

Intimate partner violence during the COVID-19 pandemic: A survey of women in Australia

Hayley Boxall

Anthony Morgan

RESEARCH REPORT

ISSUE 3 | OCTOBER 2021

ANROWS acknowledgement

This material was produced with funding from the Australian Government Department of Social Services. Australia’s National Research Organisation for Women’s Safety (ANROWS) gratefully acknowledges the financial and other support it has received from the government, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government Department of Social Services.

Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement.](http://bit.ly/2ErTfTp)

Peer review process

The quality of ANROWS publications is ensured through a rigorous peer review process that is consistent with the principles of the Committee on Publication Ethics (COPE) Ethical Guidelines for Peer Review. This report has been assessed by at least two peer reviewers with relevant academic expertise.

© ANROWS 2021

With the exception of the ANROWS branding, content provided by third parties, and any material protected by a trademark, all material presented in this publication is licensed under a Creative Commons Attribution-NonCommercial 3.0 Australia (CC BY-NC 3.0 AU) licence.

The full licence terms are available at [creativecommons.org/licenses/by-nc/3.0/au/legalcode](https://creativecommons.org/licenses/by-nc/3.0/au/legalcode)

Published by

Australia’s National Research Organisation for Women’s Safety Limited (ANROWS)

PO Box Q389, Queen Victoria Building, NSW 1230 | [www.anrows.org.au](http://www.anrows.org.au) | Phone +61 2 8374 4000

ABN 67 162 349 171

ISBN: 978-1-922645-06-7 (paperback) | 978-1-922645-07-4 (PDF)

Please note that there is the potential for minor revisions of this report.
Please check the online version at [www.anrows.org.au](https://www.anrows.org.au/) for any amendment.

Intimate partner violence during the COVID-19 pandemic:
A survey of women in Australia

Hayley Boxall

Research Manager, Violence against Women and Children Research Program,
Australian Institute of Criminology

Anthony Morgan

Research Manager, Serious and Organised Crime Research Lab,
Australian Institute of Criminology

This report addresses work covered in the ANROWS research project 4AP.10 "The impact of the COVID-19 pandemic on experiences of intimate partner violence among Australian women". Please consult the ANROWS website for more information on this project.

ANROWS research contributes to the six National Outcomes of the National Plan to Reduce Violence against Women and their Children 2010–2022. This research addresses National Plan Outcome 2 – Relationships are respectful and Outcome 4 – Services meet the needs of women and their children experiencing violence.

Suggested citation:

Boxall, H., & Morgan, A. (2021). Intimate partner violence during the COVID-19 pandemic: A survey of women in Australia (Research report, 03/2021). ANROWS.



Australian Institute of Criminology

GPO Box 1936

Canberra ACT 2601

Author acknowledgement

We acknowledge the important work of Chris Owen and Gladys Lima and colleagues from Roy Morgan in administering the survey on our behalf, as well as their valuable input into survey design. The survey was also developed in consultation with representatives from the Department of Home Affairs, Department of the Prime Minister and Cabinet, Attorney-General’s Department, Department of Social Services, Australian Bureau of Statistics, Australian Institute of Health and Welfare, and Australia’s National Research Organisation for Women’s Safety. We are grateful for their support and assistance. Finally, we acknowledge the women who responded to the survey and shared with us their experiences of violence.

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800 RESPECT — 1800 737 732 and Lifeline — 13 11 14.

# Contents

[List of tables 6](#_Toc84941206)

[List of figures 7](#_Toc84941207)

[Key definitions 8](#_Toc84941208)

[Box 1: Key Findings at a glance: Respondents’ experiences of intimate partner violence
(IPV) since the beginning of the COVID-19 pandemic 10](#_Toc84941209)

[Executive summary 12](#_Toc84941210)

[Experiences of physical violence, sexual violence and emotionally abusive, harassing and
 controlling behaviours among women who have been in a relationship 13](#_Toc84941211)

[Help-seeking during the pandemic 15](#_Toc84941212)

[Conclusion 16](#_Toc84941213)

[Introduction 17](#_Toc84941214)

[COVID-19 in Australia 17](#_Toc84941215)

[Prior research into the impact of COVID-19 on intimate partner violence 18](#_Toc84941216)

[Knowledge gaps 20](#_Toc84941217)

[Current study 20](#_Toc84941218)

[Method 22](#_Toc84941219)

[Sampling and weighting 22](#_Toc84941220)

[Survey questions 22](#_Toc84941221)

[Limitations 23](#_Toc84941222)

[Sample characteristics 24](#_Toc84941223)

[Results 29](#_Toc84941224)

[Experiences of physical violence 29](#_Toc84941225)

[Experiences of sexual violence 30](#_Toc84941226)

[Experiences of emotionally abusive, harassing and controlling behaviours 32](#_Toc84941227)

[Experiences of coercive control 39](#_Toc84941228)

[Help-seeking among women who experienced intimate partner violence during the
COVID-19 pandemic 51](#_Toc84941229)

[Discussion 55](#_Toc84941230)

[Conclusion 58](#_Toc84941231)

[References 59](#_Toc84941232)

[Appendix A: Survey methodology, sampling strategy, safety protocols and limitations 66](#_Toc84941233)

[Appendix B: Survey questionnaire 81](#_Toc84941242)

# List of tables

Table 1 Sociodemographic characteristics of respondents (weighted data; n=10,189) 24

Table 2 Relationship characteristics of respondents, by relationship status (weighted data) 26

Table 3 Physical violence experienced by respondents in the last 12 months (weighted data; %) 29

Table 4 Sexually violent behaviours experienced by respondents in the last 12 months (weighted data; %) 30

Table 5 Financially abusive behaviours experienced by respondents in the last 12 months (weighted data; %) 32

Table 6 Verbally abusive and threatening behaviours experienced by respondents in the last 12 months
(weighted data; %) 34

Table 7 Monitoring and stalking behaviours experienced by respondents in the last 12 months (weighted data; %) 36

Table 8 Socially restrictive behaviours experienced by respondents in the last 12 months (weighted data; %) 37

Table 9 Reproductive coercion experienced by respondents in the past 12 months (weighted data; %) 38

Table 10 Description of patterns of IPV experienced by respondents, by violence type and group (weighted data; %) 47

Table 11 Prevalence of respondents who attributed individual-level changes experienced by themselves or their
partner to the change in IPV patterns within the relationship, by trajectory (weighted data; %) 49

Table 12 Prevalence of respondents who attributed relationship-level changes to the change in IPV patterns within the relationship, by trajectory (weighted data; %) 50

Table 13 Prevalence of respondents who attributed external intervention to the change in IPV patterns within the relationship, by trajectory (weighted data; %) 51

# List of figures

Figure 1 Experiences of physical and sexual violence, by IPV type (weighted data; %; n=10,189) 31

Figure 2 Experiences of non-physically abusive behaviour, by population and IPV type (weighted data; %) 39

Figure 3 Number of emotionally abusive, harassing and controlling behaviours experienced by women who
reported any form of non-physical abuse in the last 12 months (weighted data; %; n=3,224) 40

Figure 4 Co-occurrence of physical and non-physical abuse among women who experienced any intimate
partner violence in the last 12 months, by abuse type (weighted data; %; n=3,402) 41

Figure 5 Emotionally abusive, harassing and controlling behaviours among women who reported physical
or sexual violence in the last 12 months, by abuse type (weighted data; %; n=1,294) 42

Figure 6 Prior intimate partner violence among respondents, by type of violence experienced in the last 12
 months (weighted data; %) 43

Figure 7 Distribution of first-time IPV, by type of abuse and length of relationship (weighted data; %) 44

Figure 8 Changes in the frequency or severity of physical or sexual violence or coercive control among
women who had experienced prior intimate partner violence, by type of violence experienced in the last
12 months (weighted data; %) 46

Figure 9 Help-seeking among respondents who experienced physical or sexual violence, by type of violence
 experienced in the last 12 months (weighted data; %; n=1,294) 52

Figure 10 Help-seeking among women who reported that they were unable to seek support on at least one
 occasion due to safety concerns in the last 12 months, by organisation type (weighted data; %; n=334) 54

# Key definitions

|  |  |
| --- | --- |
| **Coercive control** | Coercive control refers to the micro-regulation of women’s lives by an intimate partner (usually) in order to maintain dominance or control (Stark, 2007). This can involve a range of behaviours, including frequent belittling and derogatory comments, monitoring of their whereabouts, interfering with their relationships and financial abuse. For the purpose of this research, coercive control was operationalised in two ways: the co-occurrence of different categories of non-physical abusive behaviours, and the co-occurrence of physical or sexual violence combined with non-physical forms of abuse. |
| **Emotionally abusive, harassing and controlling behaviours** | Emotionally abusive, harassing and controlling behaviours refers to a broad range of behaviours or actions that are aimed at controlling a current or former intimate partner’s behaviour or causing them emotional harm or fear. These behaviours fall into five broad categories: financial abuse, verbally abusive and threatening behaviours, socially restrictive behaviours, stalking and monitoring behaviours, and reproductive coercion. These behaviours are also referred collectively to as non-physical abuse within this report. |
| **Intimate partner violence** | For the purpose of this research, intimate partner violence is defined as physical violence, sexual violence or emotionally abusive, harassing and controlling behaviours that occur between current or former intimate partners.  |
| **Partner** | A partner is defined as a person with whom the respondent has had a relationship during the last 12 months. This includes current and former partners. All questions about former partners refer to the respondent’s most recent partner. Violence by previous partners – either where a respondent has had multiple partners in the last 12 months, or they experienced violence in the last 12 months by a partner with whom the relationship ended before February 2020 – is not captured within this survey. |
| **Physical violence** | Physical violence is the occurrence, attempt or face-to-face threat of physical assault by an intimate partner, including: * choking, strangling or grabbing them around the neck
* hitting them with something that could hurt them, beating them, or attacking them with a weapon (e.g. a knife, gun, bat or other household item)
* throwing anything at them that could hurt them, slapping, biting, kicking or hitting them with a fist (i.e. punching them)
* pushing, grabbing or shoving them
* physically assaulting them in any other way.

Questions about physical violence were taken from the Australian Bureau of Statistics’ Personal Safety Survey (PSS; Australian Bureau of Statistics, 2017). |
| **Relationship** | Relationship was, for the purpose of this research, broadly defined. It includes going on a date, regular dating partners, serious or casual sexual relationships, and emotionally committed relationships, such as long-term, cohabiting, engaged or married partners.  |
| **Sexual violence** | Sexual violence is the occurrence, attempt or face-to-face threat of sexual assault by a current or former intimate partner. This includes an intimate partner forcing them, trying to force them or threatening to force them to take part in sexual activity against their will, which was also taken from the PSS (Australian Bureau of Statistics, 2017). It also includes image-based abuse, forcing a partner to watch pornography and forcing a partner to have sex without contraception (knowingly or otherwise). |
| **Technology-facilitated intimate partner violence** | Technology-facilitated intimate partner violence refers to non-physical forms of abuse that are perpetrated using digital technology. This can include certain forms of verbally abusive and threatening behaviours, socially restrictive behaviours, and stalking and monitoring behaviours which are perpetrated online or using devices such as smartphones. |

## **Box 1: Key Findings at a glance: Respondents’ experiences of intimate partner violence (IPV) since the b**eginning of the COVID-19 pandemic

|  | **Physical violence** | **Sexual violence** | **Emotionally abusive, harassing and controlling behaviours** |
| --- | --- | --- | --- |
| **Overall prevalence of IPV among survey respondents** | Experienced by 1 in 10 respondents (9.6%) | Experienced by nearly 1 in 12 respondents (7.6%) | Experienced by 1 in 3 respondents (31.6%) |
| **Most common forms of IPV among survey respondents** | Most common forms were pushing, grabbing or shoving, followed by having things thrown at them, slapping, biting, kicking or hitting | Most often involved partner forcing them or attempting to force them to take part in sexual activity against their will | Financially abusive behaviour was most common, followed by verbally abusive and threatening and socially restrictive behaviours |
| **First-time IPV among survey respondents** | 3.4% of respondents who had been in a relationship longer than 12 months and who hadn’t experienced physical violence by their current or most recent partner prior to the pandemic said they experienced physical violence for the first time | 3.2% of respondents who had been in a relationship longer than 12 months and who hadn’t experienced sexual violence by their current or most recent partner prior to the pandemic said they experienced sexual violence for the first time | 17.6% of respondents who had been in a relationship longer than 12 months and hadn’t experienced non-physical abuse by their current or most recent partner prior to the pandemic said they experienced non-physical abuse for the first time |
| **Escalation of IPV among survey respondents who experienced IPV prior to the pandemic**  | 41.7% of respondents who experienced physical violence and had a history of physical violence by their current or most recent partner prior to February 2020 said it had increased in frequency or severity | 42.8% of respondents who experienced sexual violence and had a history of sexual violence by their current or most recent partner prior to February 2020 said it had increased in frequency or severity  | 40.4% of respondents who experienced emotionally abusive, harassing and controlling behaviours and had a history of non-physical abuse by their current or most recent partner prior to February 2020 said it had increased in frequency or severity |
| **Overall estimate of first-time and/or escalation of IPV among survey respondents who experienced IPV in the last 12 months** | 57.1% of respondents who had been in a relationship longer than 12 months and who experienced physical violence in the 12 months prior to the survey said it was the first time or had increased in frequency or severity | 61.1% of respondents who had been in a relationship longer than 12 months and who experienced sexual violence in the 12 months prior to the survey said it was the first time or had increased in frequency or severity | 66.2% of respondents who had been in a relationship longer than 12 months and who experienced non-physical abuse in the 12 months prior to the survey said it was the first time or had increased in frequency or severity |

**Other key findings:**

* One in 10 respondents (11.6%) had experienced some form of technology-facilitated IPV by their current or most recent partner in the 12 months prior to the survey
* More than half of respondents (58.5%) who experienced non-physical forms of abuse reported that they had experienced multiple types of abuse (e.g. the co-occurrence of financial abuse and socially restrictive behaviour)
* The majority of respondents (86.2%) who experienced physical or sexual violence in the 12 months
prior to the survey had also experienced at least one form of emotionally abusive, harassing and controlling behaviour
* One in five (21.3%) women who had experienced physical or sexual violence in the 12 months prior to the survey said they had sought advice or support from police, while one in four (24.7%) had sought advice or support from non-government or government services
* One in four respondents (25.8%) who had experienced physical or sexual violence in the 12 months prior to the survey said they had been unable to seek assistance on at least one occasion when they wanted to due to safety concerns. Among these women, one in three had not sought advice or support from police or government or non-government services

# Executive summary

The SARS-CoV-2, novel coronavirus-19 (COVID-19) pandemic has raised significant concerns for the safety of women in the context of a coalescence of risk factors and stressors for intimate partner violence (IPV). There is now a large body of international evidence that has explored the effects of the COVID-19 pandemic on violence against women and children and, in particular, IPV. This research has drawn on a range of data sources, particularly police data and surveys of service providers and the community. Collectively, this research points to an increase in IPV, though not universally. In the Australian context, police data, service provider surveys and victimisation surveys have produced a mixed picture, but similarly suggest an increase in IPV, changes in the dynamics of IPV, and significant barriers to help-seeking.

Building on research conducted in the early stages of the pandemic (Boxall et al., 2020), an online survey of more than 10,000 adult women in Australia who had been in a relationship in the last 12 months was conducted. Respondents were asked about:

* their experiences of IPV in the last 12 months, including physical violence, sexual violence and emotionally abusive, harassing and controlling behaviours
* their experiences of prior IPV
* the changes in their own and their partner’s circumstances that may have contributed to changes in the patterns of abuse they were experiencing
* their help-seeking behaviour
* their economic security and social support networks.

The aim of this research was to better understand women’s experiences of IPV since the beginning of the COVID-19 pandemic (see Box 2: Interpreting the survey findings, below).

Box 2: Interpreting the survey findings

|  |
| --- |
| Can our results be generalised to the wider population?We are cautious not to generalise results from our survey to the wider female population. For one, our sample was limited to partnered women – that is, women who had been in a relationship at some point in the 12 months prior to completing the survey. Our survey also uses non-probability sampling and was conducted online. It’s a large sample with similar characteristics to the wider population, but not everyone had an equal likelihood of participating. Our focus is on understanding the experiences of women who did participate in the survey, and how COVID-19 has impacted them.How do these results compare to the Australian Bureau of Statistics’ Personal Safety Survey?The results from our survey cannot be compared to the Australian Bureau of Statistics’ Crime Victimisation Survey (Australian Bureau of Statistics, 2021c) or Personal Safety Survey (Australian Bureau of Statistics, 2017). We asked different questions about a much wider range of abusive behaviours experienced by women, conducted our survey online, and used different sampling methods. This survey provides a detailed analysis of women’s experiences of IPV during COVID-19 which could not be captured using existing collections. Can results be compared with the previous survey (see Boxall et al., 2020)?Although this survey builds on the previous survey of women about their experience of IPV during the early stages of the COVID-19 pandemic (Boxall et al., 2020), the results of the two surveys cannot and should not be directly compared. This is because of changes to the observation period for the survey (which are also overlapping), sampling frame and method, and survey design and questionnaire, in addition to both surveys using non-probability (and therefore non-generalisable) samples. |

## Experiences of physical violence, sexual violence and emotionally abusive, harassing and controlling behaviours among women who have been in a relationship

An important focus of this study was to develop a more nuanced understanding of women’s experiences of physical and non-physical abuse during the pandemic. While the questions about physical violence were the same as the previous survey (see the technical appendix to Boxall et al., 2020), we included additional questions about sexual violence and emotionally abusive, harassing and controlling behaviours that better capture the diverse types of abuse experienced by women.

One in 10 respondents (9.6%) had experienced physical violence from their current or most recent partner in the 12 months prior to the survey. This included attempted physical violence and threats. Among women who reported physical violence in the last 12 months, the most common forms were pushing, grabbing or shoving (77.0%); and having things thrown at them, slapping, biting, kicking or hitting (48.2%). However, a number of women also reported forms of physical violence that are associated with significant negative health outcomes. Specifically, one in three respondents (33.0%) who had experienced physical violence in the last 12 months said their partner had hit them with something that could hurt them, beat them or attacked them with a weapon (this includes actual, threatened and attempted violence). Among this latter group of women, 40.9 per cent said this had involved a gun on at least one occasion.

Nearly one in 12 respondents (7.6%) reported having experienced actual, attempted or threatened sexual violence by their current or most recent partner in the 12 months prior to the survey. Among women who experienced sexual violence in the last 12 months, two thirds said that their partner had forced or attempted to force them to take part in sexual activity against their will (64.5%).

Respondents were asked about their experiences of 27 different emotionally abusive, harassing and controlling behaviours perpetrated by their current or most recent partner in the 12 months prior to the survey. One in three respondents (31.6%) said they had experienced at least one form of non-physical abuse from their current or most recent partner in the last 12 months. The behaviours reported by women could be broadly grouped into five categories:

* financial abuse (19.3% of all respondents in the sample; e.g. keeping financial information from the respondent)
* verbally abusive and threatening behaviours (18.7% of all respondents in the sample; e.g. shouting, yelling or verbally abusing the respondent to intimidate them)
* socially restrictive behaviours (17.4% of all respondents in the sample; e.g. falsely accusing the respondent of having an affair)
* stalking and monitoring behaviours (11.7% of all respondents in the sample; e.g. accessing the respondent’s social media or email accounts without their consent)
* reproductive coercion (2.8% of all respondents in the sample; e.g. interfering with their birth control so the respondent would get pregnant).

Technology-facilitated abuse, which includes certain forms of verbally abusive and threatening behaviours, socially restrictive behaviours, and stalking and monitoring behaviours when they are perpetrated online or using devices like smart phones, was common. One in 10 respondents (11.6%) experienced some form of technology-facilitated IPV in the 12 months prior to the survey.

All of these behaviours can, even in isolation, have significant impacts on women. However, the majority of women who experienced IPV during the first 12 months of the COVID-19 pandemic reported multiple forms of co-occurring violence and abuse during this period. This indicates that many women may have been experiencing coercive controlling behaviours, which are patterns of violence and abuse that can have the cumulative impact of reducing women’s autonomy and micro-regulating their lives. More than half of women (58.5%) who experienced non-physical forms of abuse reported that they had experienced more than one category of abuse (e.g. the co-occurrence of financial abuse and socially restrictive behaviour). It was also common for women to report experiencing both emotionally abusive, harassing and controlling behaviours and physical or sexual violence. Among women who experienced emotionally abusive, harassing and controlling behaviours, nearly half reported experiencing physical or sexual violence. However, most of the women who had experienced emotionally abusive, harassing and controlling behaviours, but had not experienced physical or sexual violence in the last 12 months, said there was a history of physical or sexual violence prior to the pandemic (75.9%). Similarly, 86.2 per cent of women who experienced physical or sexual violence in the 12 months prior to the survey had also experienced emotionally abusive, harassing and controlling behaviours.

The impact of the COVID-19 pandemic on intimate partner violence among women who have been in a relationship

One of the primary aims of this study was to measure the impact of the COVID-19 pandemic on women’s experiences of IPV in the first 12 months of the pandemic. The two clearest measures of the impact of the COVID-19 pandemic are the onset of IPV, particularly in established relationships that started prior to February 2020, and escalation in the frequency or severity of IPV within relationships where abuse was already present at the start of the pandemic.

Among respondents who reported they had experienced physical violence in the 12 months prior to the survey, nearly one in two (44.9%) said that this was the first time their partner had been violent towards them. More than one in two respondents who had experienced sexual violence said they experienced it for the first time (56.3%). This was also true among respondents who experienced emotionally abusive, harassing and controlling behaviours (56.8% experienced these for the first time).

Women in relatively new relationships (three years or less) accounted for the largest proportion of women who experienced first-time physical and sexual violence. However, a substantial proportion of women who had experienced first-time IPV had been in a relationship for 10 years or longer. Further, women in longer term relationships accounted for the largest proportion of respondents who experienced emotionally abusive, harassing and controlling behaviours for the first time. This indicates that the impact of the COVID-19 pandemic on the onset of IPV was not limited to shorter relationships, but also impacted longer term and established relationships.

The prevalence of first-time violence among respondents who had been in their relationship with their current or most recent partner for longer than 12 months was as follows:

* 3.4 per cent of respondents who had not experienced physical violence prior to the pandemic experienced physical violence by their current or most recent partner for the first time in the 12 months prior to the survey
* 3.2 per cent of respondents who had not experienced sexual violence prior to the pandemic experienced sexual violence by their current or most recent partner for the first time in the 12 months prior to the survey
* 17.6 per cent of respondents who had not experienced emotionally abusive, harassing or controlling behaviours by their current or most recent partner prior to the pandemic said they had been a victim of non-physical abuse for the first time in the 12 months prior to the survey.

Among women who had experienced physical violence in the last 12 months and had a history of physical violence by their current or most recent partner prior to February 2020, two in five (41.7%) said the violence had increased in frequency or severity since the beginning of the pandemic. A similar proportion of women who had experienced sexual violence or emotionally abusive, harassing and controlling behaviours by their current or most recent partner said the violence or abuse had increased in frequency or severity since the beginning of the pandemic (42.8% for sexual violence, 40.4% for emotionally abusive, harassing and controlling behaviours).

Overall, this means that among women who had been in a relationship for longer than 12 months:

* 57.1% of respondents who experienced physical violence from their current or most recent partner in the 12 months prior to the survey had experienced either violence for the first time, or an escalation in the frequency and severity of ongoing violence
* 61.1% of respondents who experienced sexual violence from their current or most recent partner in the 12 months prior to the survey had experienced either violence for the first time, or an escalation in the frequency and severity of ongoing violence
* 66.2% of respondents who experienced emotionally abusive, harassing or controlling behaviours from their current or most recent partner in the 12 months prior to the survey said that they had either experienced these behaviours by that partner for the first time, or that the abuse had escalated.

Of course, not all women who participated in the survey experienced the same pattern of violence. We distinguish between women who had experienced different trajectories of violence and abuse, based on whether they experienced it for the first time or, for women who had been in abusive relationships prior to the pandemic, whether the violence and abuse had increased, stayed the same or decreased. We grouped women into four trajectories: upward, downward, mixed and stable trajectories. We then explored the changes identified by participants as having contributed to either an increase or decrease in violence and abuse (i.e. for the upward and downward trajectories).

Importantly, there were similar results for both groups, in that the women who experienced an increase and decrease in violence identified similar factors as having contributed to the change in violence and abuse. Most women identified multiple factors. Changes to the mental and physical health and wellbeing of the respondent and their partner were the individual-level factors most frequently identified as contributing to both upward and downward trajectories, followed by changes to the respondent’s and their partner’s financial status and employment status. Changes in alcohol and drug use were less common, except for the partners of respondents who reported a decrease in violence.

The most common relationship-level change reported by women who experienced the onset and/or escalation of IPV was family stress, followed by spending more time together, relationship conflict and the level of social contact. Among women who reported a decrease in the frequency and severity of IPV, the most common factors identified as contributing to the change in abuse were spending more time together, family stress and level of social contact. Child-related factors were also identified by a significant minority of women as related to both upward and downward trajectories, including home-schooling and increased childcare responsibilities. Importantly, most of these changes are in some way related to the effects of the pandemic.

Although less common than many pandemic-related stressors, separation was equally likely to be identified as a contributing factor to both upward and downward trajectories, although upward trajectories account for a much larger share of women who identified separation as a factor. Compared with individual- and relationship-level factors, external interventions – participation in support programs and criminal justice action – were less likely to be identified as having contributed to changes in violence or abuse. But these results should be considered within the context of the barriers to help-seeking during the pandemic and low rates of help-seeking from formal sources of support for IPV more generally.

## Help-seeking during the pandemic

Overall, one in five (21.3%) women who had experienced physical or sexual violence in the 12 months prior to the survey said they had sought advice or support from police, while one in four (24.7%) had sought advice or support from non-government or government services. Formal help-seeking was much more common among women who experienced both physical and sexual violence (46.7% sought advice or support from police and 50.1% from government or non-government services) than among women who experienced either in isolation. One in four respondents (25.8%) said they had been unable to seek assistance on at least one occasion due to safety concerns, and this was higher again among women who experienced both physical and sexual violence (51.9%).

Importantly, among women who reported that they had experienced safety-related barriers to seeking assistance, approximately two in three reported that they had sought advice or support from police (61.0%) or government and non-government services (63.9%) in the last 12 months. This means that one in three women who reported barriers to help-seeking had not sought advice or support from these sources.

## Conclusion

This report described the findings from the largest and most comprehensive survey of women living in the Australian community about the nature of IPV experienced during the first 12 months of the COVID-19 pandemic. The findings contribute to and extend upon to a growing international body of research which has attempted to understand the impact of the pandemic on IPV. Results show that women who completed the survey experienced a range of physical and non-physical forms of abuse, often in combination. The pandemic has coincided with first-time and escalating violence for a significant proportion of women, and many women attributed these changes to factors associated with the pandemic. Many women who wanted to seek help were unable to due to safety concerns, and this has left a significant proportion without access to formal support services. Importantly, the results from this survey also point to diverse experiences of violence among women, in terms of the types of abuse experienced, but also in terms of whether violence had increased or decreased during the pandemic.

# Introduction

Almost as soon as the SARS-CoV-2, novel coronavirus-19 (COVID-19) pandemic began to affect communities around the world, concerns were raised about the “shadow pandemic” of violence against women and children and, in particular, intimate partner violence (IPV; van Gelder et al., 2020). Previous research has shown that natural disasters are a high-risk period for IPV, often due to trauma and economic insecurity, particularly in the context of rigid gender roles (Harville et al., 2011; Parkinson, 2019; Thurston et al., 2021). Drawing on the existing literature on natural disasters, Peterman, Potts, et al. (2020) identified several direct and indirect mechanisms through which violence against women could be influenced by the COVID-19 pandemic and associated containment measures, including economic insecurity and the effects of financial stress; social isolation and time spent with abusive partners; trauma associated with unrest and instability; strain on family networks; reduced access to formal sources of support, including frontline responders; exploitation of the virus as a mechanism of control; and the inability to temporarily escape abusive partners. Importantly, none of these are causes of IPV in themselves. They are, however, situational stressors which can exacerbate the underlying drivers of violence and increase the likelihood, complexity and severity of both physical and non-physical forms of abuse.

