MASH unless MASH can't identify a school via Capita, so LAC (looked after children) children might be included, or children who live with another party or have no contact with parties involved.

4.7 Summary

4.7.1 Key Points

- Covid and Domestic Abuse have had a large impact on the community and the last two years have been challenging, however this is **not reflected equally across the services**.
- This may be due to the hidden nature of domestic abuse, the ways in which staff of services were subjected to challenging and new working conditions and the way individuals acted and reacted to the pandemic through the peaks and troughs of multiple lockdowns and changing guidance.
- This has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.
- Looking ahead the challenges are most likely to be exacerbated and the issues of challenge are likely to increase, therefore it may be recommended that in the light of the cost of living, there may be an opportunity to explore this further in terms of the further impact on services themselves.

4.7.2 Police and Crime

- The total number of domestic abuse-related incidents recorded by Nottinghamshire Police continued to decrease in the financial year April 2020 to March 2021.
- The total number of domestic abuse-related crimes recorded by Nottinghamshire Police decreased in the financial year April 2020 to March 2021.
- The volume of domestic abuse incidents generally decreased during 2020-21, however has since increased in 2021-22.
- The volume of domestic abuse offences generally decreased during 2020-21, however has since increased and subsequently plateaued in 2021-22.

4.7.3 Helpline

- Helpline activity increased in 2019-2020. Activity continued to increase into 2020-21 for emails, however activity decreased for answered calls, from survivors and from professionals.
- Nevertheless, across the helpline activity has not dropped to pre-pandemic levels.

4.7.4 MARAC

- MARAC repeats have noticeably increased from 25% to 33% between 2020 and 2021. Therefore, a third of cases discussed are repeats.
- The majority of referrals from sources in Nottinghamshire decreased between 2019-20 and 2020-21, however Children's Social Care Services, Adult Social Care Services, other and MASH saw an increase, although the Voluntary sector the most substantial increase.
- The data peaks and troughs as the number of MARAC meetings each month affects the number of cases heard, however there is a general increase, and this increase can also be observed nationally.

4.7.5 Children and Young People

- The number of referrals from Children's Social Care generally decreased throughout 2020-21 and 2021-22. Although referrals decreased on the whole (including new referrals to the service).
- The proportion/ percentage of Child Referrals Started with Domestic Abuse continued to generally decrease throughout 2020/21 and 2021/22.

4.7.6 Encompass

- The number of notifications has risen and this is the highest annual total by far (2021).

- The largest proportion of calls across all educational settings are made to Primary and Secondary schools, more so Primary. Both school settings have seen calls increase in 2021 when compared to 2020 figures.
- All Districts have seen an increase in school calls when comparing data from 2020 to 2021. However, Mansfield has observed the sharpest increase in 2021 (54%) when compared to 2020.

4.7.7 Data Access

- There have been various data sources that we have not reviewed due to difficulties obtaining the data and the time constraints we were working towards. We have only looked at data we have access to.
- The data sources or areas that we have not explored are as follows:
 - Court data. This is an area where the data is very difficult to obtain, and we unfortunately did not look at.
 - We did not explore coercive control. Restrictions themselves were restrictive and this then gave perpetrators opportunities to exert power and control.
 - Reduction in support available. People's ability to gain support and help outside own household was restricted. The fear that covid risked wider family and if any were vulnerable, then this reduced opportunities and was further reduced by individuals themselves for the sake of keeping others safe from the pandemic.
- Some of these areas are explored from a national or international evidence base perspective in sections 6 and 7.

5 Impact on Those Who Provide Services

5.1 Key Points- local and national evidence

- Due to nature of their work, providers of DA support services usually require careful psychological and professional support. Much of this disappeared during the pandemic, especially informal peer support.
- Home tended to be viewed as a kind of sanctuary from work prior to the pandemic and then it became work and vice versa.
- Those practitioners from ethnic minorities were more likely to have additional stresses due to their direct impact of the virus and cultural circumstances.
- Those providing informal support to DA survivors and the impact on them should not be forgotten, especially as they may have stepped in to fill gaps left by formal services.
 - Future concerns surround:
 - Funding and resilience of services in future crises- flexibility and adaptability will be key
 - Resilience of current support for DA practitioners
- There are number of caveats to the national research that prevent very conclusive recommendations being drawn.

5.2 National Evidence

5.2.1 Funding and Resilience of Services

- A lot of the primary research of providers of DA support services cited concern around current and future government funding and fundraising abilities (Davidge, 2020) and concern around sustained future demand after the pandemic (Davidge, 2020; Dewsey-Hewitt et al, 2021). The short timescales for spending emergency funding during the

pandemic were not considered helpful (Davidge, 2020). Evidence of local partnership working regarding this can be found in section 5.2.2.

