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Impact of COVID on Domestic and Family Violence Workforce and Clients: Submission to the Australian Parliament Standing Committee on Social Policy and Legal Affairs inquiry into and report on family, domestic and sexual violence.

QUT Centre for Justice

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Executive Summary

The interim (July 24, 2020) findings of a nation-wide survey on the impact of COVID-19 on the domestic and family violence (DFV) sector and their clients based on 288 responses confirm concerns raised early in the COVID-19 pandemic. Australian healthcare and women's safety professionals predicted an 'impending increase' in cases (Hegarty & Tarzia, 2020; Forster, 2020). Advocates have also reported increased complexities and challenges in assisting victims/survivors amidst COVID-19 (Forster, 2020). A huge proportion, 88% of respondents to our survey so far, have reported an increase in the complexity of their client needs. They also reported increases in controlling behaviours, such as isolation, increased sense of vulnerability, forced to co-habitate during lock-down, and inability to seek outside help, increased fear of monitoring by abuser, and increased use of technology to intimidate. Perhaps one of the most concerning of our findings is the number of DFV workers reporting new clients seeking their help for the first time during the COVID-19 crisis. This is evidence that the pandemic conditions are affecting the rate of domestic violence consistent with international research. We asked the DFV workforce what extra resources they needed to better cope with a crisis like the COVID-19 pandemic in the future. They need more of everything, but front-line workers emphasised the need for:

- better technology and technology support for workers, technology checks for clients, more safe mobile phones for clients and better internet connectivity;
- more government funding for crisis supplies and emergency and long-term accommodation;
- transport for home delivery of services;
- the continuation of tele-health provisions;
- more resources for male perpetrator programs (especially for Indigenous men).

They also need systems to be flexible, especially courts and magistrates and they called for improved policing and better communication and translation services and supports for Culturally and Linguistically Diverse (CALD) communities.

Background

A research team from the Queensland University of Technology (QUT) Centre for Justice has prepared this interim select report drawn from our nation-wide survey on the impact of COVID-19 on the domestic and family violence (DFV) workforce and clients for submission to the Standing Committee on Social Policy and Legal Affairs inquiry into and report on family, domestic and sexual violence. The survey was launched in mid-June 2020 and is in the field until the end of August 2020. To date, the survey has been completed by 285 respondents. We aim to have 500 responses by the end August. We have produced this interim analysis of the data given its significance to the inquiry and Terms of Reference: (i) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

Survey Reach

The survey has been distributed by email to 253 national, state and territory agencies in domestic violence and related agencies in law, health, counselling and housing that respond to clients of DFV. Collectively these agencies represent around 10,000 workers in the sector. The survey was launched in mid-June 2020 and is in the field until the end of August 2020. To date the survey has been completed by 285 respondents. The majority are located in major metropolitan areas and regional centres (Figure 1). Over half the respondents have thus far come from Queensland (Qld), followed by 32% from New South Wales (NSW) and 13% from Victoria (Figure 2). We are aiming to increase the representation from other states and to have 500 responses by the end of August. Almost 8% of respondents were Indigenous and almost 9% worked for Indigenous organisations. Almost half (48%) of the respondents worked for domestic family violence support or refuge services and 23% in housing, welfare or homelessness agencies (Figure 3). As the majority of the respondents (60%) have worked in the DFV sectors for more than 5 years (Figure 4), they have access to administrative data collected by their organisation, and are well placed to provide accurate responses to the survey.

Findings

Figure 1: Where do you work?

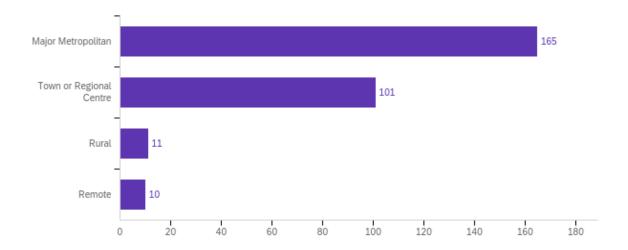


Figure 2: What state or territory do you live in?

