



Editorial Introduction

During the early stages of the COVID-19 pandemic, reports emerged that lockdowns were increasing the prevalence of domestic and family violence (DFV) across the world. The United Nations Secretary-General urged all governments to prioritise the prevention of violence against women in their national response plan for COVID-19. To gain some insight into the Australian context, this QUT Centre for Justice research team conducted a nationwide survey to assess the impact of COVID-19 pandemic on DFV services and their clients. This briefing paper provides an overview of the findings of this research and highlights the resources needed to strengthen the DFV sector.

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The Impact of COVID-19 Pandemic on Domestic and Family Violence Services and Clients, Australia

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Introduction

Gender inequality is a driver of domestic and family violence (DFV), and ill-health and homicide are some of the consequences of such violence (United Nations, 2015). In the early stages of the COVID-19 pandemic, Australian healthcare and women's safety professionals predicted an "impending increase" in domestic violence (Foster, 2020; Hegarty & Tarzia, 2020). Advocates also reported concerns about increased complexities and challenges in assisting victims/survivors during the COVID-19 pandemic (Foster, 2020). On the strength of these concerns, a research team from the Queensland University of Technology (QUT) Centre for Justice conducted a nationwide survey on the impact of COVID-19 on the DFV workforce and their clients. This briefing paper provides an overview of the findings based on survey data from 362 participants from the DFV sector, including 1,507 qualitative responses.

Methodology

This research is based on a survey that was co-designed with a select group from the DFV sector in Queensland. The survey contained 27 questions, of which six were open-ended. The survey was distributed by email to 253 national, state and territory DFV agencies and related agencies in law, health, counselling and housing that respond to victims of DFV. Collectively, these agencies represent approximately 10,000 workers in the sector.

A total of 1,507 qualitative responses to six questions were downloaded into separate Excel sheets for coding. The questions were allocated amongst the team and coded using Excel, Word or NVivo. Team members worked in pairs to double code responses within head themes. Thematic analysis is a method for identifying patterns of meaning (Liamputtong, 2020, p.260). This briefing paper focuses mainly on the quantitative findings. For detailed analysis of the qualitative responses consult the full report (Carrington et al., 2020).

Key Survey Findings

Almost two-thirds (62%) of service providers reported that the COVID-19 pandemic and associated restrictions have increased the number of clients seeking assistance for domestic or family violence matters. As shown in Figure 1, service providers reported that changes in the number of clients seeking assistance were 7% much higher, 29% moderately higher, 26% slightly higher, 26% about the same, 5% slightly lower, 4% moderately lower and 2% much lower. These results are consistent with findings of other Australian surveys (Boxall et al., 2020; Pfitzner et al., 2020). These results also mirror findings of international reports of an increase in the frequency and severity of domestic violence during the COVID-19 pandemic (Boserup et al., 2020; Bouillon-Minois et al., 2020; Bradbury-Jones & Isham, 2020; Bradley et al., 2020; Chandan et al., 2020; Froimson et al., 2020; Kofman & Garfin, 2020; Mazza et al., 2020).

Perpetrators Weaponising COVID-19 to Extend Controlling and Coercive Behaviours over Victims/Survivors

The survey found that perpetrators used personal circumstances and social conditions of COVID-19 as a weapon in their strategies of power, control and coercion deployed against women and children. This finding is supported by national and international research regarding male perpetrators' use of violence in the unique context of COVID-19 (Noemí & Diego, 2020; Pfitzner et al., 2020). The weaponising of COVID-19 by perpetrators involved a range of context-specific power, control and coercion strategies, isolation, financial abuse and emotional/psychological abuse. Almost half of the service providers (43%) highlighted and emphasised

the growth in perpetrators' use of control and coercion as part of their weaponising of COVID-19. This finding supports the national and international literature on the extent to which COVID-19 has increased the range and intensity of abusive behaviour towards women and children (Gibson, 2020; Mazza et al., 2020; Pfitzner et al., 2020). Coercion and control were demonstrated through a range of mechanisms and techniques, and it was generally noted these behaviours were being perpetrated with greater intensity and severity, including severe forms of physical abuse such as strangulation. Increased isolation was reported by 87% of 314 service providers as the most common controlling behaviour (see Figure 1), followed by an increased sense of vulnerability (70%), the inability to seek outside help (64%) and being forced to cohabitate during lockdown (62%). Almost half the service providers reported an increased fear of monitoring by the abuser (49%), enhanced surveillance by the abuser (47%) and an increased use of technology by the abuser to intimidate their victims (38%). Other controlling behaviours included financial control and restricting access to children.

