Locked Down with the Perpetrator: The Hidden Impacts of COVID-19 on Domestic and Family Violence in Australia

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Abstract

Prior to the COVID-19 global pandemic, domestic and family violence (DFV) had been recognised globally as an epidemic in its own right. Further, research has established that during times of crisis and/or after disasters, rates of DFV can escalate. The COVID-19 pandemic has been no exception, with emerging research from around the world confirming that the public health measures and social effects associated with COVID-19 have increased the frequency and severity of DFV in various countries. In contributing to this evolving body of literature, this paper reports on the findings of a national research project that examined the impact of the COVID-19 global pandemic on DFV in Australia. This nationwide survey of service providers indicates the public health responses to COVID-19 such as lockdowns and travel restrictions, while necessary to stem the pandemic, have had profound effects on increasing women's risk and vulnerability to domestic violence, while at the same time making it more difficult for women to leave violent relationships and access support. However, this vulnerability is not evenly distributed. The pandemic pushed marginalised voices further underground, with many unable to seek help, locked down with their abuser. Our survey sought to amplify the experiences of culturally and linguistically diverse (CALD) communities; Indigenous communities; lesbian, gay, bisexual, transgender, intersex, queer, + (LGBTIQ+) communities; women locked down with school-age children; those already in violent relationships; and those whose first experience of domestic violence coincided with the onset of the pandemic. For logistical and ethical reasons, we could only access their voices through the responses from the domestic violence sector.

Keywords

Domestic violence; gender violence; COVID-19 pandemic; domestic violence services.

Introduction

Domestic and family violence (DFV) has long been recognised as a global epidemic. The World Health Organization (WHO 2021) estimates that almost that one-third (or 30%) of women have experienced physical and/or sexual violence perpetrated by their intimate partner in their lifetime and that 'globally as many as 38% of all murders of women are committed by intimate partners' (para. 6). Domestic violence is defined by the United Nations (UN) as 'behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours' (para. 2). It also affects children who are exposed to intimate partner violence between adults in the family home. Domestic violence is a gendered issue with women being disproportionately over-represented as victims/survivors, and men overwhelmingly represented as perpetrators (Mlanbo-Ngcuka, 2020; WHO 2021). This is not to deny that women can be perpetrators, that men can be victims, or that domestic violence occurs in same-sex relationships (e.g., see Taylor, Fraser and Riggs 2017).

This paper analyses the findings of a national research project that examined the impact of the COVID-19 global pandemic on DFV in Australia. In doing so it highlights those whose level of vulnerability has been compounded by the pandemic. Many come from socio-economic cohorts with voices that are often invisible as they are aggregated into generalised categories, such as victims of DFV. Our survey aimed to identify the effects on these particularly vulnerable cohorts. The nationwide survey of service providers was conducted by a team of researchers from the Queensland University of Technology (QUT) Centre for Justice, Australia. Key findings indicated that the public health measures implemented to limit community transmission of the COVID-19 virus have resulted in an increase in the incidence and prevalence of DFV, while simultaneously creating significant barriers for victims to be able to seek help.

Background

To stem the pandemic, state and territory governments introduced lockdowns and restrictions on travel. While this is a justifiable public health measure, it enhanced the risk of DFV (Boxall, Morgan and Brown 2020), an already significant public health and human rights issue. Before the pandemic, in high-income countries such as Australia, domestic violence was estimated to affect at least 23% of all women, just under 25% of women in the WHO (2021) Western Pacific region, and as many as 37% of women in the WHO South-East Asian and Mediterranean regions. In Australia, a spotlight was shone on DFV in 2015 when it was recognised as a national emergency (Victorian Government 2015). At a national level, it was estimated that one woman each week is killed in Australia by a current or former violent partner (Cussen and Bryant 2015), and that the annual cost of domestic violence to Australia's economy was AUD$22 billion in 2015–2016 (KPMG 2016). Governments started to invest in service initiatives, with a AUD$100 million funding package injected into the sector in 2015 to 'stop violence against women', and research into domestic violence (from a gendered perspective) being commissioned after a long break (Morley and Dunstan 2016). In the Australian state of Queensland alone, for example, it was discovered that police were responding to over 180 incidents of domestic violence daily and that domestic homicides were 58% of all homicides across the state (Special Taskforce on Domestic and Family Violence in Queensland 2015: 6). Nevertheless, despite recent improvements made in policy reform (e.g., see the Victorian Royal Commission into Family Violence: Victorian Government 2015; Special Taskforce on Domestic and Family Violence in Queensland 2015), domestic violence persists as a significant social problem, with no end in sight.

While one in three women will experience violence during their lifetime (Mohan, 2020), being locked down with violent partners, has increased DFV by more than 25% with some countries reporting rates of DFV literally doubling (Mlambo-Ngcuka 2020). The Queensland Government, on the strength of DVConnect (2020) data, reported a 33% increase in DFV in 2019/2020 the previous year (Fentiman 2020). DVConnect is a registered not-for-profit charity that has for almost 20 years provided statewide specialist domestic violence crisis counselling, intervention, information, referrals, safety planning and pathways to safety (emergency transport and accommodation).

Violence During Crises and Disaster

Women, in particular, are exposed to the adverse consequences of disaster (Alston 2013), with incidents of violence against women known to increase during and following large-scale crises. For example, New Zealand reported a 53% rise in domestic violence following the 2010–2011 earthquakes in Canterbury (Parkinson and Zara 2013), while research about the American experience following Hurricane Katrina in 2005 reported a devastating 98% increase in physical violence towards women. Researchers concluded there was 'compelling evidence that intimate partner violence is increased following large-scale disasters' (Schumacher et al. 2010: 601, as cited in Parkinson and Zara 2013: 28).

Economic downturns often accompany disasters, and because of the relative social and economic disadvantage that women experience in relation to men, women's level of vulnerability has been found to increase during these periods (Schneider, Harknett and McLanahan 2016; True 2012). Disasters may also exacerbate the effects of domestic violence due to interruptions of formal support services and informal support networks such as family and friends (e.g., see Mlambo-Ngcuka 2020; Parkinson and Zara 2013).

