

The impact of COVID-19 pandemic on Australian domestic and family violence services and their clients

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Abstract

During the early stages of the COVID-19 pandemic, reports emerged that lockdowns were increasing the prevalence of domestic and family violence (DFV) in Australia and across the world. The lockdowns and restrictions were necessary to contain the pandemic. However, leaders in the domestic family violence sector expressed concerns early during 2020 that these lockdowns would lead to the escalation of domestic and family violence. Calling it a shadow pandemic, the United Nations Secretary-General urged all governments to prioritise the prevention of violence against women in their national response plan for COVID-19. To gain some insight into the Australian context, a Queensland University of Technology (QUT) Centre for Justice research team conducted a nationwide survey to assess the impact of COVID-19 pandemic on DFV services and their clients. Findings based on survey data from 362 participants from the DFV sector, including 1,507 qualitative responses, confirm the concerns raised early in the COVID-19 pandemic. This article provides an overview of the survey results,

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discusses the findings in the light of national international research and highlights the resources needed to strengthen the DFV sector in the future.

KEYWORDS

COVID, domestic and family violence, global pandemic

1 | INTRODUCTION

Domestic violence is a key driver of women's inequality, ill-health and homicide, which the United Nations (2015) has referred to as one of the most significant issues to be addressed in our time. When it became clear that pandemic lockdowns and restrictions were increasing the prevalence of domestic violence across the world, the United Nations Secretary (António Guterres, 2020) called for governments across the globe to urgently “put women's safety first as they respond to the pandemic”.

This paper reports the findings of a nationwide survey conducted by a research team from the Queensland University of Technology (QUT) Centre for Justice. Our survey aimed to assess the impact of COVID-19 pandemic on the domestic violence workforce and their clients. Our results add to the growing body of evidence that pandemic conditions are affecting the severity and prevalence of domestic violence in Australia, regardless of whether or not these increases are reflected in reporting rates. A study by the Australian Institute of Criminology (AIC) of 15,000 women found increases of domestic violence experienced by Australian women during the first three months of the pandemic (Boxall et al., 2020). Almost 5% had experienced domestic violence, 6% coercive control and 11% one dimension of emotionally controlling behaviours (Boxall et al., 2020: 1). Of these women, two-thirds said that domestic violence had either escalated or started during the COVID-19 pandemic (Boxall et al., 2020: 1). More than one-third of these women were unable to seek help or support due to concerns about their safety under COVID-19 restrictions (Boxall et al., 2020: 14). This could account for why police and some specialist DFV services data did not necessarily reflect an increase in reports of domestic violence at the time as women were trapped with their abusers and unable to seek help. A survey of 166 practitioners undertaken by a team at Monash University found that 59% reported an increase in the frequency and severity of family violence. Additionally, of the practitioners they surveyed, 42% reported an increase in clients seeking assistance for their first experience of domestic violence, and 86% of practitioners reported an increase in the complexity of women's needs (Pfitzner et al., 2020: 10).

2 | METHODOLOGY

A research team from the QUT Centre for Justice undertook a nationwide survey of the impact of COVID-19 on the DFV workforce. A seed funding grant from the QUT Centre for Justice supported the research. A survey, launched on 9 June 2020 and closed on 31 August 2020, was completed by 362 respondents. The overarching aim of the survey was to better understand the impact of the COVID pandemic and associated lockdown restrictions experienced by the domestic violence workforce and their clients. A related aim was to investigate what could be done to better plan for increases in DFV during disasters.

The survey was co-designed with a select group from the DFV sector in Queensland (Qld). This ground-up (rather than top-down) method democratises the relationship between the

researchers and the researched (Liamputtong, 2020) and is regarded as an important ethical standard in the sector. The final survey contained 27 questions, of which six were open-ended. It took between 5 and 10 min to complete depending on the length of qualitative responses. The survey instrument produced a sizable dataset containing both quantitative and qualitative data.

Ethical requirements stipulated that all participants be provided with enough background information to be able to participate with informed consent. Participants were taken to a landing page within the online Qualtrics survey platform that provided an information sheet. Participants provided their consent by clicking on “Next”, where they were taken to the first set of survey questions about demographics. This procedure including the content of the landing page was approved by the QUT Human Research Ethics Committee.

2.1 | Recruitment

Participants were directly recruited in three ways: (1) through a contact list created in Qualtrics that included a comprehensive range of non-government organisations (NGOs) and government agencies that deliver specialist and mainstream services and support to people experiencing DFV and people that use violence; (2) through anonymous links sent via advertising by peak bodies; and (3) through public invitation to participate via an anonymous link using social media advertising.

E-mails were sent to every state and territory peak body for sexual and DFV services, every main women's legal service in all state capital cities and specialist national organisations, including ANROWS, 1800 Respect, Australian Council of Social Services (ACOSS), Women's Justice Network, Women's Electoral Lobby, women's refuges, Australian Centre for Human Rights, National Aboriginal and Torres Strait Islander Legal Services (NATSILS) and state-based specialist NGO services for Indigenous DFV services across Australia. NGOs in the multi-cultural and settlement services sector were also asked to distribute the survey, as the experiences of staff working with CALD communities are particularly important to capture. These peak bodies were asked to distribute the invitation e-mail with a link to the survey to their contact lists. Related sectors including the housing and homelessness sector were also invited to participate in this research with valuable assistance provided by QShelter in Queensland.

2.2 | Survey reach

The survey was distributed by e-mail to 253 national, state and territory agencies in domestic violence and related agencies in law, health, counselling and housing that respond to clients of DFV. Collectively these agencies represent around 10,000 workers in the sector. The survey had the greatest reach in Qld, New South Wales (NSW) and Victoria (Vic), which were more adversely impacted by COVID-19 and for longer than other jurisdictions.

2.3 | Limitations

One of the limitations of this survey was attrition: that is the number of respondents who commenced the survey but did not complete their sociodemographics or answer important questions in Section B. While there were 390 participants who commenced the survey, 28 partially completed responses were excluded, resulting in a total of 362 informative responses included in this analysis. It became apparent early on that the DFV sector was experiencing survey

fatigue from the large number of surveys launched around the same time as ours. While we had a target of 500 responses, we closed the survey at the end of August given this wider context.