- Providers had to use methods of support such as online or telephone that were not accepted as routine prior to the pandemic (Cortis et al, 2021) and so had to use high levels of innovation (Pfitzner et al, 2022). For example, very short catch-up calls during the day (Healy et al, 2022). Further examples from local services can be found in section 5.2.
- Importance of monitoring emerging approaches to establish which service adaptations are effective for different groups of people, and to determine good practice for combining remote and face-to-face service options in the longer term (Cortis, 2021).

5.2.2 Mental Health and Work/Life Balance

- Crivatu et al (2021) found that even prior to the pandemic, those working with survivors of sexual violence experienced mental and social impacts due to their work including: trauma symptoms, disrupted social relationships, behavioural changes, and emotional and psychological distress.
- The switch to digital and phone service delivery was found to be very tiring for staff, especially as there was a lack of framework or evidence base for instigating new support methods (Cortis et al, 2021).
- Articles cited the challenges around practitioners having caring roles at home and so having to juggle work around this, including home schooling (Davidge, 2020; Dewsey-Hewitt et al, 2021). This is reflected in evidence from local services in section 5.2.
- A number of practitioners experienced a sense of isolation and intrusion as work was now at home and vice versa (Davidge, 2020; Pfitzner et al, 2022). They were also more likely to work longer hours due to having to work around client and their own circumstances (Davidge, 2020; Pfitzner et al, 2022).
- Prior to the pandemic, workers in a sexual assault referral centre cited they would need supervision, training, peer support and shadowing¹⁵ to minimise the negative impacts of their work (Horvath et al, 2020). This is similar to other support workers (Healy, 2022). In the pandemic, these aspects of work would have either stopped or been severely curtailed. Pollock et al (2020) in a Cochrane Review, found that high quality research was lacking for effective interventions for mental health resilience after a pandemic. However, when selecting interventions aimed at supporting frontline workers' mental health, organisational, social, personal, and psychological factors may all be important.
- Statistically, workers in caring, leisure and other service occupations had the highest sickness absence rate in 2020, at 3.3% (ONS, 2020).

5.2.3 Practitioners from Ethnic Minorities

- Research showed these practitioners to have particular challenges on top of the ones highlighted above:
 - High levels of multigenerational households
 - High level of underlying conditions that are especially dangerous vis a vis COVID
 - High risk of death or serious illness with COVID
 - High level of employment in services which means working from home is not possible
 - Longer hours to accommodate particular client circumstances
 - Likely to have less funding if they work for more specialist services for DA survivors from ethnic minorities

¹⁵ Short term observation of someone doing their job (i.e. in another related team)

5.2.4 Informal Providers of Support to Survivors

- A lot of support for survivors of DA comes from informal sources such as friends, family, and colleagues.
- Research analysed by Gregory and Williamson (2021) discovered they found it more difficult to read the situation and risk for the survivor due to reduced social contact, had less capacity to help due to their own situation and fear of the virus. However, there were also instances of stepping in to provide more support due to formal services being reduced.

5.2.5 Caveats to Research

- Most research done during pandemic so tailored to the situation at the time.
- Most articles found in the literature search, although published during the pandemic, referred to research conducted before it.
- There was far less research on providers of services generally and a number of articles were behind pay walls.
- A lot of surveys were done rapidly due to nature of the pandemic
- Most are narrative reviews, so selection bias
- Because of all the above, we can't draw definitive conclusions but it's a start to understanding the impact.

5.3 Local Evidence

5.3.1 Nottinghamshire Women's Aid (NWAL Refuge)

(Statement from the Refuge)

5.3.1.1 Background

- NWAL has 2 commissioned refuges they are both based in North Nottinghamshire, throughout COVID NWAL maintained: high quality support of families in the refuge, supported families, and women and children in their own right, this included providing free lateral flow tests for women and children to support them to look after their own physical health. Support continued for survivors so recovery was supported throughout this uncharted social experience. High quality support around families entering the refuge, NWAL created and maintained an effective COVID 19 procedure which included identifying some refuge units as isolation sites. The families could then move onto another unit in our refuge system high quality support of families exiting, or leaving for refuges this includes COVID 19 risk assessments etc.

5.3.1.2 Technology

- NWAL recognised that some of the families in refuge did not have access to Wi-Fi /internet which was hampering children's and adults social and educational opportunities and so NWAL did the following. NWAL safely made Wi-Fi available in the communal refuges adults, Children and teens were provided age-appropriate technology to use, this included putting safe restrictions on communal technology such as computers.

5.2.3.3 Physical environment

- PPE equipment was found and used by NWAL staff. Cleaning items were provided to families with no cost to the families. Professional cleaners clean communal and family spaces. NWAL also opened and managed and concluded one of the Short-Term Emergency Accommodation sites which was commissioned by Nottinghamshire County Council.

