

Responding to Queensland's 'shadow pandemic' during the period of COVID-19 restrictions

Practitioner views on the nature of and
responses to violence against women



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We hope that this Report will help further understandings of responses to, and support for, women experiencing violence during the period of restrictions, and of women's ongoing needs as Queensland phases towards easing public health restrictions.

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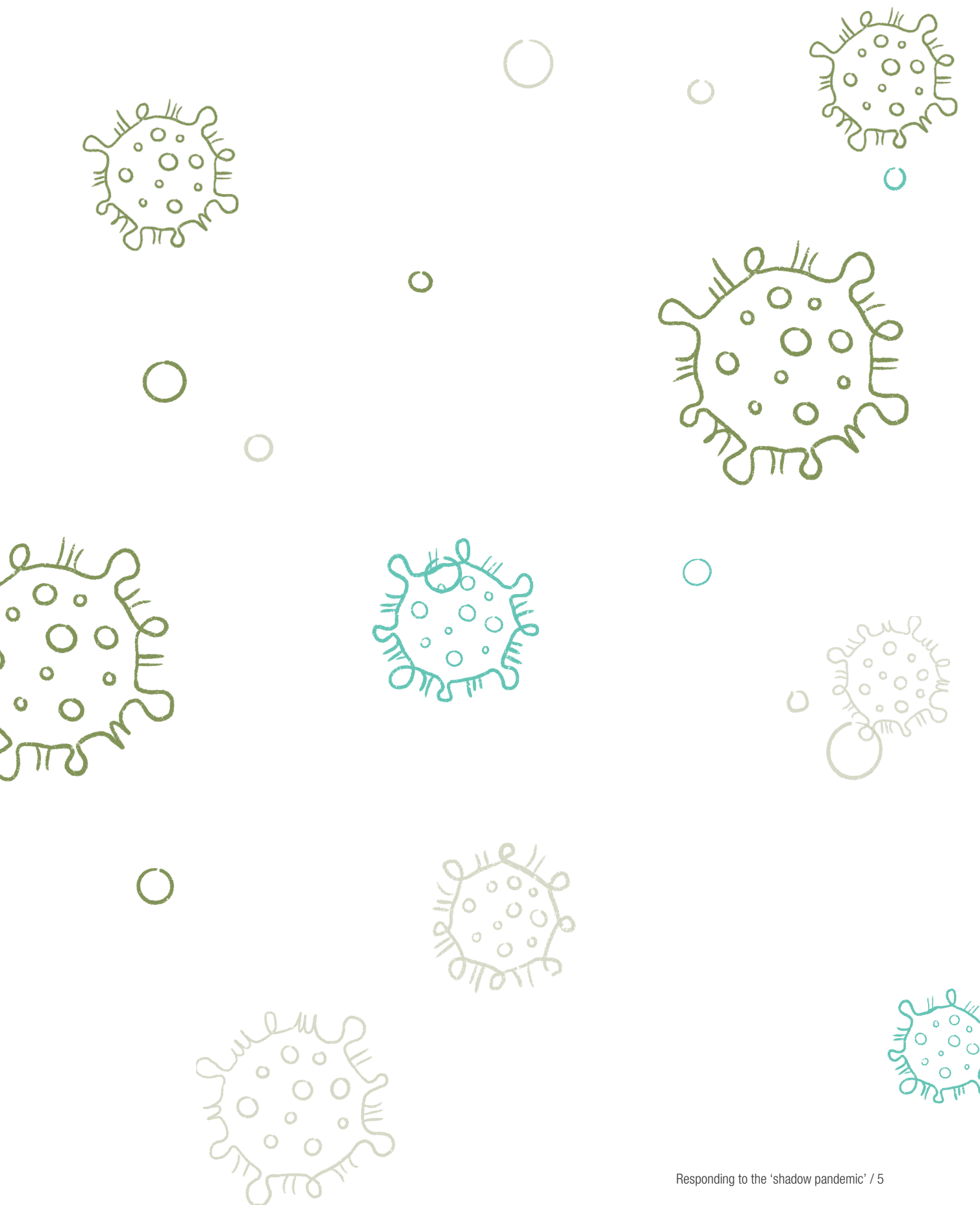
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Acronyms

AFM	Aggrieved Family Member
CALD	Culturally and Linguistically Diverse
DFV	Domestic and Family Violence
MBCP	Men's Behaviour Change Program
MGFVPC	Monash Gender and Family Violence Prevention Centre
QDVSN	Queensland Domestic Violence Services Network
QPS	Queensland Police Service
RCFV	Royal Commission into Family Violence
SDG	Sustainable Development Goals
UN	United Nations
UNFPA	United Nations Population Fund
UNICRI	United Nations Interregional Crime and Justice Research Institute
UNODC	United Nations Office on Drugs and Crime
VAW	Violence against Women
WHO	World Health Organisation

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Executive Summary

In April 2020, the United Nations Executive Director of UN Women, Phumzile Mlambo-Ngcuka, labelled violence against women the 'shadow pandemic' (UN Women, 2020b), in recognition of the heightened risk that women and children face during the global health pandemic and the difficulty of continuing prevention and response efforts during this period. The UN declaration reflects growing recognition among non-government organisations, academics and policy stakeholders of the increased vulnerability of women to all forms of gender-based violence during the COVID-19 pandemic (Graham-Harrison, Giuffrida, Smith and Ford, 2020; Home Affairs Committee, 2020; Pfitzner, Fitz-Gibbon & True, 2020; Piquero et al., 2020; True, Davies and Stone, 2020).

Data analysed in late April 2020 by the United Nations Population Fund (UNFPA) predicted that for every three months that government-enforced COVID-19 restrictions continue, an additional 15 million cases of domestic violence will occur worldwide. At the same time, progress towards achieving the 2030 UN Sustainable Development Goal (SDG) 5, on gender equality with a target to end gender-based violence, is predicted to be cut by one third.

In the first weeks of March 2020 Australia, like many other countries worldwide, entered into a period of government-directed restrictions, which included stay-at-home orders, physical distancing restrictions and the closure of a significant number of community services. With more people confined to their homes in an effort to reduce the community transmission of COVID-19, the risk of violence against women and children has increased, while access to support services has reduced.

This Report presents the findings from two surveys conducted by the Queensland Domestic Violence Services Network over a ten-day period in April (15 April to 24 April) and a two-week period in May 2020 (8 May to 22 May). The surveys sought to capture the professional views and experiences of practitioners responding to women experiencing violence during the period of COVID-19 restrictions in Queensland, Australia. Data collection for the Second Survey occurred during the Stage 1 easing of restrictions which began on 15 May, 2020.

The Queensland practitioner surveys reveal that the COVID-19 pandemic has contributed to:

- an increase in client numbers
- an increase in the complexity of client needs
- an escalation in controlling behaviour and manipulation reported by women
- an increase in reported perpetrator anger/violence allegedly due to reduced income or loss of job due to COVID-19
- additional pressure and stress on practitioners as a result of the transition to remote work and increased service demand as indicated by increased reporting

These findings mirror and lend further support to Victorian research published in early June (Pfitzner, Fitz-Gibbon and True, 2020), and contribute to a growing evidence base in Australia and elsewhere which documents the impact of the COVID-19 pandemic on women and children's safety, freedom from violence and help-seeking capabilities (see also Piquero et al., 2020; True, Davies and Stone, 2020). The Report also draws further attention to the innovations that have been required of practitioners responding to women experiencing violence during this period and the need to ensure that additional resources are devoted to supporting this work during the easing of restrictions and Australia's recovery from the pandemic. In the final section of the Report we discuss the funding and resource implications of these findings.

Introduction

The COVID-19 pandemic and the associated control measures that have been implemented to slow the spread of the virus have increased women's vulnerability to all forms of gender-based violence. While the World Health Organisation (WHO) and many countries have published 'stay home, stay safe' campaigns to accompany the introduction of government-imposed restrictions, research by the United Nations (UN) shows that the 'home' is the most dangerous place for women and children worldwide (UNODC, 2018). With a significant number of people confined to their homes in order to reduce the community spread of COVID-19, the heightened risk of violence against women and children has emerged as a global concern. Reflecting this in April 2020 Executive Director of UN Women, Phumzile Mlambo-Ngcuke, labelled violence against women the 'shadow pandemic' (UN Women, 2020b). Recently released data by UNFPA (2020) predict that for every three months the lockdowns continue an additional 15 million cases of domestic violence will occur worldwide.

On 22 March 2020, the Australian Government introduced a period of lockdown, which included stay-at-home orders, physical distance restrictions and closure of non-essential services (Knaus, Wahlquist & Remeikis, 2020). Emerging evidence from this period demonstrates that Australia is no exception to the 'shadow pandemic' phenomenon (Pfitzner, Fitz-Gibbon and True, 2020). This Report contributes further evidence by documenting women's experiences of escalated violence during the pandemic. The heightened risk of violence against women during this period reflects the known drivers of men's violence against women including unemployment, financial instability, increased use of alcohol-drugs, declining mental wellbeing and housing insecurity (Fitz-Gibbon and Meyer, 2020). The heightened risk of violence during crisis reflects findings from earlier research on the impacts of the 2008 Global Financial Crisis (True, 2013; UNICRI, 2015) and Australian bushfires (Parkinson and Zara, 2011, 2013) on increased rates of violence against women.

