Responding to the 'Shadow Pandemic'

Practitioner views on the nature of
and responses to violence against
women in Victoria, Australia during
the COVID-19 restrictions

MONASH
University

Acknowledgements
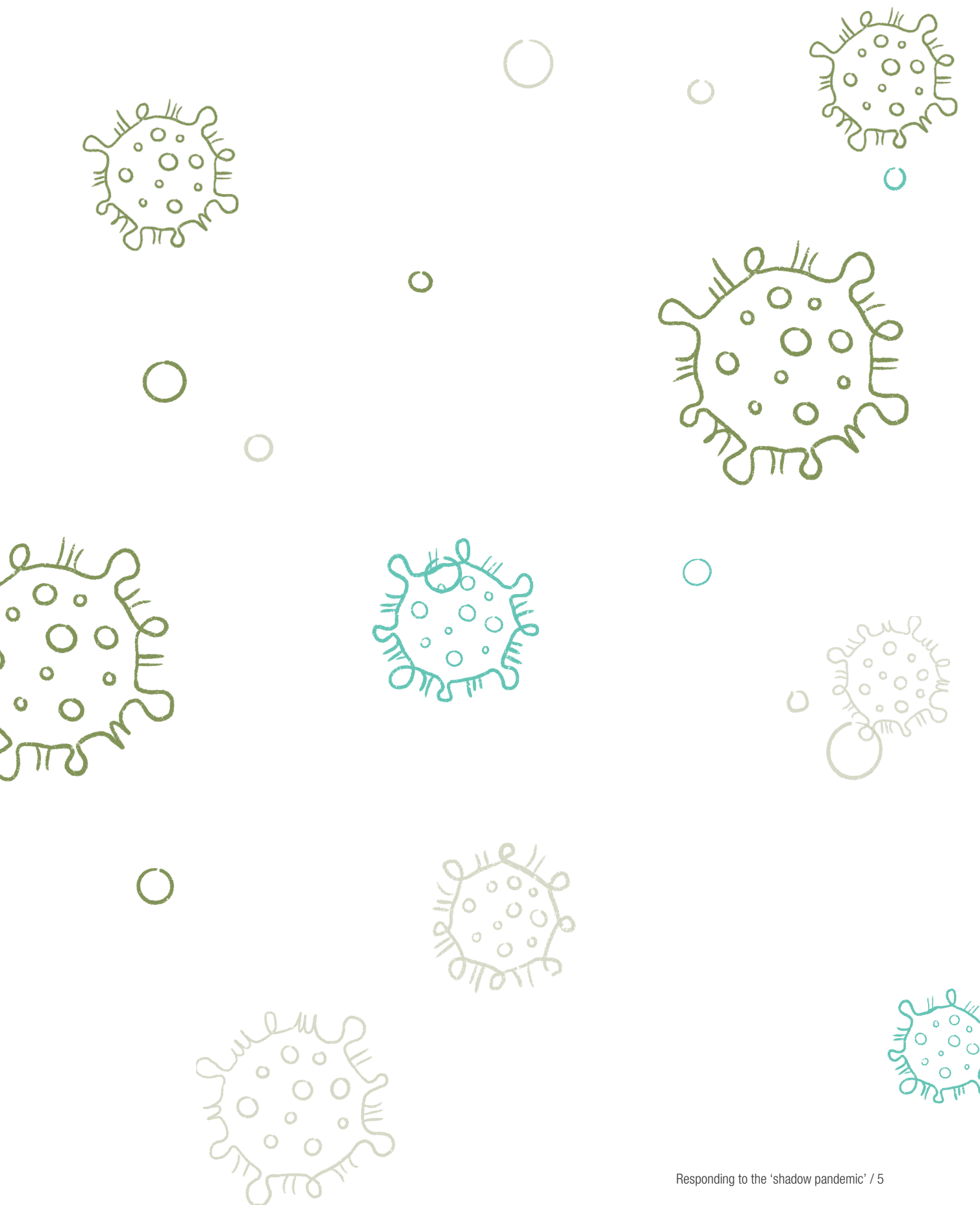
Acronyms

LGA Local government area

IPV   Intimate partner violence

IVO   Intervention order

UNODC United Nations Office on Drugs
and Crime

UNICRI United Nations Interregional Crime
and Justice Research Institute

UNFPA United Nations Population Fund

VAW Violence against women

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Executive summary

The COVID-19 global health pandemic has increased women's vulnerability to all forms of gender-based violence. Australia, like many other countries worldwide, entered into a period of government-directed lockdowns in the first weeks of March 2020, which included stay-at-home orders and movement restrictions. With more people confined to their homes to reduce the community spread of COVID-19, there is a greater risk of violence against women and children. The UN Secretary-General has labelling violence against women the 'shadow pandemic'. Recently released data by United Nations Population Fund (UNFPA) predicts that for every three months the lockdowns continue an additional 15 million cases of domestic violence will occur worldwide.

This Report presents the findings from a survey of 166 Victorian practitioners. The survey sought to capture the voices and experiences of practitioners responding to women experiencing violence during the COVID-19 shutdown in Victoria, Australia.

Our analysis of practitioner responses to the survey found that the pandemic has led to:

- An increase in the frequency and severity of violence against women (VAW),
- 59% of respondents reported that COVID-19 has increased the frequency of VAW and 50% reported it has increased the severity of VAW).
- An increase in the complexity of women's needs noted by 86% of respondents.
- An increase in first-time family violence reporting by women noted by 42% of respondents,
- New forms of intimate partner women, including enhanced tactics to achieve social isolation and forms of violence specifically relating to the threat and risk of COVID-19 infection,
- For many women experiencing violence during the lockdown period, there was less ability to seek help,
- Service innovations have occurred across Victoria to enhance accessibility and effectiveness of service delivery during the COVID-19 easing of restrictions and recovery phase.
- Numerous challenges to providing support, undertaking effective risk assessment and carrying out safety planning during the COVID-19 shutdown phase.

These findings have significant funding and resource implicationsThe research also draws attention to the wellbeing considerations for practitioners working remotely to support women experiencing violence during the COVID-19 pandemic, and the need to develop worker supports as Victoria eases restrictions and enters a period of recovery.

The next stages of this project will continue to build understandings of the impacts of the COVID-19 pandemic on women's experiences of violenceand their help-seeking behaviours through additional surveys and sector data analysis.

Introduction

"Women are walking on eggshells every day because it only takes a slight, gentle breeze to turn the house into a pile of rubble with violence and chaos. When a hurricane comes, that home is already a pile of rubble."

Across the globe the COVID-19 pandemic control measures are increasing women's vulnerability to all forms of gender-based violence. Australia, like many other countries worldwide, entered into a period of government directed lockdown on mid to late March 2020, which included stay-at-home orders and movement restrictions. While the World Health Organisation (WHO) and many countries worldwide have published 'stay home, stay safe' campaigns to accompany these restrictions, research by the United Nations (UN) shows that the 'home' is the most dangerous place for women and children worldwide (UNODC, 2018). With more people confined to their homes in order to reduce the community spread of COVID-19, there is a greater risk of violence against women and children. Executive Director of UN Women, Phumzile Mlambo-Ngcuke, labelled violence against women the 'shadow pandemic' (UN Women, 2020; UN News, 2020). Recently released data by UNFPA (2020) predicts that for every three months the lockdowns continue an additional 15 million cases of domestic violence will occur worldwide.