5.2.3.4 Health and safety

- Over the COVID 19 period we supported people who contracted COVID 19 but there was no major breakout in either refuge over the period. This displayed the effectiveness of the

communication and agile management of the situation. NWAL also supported their staff to be able to operate and deliver their roles within health and safety procedures and COVID 19 guidelines.

- To this day NWAL is supporting survivors, with the individual effects and impact of COVID 19 to the larger effects including the stalling of housing availability. NWAL has supported survivors through COVID 19 from the construction and building up of COVID 19 restrictions to the reduction and the cessation of them. This has been achieved through mutual communication pathways, trust, and respect between NWAL and the community we work for.

5.3.2 Juno Women's Aid Nottingham and Nottinghamshire

From: Juno Women's Aid Dec 2021

- Juno women's Aid staff at every level have worked relentlessly to ensure the services remained open and that there was continuity even where social distancing and other restrictions imposed limits.
- The team at Juno took great personal risks at the very beginning of the pandemic, before domestic abuse workers were recognised as key workers and entitled to priority PPE and to school access for their own children, and kept the refuges, Helpline and support and advice services running.
- Juno's refuge staff were on hand throughout the lockdowns and responded to the changing government guidance on running support services such as refuges.

Partnership working has been key to getting through this crisis:

- Nottinghamshire County Council alongside Nottingham City Council and the Nottinghamshire Police and Crime Commissioner supported Juno with additional needs, ensured that emergency grants were made available to help vital Juno services to continue to run and aided with the transition to ensure Juno staff were able to work from home.
- Juno staff members were also interviewed about their experiences of working through the pandemic:

"There were no thoughts for people in temporary accommodation such as refuge. Domestic Violence stats have gone through the roof because of lockdown and there wasn't any bigger picture thinking that the pressure points on refuge are going to impact greatly as a result"

"Covid thwarted the progress these women and children were making."

"... the pandemic has slowed everything down for her"

- Initially staff were frustrated and were further unsatisfied with their work due to them being asked to work remotely because of the no contact and social distancing rules.
- Furthermore, staff were also nervous of contacting covid itself.
- Staff were also placed under various pressures of working from home, with their own childcare issues, having difficult conversations with survivors virtually at their home and the quality of work may have been impacted through these changes to their working environment.

- Despite these circumstances Juno remained open and worked well regionally, this was exemplary as this was not the case nationally. It is also important to acknowledge that [Equation](#) (domestic abuse services for men) also remained open throughout this time.

6 Impact on risk/protective factors for Survivors

6.1 Key Points

- DA increased globally during the pandemic, though reporting type and times differed.
- There continues to be underrepresentation of the issue in the data.
- Violence as a whole has been found to increase during times of emergency and disaster- need to consider DA in this, especially regarding the current cost of living crisis.
- The pandemic acted as an escalator and intensifier of existing abuse and removed usual protective factors such as the ability to get away from the abuse even for a short time and social contact and support from friends and family.
- Those at higher risk of DA (see Appendix 2) were on the whole at even greater risk during the pandemic- though sometimes this is an assumption due to lack of research.
- There was less access to service for a number of reasons though practitioners worked hard to overcome barriers.
- The switch from mainly face to face to digital and online services had a mixture of challenges (assessment of risk, connectivity) and benefits (increased access options).
- Concern that services lack resilience to work flexibly, needing to adapt to be more effective during emergencies.
- Concern regarding lack of funding in order to effectively support vulnerable groups such as ethnic minorities and LGBTQIA+.

6.2 General Points

- See Appendix 2 for NICE usual risk factors for domestic abuse and how the current research shows to what extent this risk has changed during the COVID 19 pandemic.

6.2.1 Increase in Domestic Abuse

- Many reports from across the globe about increases in domestic abuse during the COVID pandemic (Moreira and Pana da Costa, 2020; Healy et al, 2022; Wake and Kandula, 2022; Kourti et al., 2021; Usta et al, 2021).
- However, the means of seeking help differed which meant different patterns in data depending on what was analysed. For example, in the USA, Sorensen et al (2021) found that there was a decrease in help-seeking for sexual assault and assault in general but not for domestic violence during the initial phases of the COVID-19 outbreak. Differences also occurred depending on the restrictions in place, for example a drop in referrals when schools closed was considered by some likely to be more to do with childcare responsibilities than a drop in level of violence (Moreira and Pana da Costa, 2020) ¹⁶ or because teachers being the more likely reporters of DA (Kourti et al, 2021). This difference is also reflected in the local data (section 4.7.1).
- Researchers also acknowledge data is highly likely to be an underrepresentation due to victims being less able to access help or believe services have been stopped (Arenas-Arroyo, 2021). This is reflected in the local police data in section 4.1.