Impacts of COVID-19 Pandemic on the Complexity of Client Needs

Advocates and other researchers have reported increased complexities and challenges in assisting victims/survivors during the COVID-19 pandemic (Foster, 2020; Pfitzner et al., 2020). This was evident in our survey, with 86% of service providers reporting that the pandemic had increased the complexity of their clients' needs (see Figure 1). According to the service providers, complexity manifested in many forms. It was clear the pandemic

created greater hardship, particularly financial and housing insecurity, linked to job loss, which correlated with increased stress levels and increased DFV. The social distancing and travel restrictions associated with the pandemic have caused families to be locked down together, exacerbating stress levels and triggering greater incidence of DFV and the emergence of new forms of family violence. At the same time, victims'/survivors' access to support services was limited, with restrictions meaning that other support from personal and community networks were also cut off. The complexities associated with COVID-19 have therefore, resulted in circumstances that promote an intensification of violence and increased the vulnerability of victims/survivors. Compounding these difficulties, the restrictions on movement created multiple barriers that make it more difficult for victims/survivors to leave violent relationships.

Provision of Technology and Support for Clients and Service Providers

During quarantine periods, services had to switch rapidly to remote delivery to maintain operations. Challenges with clients accessing technology were noted by 349 service providers, with just over three-quarters of clients (76%) using technology to access DFV services. Technology in this context included communication channels such as Messenger, Zoom and email, and devices such as mobile phones, laptops and computers. In our survey, the vast majority (94%) of 342 service providers reported they were reliant on phones or mobile phones to support clients during the COVID-19 pandemic (see Figure 1). Email was used by almost three-quarters (71%) of DFV services, while Zoom was used by more than one-third (36%). Other communication platforms included Skype (11%), Messenger (10%),

