Uned **Atal** Trais
Violence **Prevention** Unit

A Health Needs Assessment:

The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences

Executive Summary

**Uned Atal Trais
Violence Prevention Unit**

A Health Needs Assessment: The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences (executive summary report)

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Acknowledgements

Overview of the Wales Violence Prevention Unit

The Wales Violence Prevention Unit was established through funding from the Home Office in 2019. The core team comprises members from police forces, the Police and Crime Commissioner, Public Health Wales, Her Majesty's Prison and Probation Service (HMPPS), Home Office Immigration and the voluntary sector.

The Unit takes a public health approach to preventing violence (*see figure 1*), which involves seeking to understand the epidemiology of violence, and using this evidence to develop interventions focused on tackling the root causes of violence. Interventions are properly evaluated before being scaled up, if appropriate, to help more people and communities across Wales. Through this approach the Unit aims to develop a whole system response to the prevention of violence.

Surveillance/ epidemiology – what is the problem?

Identify risk & protective factors – what are the causes?

Develop and evaluate interventions – what works and for whom?

Implementation – scaling up effective policy and programmes

Figure 1. The four steps to a public health approach to violence

Abbreviations

HNA	Health needs assessment		LGBT+	Lesbian, gay, bisexual, transgender + *"Plus" represents a list of other identities that fall under the queer umbrella*
VPU	Violence Prevention Unit		SEND	Special educational needs and/or disabilities
COVID-19	Novel Coronavirus 2019 (2019-nCoV)		VAWDASV	Violence against women, domestic abuse and sexual violence
NTE	Night Time Economy		FGM	Female genital mutilation
ACE	Adverse childhood experiences		C/APV	Child and adolescent to parent violence
BAME	Black and minority ethnicity		ASB	Antisocial behaviour
NEET	Not in education, employment or training			

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Project outline

Introduction

- The novel coronavirus 2019 (COVID-19) pandemic has had, and continues to have, a huge impact globally. The pandemic has resulted in millions of deaths worldwide and approximately 143,000 UK deaths (March 2021). Whilst children and young people (CYP) are one of the least vulnerable groups to COVID-19, experts have voiced concerns over the indirect harms of COVID-19 on CYP.

- The pandemic has resulted in many challenges for CYP, including disruptions to education, support, social activities and routine. Due to COVID-19 restrictions, individuals have had to spend increased amounts of time in the home and spent a greater amount of time online, factors which may increase the risk of exposure to violence and adverse childhood experiences (ACEs), particularly among the most vulnerable children and young people.

Methodology

This health needs assessment (HNA) aimed to:
- Understand the impact of COVID-19 on CYP's experiences of violence and ACEs
- Explore good practice to mitigate the negative impacts of COVID-19 on CYP
- Map the extent to which these services and programmes are being delivered in Wales
- Provide potential next steps for COVID-19 recovery and resilience planning to share learning and make Wales a safer place for CYP both during the pandemic and in the future

The following methods were used to develop the HNA:
- A literature review exploring both academic and grey literature (articles published between January 2020 – March 2021)
- Stakeholder interviews with professionals from organisations supporting CYP
- Analysis of Wales VPU violence surveillance data and publically available data to develop a population profile

A multiagency steering group met regularly throughout the project to provide guidance and advice.

Key findings

Violence and ACEs

Parental alcohol and substance use

Increase in alcohol consumption, particularly in parents with children < 18 years

VAWDASV

Increase in CYP witnessing domestic abuse and an increase in harm from domestic abuse in young people's relationships

Physical abuse

Increase in reports of physical abuse towards children and increase in child physical abuse-related injuries seen in hospitals