There is now a large body of international evidence that has explored the effects of the COVID-19 pandemic on violence against women and children and, in particular, on IPV (Bourgault et al., 2021; Peterman & O’Donnell, 2020a, 2020b; Peterman, O’Donnell, & Palermo, 2020; Piquero et al., 2021). This research has drawn on a range of data sources, particularly police data, emergency hotline data, hospital data, internet search data and surveys of service providers and the community. Each of these data sources and the methods used to analyse them have their own strengths and limitations. Collectively, they point to an increase in violence, though not universally. Research also suggests that some of the mechanisms identified by Peterman, Potts, et al. (2020) have been more relevant than others, that some women have been more impacted than others, that the dynamics of violence have changed, and that certain forms of IPV have become more common.

## COVID-19 in Australia

Australia has, relative to many countries, fared well with respect to the first 12 months of the COVID-19 pandemic (John Hopkins University of Medicine, 2021; O’Sullivan et al., 2020). The first detected case of COVID-19 in Australia was recorded in late January 2020, with the first case of community transmission occurring in February. Although containment measures were introduced incrementally, starting with restrictions on travel from high-risk countries in February, there was an escalation in measures in March 2020. Isolation for returned travellers, restrictions on large gatherings and social distancing requirements, and border closures to all non-Australian citizens and non-residents were followed by the closure of many non-essential businesses and restrictions placed on public gatherings. School closures also occurred around this time (exact timing varied from state to state), as did border closures between most states and territories. The number of cases started to fall in April, with a staged approach to removing containment measures commencing in May 2020. However, a second wave of infections in July resulted in a protracted lockdown in Victoria lasting four months, with a large number of infections and more than 800 deaths, while cases of community transmission have since resulted in short-term lockdowns in New South Wales, South Australia, Queensland, Western Australia and again in Victoria.

These measures have had wide-ranging impacts on the community and the economy. There were immediate changes to people’s mobility and social interaction, with many people changing their behaviour to minimise the risk of virus transmission (Australian Bureau of Statistics, 2020b). This resulted in a significant increase in the amount of time spent at home (Google, 2020), with additional pressures of home-schooling and caring responsibilities (Hand et al., 2020). The economic effects of the pandemic were also immediate, with significant job losses and increases in financial stress (Australian Bureau of Statistics, 2021d), with these consequences persisting well beyond the first national lockdown (Australian Bureau of Statistics, 2021d). There have been implications for mental health (Shanahan et al., 2020; Van Rheenen et al., 2020) and alcohol use (Callinan et al., 2020; Tran et al., 2020). Evidence suggests that women (younger women in particular) have been particularly negatively impacted by the pandemic, given the effect of the pandemic on childcare responsibilities but also the concentration of job losses in industries with higher proportions of female employees (Churchill, 2021).

There is strong evidence that exists in relation to many of these stressors and the risk of IPV and, as in other countries around the world, there was significant interest in understanding how the pandemic impacted the safety of victims and survivors of physical and non-physical abuse from the very early stages of the pandemic.

## Prior research into the impact of COVID-19 on intimate partner violence

Advocates and scholars were quick to turn their attention to trends in recorded violence during the early stages of the pandemic using routinely collected data on calls for service, police-recorded incidents, domestic violence helplines and, to a lesser extent, emergency department and hospitalisation data. The benefit of these data sources is that they allowed for violence during the pandemic to be compared with pre-existing trends. The methods used varied, with some studies comparing actual recorded rates of violence with forecasted levels based on pre-existing trends, and others exploiting variation in the level or timing of restrictions in different locations to measure the effect on recorded rates of violence.

A recent systematic review and meta-analysis by Piquero et al. (2021) of 18 studies with 37 different estimates of the effect of the pandemic on officially recorded rates of IPV found that most studies observed a significant increase. The vast majority of studies included in this review were from the United States. Meta-analysis of eligible studies showed a medium-sized effect on violence, with the effect size even higher among US studies. Conversely, some studies have reported significant decreases in recorded violence (Abrams, 2021; Hoehn-Velasco et al., 2020; Silverio-Murillo et al., 2020), suggesting that the effect of the lockdown has varied between cities and countries. Further, there is some evidence that while calls to police increased in most cities (Nix & Richards, 2021), recorded incidents and arrests did not (Bullinger et al., 2020; Miller et al., 2020). There is some evidence that a large proportion of the increase in violence can be attributed to first-time victims (Leslie & Wilson, 2020; Sanga & McCrary, 2020) and to current partners (Ivandic et al., 2020), while Chalfin et al. (2021) observed a strengthening in the relationship between alcohol consumption and IPV, based on data on purchases from liquor stores and calls for police assistance. Ivandic et al. (2020) also found an increase in third-party reporting.

Evidence from a handful of Australian studies, most conducted very early in the pandemic, does not show a consistent pattern in terms of recorded violence. Early studies of the effect of the pandemic on rates of IPV-related assaults, police calls for service and helpline calls in New South Wales found there was no evidence of an increase (Freeman, 2020a, 2020b). Further analysis, which compared IPV against forecasted levels, revealed a relative decrease in recorded IPV-related assaults (Kim & Leung, 2020). Data from Queensland suggested a rise in breaches of domestic violence protection orders, but this was in line with a pre-existing upwards trend (Payne et al., 2020).

A series of studies from the Victorian Crime Statistics Agency at different stages of the pandemic, including for the period covering the extended lockdown in Victoria, provide the strongest Australian evidence of an increase in recorded rates of family violence (including IPV). An initial study showed a significant increase in overall family violence incidents in May and June (Rmandic et al., 2020). Proportional changes in family violence incidents varied between local government areas. A second release showed a significant increase in recorded family violence incidents involving current partners only, but a significant decrease in recorded incidents involving former partners (Gare et al., 2020). Overall incident numbers for family violence assault (a different metric to the one reported in the earlier paper) remained unchanged. A third update confirmed the increase in family violence incidents, particularly during the second- wave lockdown, and for incidents involving current partners (Burgess et al., 2021).

Other jurisdictions have reported an overall increase in recorded IPV in 2020 compared with 2019 (noting that the specific offence/s reported, and the time period examined, vary between jurisdictions). These include Western Australia (Western Australia Police, 2021), South Australia (South Australia Police, 2021) and the Northern Territory (NT Police, Fire & Emergency Services, 2021). The number of incidents in the Australian Capital Territory and Tasmania has remained stable (ACT Policing, 2021; Department of Police, Fire and Emergency Management, 2020). Importantly, there is likely to be some variability at the regional level which is masked by statewide trends. Further, none of these sources use forecasting methods that have accounted for long-term trends and seasonal patterns. One of the difficulties in interpreting crime data, particularly for IPV, is there has been (generally speaking) a gradual increase in recorded offences over time, a consequence (we suspect) of increased reporting and growing recognition of IPV and family violence as crimes. The strongest evidence of an increase in overall IPV and family violence recorded by police therefore comes from Victoria, although not for the duration of the pandemic. And, as has been observed internationally, patterns in recorded violence are likely to vary depending on the offender–victim relationship, with violence between current partners increasing and violence between former partners decreasing.

These findings are somewhat at odds with the evidence that has emerged from other sources. Early evidence of the impact of the COVID-19 pandemic in Australia was derived from surveys of IPV service providers. In March and April 2020, surveys of service providers in New South Wales suggested an increase in client numbers for some services, but a decrease in others, highlighting issues related to the escalation of violence and barriers for women seeking help or attempting to leave abusive relationships (Foster & Fletcher, 2020a, 2020b). These issues were further reflected in a report by Pfitzner et al. (2020), based on their survey of service providers in Victoria, which also identified an increase in demand and in the complexity of cases, as well as some evidence of perpetrators exploiting aspects of the pandemic to further victimise their partner. More recently, a national survey by Carrington et al. (2020) of service providers conducted in the second half of 2020 echoed these findings, with the majority of respondents not only reporting an increase in client numbers and case complexity, but also new clients seeking help for the first time.

Importantly, studies that rely on administrative data or surveys of service providers are not able to capture the experiences of violence among women who do not seek help or support. This is likely to be especially relevant during the pandemic, when containment measures not only created conditions that contributed to the risk of violence, but also made it more difficult for victims and survivors to seek assistance or leave abusive relationships (Peterman, Potts, et al., 2020; Pfitzner et al., 2020).

There is a growing number of studies that have explored the impact of the COVID-19 pandemic using self-report surveys. Some have utilised pre-existing surveys, which allow for some comparison of pre- and post-pandemic levels of violence, while others have been based on cross-sectional surveys. A survey of 15,000 Australian women revealed that 8.8 per cent of respondents who had been in a cohabiting relationship had experienced actual, attempted or threatened physical or sexual violence by a current or former partner in the first three months of the pandemic (Boxall et al., 2020). Two thirds of women who reported having experienced physical or sexual violence said it was either the first time their partner had been violent, or that the violence was getting worse. Many of those women who experienced violence also encountered safety barriers when trying to access help. Further analysis of COVID-19-related stressors showed that women experiencing social isolation were significantly more likely to experience repeat and first-time violence (Morgan & Boxall, 2020). An increase in financial stress – likely a direct consequence of the pandemic – was associated with a much higher likelihood of first-time violence. Additional analyses revealed that the risk of violence was not evenly distributed among all women, with Aboriginal and Torres Strait Islander women, women aged 18 to 24, women with a restrictive health condition and pregnant women all significantly more likely to experience both physical and non-physical abuse (though this study did not distinguish who was more likely to be impacted by the pandemic; Boxall & Morgan, 2021b). Collectively, these studies provide a strong indication that the conditions and consequences associated with the COVID-19 pandemic contributed to an increase in IPV in the Australian context.

This finding is reflected in overseas studies also drawing on self-report data (see Arenas-Arroyo et al., 2021; Béland et al., 2020; Fereidooni et al., 2021; Hamadani et al., 2020; Jetelina et al., 2021; Perez-Vincent et al., 2020). For example, in an online sample of more than 13,000 Spanish women, Arenas-Arroyo et al. (2021) concluded there had been a 23 per cent increase in IPV in lockdown conditions, with economic consequences having a larger effect on violence than the time spent in lockdown by couples, and the impact greatest for psychological forms of abuse. In a representative survey of Canadian households, Beland et al. (2020) found evidence of an increase in concern about family stress and IPV in the home during the early stages of COVID-19, associated with an inability to meet financial obligations – the effect of which was not mitigated by financial assistance – and the inability to maintain social ties. A cohort study of Iranian women, surveyed six months apart, found elevated levels of IPV, including first-time physical and sexual violence, which was significantly more likely among women with low socioeconomic status and unemployed partners (Fereidooni et al., 2021). Finally, a victimisation survey in Argentina concluded that quarantine was associated with physical, sexual and emotional IPV, and that the main factors contributing to these effects were the time spent at home during lockdown and a decrease in the partner’s income due to COVID-19 (Perez-Vincent et al., 2020).

## Knowledge gaps

Despite the large body of research evidence that now exists, these studies provided a limited picture of the experiences of women during the COVID-19 pandemic, particularly within the Australian context. Some authors have noted the narrow focus on physical forms of violence (Smyth et al., 2021) and the need to develop a more nuanced understanding of women’s experiences of abuse – particularly as they relate to coercive control, which is the subject of considerable policy discussion in Australia (Boxall & Morgan, 2021a; Walklate & Fitz-Gibbon, 2020).

There is good reason to believe that the effects of the pandemic will extend beyond the initial national response. For one, several jurisdictions – most notably Victoria – experienced subsequent waves of COVID-19 infections, resulting in further restrictions and, in some months at least, an increase in recorded family violence in the latter half of 2020 (Burgess et al., 2021). Further, while the economic consequences of the pandemic were almost immediate, with data showing significant job losses and financial stress in early 2020, the effects have lasted much longer, with employment levels not improving until well into 2021 (Australian Bureau of Statistics, 2021d).

Finally, the majority of studies conducted to date have (unsurprisingly) focused on the early stages of the pandemic and have largely measured the effect of lockdown and strict social distancing measures. Australia is, relative to many countries that have been the subject of study, in a relatively unique situation of having been free of severe containment measures for several months (for the most part, outside of Melbourne and short periods elsewhere). There is an opportunity that may not exist in other countries (at least, not yet) to explore some of the hypothesised impacts of COVID-19 on IPV that extend beyond the earlier stages.

## Current study

Noting these gaps in knowledge, and building on the previous survey, the current study provides a more complete picture of women’s experiences of IPV. The overall aim of this study was to explore the experiences of self-reported IPV among women in Australia in the 12 months following the start of the COVID-19 pandemic. More specifically, the project sought to address the following key research questions:

* What is the role of dynamic risk factors (e.g. financial stress and social isolation) that are influenced or exacerbated by the COVID-19 pandemic in Australian women’s experiences of IPV?
* Does the impact of these factors differ across IPV experiences and observed patterns of violence and abuse (e.g. onset and escalation)?

This report is an important first step in addressing these questions. We explore the experiences of both physical and non-physical forms of IPV among a large sample of women in Australia who participated in an online survey conducted in early 2021. We examine indicators of the impact of the COVID-19 pandemic on women’s safety – the onset and escalation of violence, and barriers to help–seeking – and the factors attributed by women to recent changes in patterns of violence. We highlight implications for our understanding of women’s experiences of IPV, and areas for further exploration.

# Method

This report presents the results of an online survey of 10,107 women aged 18 years and over who had been in a relationship in the 12 months prior to the survey. Respondents were asked about their experience of IPV in the last 12 months, as well as their experience of prior IPV. The focus of this study was on women’s experiences of violence, given the overwhelming evidence that women are overrepresented as victims of IPV (Australian Bureau of Statistics, 2017; Hulme et al., 2019) and domestic homicide (Bricknell & Doherty, 2021), experience significant harms associated with IPV (Australian Institute of Health and Welfare, 2019), and have been disproportionately affected (in terms of violence in the home) by the pandemic (Piquero et al., 2021).

## Sampling and weighting

The survey was conducted by Roy Morgan Research Solutions between 16 February 2021 and 6 April 2021 using their Single Source panel and panels managed by PureProfile and Dynata. The survey was sent to female members of these online panels aged 18 years and over. Proportional quota sampling, a non-probability sampling method, was used. Quotas were based on the Australian adult female population stratified by age and usual place of residence, derived from data from the Australian Bureau of Statistics (ABS). The Single Source survey, which is recruited through a rigorous cluster–sampled, face-to-face survey approach, was conducted first and was used to calibrate the quotas for the external panels to account for the propensity of women to be in a relationship.

The survey took respondents an average of 15 minutes to complete. The overall completion rate for the survey – the proportion of total invitations (n=126,623) sent to panel members that resulted in completed surveys – was 8 per cent, though this does not consider the additional eligibility criteria for the survey. When adjusted, the estimated completion rate was 10.4 per cent. This is well within the normal range for online panel surveys (Miller et al., 2016; Pennay et al., 2018), particularly when the length and subject matter of the survey is considered. Importantly, for safety reasons, respondents were not made aware of the survey topic until they had passed through an initial screening process.

Overall, 85.1 per cent of women who opened the invitation, passed the screening process and read the consent form went on to complete the survey, and 86.8 per cent of respondents who consented to the research completed the questionnaire. Data were subsequently weighted by age and jurisdiction to reflect the spread of the Australian population using data from the ABS, with corrections for age-based propensity. Additional rim weights were applied to account for internet and social media use and educational attainment, derived from the Single Source panel, to address the overrepresentation of more highly educated and more frequent internet respondents on online panels. The effective sample size for the study after weighting (i.e. the weighted sample size) was 10,189 respondents. All data presented in this paper are weighted.

Further information on the methodology, sampling strategy and safety protocols is provided in Appendix A.

## Survey questions

The survey included questions about sociodemographic and relationship characteristics and women’s experiences of physical violence, sexual violence, and emotionally abusive, harassing and controlling behaviours in the 12 months prior to the survey. Women who were in a relationship with a partner at the time of the survey were asked about violence by their current partner. Women who had been in a relationship at some time in the 12 months prior to the survey, but were not in a relationship at the time of the survey, were asked about violence by their most recent partner.

Consistent with the first survey developed by the authors (see Boxall et al., 2020), the physical violence survey items were taken from the 2016 Personal Safety Survey (PSS; Australian Bureau of Statistics, 2017). Sexual violence and emotionally abusive, harassing and controlling behaviours were measured using items derived from various sources. These include the Psychological Maltreatment of Women Inventory–Short Form (PMWI-SF) Dominance–Isolation subscale (Tolman, 1999), the PSS and the broader IPV literature. Importantly, the list of sexual violence and non-physical forms of abusive behaviours that were included in the previous survey was constrained by the length of the questionnaire. Additional behaviours measured in the present survey included various dimensions of financial abuse, technology-facilitated IPV, image-based sexual abuse and reproductive coercion. The inclusion of these items better reflects a contemporary understanding of the sexual violence and emotionally abusive, harassing and controlling behaviours that characterise IPV (Dragiewicz et al., 2018; Monckton Smith, 2020; Woodlock et al., 2020). Given the highly sensitive nature of these questions, there were several important measures in place to ensure the safety of respondents.

The full questionnaire is provided in Appendix B.

## Limitations

This survey provides further evidence of the experiences of IPV among a large sample of women in Australia in relationships during in the 12 months since the COVID-19 pandemic impacted Australia. It also provides data on the onset and escalation of violence, help-seeking behaviour and factors identified by women as having led to an increase or decrease in IPV during the pandemic. Importantly, the survey was not limited to violence reported to formal support services. It also captures a much wider range of types of physical and non-physical forms of abuse than the earlier survey.

That said, there are several limitations that need to be acknowledged. Many of these same limitations were relevant to the earlier survey, and are described in detail elsewhere (see technical appendix for Boxall et al., 2020) and in Appendix A.

First, the results from the survey are likely limited by women’s willingness or ability to report, even anonymously, their experiences of IPV. Women who could not safely complete the survey were discouraged from participating for safety reasons. Given the sensitive nature of the questions, some women who completed the survey may have chosen to not disclose violence or abuse they had experienced. Many women responded to questions about their experiences of abuse with “would rather not say”. It is possible, therefore, that the true level of violence is underreported.

This was an online survey that used non-probability sampling. While a large sample of women were surveyed, the use of non-probability sampling from an online panel means that not everyone in the wider population had an equal likelihood of being selected to participate in the research. Results are specific to the women who participated in the survey and cannot be generalised to the wider female population (see Box 2: Interpreting the survey findings). The use of the Single Source survey to adjust the quotas to account for the propensity of women to be in a relationship, and to weight the data based on age, geography, relationship status, educational attainment, and internet and social media use, did help to ensure the final sample was representative of the spread of the female population according to these characteristics. We note that some women may not have been willing to report violence, even anonymously, while other women may have chosen not to participate if they had safety concerns (which was encouraged in the safety protocols). Some women who did not speak English as their first language, and women with disability, may have also been unable to participate in the survey.

The results from our survey cannot be compared to the Crime Victimisation Survey (Australian Bureau of Statistics, 2021c) or PSS (Australian Bureau of Statistics, 2017). While we included some items from the PSS (particularly as they relate to physical forms of violence), the current survey includes additional questions about a much wider range of abusive behaviours experienced by women. Further, this survey was conducted online and uses different sampling methods. It is not designed to provide an estimate of the prevalence of violence in the wider community. Instead, this survey provides a detailed analysis of women’s experiences of abuse during COVID-19 which could not be captured using these existing collections. Importantly, there is evidence that people are more comfortable and more likely to disclose information about sensitive and socially undesirable topics in online questionnaires than in telephone or face-to-face interviews (DiLillo et al., 2006; Hussain et al., 2015; Kubiak et al., 2012; Milton et al., 2017).

Women were only asked to report violence by their current or most recent partner (if no longer in a relationship), which means violence by previous partners is not captured by the survey, even if it occurred in the last 12 months. This includes respondents who had multiple partners within the last 12 months, or situations in which a respondent experienced violence in the last 12 months by a partner with whom the relationship ended before February 2020. Further, given this is a cross-sectional survey, we cannot establish a causal relationship between the COVID-19 pandemic and women’s experiences of IPV.

Finally, although this survey builds on the previous survey of women about their experiences of IPV during the early stages of the COVID-19 pandemic (Boxall et al., 2020), results are not directly comparable. This is because of changes to the observation period for the survey (with the observation periods overlapping), sampling frame and method, and survey design and questionnaire, in addition to both surveys using non-probability (and therefore not representative) samples (see Box 2: Interpreting the survey findings).

## Sample characteristics

In the final weighted data, 32.0 per cent of respondents lived in New South Wales, 26.5 per cent in Victoria, 20.1 per cent in Queensland and 10.2 per cent in Western Australia. Smaller proportions resided in South Australia (7.2%), Tasmania (2.1%), the Australian Capital Territory (1.6%) and the Northern Territory (0.4%).

The sociodemographic characteristics of the sample are presented in Table 1. Approximately half of the sample was below the age of 45 years at the time of completing the survey (51.9%). Three per cent of respondents identified as being Aboriginal and/or Torres Strait Islander (3.4%), and one in 20 (6.1%) said that they spoke a language other than English most of the time at home (i.e. were from non-English-speaking backgrounds). Although the majority of respondents said they were an Australian citizen or permanent resident (97.5%), 2.2 per cent reported they were on a temporary visa at the time of completing the survey. The most common type of visa held by respondents was student/studying (32.0%), followed by skilled (19.8%) and bridging (16.4%).

One in eight respondents (12.0%) had a long-term health condition which they said restricted their ability to undertake day-to-day activities unassisted. The majority of respondents self-identified as heterosexual (91.0%), with 8.2 per cent self-identifying as gay/lesbian, bisexual or other (e.g. asexual).

Approximately one in four respondents had completed Year 12 or equivalent (25.7%), with a similar proportion saying they had completed Year 11 or lower (23.2%). Two in five (39.5%) reported that they had a university qualification. Finally, one in four (24.9%) respondents reported their usual place of residence was in a regional or remote area, while 75.0 per cent were living in a major city (as defined by the ABS).

Table 1: Sociodemographic characteristics of respondents (weighted data; n=10,189)

| **Age and population type** | **n** | **%** |
| --- | --- | --- |
| 18–24 | 1,077 | 10.6 |
| 25–34 | 2,198 | 21.6 |
| 35–44 | 2,005 | 19.7 |
| 45–54 | 1,723 | 16.9 |
| 55-64 | 1,469 | 14.4 |
| 65+ | 1,717 | 16.9 |
| Aboriginal and/or Torres Strait Islandera | 351 | 3.4 |
| Non-English-speaking background | 617 | 6.1 |
| Current long-term health condition restricting everyday activitiesb | 1,220 | 12.0 |

| **Sexualityc** | **n** | **%** |
| --- | --- | --- |
| Heterosexual | 9,269 | 91.0 |
| Gay/lesbian | 180 | 1.8 |
| Bisexual | 552 | 5.4 |
| Other | 67 | <1 |
| Not sure | 55 | <1 |

| **Citizenship statusd** | **n** | **%** |
| --- | --- | --- |
| Australian citizen or permanent resident | 9,938 | 97.5 |
| Temporary visa | 227 | 2.2 |
| Unsure of citizenship status | 14 | <1 |

| **Highest level of education completed** | **n** | **%** |
| --- | --- | --- |
| Year 9 or below | 413 | 4.1 |
| Year 10/11 or equivalent | 1,951 | 19.1 |
| Year 12 or equivalent | 2,622 | 25.7 |
| Vocational certificate | 1,175 | 11.5 |
| University  | 4,028 | 39.5 |

| **Usual place of residencee** | **n** | **%** |
| --- | --- | --- |
| Major cities | 7,610 | 75.0 |
| Regional | 2,256 | 22.2 |
| Remote | 278 | 2.7 |

Note: Percentage totals may not equal 100 due to rounding and respondents choosing not to disclose specific information. n totals may not equal 10,189 due to rounding of weighted data.

a Denominator includes 57 respondents who did not want to disclose this information.

b Defined as someone who said they had a health condition that had lasted or was expected to last six months or longer and, because of this condition, they were restricted in or needed help or supervision with day-to-day activities.

c Denominator includes 66 respondents who did not want to disclose this information.

d Denominator includes 11 respondents who did not want to disclose this information.

e Regional classification calculated using the respondent’s postcode and concordance with the Australian Statistical Geography Standard (Australian Bureau of Statistics, 2018). Excludes 45 respondents who did not provide their postcode.

Source: Impact of COVID-19 and financial stress on intimate partner violence survey, Australian Institute of Criminology (AIC) [Computer file]

Respondents were asked to provide detailed information about their most recent intimate relationship in the 12 months prior to completing the survey. The majority of respondents (91.7%) said they were in an ongoing relationship at time of completing the survey. The other 8.3 per cent reported that they had been in a relationship that had ended in the last 12 months. As shown in Table 2, the majority of respondents who were in an ongoing relationship said they had been in the relationship for at least 10 years (61.3%). In comparison, the majority of women not currently in a relationship said their most recent relationship had lasted for three years or less (61.3%). Among women who were describing former relationships, approximately half said that the relationship had ended in the last six months (45%).

Further, as shown in Table 2:

* 94.8 per cent of respondents said their current or former partner was male, and 4.7 per cent said their partner was female
* 53.4 per cent of respondents had at least one child with their partner (average 2.1 children)
* 37.1 per cent of respondents had at least one child living with them, either full time or part time (average 1.8 children)
* 8.3 per cent of respondents said they had been pregnant in the last 12 months.

Among women who had shared children with a former partner, the most common type of custodial arrangement was the respondent having shared or sole custody (77.8%).