Another limitation is that our survey results are reliant on the informed opinions of workers in the DFV field, and not on self-reports from those experiencing DFV during the pandemic. Given the prospect of re-traumatising survivors, it was not logistically or ethically desirable to seek their input to a survey during a pandemic. It is reasonable to base findings on the informed opinions of workers in this field, given these organisations routinely collect administrative by-product data. These data were used by these services during the COVID-19 pandemic to demonstrate issues of concern early on in the pandemic. We undertook this survey as a method of independently triangulating these reports from the sector (see Foster, 2020).

2.4 | Coding

A total of 1,507 qualitative responses to six questions were downloaded into separate excel sheets for coding (see Table 1 and Appendix 1). The questions were allocated among the team and were coded using Excel, Word or NVivo. Team members worked in pairs to double code responses to produce head themes. Thematic analysis is a method for identifying patterns of meaning (Liamputtong, 2020: 260). The head themes were categorised according to patterns formed through inductive reasoning and counted for each question with a qualitative response (Punch, 2014: 222). While team members used different software techniques to conduct the coding, by 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.

2.5 | Sociodemographics

Of the 362 respondents included in this study, most were from Queensland (42%, $n = 151$), New South Wales (28%, $n = 102$) and Victoria (17%, $n = 60$). The majority of respondents identified as female (89.5%, $n = 324$), 9.1% ($n = 33$) were male, and 1.4% ($n = 5$) identified as others. This reflected the highly feminised profile of the DFV workforce. Almost 7% ($n = 26$) were Indigenous and 9% ($n = 32$) work for Indigenous services (see Figure 1), compared with an average of the Australian population of 3%. Hence, the strategy of ensuring this survey was distributed to remote and rural locations and Indigenous-led agencies improved the response to this survey (see Figure 1).

The two main areas of the DFV workforce who answered the survey were DFV employees (31%, $n = 113$) and social workers (29% $n = 105$) (see Figure 1). Again, this is to be expected given these occupations dominate the DFV workforce. Overall, 76% of respondents to the survey were information-rich, having worked more than three years in the sector. They have access to administrative data collected by their organisation and are well placed to provide accurate responses to the survey. The remaining 24% had worked in the DFV sector for less than two years.

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

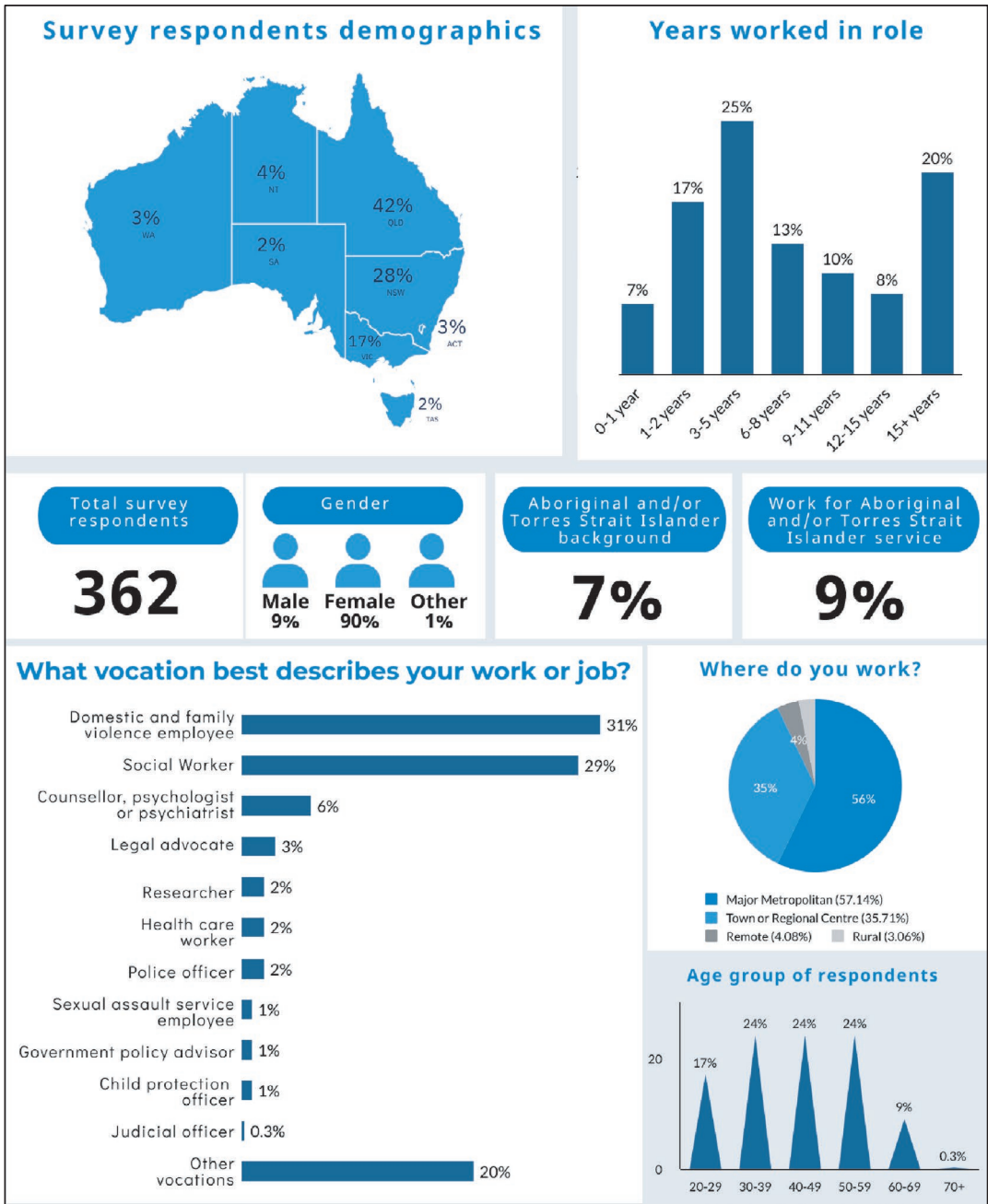


FIGURE 1 Sociodemographics of respondents

3 | KEY FINDINGS

The key findings of the survey presented below have been structured around three central questions. The first focuses on the impact of COVID on clients of DFV services. The second focuses on the impact of COVID on the DFV-sector workforce. Finally, we asked an open-ended question about what extra resources does the DFV workforce need to better cope with a crisis like COVID-19 pandemic in the future.