The increased prevalence of violence against women in Australia during the COVID-19 restrictions heightens an already significant problem impacting the wellbeing and safety of women and children. In 2015 family violence was declared a national emergency in Australia. In the five years following, there has been significant political attention and reform activity directed at improving responses to family violence and prevention efforts. 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 addition to recognising the increased risks to women's safety arising from government-imposed COVID-19 control measures, practitioners' supporting women experiencing violence during this period have been required to rapidly transition their services to remote delivery. This disruption in service delivery and avenues for engagement with women and children is highly concerning at a time when there is a well-established heightened risk of violence. However, the development of new modes of service delivery and engagement practices during this time also provides an opportunity to understand how hard-to-reach populations can be engaged during and post-COVID-19. While the specific risks contributing to an increase in rates of violence will vary across jurisdictions internationally, the immediate requirement for service innovation has been universally experienced. In the second half of this report, we critically examine the challenges and opportunities of service delivery during this period with

the aim of capturing and sharing learnings and strategies that may assist in better understanding how we engage and offer safety supports to hard-to-reach women and children experiencing violence both during and beyond the COVID-19 pandemic.

About the surveys

This Report presents the findings of two practitioner surveys conducted by the Queensland Domestic Violence Services Network in April and May 2020. Data collection involved two anonymous online surveys used to capture the voices and experiences of practitioners responding to women experiencing violence during the COVID-19 restrictions in Queensland, Australia.

The survey instruments were developed and administered by the Queensland Domestic Violence Services Network (QDVSN). Each survey combined a series of short demographic questions with multiple choice questions. The questions invited practitioners to reflect on the impact of COVID-19 on their clients' needs, experiences of violence and service gaps as well as their service delivery and individual experiences as frontline practitioners during this time. Survey participants could choose to answer some or all of the survey questions and were able to select multiple answer options for some questions. Survey One provided a snapshot of DFV client and service needs in Queensland during the shutdown period and Survey Two explored emerging issues from the first survey. Following completion of the data collection and collation, QDVSN entered into a data-sharing agreement with the Monash Gender and Family Violence Prevention Centre (MGFVPC) Research Team.¹ This Report reflects the deidentified data shared with the MGFVPC Research Team and their analysis of that data set.

Survey One

Survey One ran for a ten-day period from 15 April to 24 April 2020 and was administered through the survey development software Survey Monkey. The survey was promoted through the Queensland Domestic Violence Services Network. A total of 56 Queensland DFV practitioners completed Survey One. They comprised of 41 frontline workers and 15 service provider representatives. The most commonly identified work locations were regional (n=23) and outer-metropolitan (n=13) areas of Queensland followed by rural (n=10), inner-metropolitan (n=6) and remote Queensland (n=5). Respondents in both surveys were able to select more than one work location.

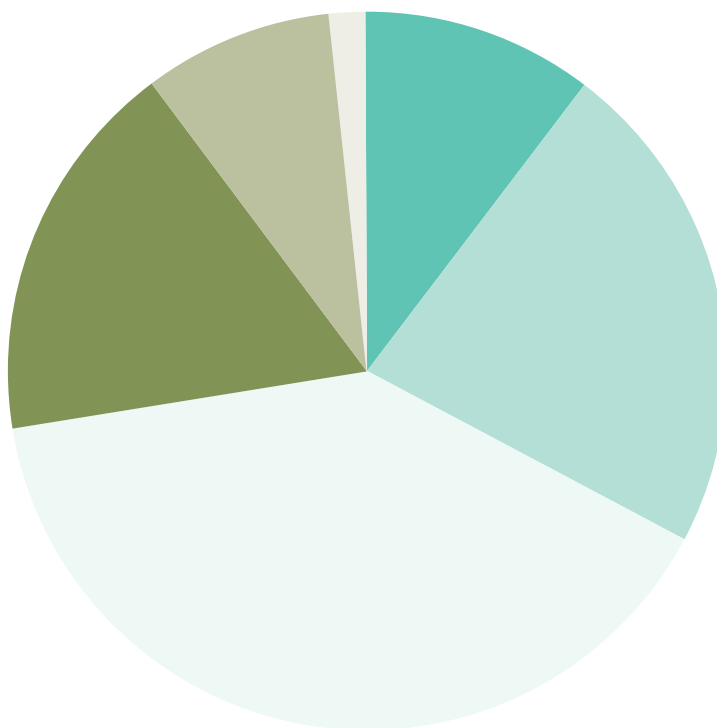
Survey Two

Survey Two ran for a two-week period from 8 May to 22 May, 2020. The survey was administered through the survey development software Survey Monkey and responses were received from 117 Queensland DFV practitioners. 80% of the Survey Two practitioners said they were frontline workers and 20% said they were a service provider (n=119). As with Survey One, the most commonly identified work location for Survey Two practitioners was regional Queensland (n=51). The next most common work base was inner-metropolitan (n=30), outer-metropolitan (n=28), rural (n=12) and remote Queensland (n=2). Practitioners responding to Survey Two were able to select multiple answer options for some questions.

¹ Monash University Human Research Ethics Committee Project ID: 24323

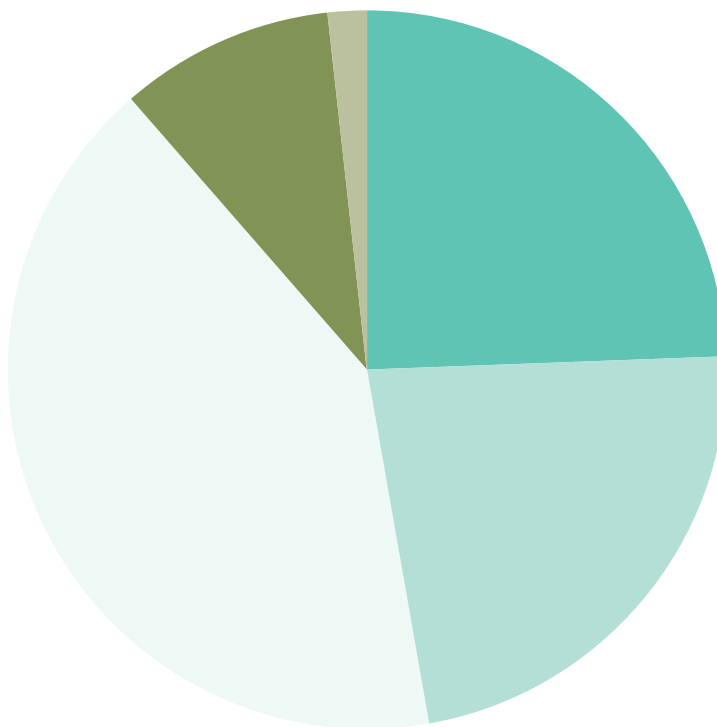
Survey One Work Location

- Inner metropolitan
- Outer metropolitan
- Regional
- Rural
- Remote
- Other



Survey Two Work Location

- Inner metropolitan
- Outer metropolitan
- Regional
- Rural
- Remote
- Other



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

Domestic and family violence practitioners reported that COVID-19 has led to:

- An increase in client numbers
- An increase in the complexity of client needs
- An escalation in violence

This section provides an analysis of Queensland DFV practitioners' views on how the COVID-19 pandemic, and specifically the stay-at-home restrictions, impacted on women's experiences of violence. Our analysis draws from the findings of Survey One and Survey Two.

The escalation of violence during the COVID-19 pandemic

Respondents across both surveys reported that the COVID-19 pandemic has impacted client's experiences in a multitude of ways. Just over a third of Survey One respondents (36%, n=20) said that COVID-19 has led to an escalation of violence for their clients. Concerningly, while Queensland eased the coronavirus lockdown restrictions in May (Queensland Government, n.d.), this perceived escalation in violence experienced by women continued with almost double the numbers of practitioners in Survey Two (70%, n=82) identifying this as the key issue for their clients.

Describing the escalation of violence observed from client presentations during the pandemic, Survey Two practitioners reported the following forms of abuse as being perpetrated:

- 81% reported an escalation of controlling behaviour and manipulation (n=94)
- 49% reported an escalation of perpetrators using COVID-19 as a reason for any form of abuse (n=57)
- 36% reported an escalation from non-physical to physical forms of abuse (n=42)
- 33% reported an escalation of perpetrators' threats to kill the client (n=38)
- 28% reported an escalation of clients' suicidal ideations (n=33)
- 21% reported an escalation of perpetrators' threats to children (n=24)
- 20% reported an increase in clients' visits to the emergency room/hospital due to an injury from violence (n=23)
- 9% reported an increase in clients' visits to doctors/GP clinics (n=11)
- 9% reported perpetrators' abuse towards children that had not been experienced before the pandemic (n=11)

This observed escalation in violence during the pandemic is captured in the comments of several survey respondents, who described an increase in the

“The themes coming from clients are that there is no escape from the perpetrator. Before, she would at least get some time when he is at work or out. But now what I’m hearing is that he is home all the time, and that means more abuse and no reprieve.”
Survey Two respondent

severity of violence experienced by clients along with a reduced ability of clients to get respite from their abuser due to being restricted to a home shared with their perpetrator:

Seeing an increase in strangulation. (Survey Two respondent)

Increased number of threats to burn home down or threatening to burn partners and children. (Survey Two respondent)

In addition to this, practitioners perceived escalation in violence across both points of data collection. Survey Two data highlighted that three months into the period of restrictions clients increasingly presented additional concerns. Seventy-Six per cent of Survey Two practitioners (n=89) said that clients were experiencing an increase in mental health issues and 53% (n=62) reported an increase in drug and alcohol use. Likewise, the economic impact of COVID-19 on women experiencing violence became apparent at this point with 75% of Survey Two practitioners (n=88) reporting employment and 69% (n=81) housing as key concerns for their clients during the pandemic. This practitioner view supports mounting evidence of the ways in which COVID-19 is exacerbating existing gender inequalities. The specific implications this will have on women in terms of housing, job and income insecurity, health and wellbeing are beginning to emerge (Milford & Anderson, 2020; OECD, 2020).

