COVID-19 and the increase of domestic violence against women

Submission to the OHCHR
30 June 2020

Prepared by the Monash Gender and Family Violence Prevention Centre, Monash Gender, Peace and Security Centre and the University of Liverpool.
United Nations Human Rights Office of the High Commissioner
Submission: COVID-19 and the increase of domestic violence against women

Thank you for the opportunity to provide a submission to the United Nations Human Rights Office of the High Commissioner to inform the UN Special Rapporteur on violence against women, its causes and consequences upcoming report to the General Assembly.

This submission has been prepared by members of the Monash Gender and Family Violence Prevention Centre (MGFVPC), the Monash Gender, Peace and Security Centre (GPS), and the University of Liverpool (UK). It focuses on how the COVID-19 pandemic has impacted the nature and prevalence of domestic violence against women as well as service responses to women and children experiencing violence. Our submission is focused on Australia, the Indo-Pacific, England and Wales.

The submission also provides summary details of current research in Australia, the Indo-Pacific and the United Kingdom that members of the MGFVPC and Monash GPS are leading examining violence against women and the COVID-19 global health pandemic.

Please find our submission attached to this letter.

We would welcome the opportunity to provide further detail to inform the work of the UN Special Rapporteur on violence against women, its causes and consequences and to discuss any aspects of this submission.

Kind regards,

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Dr Naomi Pfitzner
Professor Jacqui True
Professor Sandra Walklate
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Professor Barry Godfrey
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Current research projects on domestic violence against women and the COVID-19 pandemic

1. To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns?

2. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

3. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

4. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

5. Are protection orders available and accessible in the context of the COVID-19 pandemic?

6. What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?

7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.

9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRI's or equality bodies.

11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

References

Appendix A: Monash Gender and Family Violence Prevention Centre

Appendix B: Monash Gender, Peace and Security Centre
Current research projects on domestic violence against women and the COVID-19 pandemic

Members of the Monash Gender and Family Violence Prevention Centre (including researchers linked to the University of Liverpool) and the Monash Gender, Peace and Security Centre are currently leading a range of research projects seeking to understand how the COVID-19 pandemic has impacted on experiences of and responses to domestic violence against women.

These projects are summarised here.

**Gender-based violence and help-seeking behaviours during the COVID-19 Pandemic**

*Project leads: Naomi Pfitzner, Kate Fitz-Gibbon and Jacqui True*

This project seeks to understand women’s experiences of male violence as well as their help-seeking behaviours during the COVID-19 pandemic. The project aims to generate knowledge on service adaptations and innovations in response to the pandemic and identify service and resource gaps to ensure that women experiencing violence get the support they need. In order to achieve these aims, the project is framed by two key research questions:

1. What are the impacts of COVID-19 on gender-based violence in families and beyond?
2. What are the responses to gender-based violence during the health crisis and were women’s help-seeking behaviours effectively responded to?

This project will generate new knowledge on effective crisis response and support for gender-based violence during the COVID-19 pandemic and provide an evidence base for service providers to reimagine service delivery during times of crisis.

The first phase of this project involved an online anonymous survey used to capture the voices and experiences of practitioners responding to women experiencing violence during the COVID-19 shutdown in Victoria, Australia. The survey ran for a four-week period from 23 April to 24 May 2020. The survey was administered through the survey development software Qualtrics. Survey responses were received from 166 Victorian practitioners. Univariate analyses were conducted to explore overall trends in the nature and frequency of violence against women during the COVID-19 shutdown, and the qualitative survey data was thematically analysed. The findings of this survey were presented in Pfitzner, Fitz-Gibbon and True (2020).

The research team has also published a second report presenting the findings from two surveys conducted by the Queensland Domestic Violence Services Network over a ten-day period in April 2020 (15 – 24 April) and a two-week period in May 2020 (8 – 22 May). The surveys sought to capture the professional views and experiences of practitioners responding to women experiencing violence during the period of COVID-19 restrictions in Queensland, Australia. Data collection for the second survey occurred during the Stage 1 easing of restrictions which began on 15 May 2020. Survey One provided a snapshot of DFV client and service needs in Queensland during the shutdown period and Survey Two explored emerging issues from the first survey. The findings of the Queensland surveys were presented in Pfitzner, Fitz-Gibbon, Meyer and True (2020).