Mental health

Worsening of mental health among CYP resulting in an increase of maladaptive coping mechanisms, including self-harm and suicide ideation
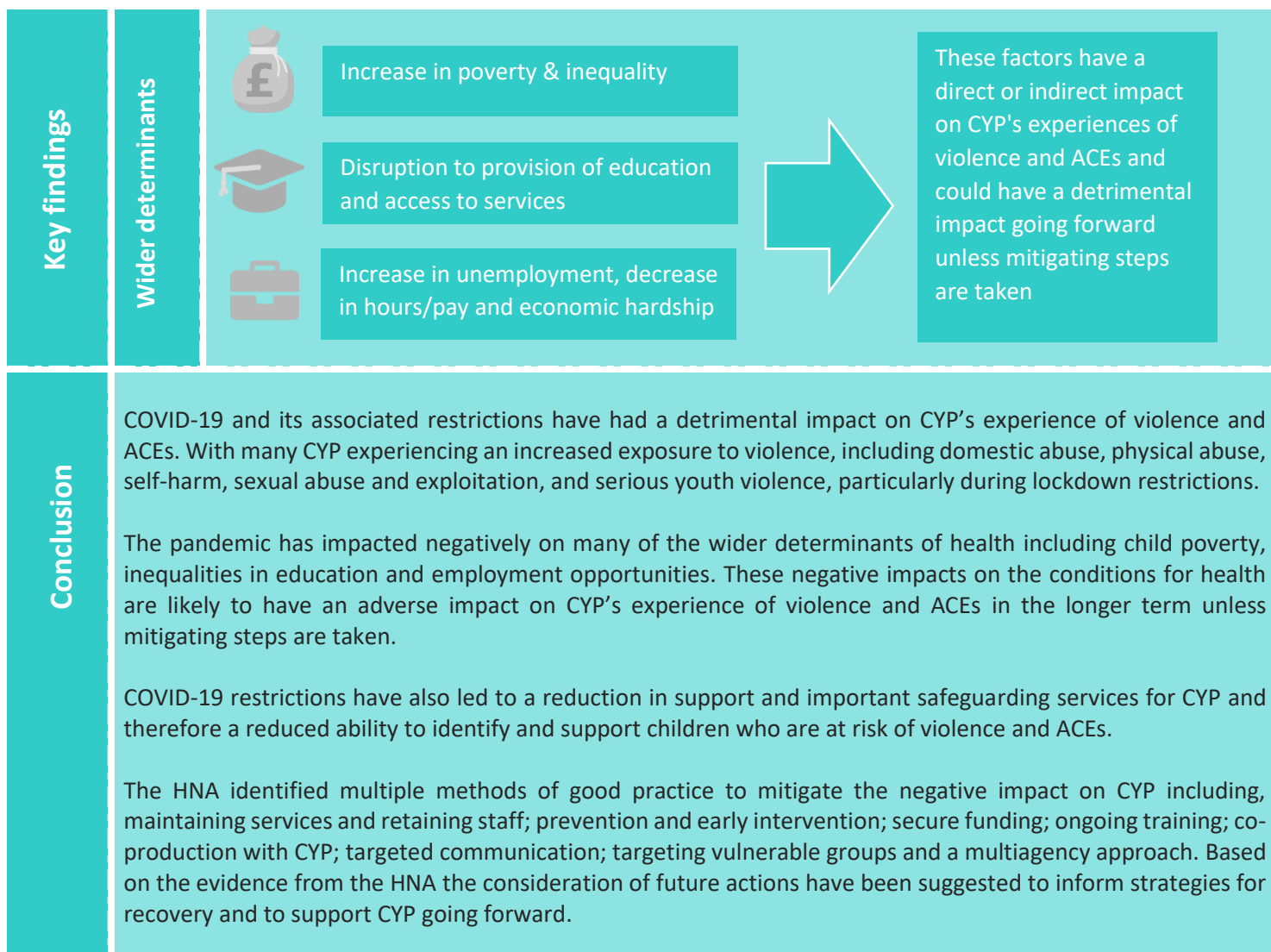
Child sexual abuse and exploitation

The increased amount of time spent online has heightened the risk of viewing harmful content, sexual abuse and exploitation