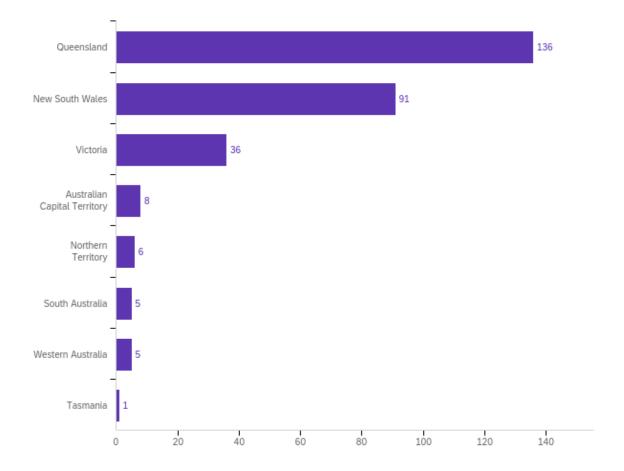


Figure 3: Field of employment

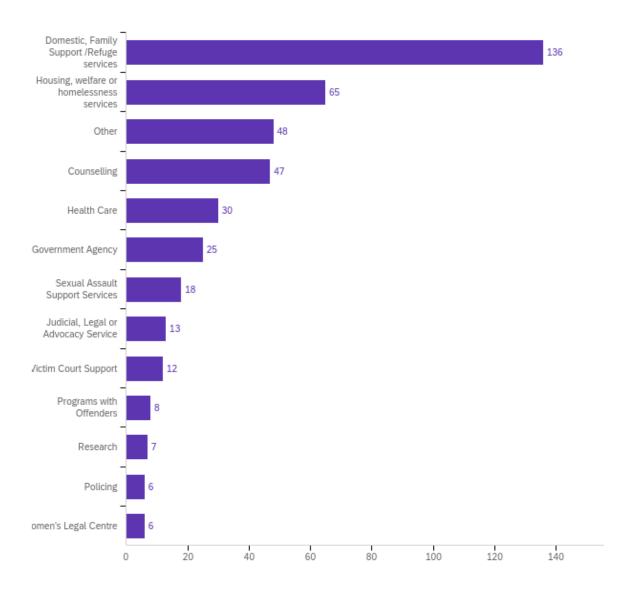


Figure 4: How many years have you worked in this or a related role?

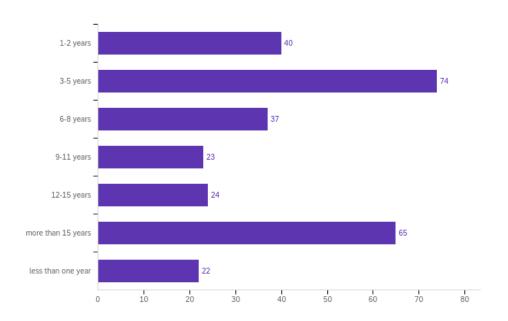
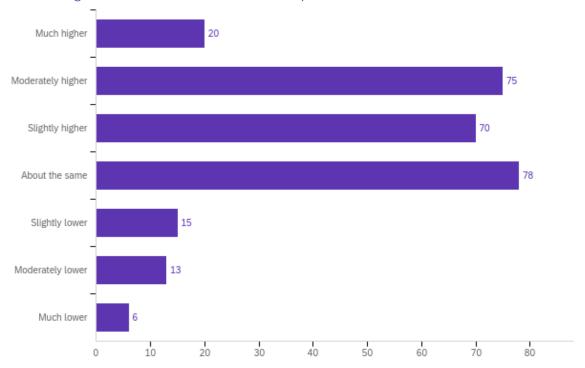


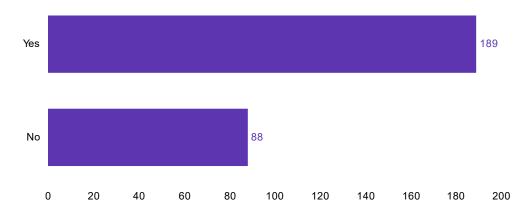
Figure 5: Has the COVID-19 pandemic and associated restrictions increased the number of clients seeking assistance for a domestic or family violence matter?



