

# Weaponizing COVID-19: How the Pandemic Influenced the Behavior of Those Who Use Violence in Domestic and Family Relationships

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## Abstract

COVID-19 has increased threats to women’s safety in Australia and globally. This research is based on a 2020 nationwide survey about the impacts of COVID-19 on domestic and family violence (DFV) services and allied sectors throughout Australia. This study focuses on how perpetrator behaviors—coercion, control, and violence—changed and intensified during the COVID-19 pandemic. Two central themes identified from this qualitative analysis were the increase in complexity and severity of DFV during COVID-19. The analysis highlights how perpetrator behavior reflects the weaponizing of COVID-19 against women and children. The article concludes with a discussion about the theoretical, practice, and policy implications.

## Keywords

domestic and family violence, COVID-19 pandemic, intimate terrorism, perpetrator behavior

## Introduction

The COVID-19 global pandemic has generated a perfect storm of personal and structural factors including poverty and racism that have given rise to “the shadow

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pandemic” of domestic and family violence (DFV) throughout many nations (Phumzile Mlambo-Ngcuka, 2020; Segrave et al., 2021). There is little doubt that the unique societal context associated with the global pandemic has contributed to an overall increase in the level of DFV as well as generated new forms of violence. Australia has not been immune to these societal changes with service providers and government authorities similarly highlighting not only an increase in the number of DFV matters brought to their attention, but also in the very nature, complexity, and severity of the violence that is occurring. This study responds to the research question: How has the behavior of the perpetrators of DFV changed during the COVID-19 era? The article will address the subsidiary questions: What have been the identifiable changes in the ways that violence is being expressed by those who use it and by those who experience it, and how has the broader service system responded to these challenges? Using feminist and critical social work perspectives, this study reports on a quantitative and qualitative analysis of data obtained from a nationwide Australian survey on DFV and related service providers and government agencies during COVID-19 undertaken by a team of researchers from the Centre for Justice, Queensland University of Technology (QUT). Implications for future human services and social work practice with service users and in DFV policy settings will be considered.

## **The Policy Context of DFV in Australia**

Over the past decade, DFV has weighed heavily on the public consciousness through increased rates of violence being referred to the police and specialist DFV services, and through a series of high-profile homicides of Queensland and Australian women and their children (Bryce, 2015). Data relating to the prevalence of DFV should always be analyzed cautiously, given that figures are most likely conservative because of the widely known under-reporting of the issue by those experiencing violence in their relationships. DVConnect is Queensland’s leading 24/7, 365-days-per-year telephone access service for people seeking immediate assistance regarding DFV. In 2019-20, DVConnect reported they received 137,987 contacts from Queenslanders needing support for themselves or others to work towards a life free from domestic, family, and/or sexual violence (DVConnect, 2020). The overwhelming majority of the contacts related to women (84%), 14% related to men, and 2% related to nonbinary or gender diverse people (DVConnect, 2020). Saliiently, this represents a 33% increase in people seeking assistance for DFV in Queensland from the previous year. COVID-19 was declared an international pandemic in January 2020, and Australia instituted restrictions including periods of “lockdown,” with the first nationwide lockdown from March 20, 2020, that ended at different points for different states and territories later in 2020. Some of the data from DVConnect correspond with the beginning phase of the pandemic restrictions throughout Australian society.

Nationally, Australia has elevated DFV as a major social issue after significant advocacy from women’s safety professionals, high-profile appointments such as Rosie Batty in 2015 as Australian of the Year,<sup>1</sup> and many homicides of women and

children throughout all Australian states and territories. In 2010, Australia implemented the *National Plan to Reduce DFV Against Women and their Children 2010–2022* (Australian Government, 2010). This strategy is now supported by a fourth and final action plan before the strategy expires in 2022 (Australian Government, 2019). Although this strategy has seen some progress in improving outcomes for women experiencing violence, it is clear the broader success of the strategy has been inhibited by relatively low investments in vital services that keep women safe. The national strategy is also supported by state and territory-based strategies.

Similar to other jurisdictions across Australia and many parts of the world, Queensland has progressively started to realize the extent to which DFV is a major social issue throughout society. The Queensland Government's implementation of the *Not Now, Not Ever: Putting an End to DFV in Queensland Report* from 2015 has brought some important changes and improvements in the policy settings that underpin responses to DFV and some increases in funding and resources for the broader service system (Queensland Government, 2016). For many people who have experienced DFV, and those who respond to people experiencing DFV such as service providers and advocates, this landmark report and series of government actions were long overdue (Morley & Dunstan, 2016). Although this policy focus on DFV has led to some important improvements in the service system including enhanced justice responses (e.g., strangulation in the context of domestic violence now being regarded as a stand-alone criminal offense; the establishment of multi-agency teams to identify people at high risk of experiencing DFV; new crisis accommodation and forms of housing assistance; and a range of prevention measures) (Queensland Government, 2016), more urgent reform and investment are needed to ensure the service system is properly equipped and resourced to provide contemporary responses to unprecedented demand. Other Australian jurisdictions have also embarked on their own prevention of DFV strategies and initiatives (New South Wales Government, 2016; Victoria State Government, 2017).