Child criminal exploitation and serious youth violence

Risk factors for child criminal exploitation and serious youth violence have been exacerbated during the pandemic

Key findings	**Wider determinants**	Increase in poverty & inequality	These factors have a direct or indirect impact on CYP's experiences of violence and ACEs and could have a detrimental impact going forward unless mitigating steps are taken
		Disruption to provision of education and access to services	
		Increase in unemployment, decrease in hours/pay and economic hardship	

Conclusion

COVID-19 and its associated restrictions have had a detrimental impact on CYP's experience of violence and ACEs. With many CYP experiencing an increased exposure to violence, including domestic abuse, physical abuse, self-harm, sexual abuse and exploitation, and serious youth violence, particularly during lockdown restrictions.

The pandemic has impacted negatively on many of the wider determinants of health including child poverty, inequalities in education and employment opportunities. These negative impacts on the conditions for health are likely to have an adverse impact on CYP's experience of violence and ACEs in the longer term unless mitigating steps are taken.

COVID-19 restrictions have also led to a reduction in support and important safeguarding services for CYP and therefore a reduced ability to identify and support children who are at risk of violence and ACEs.

The HNA identified multiple methods of good practice to mitigate the negative impact on CYP including, maintaining services and retaining staff; prevention and early intervention; secure funding; ongoing training; co-production with CYP; targeted communication; targeting vulnerable groups and a multiagency approach. Based on the evidence from the HNA the consideration of future actions have been suggested to inform strategies for recovery and to support CYP going forward.

The impact of COVID-19 on CYP'S experiences of violence and ACEs: Key findings

Parental alcohol consumption and substance use in the home increases the risk of harm to CYP

As a result of restrictions enforced during the pandemic, night-time establishments, such as pubs, clubs and restaurants, have faced tight restrictions and closures. Consequently, there has been concerns of an increase in at home drinking. One study discovered a ***28% increase in participants' alcohol consumption during lockdown and reported that consumption was higher in parents with children aged below 18 years*** (1). Evidence suggests that an increase in frequency and volume of alcohol consumption within the home increases the risk of harm to children. For example, parental alcohol consumption results in less responsive parenting and is a common risk factor for violence, abuse and neglect (2,3). Furthermore, a survey from November 2020 found that ***45% of health visitors reported seeing an increase in parental substance abuse since the beginning of the pandemic,*** which is a known risk factor for domestic abuse (4–6). In addition, CYP who experience parental drug and alcohol abuse at home, as well as neglect or abuse, are at a heightened risk of engaging in criminal behaviour (7).

CYP exposure to violence against women, domestic abuse and sexual violence

During the pandemic, Welsh Women's Aid have seen a significant increase in callers accessing support for violence against women, domestic abuse and sexual violence through the Live Fear Free helpline, and report an increased severity and complexity of calls with increased health risk (8,9). Due to lockdown and social distancing restrictions, many risk factors for domestic abuse have been exacerbated during the pandemic (*see box 1*) (10–12), whilst access to support and safety mechanisms for victims and survivors have been reduced as reduced social contact rules are enforced (13,14).

The NSPCC helpline have witnessed an increase in the number of domestic abuse victims seeking support (15). Half of these victims reported having children, demonstrating that some CYP have faced increased exposure to domestic abuse since the pandemic began (15). Furthermore, CYP have likely seen an increase in violence and abuse in their own relationships, with Accident and Emergency departments in South Wales ***reporting an increase in the cases of young people below the age of 18 attending A&E as a result of domestic abuse assault during the pandemic*** (9).

In addition to domestic abuse, since the beginning of the pandemic there has been heightened concern regarding increases in honour based abuse, such as female genital mutilation, child and adolescent to parent violence and sexual harassment (15–18) [INT1;3;6].