3.1 | The impact of the COVID-19 pandemic and associated restrictions on DFV clients

This section provides an overview of the key findings of the survey in relation to a series of questions asked of DFV workers about the impact of COVID on their clients. These included the following: “Has the COVID-19 Pandemic and associated restrictions increased the number of clients seeking assistance for a domestic or family violence matter?” and “Has the COVID-19 Pandemic had any particular impact on specific types of clients?”. Service providers were also asked whether any of their clients reported controlling behaviours. This question was aimed at exploring a wider context of coercive control in which incidences of DFV occur. Definitions of domestic violence have expanded in recent years to include patterns of controlling behaviour designed to dominate partners through a range of instruments of micro-control (Stark & Hester 2019). These strategies of control can include an array or mix of economic, emotional, social, sexual and psychological tactics aimed at keeping their partner in a cycle of abuse, state of dependency and isolation. We explicitly asked about reports of technology-facilitated abuse by clients during the pandemic. Finally, we asked about the impact of the COVID-19 pandemic on the complexity of client needs.

Almost two-thirds (62%) of service providers reported the COVID-19 pandemic has increased the number of clients seeking assistance for a domestic or family violence matter. As shown in Figure 2, service providers reported the number of clients seeking assistance was 7% ($n = 27$) much higher, 29% ($n = 104$) moderately higher, 26% ($n = 94$) slightly higher, 26% ($n = 94$) about the same, 5% ($n = 18$) slightly lower, 4% ($n = 15$) moderately lower and 2% ($n = 6$) much lower. These results are consistent with the findings of other Australian surveys (Boxall et al., 2020; Pfitzner et al., 2020). The results also mirror international reports that show the frequency and severity of domestic violence have been rising during the pandemic (Boserup et al., 2020; Bouillon-Minois et al., 2020; Bradbury-Jones & Isham, 2020; Bradley et al., 2020; Chandan et al., 2020; Froimson et al., 2020; Kofman & Garfin, 2020; Mazza et al., 2020).

Two-thirds of respondents (67%, $n = 212$) reported new clients seeking their help for the first time during the COVID-19 crisis (see Figure 3). This is significant, indicating that pandemic conditions coincided with the onset and increase in the rate of domestic violence, as indicated by national (Boxall et al., 2020; Pifzner et al., 2020) and international studies (Boserup et al., 2020; Bouillon-Minois et al., 2020; Bradbury-Jones & Isham, 2020; Bradley et al., 2020; Chandan et al., 2020; Froimson et al., 2020; Kofman & Garfin, 2020; Mazza et al., 2020). These survey results are also consistent with the increases of domestic violence experienced by Australian women reported by the AIC (Boxall et al., 2020).

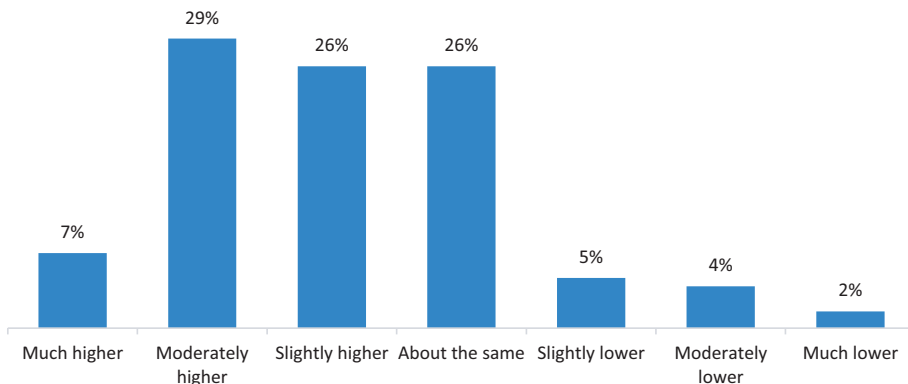


FIGURE 2 Have the COVID-19 pandemic and associated restrictions increased the number of clients seeking assistance for a domestic or family violence matter?

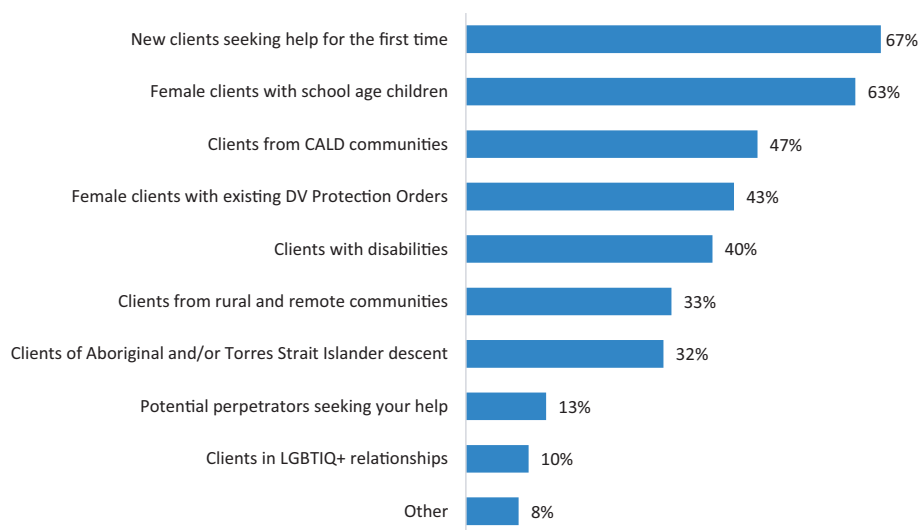


FIGURE 3 Has the COVID-19 Pandemic had any particular impact on any of the above clients?

The responses to the questions also indicated specific sociodemographic groups were particularly impacted by the COVID-19 pandemic. These vulnerable groups included female clients with school-age children (63%, $n = 193$), clients from CALD communities (47%, $n = 149$), female clients with existing DV protection orders (43%, $n = 137$) and clients with disabilities (40%, $n = 126$) (see Figure 3). One-third of service providers reported that COVID-19 had particularly impacted clients from rural and remote communities (33%, $n = 105$) and clients of Aboriginal and/or Torres Strait Islander descent (32%, $n = 101$), while 10% ($n = 32$) impacted clients in LGBTIQ+relationships¹.

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, 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 who 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 4). 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 co-habitation 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 children².