## **Theorizing Why People Use Violence**

Feminist and critical social work perspectives (Burrell & Flood, 2019; Morley, 2019) are drawn upon in this research to theorize perpetrator behavior. Gender-based conceptualizations of power, control, and violence are crucial to social work practice with victims/survivors and perpetrators, and it is through this lens that this research analyzes the changes in perpetrator behavior that occurred during the early phase of COVID-19. In taking account of the evidence presented in the preceding section, this study acknowledges women and children continue to be the major groups impacted by men's violence. Given the gendered patterns of violence, it is necessary to critically analyze the dominant values associated with patriarchal systems underpinning society (Elis et al., 2020; Flood, 2019). This is important in elucidating the range of social and economic measures that were implemented during COVID-19 and to consider the specific gender-related impacts of these measures. The context of COVID-19 has generated a range of social pressures and stressors likely to have

exacerbated the social, cultural, and economic conditions that promote men's violence against women. Analysis of issues and the constraints for men seeking assistance regarding their violence during COVID-19 will also form part of this analysis.

Feminist scholars have led the development of theory and practice regarding gender-based violence and are credited with influencing our understanding and conceptualization of DFV since the 1970s (Fraser, 2017). Of many theories and approaches, the Duluth Model from Minnesota is at the forefront of knowledge underpinning interventions with people experiencing violence and those who use violence (Bohall et al., 2016; Pence & Paymer, 1993). The Duluth model centerpiece, the power and control wheel, continues to provide a powerful framework for understanding and intervening with victims/survivors of violence and those who use violence (Pence & Paymer, 1993). This approach is particularly useful in contextualizing the gendered nature of DFV and continues to be applied as core program knowledge for DFV services across the world (Bohall et al., 2016; Wagers, 2015). In this article, DFV will be conceptualized using this model with a focus on the contextual factors and uniqueness of social and economic conditions experienced during the pandemic and particularly during phases of "lockdown."

The Duluth model power and control wheel's eight spokes adopt new meaning and context during COVID-19. The eight spokes of the Duluth model power and control wheel—i.e., using intimidation; using emotional abuse; using isolation; minimizing, denying and blaming; using children; using male privilege; economic abuse; and coercion and threats (Pence & Paymer, 1993, p. 3)—will be considered as part of the analysis of participant responses. In applying the Duluth model to ascertain the nature of power and control and how this might be different during COVID-19, it is important to note that perpetrators often deploy multiple abusive strategies and simultaneously. Perpetrator behavior will be analyzed through the framework of the Duluth model to identify ways in which the model continues to be a strong force in analyzing violence against women, as well as ways in which the context of COVID-19 has challenged this approach.

Additionally, Michael Johnson's (2010, p. 15) typology of violence will also be considered with a focus on "intimate terrorism" during COVID-19. Johnson (2010, pp. 29–30) asserts:

An intimate terrorist is violent and highly controlling—by definition. Intimate terrorism is about violent, coercive control. The intimate terrorist uses physical violence in combination with a variety of other tactics, to exercise general, coercive control over his partner.

The use of coercion and control as a feature of violence during COVID-19 increases the relevance of intimate terrorism in this analysis. This research will consider the rise of intimate terrorism during COVID-19.

International scholars and practitioners have documented extensive concerns regarding the prevalence and increase in violence experienced during 2020 as a result of the global pandemic and the specific challenges in responding to people seeking assistance during three periods of lockdown (Humphreys et al., 2020;

Kaukinen, 2020; Noemí & Diego, 2020). Australian research has also confirmed many of the challenges for people experiencing violence and for those providing services during the initial period of lockdown in the Australian state of Victoria, and these include an increase in clients seeking assistance, an increase in the complexity of client needs, an escalation in controlling behavior and manipulation reported by women, and an increase in reported perpetrator anger/violence allegedly caused by reduced income or loss of job because of COVID-19 (Pfitzner et al., 2020, p. 6). Research about gender-based violence during COVID-19 also shows how migrant women, women from Culturally and Linguistically Diverse (CALD) backgrounds, and refugee women have experienced higher levels of DFV (Segrave et al., 2021). This research revealed that 40% of perpetrators were motivated by prejudice and bias in their victimization of women, highlighting the structural challenges associated with racism (Segrave et al., 2021). The contextual and structural issues associated with the pandemic, including the periods of lockdown and restrictions, created the circumstances conducive to heightened gender-based violence, and simultaneously, greater pressures and constraints on the service system.

## **Methodology**

### *Initiation of Research and Methodology Justification*

A team of researchers from the Queensland University of Technology was formed in April 2020 to investigate the impact of COVID-19 on people experiencing DFV, as well as those who use violence, and service providers and government agencies. A mixed-methods approach was adopted. A survey was developed by the team to target a large number of diverse service providers, agencies, and advocates across Australia using the Qualtrics software platform. An advantage of the survey method was that it ensured minimal impact on participant time and resources compared to other research methods. A second advantage of conducting a survey was that it would enable a mixture of qualitative and quantitative data. This mixed-method approach is vitally important when analyzing social issues that are fundamentally complex and contested (Rubin & Babbie, 2011).