¹⁶ [Identification and Referral to Improve Safety \(IRIS\) DVA programme](#)- only available to around 20% of GP Practices in the UK

- Research shows that violence, including DA tends to increase in times of disasters and emergencies (Moreira and Pana da Costa, 2020; Campbell, 2021; Pfitzner et al, 2022). Although Cortis et al (2021) points out that in the case of COVID, physical infrastructure remained intact, it was the human contact that was restricted. Particular consideration must be given to other emergencies such as the current cost of living crisis.
- Domestic homicides do not appear to have increased excessively, at least from 2020 to 2021 (Bates et al., 2021; Dewsey-Hewitt, 2021).

6.2.2 Focus of UK COVID Response

- It was pointed out that home often is often viewed by public and media as a place of sanctuary (Bradbury-Jones and Isham, 2020) and the increased emphasis and resources on traditional healthcare mean that support services such as those for DV are lessened (Usta et al, 2020). - for example, the use of the slogan “Stay Home-Protect the NHS-Save Lives”.
- However, Government funding was made available for DV charities (Davidge, 2020).

6.2.3 Risks Already Existing

- A lot of the dynamics for perpetrators, and risks and protective factors for victims are already well known, however the pandemic presented unique circumstances for both (Sower and Alexander, 2021, SEA, 2021). Pandemic “acted as an escalator and intensifier of existing abuse” (Bates et al, 2021)¹⁷.
- Risk factors or inequalities already existing likely only exacerbated by the pandemic (Wake and Kandula, 2022) for example for LGBTQIA+ (Harvey et al, 2014) and those with disabilities (Dockerty et al, 2015).

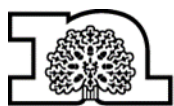
6.2.4 Access to Help

- Access to help restricted and may be more dangerous for victim (Moreira and Pana da Costa, 2020). Victims may disclose abuse in places where they may not have done before, such as banks (SEA, 2021). The UK Govt therefore introduced the ANI (Action Needed Immediately) Codeword scheme for pharmacies in 2021 (UK Gov, 2022).
- Leaving the abuse home increased risk of contracting the virus, and many survivors postponed their decision to leave (Sower and Alexander, 2021; Moreira and Pana da Costa, 2020; Davidge, 2020).
- Less capacity in shelters due to social distancing, staffing issues and lack of PPE among other factors (Davidge, 2020)
- Less capacity for restraining orders etc due to courts and legal services being restricted (Sower and Alexander, 2021). Local data on this was not able to be obtained (see section 4.7.7).

6.2.5 Switch to Digital and Online Services

- The switch to online healthcare contact was less effective for many survivors of DA as there were difficulties regarding: disclosure for victim, reading of cues by healthcare professional, thinking anxiety is because of the pandemic and not DA,

¹⁷ Bates et al (2021) examined each and every death identified by police in England and Wales as meeting their definition between 23rd March 2020 and 31 March 2021: domestic murder by a (current or ex) partner, family member or co-habitee, also counted child deaths in a domestic setting, unexplained or suspicious deaths, and suspected suicides of individuals with a known history of domestic abuse victimisation.



presence of the perpetrator and connectivity issues (Moreira and Pana da Costa, 2020; Cortis et al, 2021). This was found to be especially the case for survivors from ethnic minorities, though in some cases, creative use was beneficial (Thiara and Roy, 2022). Community Ambassadors were developed by Women's Aid to try and address the issue of reduced access (Women's Aid, 2020).

- Services can now offer bigger range of options for contact but there are safety/risk concerns that need to be addressed (Cortis et al, 2021).
- Campbell (2021) questioned whether service difficulties in the pandemic showed interventions lack resilience. Narrative reviews and primary research with practitioners did highlight the difficulties and concerns regarding the ability of the services to flex and cope in a crisis (Dewsey-Hewitt et al, 2021).

6.2.6 Service Funding

- Reduction in funding for charities and shelters (Moreira and Pana da Costa, 2020) and emergency funding not ring-fenced for specialist charities serving marginalised groups (Women's Aid et al, 2021).
- Concerns around housing and refuge options (Dewsey-Hewitt et al, 2021).

6.3 Marginalised Groups

6.3.1 LGBTQIA+

- LGBTQ+ in Wales found to be underrepresented even before the pandemic (Harvey et al, 2014). This was due to specific individual and interpersonal barriers to accessing services on top of universal barriers, structural and cultural issues in the system targeted towards cis gender women and intersecting barriers such as race, young people, and mental health (Harvey et al, 2014).
- IPV prevention materials for CYP not designed for LGBTQIA+ group (de Brun, 2019).
- Dawsey-Hewitt et al (2021) found that due to the social isolation, some LGBTQIA+ survivors were being kept from their usual social circles and pressured into heterosexual relationships by family members.
- In their study, Bates et al (2021) found 3% of domestic homicides were LGBTQ+¹⁸.