Support workers reported that abusers have used social distancing, isolation and quarantine processes to extend women's condition of "unfreedom" (see also Godin, 2020). Similarly, in this survey, two-thirds (67%, $n = 242$) of the service providers told us they are aware of changes in how perpetrators are using controlling and coercive behaviours in the current climate. Service providers were then asked to describe these changes. This question yielded 213 responses that identified four overarching themes: increase in control and coercion; increase in isolation; increase in financial abuse; and new ways and more severe emotional and psychological abuse.

3.1.1 | Increase in control and coercion

Almost half (43%) of the service providers highlighted and emphasised the growth in perpetrators use of control and coercion. This finding supports the range of national and international

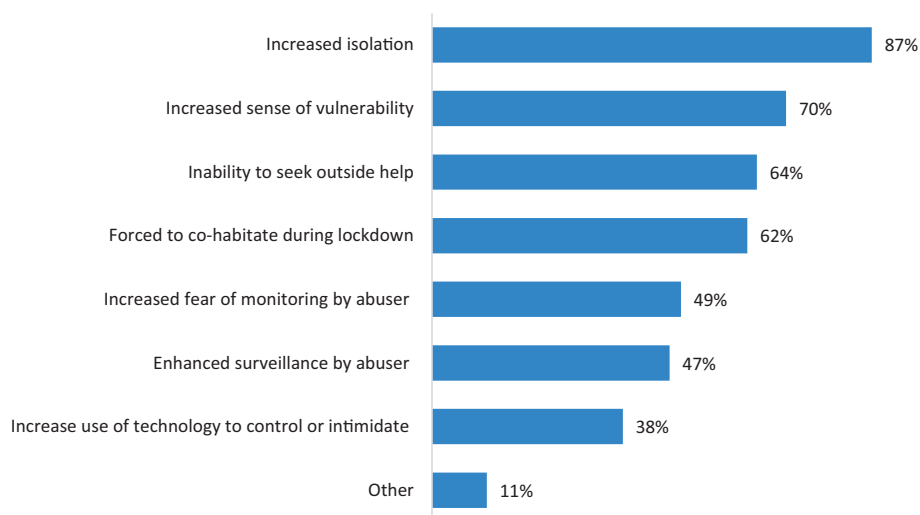


FIGURE 4 Have any of your clients reporting a domestic family violence matter during the COVID-19 pandemic reported any of the following controlling behaviours?

literature about the extent to which COVID-19 has increased the range and intensity of abusive behaviour toward women and children (Gibson, 2020; Mazza et al., 2020; Pfitzner et al., 2020). Moreover, service providers indicated that some client groups were particularly vulnerable to increases in control and coercion. A small number noted “a slight increase” in violence in LGBTIQ+communities. Others reported an increase in violence toward people with disabilities, particularly due to the increased vulnerability that results from restrictions to accessing services. One service provider had observed an increase in violence among those who were disadvantaged, as a direct result of “job loss”, which led to “even more time with perp, less \$, stress in household, home schooling, more gaslighting”.

Respondents noted that controlling and coercive behaviours were being experienced with greater intensity and severity, including more severe forms of physical abuse such as strangulation. Additionally, many service providers highlighted that perpetrators had been using coercion and intimidation through family law and custody arrangements, and this was having a major impact on the well-being of the victim. Service providers indicated that perpetrators used COVID-19 restrictions to resist returning children to their mothers, to make complaints to welfare services about the ability of their mothers to care for their children during lockdown and even to threaten to give their children COVID in retaliation.

3.1.2 | *Increase in isolation*

One-third of service providers reported that perpetrators used COVID-19 as a reason for increased isolation of the victim, which reduced capacity for the client to connect with the service system. Survivors of domestic violence already experience tremendous isolation and COVID-19 compounded their experience within the home and quite often with the perpetrator (Bradbury-Jones & Isham, 2020). The reduced capacity within the service system particularly added to the challenges for people experiencing DFV. Service providers also indicated that such social and cultural isolation was particularly concerning for people with disabilities, rural clients, Aboriginal and Torres Strait Islander people and LGBTIQ+people, as it increased their vulnerability to violence.

3.1.3 | *Increase in financial abuse*

A small proportion (14%) of service providers reported that financial abuse and control were identified as a way many perpetrators were exerting greater control and coercion over victims of DFV. This included controlling bank accounts. The financial abuse was also linked to other concerns including threats of loss of accommodation or housing. Although financial abuse and control has long been associated with DFV, it has taken new forms and meaning in the context of survivors' experiences during COVID-19 and the pressures associated with lockdown and related restrictions (Humphreys et al., 2020).

3.1.4 | *New ways and more severe emotional and psychological abuse*

Almost 10% of service providers reported that perpetrators were finding new ways of emotionally and psychologically abusing victims during COVID-19 including ways of "weaponising" COVID-19 and intense monitoring of victims' day-to-day movements. These new ways were often associated with other forms of abuse and many other contextual issues including substance misuse, mental health concerns and broader family violence, as described by service providers:

Isolation, Technology Facilitated Abuse, Intimate Partner Sexual Violence, Financial abuse, systems abuses, strangulation, withholding, property damage, emotional abuse/gaslighting, using children as weapons, exposing children, targeting children, verbal abuse/degradation, intimidation/aggression, threats to harm/kill, substance use/MH [mental health], stalking/harassment.

QLD DFV employee

In situations where victims live with perpetrators, perpetrators have monitored victims more closely, including victim's communication with others. Some perpetrators have demanded that victims bathe more and have monitored this. One victim stated that she couldn't take a shower without her abuser watching and monitoring her. In post-separation situations involving child access, perpetrators have "guilt-tripped" victims into giving them more access to children.

TAS DFV counsellor

On the basis of the qualitative and quantitative data collected by the survey, we draw the conclusion that some perpetrators are weaponising COVID-19 conditions to enhance their controlling and coercive behaviours.

3.1.5 | *Technology-facilitated abuse*

In addition to responses that focused on changes to controlling and coercive behaviours in the current climate, across the data service providers also noted technology-facilitated abuse was one form of harm experienced by clients. Australian research has shown that perpetrators are incorporating various technologies into patterns of abuse to enact control and violence (Dragiewicz et al., 2019; Woodlock, 2017) and this was reflected across the survey. Some service providers suggested there had been an increase in technology abuse and higher levels of technology abuse and surveillance through technology since the COVID-19 outbreak. Specific mention was made of several strategies engaged by perpetrators such as: breaking devices and limiting or controlling victims/survivors' access to devices or digital media; using technology

to monitor or stalk victims/survivors; and monitoring victims/survivors' use of technology, e-mail accounts and social media profiles.