### *Survey Design and Participant Recruitment*

The survey comprised 27 questions and was co-designed with specialist DFV services. The co-design approach is consistent with the feminist values that underpin the research, which emphasize women's safety and co-production of knowledge (Agid & Chin, 2019; Farr, 2018). The survey included six open-ended and 21 closed questions. Human Research Ethics Committee approval required that all participants be provided with enough background information to participate with informed consent. Participants were directed to a landing page within the online Qualtrics survey platform, where they had to first read a background statement about the purpose of the survey before clicking agree at the bottom of the page. After clicking this button,

participants were taken to the first set of survey questions which were about demographics.

Recruitment of participants involved initiating contact with a comprehensive range of nongovernment organizations (NGOs) and government agencies that deliver both specialist and mainstream services and support to people experiencing DFV and people who use violence. The research team targeted small, medium, and large organizations and government agencies across Australia using a purposive, snowball sampling strategy. The research team sent anonymous links via emails to the DFV sector and allied sectors such as housing, homelessness, health, and justice. Peak bodies representing DFVs and allied sectors were also invited to participate. The survey was completed by 362 respondents representing more than 250 service providers, agencies, and advocates in all states and territories (Table 1). The survey had the greatest reach in Queensland (QLD), New South Wales (NSW), and Victoria (Vic), which were more adversely impacted by COVID-19 and for longer than other jurisdictions.

### Data Collection and Analysis

The survey was distributed to service providers, agencies, and advocates across Australia from June 9, 2020, and closed on August 31, 2020. This produced a rich source of data from a large number of diverse respondents across Australia (Table 1).

Question 14 on the survey asked participants if they were aware of any changes in how perpetrators were using coercive and controlling behaviors in the current climate. Two-thirds of the participants ( $n = 247$ ) indicated that they were aware of changes in perpetrator behavior. These quantitative data provide the basis for a deeper qualitative analysis of participant responses. Question 15 asked those participants who answered yes to Question 14 if they could kindly describe those changes. This study specifically considers the qualitative responses to Question 15, using NVivo to support the thematic coding. The research team worked in pairs to code and analyze the qualitative

**Table 1.** Respondent Breakdown by Australian State/Territory Jurisdiction.

Jurisdiction	Survey respondents	
	<i>n</i>	%
Queensland (QLD)	152	42
New South Wales (NSW)	101	28
Victoria (VIC)	61	17
Northern Territory (NT)	14	4
Western Australia (WA)	10	3
Australian Capital Territory (ACT)	10	3
South Australia (SA)	7	2
Tasmania (TAS)	7	2
Total	362	

Note. The % column has been rounded to the nearest full percent.

data. This strengthened the quality and reliability of the analysis and ensured consistency. This approach enabled an interpretive, inductive, and critical analytical process (Padgett, 2008). The research team noted the overlap of themes across answers to different open-ended questions on the survey. This was unavoidable and we have noted this in the analysis.

Qualitative analysis of the responses to Question 15 involved the application of four head themes and 213 unique text references. For this article, these themes were further organized into two central themes that were about how perpetrators weaponized the circumstances of COVID-19 against victims/survivors and how the COVID-19 era has seen an overall rise in “intimate terrorism” (Johnson, 2010). The central theme regarding the overall rise in intimate terrorism was further analyzed through four sub-themes. This article will now highlight the qualitative survey responses pertaining to the question of how violence has changed during the pandemic.

## Findings

This research has revealed substantial changes in the behavior of perpetrators during the COVID-19 pandemic, especially in the use of controlling and coercive behaviors. Two out of three respondents (67%) confirmed there was an identifiable change in the way people who use violence displayed coercive and controlling behaviors towards partners and family members during the pandemic. Of those respondents, 88% ( $n = 213$ ) provided qualitative responses detailing how behaviors from those using violence had changed during this period. Further information about the quantitative analysis that occurred in this research is located in the accompanying research report (Carrington et al., 2020). The qualitative analysis undertaken in this research identified two overarching themes that reflect the weaponizing of COVID-19 by perpetrators and signify changes in the behaviors of perpetrators of DFV during the COVID-19 period in 2020. These are (1) perpetrators’ weaponizing behaviors, increasing the complexity and severity of DFV; and (2) the rise of intimate terrorism—i.e., an increase in the use of control and coercion by perpetrators. The identification of these principal themes also enabled us to track how the perpetration of violence changed during the pandemic specifically, and was, therefore, different or unique. It is important to highlight that although this survey was undertaken in 2020 coinciding with the beginning phases of COVID-19 impacts and restrictions, this context continued in 2021 and the foreseeable future. Quotes have been selected from the qualitative responses in the survey to support the analysis and thematic findings.