In addition, research attests that disasters or crises disproportionally affect those populations already most vulnerable (e.g., see Alston 2013; Howard et al. 2018; Thomas, Jang and Scandlyn 2020). Disadvantaged groups, whose voices are on the periphery, are, therefore, further marginalised, as additional supports that are needed (e.g., access to bilingual services, communication, medical information and other basic supplies) may not be available (First, First and Houston 2017).

The COVID-19 Pandemic and Rises in Domestic Violence Globally

The world started to observe the emergence of COVID-19 with the discovery of the first cases of 'atypical viral pneumonia of unknown cause' being reported by Wuhan officials on New Year's Eve in 2019 (Lupton 2020: para. 2). Following the WHO's confirmation of the 'novel coronavirus' pandemic on 5 January 2020 and declaration of a public health emergency of international concern on 20 January, the virus was first reported in Australia on 25 January 2020. After a number of cases of community transmission in Australia, in mid to late March 2020, the Federal Government, along with many other countries around the world, progressively introduced lockdown restrictions to limits people's movements, increase social distancing and reduce opportunities for people to gather with others outside their immediate household (Lupton 2020). International and national border closures and restrictions were also implemented in some Australian states and territories (Lupton 2020).

With the characteristics of 'both an economic downturn and a natural disaster' (Kurland and Fuhrman 2020: 85), the COVID-19 pandemic and its associated restrictions have created the same kinds of conditions that lead to 'cascading' vulnerability and inequality for marginalised groups as large-scale crises, war and other disasters (Thomas, Jang and Scandlyn 2020). This includes increased rates of family violence (Kurland and Fuhrman 2020). As with other disaster situations, family members often have greater exposure to each other in restricted environments, and lockdown conditions or temporary shelter options provide opportunities for controlling and/or violent partners to socially isolate victims/survivors, leading to greater incidence and prevalence of domestic violence (Renzetti and Larkin 2009). This has led some researchers to describe the spikes in domestic violence during COVID-19 as 'the shadow pandemic' (Pfitzner, Fitz-Gibbon and True 2020) or the 'double pandemic' that is unfolding behind closed doors (Bettinger-Lopez and Bro 2020).

While necessary to limit transmission of the infection, the restrictions introduced to limit the spread of the pandemic, such as lockdowns, have had profound consequences for rates and responses to domestic violence in Australia. This aligns with preliminary data that are beginning to reveal a picture of increased domestic violence during the COVID-19 pandemic in many parts of the world, such as in Mexico, Brazil (Bettinger-Lopez and Bro 2020), Italy (Bellizzi et al. 2020), the United Kingdom (UK) (Davidge 2020), and the Australian state of Victoria (Pfitzner, Fitz-Gibbon and True 2020), with particularly significant increases recorded in China (up 50%), Colombia (up 79%) and Tunisia (up a staggering 400%) (Mlambo-Ngcuka 2020). Paradoxically, at the same time there was a reduction in formal complaints recorded in

other countries, like Chile and Bolivia (Bettinger-Lopez and Bro 2020), Ethiopia (Mlambo-Ngcuka 2020), Norway (Øverlien 2020), and by some UK-based services (Davidge 2020; SafeLives 2020), which is attributable to restrictions on travel and an inability for victim/survivors to access help (Bellizzi et al. 2020; Bettinger-Lopez and Bro 2020; Mlambo-Ngcuka 2020).

While comprehensive global data are not yet available, this paper contributes to this emerging body of literature that is uncovering the impact of COVID-19 around the globe on domestic violence, by reporting specifically on the Australian experience. The remainder of this paper presents and contextualises findings from the first nationwide survey that captured the impact of COVID-19 on DFV in Australia from the perspective of service providers within DFV and related organisations. The paper particularly focuses on the increased complexity that the clients who accessed domestic violence and related supports services experienced during the pandemic. Most victims of DFV do not report to the police. The pandemic has pushed these marginalised voices further underground, with many unable to seek help (Boxall, Morgan and Brown 2020). Our survey sought to amplify the experiences of culturally and linguistically diverse (CALD) communities; Indigenous communities; lesbian, gay, bisexual, transgender, intersex, queer, + (LGBTIQ+)[1] communities; women locked down with school-age children; women already experiencing domestic violence; and women who for the first time experienced domestic violence during a pandemic. For logistical and ethical reasons, we could only access their voices through the responses from the domestic violence sector.

Methodology

A research team from the QUT Centre for Justice formed in March 2020 to conduct a national survey targeting service providers that were supporting clients affected by DFV during the pandemic. The primary research questions explored in this study were, 'Has the COVID-19 pandemic increased the complexity of client needs? And if so, how?' While these questions could be researched in a number of ways, the research team adopted a survey strategy to maximise data collected. As options to connect in person with services were limited during the COVID-19 lockdowns, the survey enabled the greatest number of service providers to be reached in the shortest amount of time (Bowles and Alston 2012).

Qualtrics software was used to administer the survey to 253 government and non-government national, state and territory organisations across the health, law, and welfare and social security sectors. Practitioners in these organisations were recruited using multiple strategies including public invitations to participate through an anonymous link that was advertised on social media; personal invitations to service professionals and networks known to the research team; through a contact list created in Qualtrics that included a comprehensive range of specialist and mainstream services that work with victims/survivors of domestic violence, as well as perpetrators of it; and through targeted invitations to relevant peak bodies.

Importantly, the survey instrument was co-designed with service providers to ensure its relevance and useability for the sector (Steen, Manschot and Koning 2011). This included ensuring the survey could be completed in less than 10 minutes so that busy service providers (whose organisations were often experiencing unprecedented demand while transitioning their work into online and remote modes) (Morley and Clarke 2020) could answer most (21) questions quickly. The final survey also contained six open-ended questions to give service providers the opportunity to add further information if they wished. Many of the 362 respondents who completed the survey generously chose to take up this option, with the survey generating more than 1,500 qualitative responses in total. It is worth noting that 89.5% (n = 324) identified as female, 9.1% (n = 33) identified as male, and 1.4% (n = 5) identified as Other.