Australia is no exception to the 'shadow pandemic': each week one woman is killed by male violence, most commonly by a current or former intimate partner (Cussen and Bryant 2015), and each fortnight one child is killed by a parent (Brown et al 2019; Cussen and Bryant 2015). In 2015 family violence was declared a national emergency in Australia.

When considered against this backdrop, stay-at-home orders, physical-distancing measures and closure of non-essential services enacted in Australia since 22 March 2020 (Knaus, Wahlquist & Remeikis, 2020) significantly heightens the risks of violence to women and children. Isolating in homes is risky given that unemployment, income loss, increased use of alcohol/drugs, declining mental wellbeing and housing insecurity are known drivers of men's violence against women and girls, especially in the context of the family and private residences (Fitz-Gibbon and Meyer, 2020). Research on the 2008 Global Financial Crisis (True 2013; UNICRI 2015) and Australian bushfires (Parkinson and Zara 2011, 2013) has demonstrated these impacts.

In Victoria specifically, following the COVID-19 restrictions, services working with perpetrators of family violence have reported an increase in service use. The average number of weekly referred calls to the Men's Referral Service, a national telephone counselling service operated by No to Violence, increased by more than 400 calls a week in Victoria compared to the same period last year (Tuohy, 2020). In Melbourne presentations related to family violence more than doubled at St Vincent's Hospital, a major public healthcare service, compared to the same time last year (Clayton, 2020). As well as reports of increased presentations and rates of violence, the impact of the health crisis and related restrictions on women's diminished capacity to seek help is equally concerning. For example, the Victorian family violence crisis centre Safe Steps has reported a 30 percent reduction in calls from women seeking help (Tuohy, 2020).

In addition to increased risks to women's safety posed by pandemic control measures, many workforces that support women experiencing violence have been required to rapidly transition to remote work. It is highly concerning that this period of disrupted service delivery has occurred during a time of heightened risk. One of the biggest challenges for responding to women's risk of violence during the COVID-19 restrictions is developing alternative practices to direct face-to-face service provision and support that best ensures

women and children's safety during this period of heightened risk. While the specific risks of violence and rates of COVID-19 vary between jurisdictions internationally, the requirement for service innovation is universal. This presents an opportunity to capture and share learnings globally to promote effective and innovative best practice strategies for keeping women safe from violence during the COVID-19 pandemic and into the recovery phase.

About this report

This Report presents findings from the first of three trimonthly practitioner surveys that form part of a wider project examining gender-based violence and the COVID-19 pandemic. Data collection involved an online anonymous survey used to capture the voices and experiences of practitioners responding to women experiencing violence during the COVID-19 shutdown in Victoria, Australia.

The survey combined a series of short demographic questions with a rating scale and open-ended questions. The questions invited practitioners to reflect on the impact of COVID-19 restrictions on women's experiences of violence, practice changes and service adaptations. The majority of those professional experiences related to supporting women experiencing family and sexual violence, particularly intimate partner violence (IPV). Practitioners were also invited to identify any service gaps and improvements to service response required.

The survey ran for a four-week period from 23 April 2020 to 24 May 2020. The survey was administered through the survey development software Qualtrics. The survey was promoted through social media outlets (including Twitter and LinkedIn), through the Monash Gender and Family Violence Prevention Centre network, and by providing information about the research and survey directly to relevant organisations and agencies in Victoria. The aim was to make the survey as widely accessible across Victoria as possible.

Responses were received from 166 Victorian practitioners. Respondents could choose to answer some, none or all of the survey questions. All survey respondents were assured anonymity as part of the consent process. While we can identify the sector and local government area (LGA) in which respondents worked, we have not collected information on the specific agency or organisation that respondents were employed by. Univariate analyses were conducted to explore overall trends in the nature and frequency of violence against women during the COVID-19 shutdown, and the qualitative survey data was thematically analysed.

Survey respondents

Over two thirds of the Victorian practitioners who responded to our survey worked in child and family services (33%, n=48) and specialist family and sexual violence services (29%, n= 42), as shown in figure 1 (n= 146). Practitioners' experience working with family and sexual violence clients ranged from less than one year to 37 years, with an average experience of 2.9 years and a median of 6.5 years (n= 119).

Figure 1: Percentage of respondents by sector

Alcohol and Other Drug Services 1%

Child and Family Services 33%

Disability Services 1%

Health services 8%

Homelessness Services 2%

Legal Justice and Corrections Contexts 9%

Mental Health Services 4%

Specialists Family and Sexual Violence Service 29%

Other 13%
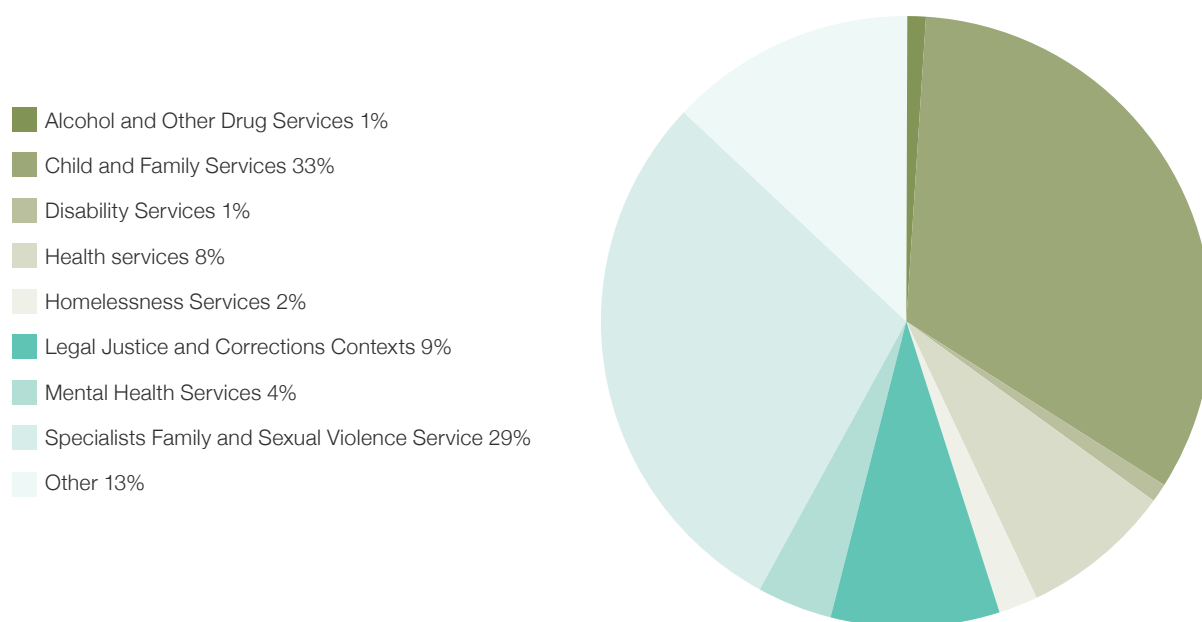
Practitioners worked across 49 LGAs in Victoria. The most commonly identified work locations were Greater Geelong (n=26), Colac Otway (n=16), Surf Coast (n=15) and Queenscliff (n=13), as shown in figure 2. Respondents were able to select more than one work location, and 32 practitioners identified that they worked across multiple Victorian LGAs.