### *Perpetrators’ Weaponizing Behaviors Increasing the Complexity and Severity of DFV*

The findings of our nationwide survey confirm not only was there an increase in rates of DFV during the COVID-19 pandemic in 2020 in many areas and jurisdictions throughout Australia, but the nature and the episodes of violence were more

complex and severe. The majority of respondents (86.46%,  $n = 313$ ) confirmed there was an increase in the complexity of client needs during the pandemic. The provision of government and nongovernment service delivery responses to DFV were also made more complex because of the restrictions, access to funding and other resources including training and health equipment, and workforce-related issues with many staff conducting risk assessments from their own homes. The survey data reveal that perpetrators of DFV used these circumstances as part of the weaponry of violence against women and children.

Many respondents identified the increase in complexity and severity or intensity of the violence that occurred as having a major impact on women, many of whom were already experiencing significant isolation and disadvantage. The following responses highlight how service providers observed the changes in perpetrator behavior during COVID-19.

Using COVID as a reason for violence or increase in violence and loss of employment, as a reason for inability for victim to have contact with services. (QLD DFV Employee)

This quote highlights how the perpetrator has used COVID-19 restrictions as a reason for greater isolation of the victim/survivor (Pence & Paymer, 1993).

More monitoring of clients (by services), more complex cases presenting, more intense violence. (ACT DFV employee)

Greater monitoring and surveillance by the perpetrator of victims/survivors is indicated in this service provider quote. This quote also highlights how increased monitoring and surveillance often lead to greater and more severe forms of violence towards women and children.

Using COVID to withhold child access, power over finances, increase in tech surveillance, increase in forced Alcohol and Other Drugs consumption, increased levels and types of violence. (QLD DFV employee)

Perpetrators also found new ways to use children, economic abuse, technology abuse, and even force victims/survivors to consume and misuse substances. All of these quotes reveal intentional strategies from perpetrators to weaponize the social and economic conditions associated with COVID-19 against women and their children.

Responses show this increase in perpetration was across all forms of DFV and women were overwhelmingly over-represented in the demographic group most impacted by the increase in violence. In line with the definition of DFV used in the *Queensland Domestic and Family Violence Protection Act 2012* (Queensland Queensland, 2012), respondents provided detailed examples of physical and sexual violence, emotional and psychological abuse, economic/financial abuse, and threatening, coercive, and controlling behavior that was highly specific to the COVID-19 social



context. The violence was also multisystemic in nature and often involved a number of interacting systems including family law proceedings, magistrate court proceedings, statutory child protection, alcohol and other drug services, housing, employment, income support, mental health, and health as highlighted in the above responses. The following quotes that include a detailed case study reveal the substantial challenges facing victims/survivors in dealing with systems and how perpetrators were taking advantage of these barriers to further their abuse and violence.

Using technology, isolation, financial abuse and “systems,” more (like public health requirements and male privilege) to control partners and create fear. (DFV researcher)

Female client who had left her ex-partner a year ago and spent ten months homeless had managed to convince him to couch surf for a while, while she lived in his apartment and applied for work. He agreed as it aligned with travels for work and needed they care for their dog at his place. The minute (state) borders were announced, he turned up with no notice and moved himself right back in again to his (two bedroom) apt disregarding her lack of consent. Within 24 h he was barricading doorways and physically intimidating her and she spent the subsequent weeks locked up in her bedroom with the door barricaded. Unable to use her bathroom (while he kept the master with ensuite). She was immuno-comp and got very sick and was terrified of having no place to go. She finally got a service to fund hotel stay for him for a few nights so she could move out. She had zero support from family and friends and moving company charged \$1000 because of Sunday rate. She finally managed to move into their jointly owned one bedroom apt which she couldn't afford the mortgage of prior to COVID because the banks didn't consider domestic violence to be as serious as COVID. She cried and pleaded with her bank to help her find a solution to buy her some time until she got a job and was declined. However when COVID came along she got 6 months of mortgage respite without having to ask.

Her ex continues to psychologically torment her and she is isolated from supports thanks to his deliberate destruction of her supports. He's incredibly manipulative and influential and has held down executive positions while dismantling her career and health over six-year relationship. She has reported feeling suicidal multiple times thanks to isolation and incessant contact from him but is reluctant to get a Family Violence Intervention Order because he continues to financially support her and jobseeker income barely enough to survive. ... He lives less than ten minutes' walk up the road from her currently and she lives with the constant anxieties of his incessant (mental/psych) harassment, risk of contracting COVID and both employment and housing instability in near future. I really fear for her welfare and despite contacting every DV service in the country the most she's been offered to date was Coles<sup>2</sup> vouchers (until recently—received Flexible Support Package but had horrific encounter with service to get it). Has also repeatedly suffered trauma through engagement with Victoria Police and has evidence and a backlog of complaints she doesn't even have the energy to follow up and submit (despite having video footage to corroborate her experiences!). (VIC DFV employee)

As outlined clearly in the above service quotes and case study, the complex social, economic, and interpersonal factors leading to increased violence and the increased

complexity of service system responses, compounded the isolation and marginalization of those experiencing violence.