Table 2: Relationship characteristics of respondents, by relationship status (weighted data)

| **Relationship characteristic** | **Ongoing relationship (n=9,343)** | **Ongoing relationship (n=9,343)** | **Former relationship (n=846)** | **Former relationship (n=846)** | **Overall (n=10,189)** | **Overall (n=10,189)** |
| --- | --- | --- | --- | --- | --- | --- |
|  | N | % | n | % | n | % |
| Cohabitated with partner in past 12 months | 8,422 | 90.1 | 273 | 32.2 | 8,694 | 85.3 |

| **Relationship type (women who were in a relationship with their partner for the last 12 months only)a** | **Ongoing relationship (n=9,343)** | **Ongoing relationship (n=9,343)** | **Former relationship (n=846)** | **Former relationship (n=846)** | **Overall (n=10,189)** | **Overall (n=10,189)** |
| --- | --- | --- | --- | --- | --- | --- |
|  | n | % | n | % | n | % |
| Married | 5,654 | 62.0 | - | - | - | - |
| De facto/committed | 3,047 | 33.4 | - | - | - | - |
| Dating | 236 | 2.6 | - | - | - | - |
| Other | 181 | 2.0 | - | - | - | - |

| **Sex of partnerb** | **Ongoing relationship (n=9,343)** | **Ongoing relationship (n=9,343)** | **Former relationship (n=846)** | **Former relationship (n=846)** | **Overall (n=10,189)** | **Overall (n=10,189)** |
| --- | --- | --- | --- | --- | --- | --- |
|  | n | % | n | % | n | % |
| Male | 8,871 | 95.0 | 791 | 93.5 | 9,662 | 94.8 |
| Female | 436 | 4.7 | 46 | 5.4 | 482 | 4.7 |
| Non-binary sex | 11 | <1 | 0 | 0 | 11 | <1 |

| **Length of relationshipc** | **Ongoing relationship (n=9,343)** | **Ongoing relationship (n=9,343)** | **Former relationship (n=846)** | **Former relationship (n=846)** | **Overall (n=10,189)** | **Overall (n=10,189)** |
| --- | --- | --- | --- | --- | --- | --- |
|  | n | % | n | % | n | % |
| <1 year | 384 | 4.1 | 279 | 32.9 | 663 | 6.5 |
| 1–3 years | 1,201 | 12.9 | 240 | 28.4 | 1,442 | 14.2 |
| 4–6 years | 918 | 9.8 | 91 | 10.8 | 1,009 | 10.0 |
| 7–10 years | 692 | 7.4 | 39 | 4.6 | 731 | 7.2 |
| 11–15 years | 1,401 | 15.0 | 52 | 6.1 | 1,453 | 14.3 |
| 15+ years | 4,328 | 46.3 | 49 | 5.8 | 4,377 | 43.0 |

| **Length of separation (women who separated from their most recent intimate partner in the last 12 months only)d** | **Ongoing relationship (n=9,343)** | **Ongoing relationship (n=9,343)** | **Former relationship (n=846)** | **Former relationship (n=846)** | **Overall (n=10,189)** | **Overall (n=10,189)** |
| --- | --- | --- | --- | --- | --- | --- |
|  | N | % | n | % | n | % |
| Less than three months ago | - | - | 191 | 22.6 | - | - |
| 4–6 months ago | - | - | 190 | 22.4 | - | - |
| 7–12 months ago | - | - | 346 | 40.8 | - | - |
| At least one child with partner | 5,310 | 56.8 | 129 | 15.2 | 5,439 | 53.4 |
| Average number of children with partnere | 2.1 |  | 1.9 |  | 2.1 |  |

| **Custodial arrangements for shared children (women who separated from their most recent intimate partner in the last 12 months and had one child with them only)**f | **Ongoing relationship (n=9,343)** | **Ongoing relationship (n=9,343)** | **Former relationship (n=846)** | **Former relationship (n=846)** | **Overall (n=10,189)** | **Overall (n=10,189)** |
| --- | --- | --- | --- | --- | --- | --- |
|  | n | % | n | % | n | % |
| Sole or majority custody (respondent) | - | - | 76 | 77.8 | - | - |
| Shared custody (respondent and their partner) | - | - | 16 | 11.7 | - | - |
| Sole or majority custody (partner) | - | - | 2 | 1.5 | - | - |
| Pregnant in the last 12 monthsg | 818 | 8.8 | 28 | 3.3 | 845 | 8.3 |
| Any children living in household  | 3,538 | 37.9 | 237 | 28.0 | 3,775 | 37.1 |
| Average number of children living in householdh | 1.8 |  | 1.8 |  | 1.8 |  |

Note: Percentage totals may not equal 100 due to rounding and respondents choosing not to disclose specific information. n totals may not equal 10,189 due to rounding of weighted data.

a This question was only asked of respondents who were in a current relationship at time of completing the survey.

b Denominator includes 25 respondents in a current relationship, and nine respondents in a former relationship, who did not want to disclose this information.

c Denominator includes 419 respondents in a current relationship, and 96 respondents in a former relationship, who did not want to disclose this information.

d This question was only asked of respondents who had separated from their partner in the 12 months before the survey. Denominator includes 120 respondents in a former relationship who did not want to disclose this information. n total = 847 due to rounding of weighted data.

e Limited to respondents who said they had at least one child with their current or former partner.

f Limited to respondents who said they had at least one child with their partner and were no longer in a relationship with them. Denominator includes 10 respondents who did not want to disclose this information, and four respondents who were not sure of the custody arrangements in place for shared children.

g Includes current and former pregnancy. Denominator includes five respondents in a current relationship who were not sure if they had been pregnant in the past 12 months.

h Limited to respondents who said they had at least one child living with them, either full time or part time.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

# Results

One in three women (33.4%) who completed the survey self-reported experiencing at least one form of IPV in the 12 months prior to the survey. This includes physical and non-physical forms of abuse and, in the case of physical and sexual violence, actual, threatened and attempted violence. The following provides a detailed description of the nature and type of violence and abuse reported by respondents.

## Experiences of physical violence

Overall, 9.6 per cent of respondents said they had experienced physical violence in the 12 months prior to the survey, including threatened or attempted physical violence. Among women who reported physical violence in the last 12 months, the most common forms were pushing, grabbing or shoving (77.0%); having things thrown at them, slapping, biting, kicking or hitting (48.2%); and other forms of physical assault (46.3%; see Table 3).

Table 3: Physical violence experienced by respondents in the last 12 months (weighted data; %)

|  | **Overall prevalence among respondents (n=10,189)** | **Prevalence among respondents who experienced physical violence (n=976)** |
| --- | --- | --- |
| Pushed, grabbed or shoved the respondenta | 7.4 | 77.0 |
| Threw something at the respondent that could hurt them, or slapped, bit, kicked or hit them with a fistb | 4.6 | 48.2 |
| Choked/strangled the respondent or grabbed them around the neckc | 3.9 | 41.1 |
| Hit the respondent with something that could hurt them, beat them, attacked them with a weapon (knives, guns, bats or household items)d | 3.2 | 33.0 |
| Shot at or threatened with a gun | 1.3 | 13.5 |
| Physically assaulted the respondent or hurt them in any other waye | 4.4 | 46.3 |
| At least one form of physical violence | 9.6 | - |
| More than one form of physical violence (average) | 5.5 | 57.8 (2.5) |

Note: Includes attempted behaviours and threats of physical violence.

a Denominator includes 59 respondents who did not want to disclose this information (12 respondents who had experienced some form of physical violence).

b Denominator includes 69 respondents who did not want to disclose this information (24 respondents who had experienced some form of physical violence).

c Denominator includes 79 respondents who did not want to disclose this information (23 respondents who had experienced some form of physical violence).

d Denominator includes 57 respondents who did not want to disclose this information (22 respondents who had experienced some form of physical violence).

e Denominator includes 70 respondents who did not want to disclose this information (29 respondents who had experienced some form of physical violence).

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

Although less common, respondents also reported behaviours that are associated with severe health outcomes such as loss of consciousness, serious injuries (including brain injuries) and long-term health conditions. Specifically, two in five women (41.1%) who had experienced physical violence in the last 12 months reported that their partner had strangled or choked them (or grabbed them around the neck) on at least one occasion, and one in three (33.0%) said their partner had hit them with something that could hurt them, beat them, or attacked them with a weapon (e.g. knife, gun, bat or other household item; including threatened or attempted violence). Among this latter group of women, 40.9 per cent said the use of a gun was involved on at least one occasion.

Among respondents who experienced physical violence, the co-occurrence of multiple forms of physical violence was common (57.8%). For example, 33.5 per cent of women who experienced any physical violence in the last 12 months reported that they had been pushed, grabbed or shoved by their current or most recent intimate partner, and had been choked, strangled or grabbed around the neck. Overall, women who experienced at least one type of physical violence in the last 12 months reported on average 2.5 different types of physically violent behaviours.

## Experiences of sexual violence

One in 12 respondents (7.6%) reported they had experienced actual, attempted or threatened sexual violence by their current or most recent partner in the 12 months prior to the survey. Among women who reported they experienced sexual violence, two thirds said that their partner had forced or attempted to force them to take part in sexual activity against their will (64.5%; Table 4). Further, one in three respondents who experienced sexual violence said their partner had:

* made them have sex without a condom or removed a condom during intercourse without their consent or knowledge (also known as “stealthing’; 39.2%)
* taken an intimate image of them without their consent (37.0%)
* forced them or tried to make them watch pornography when they did not want to (32.3%).

Among respondents who had experienced sexual violence in the last 12 months, approximately half reported multiple forms of sexual violence (48.9%). For example, among women who had experienced sexual violence in the last 12 months, 18.9 per cent reported that their partner had refused to wear a condom or took a condom off during sex without their knowledge or consent and had also forced them to watch pornography. The average number of different sexually violent behaviours reported by women who experienced any sexual violence in the last 12 months was 1.8.

Table 4: Sexually violent behaviours experienced by respondents in the last 12 months (weighted data; %)

|  | **Overall prevalence among respondents (n=10,189)** | **Prevalence among respondents who experienced sexual violence (n=770)a** |
| --- | --- | --- |
| Forced the respondent or tried to make them take part in sexual activity against their willa | 4.9 | 64.5 |
| Made the respondent have sex without a condom or took off a condom during sex without their knowledge or consentb | 3.0 | 39.2 |
| Took an intimate or sexual picture or video of the respondent without their consentc | 2.8 | 37.0 |
| Forced the respondent or tried to make them watch pornography when they did not want tod | 2.8 | 36.3 |
| Threatened to or actually distributed or shared an intimate or sexual picture or video of the respondent online without their consente | 1.7 | 22.4 |
| At least one form of sexual violence | 7.6 |  |
| More than one form of sexual violence (average) | 4.1 | 45.4 (2.0) |

a Denominator includes 114 respondents who did not want to disclose this information (29 respondents who had experienced some form of sexual violence).

b Denominator includes 55 respondents who did not want to disclose this information (25 respondents who had experienced some form of sexual violence).

c Denominator includes 81 respondents who did not want to disclose this information (20 respondents who had experienced some form of sexual violence).

d Denominator includes 30 respondents who did not want to disclose this information (nine respondents who had experienced some form of sexual violence), and 227 respondents who were unsure if this had occurred (86 respondents who had experienced some form of sexual violence).

e Denominator includes 22 respondents who did not want to disclose this information (six respondents who had experienced some form of sexual violence), and 131 respondents who were unsure if this had occurred (62 respondents who had experienced some form of sexual violence).

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

Figure 1: Experiences of physical and sexual violence, by IPV type (weighted data; %; n=10,189)



| **Experiences of physical and sexual violence, by IPV type** | **(weighted data; %; n=10,189)** |
| --- | --- |
| Any physical violence | 9.6 |
| Any sexual violence  | 7.6 |
| Any physical or sexual violence | 12.7 |
| Physical and sexual violence | 4.4 |

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

## Experiences of emotionally abusive, harassing and controlling behaviours

Respondents were asked about their experiences of 27 different emotionally abusive, controlling and harassing behaviours perpetrated by their current or most recent partner in the 12 months prior to the survey. One in three women (31.6%) said they had experienced at least one form of non-physical abuse from their current or most recent partner in the last 12 months. The behaviours reported by women could be broadly grouped into five categories: financial abuse, verbally abusive and threatening behaviours, socially restrictive behaviours, stalking and monitoring behaviours, and reproductive coercion.

Technology-facilitated abuse, which cuts across these categories, was common, with one in 10 respondents (11.6%) having experienced some form of technology-facilitated IPV in the 12 months prior to the survey. Technology-facilitated abuse includes certain forms of verbally abusive and threatening behaviours, socially restrictive behaviours and stalking and monitoring behaviours when they are perpetrated online or using devices like smart phones.

### Financial abuse

Financial abuse is defined in this study as “a dynamic of the abuser holding economic power over the survivor and the abuser limiting the survivor’s ability to gain or keep financial independence” (Hageman & St. George, 2018, p. 391). Overall, one in five women (19.3%) reported that their partner had been financially abusive towards them in the last 12 months. The most common behaviours reported by women who experienced financial abuse were their partner keeping financial information from them (62.2%), making major purchases using the respondent’s money or shared money without talking to them (40.4%), and refusing to contribute to household expenses (35.8%; see Table 5). One in three women (32.7%) who experienced financial abuse reported that their partner had pressured them to give them money or access to their money in the last 12 months, of which 43.2 per cent said that this had included their superannuation.

Half of women who experienced financial abuse (56.2%) experienced multiple forms of these behaviours in the last 12 months (see Table 5). For example, 18.9 per cent of women who experienced financial abuse in the last 12 months said that their partner had withheld financial information from them and refused to contribute to household expenses. The average number of different financially abusive behaviours reported by women was 2.5.

Table 5: Financially abusive behaviours experienced by respondents in the last 12 months (weighted data; %)

|  | **Overall prevalence among respondents (n=10,189)** | **Prevalence among respondents who experienced financial abuse (n=1,970)** |
| --- | --- | --- |
| Kept financial information from the respondenta | 12.0 | 62.2 |
| Made major purchases using the respondent’s money or shared money without talking to themb | 7.8 | 40.4 |
| Refused to contribute to household expensesc | 6.9 | 35.8 |
| Pressured or intimidated the respondent to give them money or access to their moneyd | 6.3 | 32.7 |
| Pressured or coerced the respondent to give them access to their superannuatione | 2.7 | 14.2 |
| Withheld money from the respondent that they needed for everyday expensesf | 5.5 | 28.4 |
| Damaged, destroyed or stole any of the respondent’s propertyg | 5.4 | 27.7 |
| Made the respondent ask them for money, or made the respondent give them something in return for money (e.g. sex or affection)h | 4.9 | 25.6 |
| Any form of financial abuse | 19.3 | - |
| More than one form of financial abuse (average) | 10.9 | 56.2 (2.5) |

a Denominator includes 98 respondents who did not want to disclose this information (35 respondents who had experienced financial abuse).

b Denominator includes 44 respondents who did not want to disclose this information (28 respondents who had experienced financial abuse).

c Denominator includes 67 respondents who did not want to disclose this information (34 respondents who had experienced financial abuse).

d Denominator includes 55 respondents who did not want to disclose this information (33 respondents who had experienced financial abuse).

e Denominator includes 80 respondents who did not want to disclose this information (38 respondents who had experienced financial abuse), and 922 respondents who were unsure if this had occurred (169 respondents who had experienced financial abuse).

f Denominator includes 61 respondents who did not want to disclose this information (39 respondents who had experienced financial abuse).

g Denominator includes 26 respondents who did not want to disclose this information (16 respondents who had experienced financial abuse).

h Denominator includes 52 respondents who did not want to disclose this information (14 respondents who had experienced financial abuse).

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

### Verbally abusive and threatening behaviours

One in five women (18.7%) reported that in the last 12 months their current or most recent partner had threatened them or had used insulting and degrading language towards them. Among respondents who reported verbally abusive and threatening behaviours, the most common forms were their partner shouting, yelling or verbally abusing them to intimidate them (83.0%), with half of respondents (48.5%) reporting being constantly insulted to make them feel ashamed, belittled or humiliated.

Oftentimes, the threats reported by women concerned their children (see Table 6). Approximately one in three women (29.7%) who had a child living with them at time of the survey and reported verbally abusive and threatening behaviours said that their partner had threatened to have their child(ren) removed from their care. Further, one in five women said their partner had threatened to hurt their children (20.9%). Technology-facilitated threatening and abusive behaviours were also relatively common among women who had experienced verbally abusive and threatening behaviour (29.3%), and one in seven women said their partner had posted personal information about them online without their consent (i.e. doxing; 14.1%).

Half of respondents (50.8%) experiencing verbally abusive and threatening behaviours reported multiple forms of these in the last 12 months. For example, 20.5 per cent of women who experienced any verbally abusive or threatening behaviours in the last 12 months reported that their partner had constantly insulted them, and threatened, menaced, abused or harassed them online. The average number of different verbally abusive and threatening behaviours reported by women was 2.5 (see Table 6).

Table 6: Verbally abusive and threatening behaviours experienced by respondents in the last 12 months
(weighted data; %)

|  | **Overall prevalence among respondents (n=10,189)** | **Prevalence among respondents who experienced verbal abuse/threats (n=1,909)** |
| --- | --- | --- |
| Shouted, yelled or verbally abused the respondent to intimidate thema | 15.5 | 83.0 |
| Constantly insulted the respondent to make them feel ashamed, belittled or humiliatedb | 9.1 | 48.5 |
| Threatened to have the respondent’s children taken away from themc | 7.3 | 29.7 |
| Threatened, menaced, harassed or abused the respondent onlined  | 5.5 | 29.3 |
| Threatened to hurt the respondent’s childrene | 5.2 | 20.9 |
| Threatened to hurt the respondent’s family (e.g. parents, siblings), their friends and/or petsf | 3.5 | 18.7 |
| Threatened to or actually shared the respondent’s personal information online without their consent (i.e. doxing)g | 2.7 | 14.1 |
| At least one form of verbally abusive and threatening behaviour | 18.7 |  |
| More than one type of verbally abusive and threatening behaviour (average) | 9.2 | 50.8 (2.2) |

a Denominator includes 106 respondents who did not want to disclose this information (22 respondents who had experienced verbal abuse/threats).

b Denominator includes 92 respondents who did not want to disclose this information (44 respondents who had experienced verbal abuse/threats).

c Limited to women who had at least one child living with them on a full- or part-time basis. Denominator includes 20 respondents who did not want to disclose this information (five respondents who had experienced verbal abuse/threats).

d Denominator includes 25 respondents who did not want to disclose this information (14 respondents who had experienced verbal abuse/threats).

e Limited to women who had at least one child living with them on a full- or part-time basis. Denominator includes 10 respondents who did not want to disclose this information (nine respondents who had experienced verbal abuse/threats).

f Denominator includes 27 respondents who did not want to disclose this information (19 respondents who had experienced verbal abuse/threats).

g Denominator includes 7 respondents who did not want to disclose this information (four respondents who had experienced verbal abuse/threats), and 208 respondents who were unsure if this had occurred (126 respondents who had experienced verbal abuse/threats).

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

### Monitoring of movements and stalking

Overall, 11.7 per cent of respondents said that their partner had monitored their movements and/or stalked them online or in person in the 12 months prior to the survey. Among women who reported these experiences, the most common behaviour was their partner constantly monitoring their movements and making them tell them where they had been and with whom (68.5%).

For many women who had experienced monitoring and stalking behaviour, their partner’s ability to monitor their movements was facilitated through the use of technology. For example:

* 44.8 per cent of women said that their partner had accessed their social media or email accounts without their consent
* one in three women (36.4%) said their partner had been tracking them online or through devices like a phone
* one in five women (21.1%) said their partner had installed software or apps on their phones and other devices to track their movements.

Almost half of respondents who had been monitored or stalked by their partner reported more than one type of these behaviours in the last 12 months (44.1%; average= 2.0 behaviours). For example, 18.9 per cent of women who had experienced any stalking or monitoring behaviours in the last 12 months reported that their partner had tracked, monitored or stalked them online or using devices like a phone, as well as in the physical world.

This indicates that many women were being monitored by their partners using multiple methods, both online and in the physical world. This said, considering the covert nature of many of these behaviours, it is likely that the prevalence is higher than reported here. Certainly, a large number of women reported that they were unsure whether their partners had been stalking them (see footnotes to Table 7).

Table 7: Monitoring and stalking behaviours experienced by respondents in the last 12 months (weighted data; %)

|  | **Overall prevalence among respondents (n=10,189)** | **Prevalence among respondents who experienced monitoring/stalking (n=1,193)** |
| --- | --- | --- |
| Constantly monitored the respondent’s time and made the respondent tell them where they were or who they had been witha | 8.0 | 68.5 |
| Accessed the respondent’s social media or email accounts without their consentb | 5.3 | 44.8 |
| Tracked the respondent, monitored their activities and/or stalked them online or through a device like a phonec | 4.3 | 36.4 |
| Stalked or spied on the respondent in the physical worldd | 3.3 | 28.0 |
| Installed software or apps on the respondent’s phone or other devices or tracked their movements and activitiese | 2.5 | 21.1 |
| At least one form of monitoring/stalking behaviour | 11.7 |  |
| More than one form of monitoring/stalking behaviour (average) | 5.2 | 44.1 (2.0) |

a Denominator includes 76 respondents who did not want to disclose this information (14 respondents who had experienced monitoring/stalking).

b Denominator includes 13 respondents who did not want to disclose this information (nine respondents who had experienced monitoring/stalking), and 487 respondents who were unsure if this had occurred (155 respondents who had experienced monitoring/stalking).

c Denominator includes three respondents who did not want to disclose this information (two respondents who had experienced monitoring/stalking), and 433 respondents who were unsure if this had occurred (176 respondents who had experienced monitoring/stalking).

d Denominator includes 18 respondents who did not want to disclose this information (six respondents who had experienced monitoring/stalking), and 301 respondents who were unsure if this had occurred (141 respondents who had experienced monitoring/stalking).

e Denominator includes 11 respondents who did not want to disclose this information (six respondents who had experienced monitoring/stalking), and 369 respondents who were unsure if this had occurred (189 respondents who had experienced monitoring/stalking).

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

### Socially restrictive behaviours

Socially restrictive behaviours are those that are intended to limit (or have the effect of limiting) the respondent’s frequency of contact with their friends, family members and others, and reducing the quality and closeness of these relationships. These behaviours may be motivated by the perpetrator’s desire to limit their partner’s avenues for help-seeking, reduce the likelihood that others will become aware of the abuse, and monopolise and dominate their partner’s attention and time (Bond & Bond, 2004; Kesner & McKenry, 1998; McDermott & Lopez, 2013; Péloquin et al., 2011).

One in six women in the overall sample experienced socially restrictive behaviours perpetrated by their current or most recent partner (17.4%). Among this group of respondents, the most commonly reported behaviour was their partner being jealous or suspicious of their friends (70.2%). Half of these respondents also reported that their partner had interfered with their relationships with family members or friends (48.1%), and 42.9 per cent said they had been falsely accused of having an affair. Although relatively less common, there was again evidence of technology being used to abuse and socially isolate respondents. In particular, 13.1 per cent of women who reported any form of socially restrictive behaviour said their partner had pretended to be them online to abuse and harass their friends and others (see Table 8).

The co-occurrence of different types of socially restrictive behaviours was common; one in two women (56.1%) who reported any socially restrictive behaviour in the last 12 months said they had experienced two or more. For example, 15.7 per cent of women who experienced any socially restrictive behaviours in the last 12 months said their current or most recent partner had accused them of having an affair, and restricted their access to their phone, the internet or the family car. The average number of different behaviours reported by women was 2.3.

Table 8: Socially restrictive behaviours experienced by respondents in the last 12 months (weighted data; %)

|  | **Overall prevalence among respondents (n=10,189)** | **Prevalence among respondents who experienced socially restrictive behaviours (n=1,775)** |
| --- | --- | --- |
| Was jealous or suspicious of the respondent’s friendsa | 12.2 | 70.2 |
| Interfered with the respondent’s relationship with other family members or friendsb | 8.4 | 48.1 |
| Falsely accused the respondent of having an affair with another personc | 7.5 | 42.9 |
| Tried to keep the respondent from doing things to help themselves (e.g. go to doctor’s appointments, take medication)d | 4.7 | 27.1 |
| Restricted the respondent’s use of their phone, the internet or the family care | 4.2 | 24.4 |
| Pretended to be the respondent online to abuse or harass others or to embarrass themf | 2.3 | 13.1 |
| At least one socially restrictive behaviour | 17.4 |  |
| More than one form of socially restrictive behaviour (average) | 9.8 | 56.1 (2.3) |

a Denominator includes 57 respondents who did not want to disclose this information (15 respondents who had experienced socially restrictive behaviour).

b Denominator includes 80 respondents who did not want to disclose this information (33 respondents who had experienced socially restrictive behaviour).

c Denominator includes 48 respondents who did not want to disclose this information (30 respondents who had experienced socially restrictive behaviour).

d Denominator includes 36 respondents who did not want to disclose this information (18 respondents who had experienced socially restrictive behaviour).

e Denominator includes 22 respondents who did not want to disclose this information (11 respondents who had experienced socially restrictive behaviour).

f Denominator includes 14 respondents who did not want to disclose this information (10 respondents who had experienced socially restrictive behaviour), and 192 respondents who were unsure if this had occurred (123 respondents who had experienced socially restrictive behaviour).

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

### Reproductive coercion

Reproductive coercion refers to behaviours that interfere with women’s reproductive autonomy, typically involving attempts to control when and under what circumstances they become pregnant, as well as controlling pregnancy outcomes (Price et al., 2019). Although less common than other forms of emotionally abusive, harassing and controlling behaviours described above (see Figure 2), 2.8 per cent of women reported that they had experienced reproductive coercion in the last 12 months. Within this group, 78.9 per cent said their partner had interfered with their birth control so they would get pregnant, and 62.0 per cent said their partner had intimidated, threatened or hurt them because they did not or could not get pregnant. One in three women experienced both forms of abuse (39.0%; see Table 9).

Table 9: Reproductive coercion experienced by respondents in the past 12 months (weighted data; %)

|  | **Overall prevalence among respondents (n=10,189)** | **Prevalence among respondents who experienced reproductive coercion (n=301)** |
| --- | --- | --- |
| Told the respondent not to use birth control or interfered with their birth control so the respondent would get pregnanta | 2.3 | 78.9 |
| Intimidated, threatened or hurt the respondent because they did not agree to or could not get pregnantb | 1.8 | 62.0 |
| At least one form of reproductive coercionc | 2.8 | - |
| Both forms of reproductive coerciond | 1.2 | 40.9 |

a Denominator includes 45 respondents who did not want to disclose this information (six respondents who had experienced reproductive coercion).

b Denominator includes 47 respondents who did not want to disclose this information (seven respondents who had experienced reproductive coercion).

c Denominator includes 22 respondents who did not want to disclose this information.

d Denominator includes 68 respondents who did not want to disclose this information (six respondents who had experienced reproductive coercion).

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

Figure 2: Experiences of non-physically abusive behaviour, by population and IPV type (weighted data; %)



| **Type of non-physically abusive behaviour** | **All women (n=10,189)** | **Women who experienced at least one type of non-physical abuse (n=3,224)** |
| --- | --- | --- |
| Financial abuse | 19.3 | 61.1 |
| Verbally abusive and threatening behaviours | 18.7 | 59.2 |
| Stalking and monitoring | 11.7 | 37.0 |
| Socially restrictive behaviours | 17.4 | 55.1 |
| Reproductive coercion | 2.8 | 8.9 |

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

## Experiences of coercive control

So far, we have described the occurrence of discrete forms of IPV as reported by women who participated in the survey. However, it is now well recognised that for many women, IPV involves patterns of violence and abuse that change over time, and multiple forms of physical violence, sexual violence and emotionally abusive, harassing and controlling behaviours.

Coercive control is described as a pattern of behaviours within intimate relationships that results in the micro-regulation of the lives of victims and survivors (Stark & Hester, 2019). Viewed in isolation, these behaviours may appear relatively benign or innocuous. However, within the context of the relationship they may provoke feelings of fear, intimidation or anxiety among victims and survivors. In other words, coercive controlling behaviours need to be viewed within the context of the relationship in order for their impact to be appreciated and understood (Dragiewicz et al., 2018).

As noted by Dragiewicz and colleagues (2018), measuring and assessing the presence of coercive control can be difficult in the absence of detailed information about the relationship context, the impacts of these behaviours and the meaning placed by the victim and the offender on specific behaviours. Within surveys, coercive control has typically been measured by examining the frequency and co-occurrence of multiple forms of violence and abuse, which may cumulatively result in the micro-regulation of women’s lives (see for example Patafio et al., 2021).

For the purpose of this study, the presence of coercive control is measured in two ways:

* the co-occurrence of different categories of non-physical abusive behaviours
* the co-occurrence of physical or sexual violence and non-physical forms of abuse.

As shown in Figure 3, two in five women who experienced any non-physical violence in the 12 months prior to the survey only experienced one category of abuse (41.5%). The most common form of abuse experienced by women in this group was financial abuse (34.9%) followed by verbally abusive and threatening behaviours (26.9%).

This means that the majority of respondents experienced more than one category of non-physical abuse. More specifically: one in five women experienced two categories of abuse (22.2%); 15.8 per cent experienced three; 14.4 per cent experienced four; and one in 20 experienced five (6.1%). Even in the absence of information about the impact of these behaviours, it is likely that the various forms of abuse experienced by these women would have had a cumulative negative impact on their health, wellbeing and autonomy (Harris & Woodlock, 2019; Stark, 2009).

Figure 3: Number of emotionally abusive, harassing and controlling behaviours experienced by women who reported any form of non-physical abuse in the last 12 months (weighted data; %; n=3,224)



| Number of emotionally abusive, harassing and controlling behaviours experienced by women who reported any form of non-physical abuse in the last 12 months | Weighted data; %; n=3,224 |
| --- | --- |
| 1 category of non-physical abuse | 41.5 |
| 2 categories of non-physical abuse | 22.2 |
| 3 categories of non-physical abuse | 15.8 |
| 4 categories of non-physical abuse | 14.4 |
| 5 categories of non-physical abuse | 6.1 |

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

It was also common for women to report experiencing both emotionally abusive, harassing and controlling behaviours and physical or sexual violence (Figure 4). Among women who experienced either physical or sexual violence, or emotionally abusive, harassing and controlling behaviours (n=3,402) in the last 12 months, one in three (32.8%) reported both physical or sexual violence, and non-physical abuse. The most common forms of emotionally abusive, harassing and controlling behaviours reported by women who were physically or sexually abused by their partners in the last 12 months were threats and emotional abuse (72.5%), financial abuse (68.8%) and social restriction (65.8%; see Figure 5). Experiencing physical or sexual violence (5.3%) in isolation was much less common. Put differently, 86.2 per cent of women who experienced physical or sexual violence had also experienced emotionally abusive, harassing and controlling behaviours.