Domestic violence is a driver of women's inequality, ill-health, subjection and homicide, which the United Nations (2015) has referred to as one of the most significant issues to be addressed in our time. Vulnerabilities, risk and impacts of violence escalate in times of crisis.

More than half (59%) of respondents to the survey reported the COVID-19 pandemic and associated restrictions have increased the number of clients seeking assistance for a domestic or family violence matter (Figure 5). The Australian Institute of Criminology has recently released a survey of 15,000 Australian women aged 18 and over about their experience of domestic violence during COVID. Two-thirds of the women said that domestic violence had either escalated or started during the COVID pandemic (Boxall, Morgan and Brown, 2020: 1). More than a third were unable to seek help or support due concerns about their safety under COVID restrictions (Boxall, Morgan and Brown, 2020: 14).

Figure 6: Are you aware of any changes in how perpetrators are using coercive and controlling behaviours in the current climate?



Support workers reported that abusers have used social distancing, isolation and quarantine processes to extend women's condition of 'unfreedom' (see also, Godin, 2020). Two-thirds (67%) told us that perpetrators are using coercive and controlling behaviours in the current climate (Figure 6). For example:

Using fear of contracting COVID to keep victims at home and away from their supports. Anger at victims when they leave the house or have contact with someone—saying that they have just contracted COVID.

Using COVID-19 as an excuse to perpetrate violence; restriction victim/survivors movement by using excuses of COVID-19; not allowing victims/survivors to go outside or seek support from their friends of family and using COVID-19 restriction consequences to incite fear of leaving.

Coercion techniques of isolating and keeping victims in the household have increased, particularly in instances where perpetrator is working from home.

Using COVID as reason for violence or increase in violence and loss of employment, reason for inability for victim to have contact with services.

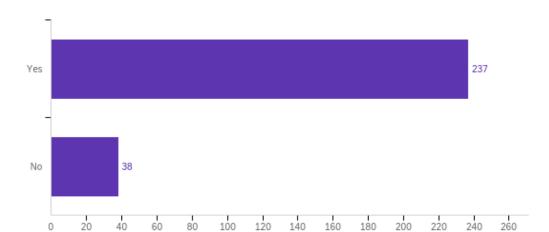


Figure 7: Has the COVID-19 pandemic increased the complexity of client needs?

Advocates have reported increased complexities and challenges in assisting victims/survivors amidst COVID-19 (Forster, 2020). Not surprisingly, a huge proportion (88%) of respondents to our survey reported an increase in the complexity of their client needs (Figure 7). Here are just some examples:

Decreased ability to be able to leave house to attend appointments Less opportunities to seek help, increased surveillance and vigilance, reduced solutions—e.g. less access to family and other supports

A lot of services are struggling to stay open financially and then also restrictions have made it hard to engage with clients like you normally would

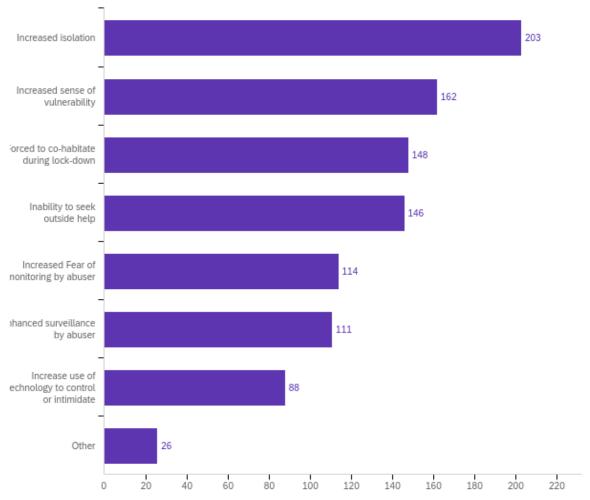
People are having to think harder about all of their usual daily activities and so to consider making further life changes or take on new information makes safety planning harder. Some services have altered to decrease risk of infection but made it harder for women to access them safely, i.e. only by phone or online