Box 1. Risk and exacerbating factors for domestic abuse during COVID-19

- Gender inequality and reinforcement of traditional gender roles in the home
- Poor mental health including stress and anxiety
- Child stress (e.g. irritability from a lack of activities and social time, fear, and lack of understanding)
- Socioeconomic vulnerability (e.g. food insecurity)
- Reduced mental health support
- Unemployment
- Limited access to support services
- Substance abuse
- Victim exposure and proximity to the perpetrator of abuse

Whilst young people may be more at risk of domestic violence and abuse, other population groups may also be more at risk, including black and ethnic minority (BAME) groups, young people and

women, particularly those with disabilities, undocumented migrants and victims of drug trafficking (6,11,19).

Experts have raised concerns regarding perpetrators using the pandemic restrictions to enhance control and surveillance of victims (13,14). ***The Respect helpline experienced a large increase in the number of male perpetrators who contacted the service with concerns for their own violent or abusive behaviour*** (20).

Physical abuse

There has been an increase in physical abuse against CYP since the beginning of the pandemic. ***During the first lockdown in March 2020, Ofsted reported a 20% increase in the number of babies and infants being harmed or killed*** (21,22). Additionally, a specialist children's hospital in London reported a sharp ***increase in the incidence of shaken baby syndrome during the pandemic*** (23). Reflecting the increased risk of harm, Childline noted an increase in the number of counselling sessions for physical abuse at the beginning of the pandemic (24). Respondents reported that physical abuse had led to maladaptive coping mechanisms for CYP e.g. increased alcohol consumption, self-harming behaviours, and suicidal thoughts (24). Victims of physical abuse may experience long-term psychological impacts e.g. the development of mental health problems and displaying challenging behaviour (24).

Mental health and wellbeing of CYP

For some CYP, the pandemic has provided an opportunity to strengthen family relationships and has provided a break from stressors (e.g. bullying at school), and as a result has had a positive impact on mental health (25–27). However, for the majority of CYP this has not been the case. Research suggests ***that CYP are experiencing a worsening of their mental health*** with education being one of the main contributors to this e.g. anxiety around achieving grades and future work opportunities (26–31) [INT1;2;3;5;9;11;12]. CYP reported feeling unable to cope, experiencing suicidal thoughts and heightened anxiety. For many, this has led to maladaptive coping mechanisms, such as self-harm, eating disorders, substance misuse and violent behaviour (31–33).

Despite the clear negative mental health impact that COVID-19 has had, and continues to have, there remains a lack of mental health support available (31,34) [INT2]. In one study, more CYP reported that their schools were required to reduce the mental health support available since the pandemic, due to funding and resources difficulties, compared to those that said their schools had increased the amount of support (31). Those with a pre-existing mental health problem who were still receiving support for their mental health reported having shorter phone calls and challenges with privacy (35). Professionals also reported concerns about welfare, as it is more challenging to risk assess a situation remotely (25).

The populations identified as the most negatively impacted by the mental health implications of COVID-19 are, those not in education, employment or training (NEET), BAME, refugee and asylum seekers, those with special educational needs and/or disability (SEND), lesbian, gay, bisexual, transgender + (LGBT+) groups, young carers, early years, those in detention centres or the youth justice system, and those with pre-existing mental or physical health problems (15,36,45,46,37–44).

Child sexual abuse and exploitation

As a result of COVID-19 and its restrictions, the majority of educational activities and social activities have moved online, meaning that CYP are spending an increased amount of time unsupervised on the internet. Consequently, CYP are more exposed to viewing harmful content and are at an increased risk of sexual abuse, exploitation and grooming (47) [INT1;2].

In addition, the pandemic has meant that loneliness has been exacerbated and CYP have become less happy; two factors that heighten vulnerability to online grooming (48). *At the beginning of the pandemic, the National Crime Agency identified over 300,000 individuals that pose an online risk to CYP* (49). In addition, the Internet Watch Foundation blocked approximately 8.8 million attempts by UK internet users to access videos and images of children suffering sexual abuse (50). The development and distribution of indecent images, particularly self-generated material, has been prevalent since the beginning of the pandemic (47).