Figure 2: Work locations with greater than 5 respondents

Greater Geelong

Colac Otway

Surf Coast

Queenscliffe

Maribyrnong

City of Melbourne

Whitehorse

Maroondah

Wyndham

Geelong

Hume

Wodonga

Statewide
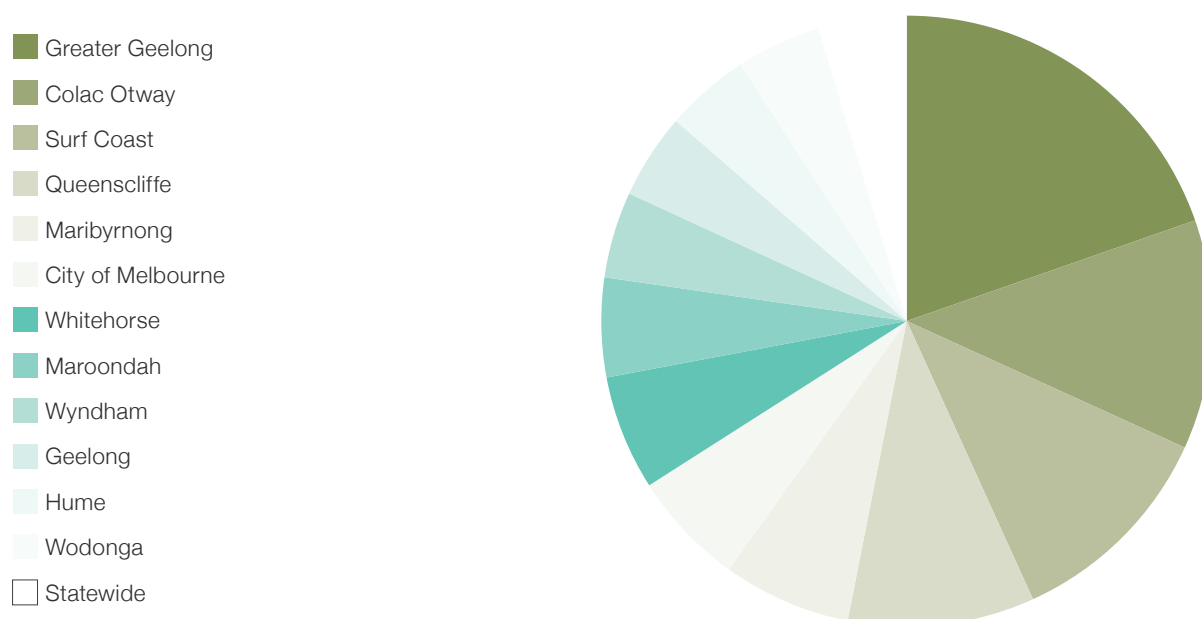
* Practitioners reported that they worked across 49 LGAs; the chart reflects the most frequently represented LGAs.

The impact of COVID-19 on women's experiences of violence

This section provides an analysis of practitioner views on how the COVID-19 pandemic generally, and specifically the shutdown period in Victoria, impacted on the prevalence and nature of violence against women as well as women's help-seeking behaviours.

More than half of the respondents reported that the COVID-19 pandemic had led to an increase in the frequency (59%, n=94)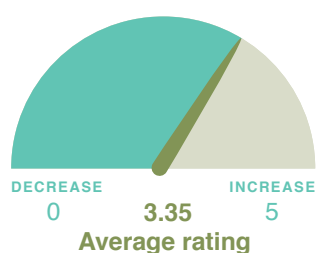 and severity of violence against women (50%, n=102). Just under half of the practitioners surveyed (42%, n=105) reported that the COVID-19 pandemic had resulted in an increase in first time family violence reporting by women. Most notably, three quarters of respondents (86%, n=103) said that the pandemic had increased the complexity of women's needs, with 55% reporting a significant increase in complexity.

"With families being stuck at home, with even the playgrounds in our area roped off, this has been a tinder box in many households and has made the circumstances for many women unbearable."

First time family violence reporting by women

DECREASE   INCREASE

0   **3.35**   5

Average rating

Frequency of violence against women

DECREASE   INCREASE

0   **3.7**   5

Average rating

Severity of violence against women

DECREASE   INCREASE

0   **3.61**   5

Average rating

Complexity of women's needs

DECREASE   INCREASE

0   **4.42**   5

Average rating
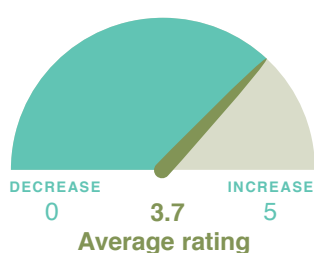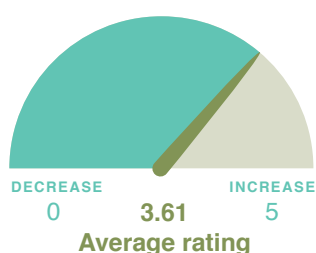
Questions about the perceptions of the impact of the COVID-19 pandemic on the prevalence of violence were measured using scale variables where 1 to 2 represented a decrease, 3 – no change and 4 to 5 an increase.

Perpetrators are using the COVID-19 restrictions and threat of infection to:

- Restrict women's movement
- Gain access to women's residences
- Coerce women into residing with them if they usually reside separately

New forms of violence against women

Respondents reported that the COVID-19 pandemic has led to the emergence of new forms of violence against women (VAW). Practitioners reported that perpetrators are using the COVID-19 restrictions and threat of COVID-19 infection, purposeful or otherwise, to restrict women's movements, to gain access to women's residences and to coerce women into residing with them if they usually reside separately. These new forms of abuse are captured in the comments of several survey respondents:

[Perpetrators are] using COVID-19 as a reason to keep women isolated. For example, not letting them out of the home to "protect them" from COVID-19.

Ex-partners are using COVID restrictions as an excuse as to why they have to stay with ex-partners, and not giving them any other options.

Monitoring of internet use, removal of mobile phones and using Fitbits and hidden downloaded phone [apps], monitoring movements. We also have cases of car usage being monitored via new technology in computerised vehicles.

Several respondents reported that perpetrators are using children and the COVID-19 health crisis and related restrictions as a pretext to gain access to women. This was particularly present for families where there were shared care arrangements or who were involved in the family law system at the time of the COVID-19 outbreak. Practitioners commented:

Victims who have escaped but who have children with the perpetrator are reporting perpetrators are using COVID-19 as an extra weapon in their arsenal, fearing that the family law system will be hard-pressed to protect them.

