When home becomes the workplace:
family violence, practitioner wellbeing and remote service delivery during COVID-19 restrictions

Acknowledgements

This study would not have been possible without the generosity of those responding to women and men experiencing and using family violence during the COVID-19 restrictions in Victoria. We are continually grateful for the willingness of practitioners to share their professional experiences and expertise with us via the online focus groups and survey, during particularly challenging and time pressured circumstances. We hope that this Report can begin to inform understandings of how women experiencing violence have been responded to and supported during this period, as well as of the wellbeing supports needed for those responding to family violence as we move forward in our response to the coronavirus and into the recovery phases.

We are extremely grateful to Domestic Violence Victoria for partnering with us on this phase of the research. The opportunity to discuss and frame the focus, and later the findings, of this research with Alison Birchall, Alison McDonald and Tania Farha was invaluable. We greatly appreciated their assistance with promoting our survey and focus groups to member organisations. Since the outbreak of the pandemic in Victoria there have been limited research insights into men's services in responding to family violence. We are appreciative to No to Violence for their support of this research and promotion of our focus groups to their members. Other Australian domestic and family violence organisations and services have supported and promoted our research and for that we are also thankful. In particular thank you to the Queensland Domestic Violence Service Network and Women's Safety NSW for their willingness to share data during earlier phases of this research.

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Acronyms

ANMJ	Australian Nursing & Midwifery Journal
BIS	Brief Intervention Service
CALD	Culturally and linguistically diverse communities
COVID-19	Novel coronavirus
DFV	Domestic and family violence
FVISS	Family Violence Information Sharing Scheme
IASC	Inter-Agency Standing Committee
ILO	International Labour Organisation
MARAM	Multi-Agency Risk Assessment and Management Framework
MBCP	Men's Behaviour Change Programs
SFVS	Specialist Family Violence Services
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
UNICRI	United Nations Interregional Crime and Justice Research Institute
WHO	World Health Organisation

Key terms

Victim/survivors
"victim/survivor" is used throughout this report to refer to those experiencing family violence.

Specialist family violence services
Specialist family violence services provide support to people experiencing family violence. Given the gendered patterns of family violence victimisation, their clients are primarily women and children.
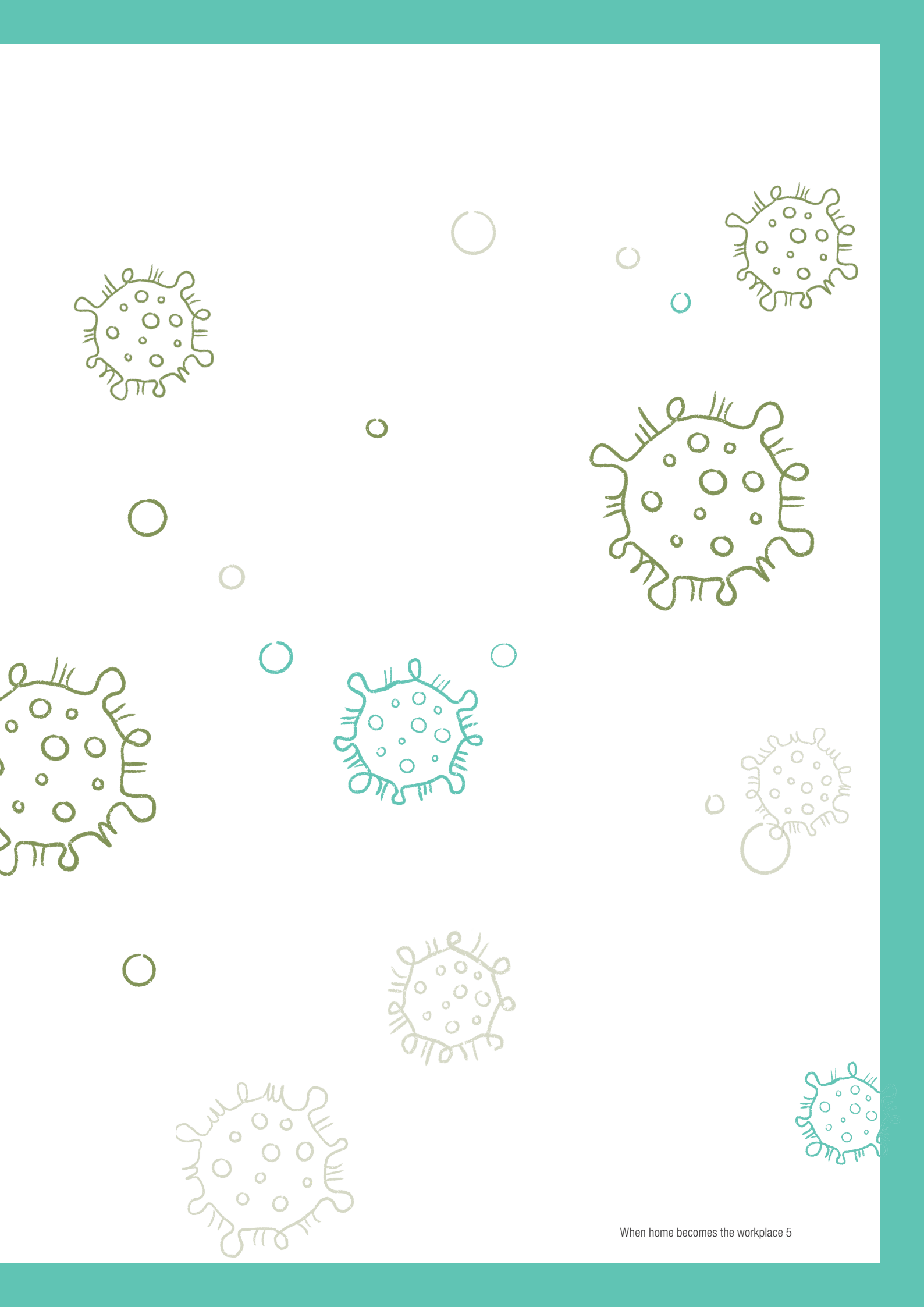
Men's services
Men's services include men's referral services and men's behaviour change programs. They provide information, referrals, counselling support and interventions for perpetrators of family violence.

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Executive summary

Following the continued increase in daily coronavirus infections in the Metropolitan Melbourne area in July 2020, Victoria re-entered Stage 3 restrictions and a State of Disaster was declared on 2 August 2020. This announcement further tightened restrictions including a nightly curfew between 8 pm to 5 am, limiting people's movements to a five kilometre-radius of their homes, restricting household shopping to one person per household once a day and a one-hour time limit on daily exercise outside the home. In Australia like many other countries, pandemic control measures have been accompanied by a recognition that family violence victims will face heightened risk while also recognising that opportunities for help seeking are limited. This has necessitated a pivot to remote service delivery for the specialist family violence and men's services sector, among others.

This Report presents the findings of a state-wide study of the wellbeing impacts of working during the COVID-19 restrictions on Victoria's specialist family violence and men's services sector; the frontline response to the 'shadow pandemic', alongside an exploration of the challenges and benefits of delivering services remotely during this period. We draw on insights gained from a survey of 113 Victorian practitioners responding to family violence and from focus groups with 28 practitioners from specialist family violence and men's services during July-August 2020.

In Australia, and elsewhere in the world, increasing attention is being paid to the impacts of the pandemic on the wellbeing of essential frontline workers. Our survey and focus group analysis revealed that responding to family violence from home during COVID-19 restrictions has, in some instances, had a detrimental impact on practitioner wellbeing. This study highlights the challenges of staying together as work teams and support units while working apart physically. Practitioners reported that they felt isolated and lonely working from home and missed the incidental support and debriefing provided by colleagues. This is usually central to their wellbeing and self-care practice when dealing with clients experiencing trauma and abuse. A consequence of stay-at-home orders has been the blurring of boundaries between work and home life leading to family violence work invading practitioners 'safe spaces'. Maintaining personal and professional boundaries was identified by practitioners as a key component of their usual mental health and wellbeing strategies. Many reported that these strategies have been significantly derailed by Victoria's restrictions on movement and time spent outside the home. In this Report we also explore several practitioner concerns associated with responding to family violence from homes shared with children and others; particularly the potentially negative impacts on the wellbeing of those other household members. Practitioners emphasised that like all of us they are working and living through a pandemic. Like many Victorians, practitioners are coping with general anxiety and stress related to the pandemic. The female dominated family violence workforce were also managing home schooling and caring responsibilities at this time.
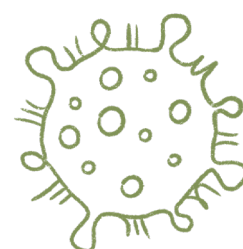
On the positive side, this study found that the move to remote service delivery models during COVID-19 has increased service accessibility for both service users and providers. Virtual platforms have enabled service delivery to greater numbers of clients with less resource allocation. Practitioners who required flexible working arrangements before the pandemic have experienced an increased sense of inclusion due to the normalisation of remote work. Workers also welcomed the ease and accessibility of online professional development opportunities. However, the transition to remote service has not been without its challenges with many practitioners lamenting the loss of visual cues provided through face-to-face work and the difficulty of assessing clients' risk and safely remotely in homes where privacy and confidentiality are not guaranteed.

This report draws attention to the wellbeing considerations for Victorian practitioners working remotely to support people experiencing and using violence during the COVID-19 pandemic. It provides critical insights into how practitioners can be supported remotely to do this incredibly challenging yet crucial work. As Victoria moves through the easing of restrictions and attempts to achieve a COVID-normal working environment in the midst of a global health crisis, the findings presented here are vital for understanding the wellbeing supports required to ensure effective and sustainable practice for family violence practitioners. The increased prevalence and risk of family violence during this period necessitates that we do everything possible to ensure that the wellbeing of practitioners working to respond to those experiencing and using family violence is supported as they provide vital services to the Victorian community.
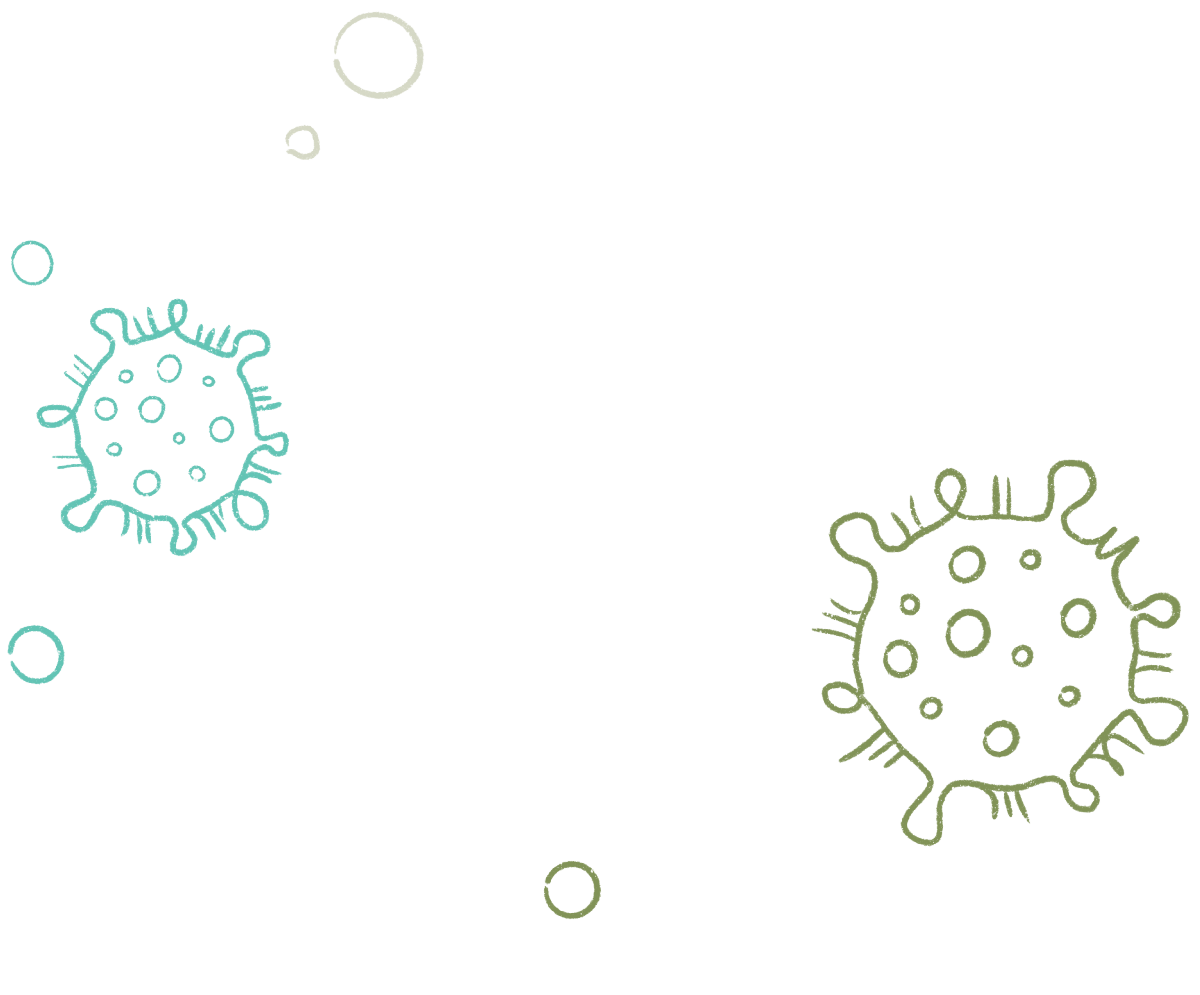
Introduction

Times of crisis and natural disasters are associated with increased violence against women and children and often with reduced access to support services (Erskine, 2020; IASC, 2020; Lauve-Moon & Ferreira, 2017; Parkinson & Zara, 2013; Peterman, Potts, O'Donnell et. al., 2020; True, 2013; UNICRI, 2015; UN Women, UNFPA, UNDOC & UNDP; 2020). COVID-19 is no exception with reports of increased DFV emerging since the first confirmed Australian case of COVID-19 in January 2020 (Boxall, Morgan & Brown, 2020; Clayton, 2020; Rmandic, Walker, Bright & Millsteed, 2020; Pfitzner, Fitz-Gibbon & True, 2020; Pfitzner, Fitz-Gibbon, Meyer & True, 2020; Tuohy, 2020c).

Data collection for this research coincided with Victoria re-entering state-wide Stage 3 restrictions and the Melbourne metropolitan area and the Mitchell Shire advancing to Stage 4. This is significant as it represents a time when mobility and opportunities for help seeking have been extremely limited, with heightened risk of family violence and where pressure upon the family violence support and men's service sectors to pivot to remote practice has been most acutely felt. Within this context, our research offers new insights into worker wellbeing and practitioner experiences of service innovation and remote delivery of support services during the pandemic. It builds upon a body of research which has examined these issues during earlier periods of the COVID-19 pandemic and other crises.

Background

The Victorian Government declared a State of Emergency on 16 March 2020 following the onset of the COVID-19 pandemic. After apparent success in flattening the curve through initial pandemic control measures in autumn, a growth in coronavirus infections triggered the Melbourne metropolitan area and the Mitchell Shire to re-enter Stage 3 restrictions on 9 July. Under Stage 3 restrictions people can only go outside their home for four permitted reasons: shopping for food and necessary goods, providing care, exercising and work or education if individuals are unable to do either from home. Two weeks after returning to Stage 3 restrictions, on 23 July the wearing of face coverings outside of the home was made compulsory in these two areas of Victoria.

Following the continued increase in daily coronavirus infection numbers a State of Disaster was declared in Victoria on 2 August and some of the world's most stringent restrictions. The entire Melbourne metropolitan area entered Stage 4 restrictions including the imposition of a nightly curfew between 8 pm to 5 am during which individuals were only permitted to leave their homes to work or to receive or provide care. Other Stage 4 restrictions include limiting people's movements to a five kilometre-radius from their homes unless they have an exemption, closing all kindergarten and day care centres except for children of permitted workers, restricting household shopping to one person per household per day and a one-hour time limit on daily exercise. From 5 August 2020 the rest of Victoria re-entered Stage 3 restrictions and the wearing of face coverings was made compulsory state-wide.

16 March

Minister for Health declared a State of Emergency in Victoria.

'If you can stay home, you must stay home'

25 March

Victoria enters Stage 2 restrictions.

23 March

Victoria enters Stage 1 restrictions. Gatherings limited to 500 people outdoors and 100 people indoors. Restaurants and cafes limited to take-away service only.

30 March

Victoria enters Stage 3 restrictions. People can leave home for four reasons:
- food and supplies,
- exercise,
- medical care and
- for work and education if individuals are unable to either from home.

12 May - 1 June

Easing of restrictions.

4 July

Postcode lockdowns begin in Victoria.

21 June

Number of home visitors reduced to 5 people & outdoor gatherings reduced to 10 people. Businesses such as restaurants. limited to 20 people.
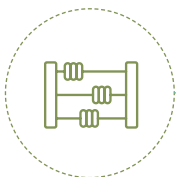
12 July

Free childcare ended.

9 July

Melbourne Metropolitan area & Mitchel Shire re-enter Stage 3. Other states and territories close borders to Victoria.

23 July

Face covering outside the home made mandatory in these two areas.

2 August

State of Disaster declared in Victoria Melbourne metropolitan area enters Stage 4 restrictions including:
- nightly curfew,
- 5 km limit on movement,
- one person per household can shop once a day.