In addition to spending more time on the internet, CYP are also spending increased amounts of time within the home. For some, this means more time spent with a perpetrator of abuse. Despite the NSPCC helpline reporting an overall decrease in the number of calls about sexual abuse, the percentage of calls concerning sexual abuse in the child's own home has increased since lockdown (51). Furthermore, the number of *Childline's counselling sessions for sexual abuse has increased threefold* (51).

The population groups that have been identified as most at risk of sexual abuse and exploitation during the pandemic are SEND groups, looked after children and those with existing mental health problems (52) [INT1]. Sexual abuse and exploitation can have long-term negative impacts on CYP e.g. mental health impacts, such as post-traumatic stress disorder, anxiety and depression, and challenging behaviours, such as substance misuse and offending (53).

Child criminal exploitation and serious youth violence

As a result of the pandemic, risk factors for criminal exploitation and serious youth violence have been exacerbated for CYP (*See box 2*) (54,55). Furthermore, in general, CYP who have experienced trauma are at a greater risk of exploitation and are more likely to be both victims and perpetrators of serious youth violence (56). Although police data highlights a decrease in reported serious youth violence, it is likely that the matter has not disappeared but instead indicates more hidden criminality (57).

With increased amounts of time being spent unsupervised online. Many criminal groups, such as extremist groups and gangs, have used this period of unrest as an opportunity to exploit CYP (58–61)

Groups that have been identified as most vulnerable to criminal exploitation and serious youth violence during the pandemic are, SEND, NEET, homeless, looked after children and those with underlying mental health issues (56,62–64) [INT12].

Box 2. Risk factors for criminal exploitation and serious youth violence

- Poor mental health
- Loneliness
- Isolation
- Unemployment
- Experiencing parental substance misuse
- Neglect
- Violence e.g. domestic and physical abuse
- Substance abuse
- School instability

Socioeconomic impact

The COVID-19 pandemic has had a worldwide negative impact on the economy. Prior to the pandemic, Wales had one of the highest poverty levels in the UK (per capita), with over a quarter of children living in poverty (65,66). This will only have been exacerbated by the pandemic's economic impact. The Office for National Statistics estimates that by the end of 2020, a further 1.1 million people across the UK could face poverty (67).

Many individuals have faced unemployment or a reduction in income and hours due to COVID-19 (67,68). Despite the economic difficulties that many have faced, the increased amount of time spent at home has meant that utility and food bills have also increased, and more money has been spent on entertaining CYP (69). This has forced some disadvantaged families to loan money, and as a result, they will carry more debt into a period of financial insecurity (19). Individuals in poverty require a greater amount of support, but this has been disrupted as a result of restrictions.

There is a strong association between poverty and violence (70). In addition, those in poverty are at a higher risk of self-directed violence, as well as being a victim or perpetrator of externalised violence (71). Furthermore, *economic hardship is a risk factor for child abuse and neglect, indicating that the negative impact of COVID-19 on the economy is likely to increase the abuse and neglect experienced by CYP* (72).

Educational impact

Educational establishments have faced major disruption during the pandemic, with multiple school closures and range of different restrictions imposed. Vulnerable children were allowed to continue their education at school but a large proportion did not (19). Furthermore, many parents chose to home school their children when schools were open due to fears of contagion (32). As a result of school closures, schools were required to move education online and work remotely via conferencing software and other platforms e.g. the HŴb. For disadvantaged groups this posed a challenge e.g. due to a lack of differentiated work for pupils with SEND, a lack of adequate resources/support, access to digital technology, overcrowded housing, language barriers, additional caring responsibilities and a lack of parental support (39,64,73–75). The Education Endowment Foundation stated that *school closures are likely to reverse the previous nine years of progress made to reduce the learning gap* (76).

For CYP in year 9 and above, anxiety has been caused due to uncertainty surrounding exams and increased pressure to consistently produce their best work across the year, in the case that centre assessed grades (CAG) would be used. For some, CAG would not reflect their true potential which could cause further distress (31,65).