Increase in wanting to control them more around custody arrangements especially as children not going to school… threatening to call police if they don't let them have the child for more days. Ex-Partner demanding to move into the client's home.

A smaller number of practitioners also reported that perpetrators are forcing women to breach social distancing guidelines and stay-at-home orders. As one practitioner explained:

"Demanding women to wash their hands and body excessively to a point [where] women's skin starts to bleed and become badly irritated; spreading a vicious rumour she's got COVID-19 so nobody would come near her or help her; taking children away saying she is likely to have/get COVID-19 and is a risk to children."

I have noticed that perpetrators are controlling the capacity to which women follow the social distancing guidelines, for example they may wish to socially distance and their intimate partner is preventing them from doing so.

Overall, practitioners' views demonstrate the ways in which perpetrators have weaponised the global health crisis and are utilising restrictions to further perpetrate violence by facilitating control over women's movements and decision-making.

Reduced ability to seek help

As the survey captured practitioners' professional views and experiences over a four-week period during the toughest of Victoria's COVID-19 restrictions, we were particularly interested in understanding the impact on women's help-seeking behaviours. Respondents reported that an increase in surveillance of communication devices and online activities by perpetrators is limiting women's ability to use phone line support services. As one practitioner highlighted:

Partners who are monitoring phone use now have an increased amount of power and control in this domain as the phone is now quite literally the only connection with the outside world.

As a result, many practitioners noted that reduced privacy in homes has severely restricted women's ability to use their communication devices to call support services:

Women have been very concerned about their phone calls being overheard and not having a safe space to speak freely. Women have often ended phone calls, changed the topic or called back later when it is safe to talk.

Respondents emphasised that there is 'no assumption of confidentially' as all client contact is by phone and the perpetrator may be physically present or using tracking/personal monitoring technology. The implications of this, in terms of how services are delivered remotely and the challenges of doing so, are explored in further detail in the section examining the challenges of responding to women experiencing violence during the COVID-19 restrictions.

Practitioners also reported that COVID-19 restrictions have facilitated perpetrators' isolation of women experiencing violence and inhibited their ability to seek support and help. As one practitioner noted:

It has been much easier for the perpetrator to get the victim/survivor to isolate from friends and family.

While not surprising in the context of the current global health crisis, any circumstances that further isolate victim/survivors from family, friends and other significant support networks are highly concerning as they increase the invisibility of victimisation. Social isolation has long been recognised as a form of coercive control used by perpetrators of intimate partner violence to further control their victims (Stark, 2007). These reports indicate that the Victorian Government's pandemic measures for home isolation, while undoubtedly necessary from a public health perspective, have inadvertently compounded barriers to seeking help and enhanced perpetrators' monitoring of women's movements with the effect of reducing their ability to seek help. As a result, while recognising that the current circumstances present heightened risks of violence for women and children, practitioners were also acutely aware that
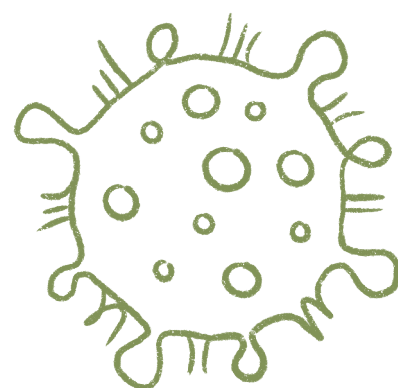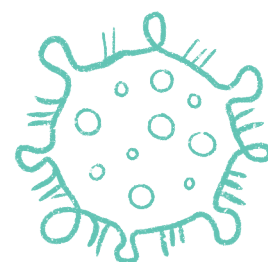
many of these women experiencing violence may not be able to make contact with the system and access the supports necessary to ensure safety.

Service innovations

Overall, practitioners' responses from across Victoria indicate that many services that have traditionally provided in-person responses to violence are transitioning to voice and video call, email, webchat and messaging-based services during the COVID-19 pandemic. Given the timing of the survey, falling over a four-week period during the heaviest stage of physical-distancing restrictions in Victoria, practitioners were at different stages of their transition to remote-service delivery. Some of the remote-service practices that were reported in the survey have been developed specifically in response to the pandemic, while other organisations and agencies have utilised and expanded existing remote-service models.

Many practitioners reported that their organisations have sought to integrate family violence response into the essential services that have remained open during the shutdown such as GP clinics, Centrelink and childcare. Practitioners recognised that these service touchpoints offered potentially useful ways to access women and children who have experienced violence but who may otherwise be unable to seek help. As one practitioner described their service integration:

We have managed to deliver our program (via Zoom) by arranging for themother of a child in a family violence situation to engage in the program whilst attending childcare so [they are] away from the perpetrators.

Several practitioners reported that their organisations have created new alert systems for women to signal when they need support. These alerts include the use of code words in telephone and text communication as well as physical signals. Practitioners have shared details of alert systems with us in confidence. However, since the effectiveness of alert systems depends on activation without perpetrators' knowledge, we are not including details of alert systems in this report.

Given perceived increases in perpetrator surveillance of communication devices reported by practitioners during this period, some agencies have begun using alternative phone solutions that do not require users to download apps to their devices. One example of this is Gruveo, an encrypted web-based video call link service.

We downloaded Gruveo as this did not require the women to keep an app on their phone.

Several practitioners also reported using Shebah, an all-women run rideshare company, to transport women and children to safe houses and alternative accommodation during the pandemic. Agencies are also utilising the 'SheDrops' goods delivery service provided by Shebah to deliver items to those unable to leave their homes due to COVID-19 restrictions. This service pre-dates COVID-19. Its apparent ability to provide assistance to women experiencing violence points to the potential value and longevity of service partnerships in this area.
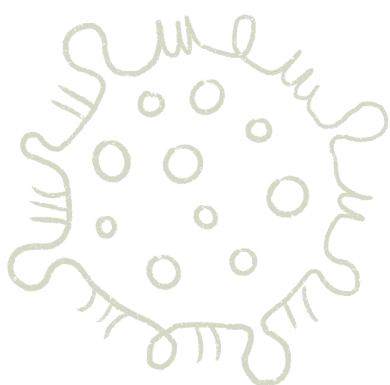
Emerging innovations in responding to women experiencing violence