Due to the lock-down, people have become more isolated, [there are] more, delayed court dates, perpetrators being released early from custody. Police responses have been variable, advising victims to call 000 at the time of the incident rather than to present to the police station. Perpetrators have been released without victims being informed.

Due to fines being given to those that break lock-down, there may be reluctance to attend the office for support. There is further concern to disclose to members of the police the reason for them leaving home is to seek FV support.

Isolation is a common strategy used by domestic violence abusers (Stark, 2007). Isolation has been elevated by the public health quarantine lock-down measures required to control COVID-19 (see also, Hegarty & Tarzia, 2020; Pfitzner, Fitz-Gibbon and True, 2020). Increased isolation was the most common controlling behaviour reported by clients of the DFV sector (20%), followed by increased sense of vulnerability (16%), and forced to co-habitate during lock-down (15%), and inability to seek outside help (15%), increased fear of monitoring by abuser (11%), and increased use of technology to intimidate (9%) (See Figure 8).





Perhaps one of the most concerning of our findings is the number of DFV workers (n=167 or 58%) reporting new clients seeking their help for the first time during the COVID crisis (see Figure 9). This is a significant finding, indicating that pandemic conditions are likely affecting the rate of domestic violence. Additionally, mirroring what has been noted in international media reports and research, experts reported that the frequency and severity of domestic violence is rising. Elsewhere, this has resulted in domestic violence homicides rates that have been said to 'more than double' in multiple locations including China and the United Kingdom (Grierson, 2020; Taub, 2020). United Nations Secretary (António Guterres, 2020: n.p.) has called for governments across the globe to urgently 'put women's safety first as they respond to the pandemic'. These survey results are also consistent with the increases of domestic violence experienced by Australian women reported by the Australian Institute on Criminology (Boxall, Morgan and Brown, 2020).

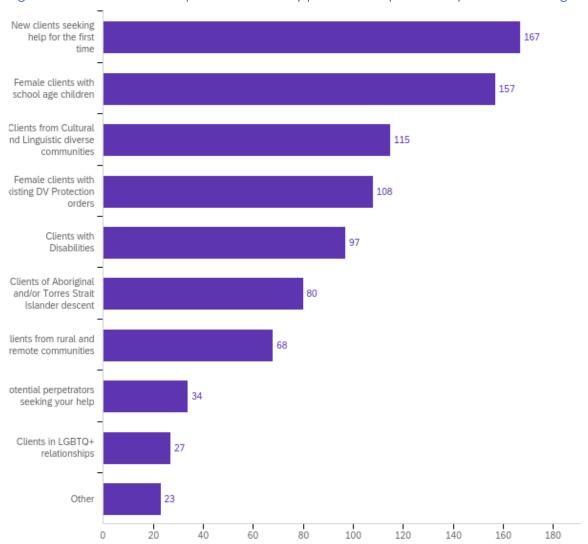


Figure 9: Has the COVID-19 pandemic had any particular impact on any of the following?

Respondents to the survey reported that certain groups of clients are particularly impacted, such as clients who are: Indigenous; from CALD communities; lesbian, gay, bisexual, transgender, intersex, queer, + (LGBTIQ+ii); have physical, intellectual or cognitive disabilities; from regional or rural areas. Additionally, those with existing orders and female clients with school age children (Figure 9) are said to encounter further barriers or be at further risk when help-seeking. Below is a selection of reasons provided explaining why:

Clients with disabilities appear to have had increased difficulty contacting services due to accessibility issues (e.g. deaf clients who cannot attend offices for face-to-face contact due to COVID-19 and cannot use the phone). Mothers with school-age children appear to be under increased stress—one client I have spoken to described having perpetrating violence towards her partner for the first time in context of this stress.