Forms of violence against women during the COVID-19 pandemic

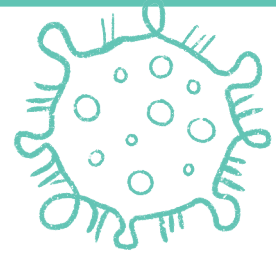
In Survey One, conducted in April 2020 during the early stages of the lockdown in Queensland, practitioners reported that clients were experiencing forms of abuse directly related to the COVID-19 pandemic. Practitioners responding to Survey Two were asked to nominate forms of COVID-19 related abuse from a list of seven items and/or to describe the form of violence in an open-text response. Practitioners reported the following forms of violence against women experienced by clients during this period:

- 83% reported an increase in perpetrator anger/violence allegedly due to reduced income or loss of job due to COVID-19 (n=95)
- 68% reported perpetrators' having more time to drink or take drugs due to a reduction in work (n=77)
- 68% reported perpetrators using COVID-19 as a reason to not allow her to leave the home (n=61)
- 10% reported perpetrators threatening to infect their partners and/or their children (n=11)
- 9% reported perpetrators threatening to bring infected people to the house (n=10)
- 6% reported perpetrators not letting their partner use a hand sanitiser or stopping her from protecting herself and/or her children (n=7)

In addition practitioners utilised the open text option to describe examples of COVID-19-specific abuse tactics:

Abusive partner pressuring client for unwanted sexual intimacy as abuser is unable to continue extra-marital relationship/s due to COVID-19 restrictions. (Survey Two respondent)

Increased financial control and restrictions on allowing her to go to work due to [the] virus. (Survey Two respondent)



Using COVID-19 to not allow her to return to work. (Survey Two respondent)

These quotes mirror the findings from earlier Victorian research (Pfitzner, Fitz-Gibbon and True, 2020) and strengthen the case that perpetrators of intimate partner violence and other forms of violence against women have adapted their abusive behaviours to take advantage of the pandemic. Practitioners' comments describe how government-enforced restrictions have been utilised by perpetrators to further control and isolate their victims.

Violence against women and children during the COVID-19 pandemic

Many practitioners reported that perpetrators have used children and the COVID-19 pandemic to exert control over women's access to, and time spent with, their children, and as a reason to vary existing shared parenting contact arrangements. This form of controlling behaviour is captured in the following Survey Two practitioner comments:

Use of children – threatening to/withholding children due to COVID-19. (Survey Two respondent)

Threatening to withhold the children from her and using social distancing rules as an excuse for this. (Survey Two respondent)

Refused to return children to the mother using COVID-19 as a reason. (Survey Two respondent)

Increased intensity of gatekeeping behaviours with child contact – even stopping phone contact. (Survey Two respondent)

“Threatening to not take precautions, refusing to wash their hands [and] social distance, and threatening to spit/ cough on members of public when out with woman.”

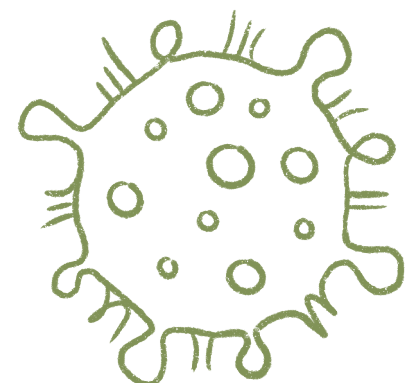
Survey Two respondent

Research has repeatedly shown that a substantial number of women experiencing DFV have children in their care. Child-centred research on DFV has repeatedly identified that children growing up in households with DFV witness abuse in a variety of ways, which has detrimental effects on their safety, development and wellbeing (Campo, 2015; Edleson et al., 2003; McTavish et al., 2016). Reflecting this, from the outset of the COVID-19 restrictions, national and international advocates voiced concerns for children's wellbeing and the risk of children being weaponised by perpetrators to exercise further control over a partner or ex-partner (Fitz-Gibbon and Meyer, 2020; United Nations, 2020). While perpetrators commonly use children to coerce and control their victims (Bagshaw et al., 2011; Campo, 2015; Holt, 2017), the practitioner reports presented here indicate that the COVID-19 pandemic has increased opportunities for perpetrators to do this. These findings indicate the ways in which the COVID-19 restrictions have facilitated an increase in coercive and controlling forms of DFV post-separation and substantially affected women and children's lives throughout the pandemic to date.

A small number of practitioners in the second survey noted that COVID-19 restrictions have limited their ability to effectively engage and support children experiencing family violence during the pandemic. While practitioners reported that most adult-focused services transitioned to remote delivery (e.g. telephone and online services), they noted the challenges of engaging with children via remote communication and delivering certain child-specific support services:

Hard to therapeutically engage with young children through the use of Zoom services. (Survey Two respondent)

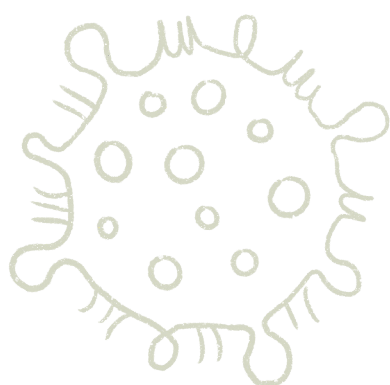
As a child and family counsellor a lot of my work has been in schools. COVID-19 has impacted how I can successfully deliver child support services due to





“Keeping the children with him/his family due to COVID-19, restricting contact with mother, threats to suicide, taking her extra COVID-19 Centrelink payments, limiting her and the children’s contact with supports, COVID-19 job loss leading to monitoring her contact with others in the home (phone/video chat), initiating family law after keeping the children with him due to COVID-19.”

Survey Two respondent



‘approved school programs’ (e.g. I can’t use Zoom), and organising a private room and supervision for children while I deliver a phone counselling session. (Survey Two respondent)

These concerns are significant as they highlight a potentially crucial gap in service delivery and support for children and young people experiencing family violence during the pandemic. The invisibility of children during the lockdown, while they were confined to their homes and not attending school, proves the need to ensure that during the easing of restrictions and into the period of recovery resources are directed at ensuring engagement with services and substantive outreach to at-risk cohorts.

Reduced ability to seek help

Many practitioners believed that the government-imposed pandemic control measures, particularly the home isolation directive and the economic implications of the COVID-19 restrictions, have reduced women’s ability to seek help. Several practitioners described how the period of home isolation, particularly for those women who shared premises with their abuser, inhibited women’s ability to seek support:

Less safe times to talk or seek assistance as perpetrator [is] working from home. (Survey Two respondent)

[There is a] lack of opportunity to plan a safe exit and to access service (previously partner worked, now due to job loss constant 24/7 monitoring). (Survey Two respondent).

Lack of access to resources due to increased surveillance. (Survey Two respondent).

During the early stages of the shutdown period, practitioners felt that survival took precedence over service engagement for clients. As one practitioner explained:

We do feel as if there will be an increase but that it won’t happen just yet as most people are just struggling to get through and trying to maintain food and accommodation and needs of the children as best they can and as long as possible, as the alternatives feel more unsafe right now. (Survey One respondent).

As household restrictions continued into early May 2020, Survey Two participants raised concerns that the heightened experiences of violence in the home during the pandemic may diminish women’s capacity to seek help. One practitioner stated:

I am concerned about women’s diminished capacity to reach out for support after [perpetrators] have had an extended period of time to exert and reinforce their power and control in the home. (Survey Two respondent).

Mirroring the reflections of Victorian practitioners providing support to women experiencing violence during COVID-19 (Pfitzner, Fitz-Gibbon and True, 2020), the Queensland practitioner observations indicate that the pandemic control measures have compounded barriers to help seeking. This provides further evidence into how state and federal government stay-at-home directives during the period of national shutdown, albeit necessary from a health perspective, intensified perpetrators’ isolation of victims/survivors from friends, co-workers and other essential support networks.

Service responses during the COVID-19 restrictions

The COVID-19 restrictions have raised a range of uncertainties for households and individuals across Australia. Likewise, for DFV practitioners, the restrictions have required an immediate and crucial reorienting of service delivery and client engagement. Across the two surveys, practitioners reflected on the importance of ensuring continuity of communication with existing and potential clients throughout the COVID-19 restrictions in order to manage client safety and facilitate ongoing access to relevant support services. As summarised by one practitioner:

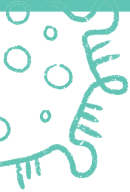
Safety planning and resource communication with clients regarding the services available for COVID-19 and domestic violence 24 hr services and also ensuring that clients are aware of the services available and ways in which there has been a change in service delivery with some services. (Survey Two respondent)

Acknowledging the significant changes and challenges experienced by DFV practitioners during this period, this section of the Report focuses on service demand and challenges. In doing so, three key issues are highlighted – the ongoing significance of the shortage of safe housing options in Queensland, practitioner reflections on policing responses to VAW during the period of restrictions, and unique issues that arise for immigrant women experiencing family violence during the COVID-19 pandemic.