The research team adopted a thematic analysis approach to analyse the data. A total of 1,507 qualitative responses to the six open-ended questions were downloaded in Excel spreadsheets (see Table 1). Researchers worked in pairs to discern the overall patterns from the data, which were then coded into key themes (Liamputtong 2020). The major themes identified were organised according to patterns that developed from inductive critical analysis of the data. Frequencies of particular themes were also counted

for responses to each qualitative question (Punch 2014). While team members used different software techniques to conduct the coding, through double coding and sharing original data the head themes were triangulated among the research team for consistency. The main issue confronted was the overlap of themes across answers to different questions. This is unavoidable and we have noted this in the analysis.

Table 1. Survey key questions, responses and themes

Question	15	17	22	24	26	27
Text response	213	280	266	273	221	243
Head themes coded	4	12	6	4	27	3

A limitation of the survey is that it targeted service providers to gain their observations about complexities that were occurring for service users, rather than gaining service users' voices directly. However, seeking to understand clients' experiences of violence through practitioners' accounts addresses both ethical issues and logistical difficulties associated with accessing a highly vulnerable population (Dartnall and Namy 2020). Given the prospect of re-traumatising survivors, it was not logistically or ethically desirable to seek their input to a survey during a pandemic.

Findings and Discussion: The Impact of the COVID-19 Pandemic on the Complexity of DFV Clients' Needs in Australia

The impact of COVID-19 lockdowns and restrictions on those who experienced DFV during the pandemic was not equally spread across the socio-demography of Australia. The survey responses indicate that specific socio-demographic groups were being particularly affected by the COVID-19 pandemic. The vulnerable groups identified by service providers included female clients with school-age children (63%, $n = 193$) (see Figure 1), clients from CALD communities (47%, $n = 149$), female clients with existing domestic violence protection orders (43%, $n = 137$), and clients with disabilities (40%, $n = 126$). One-third of service providers reported that COVID-19 had particularly affected clients from rural and remote communities (33%, $n = 105$), clients of Aboriginal and/or Torres Strait Islander descent (32%, $n = 101$), and clients in LGBTIQ+ relationships (10%, $n = 32$). Service providers reported that for some clients in Indigenous communities, lockdown restrictions, which prevented all movement in and out of Indigenous communities, increased the risk of violence, as the perpetrator was restricted to the same community.

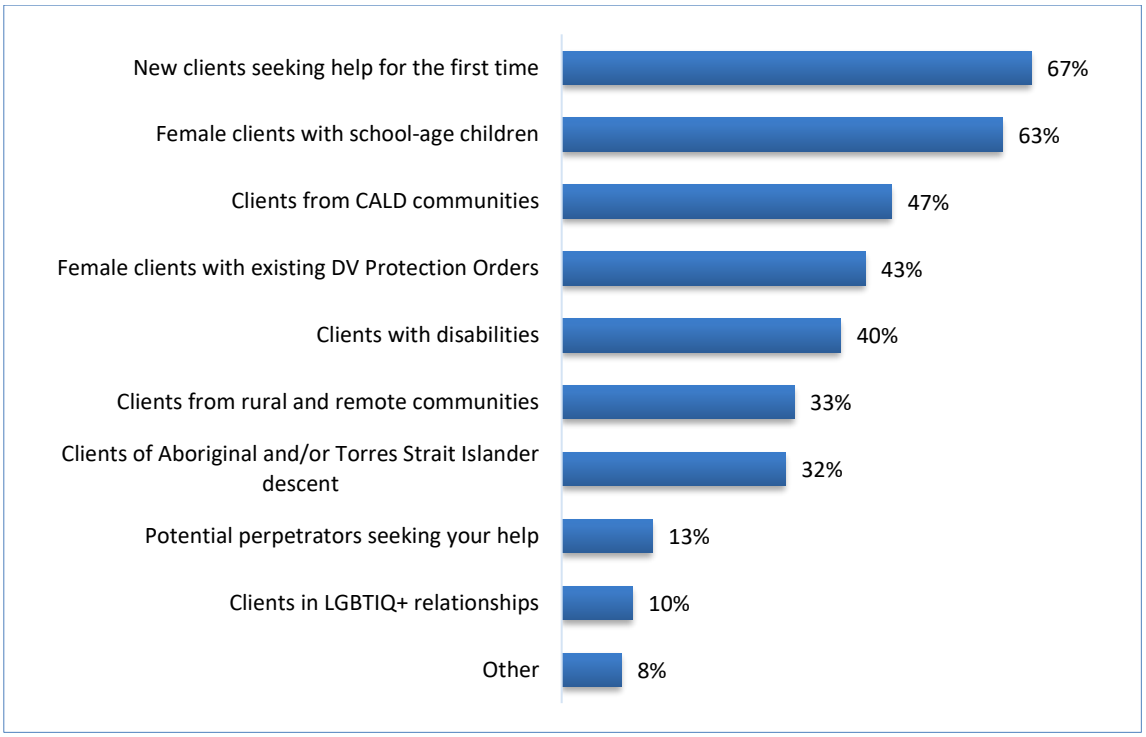

Figure 1. Has the COVID-19 pandemic had any particular effect on any of the above clients?

Almost 16% of service providers spoke about their perceived increased risk of violence and exclusion to vulnerable persons they were supporting. Children, older people, homeless people, ethnically diverse populations, those with a disability or mental illness, and women living in domestic violence situations were all identified in reports of negative impacts during the pandemic. Accessing support was identified as the biggest challenge for vulnerable populations, as the service system, which had been set up to accommodate their need to 'drop in', had been disrupted. The service delivery restrictions have also decreased the visibility of accessing a service, which could also deter people from contacting or place them at greater risk because of that contact.