Figure 4: Co-occurrence of physical and non-physical abuse among women who experienced any intimate partner violence in the last 12 months, by abuse type (weighted data; %; n=3,402)



| Co-occurrence of physical and non-physical abuse among women who experienced any intimate partner violence in the last 12 months, by abuse type | Weighted data; %; n=3,402 |
| --- | --- |
| Non-physical abuse only | 61.3 |
| Physical or sexual violence only | 5.3 |
| Physical/sexual violence and non-physical abuse | 32.8 |

Note: Denominator includes 22 respondents who chose not to disclose this information.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

Figure 5: Emotionally abusive, harassing and controlling behaviours experienced by women who reported physical or sexual violence in the last 12 months, by abuse type (weighted data; %; n=1,294)



|  |  |
| --- | --- |
| Emotionally abusive, harassing and controlling behaviours experienced by women who reported physical or sexual violence in the last 12 months, by abuse type | Weighted data; %; n=1,294 |
| Verbal abuse/Threats | 72.5 |
| Financial abuse | 68.8 |
| Social restriction | 65.7 |
| Monitoring/Stalking | 50.1 |
| Reproductive coercion | 16.8 |

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

Approximately six in 10 (61.3%) respondents said they had experienced emotionally abusive, harassing and controlling behaviours in the last 12 months, but not physical or sexual violence. However, it is important to note that among these women, approximately three quarters (75.9%) reported that there was a history of physical or sexual violence within the relationship prior to the COVID-19 pandemic. Further, among women who reported that they had experienced physical or sexual violence in the last 12 months, but not non-physical forms of abuse, approximately two thirds (65.1%) reported there had been a history of emotionally abusive, harassing and controlling behaviours prior to the pandemic.

The impact of the COVID-19 pandemic on intimate partner violence among Australian women

It is difficult to determine the impact of the COVID-19 pandemic on IPV within relationships: how do we differentiate between patterns of violence and abuse that might have occurred even if the pandemic did not happen? The two clearest measures of the impact of the COVID-19 pandemic on IPV are:

* onset of IPV in previously non-violent relationships
* escalation in the frequency or severity of IPV within relationships where abuse was already present at the start of the pandemic.

### Onset of intimate partner violence

Among women who reported they had experienced physical violence in the 12 months prior to the survey, one in two (44.9%) said that this was the first time their partner had been violent towards them (see Figure 6). More than half of respondents (56.3%) reported that they had experienced sexual violence for the first time in the last 12 months, and a similar proportion said they had experienced emotionally abusive, harassing and controlling behaviours for the first time (56.8%; Figure 3). Overall, 4.0 per cent of all respondents had been a victim of physical violence by their current or most recent partner for the first time in the last 12 months; 3.9 per cent of all respondents had been a victim of sexual violence by their current or most recent partner for the first time in the last 12 months; and 16.8 per cent of all respondents experienced emotionally abusive, harassing or controlling behaviour by their current or most recent partner for the first time in the last 12 months.

Figure 6: Prior intimate partner violence among respondents, by type of violence experienced in the last 12 months (weighted data; %)



| Prior intimate partner violence among respondents, by type of violence experienced in the last 12 months | First-time(weighted data; %) | Ongoing(weighted data; %) |
| --- | --- | --- |
| Physical violencea | 44.9 | 49.5 |
| Sexual violenceb | 56.3 | 34.8 |
| Emotionally abusive, harrassing and controlling behavioursc | 56.8 | 37.1 |

a Limited to respondents who said they had experienced physical violence in the last 12 months. Denominator includes 14 respondents who did not want to disclose this information, and 36 respondents who were unsure if this had occurred.

b Limited to respondents who said they had experienced sexual violence in the last 12 months. Denominator includes 10 respondents who did not want to disclose this information, and 53 respondents who were unsure if this had occurred.

c Limited to respondents who said they had experienced emotionally abusive, harassing or controlling behaviours in the last 12 months. Denominator includes 17 respondents who did not want to disclose this information, and 168 respondents who were unsure if this had occurred.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

To understand the potential impact of the COVID-19 pandemic on the onset of IPV, it is helpful to look at the length of the relationships described by respondents. If first-time violence is primarily observed in shorter term relationships (particularly those that commenced in the last 12 months), the co-occurrence of the COVID-19 pandemic with the onset of IPV could be viewed as coincidental: the violence may have occurred regardless of the pandemic, attributable to factors associated with the offender that were present prior to the relationship starting (Hulme et al., 2019; Morgan & Boxall, 2018). However, if first-time violence is also reported by women in longer term relationships, the change could be attributable, in part, to conditions associated with the COVID-19 pandemic.

As shown in Figure 7, the prevalence of first-time physical violence was most common among relatively new relationships. Among women reporting first-time physical violence, half had been in the relationship for three years or less (49.8%). Approximately one in 10 reported that the relationship had been ongoing for 4 to 6 years (10.8%) and 7 to 10 years (10.0%). However, more than one quarter of women who experienced first-time physical violence had been in the relationship for 11 to 15 years (13.8%), or for more than 15 years (15.6%).

Similar trends were observed for first-time sexual violence, and emotionally abusive, harassing and controlling behaviours (see Figure 7). This indicates that the impact of the COVID-19 pandemic on the onset of IPV was not limited to shorter relationships, but also impacted longer term and established relationships, even those that had been ongoing for more than a decade. Overall, three quarters of women who experienced first-time physical violence or first-time sexual violence were in a non-abusive relationship that started prior to the pandemic. Similarly, 86.5 per cent of women who experienced emotionally abusive, harassing and controlling behaviours by their partner for the first time were in a non-abusive relationship that started prior to the pandemic.

Figure 7: Distribution of first-time IPV, by type of abuse and length of relationship (weighted data; %)



| First-time IPV, by type of abuse | Length of relationship (weighted data; %) < 12 months | Length of relationship (weighted data; %) 1-3 years | Length of relationship (weighted data; %) 4-6 years | Length of relationship (weighted data; %) 7-10 years | Length of relationship (weighted data; %) 11-15 years | Length of relationship (weighted data; %) More than 15 years |
| --- | --- | --- | --- | --- | --- | --- |
| Physical violencea | 22.4 | 27.4 | 10.8 | 10.0 | 13.8 | 15.6 |
| Sexual violenceb | 24.4 | 26.3 | 11.4 | 8.5 | 12.5 | 16.9 |
| Emotionally abusive, harrassing and controlling behaviours c | 13.5 | 19.8 | 12.0 | 8.5 | 17.7 | 28.5 |

a Limited to respondents who said they had experienced physical violence in the last 12 months. Denominator includes 14 respondents who did not want to disclose this information, and 36 respondents who were not sure if they had experienced the onset of physical violence.

b Limited to respondents who said they had experienced sexual violence in the last 12 months. Denominator includes 10 respondents who did not want to disclose this information, and 53 respondents who were not sure if they had experienced the onset of sexual violence.

c Limited to respondents who said they had experienced emotionally abusive, harassing or controlling behaviours in the last 12 months. Denominator includes 17 respondents who did not want to disclose this information, and 168 respondents who were not sure if they had experienced the onset of abuse.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

The best indicator of the impact of the pandemic on the onset of IPV is therefore the prevalence of first-time violence among women in relationships of at least 12 months who had not experienced violence or abuse prior to the pandemic. The prevalence of first-time violence among respondents who had been in their relationship with their current or most recent partner for longer than 12 months was as follows:

* 3.4 per cent of respondents who had not experienced physical violence prior to the pandemic experienced physical violence by their current or most recent partner for the first time in the 12 months prior to the survey
* 3.2 per cent of respondents who had not experienced sexual violence prior to the pandemic experienced sexual violence by their current or most recent partner for the first time in the 12 months prior to the survey
* 17.6 per cent of respondents who had not experienced emotionally abusive, harassing or controlling behaviour by their current or most recent partner prior to the pandemic said they had been a victim of non-physical abuse for the first time in the 12 months prior to the survey.

### Changes in the frequency or severity of intimate partner violence

As described above, the COVID-19 pandemic has coincided with the onset of IPV for many women. However, other women said they had experienced physical or sexual violence or emotionally abusive, harassing and controlling behaviours perpetrated by their current or most recent partner prior to February 2020 (see Figure 6). Women who reported the continuation of historical violence were asked whether the frequency and severity of abuse had increased, decreased or stayed the same, relative to the 12-month period prior to February 2020.

Among women who had experienced physical violence in the last 12 months and had a history of physical violence by their current or most recent partner prior to February 2020, two in five said the violence had increased in frequency or severity by a little (20.2%) or a lot (21.5%; Figure 8) since the beginning of the pandemic. A similar proportion of women who had experienced sexual violence and emotionally abusive, harassing and controlling behaviours prior to February 2020 said the violence by their current or most recent partner had increased in frequency or severity since the beginning of the pandemic (a lot=29.9%, a little=12.9% for sexual violence; a lot=16.2%, a little=24.2% for emotionally abusive, harassing and controlling behaviours).

Overall, this means that among women who had been in a relationship for longer than 12 months:

* 57.1 per cent of respondents who experienced physical violence from their current or most recent partner in the 12 months prior to the survey had experienced either violence for the first time or an escalation in the frequency and severity of ongoing violence
* 61.1 per cent of respondents who experienced sexual violence from their current or most recent partner in the 12 months prior to the survey had experienced either violence for the first time or an escalation in the frequency and severity of ongoing violence
* 66.2 per cent of respondents who experienced emotionally abusive, harassing or controlling behaviour from their current or most recent partner in the 12 months prior to the survey said that they had either experienced these behaviours by that partner for the first time or that the abuse had escalated.

Figure 8: Changes in the frequency or severity of physical or sexual violence or emotionally abusive, harassing and controlling behaviours among women who had experienced prior intimate partner violence, by type of violence experienced in the last 12 months (weighted data; %)



| Type of violence experienced in the last 12 months (weighted data; %) | Change in frequency or severity - Increased | Change in frequency or severity – Stayed the same | Change in frequency or severity - Decreased |
| --- | --- | --- | --- |
| Physical violence (n=493) | 41.7 | 32.2 | 25.6 |
| Sexual violence (n=308) | 42.8 | 31.5 | 23.9 |
| Emotionally abusive, harrassing and controlling behaviours (n=1,300) | 40.4 | 36.7 | 22.4 |

Note: Limited to respondents who had been in a relationship with their partner for 12 months or more.

a Limited to respondents who said they had experienced physical violence in the past 12 months. Denominator includes three respondents who did not want to disclose this information.

b Limited to respondents who said they had experienced sexual violence in the past 12 months. Denominator includes five respondents who did not want to disclose this information.

c Limited to respondents who said they had experienced emotionally abusive, harassing or controlling behaviours in the past 12 months. Denominator includes six respondents who did not want to disclose this information.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

Although there is clear evidence that the COVID-19 pandemic has coincided with experiences of first-time IPV, and the escalation of pre-existing patterns of IPV, it is important to note that a significant proportion of women also reported that the violence had either stayed the same, or even decreased. For example, as shown in Figure 8, one in three women reported that the physical violence they were experiencing stayed the same, and another one in four said the violence had decreased a little (11.7%) or a lot (13.9%). Similarly, among women who had experienced:

* sexual violence prior to the COVID-19 pandemic, 31.5 per cent said the violence had stayed the same, while one in four said it had decreased a little (11.1%) or a lot (12.8%)
* emotionally abusive, harassing or controlling behaviours prior to the COVID-19 pandemic, 36.7 per cent said the violence had stayed the same, while one in four said it had decreased a little (11.5%) or a lot (10.9%).

Although the end of the relationship (relationship dissolution) does not necessarily initiate the end of IPV (see for example Monckton Smith, 2020), it is important to note that the de-escalation of violence experienced by many of the women described above was not attributable to separation. The majority of women who reported that the frequency and severity of violence and abuse had decreased relative to the 12-month period prior to the COVID-19 pandemic were still in ongoing relationships at the time of completing the survey. This was consistent across women experiencing physical violence (86.0% were in a current relationship), sexual violence (78.6% were in a current relationship) and emotionally abusive, harassing and controlling behaviours (90.2% were in a current relationship). This means that reasons other than separation may have contributed to the reduction in frequency and severity of IPV.

### Reasons for changes in patterns of IPV as identified by women

Among respondents who experienced any form of IPV in the last 12 months, four main “trajectories” or patterns of violence and abuse were identified:

* upward trajectory: the onset and/or increase in the frequency or severity of at least one type of violence and abuse, and no evidence other co-occurring forms of violence and abuse had decreased in frequency or severity (70.2%)
* downward trajectory: a decrease in the frequency or severity of at least one type of violence and abuse, and no evidence that other co-occurring forms of violence and abuse had increased in frequency or severity or started for the first time (7.8%)
* mixed trajectory: the co-occurrence of at least one type of violence and abuse starting for the first time and/or increasing in frequency and severity (escalation) and another type of violence decreasing in frequency and severity (de-escalation; 3.0%)
* stable trajectory: the frequency and severity of violence and abuse remained unchanged from the period prior to February 2020 (19.1%).

Table 10: Description of patterns of IPV experienced by respondents, by violence type and group (weighted data; %)

|  **Physical violence** | **Upward trajectory (n=2,389)** | **Downward trajectory (n=265)** | **Mixed trajectory (n=101)** |
| --- | --- | --- | --- |
| Onset | 16.0 | - | 20.6 |
| Stayed the same | 2.5 | 4.9 | 5.6 |
| Increase in frequency and/or severity  | 8.3 | - | 6.4 |
| Decrease in frequency and/or severity | - | 31.7 | 47.7 |

|  **Sexual violence** | **Upward trajectory (n=2,389)** | **Downward trajectory (n=265)** | **Mixed trajectory (n=101)** |
| --- | --- | --- | --- |
| Onset | 15.1 | - | 34.2 |
| Stayed the same | 2.4 | 2.7 | 4.1 |
| Increase in frequency and/or severity  | 4.8 | - | <1 |
| Decrease in frequency and/or severity | - | 17.4 | 24.8 |

|  **Non-physical forms of abuse** | **Upward trajectory (n=2,389)** | **Downward trajectory (n=265)** | **Mixed trajectory (n=101)** |
| --- | --- | --- | --- |
| Onset | 70.4 | - | 28.7 |
| Stayed the same | 3.2 | 7.4 | 2.3 |
| Increase in frequency and/or severity  | 20.3 | - | 20.4 |
| Decrease in frequency and/or severity | - | 88.1 | 44.8 |

Note: Denominators include women who did not want to disclose information about IPV experiences, and those who were unsure if they had experienced IPV prior to February 2020.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

As shown in Table 10, among women in the upward trajectory group, the most commonly identified change in IPV was the onset of non-physical forms of abuse (70.4%), followed by an increase in the frequency and severity of non-physical abuse (20.3%). For women in the downward trajectory group, the most commonly identified change was a decrease in the frequency and severity of non-physical abuse (88.1%) followed by a decrease in the frequency and severity of physical violence (31.7%). For women in the mixed trajectory group, the most commonly identified change was a decrease in the frequency and severity of physical violence (47.7%), followed by a decrease in the frequency and severity of non-physical forms of abuse (44.8%) and the onset of sexual violence (34.2%).

To further understand what factors (if any) associated with the COVID-19 pandemic may have contributed to the different trajectories of violence and abuse described above, respondents in the upward, downward and mixed trajectories groups were asked to identify what else had changed for themselves or their partner that may have contributed to observed variations in patterns of IPV. Because of the safety protocols developed for the survey – particularly that women were not asked to provide free-text information, to limit the use of keylogger technologies by abusers (see Appendix A) – respondents were provided with a list of factors and asked to select all that they believed applied to their situation. This list was developed by the authors, and informed by the literature.

The factors included in the list provided to respondents coalesced around a small number of domains:

* individual-level changes experienced by the respondent and the offender (e.g. mental health and wellbeing, and financial or employment status; see Table 11)
* family or relationship-level changes (e.g. increased childcare responsibilities and relationship conflict; see Table 12)
* external interventions and contact with statutory agencies (e.g. formal action taken by police and courts; see Table 13).

For the purpose of the attribution analysis, the focus is on the upward and downward trajectory groups. This was because of the difficulties associated with differentiating between factors associated with different trajectories of violence and abuse when they co-occurred. Critically, because of limitations around the length of the survey, respondents were not asked about whether the factors identified had improved or deteriorated in the last 12 months – for example, whether conflict in their relationships had increased or decreased. As such, we are only able to determine that there had been a change of any kind in specific domains of the respondent’s life.

The majority of women in the sample were able to identify at least one change which they believed may have contributed to the change in IPV patterns in their relationship (94.4%). Respondents overall identified on average 3.7 factors, indicating that multiple factors were perceived to have contributed to the observed changes in patterns of violence and abuse.

Among women who had experienced the onset and/or escalation of IPV in their relationship (i.e. upwards trajectory), the most commonly attributed individual-level change was their own and their partner’s mental health and wellbeing (Table 11). For example, one in four women attributed the onset or escalation of IPV in their relationship to changes in their partner’s mental health and wellbeing (25.5%), and 31.7 per cent attributed it to changes in their own mental health and wellbeing. The second most commonly identified factor that contributed to the increase in violence and abuse was changes in their own (22.7%) and their partner’s physical health and wellbeing (16.5%), followed by changes in their financial status (respondent’s financial status=21.2%, partner’s financial status=20.6%).

The most common factor attributed by women who experienced a decrease in the frequency and severity of violence in their relationship was, again, changes in their own (41.1%) and their partner’s (35.8%) mental health and wellbeing. The second most common factor was changes in their own (26.6%) and their partner’s physical health and wellbeing (27.4%), followed by their partner’s alcohol and other drug use (26.6%).

Table 11: Prevalence of respondents who attributed individual-level changes experienced by themselves or their partner to variations in IPV patterns within the relationship, by trajectory (weighted data; %)

|  | **Upward trajectory (*n*=2,107)a** change experienced by respondent | **Upward trajectory (n=2,107)a** change experienced by perpetrator | **Downward trajectory (n=265)** change experienced by respondent | **Downward trajectory (n=265)** change experienced by perpetrator |
| --- | --- | --- | --- | --- |
| Mental health and wellbeing | 31.7 | 25.5 | 41.1 | 35.8 |
| Physical health and wellbeing | 22.7 | 16.5 | 26.6 | 27.4 |
| Financial status | 21.2 | 20.6 | 18.1 | 17.3 |
| Employment status | 16.5 | 16.8 | 14.9 | 18.4 |
| Alcohol and other drug use | 9.3 | 14.1 | 12.2 | 26.6 |

Note: Limited to women who said they had been in a relationship prior to February 2020.

a Excludes 282 respondents who did not provide any information about attributions.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

The most common relationship-level factor identified by women who experienced the onset and/or escalation of IPV was changes in levels of family stress (25.3%), followed by spending more time together (19.4%), changes in levels of relationship conflict (18.0%) and changes in levels of contact with others (14.2%; Table 12). Among women who reported a decrease in the frequency and severity of IPV, the most common factors identified as contributing to patterns of abuse were spending more time together (27.9%), changes in levels of family stress (22.2%) and changes in levels of social contact (20.6%). Child-related factors were also identified by a significant minority of women as related to both upward and downward trajectories, including homeschooling (7.5% and 11.4%, respectively) and increased childcare responsibilities (7.1% and 5.5%).

Separation was equally likely to be identified as a contributing factor to both upward (8.9%) and downward (10.3%) trajectories. This said, among women who identified separation as contributing to a change in the patterns of IPV they were experiencing, the majority reported that it had caused the violence to start for the first time and/or increase in frequency and severity (i.e. upwards trajectory).

As shown in Table 12, a significant proportion of women from both the upward (32.9%) and downward (21.9%) trajectory groups who had been pregnant in the last 12 months attributed the change in patterns of IPV within their relationship to their pregnancy.

Table 12: Prevalence of respondents who attributed relationship-level changes to the change in IPV patterns within the relationship, by trajectory (weighted data; %)

| **Type of relationship level changes** | **Upward trajectory (n=2,107)a** | **Downward trajectory (n=265)** |
| --- | --- | --- |
| Family stress/conflict | 25.3 | 22.2 |
| Spending more time together | 19.4 | 27.9 |
| Relationship conflict | 18.0 | 12.0 |
| Level of social contact | 14.2 | 20.6 |
| Spending less time together | 11.7 | 15.2 |
| Separation | 8.9 | 10.3 |
| Homeschooling (women with at least one child living with them) | 7.5 (15.3) | 11.4 (22.4) |
| Increased childcare responsibilities (women with at least one child living with them) | 7.1 (14.5) | 5.5 (10.7) |
| Someone in the family being in lockdown conditions | 6.5 | 6.7 |
| Pregnancy (women who had been pregnant)  | 4.9 (32.9) | 3.5 (21.9) |
| Decreased childcare availability (women with at least one child living with them) | 2.3 (4.6) | 0.9 (1.8) |
| Child custody arrangements (women with at least one child and no longer in a relationship) | 1.8 (13.6) | 1.9 (2.1) |

Note: Limited to women who said they had been in a relationship prior to February 2020.

a Excludes 282 respondents who did not provide any information about attributions.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

Finally, respondents were asked whether they believed that external interventions may have contributed to the change in IPV patterns within their relationship (Table 13). Approximately one in 20 women from both the upward (5.8%) and downward (7.5%) trajectory groups reported that they believed their own participation in a support program had contributed to the change in violence and abuse. Further, 3.6 per cent of women who experienced the onset and/or escalation of IPV, and 10.5 per cent of women who experienced a decrease in the frequency or severity of IPV, attributed the changes in IPV patterns to their partner’s engagement in a support program. Only a very small minority of women reported that formal actions taken by the police or courts had contributed to the patterns of violence in their relationship. However, the figures in Table 13 should be interpreted with caution, noting that we did not have information about the nature of the interventions that the respondent and/or their partner may have been participating in, or who within the sample had participated in any intervention in the last 12 months.

Table 13: Prevalence of respondents who attributed external intervention to the change in IPV patterns within the relationship, by trajectory (weighted data; %)

| **Type of external intervention** | **Upward trajectory (n=2,107)a** | **Downward trajectory (n=265)** |
| --- | --- | --- |
| Respondent’s participation in a support program | 5.8 | 7.5 |
| Partner’s participation in a support program | 3.6 | 10.5 |
| Formal action taken by police or courts | 3.4 | 3.2 |

Note: Limited to women who said they had been in a relationship prior to February 2020.

a Excludes 228 respondents who did not provide any information about attributions.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

## Help-seeking among women who experienced intimate partner violence during the COVID-19 pandemic

Women who experienced physical or sexual violence (including attempted and threatened behaviours) in the 12 months prior to the survey were asked whether police had been notified about the most recent incident, either by them or someone else. One in six women (15.6%) said they had called the police, while another 8.0 per cent said that someone else had notified the police. Almost three quarters (74.4%) said that the police had not been notified following the most recent incident (2.0% were unsure whether police had been notified or chose not to disclose this information).

Women who experienced physical or sexual violence in the 12 months prior to the survey were also asked whether they had sought support or advice in relation to their partner’s behaviour during this period. Sources of support were limited to police, government and non-government support services. Respondents were not asked whether someone else had sought help or support on their behalf.

Overall, one in five (21.3%) women who had experienced physical or sexual violence in the 12 months prior to the survey said they had sought advice or support from police, while one in four (24.7%) had sought advice or support from non-government or government services. Formal help-seeking was much more common among women who experienced both physical and sexual violence. Specifically, among respondents who had experienced physical and sexual violence in the last 12 months, 46.7 per cent of women said they had contacted the police and 50.1 per cent sought support from a government or non-government service (Figure 9). Around one in three women (37.2%) who experienced both physical and sexual violence did not seek advice or support from these formal sources.

A much smaller proportion of women who had experienced physical violence, but not sexual violence, sought advice or support from police (10.5%) or government or non-government services (13.6%). Three quarters (76.1%) of these women had not sought advice or support from these formal sources in the last 12 months. Similarly, only a small proportion of women who experienced sexual violence, but not physical violence, sought advice or support from police (4.1%) or government or non-government support services (7.6%) over the last 12 months. Again, the majority of women (88.3%) did not seek advice or support from these formal services (Figure 9).

Figure 9: Help-seeking among respondents who experienced physical or sexual violence, by type of violence experienced in the last 12 months (weighted data; %; n=1,294)



Data table for Figure 9 Help-seeking among respondents who experienced physical or sexual violence (weighted data; %; n=1,294)

| **Type of violence experienced in the last 12 months** | **Policea** | **Government or non-government support serviceb** | **No supportc** |
| --- | --- | --- | --- |
| Physical violence only | 10.5 | 13.6 | 76.1 |
| Sexual violence only | 4.1 | 7.6 | 88.3 |
| Physical and sexual violence | 46.7 | 50.1 | 37.3 |

Note: Respondents could report experiencing both physical or sexual violence and emotionally abusive, harassing and controlling behaviours.

a Total includes 15 women who did not want to disclose this information, and 18 women who were unsure whether they had sought advice or support from police in the 12 months prior to the survey.

b Total includes nine women who did not want to disclose this information, and 28 women who were unsure whether they had sought advice or support from government or non-government services in the 12 months prior to the survey.

c Total includes 24 women who did not want to disclose this information, and 46 women who were unsure whether they had sought advice or support from police and/or government or non-government services in the 12 months prior to the survey.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

Overall, one in four respondents (25.8%) who experienced any form of IPV in the last 12 months said they had been unable to seek assistance on at least one occasion due to safety concerns. Half of respondents (51.9%) who experienced both physical and sexual violence said they had been unable to seek assistance on at least one occasion in the last 12 months because of safety-related concerns. In comparison, a smaller proportion of women who reported physical violence (15.5%) or sexual violence (6.6%) in isolation reported the same barriers.

Among women who reported that they had experienced safety-related barriers to seeking assistance, approximately two in three reported that they had sought support and advice from police (61.0%) or government and non-government services (63.9%) in the last 12 months. This means that one in three women who reported barriers to help-seeking had not sought advice or support from these sources.

Figure 10: Help-seeking among women who reported that they were unable to seek support on at least one occasion due to safety concerns in the last 12 months, by organisation type (weighted data; %; n=334)a



Data table for Figure 10

| Organisation type | Contact | No contact |
| --- | --- | --- |
| Policeb | 61.0 | 37.9 |
| Government or non-government servicesc | 63.9 | 33.0 |

a Excludes 10 respondents who did not provide this information.

b Denominator includes three women who were unsure if they had sought support or advice from the police in the 12 months prior to the survey

c Denominator includes one woman who did not want to disclose this information, and nine women who did not know if they had sought support or advice from government/non-government agencies in the 12 months prior to the survey.

Source: Impact of COVID-19 on intimate partner violence survey, AIC [Computer file]

# Discussion

A large body of research undertaken in the last 12 months in Australia and internationally has identified high rates of IPV experiences among women during the initial stages of the COVID-19 pandemic, including the occurrence of first-time violence and abuse (Bourgault et al., 2021; Peterman & O’Donnell, 2020a, 2020b; Peterman, O’Donnell, & Palermo, 2020; Piquero et al., 2021). This research has also demonstrated that matters being referred to IPV services are more complex, and victims and survivors are experiencing increased barriers to reporting experiences of IPV and seeking support (Carrington et al., 2020; Pfitzner et al., 2020; Women’s Safety NSW, 2020). The findings described in this report indicate that these trends have persisted over the first 12 months of the pandemic. Among surveyed women 18 years and older who had been in a relationship in the last 12 months, one in 10 (9.6%) had experienced actual, attempted or threatened physical violence from a current partner or their most recent partner in the 12 months prior to the survey. This included significant forms of violence that are associated with a high risk for negative health outcomes, including injury, the development of long-term health conditions, and even death. For example, 3.2 per cent of women said that they had been hit with something that could hurt them, or beaten or attacked with a weapon, and 1.3 per cent reported that their current partner or their most recent partner had threatened to, attempted to or actually attacked them with a weapon and said this weapon was a firearm on at least one occasion.