This project is part of The Melbourne Experiment, a Monash University research initiative. Further details about the project are available on the [project website](#).
Mapping the Impact of COVID-19 on Women, Peace and Security Practitioners in the Indo-Pacific Region

Project lead: Jacqui True

This project is investigating the direct and indirect impacts of COVID-19 on the needs, concerns and priorities of women, peace and security (WPS) practitioners and their organisations in the Indo-Pacific region (29 countries from Iraq to Samoa). We seek to understand whether practitioners’ work has changed, what their immediate and longer-term concerns are in light of COVID-19, and in which areas of work they need most support currently and during the ongoing global health pandemic, including funding and economic impacts, gender-based violence, access to services, and safety/security of WPS practitioners and their organisations. The project aims to provide new knowledge on COVID-19 impacts and their patterns across the region to understand what timely gender-responsive measures could be taken by governments, international organisations and civil society groups.

Findings from the first stage of this project have been published in:


Family violence, help seeking and temporary migration during COVID-19

Project leads: Marie Segrave and Naomi Pfitzner

The project seeks to map the specific challenges of the pandemic and its flow-on effects to women who hold temporary visas, and their children, experiencing family violence in Victoria, Australia. This project will review 100 cases of women on temporary visas who became clients of inTouch Multicultural Centre Against Family Violence during the predominant lockdown (from 22 March to 21 June) and will draw a cross-sectional sample of 100 clients across key visa types – including bridging, student and sponsored partner visas – as a basis for analysis. The research will seek to understand the specific impacts of lockdown for women on temporary visas experiencing family violence, including the financial stressors placed on temporary migrants who were excluded from the Commonwealth Government’s COVID-19 financial support packages. It will build on previous work by Segrave (2017) that has mapped the specificity of temporary migration as contributing to women’s insecurity in the context of experiencing, and seeking support or safety from, family violence. The research will utilise a mixed methods approach and provide a quantitative descriptive analysis of case files over this period. Utilising these files, and via consultation with inTouch case managers and their leadership team, specific case studies will be drawn out in more detail to offer more substantive accounts of women’s efforts to find security and safety during this period.

Domestic Abuse: Responding to the Shadow Pandemic in England and Wales

Project leads: Sandra Walklate and Barry Godfrey

This project, funded by RCUK/ESRC, will offer a systematic review of the evidence surrounding the impact of social isolation on domestic abuse and evaluate the efficacy of policy and practice innovations by both the police and courts in dealing with the immediate crisis posed by COVID-19. It will explore the future viability of these practices as the longer-term consequences of the global pandemic take root.

Project duration: 15 June 2020 to 12 December 2021
1. **To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns?**

**AUSTRALIA**

Our research in Victoria and Queensland demonstrates an increase in the prevalence, severity and complexity of violence against women (VAW) reported to practitioners since the beginning of the COVID-19 crisis (Pfitzner, Fitz-Gibbon and True, 2020; Pfitzner, Fitz-Gibbon, Meyer and True, 2020).

In Victoria specifically, following the COVID-19 restrictions, services working with perpetrators of family violence reported an increase in service use. Findings from the first survey of 166 Victorian frontline practitioners supported women experiencing violence during the COVID-19 shutdowns revealed the following:

- An increase in the frequency and severity of VAW
- 59% of Victorian practitioners surveyed reported that COVID-19 has increased the frequency of VAW
- 50% of Victorian practitioners surveyed reported it has increased the severity of VAW
- An increase in the complexity of women’s needs noted by 86% of respondents
- An increase in first-time family violence reporting by women noted by 42% of respondents

The Queensland survey data further supported this perceived increase and escalation in violence by DFV practitioners during the period of COVID-19 restrictions. Just over one third of Survey One respondents (36%, n=20) said that COVID-19 has led to an escalation of violence for their clients. Concerningly, while Queensland eased COVID-19 lockdown restrictions in May (Queensland Government, n.d.), this perceived escalation in violence experienced by women continued with almost double the numbers of practitioners in Survey Two (70%, n=82) identifying this as the key issue for their clients.

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

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

Survey Two data also highlighted that three months into the period of restrictions clients increasingly presented with additional concerns. 76% of Survey Two practitioners (n=89) said that clients were experiencing an increase in mental health issues and 53% (n=62) reported an increase in drug and alcohol use. Likewise, the economic impact of COVID-19 on women experiencing violence became apparent at this point with 75% of Survey Two practitioners (n=88) reporting employment and 69% (n=81) housing as key concerns for their clients during the pandemic. This practitioner view supports mounting evidence of the ways in which COVID-19 is exacerbating existing gender inequalities. The specific implications this will have on women in terms of housing, job and income insecurity, health and wellbeing are beginning to emerge (Milford & Anderson, 2020; OECD, 2020).
Victorian and Queensland practitioners both reported new forms of violence that perpetrators are using during the COVID-19 restrictions (Pfitzner, Fitz-Gibbon and True, 2020; Pfitzner, Fitz-Gibbon, Meyer and True, 2020). Victorian survey respondents described the ways in which perpetrators were using the restrictions and threat of COVID-19 infection, purposeful or otherwise, to restrict women’s movement, to gain access to women’s residences and to coerce women into residing with them if they usually reside separately (Pfitzner, Fitz-Gibbon and True, 2020).