5 August

Stage 3 restrictions enacted across the rest of Victoria & face coverings compulsory across the state.
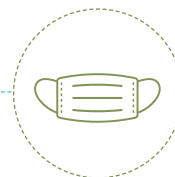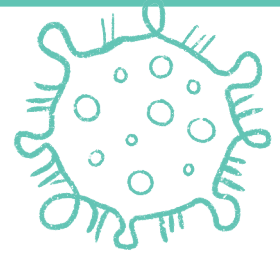
To frame our analysis and findings, in this section we provide a short review of relevant research and grey literature relating to worker wellbeing during times of crisis, the gendered impacts of COVID-19 and related service innovations.

Worker wellbeing

The wellbeing of workers in essential care services has become an issue during the COVID-19 pandemic. Much attention has been paid to health care professionals, often referred to as the first or frontline of defence against COVID-19 (ANMJ Staff, 2020; St Vincent's Hospital Melbourne, 2020). The mental health and wellbeing of the health workforce is considered critical to the fight against the novel coronavirus with significant media reporting and Government supported resources focused on this issue (Department of Health, 2020; Dow, 2020; Yaker, 2020). Similar attention has been paid to the mental health and wellbeing of health care workers in other countries, including in the United States and the United Kingdom (Kinman, Teoh & Harriss, 2020; Sainato, 2020). Declines in mental wellbeing have been associated with the challenges of working in a high-risk environment and the need to adapt to increased work volume as well as changing conditions and safety protocols (Kinman, Teoh & Harriss, 2020). Similar findings have emerged during other periods of health crisis, such as following the 2003 SARS outbreak in Hong Kong (Chua, Cheung & Cheung, 2004).

To date, the wellbeing of family violence workers has been somewhat overlooked. As with frontline health professionals, family violence workers are the first line of response to the shadow pandemic. The quality of care provided to people experiencing family violence depends on the health and wellbeing of practitioners who do this crucial work. Even in normal times working with individuals and families experiencing family violence can affect professional and personal functioning and lead to vicarious trauma and burnout (The Lookout, 2019). A 2017 Victorian family violence workforce census found that almost one third of specialist family violence practitioners were considering leaving their job due to burn out (Family Safety Victoria, 2017).

Recent research investigating the impact of the initial lockdowns in Victoria and Queensland on gender-based violence and help seeking behaviours revealed the significant toll that this workforce is paying by remotely supporting women experiencing family violence (Pfitzner, Fitz-Gibbon & True, 2020; Pfitzner, Fitz-Gibbon, Meyer & True, 2020). Practitioners in both jurisdictions reported experiencing increased stress fear of potential burnout due to the increased demand on the sector during the pandemic. Around half of the 54 Queensland DFV practitioners who completed an online survey between 15 April to 24 April 2020 reported that they felt higher pressure working during COVID-19 (26%, n=25) and a quarter said they had insufficient capacity to meet demand (24%, n=13). Aligning with practitioners' concerns about workloads and stress, nearly a third of the survey respondents said that additional pressure and stress was a key service concern (20%, n = 16) (Pfitzner, Fitz-Gibbon, Meyer & True, 2020).

In a related finding, a study by Fisher and colleagues in April 2020 investigating the prevalence of symptoms of depression and generalised anxiety during the COVID-19 restrictions revealed that individuals performing unpaid care work, the majority of whom are women, were more vulnerable to adverse impacts on their mental health arising from the COVID-19 restrictions. This study found that there had been widespread change in the usual psychological state of the Australian population with mental health issues twice as prevalent compared with non-pandemic circumstances (Fisher et al., 2020). Given the highly gendered family violence workforce in Victoria, which is 80.5 percent female,
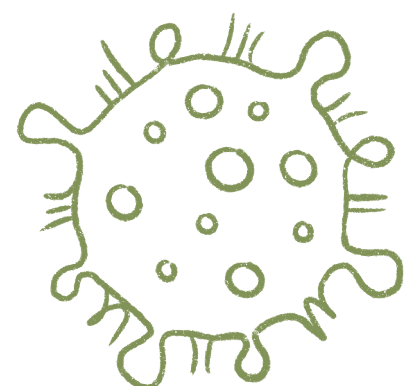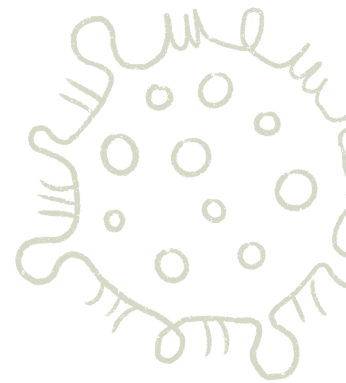
it is likely that these elevated levels of anxiety and depressive symptoms are prevalent in the family violence workforce (Family Safety Victoria, 2017).

The gendered impacts of COVID-19

The gendered impacts of the pandemic extend beyond worker wellbeing with evidence emerging that COVID-19 has exacerbated inequalities in paid and domestic work between women and men (see, inter alia, John, Casey, Carino & McGovern, 2020; Lewis, 2020; Morse & Anderson, 2020). Before COVID-19, heterosexual Australian men in de facto and married relationships with dependent children spent about half as many hours per week on child-care and housework as their female counterparts (Wilkins & Lass, 2018). Similarly, partnered heterosexual fathers in Australia participated in paid work at more than double the rate of partnered heterosexual mothers (Wilkins & Lass, 2018). Recent research has revealed that gendered differences in the proportions of paid work, care and household chores performed by men and women have persisted even when both are working from home with women assuming more home schooling and domestic responsibilities during lockdowns (Craig & Churchill, 2020; Landivar, Ruppanner, Scarborough & Collins, 2020; Power, 2020). The resulting increased care burden carried by many women since the onset of the COVID-19 pandemic has led commentators to describe women as the 'shock absorbers' of the pandemic explaining they are now performing a 'double double shift' or 'third shift' (Atabakhsh, 2020; Daniel, 2020; John, Casey, Carino & McGovern, 2020; Sandberg & Thomas, 2020).

Further, increases in women's caring responsibilities during the pandemic have coincided with their increased economic vulnerability due to the segregation of women in the sectors hardest it by coronavirus restrictions, particularly those shaped by discretionary spending such as personal care services and hospitality (Batchelor, 2020; Jericho, 2020). Analysis conducted by the McKell Institute in August found that women have lost their jobs at a higher rate than their male counterparts and that unemployment levels for Victorian women are at their highest in recent history. (Batchelor, 2020). Data from the first period of restrictions in Victoria also show that women are more likely to experience less secure and lower paid work than men and that Australia's early access to superannuation policy introduced during COVID-19 is likely to further compound the economic impact of the pandemic on women (Cranston, 2020; Batchelor, 2020). Recognition of these impacts upon Victorian women and their potential long-term financial insecurity has led to calls for a 'female-focused' budget and recovery (Tuohy, 2020d). This, alongside other indicators, has contributed to a growing recognition that progress towards achieving gender equality will be significantly stalled by the impacts of the pandemic (Mahajan, White, Madgavkar & Krishnan, 2020).

Service innovations

Restrictions introduced to counter the spread of COVID-19 in Victoria and elsewhere in Australia have exacerbated the gap between family violence service demand and the availability and accessibility of support services for those experiencing and using violence. This is a common problem during crises but unlike a bushfire or earthquake that may destroy essential service delivery infrastructure(or make leaving home necessary), COVID-19 pandemic control measures have restricted people's movement. They confine women and children to homes with their abusers while simultaneously increasing barriers to help seeking (Lauve-Moon & Ferreira, 2016; Onyango & Regan, 2020; IASC, 2020).

A global rapid review of alternative entry-points and service models to address gender-based violence during COVID-19 noted that services such as 24/7 phone hotlines and web-based service delivery models such as telecounselling and telepsychiatry have been popular responses across the globe (Emezue, 2020). Despite the relative success of such service innovations, the review noted several shortcomings. Barriers related to connectivity may be greater for particular service user groups such as rural communities, low-income users and older service users unfamiliar with digital technology (Emezue, 2020). Some victim/survivors may also perceive digital communication technologies as impersonal and be reluctant to discuss highly sensitive issues (Emezue, 2020; Erskine, 2020). Other remote-service practices that have developed specifically in response to the pandemic, utilise essential services that have remained open during lockdowns. For example in Spain, the Canary Islands Institute for Equality partnered with pharmacies on a help seeking campaign in which women could approach pharmaceutical staff and request a 'Mask-19' to signal they were experiencing gendered violence (Higgins, 2020).

Australian domestic and family violence services have similarly pivoted remote service delivery models during this period and our research has documented the emergence of a range of innovative practices and services (Pfitzner, Fitz-Gibbon and True, 2020: 13; Pfitzner, Fitz-Gibbon, Meyer and True, 2020). For example, practitioners have developed 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 (Pfitzner, Fitz-Gibbon, Meyer and True, 2020). Some agencies have also developed partnerships with Shebah, an all-women run rideshare company, to transport women and children to safe houses and alternative accommodation during the pandemic and through 'SheDrops, a goods delivery service, to deliver material aid to those unable to leave their homes due to COVID-19 restrictions (Pfitzner, Fitz-Gibbon, Meyer and True, 2020). While the effectiveness of these practice innovations to support women will emerge over time, acknowledging changes in service delivery models and practice is important to understanding how services have responded to those experiencing and using violence during this period of heightened risk.
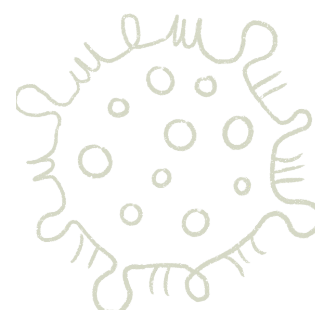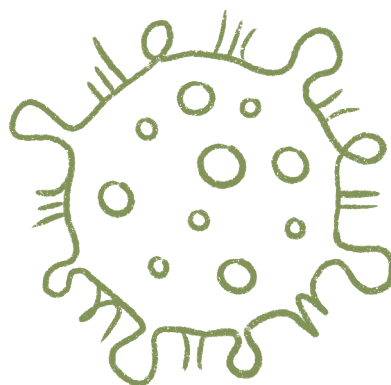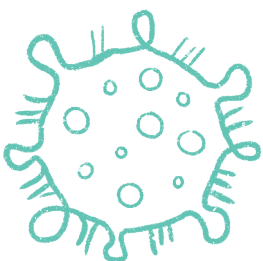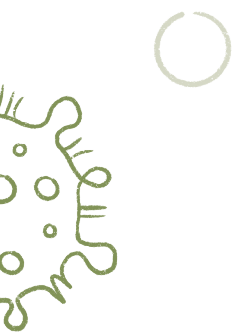
About this report

This Report presents findings from practitioner focus groups and the second of three trimonthly practitioner surveys that form part of a wider Australian project examining gender-based violence during the COVID-19 pandemic. Data collection involved online focus groups and an online anonymous survey to capture the voices and experiences of practitioners responding to women experiencing violence and to men using violence during the second wave of COVID-19 and shutdown period in Victoria, Australia.[1]

Online survey

The online survey combined a series of short demographic questions with a rating scale and open-ended questions. The questions invited practitioners to reflect on the personal benefits and challenges of working remotely, the supports needed to safeguard their wellbeing during the pandemic as well as service innovations that have emerged during this time and the infrastructure required to support these practice changes over the long term. As part of the focus on wellbeing, respondents were asked to complete the Professional Quality of Life Scale Version 5 (ProQOL).

The survey was administered through the survey development software Qualtrics and ran for a four-week period from 13 July to 9 August 2020. The survey was promoted by members of the research team, Domestic Violence Victoria and No to Violence through social media outlets (including Twitter and LinkedIn), through the Monash Gender and Family Violence Prevention Centre network, and by providing information about the survey directly to relevant organisations and agencies across Victoria. The aim was to ensure the survey was as widely accessible as possible across Victoria.

Responses were received from 113 Victorian practitioners. Respondents could choose to answer some or all of the survey questions and all survey respondents were assured anonymity as part of the consent process. While we can identify the sector and location in which the survey respondent worked, we have not collected information on the specific agency or organisation that respondents were employed by at the time of completing the survey.

Survey respondents

Practitioners worked across Victoria, predominantly in Metropolitan Melbourne (54.1%) and regional Victoria (29.4%) as shown in the figure below (n=109). 46.2 per cent of the Victorian practitioners who responded to our survey worked in specialist family and sexual violence services, 17.9 per cent in legal, justice and corrections contexts and 11.3 per cent in child and family services, as shown in the figure below (n=106). Practitioners' experience working with family and sexual violence clients ranged from less than one year to 38 years with a median of 7 years and a bimodal of 5 and 10 years (n= 97).

1 Monash University Human Research Ethics approval was sought and granted for this project (Project ID: 24323).

Figure 1:
Survey respondents by work location

- City / Metropolitan Melbourne 54.10%
- Regional Victoria 29.40%
- Remote Victoria 0.90%
- Rural Victoria 6.40%
- My work has state-wide focus 9.20%
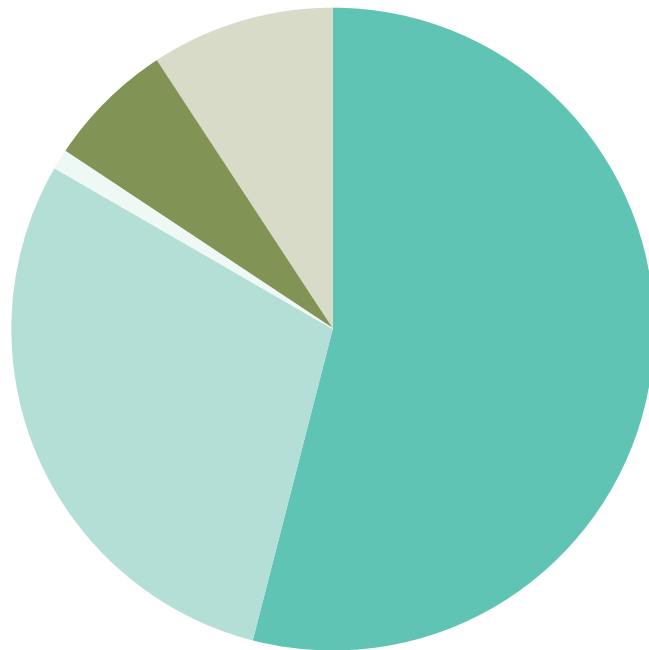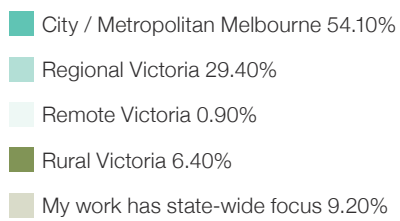
Figure 2:
Survey respondents by sector

- AOD 0.9%
- Child and Family Services 11.3%
- Educational 5.7%
- Health Services 5.7%
- Homelessness Services 0.9%
- Legal, Justice and Corrections Contexts 17.9%
- Men's Services and Men's Behavioural Change Programs 6.6%
- Mental Health Services 0.9%
- Specialist Family and Sexual Violence Services 46.2%
- Other 0.9%
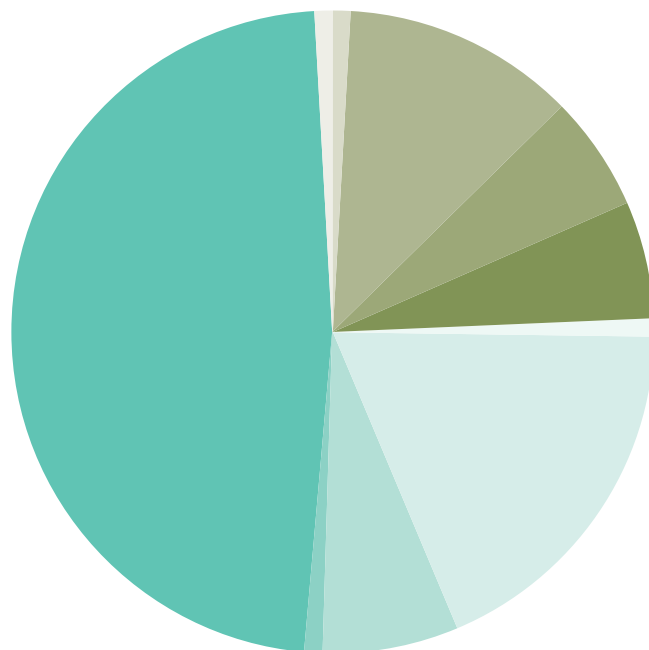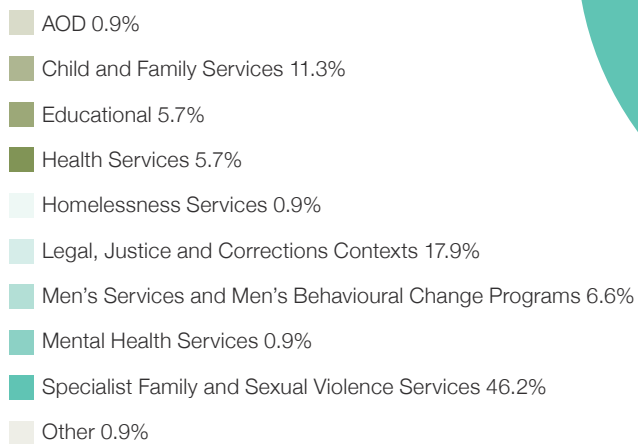
Online focus groups

To supplement the survey data, a series of online focus groups were conducted in the four-week period immediately following the survey closure in August 2020. Domestic Violence Victoria and No To Violence, the two peak bodies, facilitated recruitment of participants by promoting the focus group sessions to their members. A total of 28 workers responding to family violence in Victoria during COVID-19 participated in these groups. This included 22 practitioners from specialist family violence services and six practitioners from men's services. In total six focus groups with specialist family violence services and one focus group with men's service workers were held. Participants had the opportunity to participate in individual interviews if they preferred to so for logistical or privacy reasons. Three participants opted for this alternative participation mode.