Further, one in 13 women had experienced sexual forms of IPV, including attempts to, threats to and being coerced into a sexual act without their consent (4.9%). One in three women (31.6%) reported non-physical forms of abuse. The most common behaviour reported by women was financial abuse, followed by verbally abusive and threatening behaviours and socially restrictive behaviours. Monitoring and stalking behaviours and reproductive coercion were less common.

Critically, among women who experienced IPV, the co-occurrence of both physical and non-physical forms of abuse were common, as were multiple forms of non-physical abuse. This suggests that rather than experiencing isolated and discrete forms of IPV, many women were experiencing patterns of ongoing violence and abuse – including coercive control – that have been shown to have a range of negative impacts on victims and survivors (Harris & Woodlock, 2019; Stark, 2009). This reinforces that the support needs of many women who experience IPV during the pandemic (and more generally) are likely to be complex, and that the impacts of this violence will extend beyond the pandemic period.

Notably, a large proportion of women had experienced technology-facilitated abuse perpetrated by their current or most recent partner in the last 12 months. Technology-facilitated abuse includes certain forms of verbally abusive and threatening behaviours, socially restrictive behaviours, and stalking and monitoring behaviours when they are perpetrated online or using devices like smart phones. Overall, 11.6 per cent of women in the sample reported at least one type of technology-facilitated abuse. This included stalking the respondent using software and apps installed on their devices (4.3%), gaining access to a respondent’s social media and email accounts without consent (5.3%), and taking a sexual image of the respondent without their consent (2.8%). These findings are supported by other research which has identified that many IPV perpetrators use technology to abuse, monitor and intimidate their partners (Harris & Woodlock, 2019; Woodlock et al., 2020).

Due to restrictions on physical movement and social mobility reducing opportunities for in-person interaction, it is possible that in some situations women have been less likely to experience specific forms of IPV during the pandemic (Gearin, 2021). However, the “spacelessness” of online forms of abuse means that even in situations where perpetrators and their partners are not physically co-located, perpetrators can continue to harass, stalk and intimidate their partners online and using new technologies (Harris & Woodlock, 2019). Considering the prevalence of technology-facilitated abuse among women who participated in the study, as well as among women who experienced IPV, and the international evidence that stalking is associated with intimate partner homicide (Monckton Smith, 2020), there is a strong rationale for providing women who experience abuse with support to protect themselves in online environments as well as the physical world. This may include “debugging” of their devices to remove monitoring software, and upskilling social media platforms to detect and sanction abusive partners using their services and report them to the police.

There was clear evidence that the COVID-19 pandemic had coincided with the onset of first-time IPV, as well as increases in the frequency and severity of pre-existing patterns of violence and abuse, for many Australian women. Although differentiating between violence and abuse that would or would not have occurred because of the pandemic is not possible using cross-sectional data, the finding that the onset of first-time IPV was occurring in longer term and established relationships of longer than 10 years provides some evidence of this link.

Although there is evidence that IPV is often episodic in nature, stopping and starting for periods of time (Boxall & Lawler, 2021), the recurrence of violence once it has commenced is very common within abusive relationships (Hulme et al., 2019; Morgan et al., 2018). What this means is that for many of the women who reported first-time violence in the last 12 months, it is likely that the violence and abuse will continue in their relationship both during and potentially after the pandemic.

However, it is also important to note that one in four women reported a reduction in the frequency and severity of violence during this period. This trend could not be attributed to relationship dissolution alone, indicating that other factors – including those influenced by the COVID-19 pandemic – may be impacting these downward trajectories. Alternatively, this finding could be attributable in part to violent and abusive behaviours being “masked” by the COVID-19 pandemic, with perpetrators controlling their partners’ movements and behaviours under the guise of concern for the health and wellbeing of their partners (Usher et al., 2020).

To further unpack the role of the pandemic in IPV experienced by Australian women, we asked respondents who reported a change in the violence and abuse within their relationship to identify factors that may have contributed to variations in patterns of IPV. Most women identified multiple factors. Changes to the mental and physical health and wellbeing of the respondent and their partner were the individual-level factors most frequently identified as contributing to both upward and downward trajectories, followed by changes to the respondent’s and their partner’s financial status and employment status. Changes in alcohol and other drug use were less common, except for the partners of respondents who reported a decrease in violence.

The most common relationship-level factor among women who experienced the onset and/or escalation of IPV was changes in levels of family stress, followed by spending more time together and changes in levels of relationship conflict and social contact. Among women who reported a decrease in the frequency and severity of IPV, the most common factors identified as contributing to the change in abuse were spending more time together and changes in levels of family stress and social contact. Child-related factors were also identified by a significant minority of women as related to both upward and downward trajectories, including homeschooling and increased childcare responsibilities. Importantly, most of these changes are in some way related to the effects of the pandemic, and have been identified in other research as impacting IPV (Arenas-Arroyo et al., 2021; Béland et al., 2020; Morgan & Boxall, 2020; Usher et al., 2020). It is clear that many women attribute changes in their recent experience of violence to COVID-19 and its impact on them, their partner and their relationship.

The prominent role of the mental and physical health and wellbeing of both the respondent and their partner is noteworthy, given this has not been identified in much of the existing COVID-19 and IPV literature. A large body of research examining data collected prior to the pandemic has found that deterioration in the mental and physical health and wellbeing of individuals (Laslett et al., 2021; Morgan & Gannoni, 2019; Trevillion et al., 2015) is associated with the onset and escalation of IPV within some relationships. Conversely, improvements in the mental health and wellbeing of perpetrators has been identified as contributing to the cessation or reduction of violence (Gadd et al., 2019; Gilchrist et al., 2019; Gilchrist & Hegarty, 2017). The impact of these factors on IPV may be more pronounced or exacerbated during the COVID-19 pandemic. For example, it has been reported elsewhere that the COVID-19 pandemic generally, and lockdown conditions specifically, may exacerbate symptoms associated with existing mental health issues (Van Rheenen et al., 2020; Xiong et al., 2020). However, practitioners have noted that for some individuals with mental health issues, the pandemic may provide opportunities to engage in more self-care and improve their access to support and treatment due to the transition of services to online delivery models (that is, telehealth models; Stefana et al., 2020).

In this way, we can see that while for some women the presence of specific stressors or factors may have been brought about by the pandemic, for others the pandemic may have exacerbated pre-existing risk factors or vulnerabilities that may have increased the likelihood of violence occurring and escalating. Further, it is likely that the impact of the pandemic on women’s experiences of IPV is not universal, but mediated by a range of factors. This hypothesis will be explored in depth as part of future analysis of the survey data described here.

Considering that many women were reporting serious and ongoing patterns of violence and abuse, it is highly concerning that most did not receive formal support and advice during the first 12 months of the pandemic. Only one in four respondents who experienced physical or sexual violence said the most recent incident was reported to police and, of these, around one third said it was reported by a third party. Barriers to help-seeking were reported by half of women who experienced physical or sexual violence, of which one in three had not sought advice or support. In this context, it’s noteworthy that external interventions – participation in support programs (by the respondent or their partner) and criminal justice action – were less likely to be identified by women as having contributed to changes in violence or abuse, including downward trajectories, than other factors. However, these findings should be interpreted with caution as we do not know which respondents had participated in these interventions. These findings highlight the need for ongoing proactive outreach programs to support women to engage with support services that can provide them with advice and assistance during periods of high risk.

# Conclusion

This report described the findings from the largest and most comprehensive survey of women living in the Australian community about the nature of IPV experienced during the first 12 months of the COVID-19 pandemic. The findings extend upon and contribute to a growing international body of research which has attempted to understand the impact of the pandemic on IPV. This information is important for not only planning and delivering services in future phases of the pandemic and beyond, but also for informing responses to other natural disasters that may occur, including bushfires, drought, and other epidemics and pandemics.

To fully understand the impact of the COVID-19 pandemic on IPV experiences among women, it is important to acknowledge that while the pandemic may have brought about or directly introduced new and unique stressors into the lives of Australian women, in some situations the pandemic may have exacerbated risk or vulnerability that may have already been present. Further, although it appears that for the majority of women the pandemic has resulted in the onset or escalation of violence and abuse, for another smaller number it has coincided with a decrease. This highlights that the impact of the pandemic on IPV may not be a uniform phenomenon, but is likely mediated by a range of other factors.

However, although conditions associated with the COVID-19 pandemic appear to have contributed to changes in patterns of IPV reported by surveyed women, particularly the onset of violence and abuse, it is critical that we challenge any overt or covert messaging that this in any way excuses the perpetration of violence against women. This includes when female victims and survivors themselves, particularly those experiencing first-time or infrequent abuse, minimise the violence they are experiencing by attributing it to external factors such as their partner’s financial status. The attribution of external causes to experiences of first-time abuse may have discouraged victims and survivors from seeking support from the police and IPV services, which may be necessary to ensure the safety of women and their children.

It is also critical to note that many women surveyed as part of this study had children living with them on a full- or part-time basis in the last 12 months. A significant proportion of these women reported that they had experienced IPV during this period. For many families, conditions associated with the COVID-19 pandemic have increased the amount of time that children have spent at home with their parents. These include the closure of schools and changes to childcare arrangements, as well as lockdown and quarantine conditions. This increase in exposure to their parents may concurrently increase the likelihood of children not only witnessing IPV occurring between their parents but becoming targets of family violence as well. In this context, responses to IPV during the pandemic should focus on the safety of women who are victims and survivors of IPV, as well as their children. The experiences of children as victims of family violence during the COVID-19 pandemic should be a focus of future research.

Overall the findings from this study are cause for significant concern. A large proportion of respondents had experienced IPV in the last 12 months, and in particular had experienced first-time abuse. As the pandemic nears its second year, it is important that we start to think about the implications of the pandemic for longer term patterns of abuse within relationships. In particular, although conditions contributing to IPV may have been brought about or exacerbated by the pandemic, it is unclear whether the resolution of these conditions will immediately bring an end to the violence and abuse within the relationship. The hardships and distress experienced by individuals during the most intense or restrictive phases of the pandemic may continue to exert an influence on the dynamics of relationships even when the immediate acute stressors, such as unemployment, have been addressed – particularly when these stressors have been recurring (i.e. multiple periods of unemployment) or chronic/ongoing. Further, although desistance of IPV does occur, the persistence of violence within relationships once it has started is also very common. What this means is that when the pandemic is “over”, we cannot assume that violence and abuse will stop, and it is crucial to plan for longer term recovery.

# References

Abrams, D.S. (2021). COVID and crime: An early empirical look. Journal of Public Economics, 194, 104344. <https://doi.org/10.1016/j.jpubeco.2020.104344>

ACT Policing. (2021). Crime Statistics. ACT Policing Online News. <https://www.policenews.act.gov.au/crime-statistics-and-data/crime-statistics>

Arenas-Arroyo, E., Fernandez-Kranz, D., & Nollenberger, N. (2021). Intimate partner violence under forced cohabitation and economic stress: Evidence from the COVID-19 pandemic. Journal of Public Economics, 194, 104350. <https://doi.org/10.1016/j.jpubeco.2020.104350>

Australian Bureau of Statistics. (2017). Personal safety, Australia, 2016. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

Australian Bureau of Statistics. (2018a). Census of population and housing: Reflecting Australia – Stories from the Census, 2016. <https://www.abs.gov.au/ausstats/abs>@.nsf/mf/2071.0

Australian Bureau of Statistics. (2018b). Estimates of Aboriginal and Torres Strait Islander Australians, June 2016. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>

Australian Bureau of Statistics. (2018c). Household use of information technology, 2016–17 financial year. <https://www.abs.gov.au/statistics/industry/technology-and-innovation/household-use-information-technology/latest-release>

Australian Bureau of Statistics. (2018d). National Health Survey: First results, 2017–18 financial year. <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release>

Australian Bureau of Statistics. (2019). Estimates and projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>

Australian Bureau of Statistics. (2020a). Education and work, Australia, May 2020. <https://www.abs.gov.au/statistics/people/education/education-and-work-australia/latest-release>

Australian Bureau of Statistics. (2020b). Household impacts of COVID-19 survey, 1–6 Apr 2020 (Cat. no. 4940.0). <https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/latest-release>

Australian Bureau of Statistics. (2021a). National, state and territory population, September 2020. <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>

Australian Bureau of Statistics. (2021b). Regional population, 2019–20 financial year. <https://www.abs.gov.au/statistics/people/population/regional-population/latest-release>

Australian Bureau of Statistics. (2021c). Crime victimisation, Australia, 2019–20 financial year. <https://www.abs.gov.au/statistics/people/crime-and-justice/crime-victimisation-australia/latest-release>

Australian Bureau of Statistics. (2021d). Labour force, Australia, March 2021. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/latest-release>

Australian Institute of Health and Welfare. (2019). Family, domestic and sexual violence in Australia: Continuing the national story 2019. <https://doi.org/10.25816/5ebcc837fa7ea>

Béland, L.-P., Brodeur, A., Haddad, J., & Mikola, D. (2020). Covid-19, family stress and domestic violence: Remote work, isolation and bargaining power (SSRN scholarly paper ID 3627031). Social Science Research Network. [https://papers.ssrn.com/abstract=3627031](https://papers.ssrn.com/abstract%3D3627031)

Bond, S.B., & Bond, M. (2004). Attachment styles and violence within couples. Journal of Nervous and Mental Disease, 192(12), 857–863. <https://doi.org/10.1097/01.nmd.0000146879.33957.ec>

Bourgault, S., Peterman, A., & O’Donnell, M. (2021). Violence against women and children during COVID-19—One year on and 100 papers in: A Fourth research round up. Center For Global Development. <https://www.cgdev.org/publication/violence-against-women-and-children-during-covid-19-one-year-and-100-papers-fourth>

Boxall, H., & Morgan, A. (2021a). Experiences of coercive control among Australian women (Statistical Bulletin no. 30). Australian Institute of Criminology. <https://www.aic.gov.au/publications/sb/sb30>

Boxall, H., & Morgan, A. (2021b). Who is most at risk of physical and sexual partner violence and coercive control during the COVID-19 pandemic? Trends & Issues in Crime and Criminal Justice, 618, 19.

Boxall, H., Morgan, A., & Brown, R. (2020). The prevalence of domestic violence among women during the COVID-19 pandemic (Statistical Bulletin no. 28). Australian Institute of Criminology.

Bricknell, S., & Doherty, L. (2021). Homicide in Australia 2018–19 (Statistical report no. 34). Australian Institute of Criminology. <https://www.aic.gov.au/publications/sr/sr34>

Bullinger, L.R., Carr, J. B., & Packham, A. (2020). COVID-19 and crime: Effects of stay-at-home orders on domestic violence (No. w27667). National Bureau of Economic Research. <https://doi.org/10.3386/w27667>

Burgess, A., Nguyen, H., Chai, W., & Kelly, S. (2021). Police-recorded crime trends in Victoria during the COVID-19 pandemic: Update to end of December 2020. In Brief, 12, 26.

Callinan, S., Smit, K., Mojica‐Perez, Y., D’Aquino, S., Moore, D., & Kuntsche, E. (2020). Shifts in alcohol consumption during the COVID-19 pandemic: Early indications from Australia. Addiction. <https://doi.org/10.1111/add.15275>

Carrington, K., Morley, C., Warren, S., Harris, B., Vitis, L., Ball, M., Clarke, J., & Ryan, V. (2020). The impact of COVID-19 pandemic on domestic and family violence services, Australia (Research report series). QUT Centre for Justice.

Chalfin, A., Danagoulian, S., & Deza, M. (2021). COVID-19 has strengthened the relationship between alcohol consumption and domestic violence (No. w28523). National Bureau of Economic Research. <https://doi.org/10.3386/w28523>

Chang, L., & Krosnick, J.A. (2009). National surveys via RDD telephone interviewing versus the internet: Comparing sample representativeness and response quality. Public Opinion Quarterly, 73(4), 641–678.

Cheung, K.L., ten Klooster, P.M., Smit, C., de Vries, H., & Pieterse, M.E. (2017). The impact of non-response bias due to sampling in public health studies: A comparison of voluntary versus mandatory recruitment in a Dutch national survey on adolescent health. BMC Public Health, 17(1), 276. <https://doi.org/10.1186/s12889-017-4189-8>

Churchill, B. (2021). COVID-19 and the immediate impact on young people and employment in Australia: A gendered analysis. Gender, Work & Organization, 28(2), 783–794. <https://doi.org/10.1111/gwao.12563>

Department of Police, Fire and Emergency Management. (2020). Annual 2019–20 (June 2020): Corporate performance report. <https://www.police.tas.gov.au/uploads/Corporate-Performance-Report-June-2020-1.pdf>

DiLillo, D., DeGue, S., Kras, A., Loreto-Colgan, A.R.D., & Nash, C. (2006). Participant responses to retrospective surveys of child maltreatment: Does mode of assessment matter? Violence and Victims, 21(4), 410–424. <https://doi.org/10.1891/0886-6708.21.4.410>

Dragiewicz, M., Burgess, J., Matamoros-Fernández, A., Salter, M., Suzor, N.P., Woodlock, D., & Harris, B. (2018). Technology-facilitated coercive control: Domestic violence and the competing roles of digital media platforms. Feminist Media Studies, 18(4), 609–625.

Fereidooni, R., Mootz, J., Sabaei, R., Khoshnood, K., Heydari, S.T., Moradian, M.J., Taherifard, E., Nasirian, M., & Molavi Vardanjani, H. (2021). The COVID-19 pandemic, socioeconomic effects, and intimate partner violence against women: A population-based cohort study in Iran (SSRN scholarly paper ID 3752688). Social Science Research Network. [https://papers.ssrn.com/abstract=3752688](https://papers.ssrn.com/abstract%3D3752688)

Foster, H., & Fletcher, A. (2020a). Impact of COVID-19 on women and children experiencing DFV and frontline DFV services. Women’s Safety NSW. <https://www.womenssafetynsw.org.au/impact/publication/summary-report-impact-of-covid-19-on-women-and-children-experiencing-domestic-and-family-violence-and-frontline-domestic-and-family-violence-services/>

Foster, H., & Fletcher, A. (2020b). Impacts on COVID-19 on domestic and family violence in NSW. Women’s Safety NSW. <https://www.womenssafetynsw.org.au/impact/publication/update-impacts-on-covid-19-on-domestic-and-family-violence-in-nsw/>

Freeman, K. (2020a). Has domestic violence increased in NSW in the wake of COVID-19 social distancing and isolation? Update to April 2020. NSW Bureau of Crime Statistics and Research. <https://www.bocsar.nsw.gov.au/Pages/bocsar_publication/Pub_Summary/BB/Summary-DV-COVID-19-update-BB146.aspx>

Freeman, K. (2020b). Monitoring changes in domestic violence in the wake of COVID-19 social isolation measures. Crime and Justice Statistics Bureau Brief, 145, 4. NSW Bureau of Crime Statistics and Research. <https://www.bocsar.nsw.gov.au/Pages/bocsar_publication/Pub_Summary/BB/Summary-DV-COVID-19-BB145.aspx>

Gadd, D., Henderson, J., Radcliffe, P., Stephens-Lewis, D., Johnson, A., & Gilchrist, G. (2019). The dynamics of domestic abuse and drug and alcohol dependency. British Journal of Criminology, 59(5), 1035–1053. <https://doi.org/10.1093/bjc/azz011>

Gare, S., Bright, S., Barnaba, L., Phillips, B., & Millsteed, M. (2020). Police-recorded crime trends in Victoria during the COVID-19 pandemic: Update to end of September. In Brief, 11, 25.

Gearin, M. (2021, May 9). Technology-facilitated abuse is creating “terror” in women, and it’s on the rise in Australia. ABC News. <https://www.abc.net.au/news/2021-05-09/technology-facilitated-abuse-growing-problem-domestic-violence/100124580>

Gilchrist, G., Dennis, F., Radcliffe, P., Henderson, J., Howard, L.M., & Gadd, D. (2019). The interplay between substance use and intimate partner violence perpetration: A meta-ethnography. International Journal on Drug Policy, 65, 8–23. <https://doi.org/10.1016/j.drugpo.2018.12.009>

Gilchrist, G., & Hegarty, K. (2017). Tailored integrated interventions for intimate partner violence and substance use are urgently needed. Drug and Alcohol Review, 36(1), 3–6. <https://doi.org/10.1111/dar.12526>

Google. (2020, April 26). COVID-19 community mobility report. Google. <https://www.google.com/covid19/mobility>

Hageman, S.A., & St. George, D.M.M. (2018). Social workers, intimate partner violence (IPV), and client financial concerns. Journal of Social Service Research, 44(3), 391–399. <https://doi.org/10.1080/01488376.2018.1476288>

Hamadani, J.D., Hasan, M.I., Baldi, A.J., Hossain, S.J., Shiraji, S., Bhuiyan, M.S.A., Mehrin, S.F., Fisher, J., Tofail, F., Tipu, S.M.M.U., Grantham-McGregor, S., Biggs, B.-A., Braat, S., & Pasricha, S.-R. (2020). Immediate impact of stay-at-home orders to control COVID-19 transmission on socioeconomic conditions, food insecurity, mental health, and intimate partner violence in Bangladeshi women and their families: An interrupted time series. Lancet Global Health, 8(11), e1380–e1389. [https://doi.org/10.1016/S2214-109X(20)30366-1](https://doi.org/10.1016/S2214-109X%2820%2930366-1)

Hamby, S., Sugarman, D.B., & Boney-McCoy, S. (2006). Does questionnaire format impact reported partner violence rates? An experimental study. Violence and Victims, 21(4), 507–518. <https://doi.org/10.1891/0886-6708.21.4.507>

Hand, K., Baxter, J., Carroll, M., & Budinski, M. (2020). Families in Australia survey: Life during COVID-19. Australian Institute of Family Studies. <https://aifs.gov.au/media-releases/new-report-reveals-how-aussie-families-are-adjusting-during-covid-19>

Harris, B.A., & Woodlock, D. (2019). Digital coercive control: Insights from two landmark domestic violence studies. British Journal of Criminology, 59(3), 530–550.

Harville, E.W., Taylor, C.A., Tesfai, H., Xiong, X., & Buekens, P. (2011). Experience of Hurricane Katrina and reported intimate partner violence. Journal of Interpersonal Violence, 26(4), 833–845. <https://doi.org/10.1177/0886260510365861>

Hoehn-Velasco, L., Silverio-Murillo, A., & Balmori de la Miyar, J.R. (2020). The great crime recovery: Crimes against women during, and after, the COVID-19 lockdown in Mexico (SSRN scholarly paper ID 3701472). Social Science Research Network. <https://doi.org/10.2139/ssrn.3701472>

Hulme, S., Morgan, A., & Boxall, H. (2019). Domestic violence offenders, prior offending and reoffending in Australia. Trends & Issues in Crime and Criminal Justice, 580, 1–22.

Hussain, N., Sprague, S., Madden, K., Hussain, F.N., Pindiprolu, B., & Bhandari, M. (2015). A comparison of the types of screening tool administration methods used for the detection of intimate partner violence: A systematic review and meta-analysis. Trauma, Violence, & Abuse, 16(1), 60–69. <https://doi.org/10.1177/1524838013515759>

Ivandic, R., Kirchmaier, T., & Linton, B. (2020). Changing patterns of domestic abuse during COVID-19 lockdown (SSRN scholarly paper ID 3686873). Social Science Research Network. <https://doi.org/10.2139/ssrn.3686873>

Jetelina, K.K., Knell, G., & Molsberry, R.J. (2021). Changes in intimate partner violence during the early stages of the COVID-19 pandemic in the USA. Injury Prevention, 27(1), 93–97. <https://doi.org/10.1136/injuryprev-2020-043831>

John Hopkins University of Medicine. (2021). Mortality analyses. Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/data/mortality>

Kesner, J.E., & McKenry, P.C. (1998). The role of childhood attachment factors in predicting male violence toward female intimates. Journal of Family Violence, 13(4), 417–432. <https://doi.org/10.1023/A>:1022879304255

Kim, M.-T., & Leung, F. (2020). COVID-19 pandemic and crime trends in NSW. Crime and Justice Statistics Bureau Brief, 147, 1–15.

Kubiak, S.P., Nnawulezi, N., Karim, N., Sullivan, C.M., & Beeble, M.L. (2012). Examining disclosure of physical and sexual victimization by method in samples of women involved in the criminal justice system. Journal of Offender Rehabilitation, 51(3), 161–175. <https://doi.org/10.1080/10509674.2011.618528>

Kypri, K., Samaranayaka, A., Connor, J., Langley, J.D., & Maclennan, B. (2011). Non-response bias in a web-based health behaviour survey of New Zealand tertiary students. Preventive Medicine, 53(4), 274–277. <https://doi.org/10.1016/j.ypmed.2011.07.017>

Leslie, E., & Wilson, R. (2020). Sheltering in place and domestic violence: Evidence from calls for service during COVID-19. Journal of Public Economics, 189, 104241. <https://doi.org/10.1016/j.jpubeco.2020.104241>

McDermott, R.C., & Lopez, F.G. (2013). College men’s intimate partner violence attitudes: Contributions of adult attachment and gender role stress. Journal of Counseling Psychology, 60(1), 127. <https://doi.org/10.1037/a0030353>

Miller, A.R., Segal, C., & Spencer, M.K. (2020). Effects of the COVID-19 pandemic on domestic violence in Los Angeles (No. w28068). National Bureau of Economic Research. <https://doi.org/10.3386/w28068>

Miller, P., Cox, E., Costa, B., Mayshak, R., Walker, A., Hyder, S., Tonner, L., & Day, A. (2016). Alcohol/Drug-Involved Family Violence in Australia (ADIVA) (NDLER Monograph no. 68). Australian Institute of Criminology. <https://www.aic.gov.au/publications/ndlerfmonograph/ndlerfmonograph68>

Milton, A.C., Ellis, L.A., Davenport, T.A., Burns, J.M., & Hickie, I.B. (2017). Comparison of self-reported telephone interviewing and web-based survey responses: Findings from the second Australian Young and Well National Survey. JMIR Mental Health, 4(3), e8222. <https://doi.org/10.2196/mental.8222>

Monckton Smith, J. (2020). Intimate partner femicide: Using Foucauldian analysis to track an eight stage progression to homicide. Violence against Women, 26(11), 1267–1285.

Morgan, A., & Boxall, H. (2020). Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic. Trends & Issues in Crime and Criminal Justice, no. 609. Australian Institute of Criminology.

Nix, J., & Richards, T.N. (2021). The immediate and long-term effects of COVID-19 stay-at-home orders on domestic violence calls for service across six US jurisdictions. Police Practice and Research, 0(0), 1–9. <https://doi.org/10.1080/15614263.2021.1883018>

NT Police, Fire & Emergency Services. (2021). Northern Territory crime statistics. <https://pfes.nt.gov.au/police/community-safety/nt-crime-statistics>

O’Sullivan, D., Rahamathulla, M., & Pawar, M. (2020). The impact and implications of COVID-19: An Australian perspective. International Journal of Community and Social Development, 2(2), 134–151. <https://doi.org/10.1177/2516602620937922>

Parkinson, D. (2019). Investigating the increase in domestic violence post disaster: An Australian case study. Journal of Interpersonal Violence, 34(11), 2333–2362. <https://doi.org/10.1177/0886260517696876>

Patafio, B., Miller, P., Walker, A., Coomber, K., Curtis, A., Karantzas, G., Mayshak, R., Taylor, N., & Hyder, S. (2021). Coercive controlling behaviors and reporting physical intimate partner violence in Australian women: An exploration. Violence against Women, 1077801220985932.