6.3.2 Males

- The vast majority of research focusses on women and male victims can be marginalised (Graham-Kevan et al, 2021).
- UK findings from two international studies conducted during the first COVID lockdown (Graham-Kevan, 2021) showed:
 - Male victims experience persistent and severe patterns of coercive control similar to those experienced by female victims but also suffer stigmatisation from society and also services
 - More research is required which identifies differences between males of different ethnicities
- Work in Nottinghamshire is already underway to improve the accommodation needs of male survivors, including those who are LGBTQIA+ (Martin, 2022).

¹⁸ Note that data completion rates were low for protected characteristics apart from ethnic group (victims and suspects)

6.3.3 Socio-Economic Status

6.3.3.1 Economic Stress

- Arenas-Arroyo et al (2020) in their study of Spanish victims of DV¹⁹, found economic effect of lockdowns increased levels of violence especially if both victim and perpetrator suffer economic stress. The increase in domestic violence was higher among couples with children, couples without previous positive levels of violence and for low educated women. They also found a large but statistically imprecise estimates of a large increase of domestic violence when the relative economic position of the man worsens, especially in contexts where that position was already being threatened. These findings were echoed by Wake and Kandula (2022) and Usta et al (2020). Women were also more likely to be in jobs affected by the pandemic restrictions (Pfitzner et al, 2022) and thus have less resilience economically (Moreira and Pana da Costa, 2020).
- The impact of the pandemic was found to be worse for those of lower socio-economic status as they were likely to have the internet or smart phone (Moreira and Pana da Costa, 2020; Cortis et al, 2021)
- Landlords could threaten eviction or pressure people for sex in place of rent (Sower and Alexander, 2021).
- Local Nottinghamshire data in sections 4.1.2 and 4.6.2 show higher levels of DA in more deprived areas during the pandemic.

6.3.3.2 Economic Abuse

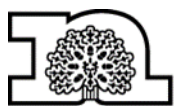
- SEA (2021) found that economic abuse²⁰ increased, with 72% reporting that their financial situation had worsened. Also, the shift to contactless payments was detrimental to many. Often plans to leave abusers were put on hold because of the economic difficulties brought on by the pandemic.
- The economic abuse continued for many who were post-separation, particularly around child maintenance. Anecdotally, there have been some post separation DA survivors who were actually helped by the pandemic, in that they could legally report their ex-partner to the police for breaking COVID rules by coming round their house (SEA, 2021).

6.3.4 Ethnic Minorities

- Survivors from ethnic minorities were already starting from a place of inequality according to Thiara and Roy (2022). They reported on a small piece of research conducted with charities for ethnic minorities and victims of DA. Particular issues included underfunding, increase in no recourse to public funds cases, lack of knowledge of particular needs, difficulties with immigration authorities and the importance of support networks being taken away due to COVID restrictions.
- Anitha and Gill (2021) conducted a small piece of research with providers of DA support to BAME women during the pandemic. Themes and issues specific to these women included:
 - Women had additional psychological stress of they and their children being more at risk from the virus.

¹⁹ Spain had earlier, longer and more restricted lockdowns than the UK

²⁰ Economic abuse is a form of coercive control through which domestic abuse perpetrators seek to reinforce or create economic dependency and/or instability. This, in turn, limits the choices that victim/survivors can make and their ability to access and build economic safety. The term 'economic abuse' recognises that it is not just money and finances that a perpetrator can control (known as 'financial abuse'), but also the things that money can buy, like food, clothing, transportation and housing. Control takes three forms: restriction, exploitation and/or sabotage (SEA, 2021).



- Women suffering more DA from other family members during lockdown, including psychological pressure into forced marriage and actual forced marriage as these could be done in more secretive circumstances.
- More women having no recourse to public funds (NRPF) and facing DA or homelessness, especially if their immigration status is shaky.
- Links were also made to the Black Lives Matter movement, in that there is distrust of the police and mainstream services. Victims may be reluctant to call as they want the abuse to stop but they don't want to perpetrator harmed in custody. This is reflected in comments on low police reporting on local data in section 4.1.
- In their narrative review and research Dewsey-Hewitt et al (2021) found that women from ethnic minorities had "several barriers to support including a lack of understanding and will to work with migrant women, racist and discriminatory practices, a hostile data sharing environment, a failure to uphold statutory requirements and depleted access to interpreters."
- Bates et al (2021) found that nationally the proportion of BAME victims since Covid appears to be higher than the previous 15-year domestic homicides average, the 2019/20 domestic homicides data, and the general population. Child deaths and adult family homicides had the highest proportion of BAME victims (44% and 30% respectively). Victims were also less likely to be already known to the police.