In their responses to Survey Two, Queensland practitioners were asked to nominate forms of COVID-19-related abuse from a list of seven items and/or to describe the form of violence in an open-text response. Practitioners reported the following forms of violence against women experienced by clients during this period:

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

These findings from two Australian states demonstrate that during the pandemic, perpetrators of intimate partner violence and other forms of violence against women have adapted their abusive behaviours, finding new opportunities to control and isolate their victims.

**INDO-PACIFIC**

The first comprehensive review of the impacts of COVID-19 on Women, Peace and Security agencies (WPS) and their workers across the Indo-Pacific conducted by Monash Gender, Peace and Security Centre (GPS) was completed between 28 April and 11 May 2020. The survey targeted 29 countries, was translated into 13 languages and received 139 complete responses. This research has revealed a major impact of COVID-19 restrictions on the humanitarian, security and rights-based sectors in the region, including the practitioners on the frontline who seek to safeguard women’s rights (i.e. providing gender-based violence and access to justice services) (see Davies and True 2016, 2017).

The GPS (2020) research found that:

- 56% of survey respondents said that lockdowns had reduced or blocked their organisation’s access to services and to populations, making their human rights and gender-based violence prevention and protection work along with advocacy even more difficult
- The data also revealed that there were increasing threats to the safety and security of vulnerable women and that their fears of income loss and safety statistically correlate with the growing numbers of days in lockdown within and across countries

**ENGLAND AND WALES**

In April 2020, the Home Affairs Committee noted that the police were struggling to protect the vulnerable. However, the number of incidents of domestic abuse vary markedly in different police force areas, with some reporting no change, others reporting a decrease and others an increase. In line with the report by Peterman et al. (2020), at this point in time the available administrative data is inconclusive.
The Home Affairs Committee also reported that several forces innovated and introduced digital reporting and new types of emergency responses in order to protect victims, and that the courts were also struggling to hold trials and sentence domestic violence offenders.

Refuge, a UK women’s shelter organisation, indicated that on average calls and contacts to the National Domestic Abuse Helpline seeking their help had increased by 49% for the week commencing 6 April compared to pre-lockdown (Refuge, 2020).

In addition, the UK Home Affairs Committee (2020: 8) reported:

“The Men’s Advice Line for male victims of domestic abuse had an increase in calls of 16.6% in the week of 30 March, and a 42% increase in visits to its website and the Respect phone line, which offers help for domestic abuse perpetrators who want to change and stop being violent, had a 26.86% increase in calls in the week of 30 March, while its website received a 125% increase in visits in the same period compared to the week before.”

In a webinar presentation on 12 May 2020, the Domestic Abuse Commissioner for England and Wales reported:

• An increase in calls relating to adolescent-to-parent violence
• Calls to NGOs were taking up more time because of the complexity of issues being raised (legal, financial, civil, etc)
• More self-referrals from men questioning their own behaviour
• Greater web-related traffic (chats, emails, etc) for charities and NGOs working in this field
• A rise in concerns in relation to mental health featuring as part of the complexity of issues being presented to support services

The Femicide Census in the UK has documented 51 deaths of women at the hands of a partner or ex-partner and was awaiting further clarification on another eight deaths on the date accessed (27 June 2020). This represents an increase on the routine expectation of two such deaths a week usually found in the yearly statistics.

2. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

AUSTRALIA

Australia has a national helpline – 1800RESPECT – which provides confidential support via telephone and online counselling for all persons experiencing or concerned for someone experiencing sexual, domestic or family violence. The 1800RESPECT counsellors are qualified counsellors and the helpline is available 24 hours a day, 7 days a week.