Payne, J.L., Morgan, A., & Piquero, A.R. (2020). COVID-19 and social distancing measures in Queensland Australia are associated with short-term decreases in recorded violent crime [Preprint]. SocArXiv. <https://doi.org/10.31235/osf.io/z4m8t>

Péloquin, K., Lafontaine, M.-F., & Brassard, A. (2011). A dyadic approach to the study of romantic attachment, dyadic empathy, and psychological partner aggression. Journal of Social and Personal Relationships, 28(7), 915–942. <https://doi.org/10.1177/0265407510397988>

Pennay, D.W., Neiger, D., Lavrakas, P.J., & Borg, K. (2018). The online panels benchmarking study: A total survey error comparison of findings from probability-based surveys and non-probability online panel surveys in Australia (CSRM Methods Series). Centre for Social Research Methods. <https://csrm.cass.anu.edu.au/research/publications/online-panels-benchmarking-study-total-survey-error-comparison-findings>

Perez-Vincent, S.M., Carreras, E., Gibbons, M.A., Murphy, T.E., & Rossi, M. (2020). COVID-19 lockdowns and domestic violence: Evidence from two studies in Argentina. Inter-American Development Bank. <https://doi.org/10.18235/0002490>

Peterman, A., & O’Donnell, M. (2020a). COVID-19 and violence against women and children: A second research round up. Centre for Global Development. <https://www.cgdev.org/publication/covid-19-and-violence-against-women-and-children-second-research-round>

Peterman, A., & O’Donnell, M. (2020b). COVID-19 and violence against women and children: A third research round up for the 16 Days of Activism. Center for Global Development. <https://www.cgdev.org/publication/covid-19-and-violence-against-women-and-children-third-research-round-16-days-activism>

Peterman, A., O’Donnell, M., & Palermo, T. (2020). COVID-19 and violence against women and children: What have we learned so far?. Center for Global Development. <https://www.cgdev.org/publication/covid-19-violence-against-women-and-children-what-have-we-learned-so-far>

Peterman, A., Potts, A., O’Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). Pandemics and violence against women and children (CGD working paper No. 528). Center for Global Development. <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>

Pfitzner, N., Fitz-Gibbon, K., & True, J. (2020). Responding to the “shadow pandemic”: Practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions. Monash University. <https://doi.org/10.26180/5ed9d5198497c>

Piquero, A.R., Jennings, W.G., Jemison, E., Kaukinen, C., & Knaul, F.M. (2021). Domestic violence during the COVID-19 pandemic – Evidence from a systematic review and meta-analysis. Journal of Criminal Justice, 74, 101806. <https://doi.org/10.1016/j.jcrimjus.2021.101806>

Price, E., Sharman, L.S., Douglas, H.A., Sheeran, N., & Dingle, G.A. (2019). Experiences of reproductive coercion in Queensland women. Journal of Interpersonal Violence. <https://doi.org/10.1177/0886260519846851>

Rmandic, S., Walker, S., Bright, S., & Millsteed, M. (2020). Police-recorded crime trends in Victoria during the COVID-19 pandemic. In Brief, 10, 22.

Sanga, S., & McCrary, J. (2020). The impact of the coronavirus lockdown on domestic violence (SSRN scholarly paper ID 3612491). Social Science Research Network. [https://papers.ssrn.com/abstract=3612491](https://papers.ssrn.com/abstract%3D3612491)

Shanahan, L., Steinhoff, A., Bechtiger, L., Murray, A.L., Nivette, A., Hepp, U., Ribeaud, D., & Eisner, M. (2020). Emotional distress in young adults during the COVID-19 pandemic: Evidence of risk and resilience from a longitudinal cohort study. Psychological Medicine, 1–10. <https://doi.org/10.1017/S003329172000241X>

Silverio-Murillo, A., Balmori de la Miyar, J.R., & Hoehn-Velasco, L. (2020). Families under confinement: COVID-19, domestic violence, and alcohol consumption (SSRN scholarly paper ID 3688384). Social Science Research Network. <https://doi.org/10.2139/ssrn.3688384>

Smyth, C., Cullen, P., Breckenridge, J., Cortis, N., & valentine, k. (2021). COVID-19 lockdowns, intimate partner violence and coercive control. Australian Journal of Social Issues, 00, 1–15. <https://doi.org/10.1002/ajs4.162>

South Australia Police. (2021). Crime statistics. <https://www.police.sa.gov.au/about-us/crime-statistics-map>

Stark, E. (2009). Coercive control: The entrapment of women in personal life. Oxford University Press.

Stark, E., & Hester, M. (2019). Coercive control: Update and review. Violence against Women, 25(1), 81–104.

Stefana, A., Youngstrom, E.A., Chen, J., Hinshaw, S., Maxwell, V., Michalak, E., & Vieta, E. (2020). The COVID-19 pandemic is a crisis and opportunity for bipolar disorder. Bipolar Disorders, 22(6), 641–643. <https://doi.org/10.1111/bdi.12949>

Thurston, A.M., Stöckl, H., & Ranganathan, M. (2021). Natural hazards, disasters and violence against women and girls: A global mixed-methods systematic review. BMJ Global Health, 6(4), e004377. <https://doi.org/10.1136/bmjgh-2020-004377>

Tolman, R.M. (1999). The validation of the Psychological Maltreatment of Women Inventory. Violence and Victims, 14(1), 25–37.

Tran, T.D., Hammarberg, K., Kirkman, M., Nguyen, H.T.M., & Fisher, J. (2020). Alcohol use and mental health status during the first months of COVID-19 pandemic in Australia. Journal of Affective Disorders, 277, 810–813. <https://doi.org/10.1016/j.jad.2020.09.012>

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. Wiley Online Library.

van Gelder, N., Peterman, A., Potts, A., O’Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. EClinicalMedicine, 0(0). <https://doi.org/10.1016/j.eclinm.2020.100348>

Van Rheenen, T.E., Meyer, D., Neill, E., Phillipou, A., Tan, E.J., Toh, W.L., & Rossell, S.L. (2020). Mental health status of individuals with a mood-disorder during the COVID-19 pandemic in Australia: Initial results from the COLLATE project. Journal of Affective Disorders, 275, 69–77. <https://doi.org/10.1016/j.jad.2020.06.037>

Vaportzis, E., Giatsi Clausen, M., & Gow, A. J. (2017). Older adults perceptions of technology and barriers to interacting with tablet computers: A focus group study. Frontiers in Psychology, 8. <https://doi.org/10.3389/fpsyg.2017.01687>

Walklate, S., & Fitz-Gibbon, K. (2020). Why criminalise coercive control? The complicity of the criminal law in punishing women through furthering the power of the state. International Journal for Crime, Justice and Social Democracy, 9(4). <https://doi.org/10.5204/ijcjsd.1829>

Western Australia Police. (2021). Crime statistics. <https://www.police.wa.gov.au/Crime/CrimeStatistics>

Woodlock, D., McKenzie, M., Western, D., & Harris, B. (2020). Technology as a weapon in domestic violence: Responding to digital coercive control. Australian Social Work, 73(3), 368–380.

Xiong, J., Lipsitz, O., Nasri, F., Lui, L.M.W., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Ho, R., Majeed, A., & McIntyre, R.S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. Journal of Affective Disorders, 277, 55–64. <https://doi.org/10.1016/j.jad.2020.08.001>

Yeager, D.S., Krosnick, J.A., Chang, L., Javitz, H.S., Levendusky, M.S., Simpser, A., & Wang, R. (2011). Comparing the accuracy of RDD telephone surveys and internet surveys conducted with probability and non-probability samples. Public Opinion Quarterly, 75(4), 709–747. <https://doi.org/10.1093/poq/nfr020>

# APPENDIX A: Survey methodology, sampling strategy, safety protocols and limitations

Prepared in collaboration with Chris Owen and Gladys Lima, Roy Morgan

## Introduction

This appendix describes the survey methodology, sampling strategy, safety protocols and limitations of a survey of 10,107 Australian women aged 18 years and over about their experiences of IPV during the COVID-19 pandemic. The aim of this survey was to measure the prevalence, characteristics and drivers of IPV, including both physical and non-physical forms of abuse, among a large sample of women who had been in a relationship.

This section draws upon material from the earlier technical appendix for the report by Boxall et al. (2020).

## Survey method

A questionnaire was developed by the Australian Institute of Criminology (AIC) to measure women’s experiences of intimate partner violence during the first 12 months of the COVID-19 pandemic. This questionnaire can be found in Appendix B. The survey was limited to women 18 years and over who had been in a relationship for at least some part of the 12 months prior to the survey. The survey included questions about respondents’:

* sociodemographic characteristics and relationship characteristics
* experience of physical and sexual violence in the 12 months prior to the survey, their experience of physical and sexual violence before February 2020, and any changes in the frequency and severity of violence experienced before and after February 2020
* experience of emotionally abusive, harassing and controlling behaviours in the 12 months prior to the survey, their experience of these behaviours before February 2020, and any changes in the frequency and severity of these behaviours before and after February 2020
* children’s experiences of physical violence and emotionally abusive or controlling behaviours, both as the target of that behaviour or as a witness to the behaviour
* help-seeking behaviour, including reporting to police, government or non-government services, and informal sources of support, and barriers to help-seeking
* financial circumstances, and their partner’s financial circumstances, and whether these had changed in the 12 months prior to the survey
* contact with others in their social network and the support available from friends and family.

Women who were in a relationship with a partner at the time of the survey were asked about violence by their current partner. Women who had been in a relationship at some time in the 12 months prior to the survey, but were not in a relationship at the time of the survey, were asked about violence by their most recent partner.

Following internal user testing, the survey was piloted with a sample of approximately 50 respondents from the Roy Morgan Single Source panel, which allowed design issues to be identified and addressed. All steps were taken to ensure the data collected were as accurate as possible.

The survey was conducted between 16 February and 6 April 2021 by Roy Morgan using its Single Source panel and two highly regarded panels managed by PureProfile and Dynata. The survey was sent to female members of these online panels aged 18 years and over, in accordance with the sampling method described below. Panel members were invited to participate in the research and were provided with a small reward. The survey took respondents an average of 14.9 minutes to complete.[[1]](#footnote-2)

## Safety protocols

The safety of women participating in the survey was of paramount concern. Given the sensitive nature of the information being collected, a range of safety measures were employed. Safety measures used were similar to those employed in the earlier survey, with some further enhancements:

* Potential respondents were approached by a social research company with an established online panel rather than by the AIC because it would be less likely to raise the suspicion of an abusive partner.
* The survey was designed with multiple landing pages and eligibility questions (including a “safety trap”) to screen out ineligible participants (e.g. men) from accessing the survey.
* The content of the survey, and its explicit focus on women, was revealed to respondents only after they had gone through multiple landing pages, stated they met the eligibility criteria and confirmed that they were in a safe place where they were not being observed.
* Women were advised in the information page that, if they felt that answering questions about their relationship experiences would cause them distress or make them unsafe, they should not complete the survey.
* Every question had a “would prefer not to say” option for women who did not wish to disclose information about their experiences of violence.
* Respondents had the option to check a box in order to opt out of reminders, which allowed those women concerned about abuse to reduce the opportunity for their abuser to find out about the survey.
* Respondents were not able to move backwards through the survey to review their previous answers, which meant that anyone else gaining access to a partially completed survey (including potentially abusive partners) could not read answers already given by the respondent.
* The survey was kept as short as possible, even with the inclusion of additional items, and piloted to ensure that women could complete all the questions within an acceptable time range.
* Respondents were provided with information about support services on every page and at the end of the survey, including services that could be contacted online or over the phone.
* All of the survey questions were closed response, meaning that respondents did not have to write any responses, limiting the potential for abusive partners to use keyloggers to access information their partners provided in the survey.

The survey and administration methods and protocols were approved by the Australian Institute of Criminology’s Human Research Ethics Committee in April 2020 (Protocol no. P0305B). This project was also carried out in compliance with ISO 20252 (market, opinion and social research).

## Changes from the previous survey

This research builds upon an earlier study conducted by the authors (Boxall et al., 2020). There are several noteworthy changes made to the survey design and method that warrant some discussion.

While the previous survey was also designed to measure women’s experiences of IPV, that survey was not limited to women who had been in a relationship in the three months prior to the survey. Women who were not or had not been in a relationship were not asked questions about recent experiences of violence, but did complete other survey questions. The aim was to provide an overall prevalence estimate of violence by cohabiting partners among all respondents, similar (but not comparable) to the Australian Bureau of Statistics&apos; (ABS) Personal Safety Survey (PSS; 2017). The current survey was limited to women who had been in a relationship at least some of the time in the previous 12 months. The observation period for this survey (12 months) was also longer than the previous survey (three months).

Both surveys used proportional quota sampling, meaning they were non-probability surveys. However, a unique feature of the current survey was the two-stage data collection (described in detail below). The survey of members of the Single Source panel, which is recruited through a rigorous cluster-sampled, face–to-face survey approach, was conducted first, using quotas based on the Australian adult female population by age and usual place of residence, derived from data from the ABS. This was used to calibrate the quotas for the external panels to account for the propensity of women to be in a relationship. Further, this survey uses a more robust weighting procedure, not only adjusting for age and usual place of residence, but also relationship status, educational attainment and internet usage.

The design of the previous survey prevented us from determining with certainty whether any violence reported by respondents was committed by a current or a former partner. In the current study, the survey was split based on the respondent’s relationship status. Women in a relationship were asked questions about violence by their current partner. Women who were no longer in a relationship, but had been in a relationship for at least some time in the 12 months prior to the survey, were asked about their most recent partner. This ensured we had more reliable data about the perpetrator of any violence reported.

Further, there were additional changes to the questionnaire used for this survey, which enabled us to ask a much wider range of questions. Additional information was asked, for example, about children’s experiences of or exposure to violence, women’s economic security, and the financial impact of COVID-19 on both the respondent and their partner. The questions about the nature of abuse experienced by respondents was also enhanced, with additional items added to questions about women’s experiences of both sexual violence and emotionally abusive, harassing and controlling behaviours.

With these changes in mind, we caution against direct comparisons between the results of the two surveys. This survey was not intended to provide a comparable measure of the prevalence of IPV. Changes to the observation period for the survey (which are also overlapping), sampling frame and method, survey design, and questionnaire, in addition to both surveys using non-probability (and therefore not representative) samples, mean that results from the two surveys cannot be compared.

## Sampling and weighting

As with the previous survey, proportional quota sampling was used. This is the non-probability version of stratified random sampling. In short, this involves setting quotas based on known population characteristics – in this case, age, usual place of residence and relationship status – and then inviting participants who fall within these categories. Prospective participants were invited to participate until these quotas were reached, within an agreed margin of error. The aim was to ensure the final sample was representative of the spread of the Australian female population and, more specifically, women who had been in a relationship at any time during the last 12 months.

An important difference with the current survey was that it was conducted in two stages. The survey was first conducted with respondents from the Roy Morgan Single Source panel, which was used to calibrate the quotas for the external panels. The Single Source panel was recruited through a rigorous cluster-sampled, face-to-face survey approach. The quotas for the Single Source panel reflected the known structure of the Australian adult female population by age and usual place of residence, derived from ABS estimated residential population (Table A1). An initial minimum sample of 1,500 interviews was sought on the basis that not all of the women recruited would meet the relationship criterion.

Table A1: Roy Morgan Single Source panel quotas (%)

|  | **18–24 years** | **25–34 years** | **35–44 years** | **45–54 years** | **55–64 years** | **65 years and older** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sydney** | 2.4 | 4.4 | 3.9 | 3.3 | 2.9 | 4.1 | 21.0 |
| **NSW regional (inc. ACT)** | 1.2 | 1.9 | 1.9 | 2.0 | 2.1 | 3.4 | 12.5 |
| **Melbourne** | 2.4 | 4.3 | 3.7 | 3.3 | 2.7 | 3.9 | 20.4 |
| **Vic regional** | 0.6 | 0.9 | 0.9 | 0.9 | 1.1 | 1.7 | 6.0 |
| **Brisbane** | 1.2 | 2.0 | 1.8 | 1.7 | 1.4 | 1.9 | 10.0 |
| **Qld regional** | 1.0 | 1.7 | 1.7 | 1.7 | 1.7 | 2.4 | 10.1 |
| **Adelaide** | 0.6 | 0.9 | 0.9 | 0.9 | 0.9 | 1.3 | 5.5 |
| **SA regional (inc. NT)** | 0.2 | 0.3 | 0.3 | 0.3 | 0.4 | 0.5 | 2.1 |
| **Perth** | 0.9 | 1.6 | 1.5 | 1.3 | 1.2 | 1.7 | 8.3 |
| **WA regional** | 0.1 | 0.3 | 0.3 | 0.3 | 0.3 | 0.5 | 1.9 |
| **Hobart** | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.3 | 0.9 |
| **Tas regional** | 0.1 | 0.1 | 0.2 | 0.2 | 0.2 | 0.3 | 1.2 |
| **Total** | 10.9 | 18.7 | 17.2 | 16.1 | 15.0 | 22.1 | 100.0 |

Source: Roy Morgan [Computer file]

Respondents to the survey from the Single Source panel (n=1,780) were required to provide certain demographic information, even if they were not eligible for the study (see Table A2). A comparison between Single Source panel respondents who did and did not meet the relationship criterion for the survey revealed that women in a relationship were more likely to be aged between 25 and 44 years of age and significantly less likely to be aged 65 years and older. They also used the internet and social media more frequently than other women.

Table A2: Single Source panel respondents who did and did not meet survey eligibility criteria (%)

| **Age** | **Met eligibility criteria (n=1,299)** | **Did not meet eligibility criteria (n=481)** |
| --- | --- | --- |
| 18–24 years | 7 | 8 |
| 25–34 years | 24 | 13 |
| 35–44 years | 22 | 13 |
| 45–54 years | 17 | 15 |
| 55–64 years | 16 | 16 |
| 65 years and older | 15 | 35 |

| **Usual place of residence** | **Met eligibility criteria (n=1,299)** | **Did not meet eligibility criteria (n=481)** |
| --- | --- | --- |
| Sydney | 19 | 17 |
| Rest of NSW (inc. ACT) | 13 | 12 |
| Melbourne | 20 | 21 |
| Rest of Victoria | 7 | 7 |
| Brisbane | 11 | 10 |
| Rest of Queensland | 9 | 12 |
| Adelaide | 5 | 7 |
| Rest of South Australia (inc. NT) | 3 | 3 |
| Perth | 9 | 7 |
| Rest of Western Australia | 2 | 1 |
| Hobart | 1 | 2 |
| Remainder of Tasmania | 1 | 2 |

| **Internet use** | **Met eligibility criteria (n=1,299)** | **Did not meet eligibility criteria (n=481)** |
| --- | --- | --- |
| 3+ times a day | 87 | 79 |
| Twice a day | 7 | 10 |
| Once a day | 4 | 5 |
| A few times a week | 2 | 5 |
| Less often | 0 | 1 |

| **Social media use** | **Met eligibility criteria (n=1,299)** | **Did not meet eligibility criteria (n=481)** |
| --- | --- | --- |
| More than 8 hours a week | 36 | 26 |
| Between 3 and 8 hours a week | 31 | 30 |
| Up to 3 hours per week | 22 | 27 |
| No social media in an average week | 12 | 17 |

Source: Roy Morgan [Computer file]

To calculate the quotas for the non-probability panels, quotas from the first stage were adjusted using the Roy Morgan Single Source panel to reflect the age-related propensity to be in a relationship. The mean propensity for Single Source panel respondents to be in a relationship at any time in the last 12 months was 72.6 per cent. This varied by age, with women aged 65 years and older the least likely to have been in a relationship (55.2%) and women aged 25 to 34 years (83.9%) and 35 to 44 years (83.1%) the most likely to have been in a relationship at any time in the 12 months prior to the survey. Multipliers were calculated for each age group based on whether the group was above or below the mean propensity to be in a relationship and the original quotas were adjusted accordingly (Table A3). It was not possible to include adjustments for usual place of residence because the sample size was too small. In any case, this meant that the quotas for the Pure Profile and Dynata elements of the survey reflected the eligible population of adult women in relationships, and not just the wider population of adult women. This increased survey efficiency and reduced the scale of weighting required.

Table A3: Quotas for external panels (%)

|  | **18–24 years** | **25–34 years** | **35–44 years** | **45–54 years** | **55–64 years** | **65 years and older** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sydney** | 0.9 | 5.1 | 5.4 | 3.5 | 2.8 | 2.7 | 20.2 |
| **NSW regional (inc. ACT)** | 1.1 | 2.4 | 2.8 | 2.2 | 1.8 | 2.1 | 12.8 |
| **Melbourne** | 1.4 | 5.6 | 4.7 | 3.8 | 2.8 | 2.4 | 20.6 |
| **Vic regional** | 0.2 | 1.2 | 0.9 | 0.9 | 1.1 | 1.1 | 5.5 |
| **Brisbane** | 1.1 | 2.8 | 2.4 | 1.8 | 1.2 | 1.3 | 10.5 |
| **Qld regional** | 0.4 | 2.2 | 2.0 | 1.7 | 1.6 | 1.2 | 9.1 |
| **Adelaide** | 0.6 | 1.5 | 1.2 | 0.9 | 0.5 | 0.6 | 5.3 |
| **SA regional (inc. NT)** | 0.3 | 0.6 | 0.6 | 0.5 | 0.4 | 0.2 | 2.5 |
| **Perth** | 1.2 | 2.1 | 2.4 | 1.7 | 1.1 | 0.8 | 9.1 |
| **WA regional** | 0.1 | 0.5 | 0.4 | 0.4 | 0.3 | 0.3 | 2.1 |
| **Hobart** | 0.2 | 0.3 | 0.1 | 0.2 | 0.2 | 0.1 | 1.1 |
| **Tas regional** | 0.1 | 0.4 | 0.2 | 0.2 | 0.2 | 0.1 | 1.2 |
| **Total** | **7.4** | **24.8** | **23.2** | **17.7** | **13.9** | **12.9** | **100.0** |

Note: Sum of cells may not equal row totals due to rounding.

Source: Roy Morgan [Computer file]

## Completion rate

Female members of the three research panels were randomly selected and sent an invitation to participate in the survey. Participants were invited until the relevant quotas had been reached. Overall, 126,623 female panel respondents were invited to participate and 20,149 invitations were opened (15.9%). Importantly, respondents were not aware of the survey topic until they had passed through an initial screening process. The largest proportion of respondents who opened the invitation but did not complete it were excluded on the basis of the screening questions (34.5%; ensuring they were female, aged 18 years or over, and in a relationship). One third of respondents who started the survey – equivalent to 2.4 per cent of all invitations – were excluded on the basis that the quota had been reached (30.5%). Only 2.4 per cent of respondents who started the survey but did not complete it did not consent to participate in the research, while 12.9 per cent of women started the survey, consented to participate but did not complete the questionnaire in its entirety (1.0% of all invitations).

Five per cent of respondents who started the survey had already completed the survey and were excluded (5.1%). These duplicates – identified on the basis of IP addresses (in combination with selected demographic items) – exist because some respondents may be members across multiple panels. Poor-quality responses – where there was evidence of speeding or straight-lining – were also removed (2.4% of interviews that were started). Interviews were removed for speeding on the basis of completion time. Interviews with a duration of less than eight minutes were examined to confirm their validity. Interviews where respondents skipped several questions due to survey routine or previous answers (and hence completed fewer questions as part of the survey), and otherwise showed no evidence of straight-lining, were retained. Interviews were removed for straight-lining on the basis of high numbers of “would rather not say” answers.

Figure A1: Invitation and completion rates (unadjusted)



|  |  |
| --- | --- |
| Invitations sent | (n=126,623) |
| Did not start survey | (n=106,474; 84.1%) |
| Started survey | (n=20,149; 15.9%) |
| Did not pass screening | (n=1,239, 1.0%) |
| Poor quality responses | (n=236, 0.2%) |
| Previously responded  | (n=509, 0.4%) |
| Quota reached | (n=3,065, 2.4%) |
| Ineligible | (n=3,460, 2.7%) |
| Did not consent | (n=236, 2.7%) |
| Did not complete survey | (n=1,297, 1.0%) |
| Completed surveys | (n=10,107, 8.0%) |

Note: Percentages based on total invitations sent. Percentages may not total 100 due to rounding.

Source: Roy Morgan

This means that most non-completions among those respondents who started the survey resulted from non-qualification and full quota cells: 85.1 per cent of women who opened the invitation and read the consent form went on to complete the survey, and 86.8 per cent of respondents who consented to the research completed the questionnaire. The overall completion rate for the survey – which is based on the total number of invitations sent – was 8.0 per cent, which is consistent with online panels generally (Pennay et al., 2018), and with other recent online surveys about domestic and family violence (10.7%; Miller et al., 2016). This does not take into account the additional eligibility criteria for the survey. When adjusted, the estimated completion rate was 10.4 per cent. This is still slightly lower than the completion rate for the previous survey, which was shorter and did not include the same breadth of sensitive questions about women’s experiences of violence (Boxall et al., 2020).

Among the final sample of 10,107 respondents, 12.9 per cent were drawn from the Roy Morgan Single Source panel, 38.0 per cent from the Dynata panel, and 49.2 per cent from the Pure Profile panel (percentages do not add to 100 due to rounding).

The distribution of the usual place of residence of survey respondents and ABS demographic data for females were closely aligned, even prior to weighting (see Table A4). Queensland residents were slightly overrepresented in the survey data (20.5% vs 20.0%), as were residents of South Australia (7.4% vs 7.0%) and Tasmania (2.4% vs 2.1%). Meanwhile, residents of New South Wales (31.4% vs 31.8%), the Northern Territory (0.5% vs 0.9%) and Western Australia (10.0% vs 10.2%) were slightly underrepresented.

Table A4: Respondents by usual place of residence (unweighted data; n=10,107)

|  | **ABS demographic statistics (September 2020)a** % | **Survey respondents** *n* | **Survey respondents %** |
| --- | --- | --- | --- |
| **NSW** | 31.8 | 3170 | 31.4 |
| **Vic** | 26.3 | 2649 | 26.2 |
| **Qld** | 20.0 | 2072 | 20.5 |
| **WA** | 10.2 | 1013 | 10.0 |
| **SA** | 7.0 | 750 | 7.4 |
| **Tas** | 2.1 | 246 | 2.4 |
| **ACT** | 1.7 | 158 | 1.6 |
| **NT** | 0.9 | 49 | 0.5 |

Note: Percentages may not total 100 due to rounding.

a Population breakdowns limited to female residents, and not restricted to women in a relationship.

Source: Australian Bureau of Statistics, 2021a; Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

## Weighting procedure

As is common practice with samples using proportional quota sampling, data were subsequently weighted to reflect the spread of the population. The data were weighted using a multi-tiered system. Weights were calculated by first comparing the sample with the proportion of the female population in each age group in each state and territory according to the ABS’ estimated residential population, adjusted using age-specific relationship propensities derived from the Single Source data. Additional rim-weighting was then applied to each record based on educational attainment, frequency of internet usage, and social media usage. Weights were assigned using a program to run multiple iterations to achieve the best result. Underrepresented categories were assigned a multiplier larger than one, and overrepresented categories were assigned a multiplier smaller than one.

The effective sample size for the study after weighting (i.e. the weighted sample size) was 10,189 respondents. This is likely a function of the program used for the weighting procedure. The priority of the iterative weighting procedure is to maximise concordance between the survey sample and benchmarks (i.e. weighting variables) based on the proportion of respondents with each characteristic. This, coupled with the use of population estimates as the basis of these weights, which are rounded, can often introduce a small amount of variation in terms of the final sample size. In this case, this variation is less than one per cent (0.8%), well below the acceptable limit. This weighted sample size is used below and throughout the main report.

Table A5 shows the effect of weighting on the concordance between female adult population in each state and territory according to the ABS (2021a) and the weighted sample. There was a high degree of concordance overall, even without taking into account relationship status, with the only notable difference an underrepresentation of respondents from the Northern Territory (0.4% vs 0.9%).

Table A5: Respondents by usual place of residence (weighted data)

|  | **ABS demographic statistics (September 2020)a%** | **Survey respondents%** |
| --- | --- | --- |
| NSW | 31.8 | 31.9 |
| Vic | 26.3 | 26.5 |
| Qld | 20.0 | 20.1 |
| WA | 10.2 | 10.2 |
| SA | 7.0 | 7.2 |
| Tas | 2.1 | 2.1 |
| ACT | 1.7 | 1.5 |
| NT | 0.9 | 0.4 |

Note: Percentages may not total 100 due to rounding.

a Population breakdowns limited to female residents, and not restricted to women in a relationship.