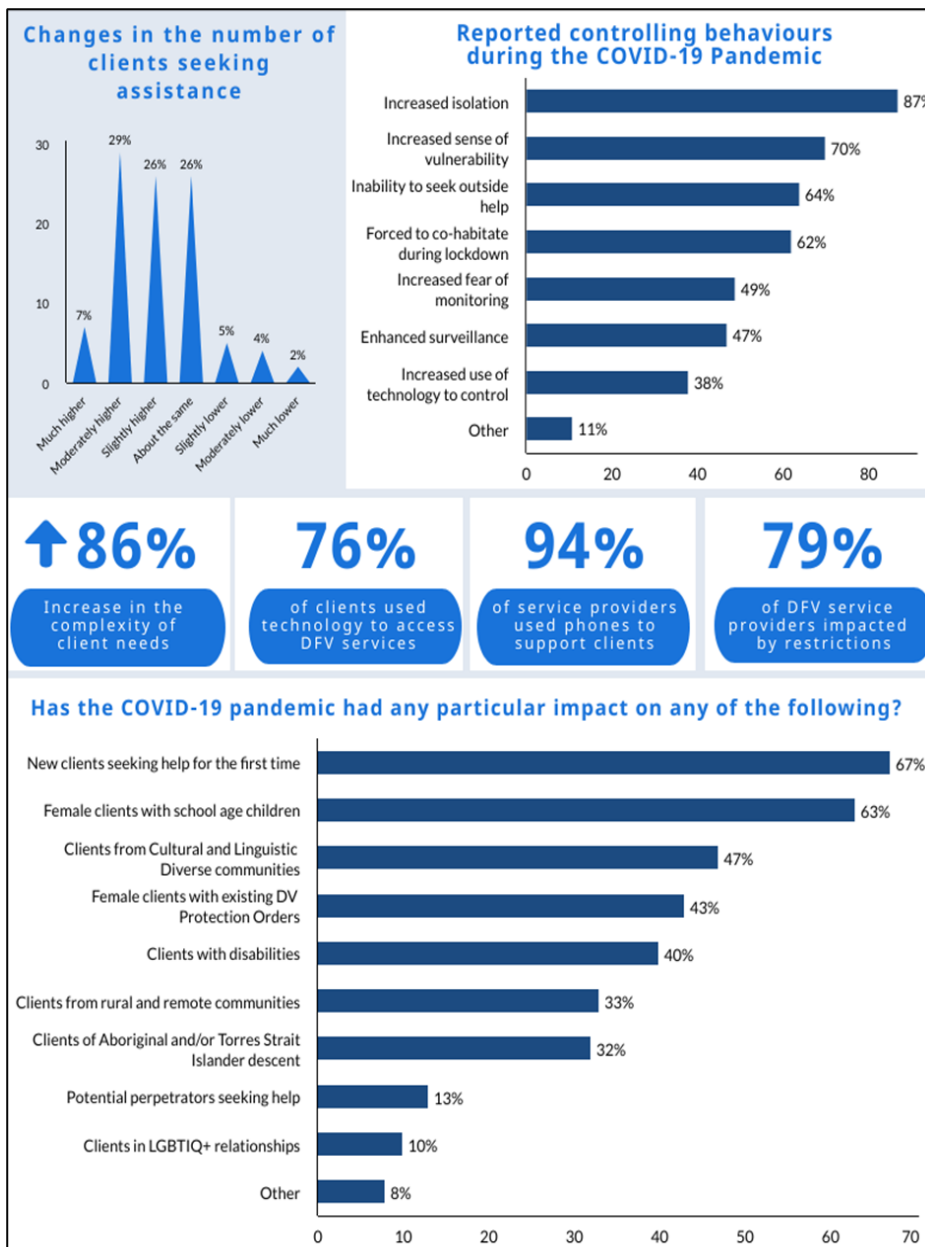


Figure 1
Key Survey Findings
Source: Carrington et al., 2020

WhatsApp (10%) and Google Hangouts (1%). Almost 20% of service providers reported reliance on other technologies including MS Teams, PEXIP, WeChat, Gruveo, service websites, Telehealth, Slack, Post and Goto.

Impacts of COVID-19 Restrictions on the Provision of Services

The majority (79%) of 347 service providers were impacted in other ways during the pandemic. Service providers described the need to shut down or significantly reduce their services due to either lockdown measures or social distancing requirements. The impact of responding to COVID-19 meant that services had to adapt quickly, and this put pressure on the resourcing and staffing of organisations, with the majority of services citing safety concerns held by service providers for those most vulnerable to DFV. In the midst of the changing nature of service delivery, some positives emerged, such as the provision of Telehealth and online court hearings.

Impacts of COVID-19 Pandemic on Clients of Domestic and Family Violence Services

Perhaps one of the most concerning of our findings is that two-thirds (67%) of 318 service providers reported new clients seeking help for the first time during the COVID-19 pandemic (see Figure 1). This is a significant finding, indicating that pandemic conditions are likely affecting the rate of domestic violence. Female clients with school-age children were reported to be the next most impacted (63%), followed by clients from culturally and linguistically diverse (CALD) communities (47%), female clients with existing domestic violence protection orders (43%) and clients with disabilities (40%). One-third of service providers reported an impact on clients from rural and remote communities and those of Aboriginal and/or Torres Strait Islander descent, and a smaller proportion included potential perpetrators seeking help (13%) and clients in LGBTIQ+ relationships (10%).

Resources Needed to Strengthen the Domestic and Family Violence Sector to Better Cope with Disasters

Two-thirds of service providers described extra resources or support their organisation needed to better cope with a crisis like the COVID-19 pandemic in the future. These fell within four categories: staffing, services, equipment and technology, and training. Service providers emphasised the need for:

- more staff, better technology, technology support and training for workers and clients
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- more thorough and better technology safety checks for clients
- more Safe Connections mobile phones for clients and better internet connectivity
- more government funding for crisis and emergency supplies
- more government funding for emergency and long-term accommodation and housing
- transport for home delivery of services
- the continuation of telehealth provisions

- the continuation of online access to courts and justice services
- more resources for male perpetrator programs (especially for Indigenous men).

Service providers also need systems to be flexible, especially courts and magistrates, and they called for improved policing, as well as better communication and translation services and support for CALD communities.

Concluding Remarks

The findings from our research provides an evidence base to support key recommendations to strengthen the DFV sector to better cope with planning for future disasters. These recommendations include flexible funding assistance for people experiencing DFV; provision of technology resources for clients; information technology training for government and non-government organisations that respond to DFV; additional funding for WESNET's Safe Connections program; and increased funding for social and affordable housing.

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About the Project

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