The focus groups and interviews were semi-structured with respondents answering open-ended questions on worker wellbeing and service innovations (Kitzinger, 1994; Kvale, 1996). Given the ongoing imposition of COVID-19 restrictions in Victoria throughout the period of data collection, the focus groups and interviews were held via the online platform Zoom. All focus groups and interviews were, with consent, audio recorded and transcribed verbatim. The focus groups ran for around 90 minutes and on average the interviews were 45 minutes long.

Data analysis

Following completion of all data collection, data from the focus groups, interviews and the survey were collated and thematically analysed to develop a thick description of the benefits and challenges of working remotely during the pandemic as well to document services innovations.

Drawing on approaches outlined by Bazeley (2013) and Miles and Huberman (1994), a two-stage coding process using NVivo 20 qualitative analysis software was undertaken. First level coding involved descriptive coding labelling passages of data with codes that summarized the data segments (Bazeley, 2013; Miles & Huberman, 1994). Second-level coding was built on these summaries, refining, interpreting and grouping them into smaller analytical categories, themes or constructs (Bazeley, 2013; Miles & Huberman, 1994). This approach allowed the research to explore the interrelatedness of data within and across themes in order to construct meaningful explanations (Bazeley, 2013). This two-stage coding process is cyclical with researchers constantly moving from data to description to analysis (Bazeley, 2013; Miles & Huberman, 1994). During this process, to ensure anonymity of all research participants, the interview and focus group transcripts were de-identified. Pseudonyms are used throughout this report indicating whether the individual participated in the survey or focus group and is a specialist family violence worker or a men's service worker.
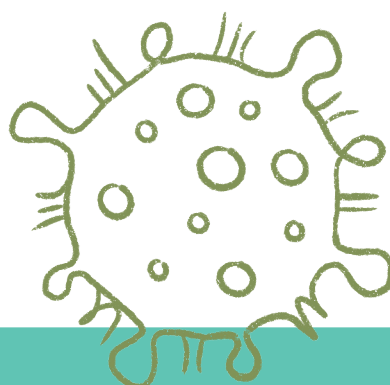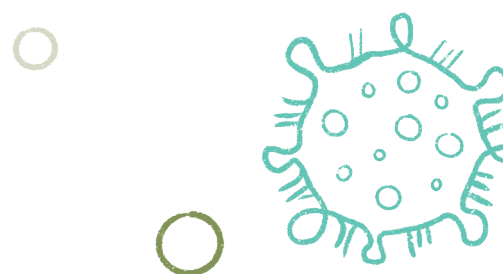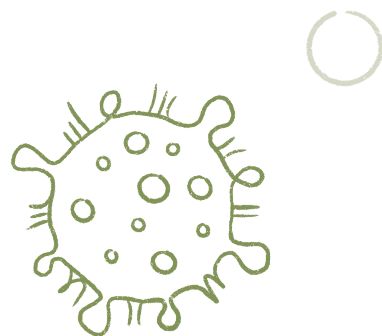
Worker wellbeing

I think it's like that saying of fitting your own oxygen mask first, it holds true in this situation as well. That we need to be taking care of our workforce to allow us to be able to support women and children that are, we know are at increased risk at the moment.
(Specialist family violence services worker)

In recognition of the emerging research, and media and political commentary about the wellbeing impacts of the pandemic on frontline workers, a central focus of this research was to better understand the wellbeing impacts that the pandemic has had on Victoria's specialist family violence and men's service sector. This section explores the extent to which undertaking this work during the pandemic has weighed on practitioners, the degree to which the need to complete this work from home has impacted wellbeing, including the implications of undertaking this work from home in shared spaces, and adequacy and efficacy of supports provided. Findings are presented as three thematic categories: feeling the weight of this work, staying together while working apart, and living and working through a pandemic.

Feeling the weight of this work

I was thinking that with the first one, first lockdown, wave, it felt like a bit of a novelty. Like people were going, "Oh yeah, it will nice not to go into the office, stay in my PJs, or work in my trackies," or whatever else. And it just felt like it was very different to this second lot now. I think now people are definitely much more depleted, people are kind of going, "When's the end going to be in sight?"...It definitely does feel heavier this time around and harder to get through for everybody.
(Specialist family violence services worker)

Analysis of the survey and focus group responses revealed that several aspects of remotely responding to family violence from home were having detrimental impacts on practitioner wellbeing. These are discussed below in relation to three sub-thematic categories: holding risk and working longer, invading practitioners' safe spaces and perpetual pivoting.

Holding risk and working longer

There's a lot of hoops to go through to get from A to B all of a sudden because of all the restrictions in place…I actually described it yesterday that it felt like someone had just poured a heap of concrete on my shoulders because my client had put so much trust and – just all onto me, and I literally felt that weight and it was like okay, it's up to me to do this for her now.
(specialist family violence services worker)

In focus group discussions, many practitioners talked about feeling the weight of their work. One special family violence practitioner said: 'The same work does feel heavier. The work is the same; it feels a bit more heavy'. Another specialist family violence practitioner talked about how the COVID-19 restrictions in Victoria have inhibited traditional client engagement strategies. They explained that reduced client contact has increased safety concerns leading workers to feel the weight of managing risk at this time. They worker commented that:

> Whereas previously we might have employed a strategy of just dropping by to visit a client, now I think if a client's not engaging there's that real concern about what's happening for them and how long it's been since a worker has actually sighted them to know how they actually are, and if they're ok. I think definitely workers are carrying that weight and I think yeah, I'm really conscious of the impact of that on workers as well, having to sit with that uncertainty and try and find ways of sort of doing what we can to manage risk. (specialist family violence services worker)

Concern about workers holding risk remotely and isolated from colleagues was raised by a number of practitioners. As two practitioners said:

> I'm really concerned about the health and wellbeing of our workforce and I'm really concerned about the additional workloads that are coming through…Staff are stressed about holding that risk for women and children so the vicarious trauma on the staff is a huge issue to us. (specialist family violence services worker)

> It's more isolated. You can't turn to your colleague and say "What's happening with this person" or "How can we get some more support around the perpetrator so that the woman has less pressure?" Even though, of course, we were able to call our colleagues, it felt different working from home and holding those stories on your own and holding that risk differently, working in a remote way. (specialist family violence services worker)
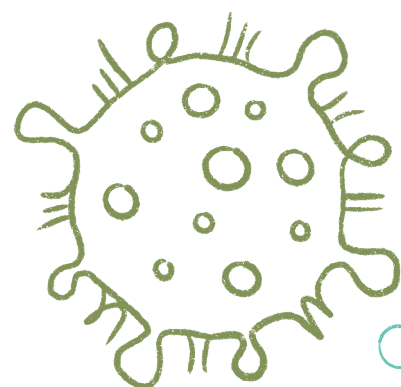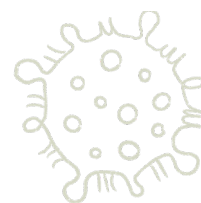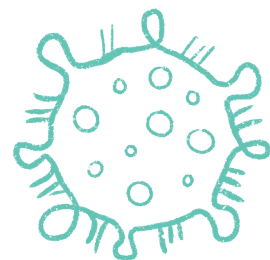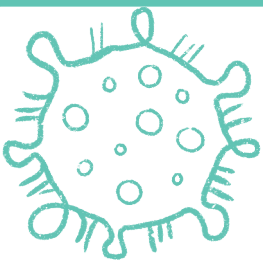
This sense of holding and managing risk individually was reported by many practitioners. Discussing their experience of managing risk during the pandemic, one focus group participant commented that:

I can think of an example two weeks ago where the situation escalated for my client and I had to get involved with the Family Violence Unit and book crisis accommodation and there was a whole bunch of stuff. So if I was in the office there would be four or five other people involved and they would all be supporting me with this so I wouldn't be holding it [risk] alone. But given the escalation and the timeframe I held that myself for four days, and it was really challenging. At the end of four days when she was safe and things had settled I fell into a heap. You could say that I could've reached out but in the grand scheme of things I didn't have time to stop and make that phone call and say, "Hey, this is getting really tough." I just had to get what I had to get done. So that's a huge difference from the office where you can just say, "Help me, this is going on, things have ramped up" and everyone just jumps in. (specialist family violence services worker)

Lifeline, a national mental health charity that provides 24-hour crisis support services, has reported a 25 percent increase in calls this year with a 30 percent increase in calls from Victoria when the state moved to Stage 4 restrictions (Kinsella, 2020). Similarly, one family violence practitioner working in the mental health sector remarked on the increase in mental health help seeking during the pandemic. Noting the common co-occurrence of mental health issues and family violence they explained that the mental health sector has had to quickly upskill in family violence. This practitioner noted the challenges of mental health workers addressing safety concerns with perpetrators commenting that:

They do feel like they're holding that risk…the intensity of the violence. Most of our people [clients] don't move from the home because they're either carers or it's a son or a daughter or whatever's happening. It's really quite a tough space…So you know, how do we do those safety planning? How do we do that? We're working with the perpetrator. I don't want to lose my rapport. So there's lots of questions that are coming up and they feel like they're holding that so they can see that someone's escalating and now marrying that with the family violence risk is tough. Okay, someone's gone off their meds. We know when they go off their meds this may well happen. So when we analyse that risk, so again, like we talked about they're carrying both of those… (specialist family violence services worker)

A men's service worker talked about the pivot to phone engagement to hold men in behaviour change programs during the COVID-19 restrictions explaining that this practice change is resource intensive and exhausting. They commented that:

Our biggest challenge was obviously it [phone engagement] was so resource-intensive and whilst we feel like it was probably the best thing we could have done at the time, we also really acknowledged that it was not sustainable, and it was absolutely exhausting work. We also obviously - so many considerations that we had to be aware of as well. We actually had our facilitators still coming into the office to make those calls…so we had either myself or the practice leader in the building at the time that those calls were taking place as well, just so that the facilitators were supported so that if any concerns were to come up during those calls that there was an extra person on hand that we could manage any situation that we needed to in a really timely manner… (men's services worker)

Increased workload

Linked with reports of holding risk, many practitioners observed that they were working longer hours to meet the increased demand on the sector and to navigate disruptions to service pathways because of the COVID-19 restrictions.

I found myself at times working longer hours. (survey respondent)

Difficulty setting boundaries around work, working more hours than normal. (survey respondent)

Similarly, practitioners explained how service disruptions have extended the time taken to complete tasks, as one focus group participant said:

A lot of the time I feel like I've got heaps of case notes to do and referrals to write, and like people have been saying everything takes 10 times as long because instead of going into the manager or the finance guy and having them sign it you've got to fill out a form and scan it, photograph it, send it, wait for it to be emailed back. (specialist family violence services worker participant)

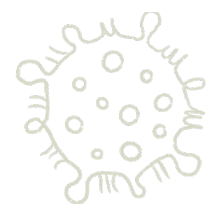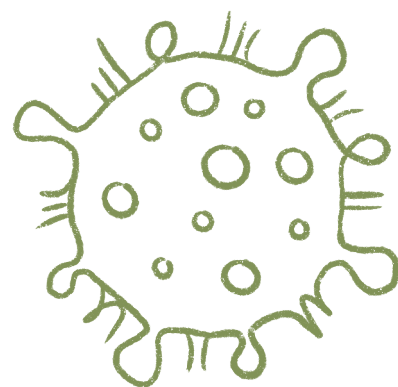Likewise, another specialist family violence practitioner commented:

Now we've got these work permits which mean we have to apply to go to this suburb for 10 minutes and that might take an hour or two to get that work permit approved. So that's a lot of time where you would normally just jump in the car and go and do it, whereas now you need to get the work permit, you need to get permission from your program manager justifying why you're doing outreach…There's a lot of hoops to jump through, absolutely. (specialist family violence services worker)

Workloads have also been increased by what one practitioner highlighted as their "unofficial caseload":

I think the other thing, when the pandemic started…people were not able to use their regular pathways to seek assistance they were seeking it other ways. So literally every week I was getting calls from friends and other people saying "how do I support this person experiencing family violence?" I think that was happening to quite a few practitioners and we make a bit of a joke about it about how much are you holding as your unofficial caseload? It's about being a good citizen so I'm not whinging about it. I'm really grateful that I've got the professional skills that I can assist people when they can't get through and help. But I think that that's something that's been happening to a lot of practitioners as well that needs to be added into the mix. (specialist family violence services worker)

Several practitioners talked about the pressure they felt to be constantly available and account for their time when working from home. One focus group participant explained that:

What I was finding with staff and myself even, you find because you're at home, you've got to really justify what you're doing more. You feel like you've got to be available all the time. So if they email you or phone, you felt like you needed to respond so that they don't think you're just slacking off watching Netflix, or something; felt this pressure. (specialist family violence services worker)

Similarly, another practitioner from a specialist family violence services commented that:

> In terms of taking breaks or walks or something like that, I feel the pressure that may be when you're working from home and no one is watching I have in the back of my mind if you're not at your computer or your desk when someone wants to talk to you I feel like that would – I don't know how that would look like to managers or to clients. (specialist family violence services worker)

Echoing concerns about perceptions of availability and productivity when working from home, one men's services worker said that initially they did not feel trusted working from home. They mentioned that:

> I think probably earlier on there wasn't as much trust but I don't really understand that. Because they can look at what I'm working on at any given time obviously, because of working from SHIP and the other platforms that we use, and the work gets done. (men's services worker).

Other practitioners commented that working from home meant it was difficult to switch off. Discussing the challenges of working from home, one survey respondent reported that 'feel like you're "always at work"'. Another practitioner explained that:

> It has been hard to get that personal, professional split while you are at home. Regardless of whether it's just trying to go for a walk or whatever it might be because you hear the computer always going, "Ping, ping, ping," and there's emails coming in. (specialist family violence services worker)

Invading practitioners' safe space: reduced separation between home and work life

It just feels like there's this hum of family violence in this room and it's become this – when it's all over I feel like I need to sage the room and do all this stuff. (specialist family violence services worker).

As with the broader Victoria workforce, workers responding to family violence during the pandemic talked about a blurring of boundaries between home and work life. Discussing the impact of remote work at this time, they said that:

> Work bleeding into my personal life (survey respondent)

> Blurred work and personal boundaries. (survey respondent)

> Literally "bringing my work home": using my bedroom as office space. (survey respondent)

> Bringing the work into my home/safe space. (survey respondent)

The impact of the blurred boundaries between home and work during the pandemic is captured in the following survey excerpts:

> I think just the fact that our work is in our homes is a trauma in itself. (Specialist family violence services worker)
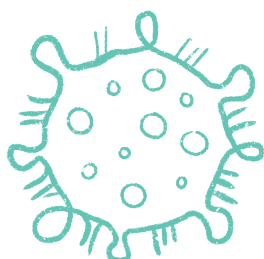
Taking family violence work into the home and being less able to detach, vicarious trauma (survey respondent)

Challenging to bring family violence trauma into my home "my safe space". Challenging to maintain work/home divide. (survey respondent)

Emotional impact of hearing women and children stories and supporting them all while in my home. (survey respondent)

Some practitioners elaborated further explaining how working from home has undone previous efforts to keep home as a safe space and maintain professional boundaries:

Having this type of work in the home has created challenges separating professional life from personal life - I have found myself thinking about work more outside of work hours as it is inside my home. It has been more difficult to switch off as there is no physical separation between work and home - leaving the office was a strategy I used to ensure work stayed at work. (survey respondent)

As a professional I've worked very hard to keep a work/life balance, working from home has meant that work is constantly in my personal space. I have felt more stress and anxiety, have had a harder time transitioning from work person to home person, my sleep has also been affected. (survey respondent)

These reports indicate that the COVID-19 restrictions have blurred the boundaries between work and home life leading to family violence work invading practitioners 'safe spaces' and tainting their homes. Maintaining personal and professional boundaries is a key component of practitioners' mental health and wellbeing strategies and the practitioners expressed frustration that their efforts to maintain boundaries were undone by the working from home directives.

'Perpetual pivoting': the strain of constant service adaptation

Definitely this latest lockdown took a toll on everyone, not just practitioners but managers and it's about perpetual pivoting.
(specialist family violence services worker)

Practitioners reported that constant service adaptation stemming from the dynamic and rapidly changing restrictions contributed to fatigue and increased workloads. For example, one practitioner explained:

The other thing that I think has been interesting over the last couple of months is the constant shifting of things. So as the different lockdowns have happened, different stages, different requirements in terms of whether it's PPE or contingency plans. Like having to constantly revise things and update things and then communicate what that means now. That's generated a lot of work and demand too… So even just trying to keep on top of all of that as well has been quite challenging whilst we're still trying to run the program and support staff and manage any crises or whatever else. It's just been really complicated and complex. (specialist family violence services worker)

Creating space for a home office has been challenging. I currently work out of my bedroom. This makes it difficult to uphold work/life boundaries. It's not ideal talking about highly emotional / traumatic / violent things in my own bedroom. It taints the feeling of my bedroom being a safe space and it's more difficult to switch off after work.