3.1.6 | *The impact of the COVID-19 pandemic on the complexity of client needs*

Advocates and other researchers have reported increased complexities and challenges in assisting victims/survivors amidst COVID-19 (Foster, 2020; Pfitzner et al., 2020). This was evident in our survey with an overwhelming 86% ($n = 313$) of service providers reporting the pandemic had increased the complexity of their clients' needs. Perhaps not surprisingly, in relation to the question about complexity, 13% ($n = 41$) of service providers indicated that being locked down and isolated with a violent partner resulted in an increase in DFV. In addition, almost 40% ($n = 35$) of service providers reported that clients were experiencing increased financial hardship, while 30% ($n = 26$) identified homelessness as a major concern, which was often linked to a loss of employment. These stress factors combined with lockdown conditions arguably contributed to increased incidences and new forms of family violence, as the pandemic was effectively weaponised by perpetrators (as noted above).

At the same time, victims/survivors' access to support was limited, with an overwhelming 89% ($n = 131$) of respondents who noted less access or availability to support as a feature of complexity, during COVID-19, a finding echoed by Pfitzner et al. (2020). Service providers noted that the limitations and restrictions of face-to-face services impacted particularly on new clients because most new clients benefited from a more personal, face-to-face engagement, particularly in the early stages of their access to services. According to 13% ($n = 17$) of service providers, this reduction in formal support was compounded by victims/survivors' also receiving less support from personal and community networks, due to the social distancing restrictions and limitations imposed on movement.

The complexity associated with COVID-19 has therefore resulted in circumstances that promote an intensification of violence and increased vulnerability of victims/survivors. In addition, these complexities have resulted in compounding the barriers that make it more problematic for victims/survivors to leave violent relationships. Responses also highlighted the precarity and vulnerability COVID-19 have created, even for women who had managed to leave violent relationships. Service providers reported that for some clients in Indigenous communities, lockdown restrictions increased the risk of violence if the perpetrator was restricted to the same community.

Consequently, another facet of complexity indicated by the findings is that the pandemic had severe negative impacts for people's mental health. Evidencing this, more than 20% ($n = 67$) of service providers indicated that clients' mental health had been significantly impacted by the pandemic. Of these responses, just over 40% ($n = 27$) commented that their clients were experiencing greater levels of anxiety. One service provider noted that COVID-19-related restrictions might impact on the mental health of some LGBTIQ+people, given the "existing trauma" of "stigma/abject/contagion shame" that some may experience due to their HIV status and the heightened presence of notions of contagion and disease in the public consciousness.

3.2 | **Impacts of COVID-19 restrictions on the provision of services**

The second major aim of the survey was to collect data about the impact of COVID pandemic on the DFV workforce. A number of questions were asked about the impact having to shift to online meeting and communication technologies, the provision and reduction of services, other changes to service delivery and impact on staff. As a final question we asked

what resources would be needed to strengthen the DFV sector to better cope in the future for disaster planning. This is important as other research has highlighted the elevated risk of domestic violence during environmental disasters, such as floods, fires, cyclones and droughts (James et al., 2014). These are risks expected to be more severe and more frequent due to the impact of climate change.

During quarantine periods, the restriction on face-to-face contact meant that services had to change to remote delivery to maintain operations. Service providers reported that three quarters (76%, $n = 277$) of clients used technology to access DFV services. Survey respondents were then asked which technologies they relied upon during this time. Of the 342 respondents who answered this question, the vast majority (94%, $n = 321$) reported they were reliant on phones or mobiles to support clients (see Figure 5). Service providers also reported that 71% ($n = 244$) used e-mail, while Zoom was used by one-third (36%, $n = 123$). Other technologies used included Skype (11%, $n = 38$), Messenger (10%, $n = 34$), Whatsapp (10%, $n = 33$) and Google Hangouts (1%, $n = 4$). Almost one-fifth (18%, $n = 63$) of service providers reported using other technologies such as MS Teams, PEXIP, WeChat, Gruveo, service Website, telehealth, Slack, Post and Goto.

Respondents were asked about the challenges they faced using technologies to support clients during this period, this question yielded 266 responses. Some service providers (4%, $n = 10$) reported they were able to use these technologies to manage the shift to remote work, noting smooth transitions and new opportunities for tech-facilitated service delivery. However, respondents who reported challenges highlighted barriers to accessing remote services, difficulties conducting services via digital and communication technologies, compromised privacy and safety, surveillance and tech-abuse and impacts on workers.

A consistent theme that emerged was barriers to help-seeking and support via technology-facilitated remote service. Almost 50% of respondents who answered this question (46%; $n = 124$) indicated that some clients were unable to access remote services because they were unable to afford devices/data/credit/software, had poor Internet connections/phone services and limited technological skills or comfort with technology. Issues like lack of coverage particularly impacted on people in rural, regional and remote communities, including Indigenous communities. This reflects wider and critical issues of affordability of telecommunication devices and the digital divide (discrepancies in skills, capability and connectivity) for DFV victims/survivors in Australia (Dragiewicz et al., 2019).

In addition, one-third of respondents (34%, $n = 91$) who answered this question described difficulties conducting services via digital and/or communication technologies. These challenges were highly varied. For example, some indicated that clients preferred face-to-face

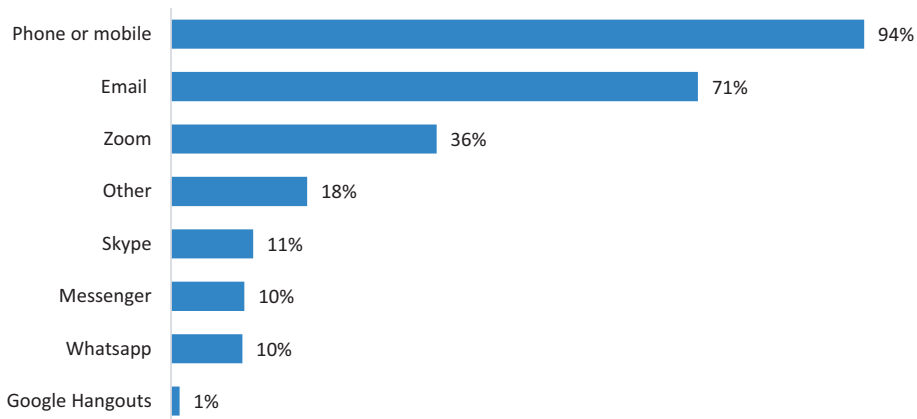


FIGURE 5 Which technologies have you been reliant on to support clients during the COVID-19 pandemic?

contact. Respondents also noted that it was difficult to build rapport and trust, interpret body language and nuance and hold therapeutic conversations via phone or video conferencing which were sometimes described as impersonal and limiting. They also indicated that their capacity to make assessments with respect to risk, home conditions, safety, domestic violence and mental health was compromised in these settings. In addition to communication-based issues, respondents highlighted practical challenges with arranging or maintaining contact. For example, some indicated that clients were less likely to answer the phone and establishing phone contact was difficult. These issues were demonstrated by one respondent who noted that working off site had resulted in “phone tag”.