6.3.5 Mental Health

- Victims and perpetrators with previous mental health issues were likely to have had these exacerbated by the pandemic (Moreira and Pana da Costa, 2020). Depression was a risk factor for domestic violence, and pandemic was likely to have exacerbated this (Wake and Kandula, 2022).
- Davidge (2020) found that over 50% of those who had survived abuse in the past had mental health issues brought on by memories triggered by the pandemic.

6.3.6 Geography

- Experiences of DA in rural areas may be worse due to less support (Sower and Alexander, 2021). However, the switch to online services may have improved access, although connectivity could be an issue (Cortis et al, 2021).

6.3.7 Age

6.3.7.1 Young People

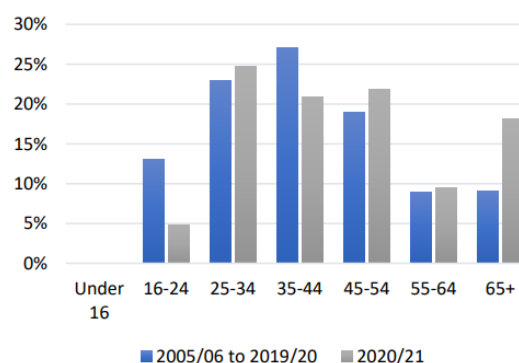
- During the first year of the pandemic 2020/21 there appears to have been a comparative decrease in the number of DA deaths nationally involving younger victims aged 16 to 24 years old (13% down to 5%) and suspects (10% down to 6%). This may indicate suppression of abuse amongst younger couples due to pandemic restrictions on movement and socialising (Hoeger et al, 2022).
- Schools have been advocated as the best setting for DA prevention work, but also recognised that educational establishments and campuses can be settings for DA (De Brun, 2019).

6.3.7.2 Older People

- In their national study of intimate partner homicides, Bates et al (2021) found the age of the victim and perpetrator was less likely to be young and more likely to be older than in previous years before the pandemic. In their in-depth analysis of the data, Hoeger et al (2022) found that during the pandemic, the findings suggest that older people were at increased risk of being victims of domestic homicide, especially within an intimate partner context.

- Police findings as to reasons for older person homicide during first year of pandemic: Covid-related impacts identified amongst older intimate partner homicide (IPH) and adult family homicide (AFH) victims included:
 - The suspect's or victim's deteriorating mental and/or physical health during the pandemic
 - The suspect using Covid restrictions as an excuse not to access medical help for a partner or family member with serious (non-Covid) illness, and the suspect or victim described as struggling to care for a partner or family member with serious mental and/or physical illness based on lack, or disruption, of support from specialist services.
 - These findings suggest that the pandemic may have put older victims at greater risk through (at least the perception of) reduced health and care support. This fits with the broader impact of the pandemic on older age groups, who were more likely to experience disruption to health services (Propper, Stockton and Stoye, 2020) and become less 'visible' to external agencies whilst shielding at home (Hoeger et al, 2022).
- In their in depth analysis of VKPP data, Hoeger et al (2022) found overall AFH deaths involved an even split by sex of the victim (male and female victims each representing 50%). However, when examining AFH of older victims, the proportion of female victims increased to a level similar to that of IPH. The proportion of male suspects remains high across all IPH and AFH deaths.
- Older victims may also already be disadvantaged due to systematic invisibility, dependency and caring issues and services not meeting their needs (Safe Lives, 2016), also greater risk and fear of virus itself (Sheppard, 2021).

IPH Victims by Age Group - Comparison



6.3.8 Disability

- Overall, 17% of domestic homicide victims nationally were recorded as having a special need, either physical (6%), mental (8%), or both (3%) (Bates et al., 2021).
- Reflecting their disadvantage before the pandemic, Dockerty et al (2015) found:
 - They are often in particularly vulnerable circumstances that may reduce their ability to defend themselves, or to recognise, report and escape abuse. Impairment can create social isolation, which, along with the need for assistance with health and care and the potential increased situational vulnerabilities, raises the risk of domestic abuse for disabled people.
 - Physical and environment inaccessibility, stigma and discrimination can also exclude and isolate them. Their reliance on care increases the situational vulnerability to other people's controlling behaviour and can exacerbate difficulties in leaving an abusive situation (Dockerty et al, 2015).
- Davidge (2020) cited 2 studies conducted during the pandemic. Although small numbers were interviewed the main findings were perpetrators would withhold medication, and that they were also affected by the health and social care COVID impact.

- On a positive note, access to support may have improved for those with disabilities with the switch to online or telephone services (Cortis et al, 2021).

NOTTINGHAMSHIRE CASE STUDY: Mum and her 2 children were referred into the family court support service in January 2021, right in the middle of the second lockdown during the COVID pandemic. One of the children was the only child subject to court proceedings as it was her father who was wanting to have contact with her. Mum was in a very abusive relationship with the only child's dad, he was controlling and physically and emotionally abusive. Mum stated at the start of the support that she had safeguarding concerns over the way that Dad treated his other children too and there was an allegation of potential sexual abuse from Dad to his daughter.