(survey respondent)
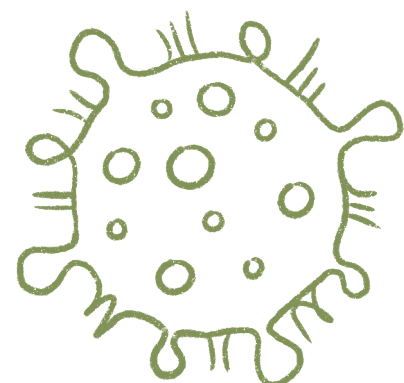
In nominating challenges associated with working during the pandemic, one survey respondent said 'constantly needing to review process and procedure to ensure safety'. Echoing this perspective, a specialist family violence service practitioner commented that:
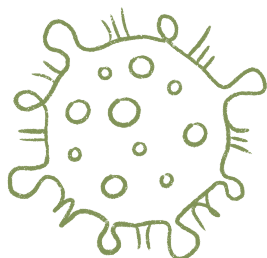
It was just full on, practically every day was creating the working instructions...I find I've literally got to get online on our intranet and check the working instructions practically every day or when there's a situation come up because they change so rapidly. It's just so hard to keep on top of all the changes. (specialist family violence services worker)

Managers equally acknowledged the drain on staff due to constantly shifting restrictions and the associated practice changes:

So we do quite openly acknowledge how dynamic what our staff are going through and that this period of the pandemic's actually harder because of the state-imposed restrictions. (specialist family violence services worker)

There's been a few times where my team has turned around and said "What, [participant's name], another form?" I go, "just stay with me guys, just stay with me. Come with me, don't lose me now. Just stay with me". I said "I'm going to just drag you with me, and you'll come through it and come out the other end and you'll be going, that was easy". I think COVID's just given lots of challenges to everybody. (specialist family violence services worker)

These reflections indicate that the strains of constant service adaptation due to ever changing COVID-19 restrictions together with remotely holding and managing risk have taken a significant toll on family violence workers. Many practitioners have let their workday expand to accommodate high demand and increased workloads. Most significantly, working from home during the COVID-19 pandemic and the subsequent blurring of work and personal lives have eroded boundaries put in place to safeguard practitioner wellbeing and self-care practices.
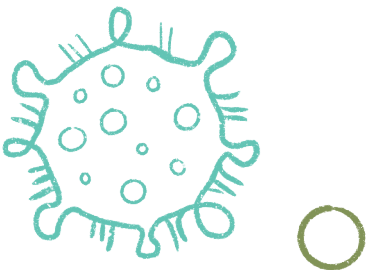
Staying together while working apart

The practitioner survey responses and focus groups discussions highlighted the challenges of maintaining connections with colleagues while working remotely. In particular, practitioners identified the loss of incidental support and debriefing opportunities, and the isolation and loneliness of remote work as significantly impacting on their wellbeing during the pandemic.

The importance of incidental support and debriefing

So if it's a difficult situation you can turn around and debrief with someone or go for a walk with a colleague, step out for a coffee, and suddenly without all of that it felt strange.
(specialist family violence services worker)

A key challenge of remotely responding to family violence identified by most practitioners responding to our survey was the lack of incidental peer support and debriefing. As captured in the following survey excerpts:

It's challenging to not have a team around you, and colleagues to debrief with immediately after a difficult phone call. (survey respondent)

I miss the incidental support from colleagues and my manager. (survey respondent)

Not having the incidental run ins with your colleagues that allow you to debrief when needed has also been difficult. (survey respondent)

Managing bringing trauma into the home and maintaining work/life balance. Whilst not having the same accessibility to debrief with peers. (survey respondent)

Increased crisis presentations have been exhausting to manage without my team's incidental support. (survey respondent)

Less contact between colleagues…feel socially disconnected from your team. Don't have the ability to debrief so end up sharing with my partner which isn't ideal. Higher risk of vicarious trauma when working with high risk cases, low motivation due to second lock down. (survey respondent)

Some practitioners explained that the absence of incidental support has been felt acutely by workers living alone, particularly during the Stage 4 restrictions in Victoria.

In relation to vicarious trauma, it adds another layer being in the home and we can't – those of us in Melbourne – I have staff outside of metro Melbourne so they're in Stage 3 restrictions and so can leave the home more than we can at the moment. So yeah, that's certainly adding on another layer in terms of there's no escape in a way, that we are in a home and especially for those who live on their own and can't have contact back with family and friends and things like that it certainly adds another layer of stress and pressure in terms of not being able to debrief with someone about your day. (specialist family violence services worker)
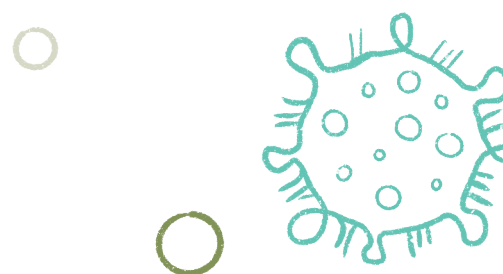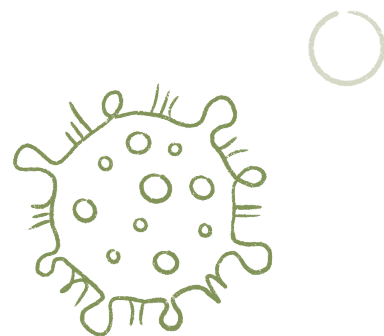
For staff that are on their own, having to contend with that isolation and I think especially now during stage four, it's really, I can really see the difference for those staff members that are on their own, and just sort of speaking with them about making sure that they're connected and with other supports as well. (specialist family violence services worker)

Managers also spoke about the challenges of providing incidental support to staff during this time:

We're all split up so you can't really hear each other. Like I used to be able to hear what's going on, what they're doing…Like there was a crisis situation, I knew nothing about it until after the occurrence later when I went back down to the other end. So being available or being in tune with what's happening has been a lot more difficult. (specialist family violence services worker)

Focus group discussions about providing peer support during the pandemic highlighted the complexities of actively seeking remote support. As one practitioner noted:

That burden, it feels like you're holding that risk all the time. You can call your colleagues and we do the same like [focus group participant name] was explaining, we have a lot of informal catchups to debrief and talk, and we still do regular supervision and all of those things but it's very hard to actually pick up the phone and say, "I just had a really rough conversation" because you don't know what they're doing. You don't know if they're busy, they could be having a rough day, because we don't have that luxury of being able to look over the pod and say they're free, or the luxury of them having heard us have an intense conversation and be able to just check in on us. So, I know the support's there, but I don't necessarily say, "Hey, I'm not doing great, can I have a debrief?" (specialist family violence services worker)

Several practitioners including managers also explained that providing incidental support and debriefing remotely feels 'formalised' and attempts to replicate these supports remotely were considered less effective and somewhat uncomfortable in practice. As one manager commented:

I don't like the feeling of it being more formalised. It's the exact word I was going to use because it feels a little bit more like you're checking up on them. So, you know, trying to build that trust that let them know that's not what you're doing, you're just touching base, "How you going?" But yeah, because it's official you're picking up the phone, or you need to make an appointment to be able to catch up. It just feels like you're overseeing them or micromanaging, which is not my style, so it's really hard to do the balance. (specialist family violence services worker)

Echoing this, another practitioner highlighted the formality of making a telephone call to debrief:

I guess not being able to have those quick debrief conversations with staff anymore. Like when you're in the office and you had a difficult phone call or they had a difficult phone call they could simply turn around or come and grab you and say "can we have a chat?". Now it's more of a formal process where they have to pick up the phone and call and if they get you they get you, if not – it becomes more challenging. (specialist family violence services worker)

Peer to peer support has diminished a lot, that laugh, joke, quick conversation asking a colleague something that they may know is now a lot harder.

(survey respondent)

Likewise, two other practitioners said:

The group video debriefs, I'm not a huge fan to be honest. I just prefer the casual, the kind of ad hoc one-on-one spontaneous debriefs and that doesn't happen and I'm not just going to call someone. It just feels a bit contrived or weird or maybe they're busy. It's just not the same as seeing that someone's sitting at their desk and has a free moment for a chat. (specialist family violence services worker)

Our workplace has put in place lots of good techniques but it's still not quite the same. It's not quite the same as being able to go, "What do you think of this?" or just that bit of a debrief…It's still certainly easier if you're next to each other in the workplace. (specialist family violence services worker)

Adding to the sense of formality associated with remote debriefing practices, practitioners in the focus group discussions highlighted that working remotely has placed the burden on individual staff to actively seek support. One specialist family violence practitioner commented:

I think definitely that is something that's been missing in the moment. Like when you've had a difficult call at home and I think I've certainly just tried to really encourage people to, that it is OK to just call on a colleague or to call me, just to kind of debrief in the moment about that challenging call but I think because there's that additional step of having to pick up the phone rather than when we were working in the office, a colleague would actually just notice if someone had had a difficult call and would reach out to them. But I think now that the onus is on that person that's had that call. I think often people are not taking that step of making the call. (specialist family violence services worker)

Another practitioner added:

I'm just thinking about people's mental health and some people talking about the isolation that they're feeling or the disconnection that they're feeling. And apart from all the strategies we have been trying to put in place…It's really hard because it's also then relying on people feeling safe enough to be able to say, "I'm actually not coping." Like, "I know this is what it is at the moment, we don't have any control over this, but I'm actually not coping." (specialist family violence services worker)

Mirroring this view, another specialist family violence practitioner said:

I do think it's hard as well because it's almost like we have to be the ones that are proactively reaching out if we're struggling, and if you're not really in the right headspace in order to pick up the phone and call someone, it can be really, really hard. Yeah, it's not like when you are in the office and are able just to swing around your chair and talk to someone, you know? It's actually like you can feel quite isolated…I wish there was less of this expectation … that it's on the worker to make contact if you're struggling. (specialist family violence services worker)

The reluctance of some workers to actively seek support was reflected in the focus group discussions. For example, one practitioner from a specialist family violence service commented that:
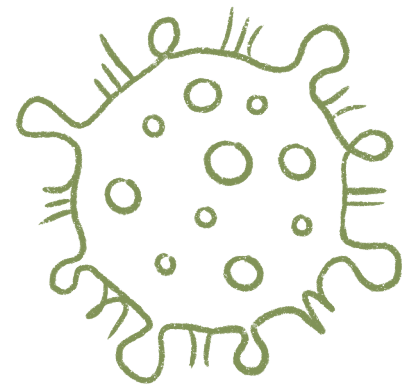
It's just different not being able to debrief, probably that's something that's not happening. If something big happens I reach out to somebody but just like that general debriefing is not really happening. (specialist family violence services worker)

The practitioners' reflections indicate that attempts to replicate the incidental peer support and debriefing practices provided when working collectively onsite have been less effective. Remote supports were perceived as formalised and placed the burden on individual practitioners to actively seek help. During a time of increased demand and high workloads practitioners were reluctant to formally seek out colleagues for support.

The isolation and loneliness of remote work

Feeling quite isolated and alone in the work. It's challenging staying in contact with other practitioners and organisations.
(survey respondent)

In tandem with the absence of incidental peer support and debriefing, many practitioners reported that isolation and loneliness were key challenges experienced while working remotely during the pandemic. This view is captured in the following survey excerpts:

Feeling isolated from supportive colleagues. (survey respondent)

Isolation from colleagues and reduction in peer support. (survey respondent)

Lack of connectedness with colleagues. (survey respondent)

Isolation, disconnection from team and collaboration with team members. (survey respondent)

Also loneliness. I enjoy collaborating and debriefing with colleagues. (survey respondent)

These sentiments were echoed in the focus groups. For example, one specialist family violence practitioner commented:

Working from home is a bit of isolation that you don't get to turn around and speak to other people. Sometimes you want to ring someone to talk about something but you are worried whether the other person is available or not, and then you hold back and then you get to a point that okay, I just sort it myself. (specialist family violence services worker)

Another practitioner added that disconnection from colleagues and other service providers due to remote work contributes to this sense of isolation explaining that:

I've been trying to do a secondary consult this week and I'm playing phone tag with someone, whereas ordinarily I would be there at work to receive their call and they would be there at work for me to receive my call. And so that inability to get onto other practitioners can make the work feel more isolating and have more of a toll. (specialist family violence services worker)

Difficulty separating home from work life, blurring of professional role/boundaries, reduced capacity to practice self-care at home, unable to take a 'break', not having collaborative practice with my team, reduced ability for daily team debriefs and the support that being in the office allows, unable to 'switch off' from work at the end of the day.

(survey respondent)

Interestingly, one practitioner commented that not only do they feel isolated from supportive colleagues during this period but also from other people sharing the same household during home confinement. This practitioner had intentionally created a private space in their home to work due to concerns about secondary traumatic stress on her family but explained an unintended impact of that:

> What I find is I'm quite isolated. They're all together in another room remote learning and my family are working together, and I'm in this room and no one comes in here. So I actually feel isolated from my own family. (specialist family violence services worker)

These practitioner reflections indicate that for those responding to women experiencing family violence during this period the absence of incidental peer support and debriefing has compounded feelings of isolation and loneliness arising from working remotely. While the isolation of remote work is gaining widespread recognition during the pandemic (see, for example, Usborne, 2020), these practitioners' comments indicate that the lack of social interaction and disconnection from colleagues is being acutely felt by those providing supports to people who have experienced trauma and abuse. These findings highlight the critical importance of incidental support and debriefing to worker wellbeing in the family violence context.
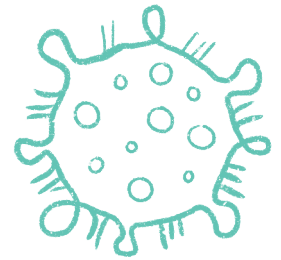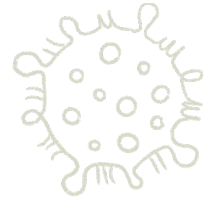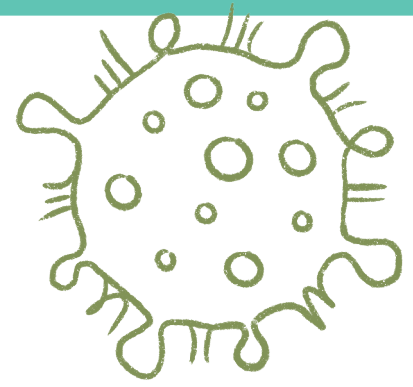
Living and working through the COVID-19 pandemic

Supporting clients through periods of increased stress and anxiety due to COVID-19 while also managing own personal response to the same stressors. (survey respondent)

Practitioners reported that the general stresses of living and working through a pandemic added another layer to the mental and emotional challenges of their family violence work. Survey respondents and focus group participants spoke about these 'layers' citing the regular day-to-day impact of work in this sector alongside a combination of personal concerns such as nervousness about the virus, discomfort about working onsite, increased workload and worry about job performance, working from home arrangements, lack of separation between work and home alongside family life and isolation. As one practitioner commented:

> It's not just the work that we do and the family violence that we hear constantly, it's the fact that we also have our own families, and our own spouses may have lost their jobs, our kids may have mental health issues as well. So, on top of the work that we do we may have also some personal issues. (specialist family violence services worker)

The family violence workforce in Victoria is highly gendered with 80.5 percent of the workforce made up of women (Family Safety Victoria, 2017, p.6). Aligning with recent research findings about women bearing the emotional load of the pandemic, it is unsurprising that female practitioner testimonies gathered in this study remarked on the general stresses and emotional burden of living and working through a global health crisis. Practitioners spoke about the need to proactively check in on the personal circumstances of colleagues recognising that practitioners themselves are living through a pandemic even as they work to support clients experiencing family violence at this time. As one practitioner explained:

I guess sort of what I've come to realise is that actually those non-work elements of that are actually really important, things like just checking in and how people are going, how was their weekend, have they slept well, you know, what's happening for them outside of work, that's also really crucial to people's wellbeing, and to keeping them going. (specialist family violence services worker)

These comments provide further insights into the layers of responsibility that those working within these services carry for ensuring that not only are their colleagues supported while working remotely but also that their colleagues, family and friends are coping okay during the challenging circumstances arising from living through a global health pandemic.

Anxiety about going onsite

While for most practitioners working from home was the norm by the time this research was carried out, for others working onsite was still required or in some cases was provided as an option. For those practitioners continuing to deliver some or all of their work onsite, there was recognition that this presented challenges related to exhaustion from working under COVID safe rules and nervousness about exposure to the novel coronavirus. These viewpoints are captured in the following quotes:

Facilitating a group for… an hour and a half session – is really exhausting when you've got a mask on and people are sitting so far away and you have to really project your voice and speak up really loud and then you've got your…glasses or your shield…So they're exhausted.… it does add an extra layer of kind of fatigue to the work that they're doing…we do the COVID check-in before they even come in the door…obviously we can't let anybody in that presents with COVID-like symptoms, so that means there are extra things that we have to follow up with every week as well. So we're following up, "Have you been tested? Have you got your results? …it certainly has created a lot more work … it's definitely… impacted on staff energy levels. (men's services worker)

Those working remotely expressed anxiety about returning onsite when restrictions ease:

I found I'm a bit anxious going out. Personally I don't want to go out. I'm safe at home. I know I won't get sick at home but the reality is I will have to go out for particular things (specialist family violence services worker)

Similarly, another practitioner added:

There is going to be a period of time where people don't trust when they're told that they're able to move around in the community a bit more freely. I think we're now programmed to have a little bit of anxiety about what that means and whether we are actually safe (specialist family violence services worker)

All of a sudden it's really important to know what's going on in people's personal life in terms of supporting your colleagues because people's isolation and it's a pandemic that affects us all in different ways. I think everybody's got their own struggles about that and yet there's an expectation to carry on with your workload.