- Doing "house tours" via video calls to provide more environmental information and inform risk assessment and safety planning
- Using code words in telephone and text communication
- Setting up alert systems to signal when help is needed
- Integrating family violence support into essential services, such as GP clinics and Centrelink, and using these venues for first-time face-to-face appointments
- Engaging with and offering support to mothers and children in childcare settings
- Social media advertisements
- Utilising virtual platforms, such as Zoom, Microsoft Teams and WhatsApp, for service delivery, including client contact, safety planning and risk assessment
- The use of Gruveo, an encrypted web-based video call link that does not require users to download an app, making it undetectable on devices
- Using the Daisy app, developed by 1800 Respect
- Partnering with Shebah, an all-women rideshare company, to provide safe transport and goods delivery for women and children experiencing and/or at risk of violence
- Family violence response training for reception staff
- Enhanced webchat channels
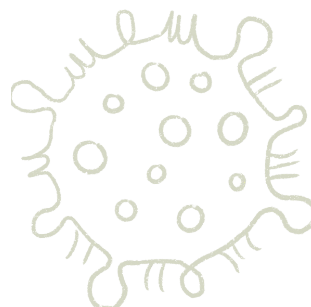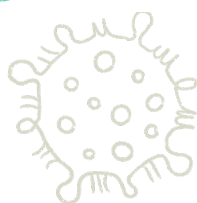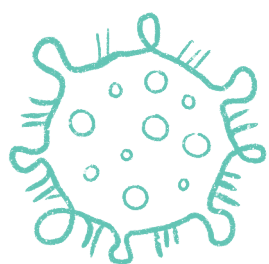
The challenges of responding to women experiencing violence during the COVID-19 restrictions

The challenges associated with delivering support services for practitioners responding to women experiencing violence during the COVID-19 restrictions are well captured in this short survey excerpt. Practitioners noted a necessitated change in focus for service delivery during this period, explaining that the focus of work had changed to become largely reactive and crisis-driven as distinct from pro-active and early-intervention focused. At the same time, they also described in detail the challenge of effectively maintaining contact with and supporting women experiencing violence during this period. In this section, we examine those responses with a focus on the challenges specific to offering support to women, concerns arising from the perceived increased invisibility of perpetrators during the restrictions, and the need to draw attention to wellbeing considerations for those practitioners working remotely to support women experiencing violence during the COVID-19 pandemic.

Challenges of supporting women during the period of restrictions

The challenge of making contact with, and receiving contact from, women experiencing violence in homes during COVID-19 restrictions was recognised widely by practitioners throughout the survey, as captured in the following excerpts:

Clients' inability to communicate safely/communicating with the client and potentially placing their safety at risk. Clients' unable to answer phone at scheduled contact time due to perpetrator presence...balancing provision of service with keeping clients safe within their environment.

Perpetrator in the home, unable to leave home due to COVID-19 restrictions, children in the home. The list goes on.

> **"Not being able to do face-to-face work, clients are often very isolated in our service and it has become much worse. Limited support available for families, no eyes on children and little opportunities to work with them."**

Challenges of supporting women during the COVID-19 restrictions

- Difficult to make and maintain contact with women
- Decline in referral follow up
- Difficult to assess risk and determine protective factors remotely
- Reduced perpetrator visibility
- Increased clinician stress

Practitioners described the impacts of this as manifesting in several ways, including decreased calls for help from women and a lack of call-backs to services. Several practitioners specifically expressed concern in their survey responses for the women who were isolated at home and unable to make contact with a support service, as captured in the following excerpts:

I am concerned that given the current social-distancing laws women are unable to leave the house [and] cannot communicate safely with services.

I think women are staying home and not help seeking.

We are deeply concerned for the women who are unable to contact us at the moment… women have been struggling without face-to-face support at police stations and courts.

Aligning with the practitioners' concerns that COVID-19 restrictions had exacerbated barriers to help-seeking, some family violence services in Victoria and Australia more broadly reported reductions in demand. In Victoria the COVID-19 shutdown and physical-distancing directives commenced in March, with Safe Steps reporting a 30 percent reduction in calls from women seeking help in the following month (Pearson, 2020). Echoing our survey respondents' reports, Safe Steps CEO Rita Butera expressed concern about women's silence, explaining that she anticipated a spike in service demand based on evidence that family violence incidents increase during times of natural disaster and other crises. She commented that 'This service has been going for years and we've never seen a trend down like this' (Pearson, 2020).

Several practitioners identified the challenge of being able to have a private conversation with a female client once contact is made, given the knowledge that their client is likely in isolation with her abuser. Numerous practitioners discussed the challenge of conducting safety planning and risk assessment via phone, noting the difficulty of assessing risk and determining protective factors remotely. The challenge posed by the inability to offer in-person supports to women experiencing violence is well-captured in the following survey excerpts:

Being able to have a conversation – it's difficult to really understand the patterns and dynamics of the violence when there is less time to speak and barriers to engagement.

The lack of face-to-face feels as though it is impacting on rapport building and trust.

For some practitioners, this was framed as the challenge of open communication and effective conversations when delivering supports remotely. One practitioner described the consequence of this: 'There is less safety [planning] and monitoring of wellbeing'. For other practitioners, the challenge arose in how to get the necessary resources to women once safety needs and risk were identified, as well as the numerous barriers raised for actioning safety planning during this period. As one practitioner explained:

More barriers to creating safety plans: excuses to leave the house; reduced opportunity to move house for people trying to leave violent living situations; difficulty keeping up with changes to services, and finding support[s] due to closures and services being overwhelmed; increased need for material aid with less availability.

Practitioners also noted that frequency of contact had decreased in some cases and that there was increased lag time between making a referral remotely
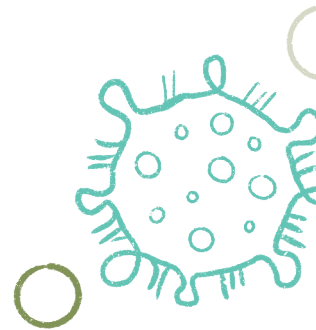
and the client taking that referral up. One practitioner explained that this impacted on the ability to coordinate care for a woman, child and/or family with multiple agencies as they were dealing with 'Different platforms, IT/connectivity and internet speed issues', all compounded further by a 'Lack of access to technology, devices, data, adequate internet speed'. Other practitioners noted that referral options they would often use had either closed or had limited capacity to support women during this period. This included, among other supports, a recognised lack of safe accommodation options for women who are unable to remain at home during the restrictions. As one practitioner explained:

[There is] limited resources in community services sector i.e. refuge, long-, medium- and short-term housing, providing women emergency aid – when they don't have access to online vouchers, transport options, refuge housing, limited referrals …

A smaller number of practitioners also noted that the increased presence of children at home presented barriers to service provision. One practitioner described a situation of 'Women feeling unsafe to talk to service[s] because children are present', while another practitioner stated that 'Mothers [are] unable to get private time from children to have sessions'. This was further compounded by an acknowledgement that the women requiring support may also be juggling the demands of children learning from home. Practitioners noted that they tried to contact clients during times that would not interfere with the provision of school work.

These challenges were further exacerbated by the perceived increased presence of perpetrators within homes as a result of COVID-19 related stay-at-home restrictions, work-from-home directives and rising levels of unemployment and lay-off periods. In the survey, numerous practitioners identified this as a key challenge to effective service delivery, noting that perpetrator presence impacted telephone and remote-service delivery (via, Zoom for example) in terms of making contact and engaging with women. This viewpoint is captured in the following excerpts:

Less opportunities to engage safely due to perpetrators being out of work [and] at home more often. Level of perpetrator control has increased due to COVID-19 restrictions.