Females with school aged children—felt isolated and overwhelmed by home schooling; new clients—this increased.

Older CALD people face additional barriers as they become more socially isolated during pandemic, and they lack skills when it comes to use technology equipment

when accessing service. I know some of my clients learned how to use Zoom meeting from the beginning ...

Our ATSI [Aboriginal and Torres-Strait Islander] participants are off the radar and not engaging, we cannot get them on the phone or responding to any communication. We work with parents who have children between 6mths to 6yrs—so the home schooling has played a massive part in non engagement—some parents have not done anything as they don't have Wi-Fi, no computer and low level education or don't speak English.

Clients and ATSI clients from remote communities have not been able to travel to service due to Bio Security Act.

CALD women on temporary visas do not have the knowledge or ability to access support. They may not have their own phones or access to monies or leave their homes as they have been monitored by OP.

LGBTIQ+ survivors experience violence at similar or greater levels to heterosexual, cisgender women (Donovan & Hester, 2014; Lay, Leonard, Horsley & Parsons, 2018). There is concern among LGBTIQ+ communities about the impact of isolation and lock-downs on rates of domestic/family violence. A small number of respondents to our survey confirmed this impact on LGBTIQ+ communities. One reported:

Slight increase in LGBTIQ clients; Many existing clients reporting heightened abuse/fear of abuse; Much higher level of technology facilitated abuse; Higher demand for support to add conditions to DVPOs [Domestic Violence Protection Orders]; Much higher demand for shelter (luckily additional funding has allowed us to motel).

Urgent Need for More Resources for the Family and Domestic Violence Sector

We asked the DFV workforce 'what extra resources or supports do you/your organisation need to better cope with a crisis like COVID-19 Pandemic in the future?' In addition to the need for more resources to extend services and supports to new clients and clients experiencing more violence, they also highlighted the need for:

- better technology and technology support for workers, technology checks for clients, more safe mobile phones for clients and better internet connectivity;
- more government funding for crisis supplies and emergency and long-term accommodation;
- transport for home delivery of services;
- the continuation of tele-health provisions;
- more resources for male perpetrator programs (especially for Indigenous men).

They also need systems to be flexible, especially courts and magistrates, and they called for improved policing and better communication and translation for CALD communities. Here are a variety of responses that cover these issues.

I think that this pandemic has made us realise how important clear written communication (in community languages) can be to assist families to cope and understand the pandemic. This pandemic will hopefully mean we are better prepared next time around! The other gap was technology and training around using technology —by the time orders were filled and staff were trained, the crisis was well underway—again, hopefully now we are better prepared for any future pandemics.

We desperately need more crisis accommodation that is self-contained. Most refuges are communal style houses with shared common areas. There has been minimal investment in DV crisis accommodation since the 90s. We have 4 refuges and only one has self-contained units. During COVID this service could operate at full capacity while the others had to significantly reduce occupancy to maintain social distancing and other health directives. We have been turning away approximately one in two women for years at refuges in Australia for many years. The pandemic increased this turn away rate.

More longer-term accommodation options, access to finances, access to case management services, access to technology for clients so they can access appointments via other means.

Further telehealth funding.

Work vehicle in order to drive to people's houses to deliver care packs, documents that need signing etc.

Hubs in the community that remain open for clients to utilise internet or scan machines

Purchase of virtual technological systems and mobile devices to provide to clients in times of emergencies such as COVID-19.

Technology for clients to ensure their ability to access services.

Improved policing—responses are inadequate, inconsistent and often favour the perpetrator.

Our MBCP (mens' behavioural change group) needs increased funding urgently. Our program was already underfunded and unable to respond appropriately to the population group. Violence and abuse on the Bay islands which we service has skyrocketed, we need a targeted program delivered on the islands for this unique demographic which would need to consist of one on one counselling and group intervention, the barriers for island men to engage with our group are very high such as having to catch ferries with no connecting ferry home ...