(specialist family violence services worker)

Living arrangements during home confinement

It's not working from home, it's having to work where you live. (Specialist family violence services worker)

Practitioners reported a range of living arrangements during lockdown and working from home including living with family, in isolation and in shared accommodation with housemates. Practitioners varied in age, career progression and socio-economic status and their experiences were correspondingly diverse. Many practitioners were residing with their family including children and spouses during the lockdowns in Victoria. These practitioners reported that they had to accommodate caring and home-schooling responsibilities alongside their family violence work. Many practitioners identified increased caring responsibilities as a key challenge of working remotely during the pandemic:

> Children at home remote learning…Pressures from other external factors (family members unwell, health issues and barriers during COVID etc). (survey respondent)

> Carer fatigue. (survey respondent)

> Managing work and children particularly during remote learning. (survey respondent)

Other practitioners spoke about appearing less available to their children due to the increased demands on the sector, despite being at home and visible to their families. This view is captured in the following comments:

> I have a child that is 15 and I'm really busy and one of the things that she said is that it's not fair that when it's between 9 to 5 you say I can't talk to you because I'm working because she's working from home so she's coming in during the breaks. She said but then after work at 7:00 you still say I'm working and I can't talk to you. So for her she's seeing these really elongated periods of which a parent's not available because there's a tremendous amount of work at the moment. (specialist family violence services worker)

> My kids are teenagers so they know don't come too close or don't interrupt when I'm on the phone. But…there are conversations where they'll pipe up and they're quite curious about what's mum doing at work. My daughter even said to me, "Why can't you just have a normal job so I can help you? All my friends are helping their parents working from home," and things like that. So it does place I think a lot of pressure on families. (men's services worker)

Echoing reports about the blurred boundaries between work and home during the COVID-19 restrictions, practitioners rued the loss of travel time that gave them psychological as well as physical distance from work. They emphasised that this transitionary period usually helped to create psychological distance from work and was a key part of their mental health strategy. Practitioners commented that:
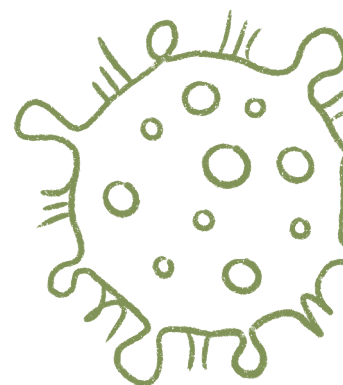
There's just not that transition time between home and work…I've heard colleagues talk about they can't walk into the car together. Felt like a really important part of the day…When you just have a two-second walk from your spare bedroom to the kitchen, and the kids are there ready to be parented, it's very different. There's not a lot of transition space between the two. (specialist family violence services worker)

I had an hour and a half drive generally to and an hour and a half from work, so that was head time. So the biggest impact I had was I think not having any unwind time. Straight away you finish work and you're at home, that can be really difficult to manage (men's services worker

I've got a 45-minute drive home, so it's good, you're able to transition in to home space. But when you walk just from your bedroom to the loungeroom, it's just very hard to shut off from work. So it does bring its difficulties. (specialist family violence services worker)

For other practitioners being alone posed its own challenges with social interactions very limited under the Victorian Stage 3 and 4 COVID-19 restrictions.

One staff member in particular has found it really tough… she moved here a month before the pandemic…from another State and hasn't been able to go home and visit her family or anything, so she's living here on her own. So it's supporting them and taking consideration of what's going on in their individual lives and how that could be impacting as well. (specialist family violence services worker)

Many practitioners reported that they did not have adequate space to work at home with some highlighting the hidden inequities in working from home where employees with more resources are able to afford to the technological infrastructure, physical office space and other adjustments required to support effective remote work:

There's an equity issue with all the workers and what their different setups are…we're not all in this together. (specialist family violence services worker)

It's obviously harder now because now I'm in my bedroom so that's been horrible. I'm going to be honest. Like I'm used to it now but at first it was like, "Oh my god." (men's services worker)

I'm [in] a pretty privileged position of having a spare room that I was able to turn into an office but I think there is perhaps a very middle class perception that that's what everyone has. And you know… there's a lot of the people that don't. (specialist family violence services worker)

Understanding the infrastructure requirements to support flexible work arrangements for this sector is essential if some degree of flexibility is to be retained moving forward.

The impact of bringing trauma work into homes shared with children and others

We're right in the middle of the human experience and it's not just about work but it's also about that vicarious trauma about being worried about what's happening for women and children. (specialist family violence services worker)

While practitioners were familiar with the impact of trauma work and the potential for vicarious trauma, secondary traumatic stress and burnout, they expressed significant concern about the psychological impacts of indirect exposure to trauma for individuals sharing homes with them during the pandemic. Open text survey responses and focus group discussions revealed a common concern about the exposure of family members, especially children, to trauma due to working from home arrangements. For example, discussing the challenges of working remotely during the pandemic survey respondents commented:

Kids being around, being able to listen to conversations with clients. (survey respondent)

Trauma work interfering with personal home environment. (survey respondent)

Some specialist family violence practitioners elaborated on this issue in focus group discussions explaining:

I try to make sure that they don't hear any of it but they see me working and they can obviously see my presentation…it's…something that I've always tried to keep away from my children and they are now seeing the stress and…they probably hear certain things as they walk past…and I feel like they've been a little exposed to it…So when they see me stressed, they know that someone might be in danger, so they just get stressed as well… (specialist family violence services worker)

Some of the conversations that we have…it's horrific stuff. And I know my daughter is 19 but she doesn't need to hear what some of the stuff that comes through…I try and plan my day around it. So that I'm not having those particular specific conversations…on those days at home because…that vicarious trauma that goes onto other people is okay for me but I forget that other people find it absolutely…it's devastating for them. (specialist family violence services worker)

One practitioner said they became aware of the impact of bringing their trauma work home when their daughter asked about a conversation she had overhead. They explained that:

It came up because my daughter…said, "Oh mum, can I ask you something?"…I thought she was in her bedroom…it was really horrible…[I]…had to sit there and debrief with her. And she only heard a snippet of a conversation. And prior to that I probably didn't have a lot of thought around it. I'd just say look, I'm working. This is private. Just keep out of my space. Like I'm sorry but they're still walking down the hall through the lounge room, which is where I was, to the front door, where a part of a conversation – you know. So it's just being mindful…it's a real thing. (specialist family violence services worker)

Another practitioner living in shared accommodation with other family violence workers spoke about the impact on their household:

I live in a two-bedroom apartment with two other people as well who also work in family violence and I think there has been an assumption about if you're a professional working from home that you do have a space where you can separate and keep the door closed and everything like that but that's not the reality…And the vicarious trauma can be really impactful. I noticed within my housemates that their mental health significantly declined just from having a house that was just full of family violence talk. (specialist family violence services worker)
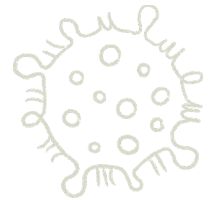
During this second phase of data collection practitioners had been working remotely for the best part of six months due to restrictions on movements in Victoria since the outbreak of the pandemic in early 2020. The practitioner experiences captured in this report clearly demonstrate that the stresses of living and working through the COVID-19 pandemic have added additional layers to the challenges of delivering responses to those experiencing and using family violence. As research increasingly reveals the impact of the pandemic is highly gendered (see, inter alia, Gupta, 2020; Hurst, 2020; John, Casey, Carino & McGovern, 2020; Landivar, Ruppanner, Scarborough & Collins, 2020; Tuohy, 2020b; Power, 2020; Wallace, 2020). Given that women perform 76.2% of unpaid care work across the globe, it is unsurprising that many women in this study reported adverse impacts on their wellbeing associated with navigating caring responsibilities and living arrangements during the work from home orders (ILO, 2018). A national study of adult Australians during the first month of COVID-19 restrictions showed that women providing unpaid care work were more likely to experience symptoms of depression and anxiety during the pandemic (Fisher et al., 2020). The mental health consequences of COVID-19 for the professional and personal functioning on women working in the family violence sector are significant and must be addressed as we move forward in our response to the coronavirus. The following section explores the benefits of working remotely.

The benefits of flexible work arrangements

For me it's cut down on travelling time and that is the good thing for me working from home. You can arrange your time, what you want to do in the morning and you can do your plan for the day. (specialist family violence services worker)

On the positive side, many practitioners talked about the benefits of flexible work arrangements during the restrictions. In particular respondents spoke about their ability to accommodate caring responsibilities, the benefits of less commuting, opportunities for efficiently managing domestic work and ultimately more time spent with family. All of which were viewed positively and captured in the following survey excerpts:

> *Being able to provide carer responsibilities to my family members. (survey respondent)*

> *Flexible working arrangements from home; no commute, ability to meet family needs. (survey respondent)*

> *Less travel, can be more involved with my own family during the work week. (survey respondent)*

> *Staying closely linked with what is happening in my family's life. (survey respondent)*

> *Being able to multi-task and get things done at home in breaks etc. Not having the commute which takes several hours off of my workday giving me more time with my family. (survey respondent)*

Several practitioners observed an increase in their productivity and attributed this to fewer distractions while working alone at home and the time savings from commuting. This view is illustrated in the following practitioner comments:

More useable time to work - no travel. (survey respondent)

Easier to focus due to not working in an open plan office. (survey respondent)

I have been able to focus more on my specific role and I am not interrupted as frequently. It has provided me with time to do a review of my program and make necessary changes. (survey respondent)

More productive with my work - less time chatting, more time working. (survey respondent)

Our office is very social, and so quite often you have just a bunch of case notes that you just needed to get through and every other second you're turning around to chat to someone, which I love about [agency named], but also it can pose quite a big challenge when you've just got stuff that you need to power through. So yeah, for me I think I see a big advantage of being at home being able to just get on with it and no one's here to distract you. (specialist family violence services worker)

Some practitioners reported that working remotely from home improved their wellbeing. For example, one practitioner commented that that:

Being at home in my own environment helps me feel comfortable and at ease when dealing with confronting/stressful work content. Having my dog around is great for my mental health. Having increased autonomy, being able to take small breaks, less micromanaging etc means that I can work more organically and effectively. (survey respondent)

Another explained that:

Better with life balance. Ability to take more breaks after speaking with a client and not feeling pressured by work. Ability to practice more self-care than usual. (survey respondent)

Similarly, one practitioner explained that flexibility around the timing of their work hours allowed for workers to be attuned to their own wellbeing. They said that:

I think they've been quite understanding in us being able to work a bit flexibly and, "Hey, if you want to catch the daylight and go for an hour walk in the middle of your day, you can do that." So I like that they've been quite – when I was being debriefed to start my boss was very like, "You do what you need to do to care for yourself" kind of thing, so I think that's good. (specialist family violence services worker)
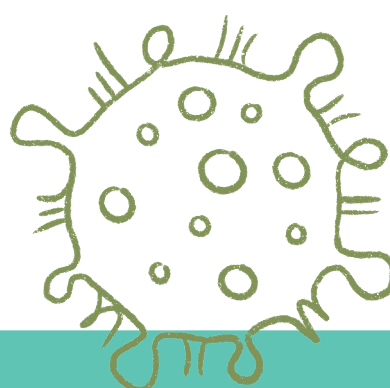
Many focus group participants observed that the requirement to work from home during the pandemic has shown the sector that remote working is possible and to some extent would be beneficial in the future.

I think from my perspective it's just really shown that we can work from home if we need to…I was just thinking in terms of some of my staff… even like maybe a day a week working from home if people…to be able to have that flexibility I think would be good to offer. (specialist family violence services worker)

They've actually been holding some sessions…to find out what of these things would we like to stay in place in the future. And from the group conversation I was in, the flexible work or agile work, around working sometimes from home. And that being a feminist approach, especially considering the gendered workforce, and how many of us have caring responsibilities, and also how that's being supportive of workers with chronic health conditions. I think people would like that to continue in some form (specialist family violence services worker)

These comments indicate that the greatest benefit of remote work is a flexible work schedule. Working remotely during the stay-at-home orders allowed practitioners to spend more time with their families and incorporate caring responsibilities and regular exercise into their daily routines all of which supported practitioners' wellbeing during the pandemic. Most practitioners in this study reported that they would like to continue to work remotely some of the time when work returned to the 'new normal'.

Worker wellbeing initiatives implemented to support remote work during COVID-19:

- Daily and weekly team catch ups via web-based platforms such as Zoom and Microsoft Teams
- Remote reflective practice sessions
- Guided meditation over video conferencing platforms
- Virtual cuppa time sessions
- A wellbeing buddy system in which practitioners are paired with colleagues to stay connected during remote work
- Additional leave days
- Flexible work arrangements to accommodate care responsibilities

Professional quality of life measure

The Professional Quality of Life (ProQOL) scale was used to measure how practitioners felt in relation to their work as a support worker. The scale consists of three sub-scales: compassion satisfaction, burnout and secondary traumatic stress. Compassion satisfaction relates to the pleasure derived from being able to do your work well, burnout relates to difficulties coping with workload and secondary traumatic stress relates to one's exposure to traumatic events experienced by others. Each sub-scale contains ten questions, the scores for which are added up to produce overall scores for the three parameters. Each of the sub-scales have a maximum possible score of 50. Subscale scores were categorised into low (scores of 22 or less), moderate (between 23 and 41) and high (42 or more) (see the table below).

Overall, the majority of respondents were classified as having moderate levels of compassion satisfaction (54.4%) and burnout (69.4%). High burnout and secondary traumatic stress symptoms were rare. Notably, practitioners from specialist family and sexual violence services (M=38.70, SD=75.75) had significantly higher compassion satisfaction scores that the non-specialist practitioners (M=35.92, SD=56.42), t=-2.075, p=.041, d=0.45). This indicates that practitioners from specialist family violence services derive greater satisfaction from their work helping other than non-specialist practitioners.

	SAMPLE % (n)	SFSVS % (n)	NON-SFSVS %(n)
COMPASSION			
Low	1.8(2)	-	4.2(2)
Moderate	54.4(62)	64.9(24)	79.2(38)
High	18.4(21)	35.1(13)	16.7(8)
BURNOUT			
Low	30.6(26)	29.7(11)	31.3(15)
Moderate	69.4(59)	70.3(26)	68.8(33)
High	-	-	-
SECONDARY STRESS SYMPTOMS			
Low	36.0(41)	40.5(15)	54.2(26)
Moderate	36.8(42)	54.1(20)	45.8(22)
High	1.8(2)	5.4(2)	-

* SFVS = practitioners from specialist family violence services

**Non-SFSV = practitioners from non-specialist family violence services

While the satisfaction derived from helping clients experiencing and using family violence played a protective role on the wellbeing of practitioners in this study, their self-reports of secondary traumatic stress and burnout require deeper analysis. A short self-report measure cannot gather nuanced information about how worker wellbeing is experienced or undermined, and free text survey questions and focus groups were used to gain a richer insight into practitioners' wellbeing at the time of data collection. In the focus group discussions about wellbeing, practitioners often compared themselves to their clients explaining that there are people worse off than themselves. These comments suggest that some practitioners use their clients, many of whom are experiencing or have histories of abuse and trauma, as a gauge to assess their own wellbeing. This use of social comparison by practitioners to assess their wellbeing status

raises concerns about whether a client seeking support for family violence is an appropriate comparator for making a meaningful judgement about practitioner wellbeing. While practitioners may perceive their own personal issues as trivial when compared to the issues experienced by their clients, engaging in downward social comparison may affect the reliability of their wellbeing self-evaluations. Tuohy (2020a) and others have highlighted the risks of healthcare workers disconnecting from concern about their own mental health and wellbeing during the pandemic and how this may inhibit help seeking (Dow, 2020). Like health care workers, family violence practitioners are the frontline response to the shadow pandemic and equally need wellbeing and mental health support.