It is hard to know whether the perpetrator is in the room as you can't see much on Zoom.

While perpetrator presence in the home was identified as a key challenge to maintaining contact with women experiencing family violence, at the same time perpetrator invisibility to the system was also identified as a key challenge bought about by COVID-19 restrictions and a perceived change in the system's ability to hold perpetrators to account and 'in view'.

Challenge of keeping perpetrators 'in view' during the period of restrictions

Since the release of the findings and recommendations of the Victorian Royal Commission into Family Violence (RCFV) in March 2016, the Victorian government response to family violence has prioritised strategies and the development of new programs, practices and partnerships that enhance perpetrator visibility at all points of the system's response to family violence. The notion of perpetrators 'in view' refers to the process of identifying, assessing, monitoring and managing the risk that a perpetrator poses over time (RCFV 2016). To do so effectively requires coordination across multiple agencies, such as men's services, specialist family violence services, criminal justice agencies and other mainstream services, as well as information sharing and risk management (Expert Advisory Committee on Perpetrator Interventions, 2018; Fitz-Gibbon, Burley and Meyer, 2020). The prioritisation of this focus over the last five years has moved the family violence system away from one in which working with perpetrators was 'siloed' away from responses to victim/survivors.

The challenge, however, of maintaining this approach and ensuring perpetrator visibility and accountability during the period of COIVID-19 home restrictions is significant (see further Fitz-Gibbon, Burley and Meyer 2020). The risks of perpetrator invisibility during this period may also be heightened by changes in criminal justice decision making and processes. A small number of practitioners also expressed the view that family violence perpetrators were being granted bail or early release more frequently during this period. As one practitioner stated:

The early release of perpetrators who are on remand or released at bail hearings due to COVID-19. Family violence workers have closed case[s] as client believed to be locked up.

The early release of family violence offenders during the pandemic has been reported in other Australian states since the beginning of the COVID-19 pandemic. In New South Wales and Queensland, for example, domestic violence services have expressed concern that perpetrators were being released without notifying victim-survivors, thereby exposing them to further and heightened risk (Gleeson, 2020). As yet there is limited case law to draw up to understand how criminal justice decision making in relevant family violence matters may be impacted by the COVID-19 pandemic. However, we note that there will be a significant need moving forward to ensure that strategies towards maintaining and achieving perpetrator visibility and accountability continue to be effectively utilised as part of Victoria's whole-of-system response to ensure victim/survivor safety.

"We are all working from home which has been emotionally, extremely difficult. Having this work in my bedroom, my safe space, has been frankly awful and has wreaked havoc on my work/life balance and self-care routines. Most significantly of all, not being around my colleagues for support, guidance and debriefing has really been the worst."
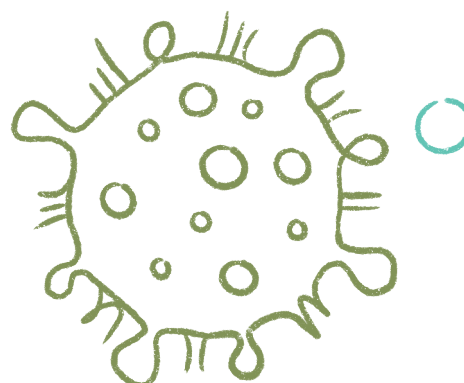
Wellbeing considerations for practitioners supporting women during this period

Several survey respondents reported that changes to the mode of service delivery as a result of COVID-19 restrictions have increased clinician stress and raised new challenges associated with setting practitioners up to work from home. While we had not included a specific question in the survey on this, several responses to our question relating to the challenges arising from COVID-19 restrictions pointed to the implications for the workforce:

Boundaries for me personally – work computers at home [and] more likely to checking emails out of business hours because of concern for the family wanting to see a response to be reassured they are ok.

Increased stress on clinicians due to the pressure to not place the client at greater risk of harm when delivering an adapted service model whilst the client is in isolation with the perpetrator.

Difficulties supporting staff and assisting with vicarious trauma and holding risk in relation to women and children. Staff are using a range of devices and network access to deliver services remotely (personal and work computers, work and personal mobile phones and home data plans). Some staff and women have great difficulties accessing phone and internet due to their rural location.

While there has been sustained media coverage in Australia of the heightened risk of family violence during the COVID-19 restrictions, the implications of these restrictions on the mental health and psychological wellbeing of practitioners responding to women and children experiencing violence has yet to be addressed. Our survey highlights the need to consider developing new models of support for family and sexual violence practitioners moving forward.

Acknowledging that these services have typically not been delivered solely remotely, nor have workers typically been based from home (either completely or partially), the move required at the start of the COVID-19 restriction period represented a significant adjustment and cost for many services and individual practitioners. In addition to the breakdown of barriers between work and home, practitioners identified the additional toll on their time during this period. One practitioner, for example, described the additional time now required to support a woman at court when taking out an intervention order (IVO), commenting that 'There are more hours involved in achieving safety'.

The resource implications of COVID-19 restrictions and the necessitated changes to service delivery are explored in more detail in the following section.

Ongoing funding and resource needs

As noted in the introduction to this Report, this survey and report represents the first stage of a wider study examining the nature and prevalence of gender-based violence during the COVID-19 pandemic. Given the ongoing nature of the research, this first survey sought to take stock of what government responses had been effective to date and what the ongoing needs of those delivering supports and responses to women and children experiencing violence during the social distancing restrictions are. This section focuses on practitioners' views on the adequacy of government responses to family violence during the restriction phase of the COVID-19 pandemic, and their views on the funding and resource needs moving towards the easing of restrictions and recovery phases.

It is important to note that several practitioners recognised that the answers to these questions are difficult and that the needs of the sector and impact of COVID-19 on the delivery of supports to women and children experiencing violence are as yet largely unknown. As two practitioners described:

I'm not sure yet, I think the impacts are really only just at the tip of the iceberg of emerging.

It is difficult to assess what the need is – we know family violence has not stopped and that the current conditions may have exacerbated the frequency and severity of violence and that children are more exposed than ever – but for many families they are currently invisible to services and with the perpetrators being at home more their access to services for support is restricted.

Acknowledging the unknowns is important. There is neither a blueprint nor a recent international case study to draw from for how governments should respond to keeping women and children safe from violence during a global health pandemic. This study, however, does recognise the importance of listening to the experiences and needs of practitioners responding to women and children experiencing violence during the COVID-19 pandemic, and seeks to provide opportunities to gather information on what is needed moving forward.

The Government response during the COVID-19 pandemic

In response to emerging concerns surrounding the heightened risk of family violence during the COVID-19 pandemic, the Australian Government committed, on 29 March 2020, $150 million to the increased resourcing of two key family violence phone counselling services: 1800 Respect and Mensline Australia (Sullivan, Doran and Dalzell 2020). On 10 April 2020, the Victorian Government followed suit, announcing a $40 million family violence funding package to cover short-term accommodation ($20 million) and to meet increased demand, including tech support and protective equipment ($20 million) (Tuohy, 2020).