Service demand

Overall, Queensland practitioners who participated across the two surveys reported an increase in client numbers and the complexity of client needs. Nearly a third of Survey One respondents reported an increase in client numbers since the COVID-19 outbreak (29%, n=16) rising to just under a half of respondents in Survey Two (43%, n=50). Another one third of respondents in both surveys reported somewhat of an increase in client numbers since COVID-19 (Survey One: 32%, n=18; Survey Two: 32%, n=38). In addition to a perceived increase in client numbers, 71% of Survey One respondents (n=40) reported an increase in the complexity of client needs since the beginning of the COVID-19 restrictions. This issue was further explored in Survey Two with 91% of practitioners (n=106) identifying that client's needs had become more complex as a result of COVID-19 and only 9% saying the increase in complexity was not related to COVID-19 (n=10).

When asked about COVID-19-related issues experienced by clients, practitioners across both surveys identified insufficient service availability as a key concern for their clients, with 20% of Survey One practitioners raising this concern (n=11) and 56% of Survey Two practitioners (n=65). In addition to practitioner concerns about the availability of services during this period, perceived deficiencies in justice responses were also highlighted by practitioners in Survey Two. Fifty-six per cent of Survey Two respondents (n=65) reported that insufficient justice responses to persons using violence was a key issue for clients in relation to COVID-19. While the survey did not seek further detail as to what was perceived as insufficient in the justice response, some data were captured on police responses in particular, explored in more detail later in this Report.



“Lack of accommodation (temporary or ongoing), transport and income are all significant issues for survivors. The sustainability of ‘motelling’ women without providing resources to shelters or other specialist services to provide an outreach service to support them seems almost impossible, especially given freezes of Department of Housing properties and the difficulty in accessing private rental properties – especially if income has been lost. ”

Survey One respondent

Safe housing shortage

During the early stages of the lockdown in Queensland, practitioners observed that attaining safe housing was a priority for their clients. Reflecting this, the most pressing service gap identified by practitioners in Survey One was the housing shortage, with 24% (n=13) reporting access to ongoing accommodation and 18% (n=10) reporting access to temporary accommodation as key services gaps. This viewpoint is captured in the following practitioner comments:

Homelessness due to ouster conditions and not being able to source appropriate accommodation in due time. (Survey Two respondent).

More housing for domestic and family violence victims. (Survey Two respondent)

In the second survey, some practitioners did recognise that there had been a government contribution to securing more safe housing options for women experiencing violence during the period of the pandemic (Department of Housing and Public Works, 2020; Queensland Government, 2020), however the temporary nature of the accommodation offered was highlighted as problematic and the need for further funding was emphasised:

Happy they have injected some money into housing but there is no planning around what will happen once they leave emergency accommodation. (Survey Two respondent)

Further funding to support frontline workers that provides face-to-face support to women who have left and are immediately supported into crisis accommodation. We need a clothing and food allowance to support women with no income. (Survey Two respondent)

These comments align with the views of Victorian practitioners during the COVID-19 restrictions (Pfitzner, Fitz-Gibbon and True, 2012) and also build on a significant body of prior research which has documented the shortage of safe housing options for women and children in Australia (see, for example, Flanagan, Blunden, Valentine and Henriette, 2019; RCFV, 2016). Specific to Queensland, in 2015 the Special Taskforce on Domestic and Family Violence recommended that the Government expand the range of housing options available to address family violence-related homelessness for women and children, and reduce housing-related stress (Recommendation 88). This recommendation reflected documentation of the problems associated with overcrowded housing, limited emergency and affordable permanent housing options, lack of access to appropriate housing for CALD communities, and challenges arising from the funding arrangements for shelters and refuges (Special Taskforce, 2015).

Given growing recognition of the gendered impacts of Australia's post-COVID-19 recession (Ribeiro, 2020), practitioners concerns surrounding the lack of affordable, accessible and permanent housing options for women experiencing violence are critical. Prior to the COVID-19 pandemic, DFV was recognised as a key contributor to women and children's homelessness in Australia (Special Taskforce, 2015; Tually et al., 2018). If significant resources are not dedicated to ensuring the availability of emergency and long-term safe housing options in Australia's recovery from COVID-19, then this historically high risk of homelessness will be further heightened.



Police responses

As yet, minimal evidence has emerged about the impact of the COVID-19 pandemic on the policing of DFV in Australia and elsewhere. This is not unexpected, given the short time since the pandemic began; however, understanding the extent to which police and other criminal justice responses to men's violence against women have been impacted by the pandemic is important.

Hearteningly, Queensland DFV practitioners perceived police responses to be mostly consistent during the early stage of the restrictions. Only 7% of Survey One practitioners (four out of 55 practitioners) identified inconsistent police responses as a key service gap. This issue was explored further in Survey Two. While practitioners were not asked in the second survey about the prevalence of inconsistent police responses for clients during the later stages of the shutdown, they were asked to select examples of inconsistent police responses from a non-exhaustive list that included a free text option. Responding to this question, the majority of Survey Two practitioners reported a lack of empathy and understanding of the complexities of DFV among police (81%, n=92). Police not taking out Police Protective Notices or Domestic Violence Orders on behalf of Aggrieved Family Members (AFM) (64%, n=73). Perceived inappropriate responses (56%, n=64) and not considering appropriate criminal charges (56%, n=64) were the other top responses.

Several practitioners provided descriptions of what they perceived to represent policing inconsistencies unique to policing DFV during the COVID-19 lockdown. These views are captured in the following survey excerpts:

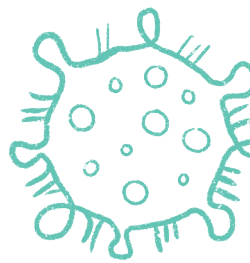
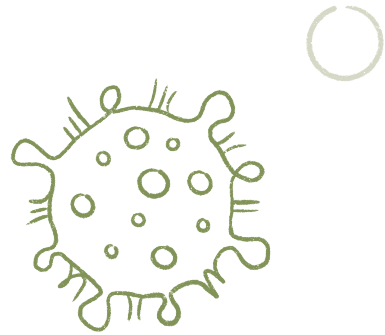
Police refusing to remove perpetrators and saying that he can't go anywhere else because of COVID-19. (Survey Two respondent)

Reduced communication between relevant stakeholders. Due to COVID-19 restrictions, I'm currently unable to provide court support to women or engage in usual integrated response activities, which is a critical component of my usual role. (Survey Two respondent)

Building on the second excerpt captured here, another practitioner emphasised the importance of information sharing between the police and specialist services during the pandemic, commenting:

Increased information sharing between Queensland Police Service and DV services are needed during these times. With perpetrators being home more often and [with] more time to track down and locate victims it is important that DV workers are kept well informed from QPS on the perpetrator's whereabouts, current charges & court outcomes, etc, to assist workers in being able to tailor appropriate safety plans. (Survey Two respondent).

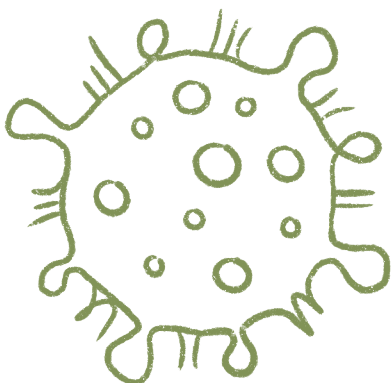
In the qualitative responses, several practitioners also noted a perceived lack of action specifically in response to the breaching of domestic violence orders, inadequate police understandings of mental health issues and their presentation, and victim blaming. However, it was unclear from the data collected in the second survey the extent to which this was viewed by DFV practitioners as a problem exacerbated by the COVID-19 restrictions, or whether this represented long-held frustrations prior to the pandemic.





“There are also a number of survivors who may be in Australia on a student or work visa who have been stood down or cannot continue their studies but have also experienced domestic violence in their intimate personal relationship but are not eligible for financial supports or to access the domestic violence clause that is available to those on a partner visa.”

Survey One respondent



Responding to family violence experienced by immigrant women

Several practitioners in Survey Two highlighted the severe financial vulnerabilities of women on temporary visas who are experiencing violence during the pandemic, describing incidents of ‘visa abuse’ and ‘threats to cancel visas’. In their discussions about services gaps during the period of restrictions, practitioners noted the lack of financial support available to these women, reporting that they are falling through the cracks in government COVID-19 response. Practitioners commented that:

CALD women with no income [have] no access to basic financial support to maintain accommodation/pay essential bills [for] food. (Survey Two respondent)

Seeing more cultural women that have no access to any income. (Survey Two respondent)

Discussing DFV service delivery during the COVID-19 pandemic, one practitioner suggested the introduction of welfare checks for migrant women, explaining that a lack of knowledge of legal protections against DFV is a barrier to escaping violent relationships. This practitioner commented:

I would like to see a mandatory check-in with cultural women and children migrating/coming to Australia, as very often these women are isolated once they arrive and have no education around our laws. I am told often by cultural women, “If someone would [have] told me that sooner I would [have] been able to leave”. (Survey Two respondent)

Work by Segrave (2017) has highlighted the differential experiences of family violence and related supports by immigrant and refugee women in Australia. The Queensland DFV practitioner observations captured here indicate that these variances have been exacerbated during the pandemic, specifically in regards to the availability and accessibility of support and response options. Previous research has shown that migrant women and girls are at heightened risk of gender-based violence and sexual exploitation and abuse during times of crisis, such as the Ebola pandemic (UN Women, 2020a). Furthermore, migrant women often work in the informal economy, such as the domestic assistance and personal care sectors, with limited or no employment contracts and entitlements or the ability to work from home (Segrave and Maher, 2020; UN Women, 2020a). Aligning with these findings, the Queensland survey results indicate that the COVID-19 pandemic will likely heighten pre-existing income, housing and food insecurities for immigrant and refugee women in Australia while also increasing the barriers to help seeking faced by those women experiencing family violence. For some women these barriers are further exacerbated due to their temporary visa status. Segrave and Maher (2020, see also Gleeson, 2020) have recently drawn attention to this specific issue, emphasising that ‘our response as a nation to family violence must not be limited by someone’s visa’.