Thirty-one per cent ($n = 82$) of respondents who answered this question expressed concerns about victims/survivors' privacy and safety during technology-based consultations and appointments in home settings. One concern raised was that the presence of perpetrators in the home made help-seeking and service provision via communication technologies difficult, impossible and unsafe, offering more opportunities for perpetrators to oversee and monitor victims/survivors' use of technology. Some also shared that in this setting they were not able to ascertain the tech-safety of victims/survivors. This reflects Pfitzner et al.'s (2020) Victorian study into responses to DFV during COVID-19 which also indicated that remote contact compromised the presumption of confidentiality due to the presence of the perpetrator or their potential use of surveillance technologies (Pfitzner et al., 2020). A further privacy challenge was the presence of children in the home and the absence of childcare during sessions, particularly when parents and carers were home schooling, which limited the time and space for victims/survivors to confidentially engage with services. Service providers suggested that the presence of a partner at home or children in the vicinity of any counselling or support session limited the freedom to talk about the violence and provide the necessary support.

Lastly, 11% of respondents ($n = 29$) also spoke of the impact of remote service using digital and communication technologies on workers. These respondents described working on personal phones which needed upgrading and lacking necessary training and equipment like web cameras and reliable up-to-date devices. They also indicated an increase in workload due to an increased volume of calls and e-mails and additional time required to manage a digital transition, build rapport and assist clients with new technologies. A final issue noted for workers was also isolation and lack of privacy in these settings.

Survey respondents were asked if there were other ways that social distancing, self-isolation or quarantine restrictions had impacted on the provision of their services. As anticipated, the majority (79%, $n = 286$) of 347 service providers were impacted in other ways during the pandemic, and 273 service providers described the ways in which COVID-19 pandemic had impacted on the operations and delivery of their service. Service providers spoke about their services needing to close or significantly reduce their service delivery due to either the lockdown measures or social distancing required for those who remained open. The impact of responding to COVID-19 meant that services had to adapt quickly, and this put pressure on the resourcing and staffing of organisations, with the majority of services citing safety concerns held by service providers for those most vulnerable to DFV.

3.2.1 | *Significant reduction of services*

A significant reduction of services was identified by 36% of these respondents, and given that the majority were DFV services, service providers reported being concerned for the safety of women and children. This meant that service providers were not able to continue face-to-face counselling, group work or transportation of clients. Those services that continued to see clients directly talked about the effort and time involved in abiding by the COVID-19 restrictions,

which created distance between service providers and clients in the initial periods and delayed the service response time.

During initial lockdown, there was also a reduction in public meeting places traditionally used in outreach DFV services and for many services this meant a targeting or triaging of services for clients deemed most at risk due to violence. Less space in women's refuges meant an increased reliance on motels and restricted movement meant some entire communities were shut down.

As an outreach worker, social distancing has impacted the type of outreach considered "essential". My client group have high levels of complexity in their experiences of mental health, substance use and other vulnerability markers and are used to assertive outreach, regular contact and high levels of support. COVID has meant that this type of support has had to be modified and reduced to "essential" circumstances, which has meant less face-to-face service delivery. This has had a significant impact on some clients.

VIC housing, welfare or homelessness services social worker

Those services that remained open reported a major increase in demand and uptake of services. This meant that services had to adapt quickly to the changing needs both of service users and the mode of delivery they were able to provide during restrictions to cope with demand while holding everyone's safety as their top priority.

3.2.2 | *Significant changes to service delivery*

Significant changes to service delivery were identified by 28% of service providers. Most commonly, services described moving their operations to telephone and online platforms, which changed the nature and the scope of the counselling, therapeutic work and men's behaviour change programmes. This was identified as a specific issue for clients with complex trauma. Service providers spoke of "*holding*" their clients as therapy was interrupted, home visits were not able to be done, communication was difficult, and client needs were changing. This raised concerns for organisations who were not able to conduct their service delivery in the usual way.

Such changes also introduced new barriers for specific communities. For people with disabilities, the shift online did not always adequately account for their disability or health condition. For Indigenous communities, not only did the provision of services online limit access, but made the provision of services more complex given the multiple healthcare needs of many Indigenous clients. Furthermore, for CALD communities, the shift online reinforced communication barriers and made some outreach efforts more difficult.

In the context of domestic violence, these changes greatly impacted on organisational risk assessment processes. Conducting risk assessments is not done in a technical way as actuarial models are limited in the context of domestic violence (see McNamara et al., 2019). Instead, professional workers are using a range of skills when doing (holistic) risk assessments (Stanley & Humphreys, 2014) that may not translate easily to online platforms. Additionally, technologies were identified as limited in terms of providing an environment where service providers could read nuances in cues, body language and facial expressions.

Tech-remote services were also described as impersonal, uncomfortable and complicated for clients and limited for building rapport and trust. This was further complicated by the fact clients could be subject to "*phone tag*" when attempting to get in contact with services. Overall, service providers indicated that due to these challenges some clients did not engage with services, answer phones, respond to messages or participate in online spaces set up by services.

3.2.3 | *Impact on staff*

Concerns were raised in late March 2020 by a survey undertaken by the Women's Safety NSW (Foster, 2020) about the impact of COVID-19 on frontline staff in the DFV sector. This survey found service providers experienced: increased pressures at work; had feelings of isolation while working from home; difficulties working from home or staying safe at work; and felt they had insufficient capacity to meet service demand (Foster, 2020: 7). Comments from our survey indicated that service providers were in great need of additional support to better cope with the impact of disaster on the prevalence and complexity of DFV. Impacts on staff, identified by 13% of respondents, highlighted increased workloads from time spent cleaning and sanitising, rotating of teams due to space restrictions and the challenges of planning and coordination around this.