Service providers were asked whether any of their clients reporting a DFV matter during the COVID-19 pandemic identified controlling behaviours. A list of seven options was provided (as listed in Figure 2), and service providers were able to choose more than one answer, as well as the option to report 'Other' controlling behaviours. Of the 314 service providers that answered this question, overwhelmingly 87% (n = 272) reported that increased isolation was the most common controlling behaviour reported by clients of the DFV sector (see Figure 2). Almost three-quarters (70%, n = 219) reported clients had an increased sense of vulnerability, 64% (n = 201) reported the inability to seek outside help, and 62% (n = 195) reported forced cohabitation during lockdown. Almost half reported an increased fear of monitoring by the abuser (49%, n = 154) and enhanced surveillance by the abuser (47%, n = 147), and 38% (n = 118) reported an increased use of technology to intimidate. Eleven per cent (n = 34) reported other controlling behaviours, such as financial control and access to children.[2]

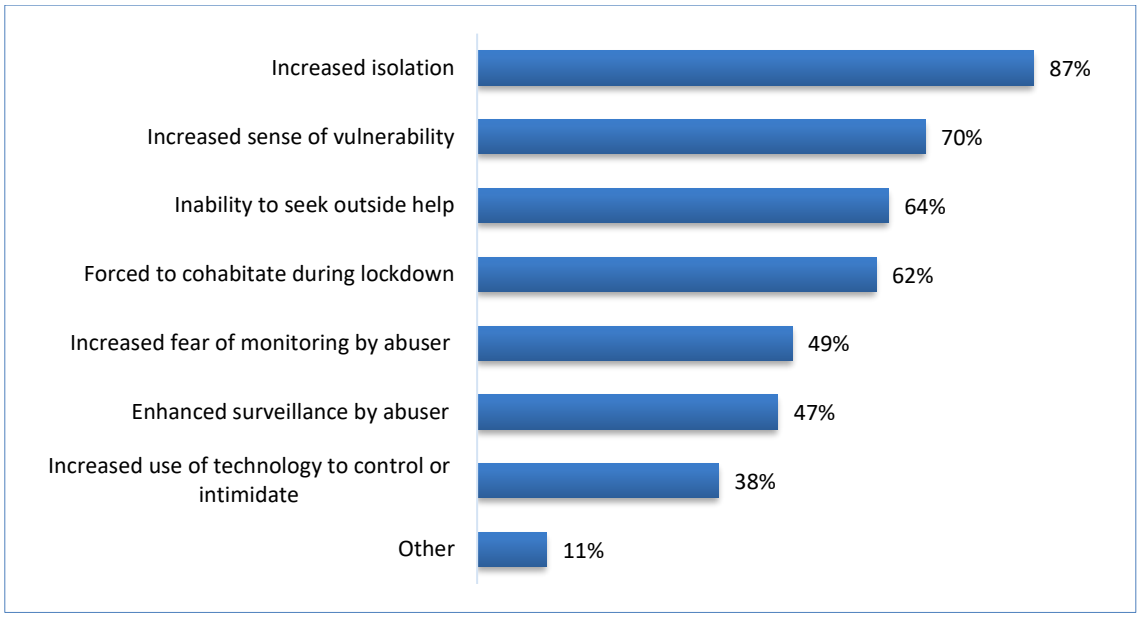

Figure 2. Have any of your clients reporting a DFV matter during the COVID-19 pandemic reported any of the following controlling behaviours?

Analysis of Qualitative Responses About the Increased Complexity of DFV Clients' Needs During the Pandemic

This section presents an analysis of 313 qualitative affirmative responses to question 16, 'Has the COVID-19 pandemic increased the complexity of client needs?' Having indicated a 'yes' response, question 17 was activated: 'Can you describe how the COVID-19 pandemic has increased the complexity of client needs?'

An overwhelming 86.5% ($n = 313$) of service providers reported the pandemic had increased the complexity of their clients' needs. According to the survey respondents, this complexity manifested in many forms. Key findings of the study are presented below in Figure 3 and are discussed in the context of other research related to domestic violence during COVID-19.

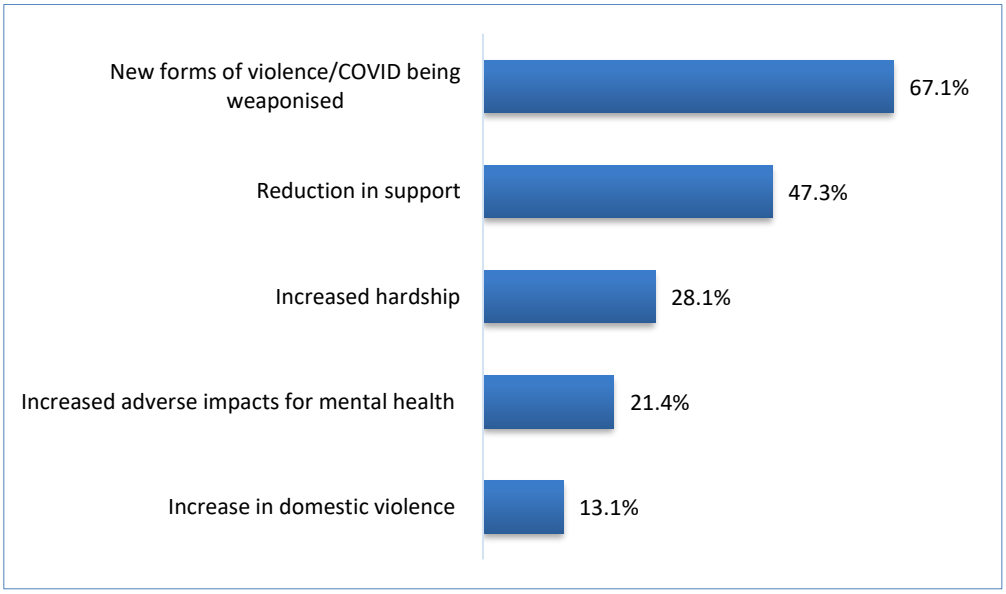

Figure 3. Overarching themes of complexity

Increase in the frequency and severity of domestic violence

Not surprisingly, 13.1% (*n* = 41) of service providers indicated that victims/survivors who were locked down and isolated with violent partners experienced an increase in domestic violence, including an increase in coercive and controlling behaviours. This aligns with other research undertaken during the pandemic that has found more than half the women who had experienced domestic violence prior to COVID-19 indicated that the intensity of it had become more frequent and/or severe during the pandemic (Boxall, Morgan and Brown 2020; Pfitzner, Fitz-Gibbon and True 2020). Supporting findings from these studies, our survey similarly revealed that being stuck at home with the perpetrator led to worsening violence in some instances. As this service provider explains, 'for some women, the abuse they experienced during COVID-19-related lockdown/social isolation periods was more extreme and this has added significant trauma to their experiences' (Tas DFV counsellor). Similarly, another noted 'an increase in severity of abuse (many more incidents of physical violence and extreme behaviours)' (Qld DFV social worker).