Need to hire more staff to deal with the current volume of people seeking assistance from us.

I think emergency relief would be good—to help people. The Dept. need to keep doing the referrals so we can provide support to people—parents are not being referred and then at home struggling with different things that we could help with. If a parent is not capable of home school, why could the funding not pay for tutoring through someone like Kinetic Education where they will speak to a tutor online.

Computers for vulnerable families—even refurbished ones and dongles to provide data for this.

Systemic flexibility—e.g., (some) courts permitted documents to be filed via email without being witnessed. Court appearances by phone. Brokerage funding helped to be able to assist clients move quickly (this should be available all the time not just in a pandemic), new (temporary) tenancy regulations in QLD were very helpful in allowing clients to leave quickly.

Impacts on the Well-Being of Domestic and Family Violence Workforce

Concerns were raised in late March by a survey undertaken by the Women's Safety NSW (Forster, 2020) about the impact of COVID on front-line staff in the domestic and family violence sector. This survey (Forster 2020: 7) found that:

- 52.2% experienced higher pressures at work
- 52.2% had feelings of isolation while working from home
- 43.5% experienced difficulties working from home or staying safe at work
- 17.4% felt they had insufficient capacity to meet service demand.

While our survey did not seek this information the COVID Pandemic is clearly having an impact on the over-stretched staff in the DFV and sexual violence sector, iii as one respondent commented.

Working from home is hell. I am experiencing vicarious trauma from taking sexual assault calls from my bedroom.

Technological Provision and Supports for Workers and Clients

Workers expressed limited access to and limitations with available technologies (including those with cameras and microphones to enable more face-to-face contact with clients), reliable/strong internet connections, phone credit, data, appropriate reception and technological support. Technology provides a vital channel to access clients in the event of disaster (not only the COVID-19 Pandemic, but floods, fires and droughts) and further access points for victim/survivors with disabilities and in regional, rural and remote locations (Harris, Dragiewicz & Woodlock, forthcoming). As such, it is imperative that additional government funding is provided to support technological outfitting and support for the sector.

Challenges with clients accessing technology were also noted by survey respondents, as were difficulties with ensuring there was 'ongoing free/funded access to use online platforms that are safe and secure'. This is complicated by the presence of perpetrators in the home and the possibility that email, social media accounts and internet access is viewed or has been compromised by perpetrators (see Harris, 2020).

Numerous respondents noted that they had used (but run out of) phones provided by WESNET through the Telstra 'Safe Connections' program. Sector reliance on and support for this program has elsewhere been documented by researchers (Dragiewicz et al., 2018; Harris, 2020; Harris, Dragiewicz & Woodlock, forthcoming). Further government support of this program is essential to ensure victim/survivors are able to access information and support.

In addressing technological needs of the sector and victim/survivors, attention needs to be given to the 'digital divide' (discrepancies in skills, capability and connectivity). Workers emphasised that, for instance.

the vast majority of clients have not been able to use videoconferencing, no data, no computer, no smart phone or no skill in this.

Access to technology and the internet can be reduced in many locations (including in regional, rural and remote areas) and for certain groups (Harris, 2016). For example, respondents indicated that older and elderly clients were particularly disadvantaged as they did not have access to technology and they were unfamiliar with how to use technologies like Zoom, email and SMS. Therefore, ensuring affordable, accessible access to information communication technologies is critical.

Urgent Need for Flexible Assistance Funding

Participants have emphasised the importance of flexible assistance funding (also referred to brokerage funding and emergency relief funding) in responding to the needs of people experiencing domestic and family violence. Funding is currently sourced from a range of different government agencies and program areas and also private/ charitable organisations and often have different access criteria and eligibility.