Source: Australian Bureau of Statistics, 2021a; Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

To further examine concordance, and to understand the effect of using relationship status to both calibrate the quotes and subsequently weight the data, we compared the unweighted and weighted ages of respondents alongside the estimated resident population (Table A6). Included in this table is the weighted sample with the relationship multipliers (re)applied. What this shows is that, in the unweighted sample, women aged 65 years and older were significantly underrepresented. This is typical of online surveys, given older people are less likely to have internet access and to regularly use computers (Australian Bureau of Statistics, 2018c), and more likely to encounter barriers to using technology (Vaportzis et al., 2017). However, women aged 18 to 24 years were also underrepresented, relative to the wider population. This is due to the adjustments made to account for the propensity of women in these age groups to be in a relationship. Women aged 65 years and older and, to a lesser extent, women aged 18 to 24 years remained underrepresented once the data were weighted. However, when the weighted data were readjusted to reverse the effect of adjusting for relationship propensity, these discrepancies all but disappeared. Given the experience of IPV is conditional on being in a relationship, this demonstrates 1) the importance of adjusting quotas and weights for relationship propensity; 2) the accuracy of the weighting and quota procedure; and 3) the fact that the final sample is not representative of the wider female population, at least in relation to those characteristics that vary according to relationship status.

Table A6: Respondents by age (%)

| **Age** | **ABS demographic statistics (September 2020)a** | **Unweighted** | **Weighted** | **Weighted, readjusted using relationship multipliers** |
| --- | --- | --- | --- | --- |
| 18–24 | 11.1 | 6.2 | 10.6 | 10.9 |
| 25–34 | 18.8 | 23.9 | 21.6 | 18.6 |
| 35–44 | 17.1 | 23.8 | 19.7 | 17.2 |
| 45–54 | 16.2 | 18.0 | 16.9 | 16.2 |
| 55–64 | 15.0 | 14.8 | 14.4 | 15.0 |
| 65+ | 21.8 | 13.2 | 16.9 | 22.1 |

a Not restricted to women in a relationship.

Source: Australian Bureau of Statistics, 2021a; Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

This is important to note when reviewing the concordance of the sample with the female population according to secondary demographics – that is, characteristics of the population being surveyed that are not used in either the sampling or weighting strategy. One of the concerns about using non-probability sampling methods, particularly those that employ some form of quota sampling and post-hoc weighting, is the potential for sampling bias in relation to secondary demographics (Pennay et al., 2018). As with the first survey, to assess whether this was a significant problem in the current survey, we compared data collected as part of the survey with benchmarks based on ABS data. It is difficult to make direct comparisons due to differences between ABS data and this survey in the age groups and definitions used, but also because our sample is based on women in a relationship, not the wider female population. Nevertheless, it was possible to compare the characteristics of survey respondents with characteristics of the general female population (Table A7).

Results from this comparison demonstrate a relatively high degree of concordance between survey respondent characteristics and ABS demographic data for Aboriginal and Torres Strait Islander status and usual place of residence (remoteness). The proportion of respondents with a non-school qualification as the highest level of education completed in the weighted sample (55.7%) is significantly lower than in the unweighted sample (75.4%), and is lower than the proportion of women in the general population (68.9%; based on comparison between women aged 20 to 64 years). This is likely a function of two different weighting criteria. First, the sample was weighted to adjust for the fact that online panels tend to have higher levels of educational attainment. Second, younger women aged 18 to 24 years (many of whom were unlikely to be old enough to have completed university studies) and older women aged 65 years and older were both underrepresented in the unweighted sample (even accounting for relationship status; see Table A6), which means age weights likely favoured those cohorts less likely to have a non-school qualification (especially relevant given the age group being compared).

While not affected by the weighting, the most significant differences emerged in relation to the presence of current health conditions and the proportion of respondents with a non-English speaking background. Importantly, ABS data use a broader definition of health conditions than the current survey, potentially amplifying any differences. However, it is likely that certain long-term conditions prevent individuals from participating in online panels and in the current survey. These differences should be considered when interpreting the results of the survey (see also the Limitations section below). The question about non-English speaking background was changed from the previous survey, with respondents asked to nominate the language they spoke most often at home (rather than being asked whether they spoke English most often at home). This might explain the difference between the two surveys (6.1% vs. 18.7%; see Boxall et al., 2020). Importantly, further inspection of the ABS data on language spoken at home reveals that Census participants are asked what languages they speak at home, rather than the language spoken most often. This may be a factor in the difference between the weighted sample in this study and the general population; however, it does appear that women who are from a non-English speaking background are underrepresented in the sample, which should also be considered when interpreting the results.

Table A7: Selected sociodemographic characteristics of respondents (weighted data; %)

| **Sociodemographic characteristics of respondents** | **Females aged 18 years and over (not limited to women in a relationship)** | **Survey respondents (unweighted)** |
| --- | --- | --- |
| Aboriginal and/or Torres Strait Islandera | 2.6 | 3.4 (3.7) |
| Non-English-speaking backgroundb | 21.0 | 6.1 (6.3) |
| Health condition lasting six months or longerc | 56.6 | 39.3 (40.3) |
| Non-school qualification (20–64 years only)d | 68.9 | 55.7 (75.4) |

| **Usual place of residencee** | **Females aged 18 years and over (not limited to women in a relationship)** | **Survey respondents (unweighted)** |
| --- | --- | --- |
| Major cities | 72.3 | 75.0 (75.6) |
| Regional | 25.8 | 22.2 (21.9) |
| Remote | 1.9 | 2.7 (2.5) |

a Projected resident Aboriginal and Torres Strait Islander population, women aged 18 years and over as at June 2019 (Australian Bureau of Statistics, 2018b, 2019).

b Proportion of Australians who speak a language other than English at home (Australian Bureau of Statistics, 2018a).

c Proportion of females aged 15 years and over who self-reported at least one current medical condition that has lasted, or is expected to last, for six months or more. ABS estimate includes some conditions (diabetes, heart disease etc.) that are not current or long-term (Australian Bureau of Statistics, 2018d).

d Estimated proportion of females aged 20–64 years with a non-school qualification (Australian Bureau of Statistics, 2020a).

e Estimated resident population, by remoteness areas (Australian Bureau of Statistics, 2021b).

Source: Australian Bureau of Statistics (2018a, 2018b, 2018d, 2019, 2020a, 2021b); Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

As a final check to understand the impact of the weighting procedure, we compared the weighted and unweighted results for three main outcomes of interest: the prevalence of physical IPV, the prevalence of sexual IPV, and the prevalence of emotionally abusive, harassing and controlling behaviours (Table A8). While we cannot confirm whether this estimate is any closer to the actual rate of violence experienced by women in the general population, we can conclude that the weighting procedure used for the survey has not produced inflated estimates of the prevalence of violence.

Table A8: Prevalence of self-reported physical violence, sexual violence and emotionally abusive, harassing and controlling behaviours (weighted and unweighted data; %)

|  | **Survey respondents (unweighted)** | **Survey respondents (weighted)** |
| --- | --- | --- |
| Experienced physical violence in the last 12 months | 10.4 | 9.6 |
| Experienced sexual violence in the last 12 months | 8.2 | 7.6 |
| Experienced emotionally abusive, harassing or controlling behaviours in the last 12 months | 33.5 | 31.6 |

Source: Impact of COVID-19 on intimate partner violence survey, AIC [computer file]

## Limitations

This survey provides further evidence of the experiences of intimate partner violence among a large sample of Australian women in relationships in the 12 months since the COVID-19 pandemic impacted Australia. It also provides data on the onset and escalation of violence, help-seeking behaviour and factors identified by women as having led to an increase or decrease of IPV during the pandemic. Importantly, the survey was not limited to violence reported to formal support services. It also captures a much wider range of types of physical and non-physical forms of abuse.

That said, there are several limitations that need to be acknowledged. Many of these same limitations were relevant to the earlier survey, and this section draws heavily on the technical appendix from that report (Boxall et al., 2020).

First, the results are likely limited by women’s willingness or ability to report, even anonymously, their experiences of IPV. Women who could not safely complete the survey were discouraged from participating for safety reasons. Given the sensitive nature of the questions, some women who completed the survey may have chosen to not disclose violence or abuse they had experienced. Many women responded to questions about their experiences of abuse with “would rather not say”. It is possible, therefore, that the true level of violence is underreported. We were also reliant upon women being able to accurately recall not just whether violence occurred, but when – a problem that is potentially exacerbated by asking about a longer time period than the earlier survey. We also acknowledge that survey questions with dichotomous response items may not be able to accurately capture the complex forms of violence and abuse experienced by victims and survivors of domestic and family violence.

The survey was only administered in English, and we note that the proportion of respondents from non-English-speaking backgrounds (6.1% of the weighted sample) is much lower than the previous sample and the general population (Australian Bureau of Statistics, 2018a). Importantly, as has been noted, the question was changed for this survey, which likely impacted responses. Further, the wording of the question is different from the wording in the ABS Census, and this likely also explains some of the difference. Nevertheless, it is likely that women who speak or understand limited English were unable to participate and are therefore underrepresented in the sample. Certain health conditions and disability may have also excluded some potential participants; the proportion of women in our sample with chronic health conditions was lower than in the general population, although the ABS estimate is more inclusive than the question included in this survey (Australian Bureau of Statistics, 2018d).

The research panel from which the sample was drawn was designed to ensure a cross-section of the community was represented. However, the survey was only available to women who had access to email and who had signed up to be a member of the research company’s panel. This clearly biases the sample towards women who have internet access, which according to the ABS (2018c) is around 86 per cent of women. Women who have limited internet access or who do not have a usual place of residence may be underrepresented. This is especially relevant given the links between domestic and family violence and homelessness (Australian Institute of Health and Welfare, 2019). It is worth noting that the final sample was weighted based on internet usage and social media usage using the Single Source panel data, which is recruited using probability sampling, to account for the propensity of online panel respondents to be more likely to use the internet or social media on a more frequent basis.

The survey used a non-probability sampling method – namely, proportional quota sampling from an opt-in online research panel. Although this is a common approach to surveys, there are important limitations. Because the survey is based on non-probability sampling, meaning not everyone has an equal likelihood of being selected to participate in the research, results cannot be generalised to the wider (female) population. This is because it is not possible to determine the extent of non-coverage bias, or the extent to which the opt-in panel from which the sample was selected represents the wider population. In addition, like all surveys, not everyone who was invited to participate in the research went on to complete the survey. It is notable that the clear majority of women (86.8%) who responded to the invitation, and reached the point of confirming their eligibility and finding out that the survey was about their experience of violence, went on to complete the survey in full. The overall completion rate of 8.0 per cent was lower than the previous survey, but comparable to normal ranges for online panel surveys that use this sampling method, especially given the subject matter (Miller et al., 2016; Pennay et al., 2018). This also doesn’t account for the fact that a large proportion of women invited to complete the survey were not eligible, meaning the true completion rate (estimated to be 10.4%) was probably higher than this.

Surveys using non-probability sampling methods have been shown to be less accurate than surveys using probability sampling on substantive measures of interest (Pennay et al., 2018; Yeager et al., 2011). This error has been shown to be small to modest in size. While self-selection may lead to increased bias due to women who have experienced violence being more likely to want to complete the survey, the opposite is also true, and there is evidence that self-selection is associated with reduced reporting of health-related harms (Cheung et al., 2017; Kypri et al., 2011). The approach used in this study is more likely to produce more robust results, and less likely to result in over-reporting, than an open invitation for women to report their experiences of violence (as well as being much more able to address safety concerns).

Further, there is a risk that post-hoc weighting can increase the level of measurement error. There is some debate regarding the application of post-stratification weighting to non-probability surveys to ensure the sample is representative of the population based on certain known characteristics (Pennay et al., 2018). This is because an important assumption underpinning weighting is that responses given by respondents from the underrepresented groups are consistent with those of other people from those groups, had they been surveyed. Post-hoc weighting of demographic variables for non-probability online samples has been found to reduce the accuracy of substantive measures (Chang & Krosnick, 2009; Yeager et al., 2011), although recent evidence indicates that this impact is slight and varies between surveys (Pennay et al., 2018; Yeager et al., 2011), and likely depends on the strength of the association between these demographic factors and the outcome of interest. It’s noteworthy that age, educational level and living outside of a metropolitan area – all variables used for weighting – were found to be associated with experiencing physical and sexual violence during the early stages of the pandemic (Morgan & Boxall, 2020). In the interest of representativeness, post-hoc weighting to population-level characteristics was deemed appropriate.

The survey was designed using some items from the ABS’s PSS (2017). However, we caution against making direct comparisons between the prevalence estimates generated by the two surveys. First, the administration methods for the surveys are different: the PSS is administered by a data collector who interviews the respondent at their home, while this survey was completed anonymously online. Our online survey took less than half the average time in contact with households required for the PSS (Australian Bureau of Statistics, 2017). Regardless of consistency in the wording of questions, research has shown that survey administration methods can elicit different results from respondents about their experiences of domestic and family violence, although these differences can be minimal (Hamby et al., 2006). For example, some individuals may be more likely to disclose sensitive information when the information is collected anonymously in an online survey. Importantly, there is evidence that people are more comfortable and more likely to disclose information about sensitive and socially undesirable topics in online questionnaires than in telephone or face-to-face interviews (DiLillo et al., 2006; Hussain et al., 2015; Kubiak et al., 2012; Milton et al., 2017).

More importantly, the PSS is administered to a random sample of respondents, while this survey was conducted using non-probability sampling methods. The limitations of this approach have already been acknowledged. Unlike the PSS, where it is possible to draw conclusions about the prevalence of violence among the wider population, we are cautious to not generalise beyond the sample of respondents in our survey. It is not designed to provide an estimate of the prevalence of violence in the wider community. Instead, this survey provides a detailed analysis of women’s experiences of abuse during COVID-19 which could not be captured using these existing collections.

# APPENDIX B: Survey questionnaire

SCREENING AND QUOTA BUILDING (SURVEY LANDING PAGE 1)

PROGRAMMER NOTE: [Timestamp SDGEN – SC6I]

[Single]

SDGEN. STANDARD DEMOGRAPHIC QUESTION

Please select your sex.

1. Male

2. Female

3. Non-binary sex

**PROGRAMMING NOTE: IF SDGEN = 1 OR 3 TERMINATE**

[Single]

SDAGE. STANDARD DEMOGRAPHIC QUESTION

Please choose your age from the following ranges:

1. 14-15

2. 16-17

3. 18-19

4. 20-24

5. 25-29

6. 30-34

7. 35-39

8. 40-44

9. 45-49

10. 50-54

11. 55-59

12. 60-64

13. 65-69

14. 70+

99. Would rather not say

PROGRAMMING NOTE: IF SDAGE=99 OR CODE 1, 2 TERMINATE

[QUANTITY: 800-7999 VALID] [CHECK AGAINST LIST OF VALID AUSTRALIAN POSTCODES PROVIDED SEPARATELY]

SC3. Please type your postcode into the following box.

If you do not know your postcode type 9999

\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAMMING NOTE: Those with invalid postcode should receive a warning message saying ‘The postcode provided is invalid. If you don’t know your postcode please enter 9999’.

PROGRAMMING NOTE: IF SC3=9999, ASK:

[Single]

SDARE. STANDARD DEMOGRAPHIC QUESTION

Please indicate the area in which you live

1. Australian Capital Territory

2. Sydney

3. NSW excluding Sydney

4. Melbourne

5. Victoria excluding Melbourne

6. Brisbane

7. Queensland excluding Brisbane

8. Adelaide

9. South Australia excluding Adelaide

10. Northern Territory

11. Hobart

12. Tasmania excluding Hobart

13. Perth

14. Western Australia excluding Perth

15. Outside Australia

99. Would rather not say

PROGRAMMING NOTE: IF SDARE=15 OR 99 TERMINATE

[Quantity] [Quantity: 0-10]

SC4. At the time of completing this survey, how many adults (18 years and older) are living in your household on a part or full-time basis? This includes you.

\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAMMING NOTE: PLEASE ASK SC4\_1, SC\_2, SC\_3, ETC FOR EACH ADULT IN THE HOUSEHOLD (INCLUDING FOR THOSE INDICATING ONLY ONE ADULT– THIS IS A SAFETY TRAP QUESTION)

PROGRAMMING NOTE: PLEASE USE DROP DOWN QUESTIONS FOR AGE AND GENDER

PROGRAMMING NOTE: IF NO ADULT (18+) FEMALE IN HOUSEHOLD AT SC4, TERMINATE

We want to know who is living in your household. Please indicate the age and sex of all the adults living in your household, starting with you.

[Single]

SC4\_1. Please indicate the age and sex of the <first> adult living in your household (you).

SEX OF <FIRST> ADULT

1. Male

2. Female

3. Non-binary sex

AGE OF <FIRST> ADULT

1. Under 18

2. 18-24

3. 25-34

4. 35-44

5. 45-54

6. 55-64

7. 65+

[Single]

SC4\_2. Please indicate the age and sex of the <second> adult living in your household.

SEX OF <SECOND> ADULT

1. Male

2. Female

3. Non-binary sex

AGE OF <SECOND> ADULT

1. Under 18

2. 18-24

3. 25-34

4. 35-44

5. 45-54

6. 55-64

7. 65+

REPEAT FOR ALL ADULTS IN THE HOUSEHOLD.

[Single]

SC5. Have you been in a relationship with another person at some point in the last 12 months?

This includes regularly dating one or more partners or being in a casual relationship, being in a committed relationship but not living together, being in a defacto relationship or living with your partner, or being engaged, planning to marry, or married.

1. Yes

2. No

[Single]

SC6. What is your current relationship status?

1. Married

2. Engaged or planning to marry

3. In a defacto relationship or living with your partner

4. In a committed relationship but not living together

5. In a casual relationship or regularly dating with one or more people

6. In some other type of relationship

7. Single or not in any type of relationship

PROGRAMMING NOTE : IF SC6=7 ASK SC6a

SC6a. This research is intended for women who are currently in a relationship, or have been in a relationship in the last 12 months. Just to check, in the past 12 months, have you been in a relationship which has now ended?

A relationship includes regularly dating one or more partners or being in a casual relationship, being in a committed relationship but not living together, being in a defacto relationship or living with your partner, or being engaged, planning to marry, or married.

1. Yes

2. No

PROGRAMMING NOTES:

IF SC5=1 OR SC6=1-6 OR SC6a=1 CONTINUE WITH SURVEY LANDING PAGE 2

IF SC5=2 AND SC6=7 AND SC6a=2, CONTINUE WITH QUESTIONS A7, A16, A17 THEN SKIP TO CLOSING

IF RESPONDENT FALLS INTO A FULL QUOTA, SKIP TO QUOTA FULL MESSAGE

PROGRAMMER NOTE: [Timestamp LANDING PAGE 2]

SURVEY LANDING PAGE 2

This study asks questions of a sensitive nature.

Please confirm you are in a private location where you will not be observed by others while you complete the survey. You will need about 20-25 minutes to complete the survey.

1. Yes, I’m ready to complete the survey

2. No, I don’t wish to complete the survey now, but I will complete it later

3. No, I don’t wish to participate in this survey

PROGRAMMING NOTE: IF CODE 1, CONTINUE

PROGRAMMING NOTE: IF CODE 2, CODE AS INCOMPLETE AND ALLOW TO COMPLETE SURVEY LATER

PROGRAMMING NOTE: IF CODE 3, CODE AS REFUSAL (REFUSED AFTER SCREENING QUESTIONS)

SURVEY LANDING PAGE 3

PROGRAMMER NOTE: [Timestamp LANDING PAGE 3]

PROGRAMMING NOTE: ONLY SHOW FOOTER ‘IF YOU ARE SERIOUSLY DISTRESSED…’ FROM SURVEY

LANDING PAGE 3 ONWARDS. IF SC5=2 AND SC6=7 AND SC6a=2 DO NOT SHOW FOOTER AT ALL.

The impact of COVID-19 on Australian women study

Please read the following information carefully.

What are you asking me to do?

You are being invited to take part in a survey that aims to understand the impact of the COVID-19 pandemic on individuals and their relationships. In particular, if you choose to participate you will be asked to answer questions about yourself, your relationships in the last 12 months, as well as feelings of financial stress and social isolation since February 2020.

This survey also includes sensitive questions about your experiences of violent, abusive, or controlling behaviours in the last 12 months. It is important to us that people only complete the survey if it is safe to do so.

If you do not feel safe at any point whilst participating in this research, please close the survey window. If you’ve already started the survey, and you feel safe to come back later, use your link from your invitation and it will bring you back in where you left the questionnaire. If for reasons of safety you don’t want us to send you reminders about this survey, please click below.

To ensure my safety, please don’t send reminders [CHECK BOX]

How long will it take?

The survey will take 20 minutes to complete. You are encouraged to complete the survey by yourself and in a private location where you will not be disturbed or observed by others.

Do I have to participate?

Your participation in the research is voluntary. This means that you do not have to take part unless you want to. If you feel uncomfortable about answering any questions you can choose not to answer certain questions. If you don’t want to answer a question because you feel uncomfortable about it select ‘Would rather not say’ and go to the next question.

If you choose to participate, in recognition of the time and effort taken to complete the survey and you will be offered [^incentive^ points for each PANEL] at the end of the survey. If you do not qualify for this study, you will be rewarded with [^screenout^ points for each panel].

If you do not qualify for this study, you might get the option to answer a short survey depending upon your answers, and you will be rewarded with ^incentive^ point.

How will you use my information?

The information you provide will be provided to and analysed by researchers at the Australian Institute of Criminology to better understand the impact of the COVID-19 pandemic on violence and abuse within relationships. This information is vital for planning systems and services that best meet the needs of women experiencing domestic violence, and their families.

How will you protect my information?

We are very grateful for your contribution. To protect your identity, at no time will your name, address, birth date, or any other information that may identify you be made available to the Australian Institute of Criminology. We have no way of identifying you or your partner from the survey responses. All of your responses to the survey will be completely confidential and will be used for research purposes only.

Can I withdraw from the research?

You can also pull out of the research any time up to the survey completion date. Your answers will not be included in the final data file used for analysis. If you would like your information to be deleted from the system, contact Roy Morgan on 1800 337 332.

Nothing bad will happen if you choose not to take part in the research or choose to take part and then change your mind.

What if I need help?

Talking about experiences of violence, abuse or controlling behaviours can be upsetting or distressing. If you think that participating in this survey could make you very distressed, please think carefully before choosing to participate.

If you feel upset about anything (now or while completing the survey), the details of someone you can talk to are shown at the bottom of the screen and at the end of the survey. We have also provided the contact details for services that can support women who are experiencing violence. If you need any kind of help or support, it is available.

|  |  |
| --- | --- |
| I have read all the information provided above | Yes (1)No (2) |
| I consent to participate in the survey | Yes (1)No (2) |

PROGRAMMING NOTE: IF CODE 2 AT ANY, TERMINATE

SECTION A

PROGRAMMER NOTE: [Timestamp A1 – A17]

Thank you for choosing to participate in this survey.

First, we would like you to answer a few simple questions about you.

[Single]

A1. What is the highest level of education you have completed to date?

1. Year 9 or below

2. Year 10 or equivalent

3. Year 11 or equivalent

4. Year 12 or equivalent

5. Vocational qualification (e.g. TAFE)

6. University (Undergraduate)

7. University (Postgraduate)

[Single]

A2. Do you identify as Aboriginal or Torres Strait Islander?

1. Yes – Aboriginal

2. Yes – Torres Strait Islander

3. Yes - Both Aboriginal and Torres Strait Islander

4. No

99. Would rather not say

[Single]

A3. Which language do you mainly speak at home?

1. English

2. Mandarin

3. Italian

4. Arabic

5. Cantonese

6. Greek

7. Vietnamese

8. Spanish

9. Hindi

10.Tagalog

97. Other

[Single]

A4. Are you an Australian citizen or permanent resident?

1. Yes – I am an Australian citizen or a permanent resident

2. No – I have a temporary visa

3. Unsure or don’t know

99. Would rather not say

PROGRAMMING NOTE: IF A4= CODE 1, 3 OR 99, SKIP TO A7

[Single]

A5. Which temporary visa do you currently hold?

1. Student

2. Skilled

3. Working Holiday

4. New Zealand

5. Prospective Marriage

6. Referred Stay

7. Protection

8. Bridging

9. SHEV Safe Haven Enterprise Visa

10. Refugee

11. Criminal Justice

97. Other

98. Not sure

[Single]

A6. Are you in the process of applying for a permanent visa, or have an application being considered currently?

1. Yes

2. No

3. Not sure

[Single]

A7. Do you have any health condition that has lasted, or is likely to last, 6 months or longer? This does not include pregnancy.

1. Yes

2. No

PROGRAMMING NOTE: IF A7= 2, SKIP TO A9

[Single]

A8. Because of this condition, are you restricted in your everyday activities or do you need help or supervision with everyday activities?

1. Yes

2. No

[Single]

A9. Are you currently pregnant?

1. Yes

2. No

3. Not sure

PROGRAMMING NOTE: IF A9= 1, SKIP TO A11

[Single]

A10. Have you been pregnant at any point in the last 12 months?

1. Yes

2. No

3. Not sure

[Quantity: 1-10, 96]

A11. How many children (under the age of 18 years) currently live with you on a full or part-time basis?

96. No children

PROGRAMMING NOTE: IF A11= 96, SKIP TO A14

PROGRAMMING NOTE: IF A11= 1, ASK :

[Single]

A12A. How old is the child who lives with you?

1. Less than 12 months

2. 1-3 years

3. 4-6 years

4. 7-10 years

5. 11-14 years

6. 15-17 years

PROGRAMMING NOTE: ASK ALL

[Single]

A12. How old is the youngest child living with you?

1. Less than 12 months

2. 1-3 years

3. 4-6 years

4. 7-10 years

5. 11-14 years

6. 15-17 years

[Single]

A13. How old is the eldest child living with you?

1. Less than 12 months

2. 1-3 years

3. 4-6 years

4. 7-10 years

5. 11-14 years

6. 15-17 years

[Single]

A14. What word best describes your sexuality?

1. Straight (Heterosexual)

2. Gay/Lesbian

3. Bisexual

97. Other

98. Not sure

99. Would rather not say

[Single]

A15. Please indicate your household’s TOTAL approximate annual income from all sources, before tax.

1. Less than $6000

2. $6,000 - $9,999

3. $10,000 - $14,999

4. $15,000 - $19,999

5. $20,000 - $24,999

6. $25,000 - $29,999

7. $30,000 - $34,999

8. $35,000 - $39,999

9. $40,000 - $44,999

10. $45,000 - $49,999

11. $50,000 - $59,999

12. $60,000 - $69,999

13. $70,000 - $79,999

14. $80,000 - $89,999

15. $90,000 - $99,999

16. $100,000 - $109,999

17. $110,000 - $119,999

18. $120,000 - $129,999

19. $130,000 - $149,999

20. $150,000 - $199,999

21. $200,000 - $249,999

22. $250,000 - $299,999

23. $300,000 Or More

98. Not sure

99. Would rather not say

[Single] [Timestamp SDMIE]

SDMIE. STANDARD DEMOGRAPHIC QUESTION

Are you the main-income earner in your household?

1. Yes

2. No

A16. In an average week, how many times in total do you use the internet?

1. 3+ times a day

2. Twice a day

3. Once a day

4. A few times a week

5. Less often

6. Never accessed the internet

A17. In an average week, how many hours in total do you spend using social media (e.g. Facebook, Instagram, Twitter, etc.)?

1. More than 8 hours a week

2. Between 3 and 8 hours a week

3. Up to 3 hours per week

4. No Social Media in an average week

SECTION B

PROGRAMMER NOTE: [Timestamp B1 – B7]

PROGRAMMING NOTE: IF SC5=1 AND SC6=7 AND SC6a=1 (NOT CURRENTLY IN A RELATIONSHIP) THEN REPLACE ALL INSTANCES OF ‘YOUR PARTNER’ WITH ‘YOUR FORMER PARTNER’

You will now be asked some questions about your most RECENT relationship in the last 12 months.

[Single]

B1. Are you currently living with your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’>?

1. Yes

2. No

PROGRAMMING NOTE: IF B1= 1, SKIP TO B3

[Single]

B2. In the last 12 months, did you live with your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> at least some of the time?

1. Yes

2. No

[Single]

B3. What is your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> sex?

1. Male

2. Female

3. Non-binary sex

99. Would rather not say

[Quantity: 1-10, 96]

B4. How many children do you have with your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’>?