In addition, the responses indicate there were particular ways that perpetrators used the pandemic to bolster control over victims/survivors and increase their vulnerability. For example, these responses describe:

> [the] Perp using COVID as a reason to re-engage with [the] client or using it as a tool to gain control. (Qld DFV counsellor)
>
> perpetrators using the unstable social climate to create fear and helplessness in victims. (Qld DFV social worker)

Two-thirds (67.1%, *n* = 210) of service providers reported that perpetrators were finding new ways of emotionally and psychologically abusing victims during COVID-19, including ways of 'weaponising' the pandemic and intense monitoring of victims' day-to-day movements. These responses confirm the existing research that suggests the isolation and dependency created by COVID-19 and its associated restrictions have been 'weaponised' by perpetrators of family violence (InTouch Multicultural Centre Against Family Violence 2020; Usher et al. 2020) as a 'tool' to 'control, harm, and intimidate their victims' (Kurland and Fuhrman 2020: 85). Perpetrators used COVID-19 to enhance their micro-controlling behaviours of partners. New manifestations of violence include gaining access to women's homes under the guise of needing somewhere to stay during the pandemic and/or forcing women to stay in violent situations because they have reduced access to employment and social and formal supports, and are experiencing financial insecurity during the pandemic (Pfitzner, Fitz-Gibbon and True 2020). While public health advice urges or requires women to stay at home to stay safe, research demonstrates that many women are anything but safe in their own residences during the pandemic (Donagh 2020; Kaur and Behre 2020).

Even when women are no longer residing with the perpetrator the pandemic has increased their vulnerability to abuse, especially when co-parenting with a violent ex-partner—a concern that has also been acknowledged by Kaur and Behre (2020). As this response to our survey describes, how 'perpetrators [are] not returning children after an access visit and using pandemic fears as an excuse' (NSW DFV support worker).

The pandemic also presented new opportunities for perpetrators to control their partners or ex-partners by regulating their autonomy. For example, one service provider described a situation in which a woman who was 'more vulnerable due to [compromised] immunity' subsequently became more dependent on her violent ex-partner during the pandemic. As this service provider explains:

> her ex takes full advantage encouraging her dependence on him for groceries and support given he lives a few mins down the road. She recognises how volatile and vulnerable she is to him taking advantage of her but feels stuck with no other options for support. (Vic. DFV support worker)

Greater Hardship and Increased Difficulty for Victims/Survivors to Leave Violent Relationships

The increased vulnerability for victims/survivors created by the pandemic was no doubt exacerbated by increased hardship and difficulties (related to economic strain, the risk of homelessness and the limiting of movement due to COVID-19 sanctions). Such hardships were noted by nearly 30% (n = 88) of service providers. Of the 88 respondents who referenced increased hardship, almost 40% (n = 35) specifically noted that service users were experiencing increased financial distress and limited access to basic supplies (see Figure 4). As the following responses attest:

> access to food was an issue for families during the lockdown. (Qld housing, welfare or homelessness services social worker)
>
> many clients are on low or no income, have no independent transport, [and] limited access to essential items such as toilet paper, food staples, etc. (Qld DFV manager)

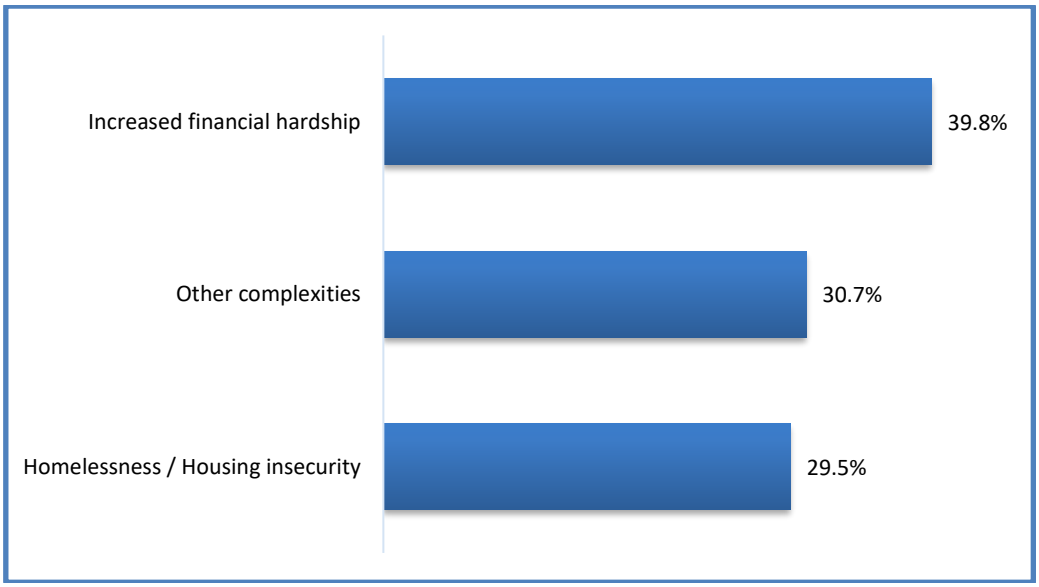

Figure 4. Types of increased hardship

As indicated by Pfitzner, Fitz-Gibbon and True's (2020) Victorian study, we similarly found that increased financial hardship faced by service users was linked by some respondents to an increase in violence. As this service provider states:

> during COVID-19 many unfortunate events happened, a number of people became unemployed [and] this resulted in financial problem[s] for many. There have been clients who seek counselling because their partner is becoming violent just because they are not able to earn money. And in most cases they are not even eligible for benefits from Centrelink. (NSW DFV researcher)

This finding parallels other studies that refer to perpetrators using the economic effects of COVID-19 (caused by loss of employment and financial hardship) as an excuse for violence (e.g., see Morgan and Boxall 2020). For example, one study found that over 30% of victims/survivors were being blamed by violent partners for the consequences of economic downturn (Davidge 2020).