Between March and April 2020 there was a reported increase of 38% in the use of the 1800RESPECT online chat tool, amounting to a total increase of approximately 1000 additional people accessing the service during this period (Zwart, 2020). Anecdotally during this period of early restrictions counsellors also reported that they were seeing increased calls at night-time, when callers were identifying that their abuser was in bed (Zwart, 2020). The service reported that the reason for individual calls were:

• The caller was experiencing violence during isolation,
• the caller was more fearful due to being in isolation with a violent partner, and/or
• the caller felt they were at high risk and needed police to attend their home. (Zwart, 2020).
Helpline services, such as 1800RESPECT, provide support and information to any caller regarding FV but are not resourced to offer tailored bystander support. Given the potentially critical role that bystanders can play in offering support and/or providing an intervention for individuals experiencing violence, Australia, as we have argued elsewhere, should consider establishing a dedicated bystander intervention helpline (see Meyer and Fitz-Gibbon, 2020). During this time of heightened risk, a dedicated helpline to inform bystander interventions would avoid overburdening existing FV helplines while also serving to acknowledge and promote the importance of bystander support.

Some men’s services in Australia have reported increased demand for telephone services. Coinciding with the beginning of the lockdown in March 2020, the Men’s Referral Service – a national telephone counselling service operated by No to Violence – has seen an increase in calls from perpetrators of domestic violence against women, including a reported 94% increase in phone traffic and a 20% average increase in time spent with callers (Tuohy 2020).

INDO-PACIFIC

We have not collected information on helpline data in the Indo-Pacific. Helplines are largely run by civil society organisations. We will obtain further data in our next survey on reporting of gender-based violence.

In the Solomon Islands, practitioners have reported that women are experiencing income and job losses, displacement, and increased domestic violence – in a context where that severe violence against women is already at epidemic levels (Marks, 2019).

Of relevance, in the first Indo-Pacific survey, when asked about trusted sources of information related to the pandemic, strikingly just 12% of women, peace and security practitioners referred to social media, with 32% relying on the government followed by international organisations such as the WHO (23%).

ENGLAND AND WALES

Helplines are available and funded by both government and other forms of sponsorship. The National Domestic Abuse Helpline, run by Refuge, an NGO, received a 120% increase in calls in one 24-hour period (ITV News, 11 April 2020). On 11 April 2020, the Home Secretary announced a new communications campaign to encourage reporting of incidents by dialling 999 (police emergency number) and adding 55 on a mobile phone if the caller was unable to talk in safety. On 23 April 2020, the government announced the immediate transfer of £600,000 to charities to help them provide remote services as a result of social-distancing measures brought in during the coronavirus pandemic.

3. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

AUSTRALIA

People experiencing domestic and family violence have been exempted from stay-at-home restrictions in Australia and free to leave their homes in order to escape violence. This message has been communicated on a range of government, support service and NGO websites, as well as in the media, during periods of restrictions.
INDO-PACIFIC

There have been reports via UN Women Philippines that women have transacted sex with police and security officers to leave homes under restrictions and have experienced sexual violence at checkpoints by security forces throughout the COVID-19 pandemic (Silbert, 2020).

ENGLAND AND WALES

The government advises that household isolation instructions do not apply if you need to leave your home to escape domestic abuse. So far there have been no reports of anyone charged by the police for breaching social-distancing rules to escape violence.

4. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

AUSTRALIA

Emergency shelters in Australia have continued to operate across the country, but at limited capacity due to social-distancing requirements. Funding has been extended to enable services to relocate women seeking shelter due to escaping an unsafe home to motels. There has been long-held recognition in Australia that there is a shortage of safe-housing options for women and children (see, for example, Flanagan, Blunden, Valentine and Henriette, 2019; RCFV, 2016; Special Taskforce on Domestic and Family Violence, 2015). Indeed, prior to the COVID-19 pandemic, domestic violence against women was also recognised as a key contributor to women and children’s homelessness in Australia (Special Taskforce on Domestic and Family Violence, 2015; Tually et al., 2018).

In early April 2020, the Victorian State Government announced a multimillion dollar funding package dedicated to ensuring additional resources to secure short-term accommodation, including motel rooms, for women and children escaping domestic violence against women during the pandemic (Lucas, 2020). Despite this funding announcement, findings from our Victorian survey of practitioners responding to women experiencing violence during the period of restrictions revealed a perceived lack of safe accommodation options for women who are unable to remain at home during the restrictions (Pfitzner, Fitz-Gibbon and True, 2020). Practitioners believed there is a need for the government to urgently address the significant safe-housing shortage that pre-existed in Victoria but has been heightened to critical levels during the COVID-19 pandemic. Numerous Victorian practitioners noted that securing safe-housing options and availability during the COVID-19 restriction period posed a significant challenge.