### *The Rise of Intimate Terrorism: Increase in the Use of Control and Coercion*

Four sub-themes were identified that characterized how the COVID-19 social and economic context influenced the ways in which controlling and coercive behaviors were observed and experienced during this period. These sub-themes are:

1. Intimate terrorism through increased threats to the safety of clients and their children, being done via a range of media and technology and through custody arrangements;
2. Perpetrators using COVID-19 to increase coercion and control;
3. Increase in financial and economic abuse;
4. New and severe forms of emotional, psychological, and sexual abuse.

These sub-themes align strongly with the Duluth Model (Pence & Paymer, 1993) and Johnson's typology of violence (2010). Each of these sub-themes will be discussed in detail.

1. Intimate terrorism through increased threats to the safety of clients and their children, being done via a range of media and technology and through custody arrangements

Respondents emphasized the rise in perpetrators' use of coercion, control, and general violence. It is important to point out that these responses varied to the extent of the actual rate of increase and this was often associated with issues including geography and rurality (Mason, 2012; Ragusa, 2017), the capacity of the person experiencing violence to access support services and, in some instances, reduced service system capacity as reflected in the following quote:

The complete isolation of women and children in the family home and particularly in a remote Aboriginal community, has increased the prevalence of DFV incidents. The women are unable to access help or report the violence as the user of violence is always nearby. The male perpetrator's ability to control women has increased tenfold. (NT DFV employee)

As borne out in this quote, women in remote Indigenous communities experienced a greater risk of violence that required strong cross-government approaches to safety planning (Blagg et al., 2018). The under-reporting of DFV as a feature of COVID-19 reinforces that the importance of service provider observations about changes in the nature of violence during this COVID-19 period is extremely important.

Respondents emphasized the range and types of violence that had been identified in their respective practices, as outlined in the following quotes:

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—patterns which impact child safety and wellbeing, parenting, intersections/intersectionality's [sic], ecology, family functioning, education, access to services and supports. Increase in reports of deprivation of liberty, financial control, threats to take/withhold children, drug/alcohol abuse, family violence (specifically son to mother violence). (QLD DFV employee)

Increase in strangulation, level of violence, increase coercive control and using COVID to control. (QLD DFV counsellor)

Increased entrapment, increased reports of strangulations, increased monitoring and isolation, using COVID to rationalise isolation. (QLD DFV service provider)

The level of control, coercion, and violence in these quotes corroborate findings from other national and international studies identifying the intensity and severity of DFV during COVID-19 (Kaukinen, 2020; Pfitzner et al., 2020). The intensity, range, and rates of violence were all reported as being higher and, for many service providers, this involved new forms of coercion, control, and some very extreme forms of violence towards women. These quotes underscore the extent to which male perpetrators have used the circumstances of COVID-19 to engage in intimate terrorism, including regular and severe threats to the safety, health, and wellbeing of women and women with children (Johnson, 2010).

Another way violence towards women changed during COVID-19 was the use of computers and other forms of technology to further coerce and control women. Although perpetrators have increasingly found ways to abuse victims/survivors through the use of computers and technology over many years, COVID-19 presented a set of circumstances in which this type of abuse was regularly and systematically deployed by perpetrators. The following service provider quotes highlight the challenges women experienced as a result of violence occurring online and through a range of media and technology.

One case where a woman had a tracking app installed on her phone under the guise of COVID tracing. Similar, another case study where the woman had to justify where she was going and who she was seeing it, to “prove” she was doing the right thing by the children due to COVID. (SA social worker)

Due to the lock downs women have reported being more controlled in their movements and monitoring by the perpetrator. There have been reports of checking phones and computers activity, not being able to leave the house unaccompanied by the perpetrator. (NSW DFV employee)

Using social isolation as an excuse to abuse a victim more, controlling the victim's ability to seek help via the phone or online by being present in the house more. (TAS DFV advocate)

These responses highlight the continuing societal challenges about preventing violence and trauma for women through technology (Douglas et al., 2019; Harris & Woodlock, 2019; Henry et al., 2020). This finding also supports some of the national and international literature about the rise in technology-based and online violence that has been used and weaponized by perpetrators during COVID-19 (Humphreys et al., 2020; Kaukinen, 2020; Noemí & Diego, 2020).

Threats, coercion, and control relating to child custody and family law court issues were also evident in the forms of violence observed during the COVID-19 period. The following service provider comments highlight the extent to which violence involved the restrictions associated with COVID-19 and threats made to the person/s experiencing violence about the family law system.

Withholding children and using COVID as an excuse, even if family court [orders exist]. (VIC DFV employee)

In post-separation situations involving child access, perpetrators have “guilt-tripped” victims into giving them more access to children. Some perpetrators have spread rumours about the victims having COVID-19 so as to isolate them further from people. (TAS counsellor)

Refusing handovers etc and applying extra expectations and duties on mums with home schooling and solving problems. (QLD DFV employee)

These responses reveal the lengths to which those using violence sought to oppress and manipulate women using the family law court system.