Schools offer children important safeguarding and a vital support system. *School closures have reduced the opportunity for CYP to report any abuse, maltreatment or mental health issues, and have made it less possible for professionals to identify children at risk* (77).

Those most at risk of the negative educational impact of COVID-19 are, BAME, low-income groups, homeless, CYP in the youth justice system, CYP with SEND and those who have been excluded from school (39,64,65,73–75,78,79) [INT11]. High academic achievement and aspirations are protective factors for serious youth violence and criminal exploitation (7,80,81). Pupils with low academic achievement are more likely to engage in, or be a victim of, violent behaviours compared to high

achieving students (82). Therefore, it is important to ensure that vulnerable groups are supported and provided with equal opportunities to avoid further disadvantages as a result of COVID-19.

Employment impact

Young people are more likely to work in low-paid, unstable work with zero hour contracts in 'shutdown sectors' e.g. hospitality and retail, which have been heavily impacted by the pandemic. As a result, many have faced unemployment or a reduction in hours and pay (19,33,35,36,83,84). Moreover, the impact on employment has left young people concerned about their future career prospects and the possibility of entering higher paid employment (33) (35,74,83–87).

The population groups most at risk of the employment impact are BAME groups and women (15,84,88,89). Young people who are NEET are more likely to report challenges with their mental health and wellbeing (35,84,86,87). CYP who have experienced poor mental health, who are unemployed or have experienced a reduction in income are more vulnerable to being exploited by criminals (62,63). Furthermore, economic instability, unemployment and deprivation, all of which have been exacerbated for youths as a result of COVID-19, are risk factors for serious youth violence (81).

Best practice in mitigating the negative impacts on CYP

The following themes were established from the literature review as best practice to mitigate the negative impacts on CYP's experience of violence and ACEs.

Maintaining services & retaining staff

Due to the adverse health impacts of COVID-19, many staff members from critical CYP's services have been re-deployed (4,90,91). This has resulted in a reduced capacity of children's services to deal with CYP at risk of violence and ACEs, as well as a reduced ability to identify children at risk. Children's services will be integral in dealing with both the short- and long-term negative impacts of COVID-19 on CYP (92,93). Retaining staff is important to ensure services are operating at full capacity.

Early intervention and prevention

It is likely that COVID-19 will have a long-term impact on CYP, including their experiences of violence and ACEs. Early intervention will help re-build the trusted relationships that have been absent during the pandemic and that are essential to healthy development [INT8;9]. It is important that funding for early intervention and prevention is maintained as it is a cost effective method and its positive impacts on re-offending, criminal behaviour and associated problems are well-evidenced (94,95).

Sustained funding

Since the pandemic began, CYP's support services have experienced a further reduction in funding (96,97). Additionally, financing opportunities e.g. fundraising, have been limited and often unobtainable due to restrictions and multiple lockdowns (98). There is a need to ensure that funding for these services is sustained to ensure services have the resources necessary to operate at full capacity (18,35,99,100) [INT3;6].

Training

Points of contacts for CYP have been reduced since the beginning of the pandemic as a result of the restrictions and lockdowns. It is essential that staff dealing with CYP, key workers and communities receive on-going training on identifying the signs of abuse and understanding what to do when worried about a child in such a position (14,18,64,72,79,101). In addition, staff and communities should be provided with resources and information on relevant available support.

Communication

The literature identified that CYP have an unmet information need as a result of adults failing to communicate COVID-19 information in an accessible manner (92,102,103). There is a need for clear and tailored information targeted towards young people to help them understand and alleviate anxiety, fear and frustration around the virus (36,43,100,103) [INT5;8;9]. It is also important to guide parents and guardians on how to communicate and present this information to CYP.

Co-production

CYP have expressed that they feel their voices are not being listened to (36). This has resulted in them feeling frustrated, angry and anxious, as well as powerless to change their own futures (33). Co-production is an important process that yields benefits for both the youth stakeholder (e.g. a heightened sense of control) and the organisation (e.g. greater understanding of the target population) (104–106). It is vital that CYP from vulnerable groups are also included in the decision making process to represent the differential impacts on them (73,103).