While increased financial hardship linked to lack of job insecurity was an effect of COVID-19 across the Australian population (Biddle et al. 2020), service providers' responses particularly highlighted how financial stress during the pandemic had made it more difficult for victims/survivors to leave a violent relationship. In relation to the impact of COVID-19 restrictions, these responses highlighted: 'employment

and income-related issues, fear to make any big decisions or life changes' (Vic. DFV support worker), as well as 'increased unemployment. Fewer options to leave an unsafe environment. (NSW social worker)

In some cases, financial hardship had resulted in victims/survivors 'losing employment [and therefore] returning to live with the perpetrator to survive financially' (NSW DFV support worker). Further, 'financial stress … [is] more common for all age groups and demographics during COVID-19' (Qld government policy advisor).

Intimately connected to financial hardship is homelessness (Australian Council of Social Services 2020; Australian Institute of Health and Welfare 2020). Increased housing instability was frequently named as an issue in our study by almost one-third (29.5%, *n* = 26) of service providers who identified greater levels of hardship among service users. As these respondents explain:

> victims/survivors can no longer afford to pay for rent. Or some are left homeless and there is already a demand on housing services. Some need urgent assistance in material aid being isolated with the perpetrator. (Vic. DFV support worker)
>
> [there are] less options, no housing options for moving out of crisis, [and] many people looking for the same outcome. (Vic. housing, welfare or homelessness services case manager)
>
> homelessness is rising due to COVID-19. [Family violence] victims are finding it hard to stay with perps in isolation, and need temporary or long-term housing. There are hundreds of people in hotels with nowhere to go. (Vic. housing, welfare or homelessness services social worker)

As with financial insecurity, service providers also identified lack of access to emergency housing and other alternative accommodation as exacerbating the difficulties for victims/survivors who wish to leave a violent relationship. Service providers referred to refuges being closed or severely limited in the services they could offer victims/survivors. Increased barriers to finding safe and affordable housing were also flagged. Service providers noted concerns about housing options that were unsafe or related to being potentially exposed to the virus. These responses indicate:

> [fewer] options for emergency housing or fear of going into communal housing in shelters—so less likely to leave abusive relationship people are now placed in emergency accommodation motels that are full of offenders and drug use and are not suitable for children. (Qld housing, welfare or homelessness services social worker)
>
> [it is] harder to leave due to not wanting to go to [a] refuge due to fear of contracting COVID. (Qld DFV support worker)
>
> [the] options to leave are limited—refuges full, friends' family don't want them to come. (WA legal advocate)

Service providers who indicated that greater hardship was one of the complexities faced by service users, commented on restrictions related to COVID-19 resulting in interstate borders being closed, travel restrictions and a lack of access to transport, which created further barriers to victims/survivors being able to leave. The following responses evidence these types of challenges:

> The inability for women to cross borders has at times meant they have no alternative than to remain in the family home. (NT DFV support worker)
>
> Victims … have also stated they are concerned about breaking rules if they leave regarding moving out the home or not knowing if they are allowed to travel between areas to stay with friends (this was primarily when the regional border controls were in place). (WA legal advocate)

> [It is] harder to leave due to lack of transport or not being able to travel. (Qld DFV support worker)

In highlighting how geographic location crystallises disadvantage, such complexities were compounded for women outside metropolitan areas. As this service provider explains, 'vulnerability has increased. [There are] more barriers to have them relocated out of remote areas with nil transport options' (Qld DFV support worker).

Generally, there was a sense that these combined factors made it more difficult for victims/survivors to leave a violent relationship during COVID-19. For example, as these service providers intimate:

> had to stay with perp, no f2f [face-to-face] psych, less support and abuse has no relief. (SA DFV support worker)
>
> victim survivors are refraining from separating at this time due to feeling 'stuck' and unable to seek and engage in the support they need. (Vic. DFV support worker)
>
> safety becomes more heightened as perpetrators are in the home so leaving is more difficult and accessing supports is harder. (Vic. health care social worker)

Other challenges exacerbating the hardship women experienced were: complexities associated with border restrictions affecting custody arrangements; working from home arrangements creating more stress on families, leading to increased violence; concerns about the virus and children at home; and the difficulties of home-schooling. Indeed, the effects on children and young people who are being exposed to increased levels of domestic violence during COVID-19 are starting to be explored, with concerns emerging about current and long-term consequences for the children involved (e.g., see Humphreys, Myint and Zeanah 2020; Mazza et al. 2020; Pereda and Diaz-Faes 2020).

In sum, increased vulnerability, increased exposure to violence, and greater hardship on multiple fronts all combined to make it more difficult for victims/survivors to escape domestic violence, and occurred (as discussed in the next section) at the same time that external supports diminished.

Reduction in supports available for victims/survivors

As noted in Figure 3 almost half of the service providers (47.3%, $n = 148$) who observed increased complexity for service users noted the lack of formal support services being available and accessible due to COVID-19 restrictions (e.g., see also Pfitzner, Fitz-Gibbon and True 2020). Of those respondents who noted less access to or availability of support as a feature of the complexity faced by service users during COVID-19, the vast majority (88.5%, $n = 131$) noted concerns about service users having less access to formal support services. The findings suggest there are two main reasons for this (see Figure 5). The first reason, cited by more than half of these service providers (51.1 %, $n = 67$), relates to restrictions placed on formal supports during COVID-19. As other research indicates, requirements for physical distancing and other restrictions associated with COVID-19 resulted in profound changes in the availability of support. These included service closures, cancellations and disruptions to service delivery, reduced capacity, and rapid transition to online platforms and phone contact instead of reliance on the conventional face-to-face model of service that predominated prior to the pandemic (Bagwell-Gray and Bartholmey 2020; Pfitzner, Fitz-Gibbon and True 2020).