Service providers spoke of the emotional toll arising from domestic violence safety concerns for clients, the dislocation of normal routine and the adjustments of continuing service delivery during a pandemic, which generated their own health concerns and fears for the future. Some service providers identified vicarious trauma and isolation as one of the challenges of both shifting to tech-remote service delivery and working from home alone and without the necessary supports or boundaries available.

3.3 | **Resources needed to strengthen the DFV sector to better cope with disasters in the future**

Finally, we asked the DFV workforce what extra resources or supports do you/your organisation need to better cope with a crisis like COVID-19 pandemic in the future? Two-thirds (67%, $n=243$) of survey respondents answered this open-ended question. Resources needed to strengthen the DFV sector to better cope in the future fell into four main categories: staffing; services; equipment and technology; and technological assistance and support. These are briefly outlined below.

3.3.1 | *Staffing*

Not surprisingly, almost one-third (29%) of respondents spoke about the need to have more trained frontline staff to work during a future pandemic. Service providers identified issues relating to worker and client safety; the need for organisations to have a planned response to a pandemic; and the need for a supply of locum crisis staff to support the increased workload in domestic violence services.

As most organisations in the domestic violence services sector are precariously funded staffing during periods of crisis is a critical issue (Foster, 2020). Organisations such as neighbourhood or community centres who are primarily staffed by volunteers, struggled to provide support to their communities, as described by one of the respondents:

Community neighbourhood centres are currently not recognised as frontline workers even though we were opened as emergency services during the lockdowns as we dispense emergency relief, offer counselling, in addition to providing support through our living skills programs. Due to our limited funding and the lockdown we lost 45 volunteers without whom we are unable to offer our range of services. This left one worker offering emergency relief which made it impossible to meet this need as required.

QLD social worker

Building organisational capacity to cope with future events was a common theme as many service providers believed that preparing staff for change was essential for ongoing staff and client well-being, as the comment below illustrates:

I believe my organisation needs to learn coping strategies around adjusting to stressful change... I think organisations need to adapt to a “new normal” and more flexible ways of working, post-COVID-19... Personally, I learned that there are other ways of working, particularly non-client work that doesn’t require face-to-face interaction that actually offer me more work-life balance.

TAS DFV counsellor

3.3.2 | *Services*

Almost one-quarter (24%) of service providers noted in their qualitative comments that services are needed both now, and in the future, to better cope with a crisis or pandemic. Service providers also need systems to be flexible, especially courts and magistrates, and they called for improved policing, as well as better communication and translation services and support for CALD communities.

Many service providers cited examples of new brokerage services that emerged during the lockdown period and believe that these services were integral in responding to the changing needs and conditions. Brokerage funds (also referred to as flexible assistance funding and emergency relief funding) are provided by the Qld Department of Housing and Public Works to some organisations under the Homelessness Program. These are used within a case management context to enable clients to access a range of goods and services only when direct service delivery, case coordination or referrals cannot supply the goods or services (Department of Housing & Public Works, 2018). Service providers cited services which enabled rapid and targeted responses based on individual needs, as being an essential part of a future service system flexibility required in a future crisis or pandemic.

Overwhelmingly though, 65% of service providers identified the need for more and improved social housing and accommodation services as both a preventative factor and a systemic response to keep women safe. Affordable housing appropriate to the needs of women and other vulnerable people, exacerbated by COVID-19, is necessary now and in the future to provide options and prevent women returning to violent partners.

3.3.3 | *Equipment, technology and IT training*

The greatest response (47%), in terms of future resources required, was the need for equipment to operate under new and changed conditions. This was overwhelmingly about the need for upgraded, new and/or more sophisticated technology that was used to connect, assess the safety of clients and provide a buffer for both staff and clients from the isolation that COVID-19 caused. The equipment requirements for staff predominantly focused on developing new systems of operation which were able to take account of confidentiality and security concerns. COVID-19-specific requirements were also identified, such as larger offices or access to public spaces to respect social distancing, plus the need for personal protective equipment (PPE) supplies.

Most service providers cited the use of technology as enabling them to adapt their service delivery to clients during the COVID-19 pandemic. Technology resourcing was reportedly lacking in the majority of organisations, with a need for “more IT equipment and software”; “better technology”; “better technology set-up[s]” to perform roles, including delivery of face-to-face services, remotely (both in the office and from worker's homes). However, service providers pointed to the need for training and upskilling as “some of our staff are challenged with

technology". Attempts to build their own or organisational capacity in this arena was said to be "generally time intensive" and not always possible, particularly in remote work conditions.

4 | DISCUSSION

At the beginning of the pandemic, the United Nations Secretary (António Guterres, 2020) called for governments across the globe to urgently "put women's safety first as they respond to the pandemic". At the same time, Australian healthcare and women's safety professionals predicted an "impending increase" in domestic violence (Foster, 2020; Hegarty & Tarzia, 2020). Advocates also reported concerns about increased complexities and challenges in assisting victims/survivors amidst COVID-19 (Foster, 2020). By the completion of our survey, there was a growing body of international evidence that there was an increase in DFV during this period (Boserup et al., 2020; Bouillon-Minois et al., 2020; Bradbury-Jones & Isham, 2020; Bradley et al., 2020; Chandan et al., 2020; Froimson et al., 2020; Kofman & Garfin, 2020; Mazza et al., 2020; Peterman et al., 2020; Usta et al., 2021). In the absence of reliable data, most of these studies quote increases in calls to domestic violence helplines of between 15–30% as evidence of an increase in prevalence. According to World Health Organization sources, the European Union has seen a rise of 60% in emergency calls from women experiencing domestic violence (Mahase, 2020). Based on data provided by DV organisation Refuge, in England, Gibson (2020) reported a weekly average increase in contact through their National Domestic Abuse Helpline and its Website of roughly 66% and tenfold increase in contact since the beginning of COVID-19. Campbell (2020) argues the increasing prevalence of DFV was not reflected in official police reports due to the limited opportunities for victims to report during the pandemic when locked down with their abuser. A meta-search of international available evidence concluded that "The lockdown exacerbated several factors that affect violence against women". The drivers of DFV are complex but include increased household tensions, affected gender roles, decreased independence, decreased access to supportive services, decreased stress-relieving activities and increased economic burden (Usta et al., 2021:5).