Several survey respondents noted the speed and good intentions of government response to keeping women and children safe from violence during the early months of the COVID-19 pandemic. Practitioners noted that the Victorian Government 'has done a great job in the situation within their means', and that:

The government is doing the best that it can to respond to adult and child victim survivors in the context of a public health emergency.

"This is a very difficult situation – keeping schools open for those who need it is a vital step. There's been good efforts to communicate that violence is never ok, and that services remain open and accessible. Governments have acknowledged that the home is not always safe, and that supports remain open for those who choose to access them."

The government is aware and doing what they can.

Practitioners also noted the difficulty for governments in knowing how to respond in a crisis situation with so many unknowns, commenting that 'they [the governments] have no idea of the scope or reality of what is occurring in some homes', that government is 'responding, but not proportionate to the increase in demand', and that it is:

Hard to manage so many things all at once and such varying needs… some small points which could have been done better but it's all so rapid and takes time for the gaps to be identified and problem solved.

While education and government decision making surrounding the delivery of learning and the opening of schools during the COVID-19 restrictions was not the focus of this study, a small number of practitioners praised the decision of the Victorian Government to keep schools open and accessible for children at risk of family violence.

However, while the Government's announcements during this period represented a welcomed acknowledgement of the need for greater supports for those supporting women experiencing violence during COVID-19 restrictions, the survey revealed that for many practitioners this has not yet materialised into the provision of additional resources and funding allocations:

In theory yes, there is funding being made available. However, as an intake and referral service we have not yet received any and the challenges that have always been present relating to referral to ongoing services are increased. Staff levels are the same and we continue to hold waiting for services to pick them up.

There may be money coming but how long will that take to filter through to services to act.
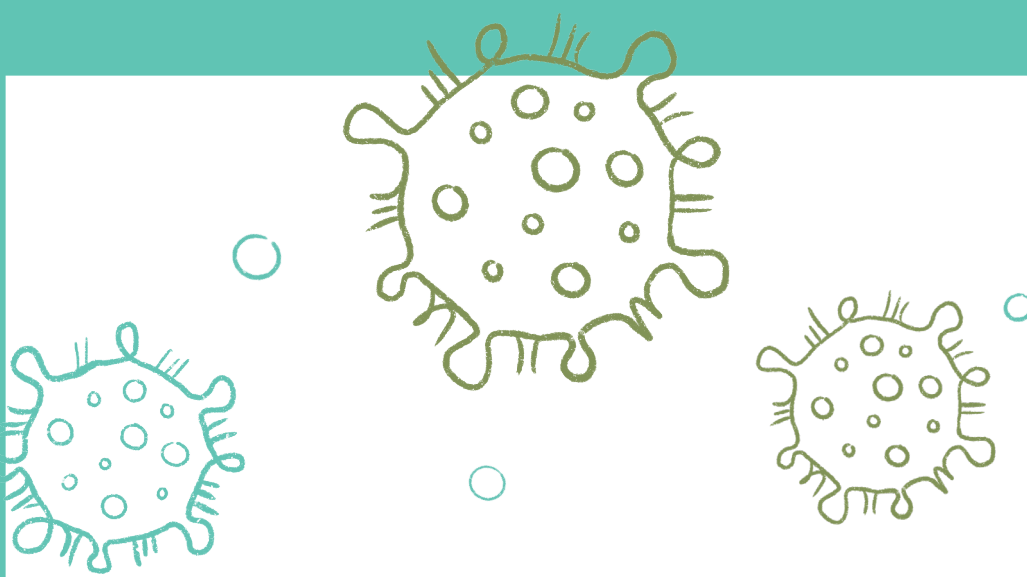
Many of these items the government promised, I've yet to actually see in practice.

These survey excerpts capture a potential lag time for some services between the government announcement and the delivery of this funding initiative. To ensure the anonymity of survey respondents, we have not broken up these responses according to any one sector.

Funding allocations and the need for greater resources

Better IT resources would help a lot. We have received no extra support from Government. I know that there is greater resourcing for family violence, but I have not yet seen any of it.

While several practitioners noted that governments have been responsive to requests for greater funding levels since the beginning of the COVID-19 pandemic, a common theme emerging from the survey responses points to a need for greater resourcing of the family violence sector moving towards restrictions easing and recovery periods. This in part reflected practitioners' shared views that there will be a period of increased demand in support services and safe housing options in the coming months as well as a longer held view that, as one practitioner commented, 'More resources in the community would always be beneficial'. Mirroring this view, several practitioners noted that the need for greater funding and resources was

"Without affordable housing, investment in education and prevention, and above poverty line welfare payments, victim-survivors will always battle for safety and recovery. Extra funding or measures are nice for now, but freedom from violence cannot be achieved without genuine commitment to addressing the housing crisis. So many women exit emergency accommodation back to the home with the perpetrator, because what else is there?"

> **Funding priorities should include:**
>
> - Greater resourcing of family violence sector during restrictions easing and recovery periods
> - Supporting women and children from diverse communities experiencing violence
> - Safe housing shortage

not unique to service delivery during the COVID-19 pandemic. As one practitioner described:

There are always waiting lists re women waiting for case management. Always women remaining homeless.

Several practitioners highlighted the need for funding beyond what was often referred to as 'mainstream' services, and specifically the need to ensure that additional resources and funding is allocated to supporting women and children from diverse communities experiencing violence. As one practitioner explained:

A lot of the funding has been directed to mainstream phone lines and specialised family violence services. Due to the inability of people to safely contact these services, the families are disclosing to other services, such as [those relating to] mental health, alcohol and other drugs, [and] family services. Funding should also be increased to these organisations and to the services that support diverse communities.

In particular there was a focus across practitioners' responses on the need for government to urgently address the significant safe housing shortage that pre-existed in Victoria but has been heightened to critical levels during the COVID-19 pandemic. Numerous practitioners noted that securing safe housing options and availability during the COVID-19 restriction period posed a significant challenge. As described by two practitioners:

All of our transitional housing is full, and we are now placing families in caravan parks (which means sharing bathrooms) and it is not ideal. Women are returning to perpetrators because we cannot provide emergency housing.

While a shortage of safe housing options for women and children experiencing family violence is not a new problem in Victoria (Flanagan, Blunden, Valentine & Henriette, 2019; RCFV, 2016, these views do indicate that it is one that has potentially been exacerbated by the COVID-19 pandemic, the impacts of which were clearly reflected in the frequency by which it was raised as an area of concern in practitioners' responses to the survey.

In considering the resource implications of COVID-19 on the sector, a small number of practitioners focused their responses on specific community cohorts. As captured in the following survey excerpt:

We need more capacity to look at supporting 'hard-to-reach' communities – Aboriginal and Torres Strait Islander and CALD communities. These community members already experience barriers to accessing services and wishing to engage with services, and it is important that a range of strategies are supported.