Jurisdictions, such as Victoria and Queensland, have commenced flexible assistance funding initiatives for people experiencing domestic and family violence. Victoria has been operating such an initiative since 2015 with findings from an evaluation identifying the initiative as a 'life changing opportunity'. Queensland has recently commenced a modest scheme as part of their *Queensland Housing Strategy 2017-2027*. These survey findings support the view that there needs to be greater resource allocation and a supporting policy and program framework to accompany a National Flexible Funding Assistance Scheme for people experiencing DFV.

Some relevant quotes from participants demonstrate the value and utility of flexible assistance funding to people experiencing domestic and family violence and service providers who are assisting these people. Responses included:

Brokerage monies have been amazing.

Extra funding to assist with essentials like accommodation/school fees/medical expenses for the most vulnerable so clients can have a choice and options to be able to leave an unsafe relationship.

Community Neighbourhood Centres ... operated as emergency services during the lock-down as we dispensed emergency relief, offer counselling, in additional to providing support through our living skills programs. Due to our limited funding and the lock-down we lost 45 volunteers without whom we are unable to offer our range of services. This left one worker offering Emergency relief which made it impossible to meet this need as required.

More brokerage to allow clients to utilise data/smart phones/technology.

Qld govt offered additional brokerage from 1 May-30 Sept—would be better to extend the time frame until 28 Feb 2021 to realistically deal with aftermath of this pandemic.

Recommendations

1. Disaster Management Planning for Domestic and Family Violence

The Commonwealth Government, in conjunction with the state and territory governments, urgently revamp disaster management frameworks and guidelines to:

- plan, in collaboration with the family violence and support sectors, for spikes in DFV in preparedness, response and recovery phases;
- provide for additional funding for domestic and family violence services through adjusting scope and eligibility of National Disaster Response and Relief Arrangements;
- adjust personal disaster planning guides and tools, and communications strategies, to provide enhanced safe access to information about domestic and family violence services and supports.

2. Flexible Assistance Funding for People Experiencing Domestic and Family Violence

The Commonwealth Government in cooperation with the state and territory governments fast track the delivery of a robust and contemporary National Flexible Funding Assistance Scheme for people experiencing domestic and family violence. This funding should be independent of Centrelink or other entitlements and should be tax-free.

This will be achieved by:

- The Commonwealth Government immediately and significantly increasing the recurrent funding available for this purpose in 2020/21 and forward budget estimates until 2030;
- State and territory governments reviewing existing flexible funding initiatives, and related
 initiatives, with the view to ensuring processes and practices are person-centred and are
 implemented with the objective of delivering timely assistance to people experiencing
 domestic and family violence with minimal barriers.

This should be carried out within the context of the policy drivers contained in the *National Plan to Reduce Violence against Women and their Children 2010-2022* and current Action Plan and policy positioning for a new national strategy from 2022.

3. Domestic Violence Workforce Planning and for Disaster Preparedness

The Commonwealth Government, in conjunction with the State and Territory Governments, urgently revamp the workforce and funding needs of the DFV sector in disaster management preparedness, response and recovery, especially in relation to supporting clients from diverse backgrounds.

4. Engage the Domestic and Family Violence and IT Sectors to Develop a National Partnership Strategy

The Commonwealth Government, in conjunction with the state and territory governments, urgently engage the domestic and family violence and technology and communications sectors to develop a National Domestic and Family Violence Technology Support and Partnership Strategy.

5. Commit to Boost Funding for Social and Affordable Housing

The Commonwealth Government, in conjunction with the state and territory governments, urgently commit to boost investment in social and affordable housing, especially for women and children experiencing domestic and family, as part of the national recovery plan.

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About the Project

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End Notes

LIIG NOU

Over 300 have commenced the survey, but 288 have completed the most important questions. The data will be cleaned to remove incomplete survey responses at completion.

^{II} The plus sign is appended to acknowledge that the LGBTIQ community extends beyond these identities to include over 14 other recognised identities, such as gender non-conforming, genderqueer, pansexual, asexual.

iii Monash Gender Violence Centre have a national survey seeking information from practitioners of the impact of COVID on their own well-being. We urge the sector to complete this survey.