Service innovation in Queensland responses to DFV

Like many other service areas, DFV specialist services had to act swiftly during the initial stages of the COVID-19 restrictions to ensure ongoing client support, engagement and safety. As social restrictions prevented face-to-face service delivery victim support and perpetrator intervention services reoriented to deliver many of their services via online and telephone counselling. In May, at the time of the Survey Two data collection, Queensland DFV practitioners reflected on a range of innovative service approaches that they had implemented or observed within the sector, including:

- A shift to online counselling
- Online men's behaviour change programs
- Increased cross-sector collaboration with Child Safety
- An increased outreach service to install safety features on clients' homes

Survey participants noted that some of these innovative approaches greatly benefit clients and may therefore be useful to retain after the COVID-19 restrictions as a way of continuing to offer clients more flexible and accessible services. This view is illustrated by practitioners' comments about the contemporary benefits of online counselling services:

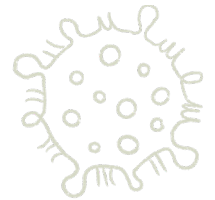
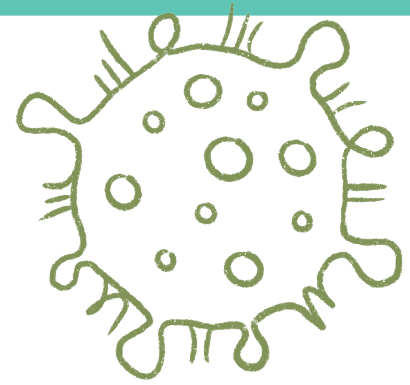
Giving families the option to deliver online therapy is an opportunity for families who are time poor, don't have to sit in after-school traffic while mother is busy attending to other matters in the home, offers vulnerable families a way to receive therapy for their children when they don't have the costs to be able to make into the centre are benefits of online therapy. (Survey Two respondent)

I find that lots of barriers are solved when we do video calls, [including] more engagement from clients (don't worry about travel time, car, petrol money, parking costs). (Survey Two respondent)

As communication with clients moved increasingly to text and telephone contact in relation to organising appointments during the restrictions, service providers described creative ways of connecting with clients to confirm appointments without creating safety concerns. Practitioners reflected on the risks of communicating with clients who were increasingly isolated with their abusers, many of whom were known to increasingly monitor victims' use of phone and social media communication. To ensure that regular communication with clients did not raise perpetrators' suspicions around victims' help-seeking or potential separation plans, service providers opted for text messaging and the use of non-identifying service labels. As one practitioner explained:

Booking shorter appointments with less time in between and texting clients from [a] non-identifiable phone using generic-like text messaging to ascertain when safe to call ... Especially with increased phone monitoring and perpetrator inability to confirm appointment through current GP clinic due to privacy law. All clients have been happy with this system. (Survey Two)

Similarly, survey participants working with abusive men or in a women's advocate role within men's behaviour change services commented on how restrictions around face-to-face service delivery affected their area of practice while also creating new opportunities for service engagement:



Online groups for men are working well. COVID-19 provided the opportunity to open up the online groups for men that were restricted from accessing face to face. (Survey Two respondent)

The remote delivery of men's behaviour change programs (MBCP) and (ex) partner contact to manage the safety of women and children linked to men in such programs offered new opportunities for engagement during the restrictions. When delivered remotely, these contacts were not restricted by geographic and time challenges associated with face-to-face client meetings:

Obtaining Women's Advocate Consent for men who are newly referred or waitlisted when we would normally not be engaging the aggrieved until after the assessment and as the man is coming closer to attending group, Women's Advocate Consent is usually gained during the face-to-face assessment with the perpetrator. This is adding increased oversight and links for victims with our women's advocate to respond to risk in real time. Allocating our additional funds to the Women's Advocate role we feel has had the potential to improve safety for many more women. (Survey Two respondent)

These types of service innovations may lead to improvements in future service delivery in the men's behaviour change space post COVID-19 restrictions, especially for clients in remote geographic areas. Given the heightened invisibility of perpetrators during the period of restrictions, it is important to examine the benefits of any innovations which maintain contact with perpetrators and ensure ongoing engagement (see also Fitz-Gibbon, Burley and Meyer, 2020).

In their responses to Survey Two, Queensland DFV practitioners also commented on wider service innovation across related service areas. One practitioner, for example, noted how child-safety responses to women and children in temporary accommodation had improved during COVID-19 in their local catchment area to ensure that women and children fleeing violence still had access to essential care items:

Use of express post and couriers to get things to women ASAP when we have no face to face and car at the moment. Working with other agencies to get things delivered and needs met. I think we have seen some great responses from some Child Safety staff [in our local area] at this time. Child Safety Officers taking families toiletries, food and blankets at night while motelling, Child Safety admin organising resources, Child Safety staff advocating with other services for systems responses that limit pressure on the survivor. (Survey Two respondent)

Practitioners also described how their own service delivery had to be expanded and adjusted during a time when other services did not visit clients' homes to provide the usual supplies and physical safety measures. This adaptability in the range of services and supports offered is captured in the following excerpt:

We have needed to be more flexible and responsive by doing things like driving to regional areas to do ER drop-offs and meeting women in their homes to assist with installation of safety upgrades. This is way beyond what we normally have capacity for but has been necessary due to lack of other timely options. It would be great to have the resources to be this responsive moving forward. (Survey Two respondent)

This example of how services have pivoted in response to the COVID-19 restrictions shows promise for clients beyond the pandemic. However, as illustrated above, such service innovations require resourcing beyond current funding and staffing levels.

The challenges of remote service delivery during the COVID-19 restrictions and workforce implications

The Queensland practitioner survey data demonstrates the ways in which the DFV sector has innovated, adapted and flexed in the early months of the COVID-19 pandemic to best ensure the safety of women and children experiencing violence. This has not been achieved without challenges, and indeed the work required has had implications for the wellbeing of the specialist DFV practitioner workforce. In this section we examine these two focuses.

Challenges of supporting women during the period of restrictions

The majority of DFV practitioners who responded to Survey One, which was conducted in April 2020 during the shutdown period in Queensland, said that they had halted face-to-face service delivery (73%, n=41) with only 14% of Survey One practitioners (n=8) reporting that they were providing face-to-face client services. In considering what impact the loss of face-to-face delivery has had on their clients, a small number of practitioners observed that the alternative services adopted due to the COVID-19 restrictions had limited client engagement and support. Reflecting on the impact of service adaptation during the pandemic, these practitioners explained that:

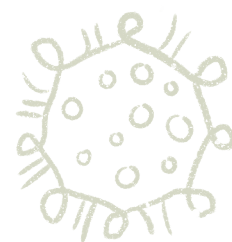
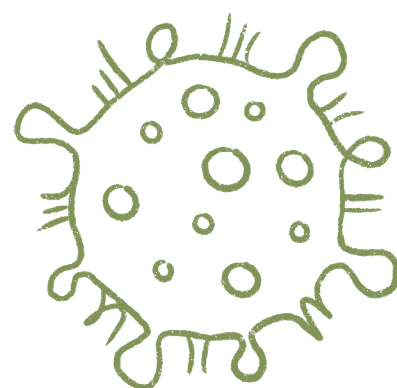
Missing the assessment information which you get from working face to face and in the home. You can't see the hole in the wall, the bruise on her jaw, the fear in the kid's eyes when dad's name is mentioned. (Survey Two respondent)

The physical work environment makes adequate social distancing not possible for everyone. Group work, which is an important part of our service provision, is impossible due to a very small group room which makes social distancing impossible. (Survey Two respondent)

While only expressed by a very small number of practitioners, these concerns are not insignificant and demonstrate the need to rigorously examine and analyse the value of remote service delivery if such practices are to continue as restrictions ease and Australia moves into a period of recovery. Likewise, given the risk of a second wave of infection and/or future crises that present barriers to face-to-face delivery, all learnings on the limits and/or benefits of alterations to service delivery made during this period will be important to capture.

Wellbeing considerations for DFV practitioners during the period of restrictions

The two surveys revealed that the transition to remote work alongside an increased demand from services during the COVID-19 period of restrictions has contributed to additional pressure and stress for DFV practitioners in Queensland. Responding to a question about key service delivery issues during COVID-19, almost one third of Survey One respondents (29%, n=16) reported that additional pressure and stress on staff together with adapting to working from home (29%, n=16) were key concerns for their service. At an individual



“I feel like we are all in a bubble that is set to burst very soon, in terms of capacity. And when it does burst, I don’t know what it will look like but I know who will pay the ultimate price – victims.”