While the present survey was not able to explore in detail how different community groups experiencing family violence have been impacted by the COVID-19 pandemic, or how their access to supports during the period of social distancing restrictions has been affected, we do recognise that there is no single model or approach that will be suitable statewide. Moreover, further community-focused research is required to develop evidence information ad tailored responses and additional support packages.
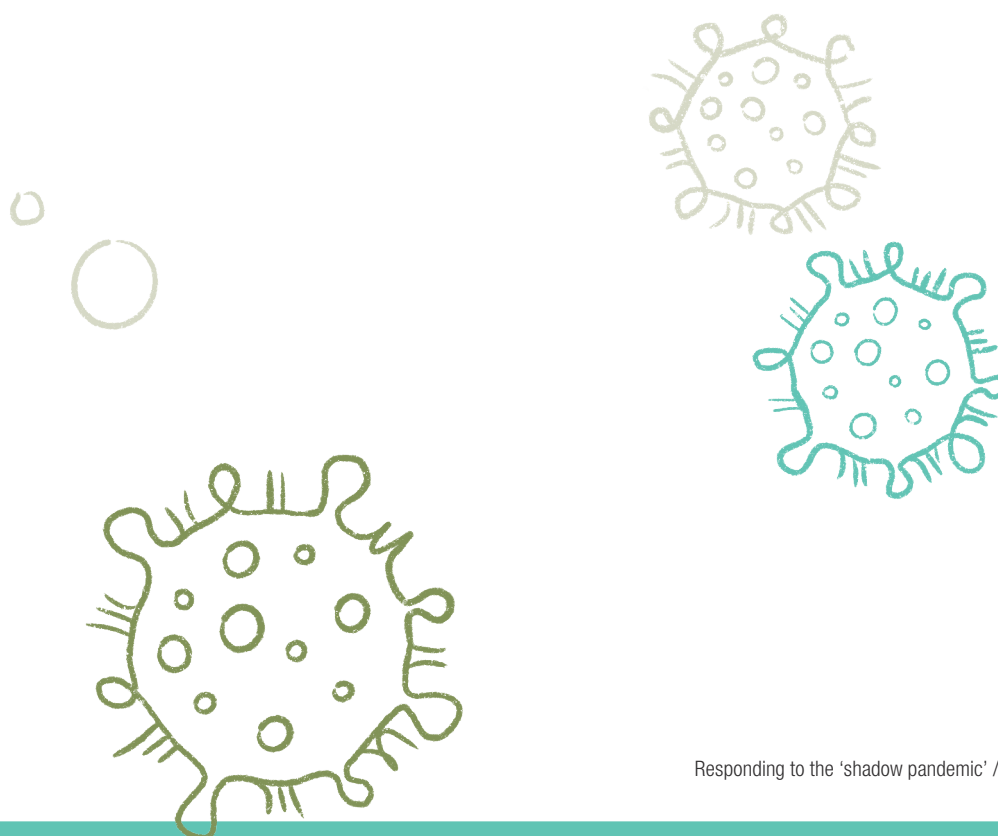
Conclusion and next steps

The Australian and Victorian Governments' response to the COVID-19 pandemic, albeit necessary to ensure the health of the community, has heightened the risk of violence for women and children and compounded barriers to help seeking. This study has sought to gain early insightsinto the impact of COVID-19 restrictions on the prevalence and nature of violence as well as women's help-seeking behaviours.

This report documents the common concern among Victorian practitioners that the COVID-19 shutdown phase has led to an increase in the frequency and severity of violence against women alongside an increase in the complexity of women's needs. It examines practitioner views on new forms of intimate partner women that have emerged during this period, including enhanced tactics to achieve social isolation and forms of violence specifically relating to the threat and risk of COVID-19 infection. While service innovations have occurred across Victoria, practitioners also recognised that for many women experiencing violence during this period, there was a reduction in the ability to seek help. In instances where contact with a support service was established, practitioners identified numerous challenges to providing supports, undertaking effective risk assessment and carrying out safety planning during the COVID-19 restrictions phase.

These findings have significant funding and resource implications, which were recognised and commented on widely by survey respondents. As the gendered impacts of the COVID-19 pandemic, including the economic implications and the restrictions imposed, become more apparent there will be a need to ensure that services responding to women experiencing violence are adequately resourced and funded to meet increased demands in terms of the sheer number of women requiring support and the complexity of the needs of those women and their children.

A small number of practitioners expressed a concern that as the state and federal governments move into reopening and recovery periods, the needs of the family violence sector 'will drop off the political agenda'. This research begins to document the clear reasons why this must not happen. Since the establishment of the Royal Commission into Family Violence in 2014, the Victorian Government has shown a sustained commitment to securing the safety of Victorian women and children impacted by violence. This commitment is now more important than ever before, and the Government must work with those services providing response to ensure that the evolving needs of victim/survivors are met.

The next stages of this project will continue to build understandings of the impacts of the COVID-19 pandemic on women's experiences of violence and their help-seeking behaviours. All stages of this research will remain cognisant of the gendered impacts and inequalities that continue to arise from the COVID-19 pandemic.
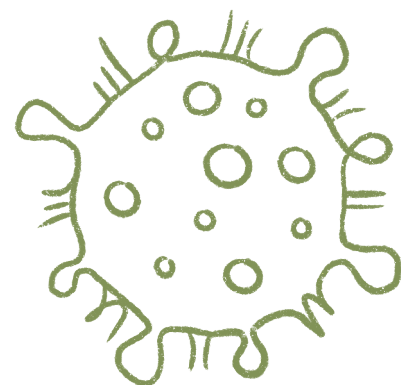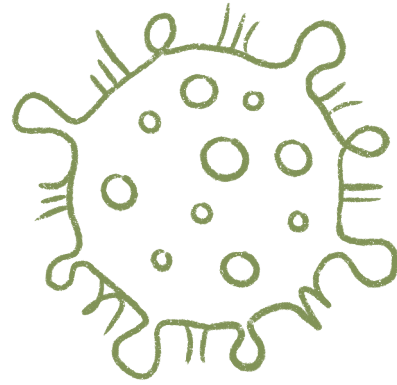
This summary intends to inform ongoing efforts by Government and the sector to best support women and children experiencing family violence during the COVID-19 pandemic. We acknowledge the need for significantly more research into this area and we hope that this study, which provides vital insights into practitioner views and experiences during the COVID-19 restrictions, contributes to building the evidence base needed to continue Victoria's leadership in driving innovative and whole of system responses to women and children experiencing family violence.
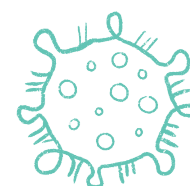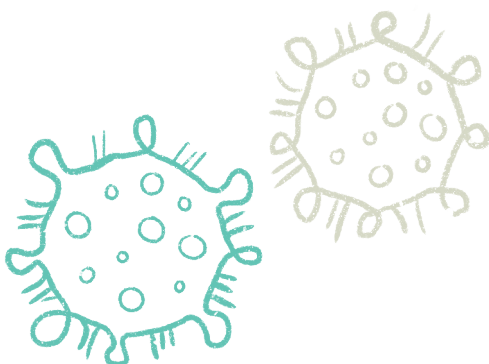
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