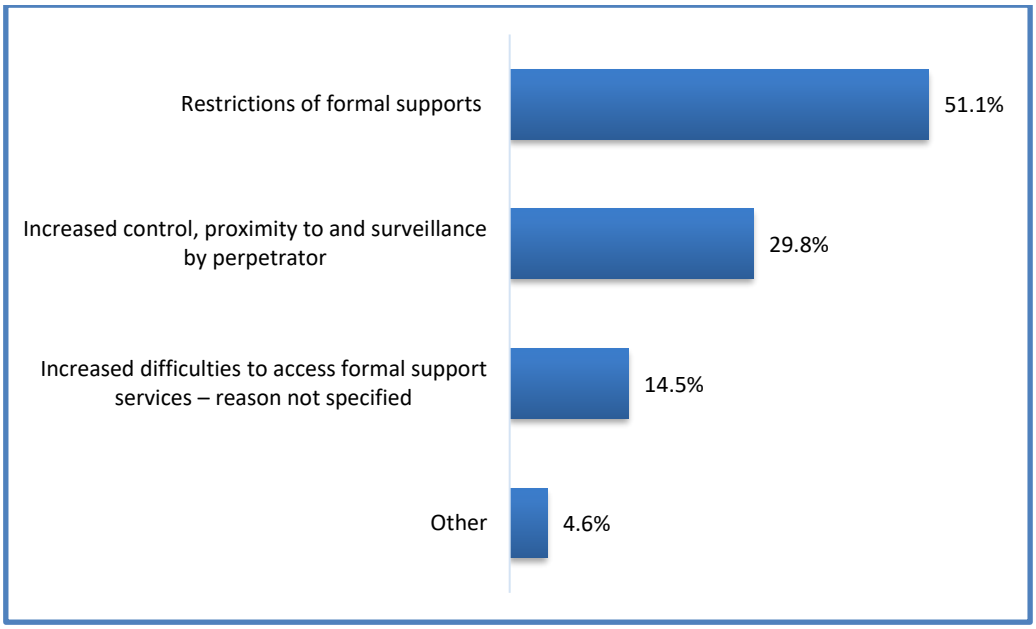

Figure 5. Reduced access to formal support services

As similarly reported by a study of DFV during the pandemic in Victoria (Pfitzner, Fitz-Gibbon and True 2020), our study (as noted in Figure 5 above) shows formal support services normally available for victims/survivors were greatly reduced during the COVID-19 pandemic at a national scale. Specifically, service providers noted restricted access to housing and accommodation services, material aid services, police, family law courts, drug and alcohol intervention programs including inpatient detoxification and rehabilitation, outreach services, and men's behaviour change programs, as well as other formal support services. With many services closed, those that remained open, albeit in a limited capacity, were placed under immense pressure. Due to the need for many frontline practitioners to work remotely because of social distancing requirements, several respondents commented on the effect of longer waiting lists on access to services, and protracted hold times when trying to contact or access services by phone. For example, one service provider described difficulties with contacting services in terms of 'phone ping-pong'. Another explained, 'some services have altered to decrease risk of infection but made it harder for women to access them safely (i.e., only by phone or online)' (NSW health care social worker).

More than half of the 131 service providers (51.1%, *n* = 67) who noted the lack of formal support services specifically commented on the difficulties of having no or limited 'face-to-face' services. As this service provider comments:

> with limited face-to-face support occurring and primarily telephone support, this has increased complexity of client needs, as many other services are not responding in the way they normally would—it is much more difficult for victim survivors to now access housing, medical, therapeutic, material aid support, etc., which is impacting on mental health. (Vic. DFV social worker)

Changes in service provision such as not being able to undertake home visits with clients were also noted as a significant concern. According to this service provider, problems arise because there are 'no home visits to check in, less privacy for support, phone support, cannot see client for marks or non-verbal communication. Perp may be there' (Vic. DFV social worker).

This comment also signals the other main reason why accessing formal supports was more difficult for victims/survivors of domestic violence during COVID-19: increased control by proximity to and surveillance from the perpetrator (see Figure 5). This was noted by almost one-third of respondents

(29.8%, *n* = 39) (see also Boxall, Morgan and Brown 2020; Pfitzner, Fitz-Gibbon and True 2020). As these responses capture:

> seeking support outside the home is much more complex, problematic and risky when the abuser is in isolation with the victim in their home. (Tas DFV advocate)
>
> access to the availability of options for calling for assistance ha[s] been severely impacted. The women are no longer able to make calls while in lockdown with the perpetrator. (Qld DFV support worker)
>
> women [are] unable to come to appointments, women [are] unable to contact services due to perpetrators being at home and constantly monitoring. (NT DFV legal advocate)
>
> [there is] difficulty accessing support services privately/safely due to perpetrator being present, [and] having children home from school (increased stress, increased risk to children, [and] less space for victims to access support). (NSW DFV support worker)

Similarly, many service providers indicated that lockdown conditions had resulted in victims/survivors having fewer opportunities to access support either privately or safely. As this statement attests:

> clients were stuck at home with the other party and that made it more difficult for them to seek help and for us to provide it in a safe way because clients had no space in which to make or receive private calls or correspondence. (NT DFV support worker)

This service provider similarly speaks to the same challenges, noting it is 'harder to be able to contact women and assist to keep them safe or escape due to perpetrators always being around in the home monitoring communication' (NSW DFV support worker).

Another service provider explained how limited they were in being able to provide services to women locked down with abusers, due to increased monitoring:

> It is harder to get women the support. Before COVID if services couldn't contact a woman by phone, they would cold call to her address. Now they don't do that. (Qld government policy advisor)

The other factor complicating victims'/survivors' access to formal support was having children at home. As these responses attest:

> victim survivors are less able to engage in support over the phone due to the perpetrator being home more often and potentially also having children in their care. (Vic. DFV support worker)
>
> [there is] limited opportunity to complete safety plans or exit plans with perpetrators and children being in the home. (Qld DFV support worker)

A further 14.5% (*n* = 19) noted the increased difficulty for victims/survivors to access formal support services but did not indicate whether this was due to services being more limited, perpetrators in the home restricting access to services, or something else (see Figure 5).

Victims'/survivors' difficulty in accessing formal supports was also compounded by lack of support from personal networks (e.g., friend, family and social supports) as well as from community services generally (including schools, libraries and religious communities): 'The usual safety networks outside the family for children and women are not there' (NT government agency).

Lockdown restrictions of being confined to movement within close proximity to your home meant that women were less able to access a wider network of family, friends and other personal networks for practical help when trying to escape violence. For example, 'clients have been unable to return to their

communities. Families are less likely to allow multiple people to couch surf' (Qld housing, welfare or homelessness services program manager).

