



7 December 2022

Agenda Item: 7

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **THE NOTTINGHAMSHIRE COVID IMPACT ASSESSMENT (CIA): DOMESTIC ABUSE**

#### **Purpose of the Report**

1. The report provides an assessment of impact of the covid-19 pandemic on the health and wellbeing of the population of Nottinghamshire, with a specific focus on domestic abuse.

#### **Information**

##### **Background**

2. The 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 to inform public health and partner strategies, plans and commissioning. A phased approach to this work has been undertaken with eight areas:
  - a) Direct Impact of Covid-19
  - b) Domestic Abuse
  - c) Mental Health and Wellbeing
  - d) Behavioural risk factors
  - e) Life Expectancy and Healthy Life Expectancy
  - f) Pregnancy and childbirth (including Early Years)
  - g) Social determinants of health
  - h) Healthy and Sustainable Places (including air quality and food insecurity)
3. This report outlines key findings from this assessment, with Domestic abuse a priority for the Joint Health and Wellbeing Strategy 2022-26. The full report on domestic abuse is provided in **Appendix 1**. The assessment focuses on the impact the covid-19 pandemic has had on domestic abuse services and providers, as well as risk/protective factors for victims and opportunistic factors for perpetrators.
4. The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research from early 2020 to May 2022. Initial key findings were brought to the Domestic Abuse Partnership Board (DAPB) on 23 June, with the final report and recommendations on 15 September.

## **Key Points**

### **Impact on domestic abuse services over time and different phases**

5. Covid-19 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 as to why there are differing trends within the data and exploration as to why this may have occurred.

### **Impact on Those Who Provide Services**

6. Due to nature of their work, providers of domestic abuse support services usually require careful psychological and professional support. Much of this disappeared during the pandemic, especially informal peer support. Prior to the pandemic people's homes tended to be viewed as a kind of sanctuary from work and then it became work and vice versa.
7. Those practitioners from ethnic minorities were more likely to have additional stresses due to their direct impact of the virus and cultural circumstances. In addition, those providing informal support to survivors of domestic abuse and the impact on them should not be forgotten, especially as they may have stepped in to fill gaps left by formal services.
8. Future concerns surround the funding and resilience of services in future crises (flexibility and adaptability will be key) and the resilience of current support arrangements for practitioners working from home.

### **Risk and Protective Factors for Survivors**

9. Domestic abuse increased globally during the pandemic, though reporting type and times differed and there continues to be under-representation of the issue in the data.
10. Violence has been found to increase during times of emergency and disaster need to consider domestic abuse 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 (e.g., going to work) and social contact and support from friends and family.
11. Those at higher risk of were overall at even greater risk during the pandemic, though sometimes this is an assumption due to lack of research.<sup>1</sup>
12. There was less face-to-face access to services and wider referral agencies, though the services 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).

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<sup>1</sup> Please see Appendix 2 of the CIA on domestic abuse report for further information on NICE Guidance Risk Factors and Impact of COVID 19 Pandemic.

13. Concern that services lack financial and workforce resilience to work flexibly, needing to adapt to be more effective during emergencies. There were also concerns regarding lack of funding to effectively support vulnerable groups such as ethnic minorities and LBTQIA+.

### **Opportunities for Perpetrators**

14. Research found that in the case of perpetrators, the motives behind their actions remained the same but covid-19 presented different methods and reasoning for coercive and violent behaviour.

15. In terms of perpetrator treatment services, like those for survivors there were benefits and drawbacks to the switch to digital and internet services.

### **Recommendations**

16. The Nottinghamshire Domestic Abuse Partnership Board was asked to consider the eight recommendations within the report:

- 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-19 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 domestic abuse 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.
- 7) Further review the courts and the impact of covid on the courts/criminal justice system and in turn for 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-19 on informal providers of support for survivors of domestic abuse to ascertain how their influence can be incorporated into current actions plans by March 2023.

## **Next Steps**

17. The Nottinghamshire Domestic Abuse Partnership Board (DAPB) will take forward the following actions from the CIA Report:
- a) Establishing a task and finish group to review recommendations and develop an action plan to deliver on the recommendations with the report.
  - b) The system considering and learning from the impact of extraordinary circumstances (like covid-19) on domestic abuse to improve our response regarding prevention and protection.
18. Considerations for the Nottinghamshire Health and Wellbeing Board include how it can support this priority area and ensure that the above recommendations are taken forward. It is recommended that the DAPB provide an update to the Health and Wellbeing Board in the new year.

## **Reason/s for Recommendation/s**

19. The Health and Wellbeing Board has a statutory duty to produce and deliver a Joint Health and Wellbeing Strategy, with domestic abuse identified as one of its priorities for 2022-26.

## **Statutory and Policy Implications**

20. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

21. There are no direct financial implications arising from this report.

## **RECOMMENDATION/S**

The Health and Wellbeing Board is asked:

- 1) To consider whether there are any actions required by the Health and Wellbeing Board in relation to the various issues outlined.
- 2) To receive an update on progress from the Domestic Abuse Local Partnership Board at its meeting on 8 March 2023.

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**Constitutional Comments (CEH 15/11/22)**

22. The report and recommendations fall within the remit of the Health and Wellbeing Board.

**Financial Comments (DG 14/11/22)**

23. There are no direct financial implications arising from this report.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

**Background Papers and Published Documents**

[Nottinghamshire Joint Strategic Needs Assessment \(JSNA\) Work Programme 2022 – 2023 \(15 June 2022\)](#)

**Report to the Nottinghamshire Health and Wellbeing Board**

Nottinghamshire Covid Impact Assessment Report: Phase 2 Domestic Abuse (15 September 2022)

**Report to the Domestic Abuse Local Partnership Board**

**Electoral Division(s) and Member(s) Affected**

- All