Survey Two respondent

work level, 25 out of 54 Survey One practitioners similarly reported that they felt higher pressure working during COVID-19 (46%) while 24% (n=13) said they had insufficient capacity to meet demand.

When asked about the use and availability of support systems for those working remotely during this period, 14 out of 55 Survey One respondents identified a need for regular remote engagement with their team. Echoing concerns about heavy workloads, 17 of the 32 DFV practitioners who responded to Survey One (53%) identified the need for increased staff resources to assist with keeping workloads manageable. The toll on the DFV workforce during this period and under these conditions is captured in the following practitioner comments:

I feel less trusted as a frontline worker when working from home. I’m working unpaid overtime and skipping lunch breaks most of the time. What we’re doing from home is unsustainable. Staff are fatigued. (Survey Two respondent)

I have already used a week of personal leave due to potential burn out. The impact on domestic violence workers needs to be considered by government. (Survey Two respondent)

Several practitioners noted a decline in their own mental health during this period. For some practitioners the difficulty of working in this space during this period was specifically attributed to doing so from home:

It has been difficult separating work and home while we are working from home. I have incorporated a physical transition from when I start and finish work. I go for a walk, or have a shower, or stand in my garden to mentally and physically separate the two. (Survey Two respondent)

Work feels less human and it’s like your selfhood that gets expressed in consults, and dual work, and just being in a space with other professionals from different streams just isn’t as alive. It feels less whole, working from home. (Survey Two respondent)

Beyond the individual impact of the move to remote work, practitioners also reflected on the challenge for organisations and services which at the outset of the restrictions were required to ensure availability of the equipment and technology to support service delivery from home and also to navigate the challenges of information sharing remotely. As one practitioner described:

COVID-19 has posed challenges such as adjusting to working from home, providing workers with equipment to work from home. Normally my team are co-located within another service, so working from home has posed challenges in communication and sharing of information. (Survey Two respondent)

There were, however, also some positive reflections offered by DFV practitioners in their responses to Survey Two and a sharing of strategies used to ensure practitioner self-care, team support and regular contact with colleagues. The positive experiences of practitioners working during this period are captured in the following excerpts:

Regular team lunches and catch-ups via video call to stay connected and help prevent burn out. (Survey Two respondent)

I feel like my workplace has been incredibly supportive and when I’m working

from home, I still have team members to debrief with by phone or video chat which has helped keep me sane. (Survey Two respondent respondent)

Using an app like "Teams" has helped keep regular contact with my team, it has enabled us to continue to have morning musters and team meetings. We have also used similar software to carry our integrated response meetings with multiple agencies. (Survey Two respondent respondent)

I believe virtual meetings through mediums such as Teams have immense value and that WFH is able to be done in most roles. (Survey Two respondent respondent)

A small number of practitioners also specifically noted that participation in training opportunities was more possible during this period given the online delivery. As two practitioners commented:

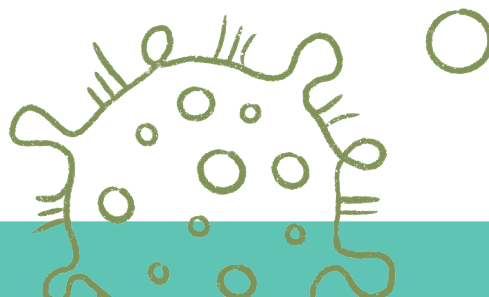
Training via Zoom has allowed staff to be able to attend more training opportunities. (Survey Two respondent)

It's great to have webinars and online training sessions more readily available from other services so we can connect with each other and learn about what we all do. (Survey Two respondent)

Establishing these opportunities for collegiality and support as well as enhanced training participation appeared crucial for DFV practitioners working during this period, particularly at the outset of the pandemic when the transition to remote work was underway. Overall, the survey findings indicate that the rapid transition to working from home and remotely supporting women experiencing violence during the pandemic is having a significant toll on some practitioners. The wellbeing of and support for practitioners working remotely to support women experiencing violence needs to be a priority as we move forward in our response to COVID-19.

“Self-care generally in this field is done well where a culture of self-care is fundamental to the organisational culture and structure. Recognition of the work that colleagues provide is commendable and further so where great teams are supported by great management and funding bodies who support care of staff as a priority. A well-oiled and cared for machine is sustainable... keep the dopamine flowing so that the passion remains as a great investment for my colleagues who try to avoid burn out or vicarious trauma.”

Survey Two respondent





Supporting practitioners to work remotely during COVID-19: Queensland Centre for Women & Co. practice case study

The Centre facilitated the transition to remote work by:

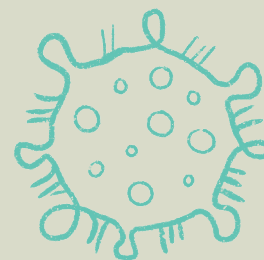
- Ensuring staff had access to equipment to enable remote work by allowing staff to take CFW-supplied equipment from work to use at home and purchasing of additional laptops
- Providing IT support to staff to help set up remote workstations
- Updating their server to allow remote access by their workforce and to meet increased demand
- Allowing flexible work hours to enable workers to manage the competing demands on the household during the COVID-19 crisis, particularly those with primary carer responsibilities, including children at home

The Centre has used a range of engagement strategies to support practitioners when working from home, including:

- Weekly CEO check-ins and update emails
- Fortnightly CEO catch ups with all staff
- Weekly leadership team meetings to assess mood among workers and identify what needs to pivot in their remote response

The Centre has delivered a range of wellbeing supports over the period, including:

- Employing a counsellor to provide counselling exclusively to workers and their families during this period. The counselling service can be used for both work and non-work-related issues
- Ensuring continuity of peer supervision conducted remotely via Zoom
- Reducing client workloads
- Developing return-to-work plans to address worker anxiety about returning to the office



Ongoing funding and resource needs

“I just want to reiterate the fact that for frontline domestic and family violence services, we are always busy. Especially in the media at the moment there is an emphasis on the fact that BECAUSE of COVID-19 we are busier – this isn’t necessarily the case. We have always been busy. COVID-19 presents greater challenges when responding to domestic and family violence, from engaging with women directly and supporting vulnerable populations, to our own mental health as workers, but our workload remains consistently high which points to the fact that even though we’re currently in a health crisis pandemic, we have been in a pandemic of violence against women and children for far too long.”

Survey Two respondent

DFV specialist services are currently working at or beyond capacity to address the ‘shadow pandemic’ of violence against women and children. As evidenced in this Report, the impact of COVID-19 on Queensland practitioners responding to victims of DFV and managing perpetrator risk has created an increase in demand for service delivery along with a need for substantial service innovation to ensure ongoing client safety and engagement during the restrictions. This reorienting of services has important resource implications for the DFV sector, which need to be considered in terms of the sector’s capacity to respond to crises as well as ongoing management of long-term client needs relating to safety, recovery and risk.

In Survey Two Queensland DFV practitioners were asked about emerging resource needs as of May 2020. Forty-five per cent of survey respondents (n=25) identified additional staff resources to assist continuing work with clients with complex needs as critical. This was followed by resource packages required to transition agencies and organisations to effectively work from home (16%, n=9) and a need to extend current funding (16%, n=9). These three areas were viewed by Queensland DFV practitioners as the essential changes needed to support continuity of services throughout and beyond the pandemic.

Survey participants also identified the additional resources required to address perceived increases in the complexity of client needs during the COVID-19 restrictions and its impact on households and families. This viewpoint is captured in the following two survey excerpts:

Support for clients to access internet at no charge in order to do face-to-face counselling while staying home... needed from the onset of COVID-19 safety precautions. Also allocation of more monies for increased mental health needs. (Survey Two respondent)

More support re: complex ongoing need, i.e. intersection of DV and MH/alcohol and drug misuse. (Survey Two respondent)

These comments highlight the increased need to adequately resource service delivery to address the intersection of DFV, mental health, and alcohol and other



“Once services open their doors again and people become aware, they will be overrun with new and existing clients seeking support to stay safe.”

(Survey Two respondent)

drug use in victims’ recovery as well as perpetrator behaviour change work. Such demands are likely to persist as restrictions ease and during the recovery from COVID-19. Without increased resourcing of DFV services during and beyond this period, there is an increased risk that the sector will struggle to meet client support needs and mitigate the long-term effects of COVID-19 on women and children’s safety along with their physical, social and emotional wellbeing.