Similar findings emerged from the Queensland data (Pfitzner, Fitz-Gibbon, Meyer and True, 2020). During the early stages of the lockdown in Queensland, practitioners observed that attaining safe housing was a priority for their clients, with 24% (n=13) of practitioners reporting access to ongoing accommodation and 18% (n=10) reporting access to temporary accommodation as key services gaps. In the second Queensland survey, some practitioners recognised that there had been a government contribution to securing more safe-housing options for women experiencing violence during the period of the pandemic (Department of Housing and Public Works, 2020; Queensland Government, 2020). However, the temporary nature of the accommodation offered was highlighted as problematic and the need for further funding was emphasised.

A major challenge in Australia is that there are gaps in support, including accommodation options for non-citizens without permanent residency who are often without a reliable or ongoing income, who cannot access ongoing social security benefits and who, for this reason, are unable to access longer-term subsidised accommodation options. This group of temporary migrants has been identified during this time as at significant risk of destitution and homelessness (Rushton, 2020).
ENGLAND AND WALES

Shelters are open but there is no data available concerning their capacity. In February 2002, the Ministry of Housing, Communities and Local Government provided £16.6 million to 75 projects across England to help fund domestic abuse refuge services, enabling victims and their children to stay safe, recover from the trauma, and access safe, permanent rehousing where needed. In June 2020, they provided a further £8.1 million for additional bed spaces and support services to domestic abuse victims in safe accommodation, with a further £1.9 million still available for this support.

However, Women’s Aid (2020) reported that many services have been reduced for women and children as a result of staff shortages and the requirement to meet with government social-distancing regulations. This primarily affected outreach and drop-in services, with most shelters responding to their survey indicating that they could meet social-distancing requirements but had little PPE. In addition, Women’s Aid reported that marginalised groups (especially migrant and deaf and dumb women) were particularly hard hit as a result.

5. Are protection orders available and accessible in the context of the COVID-19 pandemic?

AUSTRALIA

Protection orders have remained available during the period of the COVID-19 pandemic, including during the restriction period. Some Australian state jurisdictions have released information during the pandemic to indicate amendments to the protection order process in response to COVID-19 circumstances. For example, in Victoria urgent and high-risk family violence matters have been prioritised during this period and in Western Australia electronic processes for seeking a protection order were introduced (Government of Western Australia, 2020).

INDO-PACIFIC

Protection orders are still available in Vanuatu. The status of protection orders availability and accessibility is unknown in other locations in the Indo-Pacific (Care, 2020).

6. What are the impacts on women’s access to justice? Are courts open and providing protection and decisions in cases of domestic violence?

AUSTRALIA

In Australia, the court systems vary in each state and territory jurisdiction, and there is likely to be differential impacts of the COVID-19 pandemic and associated restrictions across each state and territory court system. As yet there is little documented evidence of how the civil and criminal justice systems across Australian states and territories have responded to domestic violence against women during the period of COVID-19 restrictions, or of the effectiveness and impact of those responses.

For migrant and refugee women, prior to the pandemic it was well known that temporary migrants have specific and significant uncertainties regarding access to justice. Migration law and regulations create significant uncertainty for women regarding their right to stay in Australia and potential rights as parents to children that may be born to an Australian citizen partner. This is compounded by the potential consequences of returning home to their country of origin. In the context of the pandemic, we are yet to see data regarding accessing justice: what is clear from service provider reports, however, is that the Australian Government’s decision to exclude temporary migrants from the financial safety net package

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has compounded conditions within which domestic violence against women is occurring whilst also creating significant fear for women regarding their welfare (and their children’s welfare).

**INDO-PACIFIC**

Prior 2019 research undertaken as part of the UN Women’s Enhancing Access to Justice for Women in Asia and the Pacific program found that while the formal justice system is most often preferred by women, it is inaccessible to them due to their rural, remote locations and financial barriers. As a result, informal justice systems that are poorly, if at all, coordinated with formal justice are more accessible to women. Women’s experiences across five countries – the Philippines, Sri Lanka, Indonesia, East Timor and Vanuatu – revealed both overt and latent conditions that perpetuate gender inequality and discrimination within structures and institutions of justice (Davies, Mollica and True, 2019).

A recent report by Georgetown Institute for Women, Peace and Security (GIWPS) Managing Director Dr Jeni Klugman – jointly published by UN Women, IDLO, UNDP, UNODC, World Bank and The Pathfinders for Justice, with support by the Elders – documented access to justice for women during the COVID-19 pandemic. It found major threats to women’s lives and livelihoods associated with COVID-19, including “Curtailed access to justice institutions, rising intimate partner violence (IPV), threats to women’s rights to sexual and reproductive health, growing injustice for workers, discriminatory laws and lack of legal identity, as well as repercussions on forcibly displaced women and those deprived of their liberty” (UN Women et al., 2020).