Due to COVID 19, family court hearings became hybrid hearings. This caused a lot of anxiety for mums in particular as it meant they were not protected as such from having to see the alleged perpetrator as 'special measures' such as a physical curtain in court were not an option. This was used often by perpetrators to continue to exert power and control over survivors as they knew that they would be able to see their faces. This particular court case was adjourned several times due to COVID issues and staffing. This had a huge impact on the family as mum was incredibly anxious already about court and due to it being delayed this heightened her anxiety. Mum was dialled into court hearings where dad was present and mum found this uncomfortable and intimidating. Mum also reported that it was uncomfortable to know that dad could see her surroundings/background in her home etc.

It is important to note that throughout the covid pandemic we have seen many perpetrators using the lockdown guidelines to continue to exert power and control as a whole. For example, where contact had been granted through the courts and children went to see their fathers, they were then refusing to return the children back to mums care due to 'covid and lockdown guidelines' or insisting that mum or the child had covid symptoms. In one particular case, dad refused to send the child back to mum after having contact and made mum stand at the bottom of the drive to talk to her daughter. This went on for weeks until mum could take dad back to court but the psychological impact on mum and daughter was profound.



Reflections on the case study:

- It is evident that children were used as pawns throughout the pandemic. Children were refused to be moved between families and perpetrators who used control continued to exert their control further by using the child as a vehicle.
- Unfortunately covid facilitated the perpetrators actions. The pandemic to some extent justified the perpetrators actions because restrictions were placed on every individual regardless of what challenges people were facing. Furthermore, this has also negatively impacted on the children's experience throughout the pandemic.

7.1 Key Points

- Research found that in the case of perpetrators, the motives behind their actions remained the same but COVID presented different methods and reasoning for coercive and violent behaviour.
- In terms of perpetrator treatment services, like those for survivors there were benefits and drawbacks to the switch to digital and internet services.

TABLE 1. NEW ABUSIVE TACTICS SEEN DURING COVID-19

<i>Types of tactics</i>	<i>Examples</i>
Intimidation	Forcing partners to excessively wash their hands, exploiting the vulnerabilities and fears of their partners about COVID-19, lying about test results, etc.
Emotional abuse	Faking symptoms of COVID-19, going against public health policies, refusing to share soaps/sanitizers/cleansers with their partners, purposefully exposing family members to COVID-19, etc.
Isolating	Cutting off or regulating internet or phone service, monitoring activity, refusing to allow their partners to leave the home to run errands or go to appointments, etc.
Minimizing, denying, and blaming	Gaslighting their victim(s) by saying they are “just following orders,” blaming their actions on stress, normalizing extreme control, etc.
Using children	Applying for modified COVID-19 custody orders, insisting on sheltering with the children or refusing to return the children, threatening to take the children, etc.
Economic abuse	Refusing to let their partner work outside of the home or refusing to work remotely themselves, stealing the emergency assistance intended for their partner, filing false COVID-19 reports to immigration, employers, or other officials, etc.
Male privilege	Using the entire study/workspace in the home, demanding absolute quiet during work hours, refusing to share resources, etc.
Coercion and threats	Threatening to expose loved ones to COVID-19, faking COVID-19 symptoms, coughing in the victim’s face, etc.

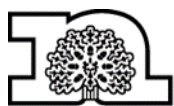
Examples from the Battered Women’s Justice Project video on “Coercive Control during COVID-19: New Tactics” (2020).

7.2 Actions by Perpetrators

- Although the table above is from the USA, we can see the range of new opportunities for perpetrators that have been used- these are echoed by research in other countries (Moreira and Pana da Costa, 2020; SEA, 2021; Bates et al, 2021; Anitha and Gill, 2021; Pfitzner et al, 2022). They were also found to have been observed by informal providers of support (Gregory and Williamson, 2021).
- The pandemic aided coercive control of perpetrators (Sower and Alexander, 2021; Moreira and Pana da Costa, 2020), as the lockdown mimicked forms of abuse. COVID used “as a weapon” (Bates et al., 2021). Concerns were also raised that the external enforcement of lockdowns by the national government created a feeling of lack of control among some perpetrators (Healy et al, 2022).
- It has been pointed out that perpetrators in BAME groups may be more likely to suffer financial hardship (Anitha and Gill, 2021):

“We have a significant percentage of our communities where the husbands, men in their family, are taxi drivers (...) they can’t work (...) Financially things are really tough. And I think people forget, in a household it could be a ticking time bomb”

- Domestic Abuse Homicides:
 - The proportion of BAME suspects in the national study of domestic homicides appears to be higher than in the general population, and higher than the 10-year average, although in line with 2019/20 data on suspect ethnicity in domestic homicides. As with victims, adult family homicide and child deaths contained the largest proportion of BAME suspects with 33% and 31% respectively (Bates et al, 2021).