Beyond the need for additional funding to address the increased and more complex demand arising during the pandemic, Queensland survey participants also raised significant concerns that current service resourcing will be insufficient to cater for the anticipated increase in returning and new clients seeking support and safety during the easing of restrictions and into the recovery period. In their responses to the second survey, Queensland DFV practitioners expressed a view that once services open for walk-in and face-to-face contact and counselling there would again be an increase in demand:

All service providers are very nervous about what will be a dramatic increase for the need of services once restrictions are lifted. (Survey Two respondent)

The sector needs further funding to deal with the influx; workload for workers has been unsustainable for a long time [with] the lack of resources and services. (Survey Two respondent)

Similar concerns were raised by survey participants in relation to perpetrator interventions. While some MBCPs have been able to continue remotely, new client intake and assessment has been significantly hindered by the COVID-19 restrictions. This, combined with a perceived increase in DFV during the restrictions, strongly indicates there is likely to be increased demand for men’s support services once face-to-face service delivery and group intervention delivery recommences. Queensland practitioners voiced a number of resource-related concerns in this area, discussing the need to ensure that the easing of restrictions and recovery periods are accompanied by an increase in funding provided to men’s DFV services. As captured in the following two survey excerpts:

For Men’s Behaviour Change Program (MBCP) our concern is that there will also be a lag effect whereby in six to 12 months, once the justice system has responded to domestic and family violence events occurring now, we will have a second wave of additional referrals and incoming work, particularly for mandated clients. We also need to consider this funding for the second wave for offenders and not just the crisis. (Survey One respondent)

I am worried about the backlog of men that will need to do a group and the pressure that will be on our program for the next one to two years. As men are charged and convicted of offences during this time, it also may take some time for them to be mandated to our program. Not only do we have an increase now, we cannot service the men we have in the group so will have a backlog, but we foresee a higher demand and a lag effect as well. We feel very under pressure in how we will continue over the next few years to service our cohort given we were under immense pressure and feeling extremely under resourced even before COVID-19. (Survey Two respondent)

Practitioner concerns about how the sector will meet the increase in demand for perpetrator interventions once these resume highlight the need for additional long-term investment in whole-of-system responses to men’s violence against women. Importantly, these practitioner viewpoints illuminate the impact of the COVID-19 pandemic on DFV perpetration. Service delivery will be likely felt by the DFV sector well beyond the easing of restrictions.



Conclusion and next steps

This Report provides mounting evidence that COVID-19 restrictions, although necessary from a health perspective, have led to an increase in reported violence against women and have created a range of new opportunities for men to abuse women and their children. Unintentional facilitation of men's violence against women via COVID-19 restrictions is an evidential threat for any Australian state or territory that returns to lockdown in the instance of a second wave of the virus. While governments have sought to clarify that women experiencing violence are allowed to leave the home, Queensland practitioners' reflections of the lockdown period show that restriction conditions have contributed to a sense of no escape nor respite for women experiencing abuse. The increased severity, frequency and complexity of the violence perpetrated has undoubtedly been intensified by other gendered impacts of the virus, such as financial stress on individuals and families and increased alcohol consumption in the home.

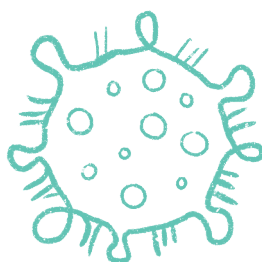
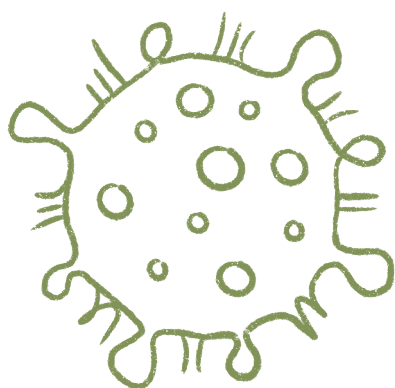
Prior to the current health crisis, family violence had long recognised as a leading contributor to homelessness for women and children (Special Taskforce, 2015; Tually et al., 2018). Our findings show that the shortage of safe housing options for women and their children escaping violent relationships has been acutely felt during the pandemic. If significant resources are not dedicated to ensuring the availability of emergency and long-term safe housing options in Australia's recovery from COVID-19, then this historically high risk of homelessness will be exacerbated.

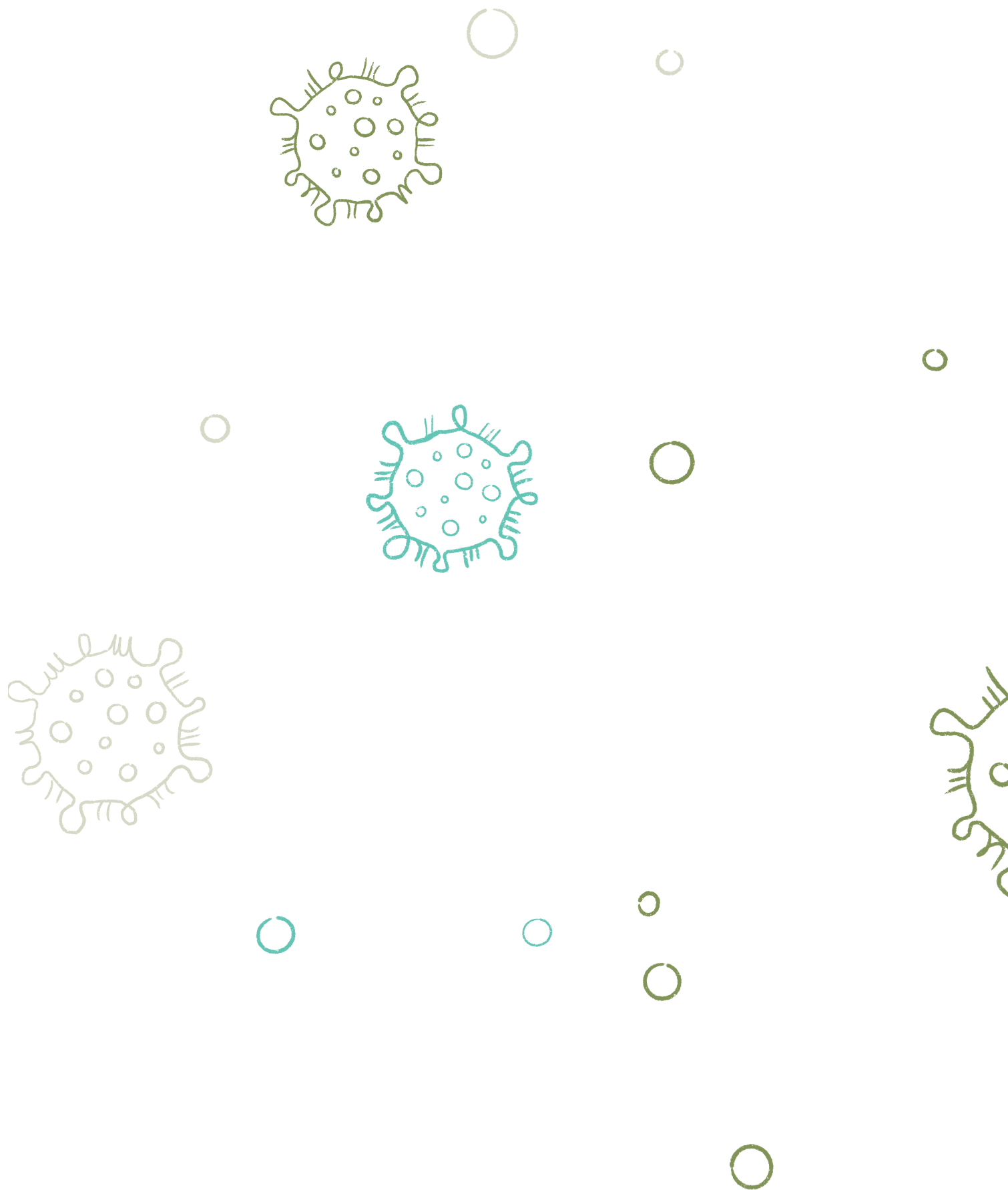
This Report reveals how DFV services and practitioners have innovated during the pandemic to meet increased and changing clients' needs. In so doing, the Report highlights new and innovative service responses developed during the pandemic that may have value for clients after the lifting of COVID-19 restrictions. These remote service delivery examples model ways in which service accessibility can be optimised when face-to-face service delivery is restricted. Even after the pandemic, some of these innovations may benefit clients who are generally hard to reach due to their regional, rural or remote geographic location. As a caveat, we note that while geographically isolated areas would also benefit from greater access to child-centred support services to assist children's recovery from DFV, challenges highlighted in this Report around the remote delivery of child-focused interventions may make this format of service delivery unsuitable, at least for young children.

This Report also lends further support to Victorian research published earlier this month (Pfitzner, Fitz-Gibbon and True, 2020), which highlighted the wellbeing implications of the COVID-19 pandemic on DFV practitioners delivering remote supports to women experiencing violence. Like the Victorian Report, practitioners' responses to the Queensland surveys reveal the toll on DFV practitioners due to physically moving this work into their home environments. It will be critically important for services and governments to support staff wellbeing during and after the COVID-19 pandemic to minimise sector burn out, fatigue and high staff turnover.

As yet there is little documented understanding of how the civil and criminal justice systems have responded to DFV during the restrictions, or of the effectiveness and impact of those responses. This Report briefly considers questions emerging from the policing of DFV during the restrictions, however, there is a critical need to understand the ways in which justice system responses have been impacted by the pandemic. Another key gap in emerging Australian DFV scholarship during the pandemic is in the area of perpetrator programs and accountability. Although this Report provides some evidence about how men's services have pivoted in response to the pandemic, greater understanding of the experiences of the men's service sector during the pandemic is required to build the evidence base on preparedness and response plans for DFV during times of crisis.

The next phase of this research will capture lessons learned by services during the COVID-19 shutdown to propel remote service innovation forward in the recovery phase and beyond. It will be attentive to the implications for practitioners' wellbeing and resourcing of the sector.