Other responses focused more on the reduced emotional support that comes from restricted access to friends and family:

> Restricting women and children from leaving the refuge accommodation to visit family and friends is hard for women going through trauma or with other family obligations. (NSW DFV support worker)
>
> COVID-19 has added an extra layer of … grief and loss due to reduced contact with important people. (Qld DFV support worker)

With access to personal support networks removed, many victims/survivors literally had only narrow moments to leave the home to be away from the perpetrator: 'Zero access to friends/family using their only means of leaving the house (school drop-offs, groceries, etc.)' (NSW social worker).

Some did not have this reprieve at all, noting 'less opportunity to access support on the phone, more stressed as woman has to be more vigilant about when/whom she contacts for support, [and] no respite from abuse' (Qld DFV support worker).

Ultimately, a picture emerging from the data shows that many women were trapped in violent relationships, with much less access to support than before the pandemic. If they were able to connect with formal support, they were often seeking to manage the violence rather than planning to leave. As this service provider states, 'victims are unwilling to report violence or cause any further impact to the perpetrator. They are seeking advice to handle the violence rather than seek safety' (WA legal advocate).

Increased Adverse Effects for Mental Health

With these factors combining to produce a rather appalling landscape for victims/survivors of domestic violence, it was clear from service providers that the mental health of service users had been adversely affected by COVID-19 in multiple ways—a finding that has been supported generally among Australian families during the pandemic (Mazza et al. 2020; Pfitzner, Fitz-Gibbon and True 2020; Westrupp et al. 2020). In relation to complexities emerging for their clients during the pandemic, more than one in five (21.4%, $n = 67$) service providers indicated that services users' mental health had been negatively affected by COVID-19 (see Figure 3). Of these, more than 40% ($n = 27$) noted increased anxiety. For example, as these responses indicate:

> women carry an additional layer of stress and anxiety due to the pandemic. (Tas counsellor, psychologist or psychiatrist)
>
> COVID-19 seems to have increased anxiety and exacerbated mental health issues for many clients. (SA legal advocate)

Some responses were more articulate about the intersection between COVID-19, domestic violence and mental health. One respondent noted an:

> increase in anxiety levels affecting ability to be out in the community for shopping etc., increased concern about being out in the community, [and how the] wearing of masks can be triggering for women, especially those who have been suffocated/strangled. (Vic. DFV support worker)

Anxiety, agoraphobia, depression, fear, isolation, suicidal ideation and increased substance use/abuse (including increased alcohol consumption) were all identified by service providers as exacerbating mental health issues due to a range of precipitating factors, which is consistent with the findings of other studies

(Australian Council of Social Services 2020; Kaur and Behre 2020; Mazza et al. 2020; Morgan and Boxall 2020; Pfitzner, Fitz-Gibbon and True 2020; Westrupp et al. 2020). As these responses from our study illustrate:

> the added stressors of working from home, children being home-schooled as well as elevation of tension in the house and mental health decline has contributed [to] an increase in complexity. (ACT DFV support worker)

Conclusion and Recommendations

Ultimately, our nationwide survey contributes to the growing evidence globally (e.g., see Peterson, et al 2020; Piquero et al. 2020; Polischuk and Fay 2020; True et al. 2020; Usta, Murr and El-Jarrah 2021) about the effect of COVID-19 on increasing the complexities of clients' experiences, who were accessing domestic violence and related support services during the onset of the pandemic. Our Australian study reveals an alarming picture with an overwhelming 86.5% (n = 313) of service providers reporting the pandemic had increased the complexity of their clients' needs. Complexity has manifested in multiple forms including greater hardship—particularly financial hardship and housing insecurity—linked to job loss, which has correlated with increased stress levels, a greater level of substance use and abuse, related mental health consequences and, perhaps not surprisingly, increased levels of domestic violence, both in terms of frequency and severity. This complexity was not distributed equally across the Australian population, but felt most acutely by marginal cohorts (see Figure 1), such as women experiencing DFV for the first time, women locked down with school-age children, people with disabilities, Indigenous people, and people from the LGBTIQ+ population.

As Davidge (2020: 33) observes, increased:

> demand is not just about numbers, but about complexity of cases, about increased distress and stress due to lockdown combined with the distress of e.g., child contact disputes, escalating mental health crises, and the increasing demand on workers' time and energies because group work cannot be run face to face.

The social distancing and travel restrictions associated with the pandemic have caused families to be locked down together, exacerbating stress levels and enabling greater incidences and new forms of family violence to emerge. Indeed, the pandemic itself has been weaponised, as perpetrators have maximised opportunities for coercion and control, resulting from victims'/survivors' increased vulnerability and level of dependency. At the same time, the victims'/survivors' access to support services was limited, with restrictions meaning that other supports accessible through personal and community networks were also cut off. This has had severe consequences for service users' mental health and wellbeing.

The full report from our research (Carrington et al., 2020) provides the evidence to propose several recommendations. Summarised here, these recommendations include:

- undertaking disaster management workforce planning for DFV to ensure sector preparedness for spikes in domestic violence that emerge during and following large-scale crises and disasters, and that utilises an intersectional approach so that the needs of marginalised groups can be adequately responded to
- providing flexible assistance funding for people experiencing DFV that is independent of other entitlements
- providing finances and resources (including technology) for services to engage with victims/survivors and their children (and also perpetrators) through remote delivery, especially in the context of disasters
- providing technology training and supports for services that respond to DFV
- committing to boost funding for social and affordable housing to address the urgent need for safe accommodation options for people needing to leave violent relationships.

If implemented, the evidence from this survey and the growing body of related research suggests that such recommendations would reduce the increased levels of domestic violence, complexity of clients' needs, and related social problems currently emerging in response to the COVID-19 pandemic in Australia (and, indeed, other crises and disasters that will continue to occur into the future).

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[1] The plus sign is appended to acknowledge that the LGBTIQ+ community extends beyond these identities to include over 14 other recognised identities, such as gender non-conforming, genderqueer, pansexual and asexual.
[2] These two tables and descriptions derive from the main report. They are important to include in this analysis, as they contextualise the analysis of the qualitative responses to the complexity question, which is the subject of this paper.

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