The government mandated transition to remote work forced services to innovate and adapt support traditionally provided through face-to-face models. The following discussion explores how services providers and practitioners have adapted programs and services to continue to provide support during the pandemic as well as the challenges presented by remote service delivery models.
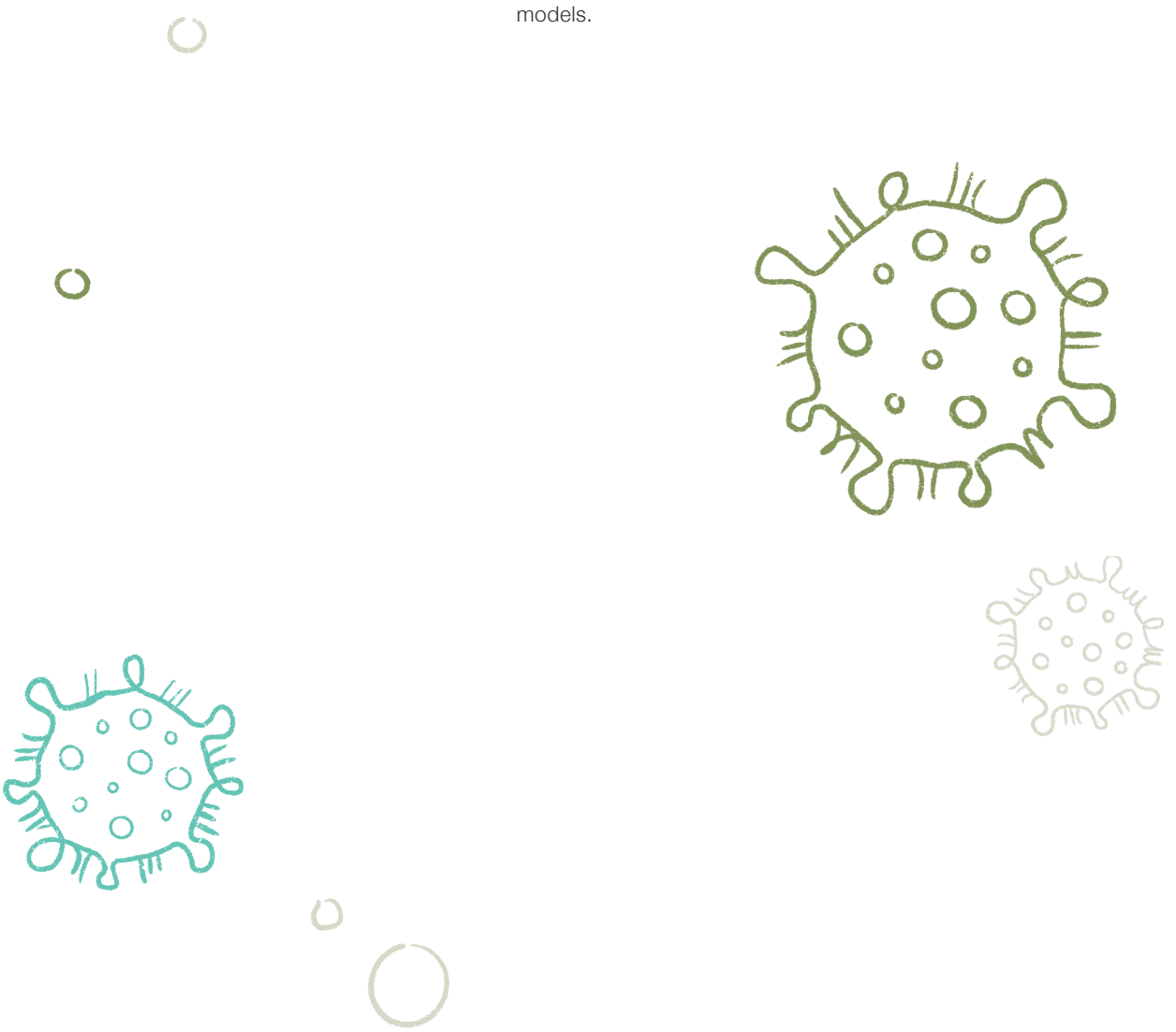
Service innovations

For starters we've sort of been finding new ways of being able to deliver services. So, things like using digital vouchers has been one thing that we've moved towards … whereas previously we only had physical vouchers, now we're able to order digital vouchers and also purchasing things for clients, for example we had a client that needed a heater, so we actually, we bought one online and had that delivered directly to the client … Other things that we've been doing is just making sure that clients have access to technology, so access to internet, and access to a device, to be able to connect in with their support. (specialist family violence services worker)

During the initial Stage 3 restrictions in Victoria our research documented the emergence of innovative practices and service adaptations intended to enhance the accessibility and effectiveness of services during the pandemic (Pfitzner, Fitz-Gibbon & True, 2020, p. 13). Survey responses and practitioner experiences shared during the focus groups indicate that these practices continued as restrictions tightened from July 2020 onwards in Victoria. Mirroring the initial period of Stage 3 restrictions, innovations largely involved pivoting in person services to be remote delivery. Similar to practices reported in Queensland during that State's first lockdown period, this has included the provision of phone counselling services and phone engagement to hold men in MBCPs (Pfitzner, Fitz-Gibbon, Meyer & True, 2020). Alternative methods for providing support to women experiencing family violence have also continued to emerge during this period. Recognising the financial impacts of the pandemic several of these innovations focused on providing material aid to victim/survivors and their children including digital vouchers and care packages.

Since the introduction of COVID-19 restrictions in Australia, men's services have experienced a period of high demand with an increase in individuals contacting men's services with concerns about their behaviours and the wellbeing and the safety of their partners (Croxon, 2020; Fitz-Gibbon, True & Pfitzner, 2020). This increased demand on men's services was recognised and responded to by the Victorian Government at the outset of the Stage 4 Lockdown period with the state government announcing on 17 August 2020 that it would direct over $20 million in funding to support the increased demand on perpetrator programs and keep perpetrators 'in full sight' (Premier of Victoria, 2020). During this time, No to Violence – the peak body for organisations and individuals working with men to end family violence - have developed the Brief Intervention Service (BIS). The BIS is a telephone-based intervention supported by the Commonwealth Department of Social Services. It commenced in July 2020 to ensure engagement with men who were unable to attend a program during the restrictions and men waiting to enter a program. Eligibility for the BIS also extends to men who have contacted the Men's Referral Service (MRS) with concerns about their behaviour and its exacerbation during the pandemic.


Example innovation: shop-a-docket

Prior to COVID-19 the peak body and those working within the men's service sector were hesitant about delivering any program remotely due to concerns about the effectiveness of remote assessment particularly its potential to facilitate full disclosures of relevant details (No To Violence, n.d.). There was also uncertainty about how to ensure partner safety and reservations regarding perpetrator ability to avoid accountability and deceive facilitators in online programs (Tran, 2018). The pandemic has, however, seen a shift in practice. In July 2020 the Victorian Government in partnership with No to Violence released Service Guidelines for perpetrator interventions during the coronavirus (COVID-19) pandemic (Family Safety Victoria, 2020). These set out a multi-intervention service model designed to support practitioners while they transition services to remote delivery during the restrictions and then back to in-person delivery afterwards. The model sets out the type of intervention that can be provided by risk level, frequency, eligibility and outcome (Family Safety Victoria, 2020). The move to remote phone engagement with men has triggered exploration of other remote delivery models. Discussing how they have adapted their practices and programs in response to the COVID-19 restrictions, one practitioner from a men's service mentioned:

> So what we're going to do now is start to look at online groups. To do that we really have developed a rigorous screening tool to make sure that what we're doing is screening all men that might go into it to make sure it's safe. And that would include also speaking with a Family Safety contact where it's appropriate. So it may be that with their families that we won't put them into an online group but continue to do one-on-one. (men's services worker)

At the time of data collection for this study the COVID-19 service guidelines had recently been introduced and there were some concerns among practitioners about shifting expectations and how equivalencies in time between remote and in person service delivery would be measured. Building the evidence to better understand how to engage effectively with men using violence and those who self-identify as exhibiting concerning behaviours is critical. Ensuring perpetrator risk is kept visible – be it via remote or in person service delivery - is similarly essential during periods of lockdown, as restrictions ease and into the recovery phase.

Examples of service innovations adopted during this period:

- Digital vouchers for material aid, ordering goods online and delivery to clients
- Phone engagement to hold men in behaviour change programs
- COVID safe groups conducted in person including masks, COVID-19 testing, and physical distancing
- Providing technical support to clients to set up access to computers, devices, platforms
- Transition to digital client files and forms
- For clients without access to printers or who don't have capacity, providing hard copy forms with reply paid envelopes
- Remote cross-agency care team meetings
- Support service awareness raising initiatives including shop-a-docket campaigns and shopping mall ads
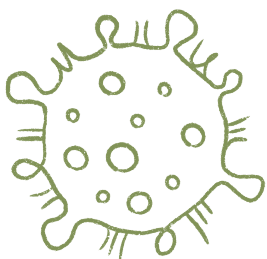
Remote service delivery

This section explores the benefit and challenges encountered by practitioners transitioning to and delivering their services remotely as well as the infrastructure required to sustain family violence service innovations during the COVID-19 recovery phase and beyond.

The benefits of remote service delivery

During the focus groups practitioners indicated that service adaptations necessitated by the COVID-19 pandemic have had a positive impact on general service users by enhancing accessibility for certain service user groups and practitioners. One of the key benefits of remote service delivery identified by practitioners was a perceived increase in service accessibility. 'Service accessibility' was broadly conceived to incorporate new forms of accessibility for service users as well as for practitioners. For some practitioners, working from home and the associated flexible arrangements have resulted in an increased sense of inclusion and participation in work culture. Some practitioners believed that these arrangements have created the conditions in which professional development and upskilling activities are more accessible.

Increased accessibility for service users

Specialist practitioners believed that the large-scale pivot to virtual platforms for service delivery has increased the reach of services offered by facilitating an increase in the delivery of services to a wider range of users. As one practitioner explained:

> Our nurture aunt … an indigenous woman who we have … online every week reading stories from law for Aboriginal communities and the amount of parents and children that are coming online to listen to our story time reading. Then after that we do a quick little session on what can you do with your kids when you're in isolation during COVID? … It's just opened up a whole opportunity for us to be able to …have contact … with so many more parents and children and men. (specialist family violence services worker)

A number of practitioners pointed out that the tools for remote service delivery had been available but not utilised previously. Interestingly, the 'new' connectivity between practitioners and clients during this period has had numerous positive impacts on service user accessibility. One practitioner spoke about the ease of case conferencing across digital platforms and how this has increased client accessibility to their 'care team':

> What we call a 'care team meeting', like a case conference …that has been such an improvement for clients … it's become much more accessible and easier to organise … Obviously face to face would be ideal, but it just seems so difficult to get four or five workers and a client all in the one room at the one time. Whereas this way of doing things means you can just genuinely have them regularly and most people can make it. (specialist family violence services worker)

Practitioners also reflected on increased client accessibility when delivering services over the phone. For these practitioners working with clients via phone has had additional, perhaps unforeseen, benefits of breaking down barriers

We can deliver so much more for a less amount of money and reach so many more people by doing webinars and workshops that we just didn't have the capacity to do before

(specialist family violence services worker)

to meaningful participation. These perceived benefits were evident among specialist family violence and men's service practitioners. As two practitioners stated:

> I have been able to work with clients in a quicker time frame. There has been less relationship building than is done when face to face. I am not sure if this is good or bad but I have still had good outcomes even working via phone. I am able to get to the 'guts' of the problem or risk factors quicker I am able to have some 'courageous conversations' with clients even over the phone and in some cases because the phone has made it less intimidating for them they have responded well as a result. (survey respondent)

> We run four mainstream programs and a specialised disability group men's behaviour change program … we replaced those sessions with individual phone sessions. We had almost a 100% attendance rate during those phone sessions … we were surprised at how well that worked and how much we really got from the men. (men's services worker)

Adapted forms of service delivery have also increased service engagement for specific population groups. A number of practitioners spoke specifically about the increase and enthusiasm of youth engagement across online platforms. As captured in the following focus group and survey excerpts:

> We've had greater engagement with our youth. They don't like getting out of bed much and coming in for their appointments…the engagement online has been absolutely fantastic…we've had a lot of good responses with youth. (specialist family violence services worker)

> The youth are engaging better because they love the web-based stuff and they're easier to actually action and interact with. (specialist family violence services worker)

> I have found working with younger clients a lot more successful and they engage better via phone. They have social media and [I] am able to send them things via email etc a lot easier and quicker than some of the older clients. (survey respondent)

Practitioner engaging young people online, also acknowledged that it is not safe nor effective to engage young children via digital platforms. As a result, practitioners have had to rely on secondary information sources to get a comprehensive picture of children's circumstances during this period. As one practitioner explained:

> Yeah, with young children it's…our workers are finding that hard. And a lot of ours when we're dealing with them, there's that family violence lens as well. So during COVID has been really tough to engage with those kids. So we've really had to depend on collateral history…talking more to the maternal healthcare nurse, talking to the schools…so probably pulling collateral from different spaces to get a broader picture without actually having that face to face. But it definitely leaves a hole. And it's not good for the kids. (specialist family violence services)

This is particularly concerning given the visibility of at-risk children and the opportunities to identify new or escalating risks have been significantly limited during the Stage 4 restrictions with the closure of schools, kindergartens and day care centres as well as all extracurricular activities (Meyer, 2020). For infants

and toddlers, the Stage 4 lockdown conditions also necessitated a significant reduction in face-to-face services provided by Maternal and Child Health Nurses across metropolitan Melbourne.

Service accessibility was reportedly enhanced for clients who might normally not engage nor attend face-to-face services for any number of reasons related to their life circumstances such as living regionally, access to transport, general reluctance or fear, work commitments and/or other service engagement. For these clients, practitioners felt that the option of remote engagement was viewed favourably and enhanced likelihood of participation:

Counselling clients who ordinarily wouldn't be able to make it into the service … we started doing remote counselling. We could have always been doing that, but we weren't, so in some ways it's taught us a lot about practising and organisational structures that we could carry on into the future. (specialist family violence services worker)

We've … had to adapt our program in terms of delivering a therapeutic group via online platforms … one of the participants … she'd attempted to complete the program a number of times over 18 months and unfortunately due to work commitments and child protection involvement and a number of appointments she struggled to attend face-to-face groups … she's now completed the program … and one of the big reasons I think is from that virtual space of not having to travel 20, 25 Ks to get to the office to participate. (specialist family violence services worker)

Prior to doing any changes at all we had our family safety contact team contact every single woman attached to those men in the groups and we advised the women of what we were doing … some of the women who had earlier identified that they didn't really want any support from us, we still recontacted everybody to let them know what those changes were… for some of those women then that kick-started that want to engage with our women's workers as well, so we definitely saw an increase in women who perhaps had identified, "oh look, only call me if there's a problem" were now wanting to speak to their workers quite regularly. (men's services worker)

The degree to which this increase in service uptake is reflective of increased risk and experiences of violence during the period is difficult to judge but it is certainly encouraging that efforts by practitioners to engage women and men remotely have been met positively in many cases.

Increased accessibility for service providers

The flexibility's great … we're always concerned about workforce retention and recruitment. And at least it might make it slightly more desirable to work in our sector, that you can get a full-time job and have two days at home, for example.
(men's services worker)

Practitioners working remotely also reflected on the benefits of new forms of accessibility in their professional lives. This was particularly viewed as a positive for those practitioners juggling care giving responsibilities and/or health concerns. As one specialist family violence practitioner explained:
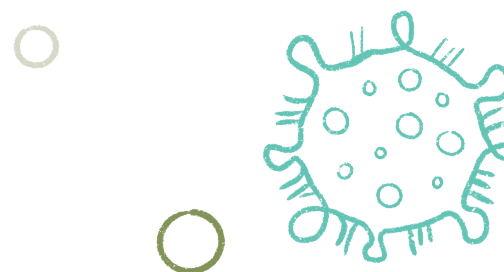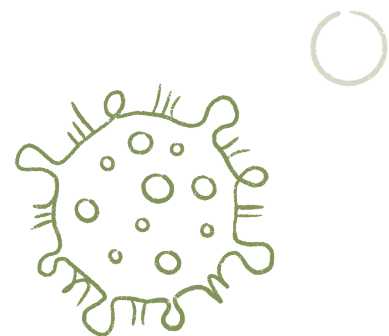
There's been unintended consequences of working remotely for staff that have chronic health issues or staff who are parenting, to be able to work in this way that's much more balanced around home life and work, professional, personal life. (specialist family violence services worker)

Digital connectivity, flexible work conditions and significantly reduced commuting have now become the norm for the majority of workforces across Australia including the specialist family violence and men's services sector. For many practitioners however, chronic illness, disability or care responsibilities which require flexible work conditions preceded the pandemic. Our evidence is showing that such workers now appear to be experiencing new forms of inclusion and work satisfaction.

Leading Australian disability advocates and researchers have long called for greater accessibility in the workplace for Australians' with disability. Tricia Malowney (2020), President of Women with Disabilities Australia, recently reflected that widespread changes to work during COVID-19 demonstrate how quickly systems can adapt when needed, arguing that 'striving for "normal", no matter the costs, is not only exclusionary but stifles ways of doing things better'. In addition to the flexibility of remote work, several practitioners highlighted the accompanying increased opportunities for capacity building and professional development. In particular practitioners spoke about being able to virtually attend events that would previously have had a limited capacity or prohibitive expense. As two practitioners explained:

I remember being in a Zoom forum … and there was 1,300 participants … being able to actually not have to wait for this person to come out to Melbourne and purchase one of those 200 tickets and be able to be in amongst 1,000 other people that were listening to his lecture, it's made things more accessible. (specialist family violence services worker)

Certainly our staff would say that they're feeling a lot more upskilled because they're more involved now with webinars and workshops than probably we would have thought about in the past because of the issue of distance and time and capacity and all of those sorts of things. (specialist family violence services worker)

However, practitioners did not believe that all aspects of their work could be delivered remotely. For example, remote induction of practitioners new to the sector or organisation was described as difficult. Practitioners reflected on the challenges of not meeting team members in person and the difficulty of developing rapport with other staff:

I recently moved… from [redacted] at the start of the pandemic, so I was very new to Victoria, very new to how the system works up here, and then to be separated from my colleagues who I would normally learn from, that was really difficult. So I was trying to manage clients not really knowing a whole lot around the service that I was working in and also the Victorian systems… it was very challenging. (specialist family violence services worker)
It's just a tricky time … trying to get to know each other. Like, particularly my manager, we've barely worked together in the last five months I've been here. I think we've worked together just a few weeks, and that's it…so that's been really strange being mentored …from a distance, trying to learn the job, with not having that contact, face-to-face contact. (specialist family violence services worker)

For people starting during this period, like in terms of doing inductions and orientation and all of that, getting people on board, like it's such a different experience to what it would usually be. (specialist family violence services worker)

Taken together the practitioners' comments highlight the need to consider whether models of hybrid service delivery that combine remote work and onsite face-to-face client work could be utilised as Victoria and other Australian states and territories navigate through the pandemic and beyond. Such changes would need to accommodate those entering the sector for the first time.

Sector collaboration during remote service delivery

Practitioners from the specialist family violence sector and men's services had mixed views about how the pivot to remote work delivery during the COVID-19 restrictions has impacted service collaborations. Since the findings and recommendations of the Victorian Royal Commission into Family Violence (2016) there has been widespread acknowledgement throughout the state of the need for services to work collaboratively in assessing and managing risk of family violence among victim/survivors and in holding perpetrators to account. Key pieces of reform including the Family Violence Information Sharing Scheme (FVISS) and the MARAM are underway and seek to enhance opportunities for cross-agency and cross-sector collaboration.