References

Bagshaw, D., Brown, T. Wendt, S., Campbell, A., McInnes, E., Tinning, B., ... Fernandez Arias, P. (2011). The effect of family violence on post-separation parenting arrangements: The experiences and views of children and adults from families who separated post-1996 and post-2006. Family Matters, No. 86, Australian Institute for Family Studies, Melbourne, Victoria

Brown, T., Bricknell, S., Bryant, W., Lyneham, S., Tyson, D., & Fernandez Arias, P. (2019). Filicide offenders. Trends and issues in crime and criminal justice no. 568. Canberra, Australia: Australian Institute of Criminology Retrieved from <https://www.aic.gov.au/publications/tandi/tandi568>

Campo, M. (2015). Children's exposure to domestic and family violence - key issues and responses. CFCA Paper No. 36, Australian Institute for Family Studies, ISBN: 978-1-76016-060-9.

Clayton, R. (2020). Family violence campaign launched as Melbourne's hospital's emergency presentations double. ABC News, 9 May. Retrieved from <https://www.abc.net.au/news/2020-05-09/victoria-family-violence-cases-double-at-melbourne-hospital/12227594>

Commonwealth Department of Health. (2020). Coronavirus (COVID-19) health alert. Retrieved from: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

Cussen, T., & Bryant, W. (2015). Domestic/family homicide in Australia. Research in practice no. 38. Canberra, Australia: Australian Institute of Criminology Retrieved from <https://aic.gov.au/publications/rip/rip38>

Department of Housing and Public Works. (2020). COVID-19: Immediate housing response fund to support Queensland's most vulnerable. Queensland Government, 22 April. Retrieved from <https://www.hpw.qld.gov.au/news-publications/news/new-immediate-response-fund-to-support-queenslands-most-vulnerable>

Edleson, J., Mbilinyi, L., Beeman, S. & Hagemeister, A. (2003). How children are involved in adult domestic violence: results from a four-city telephone survey. Journal of Interpersonal Violence, 18(1), 18–32.

Fitz-Gibbon, K., Burley, J., & Meyer, S. (2020). How do we keep family violence perpetrators "in view" during the COVID-19 lockdown? The Conversation, 28 April. Retrieved from <https://theconversation.com/how-do-we-keep-family-violence-perpetrators-in-view-during-the-covid-19-lockdown-135942>

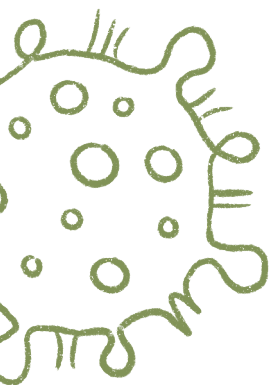
Fitz-Gibbon, K., & Meyer, S. (2020). Coronavirus: Fear of family violence spike as COVID-19 impact hits households. Monash Lens, 18 March. Retrieved from <https://lens.monash.edu/@politics-society/2020/03/18/1379841/coronavirus-fear-of-family-violence-spike-as-covid-19-impact-hits-households>

Flanagan, K., Blunden, H. V., Valentine, K., & Henriette, J. (2019). Housing outcomes after domestic and family violence, AHURI Final Report 311. Retrieved from Melbourne, Victoria: <http://www.ahuri.edu.au/research/final-reports/311>

Freeman, K. (2020). Monitoring changes in domestic violence in the wake of COVID-19 social isolation measures (Bureau Brief No. 145). Sydney, New South Wales: NSW Bureau of Crime Statistics and Research. Retrieved from <https://www.bocsar.nsw.gov.au/Documents/BB/2020-Report-Domestic-Violence-in-the-wake-of-COVID-19-BB145.pdf>

Gleeson, H. (2020). 'Domestic violence victims on temporary visas need urgent protections, expert warn.' ABC, 24 May. Retrieved from: <https://www.abc.net.au/news/2020-05-24/women-domestic-violence-temporary-visas-urgent-calls-protection/12276132>

Graham-Harrison, E., Giuffrida, A., Smith, H. and Ford, L. (2020). Lockdowns around the world bring rise in domestic violence. The Guardian, 28 March. Retrieved from: https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence?CMP=Share_iOSApp_Other



Holt, S. (2017). Domestic violence and the paradox of post-separation mothering, *The British Journal of Social Work*, 47(7), 2049-2067.

Home Affairs Committee. (2020). Home Office preparedness for Covid-19 (Coronavirus): domestic abuse and risks of harm within the home. Second Report of Session 2019-21. House of Commons, UK.

Knaus, C., Wahlquist, C. & Remeikis, A. (2020). PM announces pubs, clubs and cinemas to close, schools stay open in stage one measures – as it happened. *The Guardian*, 22 March. Retrieved from: <https://www.theguardian.com/world/live/2020/mar/22/coronavirus-updates-live-australia-nsw-victoria-qld-tasmania-cases-government-stimulus-latest-update-news>

McTavish, J., MacGregor, J., Wathen, N & MacMillan, H. (2016). Children's exposure to intimate partner violence: an overview. *International Review of Psychiatry*, 28(5), 504-518.

Parkinson, D., & Zara, C. (2011). *The way he tells it: Relationships after Black Saturday*. Wangaratta, Victoria: Women's Health Goulburn North East Retrieved from <https://www.genderanddisaster.com.au/wp-content/uploads/2015/06/Doc-005-The-Way-He-Tells-it1.pdf>

Parkinson, D. and Zara, C. (2013). The hidden disaster: Domestic violence in the aftermath of natural disaster. *The Australian Journal of Emergency Management*, 28(2), 28-35.

Pfützner, N., Fitz-Gibbon, K., and True, J. (2020). 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 Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia.

Piquero, A.R., Riddell, J.R., Bishopp, S.A., Narvey, C., Reid, J.A. and Piquero, N.L. (2020). Staying home, staying safe? A short-term analysis of COVID-19 on Dallas domestic violence. Doi: [org/10.1007/s12103-020-09531-7](https://doi.org/10.1007/s12103-020-09531-7).

Queensland Government. (2020). \$5.5m to boost domestic violence services during COVID-19 pandemic, 8 April. Retrieved from: <http://statements.qld.gov.au/Statement/2020/4/8/55m-to-boost-domestic-violence-services-during-covid19-pandemic>

Queensland Government. (n.d.). Roadmap to easing restrictions. Retrieved from: <https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions>

Ribeiro, C. (2020). "Pink-collar recession": how the COVID-19 crisis could set back a generation of women' *The Guardian*, 24 May. Retrieved from: <https://www.theguardian.com/world/2020/may/24/pink-collar-recession-how-the-covid-19-crisis-is-eroding-womens-economic-power>

Royal Commission into Family Violence. (2016). Report and Recommendations. State of Victoria, Victoria.

Segrave, M. (2017). Temporary migration and family violence: An analysis of victimisation, vulnerability and support. Melbourne: School of Social Sciences, Monash University.

Segrave, M. and Maher, J. (2020). 'Coronavirus: Family violence and temporary migrations in the time of COVID-19.' *Monash Lens*, 2 April. Retrieved from: <https://lens.monash.edu/@politics-society/2020/04/02/1379949/coronavirus-family-violence-and-temporary-migration-in-the-time-of-covid-19>

Special Taskforce on Domestic and Family Violence. (2015). *Not Now Not Ever: Putting an end to domestic and family violence in Queensland*. Brisbane Department of Communities, Child Safety and Disability Services, Brisbane.

True, J. (2013). Gendered violence in natural disasters: Learning from New Orleans, Haiti and Christchurch, *Aotearoa New Zealand Social Work*, 25(2), 78-89.

True, J., Davies, S.E. and Stone, S. (2020). Mapping the impact of COVID-19: Women,

Peace and Security Practitioners in the Indo-Pacific Region. Monash Gender, Peace and Security Centre, Melbourne, Australia.

Tually, S., Faulkner, D., Cutler, C. and Slatter, M. (2008). Women, domestic and family violence and homelessness: Synthesis Report. Department of Social Services, Commonwealth of Australia.

Tuohy, W. (2020). Helpline calls by family violence perpetrators 'skyrocket' amid isolation. Brisbane Times, 12 April. Retrieved from <https://www.brisbanetimes.com.au/national/victoria/helpline-calls-by-family-violence-perpetrators-skyrocket-amid-isolation-20200410-p54iw7.html>

United Nations. (2020). Policy Brief: The impact of COVID-19 on children. 15 April. Retrieved from: https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf

United Nations Office on Drugs and Crime. (2018). Global Study on Homicide 2018. UNODC, Austria.

United Nations Office on Drugs and Crime (UNODC). (2018). Global Study on Homicide: Gender-related killing of women and girls 2018. Retrieved from Vienna, Austria: https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Gender-related_killing_of_women_and_girls.pdf

United Nations Interregional Crime and Justice Research Institute (UNICRI). (2015). The impacts of the crisis on gender equality and women's wellbeing in EU Mediterranean countries. Italy: UNICRI Retrieved from http://www.unicri.it/news/files/VAW_draft_last_lowq.pdf

United Nations Population Fund (UNFPA). (2020). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. Interim Technical Notes. Retrieved from: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

UN Women. (2020a). Guidance Note: Addressing the Impacts of the COVID-19 Pandemic on Women Migrant Workers. Retrieved from <https://www.unwomen.org/en/digital-library/publications/2020/04/guidance-note-addressing-the-impacts-of-the-covid-19-pandemic-on-women-migrant-workers>

UN Women. (2020b). Violence against women and girls: the shadow pandemic, 6 April. Retrieved from <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