- 2% of suspects were recorded as being LGBTQ+ and 3% as being pregnant or having given birth within the previous six months. Overall, 15% of suspects were recorded as having a special need, either physical (1.3%), mental (12.3%) or both (1.3%) (Bates et al, 2021).

7.3 Treatment Services for Perpetrators

- There were difficulties in moving to online and digital services for providers who work with perpetrators, including increased complexity (Dewsey-Hewitt et al, 2021). However, others reported the opportunity for others the move to online service provision may have reduced pre-existing barriers to engagement and therefore enhanced their likelihood to engage (or re-engage) (Healy, 2022). E.g., extended phone contact with those waiting to go onto programmes.
- This may have also helped in equalities in that usual group discussions could be restricted for those with language barriers or mental health problems/learning difficulties, whereas 1 to 1 and e-learning could be adapted.
- NICE advocates for perpetrator interventions (NICE, 2016) but it is thought only around 1% of perpetrators receive specialist help (O'Grady, 2021).

7.4 Caveats to Research on Risk/Protective Factors for Survivors and Opportunities for Perpetrators

- Majority of research at this stage done at the height of the pandemic, and so may be less strong in terms of research rigor.
- Vast majority of research was about victims or survivors in already abusive situations, not those whose relationships became abusive during lockdown, so we could not get a picture of this (although Cortis et al (2021) in Australia reported an increase in new referrals).
- We cannot draw a lot of definitive conclusions but there are some synergies between national/international evidence base and local data.

8 Recommendations

1. Policymakers should resource and prioritise domestic abuse within emergency planning and disaster response frameworks and inter-agency coordination.
2. There needs to be recognition of the disproportionate effect of the COVID pandemic on marginalised victims: older people, LGBTQ+, ethnic minorities etc. There needs to be a focus on reducing inequalities in support.
3. Evidence based interventions for perpetrators to reduce perpetration need to be explored and implemented.
4. Online capacities, service innovations and partnership implemented or strengthened in crisis-mode during the COVID-19 pandemic should inform the development and resilience of responsive services systems to help prevent gender-based violence post-COVID and in future crises.
5. Resilience of support to DA providers needs to be addressed as well as the resilience of the service itself, e.g., supervision, training, peer support and shadowing. Focus on the needs of those in specific groups such as ethnic minorities must be considered.
6. Examination of local data has highlighted the need for further exploration from each service level as to why there are differing trends within the data and exploration as to why this may have occurred.

Additional recommendations:

7. Further review the courts and the impact of covid on the courts/criminal justice system and in turn for DA survivors particularly for domestic abuse and sexual violence to develop a plan for addressing any issues this highlights by March 2023.
8. Qualitative review of the role and impact of COVID on informal providers of support for survivors of DA to ascertain how their influence can be incorporated into current actions plans by March 2023.

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What has the impact of the COVID 19 pandemic been on domestic abuse risk and protective factors for victims and opportunistic factors for perpetrators in the UK?	 Impact COVID 19 domestic abuse risk a
What have the health and wellbeing effects of the COVID 19 pandemic been on health and care professionals working with and providing services for victims of domestic abuse in the UK?	 Covid Impact on Healthcare Workers ir

Appendix 2 NICE Guidance Risk Factors and Impact of COVID 19 Pandemic

Risk Factor	Impact of COVID 19 Pandemic
Female.	Increased amount and complexity of DA
Aged 16–24 years (women) or 16–19 years (men).	Little research on these specific groups found- though specific question not asked
Has a long-term illness, a disability, or a mental health problem	Disability: perpetrators used pandemic to withhold medication This group found to be disadvantaged also by the effect on the health and social care sector.
Is a woman who is separated from her partner — there is a higher risk of abuse around the time of separation.	Reduced ability or motivation to leave due to fear of virus
Is pregnant or has recently given birth — although pregnancy appears to offer protection for some women, it increases the risk for others.	Very little research found- but if disadvantaged before pandemic so evidence suggests more at risk during pandemic.
Sexual orientation	Disadvantaged before pandemic so evidence suggests more at risk during pandemic.
Escalation of violence — previous domestic violence and abuse is the clearest indicator that further domestic violence and abuse will occur	No data on DA started in lockdown or during pandemic. All research on previously existing DA- evidence is violence got worse
Cultural factors	Family members also inflicted DA on survivors
Relative poverty	Evidence that poverty meant higher risk of DA during pandemic, especially if perpetrator economic standing was affected Survivors less able to seek and engage with services as likely to have digital poverty. Economic abuse increased during pandemic.
The role of alcohol or drug misuse in domestic violence and abuse is poorly understood	Very little research found- though specific question not asked