Our survey aimed to assess the impact of COVID-19 pandemic on the domestic violence workforce and their clients. Findings based on survey data from 362 participants from the DFV sector, including 1507 qualitative responses, confirm the concerns raised early in the COVID-19 pandemic about the 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, to report violence and access support. Almost two-thirds of service providers said they received an increase in the number of clients seeking assistance for a domestic or family violence matter during the COVID pandemic (see Figure 2). The results also mirror international reports that show the frequency and severity of domestic violence have been rising during the pandemic (Boserup et al., 2020; Bouillon-Minois et al., 2020; Bradbury-Jones & Isham, 2020; Bradley et al., 2020; Chandan et al., 2020; Froimson et al., 2020; Kofman & Garfin, 2020; Mazza et al., 2020). Our survey results also point to certain sociodemographic cohorts as more vulnerable than others, most notably female clients with school-age children, clients from CALD communities, female clients with existing DV protection orders and clients with disabilities (see Figure 3). Other research has pointed to the vulnerability of particular high-risk groups (Usta et al., 2021).

The vast majority (86%) of respondents to our survey reported an increase in the complexity of their client needs, an issue that the sector predicted early in the pandemic (Foster, 2020). Almost two-thirds reported increases in the number of clients accessing their services during the COVID-19 pandemic, while more than two-thirds reported the onset of DFV coincided with the COVID-19 pandemic (see Figure 4). This is consistent with other Australian findings: the AIC study (Boxall et al., 2020), a Victorian survey (Pfitzner et al., 2020) and a NSW survey (Foster, 2020), all of which also found increased complexities and challenges in assisting growing numbers of new survivors of DFV amidst the COVID-19 pandemic.

The concept of coercive control has been increasingly used to describe the cycle of emotional, physical, psychological and social control used by perpetrators over their partners (Stark and Hester, 2019). Our survey unearthed a plethora of evidence from the domestic violence workforce that perpetrators were using COVID-19 lockdown restrictions to enhance coercive controlling tactics. Victims of DFV reported to DV workers they were experiencing increased isolation, increased sense of vulnerability, inability to seek outside help being forced to co-habitat with abuser during lockdown, increased fear of monitoring by abuser and increased surveillance and increased use of technology to intimidate (see Figure 4). Technology-assisted gender violence is another weapon used by abusers to further control, surveil and micro-manage their partners or ex-partners (Harris, 2020; Henry et al., 2020). It was not surprising that service providers reported accessing safe digital communications was an issue for their clients locked down with their abuser.

Apart from research being undertaken by Monash Centre for Gender Family Violence and a survey by Women's Safety NSW, little attention has been paid to the impact of COVID on service providers in the DFV sector in Australia. Concerns were raised in March 2020 by a survey undertaken by the Women's Safety NSW (Foster, 2020) about the impact of COVID-19 on the well-being of frontline staff in the DFV sector. Our survey explored the impacts of COVID on service provision, changes to services, the shift to online delivery of some services and the adequacy of otherwise of IT supports for the sector, the shift to online meeting and communication technologies, the provision and reduction of services, other changes to service delivery and impact on staff. As the DFV sector is precariously funded (on short-term contracts) with little certainty about future resourcing, the impost of COVID-19 in ramping up increases in demand, while limiting ability of services to deliver had serious impacts during the pandemic and going forward. Service providers also spoke of the emotional toll arising from domestic violence safety concerns for clients, the dislocation of normal routine and the adjustments of continuing service delivery during a pandemic, which generated their own health concerns and fears for the future.

5 | CONCLUSION

While lockdowns are a necessary and justifiable public health measure to abate the spread of COVID-19, this measure also increases the risk of women to DFV and provides opportunities for abusers to use the pandemic to enhance their coercive controlling behaviours. Disasters, such as floods, famines, fires, severe weather events, civil conflict and pandemics, are linked to increasing risk factors that enhance violence against women and children (Peterman et al., 2020). Given this, it is vital that all levels of government, that fund the DFV sector, anticipate and plan for increases in DFV during periods of disaster which are expected to increase in intensity and frequency in Australia (and globally) due to climate change (CSIRO, 2020:3). Undertaking disaster management planning assists DFV sector preparedness for spikes in domestic violence that emerge during and following large-scale crises and disasters. It is vital, however, that such policies be driven by an intersectional approach so that the needs of marginalised groups (which vary) are taken into account.

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ENDNOTES

- 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, asexual.
- ² Figure 1–4 and their description have been adapted from the main report.

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APPENDIX 1

The Impact of COVID-19 Pandemic on Domestic and Family Violence Services, Australia Survey – The qualitative Questions subject to thematic analysis.

Question 15: If yes, can you describe?

Relates to previous Question (14): Are you aware of any changes in how perpetrators are using coercive and controlling behaviours in the current climate? Yes/No

Question 17: If you answered yes, can you describe how the COVID-19 Pandemic has increased the complexity of client needs?

Relates to previous Question (16): Has the COVID-19 Pandemic increased the complexity of client needs? Yes/No

Question 22: What, if any, challenges have you faced when using these technologies to support clients?

Relates to previous Question (21): Q21 Which technologies have you been reliant on to support clients during the COVID-19 Pandemic?

Question 24: If you answered yes, can you describe how the COVID-19 Pandemic has impacted on the operations and delivery of your service?

Relates to previous Question (23): Are there any other ways that social distancing, self-isolation or quarantine restrictions have impacted on the provision of your services? Yes/No

Question 26: If you ticked any of the above groups, can you explain how the COVID-19 Pandemic impacted on them in any particular way?

Relates to previous Question (25): Has the COVID-19 Pandemic had any particular impact on any of the following?

You can choose more than one answer.

- Clients in LGBTQ+relationships
- Clients with Disabilities
- Clients from rural and remote communities
- Clients of Aboriginal and/or Torres Strait Islander descent
- Female clients with school-age children
- Clients from Cultural and Linguistic diverse communities
- Female clients with existing DV protection orders
- Potential perpetrators seeking your help
- New clients seeking help for the first time
- Other

Question 27: What extra resources or supports do you/your organisation need to better cope with a crisis like COVID-19 Pandemic in the future?