## 2. Perpetrators using COVID-19 to increase control and coercion

Although not a new form of violence, the COVID-19 pandemic fostered new opportunities for perpetrators to isolate victims/survivors from informal and formal support networks and the community. As the following quotes attest:

Coercion techniques of isolating and keeping victims in the household have increased, particularly in instances where perpetrator is working from home. (NSW DFV Housing, welfare or homeless service employee)

They are at home more and able to monitor and surveillance their victim constantly. Stresses are higher. Victims are less able to seek support and safety. (ACT social worker)

Going out and not telling her where he has been, threatening to infect her. If he has contact with children, threatens to infect them. Tells her she can't leave due to restrictions. (VIC DFV employee)

The restrictions imposed by states and territories on communities throughout Australia as a strategy to contain community transmission, while necessary, simultaneously served

to promote a climate, whereby those who use violence could isolate the person experiencing violence. There is little doubt that this type of coercion, control, and violence in the lockdown period/s impacted decisions by people experiencing violence to access services and general utilization of specialist DFV services (Kaukinen, 2020).

Survey responses also show this issue of isolation was compounded for women in rural and remote parts of Australia (Mason, 2012; Ragusa, 2017; Tually et al., 2008). This is highlighted in the following quote from a Northern Territory service provider who also identified the additional challenges for Indigenous women on parole or who had exited prison and were experiencing DFV:

There used to be an “escape” to catch a bus/drive to Alice Springs or elsewhere. When the towns were closed it would be less likely for people to make this temporary move, I believe. Some on parole, for example, wouldn’t want to meet police on the way (or car unregistered or no licence or grog in the car etc.). (NT service provider)

Many service providers also reported an increase in the intensity of the violence, which was partly because of the tactic of social isolation used by perpetrators and partly caused by COVID-related restrictions, as is revealed in the following quotes:

Perpetrators are using COVID-19 to control victim survivors’ movements—keeping them home, stating they will have a friend with a confirmed case attend the home so that they fall ill, or threaten to seriously harm/kill the victim survivor if their children become diagnosed with COVID-19. (VIC social worker)

Using COVID as a reason to isolate victims from family and friends and other support services or locking victims out of the home under the guise of COVID-19 infection control. (VIC legal advocate)

Using COVID-19 based reasons to perpetrate violence and maintain violence over women, e.g. not allowing them out of the house citing fears of COVID/ accusing women of trying to spread virus to them/ financial control citing COVID-related costs. (VIC DFV employee)

Using fear of contracting COVID to keep victims at home and away from their supports. Anger at victims when they leave the house or have contact with someone—saying that they have just contracted COVID. (NSW healthcare worker)

The restrictions imposed during the lockdown and associated changes to work routines and working from home arrangements led to greater coercion and control and higher risk for women and children experiencing violence. The use of coercion and control and the intensity of violence during COVID-19 need to be understood in the context of increased isolation and greater economic concerns for people in reduced work or who have lost employment (Noemí & Diego, 2020). These structural economic factors influenced the ways perpetrators sought control and used their power over victims/survivors. The use of coercion and control in relation to personal finances

and financial abuse was another striking feature of the violence observed and reported during COVID-19.

### 3. Increase in financial and economic abuse

The level of financial abuse within domestic and family relationships was also an issue identified by many service providers as having greatly increased during COVID-19. The unique social and economic circumstances of the COVID-19 period provided an opportunity for those who use violence to use control, coercion, and abuse in relation to personal finances. Victims experienced financial abuse in a range of ways including through perpetrators monitoring the victim/survivor's finances and access to bank accounts and making demands on Centrelink<sup>3</sup> payments, with specific references to the special Centrelink payments issued during the pandemic. The following service provider quotes highlight these abusive dynamics.

Financial Abuse—not allowing spending due to possible risk of losing job. Isolation—to further isolate victim/survivor from others. (VIC social worker)

Control—within the home. Income/Centrelink is with the person doing DFV and using it against the survivors i.e. not enough money for food etc and to pay bills. (QLD Government agency)

Restrictions on finance—Not able to communicate effectively whilst in lockdown without other person checking phones and media—Eviction from home for short time periods. (QLD DFV employee)

Stand over tactics being used against the woman to give over additional government benefits that have been paid to them. (QLD social worker)

These quotes highlight the unique nature of the financial and economic abuse that has occurred during COVID-19. National and international studies have also confirmed the conditions associated with COVID-19 compounding issues of financial abuse within domestic and family relationships (Kaukinen, 2020; Pfitzner et al., 2020). Greater recognition of financial abuse within relationships is required to provide more effective responses for people experiencing DFV.