**ENGLAND AND WALES**

Many courts have been closed for business during the social-isolation period. The courts have been proceeding with major crimes, some of which involve domestic abuse, but there is likely to be a backlog of cases in the post-lockdown period.

Police forces have been using the lull in caseload during this period to improve clear up rates and technical detections of domestic violence. These may be historical cases which have been “in the system” for a long time, but which are now being concluded.

7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

The MGFVC research team has not conducted any research in Australia specifically in this area since the beginning of the pandemic.

Monash GPS is currently investigating the impact on access to sexual and reproductive health care, in particular access to contraception and abortion. The second survey mapping the impact will investigate whether WPS practitioners have noted an increase in reproductive coercion or an increase in difficulties accessing reproductive health services including contraception, abortion, maternal health services and HIV testing and treatment.

The International Planned Parenthood Federation (IPPF, 2020) reported in April 2020 that one in five static sexual and reproductive health clinics had closed, with its South Asia region experiencing the largest number of closures overall.
8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.

Obstacles encountered by women in Australia on temporary visas

Temporary migrants in Australia regardless of visa status, and before the pandemic, have long been disadvantaged by the system because they have no access to Centrelink, Medicare or housing. In the context of COVID-19, a significant financial burden has been carried by temporary workers who were refused access to the federal support packages (JobKeeper and JobSeeker) for those out of work, or those who could not work due to the lockdown. Financial stress and increased alcohol consumption, combined with the lockdown and myriad compounding stress factors in the context of COVID-19, have resulted in escalating reports of violence and severity of family violence for temporary migrants. Service providers in Victoria reported a 20% increase in temporary visa holders coming forward needing assistance in the context of family violence, while Domestic Violence NSW reported that 60% of women on temporary visas they were supporting had less access to income, food and essentials (Rushton, 2020). The conditions for this group of women are significant, not least because there are no safe options: leaving a violent partner is inherently risky because of the absence of any guarantees of ongoing support, yet remaining with a violent partner is also significantly risky in terms of the immediate and long-term safety of women and their children. These conditions have escalated during the pandemic.

Obstacles encountered by gender-based violence practitioners in conflict-affected areas in Indo-Pacific

The Monash GPS (2020) Indo-Pacific survey revealed that the vast majority of WPS practitioners have faced serious resource and other constraints which have threatened both their pandemic work and their core programs including gender-based violence protection and prevention. Survey findings included:

- 88% of practitioners stated that COVID-19 had already impacted the scope and focus of WPS work
- More than two thirds (68%) of practitioners have changed their program focus as a result of COVID-19. However, the vast majority have not received any new funding to support this pivot. In fact, many have seen a reduction in their overall funding
- Some survey respondents were concerned with “no access to the field” to provide gender-based violence services; the consequence for GBV of “aggressive return to business as usual” includes “militarization of response” and “coercion to use tracking apps”
- In Myanmar’s Kachin and Rakine states, it was noted that “due to the lockdown, no UN agency nor INGO has access to camps or quarantine centres so … are reliant on second hand information. [They] are trying to implement case management remotely (mobile phone and Skype) with varying success” (cf. Davies and True, 2017)

9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

AUSTRALIA

Since the beginning of the pandemic in Australia, the Commonwealth Government has made specific announcements and funding commitments relating to domestic violence against women. This has included $150 million that was announced in March 2020 to support Australians experiencing domestic, family and sexual violence, which included funding for additional counselling support for families
experiencing or at risk of violence, plus additional funding for 1800RESPECT and MensLine Australia (Prime Minister of Australia, 2020).

In addition to commitments made at the national level, Australian state and territory governments have made a range of state-level funding commitments in response to the recognised heightened risk of domestic violence against women during the period of the pandemic.

**INDO-PACIFIC**

In the Indo-Pacific, WPS practitioners are contributing significantly to the delivery of provisions and services aimed at ameliorating COVID-19 impacts. They are well positioned to provide health-promotion education and risk communications to vulnerable communities. Though this is typically outside of current programming and unfunded work. For example:

- In Sri Lanka, several women’s groups have mobilised to provide stranded workers and daily wage earners with food and other provisions to prevent situations of economic stress that are risk factors for domestic violence
- In Afghanistan, a women’s association is raising funds to employ pandemic-impacted women to sew face masks at home to contribute to the local economy and prevent gender-based violence.