To date, the degree to which it has been possible to continue collaborative service practices during the pandemic has received relatively limited attention. For some practitioners the challenges of working during this period alongside increased awareness of the high needs of victim/survivors during the COVID-19 restrictions has led to increased cross-sector work. As one specialist family violence practitioner put it:

I think too, what I've noticed from work really across the sector is that everyone's really working creatively and working together to try and find ways, creative ways, to support clients and looking at things like, if clients need to have something sent out, where can they have that sent to? And how can we get that to them? And we've had a case recently where we have a care team for a client and one of our workers had gone and picked up some vouchers from another worker from another organisation and dropped them out to the client…people are sort of sharing information and really working collaboratively in a way that maybe people might have been reluctant to previously. (specialist family violence worker)

Another specialist family violence practitioner was similarly positive:

I think that we've all got something in common now. We're all working from home and feeling a little isolated so those conversations are a little bit more lax to begin with. So, I feel like those relationships have formed a bit better than what they may be if they're in the office…So I think that's been a benefit, and I think with some organisations I've found that there's this willingness to go that mile more because they know that everything's so difficult, and when we're asking for that support I've found that some services have been able to all of a sudden muster up something that would've been impossible six months ago, but all of a sudden we've got a house available, and we've got things that are available. So that's been a real positive as well. So, we've managed to get some really good outcomes for people. (specialist family violence worker)

Other practitioners were less positive explaining that the COVID-19 restrictions and associated move to remote service delivery have increased siloed practices and presented challenges in identifying what services can be engaged to ensure a victims' safety. As Victoria and other Australian states and territories move through the different phases of the COVID-19 pandemic this is an important consideration. It is essential to ensure that the gains made in delivering whole-of-system responses to victim/survivors of family violence are not lost and that the usually in person cross-sector engagements can continue to ensure risks are considered and safety needs met.

The challenges of remote service delivery

With no face-to-face sometimes it's hard to imagine what the other side really looks like, what is their situation, the children's situation. Sometimes we are just guessing. (specialist family violence worker)

There was divided opinion among survey respondents and focus group participants regarding the benefits, or otherwise, of remote service delivery for clients. While several practitioners highlighted the increased client accessibility and engagement arising from remote service delivery, others remarked on the challenges associated with remote service models. Some practitioners found it difficult to establish a level of rapport with clients while delivering supports remotely. As one practitioner explained:

> It does have an impact a little bit on the relationship we develop with the client because from my own experience we provide a lot of in-home support, so usually you work very closely and providing weekly or fortnightly home visits, and then from that going to only telephone support. That definitely had a bit of impact in terms of client disclosing and building the relationship. So it's quite different. (specialist family violence worker)

Additionally, several practitioners noted the importance of visual cues in client assessments and face-to-face contact when providing emotional support and utilising professional judgment to assess risk and enact safety planning. The limitations of providing support via telephone were acutely felt by practitioners when restrictions tightened further in Victoria in July and August, as captured in the following comment:

> I think one of the other things around not being able to view clients and their children is you don't actually know what state they're in. So you can call them on the telephone, and they can sound really well and together but you actually don't know how they're coping…That's really difficult. When you don't have that relationship and you can't pick up on those cues in their voice or you can't pick up on body language it's hard to know how they're actually managing. (specialist family violence worker)

These challenges were particularly apparent for those practitioners working with culturally and linguistically diverse clients. As one practitioner explained:

I feel more comfortable being able to do those things face-to-face, especially with CALD clients to make sure that yes they are understanding what we're going through, and the language barrier at times, the body language that we're not seeing and the eye contact, it has such a huge impact on the way that we work with our clients. I think that's been a real eye-opener in terms of you can have the interpreter and you know that they understand what's being said, but what they see means so much more, and that's what's been a huge barrier. (specialist family violence worker)

An additional challenge identified during the focus groups by specialist family violence practitioners was the increased presence of perpetrators in homes with women accessing support. Specialist family violence practitioners recognised the need to understand whether the perpetrator may be in the house at the time of engaging with the victim/survivor, whether they can hear the phone call/zoom session and if they are indeed in the same room as the victim/survivor. As two practitioners explained:

As things have gone on and kids are at home and people are living with perpetrators, it's harder to reach people or know that people have confidential space for an appointment. (specialist family violence worker)

We have come across in the past that very thing where the perpetrator has been around. If it was attending someone's property, I'm not going to lie, there's been times where he has been hiding out in the room waiting for that case manager to leave. I guess for the safety aspect, case managers have had to know this and just keep that in the back of their mind while they are speaking over the phone just in case something is going on and something is there and not putting her at further risk. (specialist family violence worker)

With victim/survivors confined to homes with their abuser practitioners explained that there is no assumption of confidentiality and also the challenge of discerning what impact the presence of the perpetrator is having on the victim/survivor and on their engagement with the specialist support. Echoing these concerns, another practitioner felt that home confinement periods during the pandemic have increased the burden on practitioners to manage risk and keep women safe. They said that:

With the clients sometimes you can't even ask a question, "How is the relationship?" because the partners are most of the time at home. So even if you have safe time to call with the new restrictions in place perpetrators are spending much more time at home. So I find it really stressful to actually comply with everything that Family Safety is asking of us and to take that responsibility. I just feel that responsibility from perpetrators have shifted to specialist family violence practitioners to keep the woman safe. This is the stress that I find in the family violence sector at the moment. (specialist family violence worker)
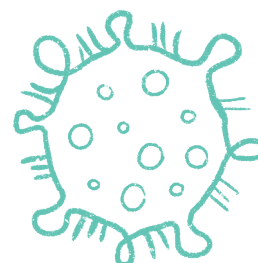
Beyond the professional challenge of effectively gauging risk and wellbeing of clients via phone, practitioners observed that service delivery over the phone impacted the degree to which they could provide emotional support to women experiencing family violence. As captured in the following practitioner excerpts:

The face-to-face contact is definitely the – or the lack of is definitely the hardest…I miss the face-to-face contact but I think about my clients and how they miss it and how much of an impact it is having and has had on them. In terms of their isolation and their experience with isolation, it just compounds everything so much more, and like you say visual cues, you can't pick up. It's so different conversing on the phone or even on face-to-face videos it is in person, so that's definitely the hardest thing for me and I can sense for my clients too. (specialist family violence worker)

I've found already that's just been challenging building that relationship and showing the genuineness of my care over the phone in the same way that I could if I was with the person. (specialist family violence worker)

The main challenge is offering that support because phone contact is just not the same as offering face-to-face emotional support. Having someone there in your space mirroring and reflecting back to you, validating. It's just completely removed when it's via a device rather than in person. (specialist family violence worker)

Likewise, other practitioners highlighted the loss of visual cues seen as essential to understanding how a client is responding to the services and advice offered. As two practitioners explained:

It's just not the same and the level of service you're able to provide is just so limited when there isn't that face-to-face. You're not sure how they're responding to what you're saying or if you need to explain something further or change your path or - it's just complicated. (specialist family violence worker)

We have found the struggle of visually not having that face-to-face with clients and therefore maybe not getting the full picture because quite often having that face-to-face enables – you can see people might not be travelling too well, or facial expressions, or the tidiness or dishevelment of houses. So that has put a bit of a barrier up because we can only go by what people are saying. All those other cues have been lost. (specialist family violence worker)

Interestingly, similar challenges were expressed by practitioners working within men's services some of whom have been able to continue face to face delivery during the Stage 4 restrictions in Victoria under COVID Safe regulations which include the use of masks and physical distancing. The impact of those restrictions on the practitioners mirror those described by family violence practitioners delivering services via phone:

We're doing… face-to-face, for loss of a better term. It's just incredibly distanced and there's masks and all this kind of stuff. So I've found that compassion fatigue for me is - even with the contact work - I just, I'm struggling to care. (men's services worker)
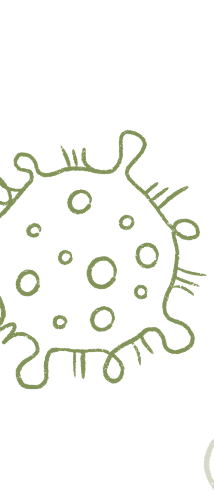
Elaborating on this notion of compassion fatigue, this men's services practitioner further described the challenges of supporting men during this period and under COVID Safe conditions:

I think compassion fatigue is probably what comes to mind. It's probably the easiest way to explain it. And I think the reason - the challenges - it feels very ineffective, the work we're doing clinically, and without the visual cues or the relational cues that you have when you're sitting in a room with somebody, it becomes more difficult to stay present and to actively empathise with that person's current circumstances, and to basically deliver the same level of buy-in or commitment or presence that's required when you're sitting with somebody who, where there's trauma on the table, whether they've caused the trauma or whether they've experienced the trauma - and usually the two go hand-in-hand with our clients…Normally I would be able to hold that space for him but I'm trying to hold that space with a mask here and a face shield over the top of it. He is also wearing like a welding mask, and I just didn't, I just didn't care, to be honest. He was really upset. (men's services worker)

The experiences of practitioners from specialist family violence and men's services suggest that telephone and videoconferencing-based service delivery are less effective than face-to-face models in engaging and emotionally supporting family violence clients. In particular the absence of visual cues was seen to inhibit rapport, disclosure of sensitive information and practitioners' assessments of client comprehension. The professional challenges of supporting people experiencing and using violence either remotely or under COVID Safe regulations adds another dimension to the wellbeing impacts of COVID-19 on the family violence and men's service sector.

The infrastructure needed to support remote service delivery

We definitely need computers or laptops provided. Everyone is using personal devices and people's personal devices are breaking down…We were told right at the start that laptops had been ordered but because of COVID and issues, that filling those orders from the other end has not happened … I think I've got a desktop that was running really slow that I ended up sort of fiddling around with and wiping completely and restarting and rebooting and using that .. And that's worked, so that's kept me going for a while.
(specialist family violence worker)

This phase of data collection coincided with Victoria's tightening of restrictions with stay-at-home orders having been in place for nearly six months. Remote service delivery has become a daily reality for the majority of family violence and men's service practitioners in Victoria. By focusing on service innovation and remote service delivery, this research sought to gain insight into what infrastructure is needed to better support remote service delivery for this sector. When asked what was needed to effectively work from home the key issue for practitioners was the need to ensure there is an appropriate space for this work to be completed and stored in adherence with confidentiality requirements.
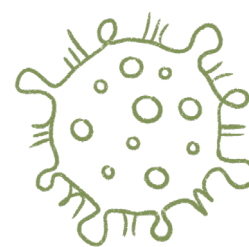
Practitioners emphasised the importance of having a dedicated home office space for confidential work to be undertaken. As one survey respondent stated, 'office space, making sure you have a confidential space to work' (survey respondent). Echoing our earlier discussion on the impact of bringing trauma work into homes shared with children, one practitioner reflected on the implications of not having a private space to carry out this work:

> A lot of my team have got young children. And it is really awful to hear people are having to sit in their cars sometimes because if they're doing a two-hour assessment appointment and they've got children, there's no guarantee that that child's not going to interrupt you for a good solid two hours. (men's services worker)

The need for a dedicated office space had become particularly apparent to practitioners as the longevity of the restrictions sunk in. As one practitioner explained:

> We didn't really think that this would go on for a long period of time, so a lot of us were just like, "Cool, I'll just work on the couch or I'll work in bed" and then having back issues because you've been doing that for two weeks. I think there was also that assumption that people would just be able to transition quite easily working from home, have a desk set up, have a chair, have appropriate lighting and all of that stuff, which I think wasn't the case for a lot of people. (specialist family violence services worker)

Related to the need for a private work space, numerous practitioners raised the challenges associated with undertaking this work using their own personal computers. As one specialist family violence practitioner explained:

> Especially the confidentiality stuff. I feel really uncomfortable having so much information saved to my computer about my clients and I'm not really tech savvy so I'm deleting stuff and I'm thinking is it in here still somewhere? I don't know. So I'm frustrated about that. (specialist family violence services worker)

Unsurprisingly, these concerns were echoed by men's services practitioners. As one practitioner explained:

> I have to use my personal computer and my personal phone, and that when I first started was so stressful in terms of being like – to make outgoing calls to men and I'm worried about my own safety in a way, because this is my personal phone that I'm using…we've been working at home since March so it's been a really long time obviously, and my personal laptop as well. Again, saving L17s [Victoria Police risk assessment from] on my laptop, obviously I can't do. I don't want to have personal information…I live with housemates in a share house. It's having these conversations are not exactly always appropriate. And that's what's really hard as well when admin staff put phone calls to my personal phone when I could be out in the lounge room talking with my housemate, so I have to quickly just make sure. (men's services worker)

Discussions with practitioners about managing sensitive information on their personal devices revealed other security concerns. One specialist family violence practitioner described the approach they've employed:

It's not ideal but for my workaround with that is a USB stick that is my work stuff, and I've opened a folder for every client on that. And everything goes into that. Not onto my computer. But that said, I don't think it's come out of my computer for months. So you know, technically I could be taking it out of my computer and locking it in something at home every night and then getting it out every morning, but that's not actually happening in practise. But then at the same time, someone would have to go into that USB stick and open those files deliberately to look at them. And I'm pretty sure my 17 year old daughter couldn't think of anything more boring. But yeah, I take the point that it's not – yeah, that that is a huge concern. I think my colleagues have had it too. (specialist family violence services worker)

Some practitioners provided examples of organisations that had mobilised quickly to achieve this and had organised employee computers, desktop monitors, office chairs and filing cabinets to be couriered to home addresses. While several practitioners noted that organisations were beginning to get on top of organising work computers and phones for practitioners, the insights here point to why this is absolutely necessary as part of any remote service delivery model for family violence and men's services.

Practitioners mentioned other 'teething' problems that occurred during the initial move to working from home. A common problem raised was home internet availability and reliability, as one practitioner said:

There was an expectation that we would use the wi-fi that we have in our house, which again is an assumption that people do have that, and also that it works well. I'm in a back room in my unit, in my apartment, and the wi-fi just doesn't work, so I have a hotspot off my work phone which they weren't too happy about. (specialist family violence services worker)

Another added:

Initially my work phone didn't have internet which was really ridiculous. I was hot spotting off my own phone, and it's just really hard, it's not the same as just being able to open up your computer and just have it connected. (specialist family violence services worker)

In the context of the service being offered the importance of ensuring reliable connections come to light. Several Australian studies have now shown women's access to services and willingness to seek help for family violence during this period has been significantly limited (Boxall, Morgan & Brown, 2020; Pfitzner, Fitz-Gibbon & True, 2020; Pfitzner, Fitz-Gibbon, Meyer & True, 2020). The risk that a victim/survivor having made contact, could be disconnected from a practitioner due to poor internet connection is unacceptable and must be mitigated by ensuring that practitioners working remotely have adequate resources.

Practitioners also expressed concern about the impact that using their personal computers for work has had on their work/life balance. Several noted the challenge of 'switching off' from work when you may use the same (personal) computer in out of office hours to socialise or search the internet, for example. As one practitioner explained:
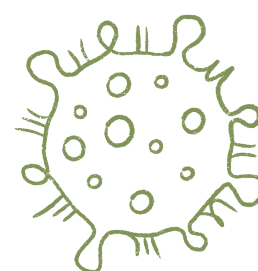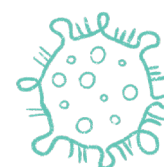
I think for me the only challenging thing has been using my own laptop. I quite like having my laptop set up with - you can log into your emails and it's all your own personal emails. I found that slightly more challenging. All my tabs now on my internet is all work related. So if I go on to just do something else, I'm doing a Zoom call in the weekend or something work is all there. So I think that's the only one thing now that I'm really looking forward to having a laptop that's just my work one, and when I'm on my personal laptop and not seeing work emails and that kind of thing. (specialist family violence services worker)

Likewise, another specialist family violence practitioner said:

Using our personal laptops and the impact of client information being on these mixed into our personal laptops. Prior to lockdown thinking about people that would be coming over and that's the laptop that I play music through or whatever, and just that breach that – just having to think about that and not use it really for what I would normally use it for, for that reason. So I think not having a specific laptop for work purposes has been quite hard. (specialist family violence services worker)

There was no blueprint for the rapid transition to remote work for Victoria's specialist family violence and men's service sector due to COVID-19 and associated restrictions. As such the journey to remote service delivery models and the establishment of home workspaces has been and continues to be a learning experience. The practitioners identify the infrastructure critical to supporting remote family violence work; a private space with employer provided office equipment to safeguard client confidentiality and maintain the personal and professional boundaries needed to support worker wellbeing.

Conclusion

While working remotely may provide greater flexibility and increase productivity, it can have significant adverse consequences for the wellbeing of workers in the family violence sector. Remotely responding to family violence can have detrimental effects due to the loneliness of remote work and a sense of individually holding risk without incidental support from colleagues. Increased demand and service disruptions due to COVID-19 have led many practitioners to feel compelled to work longer hours and be tethered to their devices out of concern for their client's safety and (at least initially) to prove they can be productive from home.

During the COVID-19 pandemic the lines between work and home have blurred for practitioners. Wellbeing initiatives are required to alleviate feelings of isolation and loneliness among family violence workers. Similarly, the need to maintain relationships with co-workers and managers is critical for wellbeing. This study shows that technology can assist with improving remote connectedness through strategies such as virtual tea/coffee breaks and remote reflective practice sessions. Nonetheless, our findings clearly demonstrate that virtual wellbeing supports cannot replace the frequent spontaneous informal conversations usually held with colleagues across the desks, in office corridors and kitchens that are so critical to self-care in the context of family violence work.

Furthermore, practitioners in this study spoke about the challenges of navigating life while working from home during the pandemic including the lack of physical and psychological space from their work, compounded for some by children in the next room home-schooling. Practitioners' experiences indicate that sharing home workspaces with family and housemates during stay-at-home orders has created an additional layer of concern about the impact of their challenging work on the psychological wellbeing of others sharing their homes at this time.