### 4. New and severe forms of emotional, psychological, and sexual abuse

The COVID-19 period has seen new and different ways for people to use emotional, psychological, and sexual violence within relationships and families. As previously discussed, people who have used violence have weaponized COVID-19 to cause further harm and distress to those they abuse. Noemí and Diego (2020) identified the higher risks associated with DFV during the COVID-19 period in the United Kingdom, highlighting the particular issues around emotional and psychological abuse. These risks are outlined in the following quotes:

We are seeing matters with a greater emphasis on psychological abuse and social isolation. Weaponising illness, e.g. skipping behaviour change group. (SA legal advocate)

Anecdotal evidence that perpetrators have used threats of infecting partners/children with COVID. Victims unable to leave home, access phones or have any safe time to call, not able to connect with family/friends outside the home. (VIC legal advocate)

These quotes also highlight the issues and challenges for those who use violence and who sought and continue to seek assistance to manage their behavior and violence during the COVID-19 period. Participants noted that not only were men's behavior change programs harder to access during COVID-19, but it was also easier to miss attendance.

Finally, the range of emotional and psychological abuse also involved sexual violence and intimidation. The following quote shows the extent to which control and coercion associated with COVID-19 involved sexual abuse and violence.

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. (TAS DFV counsellor)

Not only does the above quote contain many of the elements of the Duluth Model of power and control (Pence & Paymer, 1993), but it also strongly represents the notion of "intimate terrorism" (Johnson, 2010). The weaponizing of COVID-19 by those who use violence has included quite intentional and severe forms of emotional, psychological, and sexual abuse.

## **Discussion: Theoretical, Practice, and Policy Implications**

### *New Approaches to Conceptualizing Theory Underpinning DFV*

Although DFV has been a major social issue in Australia and many western liberal democracies for many years, the context of COVID-19 has created circumstances where victims/survivors undoubtedly feel less safe and, conversely, where perpetrators are more emboldened to abuse without fear of detection and consequence. There is an opportunity for future research to test and further develop DFV theory through the analysis of the unique social, structural, and economic context of COVID-19. The construction and use of power and control by perpetrators (Pence & Paymer, 1993; Wagers, 2015) have taken on clear coercive and violent characterizations during COVID-19 that align with the notion of "intimate terrorism" (Johnson, 2010). The opportunity to use power and control, coercion and violence, in an environment where women victims/survivors are experiencing depleted interpersonal and economic resources, and weaker overall societal safeguards, has been a striking feature of COVID-19.

There is a new and important opportunity to explore the ways in which men deal with the challenges of disasters; especially at the scale of global pandemics, and how this generates greater intent to abuse others and use violence. This needs to recognize the interplay between masculinity, neoliberalism, and gender-based violence, and how contexts such as COVID-19 amplify these influences through concerns over individual freedom, wealth, and privilege. As some commentators recognized at the beginning of the crisis, there is nothing quite like a global pandemic to at least threaten existing unequal socio-economic power structures and provide the opportunity for reimagining systems that reflect greater social justice (Amelia et al., 2020; Every-Palmer et al., 2020; Steele, 2020).

### *The Whole of Government and Society Response*

This article highlights the increasing complexity surrounding DFV in Australia during the early period of COVID-19. Some of the analysis for this increase in complexity involves the context of the violence and the many systems-related issues that need to be navigated and coordinated when responding to DFV. Responding to DFV requires strong interprofessional collaboration and integration (Humphreys & Absler, 2011; Laing, 2013). Now, more than ever, government agencies, nongovernment organizations, and all stakeholders involved in responding to DFV need to work in more united ways to ensure positive outcomes for women and children experiencing DFV. As demonstrated in the diversity of responses to this nationwide survey, contemporary and multidimensional strategies are required that encompass the fields of crisis accommodation, housing, technology, counseling and therapeutic services, policing, and legal and court support services. Participants from jurisdictions that had shifted their policy settings in recent years, including Victoria and Queensland, to a service system that is more integrative, agile, person- and family-centered, and where formalized interagency protocols are fostered to assess “risk,” were highly valued. The COVID-19 era has demonstrated the utility and effectiveness of these approaches.

### *Technology-Facilitated Abuse and Technology Needs of Victims/Survivors and Service Providers*

The access and use of technology by victims/survivors, perpetrators, and service providers have been a dominant theme across responses. Responses that addressed technology-facilitated abuse were exacerbated by the conditions created by COVID-19. Lack of access to technology during lockdown also compounded victims/survivors experience of isolation. As described earlier in this article, the significant privacy and confidentiality issues that emerged during the lockdown were difficult to manage with perpetrators often at home and sharing space and monitoring the person and technologies more intensely, a finding confirmed by a similar study (Pfitzner et al., 2020).



Men's behavioral change programs and other specialist domestic and family service providers also reported that in some instances, they struggled to communicate with clients and undertake many aspects of their day-to-day roles including risk assessment processes where greater reliance on technology platforms including Zoom, Skype, and Google hangouts were required. It was also noted that more support was required for specialist staff undertaking risk assessments through virtual contexts and via telecommunications. Victims/survivors and service providers also experienced difficulties accessing finance and resources to obtain appropriate communication technologies. Some areas noted unreliable internet coverage that also impacted the quality of communications between victims/survivors and service providers. There were also issues about ensuring the workforce supporting specialist DFV services, and allied services are appropriately trained in the use of technology. The learnings from the COVID-19 period and its impact on DFV throughout Australia highlight the need for a strengthened strategy that better protects victims/survivors and supports service providers.

