

Assessment of the impact of the COVID-19 pandemic on Sexual Assault Treatment Unit activity

Concurrent with the global COVID-19 pandemic, studies have identified an increased prevalence of sexual and intimate partner violence.¹ In the Republic of Ireland, six Sexual Assault Treatment Units (SATUs) provide around-the-clock forensic, physical, preventative and supportive care for people over the age of 14 years who disclose sexual violence. All six SATUs have remained operational without limitation throughout the period of the pandemic. We here summarise the Irish SATU experience for a 10-month period during the pandemic, starting when the first case of COVID-19 was diagnosed in Ireland and comparing our findings with the same time period in 2019.

Comparing attendances between 1 March and 31 December 2019 (pre-COVID) and 1 March and 31 December 2020, we found several notable features of attendances at the SATU network (table 1).

Table 1 Comparison of attendances at national Sexual Assault Treatment Units during the periods March–December 2019 and March–December 2020

Parameter	2019	2020
Total attendances	812	594
Incident occurring 20:00–08:00	648 (80%)	413 (70%)
Seen within 3 hours if wished and appropriate	482/525 (92%)	311/333 (93%)
Onsite psychological support	619/796 (78%)	251/562 (45%)
In-person support	567	66
Telephone support	23	160
Attendee details		
Female	756 (93%)	542 (91%)
Male	55 (7%)	50 (8%)
Other	1 (<1%)	2 (<1%)
Mean age (years)	26	27
Born in Ireland	603 (74%)	447 (75%)
Interpreter required	14 (2%)	13 (2%)
School student	149 (18%)	133 (22%)
Third-level student	142 (17%)	68 (11%)
Concerns re drug-facilitated sexual assault	136 (17%)	103 (17%)
Alcohol 24 hours prior		
Nil	212 (26%)	223 (37%)
<6 standard drinks	169 (21%)	118 (20%)
>6 standard drinks	368 (45%)	217 (37%)
Not recorded	63 (8%)	36 (6%)
Recreational drugs 24 hours prior	142 (17%)	109 (18%)
Assailant details		
Single assailant	727 (90%)	537 (90%)
Stranger/recent acquaintance	412 (45%) (n=915*)	227 (34%) (n=669*)
Intimate/ex-intimate partner/family member	125 (14%) (n=915*)	129 (19%) (n=669*)


*Total number of assailants (some cases involved multiple assailants).

- Overall, the number of attendances nationally at the SATUs decreased by 27%. There are several reasons why this may have been the case, including a reduction in sexual violence, a fear of exposure to COVID-19, as well as a perceived lack of availability of services. Analysis did not identify any differences in terms of gender or age category of attendees, although fewer university students attended in the 2020 period.
- As regards the assailant, they were more likely to be an 'intimate/ex-intimate partner/family member' compared with assailants in 2019, with a significant drop in assailants categorised as 'stranger or recent acquaintance' (412 vs 227; $p < 0.001$). Other countries have also highlighted that intimate partner violence including sexual violence has increased since the onset of COVID-19.²
- The number of patients that were seen by SATU staff within 3 hours of making initial contact has remained the same despite the added complexities of infection prevention and control measures. From a service provision perspective, we have adapted our practice to reduce the risk of COVID-19 exposure. This included questionnaire-based screening prior to any attendance at a SATU, with referral for COVID-19 testing if indicated. Face-to-face contact with patients was reduced (initially by using the telephone for history taking and then moving to videocall when the appropriate equipment was obtained), appropri-

ate personal protective equipment was used and footfall in the SATU was reduced (eg, the number of accompanying persons was reduced).

- Disclosures of incidents that occurred during night-time hours were reduced in the 2020 period compared with the 2019 period (70% vs 80%; $p < 0.001$). This may relate to government restrictions including limitations on gatherings and the closure of bars and nightclubs. Interestingly, alcohol consumption in those who attended was lower in the 2020 period, with an increased number of people attending who had not consumed any alcohol in the 24 hours prior to the assault. Concerns about drug-facilitated sexual assault were similar.
- In-person psychological support at the time of SATU attendance was significantly lower in the 2020 period due to restrictions and infection prevention and control measures. Information on psychological services is provided at the time of SATU attendance; however, we are aware that some attendees will not contact these services, which will inevitably lead to a decrease in victims availing themselves of post-assault psychological care. Offering video-calling may mitigate this, and this course of action should be considered if restrictions are sustained.

Overall experience of the COVID-19 pandemic has shown that sexual violence is still prevalent despite widespread government-imposed restrictions. This study highlights that sexual violence, and its prevention, is complex and cannot just focus on myths and assumptions. Interventions across the whole of society are required to reduce it. Furthermore, we have highlighted operational adaptations that have allowed us to maintain a fully operational and responsive SATU service nationally.

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