As strict restrictions remained and tightened in Victoria, practice adaptations have continued with transitions to web, message and phone-based service delivery models now widespread across the state. The pivot to remote service delivery models has increased accessibility to support services for some clients and provided greater opportunities for online professional development for some practitioners. However, remote practice is not without its challenges. Privacy, confidentially and safety concerns about victim/survivors accessing support services from homes where perpetrators may also be residing have presented significant challenges for building and maintaining client relationships. Assessing risk and ensuring safety are critical components of practitioners' roles and not easily delivered without face-to-face engagement. For the practitioners in this study, nonverbal communication is critical to responding to family violence and difficult to deliver remotely or when wearing masks.

It is likely that Victorian practitioners will need to continue to deliver services remotely – either wholly or in part – for some time as the state works towards achieving a COVID-normal working environment. This study contributes valuable insight into the benefits and risks to service provision and worker wellbeing during this period. As Victoria moves through the pandemic there is growing evidence of the heightened risk of family violence for women and children. Ensuring the wellbeing of practitioners and the effectiveness of service delivery – be it remote or face-to-face - is essential for ensuring the safety of all Victorians experiencing family violence.
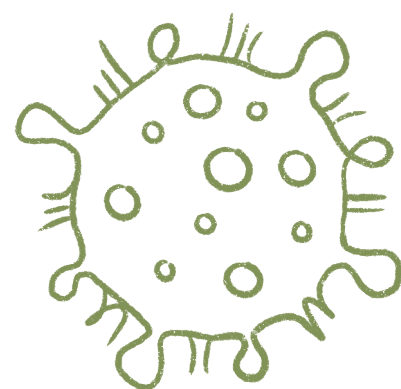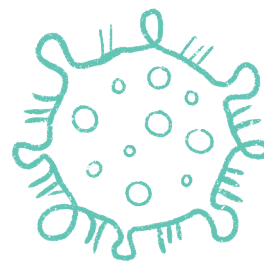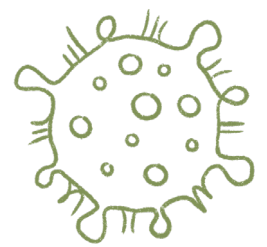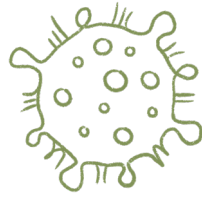
References

Australian Nursing & Midwifery Journal Staff (ANMJ). (2020, 28 February). Nurses on the frontline against coronavirus. *Australian Nursing and Midwifery Journal*, Retrieved from https://anmj.org.au/nurses-are-the-front-line-of-defence-against-coronavirus-says-icn/

Atabakhsh, V. (2020, 30 July). The COVID-19 pandemic exacerbates the pressures faced by women caregivers. *The Conversation*. Retrieved from https://theconversation.com/the-covid-19-pandemic-exacerbates-the-pressures-faced-by-women-caregivers-143576

Batchelor, R. (2020). *The impact of COVID-19 on women and work in Victoria: Research Insights.* Retrieved from https://mckellinstitute.org.au/app/uploads/McKell-Victoria-COVID-Impact-on-women-and-work-in-Victoria-1.pdf

Bazeley, P. (2013). *Qualitative data analysis: Practical strategies.* Thousand Oaks, CA: Sage.

Boxall, H., Morgan, A. & Brown, R. (2020). *The prevalence of domestic violence among women during the COVID-19 pandemic. Statistical Bulletin 28.* Retrieved from https://www.aic.gov.au/sites/default/files/2020-07/sb28_prevalence_of_domestic_violence_among_women_during_covid-19_pandemic.pdf

Chua, S.E., Cheung, V., Cheung, C., McAlonan, G.M., Wong, J.W.S., Cheung, E.P.T., … Tsang, K.W.T. (2020). Psychological effects of the SARS Outbreak in Hong Kong on High-Risk care workers. *Australian Journal of Psychiatry,* 49(6), 391-393. https://doi.org/10.1177/070674370404900609

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

Craig, L., & Churchill, B. (2020). Dual-earner parent couples' work and care during COVID-19. *Gender Work and Organisation,* 1-14. https://doi.org/10.1111/gwao.12497

Cranston, M. (2020, 15 May). Women workers worst hit in COVID job losses. *The Australian Financial Review.* Retrieved from https://www.afr.com/policy/economy/women-workers-worst-hit-in-covid-job-losses-20200513-p54snk

Croxon, N. (2020, 8 July). Centre for Non-Violence sees demand for men's behaviour change program continue to grow during COVID-19. *Bendigo Advertiser.* Retrieved from https://www.bendigoadvertiser.com.au/story/6825108/demand-for-family-violence-intervention-grows-in-covid-19-hiatus/

Daniel, Z. (2020, 13 May). How coronavirus has changed the roles in the family home. *ABC News.* Retrieved from https://www.abc.net.au/news/2020-05-13/coronavirus-has-changed-roles-in-family-home/12239542

Department of Health. (2020). Mental health for the health workforce during COVID-19. Retrieved from https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector/mental-health-for-the-health-workforce-during-covid-19

Dow, A. (2020, 15 September). Pandemic distress drives some health workers to ponder career change. *The Age.* Retrieved from: http://www.theage.com.au/national/pandemic-distress-drives-some-health-workers-to-ponder-career-change-20200914-p55vgo.html?btis

Emezue, C. (2020). Digital or Digitally Delivered Responses to Domestic and Intimate Partner Violence During COVID-19. *Journal of Medical Internet Research (JMIR) Public Health Surveillance,* 6(3):e19831. http://dx.doi.org/10.2196/19831

Erskine, D. (2020). *Not just hotlines and mobile phones: GBV service provision during COVID-19.* Retrieved from https://www.unicef.org/media/68086/file/GBV%20Service%20Provision%20During%20COVID-19.pdf

Family Safety Victoria. (2017). *Census of Workforces that Intersect with Family Violence.* Retrieved from https://www.vic.gov.au/family-violence-workforce-census

Family Safety Victoria. (2017). *Men's behaviour change minimum standards.* Retrieved from https://ntv.org.au/wp-content/uploads/2020/06/FINAL-MBCP-Minimum-Standards-1-1.pdf

Family Safety Victoria. (2020). *Service Guidelines for perpetrator interventions during the coronavirus (COVID-19) pandemic.* Retrieved from https://fac.dhhs.vic.gov.au/news/released-service-guidelines-perpetrator-interventions-during-coronavirus-covid-19-pandemic

Fisher, J.R.W., Tran, T.D., Hammarberg, K., Sastry, J., Nguyen, H., Rowe, H., …Kirkman, M. (2020). Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey. *Medical Journal of Australia,* preprint, 10 June 2020, 1-24. Retrieved from https://www.mja.com.au/system/files/2020-06/Fisher%20mja20.00841%20-%2010%20June%202020.pdf

Fitz-Gibbon, K., True, J., & Pfitzner, N. (2020, 18 August). More help required: the crisis in family violence during the coronavirus pandemic. *The Conversation.* Retrieved from https://theconversation.com/more-help-required-the-crisis-in-family-violence-during-the-coronavirus-pandemic-144126

Gupta, A.H. (2020, 9 May). Why Some Women Call This Recession a 'Shecession.' *The New York Times.* Retrieved from: https://www.nytimes.com/2020/05/09/us/unemployment-coronavirus-women.html

Higgins, N. (2020, 13 April). Coronavirus: When home gets violent under lockdown in Europe. BBC News. Retrieved from https://www.bbc.com/news/world-europe-52216966

Hurst, D. (2020, 19 August). Natasha Stott Despoja urges Coalition to apply 'gender lens' to pandemic recovery. *The Guardian.* Retrieved from https://www.theguardian.com/australia-news/2020/aug/19/natasha-stott-despoja-urges-coalition-to-apply-gender-lens-to-pandemic-recovery?CMP=Share_iOSApp_Other

Inter-Agency Standing Committee (IASC) & Global Protection Cluster: GBV Prevention and Response. (2020). *Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response.* Retrieved from https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf

International Labour Office (ILO). (2018). *Care work and care jobs for the future of decent work.* Retrieved from https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm

Jericho, G. (2020, 27 September). In this recession, low-paid women and those without a degree are being hit hardest in Australia. *The Guardian.* Retrieved from https://www.theguardian.com/business/commentisfree/2020/sep/26/in-this-recession-low-paid-women-and-those-without-a-degree-are-being-hit-hardest-in-australia?CMP=Share_iOSApp_Other

John, N., Casey, S.E., Carino, G., & McGovern, T. (2020). Lessons Never Learned: Crisis and gender-based violence. *Developing World Bioethics,* 20(2), 65– 68. https://doi.org/10.1111/dewb.12261

Kinman, G., Teoh, K., & Harriss, A. (2020). Supporting the well-bring of healthcare workers during and after COVID-19. Occupational Medicine, 70(5), 294-296. https://doi.org/10.1093/occmed/kqaa096

Kinsella, E. (2020, 2 September). As Victoria endures prolonged coronavirus lockdown, mental health workers see devasting impacts of COVID-19. *ABC News.* Retrieved from https://www.abc.net.au/news/2020-09-02/mental-health-crisis-coronavirus-victoria-lifeline-calls-rise/12588500

Kitzinger, J. (1994). The methodology of Focus Groups: The importance of interaction between research participants. *Sociology of Health & Illness, 16*(1), 103–121. https://doi.org/10.1111/1467-9566.ep11347023

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing.* Thousand Oaks, CA: Sage.

Landivar, L. C., Ruppanner, L., Scarborough, W. J., & Collins, C. (2020). Early signs indicate that COVID-19 is exacerbating gender inequality in the labor force. *Socius: Sociological Research for a Dynamic World*, 6, 1-3. https://doi.org/10.1177/2378023120947997

Lauve-Moon, K., & Ferreira, R.J. (2020). An exploratory investigation: Post-disaster predictors of intimate partner violence. *Clinical Social Work Journal,* 45, 124-135. http://dx.doi.org/ 10.1007/s10615-015-0572-z

Lewis, H. (2020, 19 March). The Coronavirus Is a Disaster for Feminism. *The Atlantic.* Retrieved from https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/

The Lookout. (2019). Vicarious trauma & burnout. Retrieved from https://www.thelookout.org.au/family-violence-workers/self-care-family-violence-workers/vicarious-trauma-burnout

Mahajan, D., White, O., Madgavkar, A., & Krishnan, M. (2020, 16 September). Don't let the pandemic set back gender equality. *Harvard Business Review.* Retrieved from https://hbr.org/2020/09/dont-let-the-pandemic-set-back-gender-equality

Malowney, T. (2020, 29 July). This pandemic is an opportunity to learn from the disability community. We are experts in resilience. *The Guardian.* Retrieved from https://www.theguardian.com/commentisfree/2020/jul/29/this-pandemic-is-an-opportunity-to-learn-from-the-disability-community-we-are-experts-in-resilience

Meyer, S. (2020, 11 September). Why we need to focus more on the needs of children in domestic and family violence responses. *Monash Lens.* Retrieved from https://lens.monash.edu/@silke-meyer/2020/09/11/1381274/why-we-need-to-focus-more-on-the-needs-of-children-in-domestic-and-family-violence-responses

Miles, M. B., & Huberman, M. A. (1994). *Qualitative data analysis: An expanded sourcebook (2nd ed.).* Thousand Oaks, CA: Sage.

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

Morse, M., & Anderson, G. (2020), The Shadow Pandemic: How the COVID-19 crisis is exacerbating gender inequality. Retrieved from https://unfoundation.org/blog/post/shadow-pandemic-how-covid19-crisis-exacerbating-gender-inequality/

National People with Disabilities & Carer Council. (2009). *Shut out: The experience of people with disabilities and their families in Australia.* Retrieved from https://www.dss.gov.au/sites/default/files/documents/05_2012/nds_report.pdf

No To Violence (NTV). (n.d.). Men's Behaviour Change Group Work: Minimum Standards and Quality Practice. Retrieved from https://providers.dhhs.vic.gov.au/sites/default/files/2017-08/Mens-behaviour-change-group-minimum-standards-manual.pdf

Onyango, M.A., & Regan, A. (2020, 10 May). Sexual and gender-based violence during COVID-19: lessons from Ebola. *The Conversation.* Retrieved from https://theconversation.com/sexual-and-gender-based-violence-during-covid-19-lessons-from-ebola-137541

Parkinson, D., & Zara, C. (2013). The hidden disaster: Domestic violence in the aftermath of natural disaster. *The Australian Journal of Emergency Management, 28*(2), 28-35. Retrieved from http://classic.austlii.edu.au/au/journals/AUJlEmMgmt/2013/24.pdf

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & van Gelder, N. (2020). *Pandemics and Violence Against Women and Children (Working Paper 528).* Retrieved from https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children

Pfitzner, N., Fitz-Gibbon, K., & 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.* Retrieved from https://bridges.monash.edu/articles/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/12433517

Pfitzner, N., Fitz-Gibbon, K., Meyer, S., & True, J. (2020). *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.* Retrieved from https://bridges.monash.edu/articles/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/12581393

Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice and Policy, 16*(1), 67-73. https://doi.org/10.1080/15487733.2020.1776561

Premier of Victoria. (2020, 17 August). Keeping family violence in sight during coronavirus. Media Release. Retrieved from: https://www.premier.vic.gov.au/keeping-family-violence-sight-during-coronavirus

Rmandic, S., Walker, S., Bright, S., & Millsteed, M. (2020). *Police-recorded crime trends in Victoria during the COVID-19 pandemic.* Retrieved from https://apo.org.au/sites/default/files/resource-files/2020-09/apo-nid308473.pdf

Royal Commission into Family Violence. (2016). *Summary and recommendations. Parl Paper No 132. (2014-2016).* Retrieved from https://www.parliament.vic.gov.au/file_uploads/1a_RFV_112ppA4_SummaryRecommendations.WEB_DXQyLhqv.pdf

Sainato, M. (2020, 23 September) 'I cry before work': US essential workers burned out amid pandemic. *The Guardian.* Retrieved from https://www.theguardian.com/us-news/2020/sep/23/us-essential-workers-coronavirus-burnout-stress

Sandberg, S., & Thomas, R. (2020, 7 May). Sheryl Sandberg: The coronavirus pandemic is creating a 'double double shift' for women. Employers must help. *Fortune.* Retrieved from https://fortune.com/2020/05/07/coronavirus-women-sheryl-sandberg-lean-in-employers-covid-19/

Strengers, Y. (2020, 6 April). Coronavirus has sparked a work from home revolution, but is it a backward step for gender equality? *ABC News.* Retrieved from https://www.abc.net.au/news/2020-04-06/yolande-stengers-gender-and-corona/12109010

St Vincent's Hospital Melbourne. (2020, 11 August). Clinical trial looks to protect high-risk healthcare workers against COVID-19. Retrieved from https://www.svhm.org.au/newsroom/news/clinical-trial-looks-to-protect-high-risk-healthcare-workers-against-covid-19

Tran, D. (2018, 13 January). Online family violence program wins praise from experts, but 'blocked' from accreditation. *ABC News.* Retrieved from https://www.abc.net.au/news/2018-01-13/domestic-violence-online-mens-behavioural-change-program/9236478

True, J. (2013). Gendered violence in natural disasters: Learning from New Orleans, Haiti and Christchurch. *Aotearoa New Zealand Social Work, 25*(2), 78-89. https://doi.org/10.11157/anzswj-vol25iss2id83

Tuohy, W. (2020a, 16 August). Not 'heroes' nor martyrs, doctors' mental health also needs support. *The Age.* Retrieved from https://www.theage.com.au/national/victoria/not-heroes-nor-martyrs-doctors-mental-health-also-needs-support-20200814-p55lur.html

Tuohy, W. (2020b, 19 August). 'Please help us': Call to support women hit by economic fallout of pandemic. *The Age.* Retrieved from https://www.theage.com.au/politics/victoria/call-to-support-working-women-hit-by-economic-fallout-of-pandemic-20200819-p55n9v.html

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

Tuohy, W. (2020d, 16 August). Calls for female-focused budget as women face financial 'gender disaster'. *The Age.* Retrieved from https://www.theage.com.au/national/victoria/calls-for-female-focused-budget-as-women-face-financial-gender-disaster-20200815-p55m0e.html

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.* Retrieved from http://www.unicri.it/news/files/VAW_draft_last_lowq.pdf

UN Women, UNFPA, UNDOC & UNDP. (2020). COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls. Retrieved from https://www.unwomen.org/en/digital-library/publications/2020/04/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls

Usborne, S. (2020, 14 July). End of the office: the quiet, grinding loneliness of working from home. *The Guardian.* Retrieved from https://www.theguardian.com/money/2020/jul/14/end-of-the-office-the-quiet-grinding-loneliness-of-working-from-home

Wallace, C. (2020, 24 September). It's a man's (pandemic) world: how policies compound the pain for women in the age of COVID-19. *The Conversation.* Retrieved from https://theconversation.com/its-a-mans-pandemic-world-how-policies-compound-the-pain-for-women-in-the-age-of-covid-19-144796

Wilkins, R., & Lass, I. (2018). *The household, income and labour dynamics in Australia survey: Selected findings from waves 1 to 16.* Retrieved from https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0005/2839919/2018-HILDA-SR-for-web.pdf

Yaker, R. (2020). *Securing the Safety and Wellbeing of Women Frontline Healthcare Workers in the COVID-19 Response.* Retrieved from https://gbvguidelines.org/en/documents/securing-the-safety-and-wellbeing-of-women-frontline-healthcare-workers-in-the-covid-19-response/