**ENGLAND AND WALES**

On 2 May 2020, the UK Government announced a £76 million package for domestic abuse charities in recognition of the strains they were under, including additional funding to support safe accommodation (Ministry of Housing, Communities and Local Government, 2020).

10. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.

**Specialist service innovations in Australia**

Like many other service areas, domestic and family violence specialist services across Australia have had to act quickly during the initial stages of the COVID-19 restrictions to support continued client engagement and safety. Since the third week of March 2020 in Australia, social restrictions have largely prevented face-to-face service delivery with victim support and perpetrator intervention services reoriented to deliver many of their services via online and telephone counselling.

In our Victorian study (Pfitzner, Fitz-Gibbon and True, 2020), practitioners indicated that many services that have traditionally provided in-person responses to women experiencing violence were transitioning to voice-and-video call, email, webchat and messaging-based services during the COVID-19 pandemic. Given the timing of the survey, falling over a four-week period during the heaviest stage of physical-distancing restrictions in Victoria, practitioners were at different stages of their transition to remote-service delivery. Some of the remote-service practices that were reported in the survey had been developed specifically in response to the pandemic, while other organisations and agencies had utilised and expanded existing remote-service models.

Many Victorian practitioners reported that their organisations have sought to integrate family violence response into the essential services that have remained open during the shutdown, such as doctors’ clinics, Centrelink and childcare services. Practitioners recognised that these service touchpoints offered potentially useful ways to access women and children who have experienced violence but who may otherwise be unable to seek help (see further Pfitzner, Fitz-Gibbon and True, 2020). Victorian
practitioners also reported that their organisations had created new alert systems for women to signal when they need support. These alerts include the use of code words in telephone and text communication as well as physical signals.

Similar findings emerged from our Queensland study (Pfitzner, Fitz-Gibbon, Meyer and True, 2020). In May 2020, at the time of the Survey Two data collection, Queensland practitioners reflected on a range of innovative service approaches that they had implemented or observed within the sector, including:

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

Survey participants noted that some of these innovative approaches greatly benefited clients and may therefore be useful to retain after the COVID-19 restrictions as a way of continuing to offer clients more flexible and accessible services.

**Remote engagement with perpetrators of domestic violence against women in Australia**

Since the beginning of the restrictions in Australia, services delivering programs with perpetrators of domestic violence against women and practitioners offering face-to-face supports have had to reorient to deliver their services remotely. For instance, some men’s intervention programs are adapting their strategies to reach known perpetrators who otherwise would be unsupported (Fitz-Gibbon, Burley and Meyer, 2020).

In our Queensland study, practitioners responding to Survey Two commented on how restrictions around face-to-face service delivery affected their area of practice while also creating new opportunities for service engagement (Pfitzner, Fitz-Gibbon, Meyer and True, 2020). Queensland examples provided included the remote delivery of men’s behaviour change programs (MBCP) and (ex)partner contact to manage the safety of women and children linked to men in such programs. Practitioners reflected that when delivered remotely, these points of contact were not restricted by geographic and time challenges associated with face-to-face client meetings.

We believe these service innovations may lead to improvements in future service delivery in the men’s service and behaviour change space post COVID-19 restrictions, especially for clients in remote geographic areas. Given the heightened invisibility of perpetrators during the period of restrictions, it will be important to rigorously evaluate the benefits of any innovations which operate during this period to maintain contact with perpetrators and ensure ongoing engagement (see also Fitz-Gibbon, Burley and Meyer, 2020).

**Opportunities to evaluate innovative service models**

The introduction of innovative service models during COVID-19 restrictions around face-to-face service access and delivery has demonstrated that a range of services addressing domestic and family violence perpetration and victimisation can be delivered remotely if absolutely necessary. While it would need to be established whether or not technology-facilitated service provision can ensure effective client engagement, support and perpetrator accountability, learnings from services provided under COVID-19 restrictions may be able to inform technology-facilitated service provision trials in regional, rural and remote communities.

These trials could include remote access to:

- Specialist family violence/victim support services
• Culturally specific family violence specialist services
• Community legal services for victims and perpetrators
• Men’s Behaviour Change Programs/casework
• Timely access to court mention dates that may be available sooner in larger courts which have more frequent sitting days, facilitated through videoconferencing via local police stations

Service innovation during COVID-19 suggests that more services could potentially be delivered remotely to ensure wider service accessibility and client visibility. Because none of the current innovated service models have been evaluated while being implemented during COVID-19, it is important to consider their effectiveness in improving regional, rural and remote service accessibility in the form of service trials, accompanied by evaluation research to establish the evidence base necessary to inform future utilisation of technology-facilitated service delivery. Work done prior to the pandemic by Robinson (2017) suggests that telephone contacting (instead of face-to-face visits) in one police force area, and domestic abuse complainants, results in improved satisfaction levels in service delivery for the latter.