A targeted response

It is evident that CYP from vulnerable groups e.g. BAME, SEND, low income and LGBT, are most impacted by the negative effects of COVID-19. A targeted response should be utilised to allow those that have been most disadvantaged a better chance to regain lost ground and to avoid future negative consequences (87,107,108). Overall, the evidence demonstrates the need for targeted information and recovery planning that focuses on the needs of specific sub-groups of CYP (103).

Multiagency approach

It is apparent that a multi-agency approach is needed to combat the negative impact on CYP (109) [INT1;2;8;9]. This will need to include data-sharing and collaborations across a wide range of organisations such as education, health care and youth offending services (79). A multiagency approach will better equip organisations to, identify children at risk, improve interventions and safeguarding, and address any gaps in knowledge (47,64,79,92,110). Research illustrates that a strong partnership between organisations and the community can effectively prevent a range of behaviours associated with ACEs, such as crime, substance misuse and violence (110).

Please see the main report for examples of applied best practice.

Future actions

In response to the wide-ranging impact the pandemic and its associated restrictions has had on CYP, a range of future actions that may help to mitigate the negative impacts and promote individual and community resilience could be adopted. Based on the evidence in this report, a range of key policy considerations and next steps to inform strategies for recovery and support CYP going forward are presented below:

1) **Re-establish face-to-face support** for CYP and their families. Schools and children's services are vital for the identification and support of children at risk of ACEs.

2) **Provide training and refresher training** on identifying signs of abuse, safely reporting abuse and where to access support for staff who are in regular contact with CYP across sectors and within the community. Bystander training and awareness campaigns are important to increase recognition and safe intervention of CYP at risk of harm.

3) **Protect against worsening inequalities** by ensuring support measures are directed equitably at communities and groups most impacted using principles of proportionate universalism e.g. BAME, SEND, low income, LGBT+, NEET, young carers, looked after children, children in the youth justice system, refugee and asylum seekers and those with pre-existing mental or physical health needs.

4) **Ensure mental health and well-being is a key consideration** for decisions relating to CYP and recovery from COVID-19. Consideration for mental health should be sustained at individual, school and community level to help alleviate the long-term negative impacts of COVID-19.

5) **Invest in violence and ACE prevention**, including primary prevention to stop violence and ACEs before they occur. Secure education and employment opportunities for CYP are key mitigating factors in violence and ACE prevention and contribute to breaking the cycle of ACEs.

6) **Continue to develop multiagency work** to enhance sharing of data and good practice, allowing organisations to be better prepared for identification and support of vulnerable CYP. Multiagency co-production of approaches, frame-works and resources can improve the support available for CYP.

7) Services that work with CYP should **consider developing a contingency plan** that allows operation on the same scale (i.e. reaching the same number of vulnerable CYP and offering the same level of support) but at reduced capacity (in terms of staff and resources) in preparation for potential future pandemics or disasters. Potential future re-deployment of crucial staff, e.g. midwives and health visitors, should be considered carefully and avoided if possible, as removal of crucial staff from children's services has had a detrimental impact on the provision of support to CYP.

8) **Communicate advice and information to CYP in an accessible manner** to ensure maximum understanding of available guidance and support relating to COVID-19. Increasing CYP's understanding will help alleviate feelings of frustration and anxiety that accompany a lack of understanding.

9) **Actively involve CYP** in the recovery response. Co-producing policies and interventions will benefit both professionals (in terms of better understanding the target group) and children (by accounting for their opinions and meeting their needs).

10) **Continue to conduct, update, share and apply research** on the impact of COVID-19 on CYP, particularly in relation to what works at community level to support CYP and families, including those that sit outside of current support service thresholds, and long-term ongoing issues that may arise as a result of COVID-19. Drawing on experiences and opinions of CYP will enrich the understanding of such impacts.

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