### *Flexible Service Delivery and Funding Responses*

The changes in perpetrator behavior during COVID-19 and the new and more intense forms of DFV required government agencies and organizations to work very differently. Most jurisdictions provided increases in funding for DFV services; however, this response was often inadequate to address the level of increased need that was identified in local communities. The other criticism participants made of government responses was that these DFV strategies during COVID-19 were "crisis" oriented and temporary. As noted throughout this study, DFV was already a very serious and endemic social problem before COVID-19, but this pandemic and other crises (e.g., extreme weather events and natural disasters) correlate with increased violence against women and ongoing global uncertainty. Therefore, governments and agencies need to be better prepared and resourced.

DFV service providers praised the newly founded flexibility within the broader DFV service system. In particular, the changes in attendance requirements and operating arrangements for Magistrates Courts were seen as a significant improvement to the service system that could be implemented well into the future and in post-COVID-19 contexts to achieve improved safety outcomes for women and children. Jurisdictions provided flexible funding responses that allowed organizations to modify and adapt their service delivery to best suit the needs of the local community and their organization.

### *Strategic DFV Policy Settings Need to be Revisited*

The Australian Government's (2010) *National Plan to Reduce Violence Against Women and their Children 2010–2022* has provided the policy framework for investing services to improve women's safety throughout Australia for more than a decade. The fourth and final action plan associated with this strategy was released in 2019 and

expires in 2022. This national policy framework is supported by state- and territory-based strategies. The COVID-19 pandemic and the associated learnings that have occurred during this period need to inform a reshape of this national strategy. Overall, government funding continues to be inadequate and not always well directed to address DFV, and now the pandemic influenced DFV priorities. Two examples of this include the urgent need to focus on greater investment in the prevention of DFV and housing stability for women (Cripps & Habibis, 2019; Spinney, 2012), and a focus on stronger engagement and intervention with Indigenous and non-Indigenous men (Blagg et al., 2018).

The COVID-19 pandemic provides an opportunity for policy-makers to be courageous in relation to strengthening the prevention settings that need to underpin strategic DFV policy frameworks. This research has shown the changes in ways perpetrators have used violence during the COVID-19 period and where the service system is deficient. Accordingly, this research adds to a growing range of international studies and evidence about gender-based violence during COVID-19 (Humphreys et al., 2020; Noemí & Diego, 2020). This experience needs to drive the trialing of new initiatives and strategies, including positioning of specialist DFV workers in police stations; increasing investment in perpetrator support services; closer examination of the use of technology, and the role of technology in both abuse of people and preventing abuse; reform of the crisis accommodation and housing services; and making the legal proceedings in Magistrates Courts and Family Courts more client-focused. The challenge, then, is to evaluate their effectiveness and build upon their success to ensure robust policy outcomes (Australian Government, 2010, 2019).

## **Limitations of the Research**

A limitation of the methodology was that there were a number of respondents who started the survey and did not complete it, reflecting some fatigue. The research team noted the significant pressures experienced by service providers during COVID-19, which was also identified as a reason for survey noncompletion. Incomplete surveys were not analyzed.

## **Conclusion**

The global COVID-19 pandemic has generated a vast number of challenges for women and children experiencing DFV and for those working in agencies whose remit is to prevent DFV or support those affected by such violence. These challenges are global and need to be viewed in the context of the drivers of gender-based violence. Indeed, the manner in which perpetrators have weaponized COVID-19 against victims/survivors and those experiencing DFV is a unique characteristic of this period. This article has reported findings from our nationwide study regarding how perpetrator behavior has changed and how violence has increased in complexity and severity during COVID-19. The increased use of control and coercion by perpetrators was particularly notable during COVID-19. There were also a number of other

strategies perpetrators used to weaponize violence that were intensified by the increased social isolation and financial vulnerability for victims/survivors during the COVID-19 period. There needs to be a fundamental reform of practice and policy for responding to the challenges in preventing DFV based on experiences and learnings from this period, particularly given that some commentators have referred to COVID-19 as marking the age of the pandemic. Whether this or another disaster/crisis caused by extreme weather events associated with climate change, we need to learn from this period. This can only be achieved when there is the requisite political and community leadership that confronts the shadow pandemic of DFV courageously and directly.


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### Notes

1. Ms Rosie Batty was Australian of the Year in 2015 in recognition of her advocacy for violence against women after the murder of her son Luke Batty by her former partner.
2. Coles is a supermarket in Australia where people can purchase food and basic essential supplies.
3. Centrelink is a Services Australia master program of the Australian Government. It delivers a range of government payments and services for retirees, the unemployed, families, carers, parents, people with disabilities, Indigenous Australians, students, apprentices, and people from diverse cultural and linguistic backgrounds, and provides services at times of major change. The majority of Centrelink's services are the disbursement of social security payments (Australian Government, 2021).

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