11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

**Use of the COVID-19 restrictions to manipulate shared care arrangements and weaponise children**

There are also risks unique to children and families navigating shared care arrangements and ongoing family violence (Fitz-Gibbon and Meyer, 2020). Research has repeatedly highlighted perpetrators’ strategic use of children and child contact arrangements to exercise ongoing abuse and control over the non-abusive parent post-separation. The control measures implemented by Australian state and federal governments to manage the spread of COVID-19, including physical distancing and stay-at-home restrictions, have offered a welcome tool for perpetrators of family violence to further manipulate, control and terrorise women and children who are subject to shared care arrangements (see also United Nations, 2020).

Our Queensland study has begun to evidence the heightened risks and experiences of violence for children during this period (Pfitzner, Fitz-Gibbon, Meyer and True, 2020). In Survey Two, 21% of practitioners surveyed reported an escalation of perpetrators’ threats to children (n=24) and 9% reported perpetrators’ abuse towards children that had not been experienced before the pandemic (n=11). In terms of specifically detailing what form the abuse against children took, 10% of Queensland practitioner respondents reported perpetrators threatening to infect their partners and/or children with coronavirus (n=11) and 6% reported perpetrators not letting their partner use a hand sanitiser or stopping her from protecting herself and/or her children against the coronavirus (n=7).

While perpetrators commonly use children to coerce and control their victims, including undermining the mothers’ relationship with their children, violating shared care arrangements, withholding children and threatening to harm children (Bagshaw et al., 2011; Campo, 2015; Holt, 2017), our Queensland study revealed that the COVID-19 pandemic has increased such opportunities for perpetrators to do so. These findings indicate the ways in which the COVID-19 restrictions have facilitated an increase in coercive and controlling forms of DFV post-separation and substantially affected women and children’s lives throughout the pandemic to date.
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Appendix A: Monash Gender and Family Violence Prevention Centre

The Monash Gender and Family Violence Prevention Centre (MGFVPC) is at the forefront of research and education aimed at preventing family violence. The Centre is contributing to transformative social change by providing an evidence base for policy change that better supports and protects those experiencing family violence and addresses the cultural and economic drivers that underpin it. The Centre’s track record includes ground-breaking research, engagement with government and civil society stakeholders, and innovative educational offerings.

The Centre has extensive expertise and a strong track record in researching sensitive topics and engaging with hard-to-access or marginalised groups. Recently completed research projects have included Indigenous women, women from culturally and linguistically diverse communities, women with disabilities who have experienced family violence in all its forms, perpetrators of family violence, and key stakeholders from the family violence and criminal justice system service sectors. The Centre’s distinctive approach engages with the full continuum of prevention, including primary prevention (preventing violence before it occurs), secondary prevention (early intervention to stop violence reoccurring), and tertiary intervention and response (to prevent long-term harm from violence). Our research is grounded in qualitative and quantitative methods, combined with a well-developed understanding of the contemporary policy landscape.

Members of the Monash Gender and Family Violence Prevention Centre are engaged in:

- **Australian Research Council funded research** – competitively awarded programs of research that provide independent, high-quality research to advance the national interest, with MGFVPC researchers undertaking major projects on intimate partner homicide and international students and sexual and intimate partner violence
- **Contract research and consultancy** – including on all aspects of family violence, family violence prevention and responses to family violence
- **Policy development** – including on perpetration interventions, risk assessment and risk management, mapping and developing linkages, and collaborations between sectors and between multiple intersecting reforms and reform agendas
- **Evaluations of programs and reforms** – including large-scale multi-sector reforms
- **Workforce capability building** – on family violence prevention for practitioners and policy makers from a wide range of sectors
- **Expert lectures, seminars, industry briefings and opinions on gender and family violence**

For further details about current and recently completed research projects, please visit the Centre Research webpage.

Appendix B: Monash Gender, Peace and Security Centre

Monash Gender, Peace and Security Centre (GPS) is a research centre focused on issues of gender, peace and security. Our vision is to build globally recognised, gender-inclusive research evidence to deliver peace and security globally. We seek to use our research to inform scholarly debate, policy development and implementation, and public understanding about the gendered nature of insecurity and the search for peace. In addition to research with international, government and industry partners, community engagement with civil society, and academic publications, Monash GPS academics engage in undergraduate and graduate teaching, executive education and PhD supervision.