\_\_\_\_\_\_\_\_\_

96. No children

PROGRAMMING NOTE: SKIP B5 AND GO TO B6 IF [B4=96 (NO CHILDREN)] OR [B4=NOT 96 AND SC6=1-6 (IN RELATIONSHIP)]

[Single]

B5. Which option best describes the current custody arrangements for the majority of children you have with your former partner?

1. I have sole custody (former partner never sees children or sees them during the daytime only)

2. I have majority custody

3. Shared custody (care is shared evenly between myself and former partner)

4. My former partner has majority custody

5. My former partner has sole custody

98. Not sure

99. Would rather not say

[Quantity]

B6. How long < IF SC6=1-6, ‘have you been in’; IF SC6=7, were you in> a relationship with your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’>?

Years [0-99]: \_\_\_\_

Months [0-11]:\_\_\_\_\_\_\_

99. Would rather not say

PROGRAMMING NOTE: SKIP B7 AND GO TO SECTION C IF SC6=1-6 (IN RELATIONSHIP)

[Quantity]

B7. In what month and year did your relationship with your former partner end?

Month [0-12]:\_\_\_\_\_\_\_

Year [2020-2021]:\_\_\_\_\_\_\_

99. Would rather not say

SECTION C

PROGRAMMER NOTE: [Timestamp C1 – C32]

You will now be asked about your experiences of violence, abuse and controlling behaviours [IF SC6=7 (NOT CURRENTLY IN A RELATIONSHIP): “within your most RECENT relationship in the last 12 months.” IF SC6=1-6 (IN A RELATIONSHIP): “with you partner in the last 12 months.” If there are any questions you would prefer not to answer, please select ‘Would rather not say’ and go to the next one. If you decide not to complete the survey, you can withdraw by simply closing the survey window – your responses will not be submitted to the Australian Institute of Criminology.

The COVID-19 (Coronavirus) pandemic first started to impact Australia in significant ways in February 2020. The next set of questions are about your experiences in the last 12 months, since February 2020.

PROGRAMMING NOTE: RANDOMISE QUESTIONS C1, C4 TO C27

In the last 12 months has your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> done any of the following:

PROGRAMMING NOTE: SHOW FIRST QUESTION TOGETHER WITH THE PARAGRAPH ABOVE IN FIRST SCREEN

[Single]

C1. Threatened, menaced, harassed or abused you online (e.g. on social media)?

This could include:

* calling you offensive names
* sending repeated and unwanted emails or direct messages (e.g. Messenger, What’s App, etc.).
* posting embarrassing or untrue comments about you

1. Yes

2. No

99. Would rather not say

[Single]

C4. Threatened to or actually shared your personal information online without your consent (sometimes called doxing)?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C5. Accessed your social media or email accounts without your consent?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C6. Pretended to be you online to abuse or harass others or to embarrass you?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C7. Tracked you, monitored your activities and/or stalked you online or through a device like a phone?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C8. Installed software or apps on your phone or other devices or track your movements and activities without your consent?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C9. Stalked or spied on you in the physical world? (e.g. followed you, watched you, installed cameras in and around your home with the intention of observing you without consent)

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C10. Constantly insulted you to make you feel ashamed, belittled or humiliated?

1. Yes

2. No

99. Would rather not say

[Single]

C11. Shouted, yelled or verbally abused you to intimidate you?

1. Yes

2. No

99. Would rather not say

[Single]

C12. Damaged, destroyed or stolen any of your property?

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: ASK C13 AND C14 TOGETHER

PROGRAMMING NOTE: if respondent does not have a least 1 child living with them (A11=96),

SKIP C13-C14

[Single]

C13. Threatened to have your children taken away from you?

1. Yes

2. No

99. Would rather not say

[Single]

C14. Threatened to hurt your children?

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: ASK ALL

[Single]

C15. Threatened to hurt your family (e.g. parents, siblings etc.), your friends and/or pets?

1. Yes

2. No

99. Would rather not say

[Single]

C16. Withheld money from you that you needed for everyday expenses?

1. Yes

2. No

99. Would rather not say

[Single]

C17. Refused to contribute to household expenses?

1. Yes

2. No

99. Would rather not say

[Single]

C18. Made you ask them for money, or made you give them something in return for money (eg sex or affection)?

1. Yes

2. No

99. Would rather not say

[Single]

C19. Made major purchases using your money or shared money without talking to you?

1. Yes

2. No

99. Would rather not say

[Single]

C20. Kept financial information from you?

1. Yes

2. No

99. Would rather not say

[Single]

C21. Pressured or intimidated you to give them money or access to your money?

1. Yes

2. No

99. Would rather not say

[Single]

C22. Constantly monitored your time and made you tell them where you were or who you have been with?

1. Yes

2. No

99. Would rather not say

[Single]

C23. Was jealous or suspicious of your friends?

1. Yes

2. No

99. Would rather not say

[Single]

C24. Falsely accused you of having an affair with another person?

1. Yes

2. No

99. Would rather not say

[Single]

C25. Interfered with your relationship with other family members or friends?

1. Yes

2. No

99. Would rather not say

[Single]

C26. Tried to keep you from doing things to help yourself (e.g. go to doctor appointments, take medication)?

1. Yes

2. No

99. Would rather not say

[Single]

C27. Restricted your use of your phone, the internet or the family car?

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: IF relationship length= 12 months or less (B6<=1 YEAR), SKIP TO C30

[Single]

C28.The questions you just answered were about emotionally abusive or controlling behaviour.

Thinking back to the time before the start of the coronavirus pandemic in February 2020. Was your most RECENT partner ever emotionally abusive or controlling of you before February 2020? In other words – did they engage in one or more of these behaviours before February 2020?

1. Yes

2. No

3. Not sure

99. Would rather not say

PROGRAMMING NOTE: IF C28=2 (NO) SKIP TO C30

PROGRAMMING NOTE: FOR C29 ROTATE ORDER OF CODES, HALF OF RESPONDENTS WOULD SEE FIRST ‘INCREASED A LOT’ AND THE OTHER HALF WOULD SEE FIRST ‘DECREASED A LOT’. MAKE SURE YOU KEEP CONSISTENCY THROUGH THE QUESTIONNAIRE SO THAT CODES FOR SIMILAR QUESTIONS ARE ALWAYS SHOWN IN THE SAME ORDER FOR EACH RESPONDENT

[Single]

C29. Compared to the 12 months before February 2020, do you think your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s>emotionally abusive and controlling behaviour has increased, decreased or stayed the same?

1. Increased a lot

2. Increased a little

3. Stayed the same

4. Decreased a little

5. Decreased a lot

99. Would rather not say

PROGRAMMING NOTE: if respondent does not have a least 1 child living with them (A11=96),

SKIP TO C33

PROGRAMMING NOTE: IF C1, C4-C27= ALL CODE 2 (NO), SKIP TO C31

[Single]

C30. In the last 12 months, have any children who live with you seen or heard any emotionally abusive or controlling behaviours perpetrated by your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner> against you?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C31. In the last 12 months, have you seen or heard your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner> being emotionally abusive or controlling towards children who live with you?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C32. In the last 12 months, have any children who live with you told you that your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> had been emotionally abusive or controlling towards them?

1. Yes

2. No

3. Not sure

99. Would rather not say

In the last 12 months, has your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’>done any of the following? This includes attempts and threats to do these things.

If there are any questions you would prefer not to answer, please select ‘would rather not say’ and go to the next one.

PROGRAMMER NOTE: [Timestamp C33 – C44]

PROGRAMMING NOTE: RANDOMISE QUESTIONS C33 TO C36

[Single]

C33. Choked/strangled you or grabbed you around the neck?

1. Yes

2. No

99. Would rather not say

[Single]

C34. Hit you with something that could hurt you, beaten you, attacked you with a weapon (weapons can include things like knives, guns, bats or household items)?

1. Yes

2. No

99. Would rather not say

PROGRAMMER NOTE: If C34=2 or 99, skip to C35

C34A. Did this ever involve the use of a gun? Remember, this can include threatened, attempted and actual shootings.

1. Yes

2. No

99. Would rather not say

[Single]

C35. Threw anything at you that could hurt you, slapped, bitten, kicked or hit you with their first?

1. Yes

2. No

99. Would rather not say

[Single]

C36. Pushed, grabbed or shoved you?

1. Yes

2. No

99. Would rather not say

[Single]

C37. Physically assaulted you or hurt you in any other way?

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: IF relationship length = 12 months or less (B6<=1 YEAR), SKIP TO C40

[Single]

C38. The questions you just answered were about physical violence.

Was your most recent partner ever physically violent towards you before February 2020?

1. Yes

2. No

3. Not sure

99. Would rather not say

PROGRAMMING NOTE: FOR C39 ROTATE ORDER OF CODES, HALF OF RESPONDENTS WOULD SEE FIRST ‘INCREASED A LOT’ AND THE OTHER HALF WOULD SEE FIRST ‘DECREASED A LOT’. MAKE SURE YOU KEEP CONSISTENCY THROUGH THE QUESTIONNAIRE SO THAT CODES FOR SIMILAR QUESTIONS ARE ALWAYS SHOWN IN THE SAME ORDER FOR EACH RESPONDENT

PROGRAMMING NOTE: If C38=2 (NO) SKIP to C40

[Single]

C39. Compared to the 12-month period prior to February 2020, do you think your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s>violent behaviour has increased, decreased or stayed the same?

1. Increased a lot

2. Increased a little

3. Stayed the same

4. Decreased a little

5. Decreased a lot

99. Would rather not say

PROGRAMMING NOTE: IF C33-C37= ALL CODE 2 (NO), SKIP TO C42

PROGRAMMING NOTE: if respondent does not have a least 1 child living with them (A11=96), SKIP TO C2

[Single]

C40. In the last 12 months, did you have any children living with you when any of the physical violence or threats occurred?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C41. In the last 12 months, have any children who live with you seen or heard any physical violence perpetrated by your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> against you?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C42. In the last 12 months, have you seen or heard your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> being physically violent towards any children who live with you?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C43. In the last 12 months, have any children who live with you disclosed that your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> had been physically violent towards them?

1. Yes

2. No

3. Not sure

99. Would rather not say

PROGRAMMING NOTE: IF C40-C43= ALL CODE 2 (NO), SKIP TO C45 C2

[Single]

C44. In the last 12 months, have you or your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> had any interactions with child protection services or the police about the physical violence witnessed or experienced by the children who live with you?

1. Yes

2. No

3. Not sure

99. Would rather not say

In the last 12 months, has your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> done any of the following?

If there are any questions you would prefer not to answer, please select ‘Would rather not say’ and go to the next one.

PROGRAMMER NOTE: [Timestamp C2, C3, C45– C51]

PROGRAMMING NOTE: RANDOMISE QUESTIONS C2, C3, C45 TO C49

[Single]

C2. Took an intimate or sexual picture or video of you without your consent?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C3. Threatened to or actually distributed or shared an intimate or sexual picture or video of you online without your consent?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

C45. Forced you or tried to make you take part in sexual activity against your will?

1. Yes

2. No

99. Would rather not say

[Single]

C46. Forced you or tried to make you watch pornography when you did not want to?

1. Yes

2. No

99. Would rather not say

[Single]

C47. Intimidated, threatened or hurt you because you did not agree to, or could not get, pregnant?

1. Yes

2. No

99. Would rather not say

[Single]

C48. Told you not to use birth control (contraception) or interfered with your birth control so you would get pregnant?

1. Yes

2. No

99. Would rather not say

[Single]

C49. Made you have sex without a condom or took off a condom during sex without your knowledge or consent?

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: IF relationship length = 12 months or less (B6<=1 YEAR), SKIP TO D1

[Single]

C50. The questions you just answered were about sexual violence. Thinking back to the time before the start of the coronavirus pandemic in February 2020, was your most recent partner ever sexually violent towards you before February 2020?

1. Yes

2. No

3. Not sure

99. Would rather not say

PROGRAMMING NOTE: If C50=2 (NO) SKIP TO C52

PROGRAMMING NOTE: FOR C51 ROTATE ORDER OF CODES, HALF OF RESPONDENTS WOULD SEE FIRST ‘INCREASED A LOT’ AND THE OTHER HALF WOULD SEE FIRST ‘DECREASED A LOT’. MAKE SURE YOU KEEP CONSISTENCY THROUGH THE QUESTIONNAIRE SO THAT CODES FOR SIMILAR QUESTIONS ARE ALWAYS SHOWN IN THE SAME ORDER FOR EACH RESPONDENT

[Single]

C51. Compared to the 12-month period prior to February 2020, do you think your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> sexually violent behaviour has increased, decreased or stayed the same?

1. Increased a lot

2. Increased a little

3. Stayed the same

4. Decreased a little

5. Decreased a lot

99. Would rather not say

PROGRAMMER NOTE: [Timestamp C52 – C52a]

PROGRAMMING NOTE: ASK C52 IF:

* C28=2 (NO) AND ANY OF C1, C4-C27=YES ; OR
* C38=2 (NO) AND ANY OF C33-C37=YES ; OR
* C50=2 (NO) AND ANY OF C2, C3, C45-C49=YES ; OR
* ANY OF C29 OR C39 OR C51 = 1 OR 2 ; OR
* ANY OF C29 OR C39 OR C51 = 4 OR 5

[Multiple] [Randomise codes within each group]

C52. Your answers show that in the last 12 months you have experienced a change in the level or frequency of abuse within your relationship (this could be the start of abuse, an increase in abuse, or abuse decreasing or stopping). In the last 12 months, what else has changed (for either better or worse) that you think may have contributed to the change in the abuse?

Select all that apply

PROGRAMMING NOTE: FOR ALL STATEMENTS BELOW <IF SC6=1-6, SHOW ‘partner’; IF SC6=7, SHOW ‘former partner’> IF APPLICABLE

Changes about ‘myself’

1. My financial status

2. My physical health and wellbeing

3. My mental health and wellbeing

4. My employment status

5. My alcohol or drug use

6. Pregnancy

7. My participation in a support program or service

Changes about my ‘partner/former partner’>

8. My <former> partner’s financial status

9. The physical health and wellbeing of my <former> partner

10. The mental health and wellbeing of my <former> partner

11. My <former> partner’s employment status

12. My <former> partner’s alcohol or drug use

13. My <former> partner participating in some type of support program or service

Changes about my family situation

14. Spending more time together with my <former> partner

15. Spending less time together with my <former> partner

16. Someone in the family being in lockdown or quarantine

17. Family stress and/or conflict

18. Changes in child custody arrangements

(PROGRAMMING NOTE: DO NOT SHOW IF A11=96)

19. Increase in child care responsibilities

(PROGRAMMING NOTE: DO NOT SHOW IF A11=96)

20. Decrease in available child care
(PROGRAMMING NOTE: DO NOT SHOW IF A11=96)

21. Home schooling of children
(PROGRAMMING NOTE: DO NOT SHOW IF A11=96)

22. Level of contact with non-household members (friends and family)

23. Separation or the relationship ending

24. Action taken by police or courts (including protection orders)

25. Relationship conflict

96. None

97. Other factors not included here

98. Don’t know

99. Would rather not say

PROGRAMMING NOTE: IF C52=96-99, GO TO SECTION D

PROGRAMMING NOTE: IF C52=96-99, GO TO SECTION D

PROGRAMMING NOTE: IF ONLY SELECTED THREE OR LESS CODES IN C52 (CODES 1-25), SKIP C52a

PROGRAMMING NOTE: FOR ALL STATEMENTS BELOW <IF SC6=1-6, SHOW ‘partner’; IF SC6=7, SHOW ‘former partner’> IF APPLICABLE

[Multiple - Max 3 answers]

C52a. And of those changes that you just mentioned, which ones are the three most important?

Changes about ‘myself’

1. My financial status

2. My physical health and wellbeing

3. My mental health and wellbeing

4. My employment status

5. My alcohol or drug use

6. Pregnancy

7. My participation in a support program or service

Changes about my ‘partner/former partner’>

8. My <former> partner’s financial status

9. The physical health and wellbeing of my <former> partner

10. The mental health and wellbeing of my <former> partner

11. My <former> partner’s employment status

12. My <former> partner’s alcohol or drug use

13. My <former> partner participating in some type of support program or service

Changes about my family situation

14. Spending more time together with my <former> partner

15. Spending less time together with my <former> partner

16. Someone in the family being in lockdown or quarantine

17. Family stress and/or conflict

18. Changes in child custody arrangements

19. Increase in child care responsibilities

20. Decrease in available child care

21. Home schooling of children

22. Level of contact with non-household members (friends and family)

23. Separation or the relationship ending

24. Action taken by police or courts (including protection orders)

25. Relationship conflict

SECTION D

PROGRAMMER NOTE: [Timestamp D1 – D4]

PROGRAMMING NOTE: IF C33-C37= ALL CODE 2 (NO) AND C2, C3, C45-C49= ALL CODE 2 (NO), SKIP TO E1

The next questions ask about whether you have sought advice or support because of your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> behaviour in the last 12 months.

If there are any questions you would prefer not to answer, please select ‘Would rather not say’ and go to the next question.

[Single]

D1. Thinking about the most recent incident of physical or sexual violence by your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> in the last 12 months. Were police contacted about the incident?

1. Yes – I contacted them

2. Yes – Someone else contacted them

3. No

4. Not sure

99. Would rather not say

[Single]

D2. In the last 12 months, have you sought advice or support from the police at any point because of your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> behaviour?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

D3. In the last 12 months, have you sought advice or support from a government or non-government support service (telephone, online or in person) because of your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> behaviour?

Services can include Lifeline, Relationships Australia, 1800RESPECT, the Salvation Army and domestic violence services, refuges and others.

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

D4. In the last 12 months, has there been a time where you wanted to get advice or support from the police, government or non-government support services because of your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> behaviour, but weren’t able to do so safely?

1. Yes

2. No

99. Would rather not say

SECTION E

PROGRAMMER NOTE: [Timestamp E1 – E24]

Thank you for answering these questions, we appreciate that it may have been upsetting to do so. If you are feeling upset, we encourage you to contact one of the services that are listed at the bottom of the screen or at the end of this survey.

Now we would like to ask some questions about your financial situation since February 2020.

[Single]

E1. Since February 2020, have you been employed at any point? This includes casual, part-time and full-time work.

1. Yes

2. No

99. Would rather not say

[Single]

E2. Since February 2020, has your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> been employed at any point? This includes casual, part-time and full-time work.

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: IF E1=2, skip to E4

[Single]

E3. Since February 2020, have you been laid off temporarily or lost your job, or had to take a pay cut or reduce your hours?

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: IF E2=2, skip to E5

[Single]

E4. Since February 2020, has your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> been laid off temporarily or lost their job, or had to take a pay cut or reduce your hours?

1. Yes

2. No

3. Not sure

99. Would rather not say

[Single]

E5. In the last 12 months, what has been your main source of income?

1. Wages or salary

2. Government pension, benefit or allowance

3. Own unincorporated business income

4. Superannuation, an annuity or private pension

97. Other

99. Would rather not say

[Single]

E6. In the last 12 months, what has been your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> main source of income?

1. Wages or salary

2. Government pension, benefit or allowance

3. Own business income

4. Superannuation, an annuity or private pension

97. Other

98. Not sure

99. Would rather not say

In the last 12 months, have any of the following happened to you <IF A11=NOT 96 ‘, children who live with you and/’; IF A11=0, blank> or your <IF SC6=1-6, ‘partner’; IF SC6=27, ‘former partner’> because of a shortage of money?

[Multiple]

E7. Could not pay for one or more essential household bills or expenses on time? This may include:

* electricity, gas, or telephone bills
* mortgage or rent payments
* car registration or insurance
* home and/or contents insurance
* credit card payments
* child care or school fees
* groceries

Select all that apply

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. None

99. Would rather not say

[Multiple]

E8. Pawned or sold something

Select all that apply

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. None

99. Would rather not say

[Multiple]

E9. Went without meals

Select all that apply

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. Children
[PROGRAMMER NOTE: DO NOT SHOW IF DOESN’T HAVE CHILDREN LIVING WITH THEM (A11=96)]

4. None

99. Would rather not say

[Multiple]

E10. Went without medical or dental treatment when needed

Select all that apply

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. Children
[PROGRAMMER NOTE: DO NOT SHOW IF DOESN’T HAVE CHILDREN LIVING WITH THEM (A11=96)]

4. None

99. Would rather not say

[Multiple]

E11. Was unable to heat or cool home

Select all that apply

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. None

99. Would rather not say

[Multiple]

E12. Asked to borrow money from friends or family

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. None

99. Would rather not say

[Multiple]

E13. Applied for government financial assistance (eg Jobkeeper, Jobseeker payment, the Coronavirus Small and Medium Enterprises (SME) Guarantee Scheme)

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. None

99. Would rather not say

[Multiple]

E14. Asked for help from non-government welfare or community organisations

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. Children
[PROGRAMMER NOTE: DO NOT SHOW IF DOESN’T HAVE CHILDREN LIVING WITH THEM (A11=96)]

4. None

99. Would rather not say

[Multiple]

E15. Applied for early access to Superannuation funds

1. Me

2. Partner
[PROGRAMMER NOTE: IF SC6=7, SHOW ‘Former partner’]

3. None

99. Would rather not say

Now a few more questions about your or your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> financial situation in the last 12 month.

[Single]

E16. Were you pressured or coerced by your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> to withdraw funds from your Superannuation account?

1. Yes

2. No

3. Not Applicable

99. Would rather not say

[Single]

E17. If all of a sudden you had to get $2,000, could you get the money within a week?

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: IF E17=1, SKIP TO E19

[Single]

E18. If all of a sudden you had to get $500, could you get the money within a week?

1. Yes

2. No

99. Would rather not say

[Single]

E19. If all of a sudden your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> had to get $2,000, could they get the money within a week?

1. Yes

2. No

3. Not sure

99. Would rather not say

PROGRAMMING NOTE: IF E19=1, SKIP TO E21

[Single]

E20. If all of a sudden your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> had to get $500, could they get the money within a week?

1. Yes

2. No

3. Not sure

99. Would rather not say

PROGRAMMING NOTE: FOR E21 TO E24 ROTATE ORDER OF CODES, HALF OF RESPONDENTS WOULD SEE FIRST ‘SIGNIFICANTLY WORSE’ AND THE OTHER HALF WOULD SEE FIRST ‘SIGNIFICANTLY BETTER’. MAKE SURE YOU KEEP CONSISTENCY THROUGH THE QUESTIONNAIRE SO THAT CODES FOR SIMILAR QUESTIONS ARE ALWAYS SHOWN IN THE SAME ORDER FOR EACH RESPONDENT

[Single]

E21. Compared to the same time last year, would you say your financial situation is better, worse or about the same?

5. Significantly better

4. Better

3. About the same

2. Worse

1. Significantly worse

99. Would rather not say

[Single]

E22. Over the next 12 months, do you think that your financial situation will get better, worse or stay the same?

5. Significantly better

4. Better

3. About the same

2. Worse

1. Significantly worse

99. Would rather not say

[Single]

E23. Compared to the same time last year, would you say your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> financial situation is better, worse or about the same?

5. Significantly better

4. Better

3. About the same

2. Worse

1. Significantly worse

6. Not sure

99. Would rather not say

[Single]

E24. Over the next 12 months, do you think that your <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> financial situation will get better, worse or stay the same?

5. Significantly better

4. Better

3. About the same

2. Worse

1. Significantly worse

6. Not sure

99. Would rather not say

To what extent do you agree or disagree with the following statements

PROGRAMMER NOTE: [Timestamp E25– E39]

PROGRAMMING NOTE: FOR E25 TO E39 ROTATE ORDER OF CODES, HALF OF RESPONDENTS WOULD SEE FIRST ‘STRONGLY AGREE’ AND THE OTHER HALF WOULD SEE FIRST ‘STRONGLY DISAGREE’. MAKE SURE YOU KEEP CONSISTENCY THROUGH THE QUESTIONNAIRE SO THAT CODES FOR SIMILAR QUESTIONS ARE ALWAYS SHOWN IN THE SAME ORDER FOR EACH RESPONDENT

PROGRAMMING NOTE: IF E1=2, SKIP TO E26

[Single]

E25. I am worried about the security of my current job

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

E26. I feel anxious about my financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

E27. I have difficulty sleeping because of my financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

E28. I have difficulty concentrating because of my financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

E29. I am irritable because of my financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

E30. I have difficulty controlling worrying about my financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

E31. Compared to the same time last year, I have been arguing more with my <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> about money

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

E32. Financial support from the Australian government has reduced my level of financial stress

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

6. Does not apply to me - I did not receive financial support

99. Would rather not say

The following statements are about your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’>. To what extent do you agree or disagree with the following statements.

PROGRAMMING NOTE: IF E2=2, SKIP TO E34

[Single]

E33. My <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> is worried about the security of their current job

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

6. Not sure

99. Would rather not say

[Single]

E34. My <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> feels anxious about their financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

6. Not sure

99. Would rather not say

[Single]

E35. My <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> has difficulty sleeping because of their financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

6. Not sure

99. Would rather not say

[Single]

E36. My <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> has difficulty concentrating because of their financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

6. Not sure

99. Would rather not say

[Single]

E37. My <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> is irritable because of their financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

6. Not sure

99. Would rather not say

[Single]

E38. My <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> has difficulty controlling worrying about their financial situation

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

6. Not sure

99. Would rather not say

[Single]

E39. Compared to the same time last year, my <IF SC6=1-6, ‘partner’s’; IF SC6=7, ‘former partner’s’> level of financial stress has increased

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

6. Not sure

99. Would rather not say

PROGRAMMER NOTE: [Timestamp E40– E47]

[Single]

E40. In the last 12 months, have you or your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> participated in any gambling (including in person and online gambling)?

1. Yes – Me

2. Yes – Partner

3. Yes – Both of us

4. No

99. Would rather not say

PROGRAMMING NOTE: FOR E41, E42, E44 AND E45 ROTATE ORDER OF CODES, HALF OF RESPONDENTS WOULD SEE FIRST ‘INCREASED A LOT’ AND THE OTHER HALF WOULD SEE FIRST ‘DECREASED A LOT’. MAKE SURE YOU KEEP CONSISTENCY THROUGH THE QUESTIONNAIRE SO THAT CODES FOR SIMILAR QUESTIONS ARE ALWAYS SHOWN IN THE SAME ORDER FOR EACH RESPONDENT

PROGRAMMING NOTE:ASK IF E40=1 OR 3

[Single]

E41. Compared to the 12-month period prior to February 2020, has the amount of money you have spent gambling (including in person and online) increased, stayed the same, or decreased?

1. Increased a lot

2. Increased a little

3. Stayed the same

4. Decreased a little

5. Decreased a lot

99. Would rather not say

PROGRAMMING NOTE:ASK IF E40=2 OR 3

[Single]

E42. Compared to the 12-month period prior to February 2020, has the amount of money your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> has spent gambling increased, stayed the same, or decreased?

1. Increased a lot

2. Increased a little

3. Stayed the same

4. Decreased a little

5. Decreased a lot

98. Not sure

99. Would rather not say

PROGRAMMING NOTE: ASK ALL

[Single]

E43. In the last 12 months, have you or your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> been involved in online share trading?

1. Yes – Me

2. Yes – Partner

3. Yes – Both

4. No

5. Not sure

99. Would rather not say

PROGRAMMING NOTE: IF E43=NOT 1 OR 3, SKIP TO E45

[Single]

E44. Compared to the 12-month period prior to February 2020, has the amount of money you have spent on online share trading increased, stayed the same, or decreased?

1. Increased a lot

2. Increased a little

3. Stayed the same

4. Decreased a little

5. Decreased a lot

99. Would rather not say

PROGRAMMING NOTE: IF E43=NOT 2 OR 3, SKIP TO E46

[Single]

E45. Compared to the 12-month period prior to February 2020, has the amount of money your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> has spent on online trading increased, stayed the same, or decreased?

1. Increased a lot

2. Increased a little

3. Stayed the same

4. Decreased a little

5. Decreased a lot

6. Not sure

99. Would rather not say

[Single]

E47. In the last 12 months, have you become concerned about how often your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> is watching pornography?

1. Yes

2. No

99. Would rather not say

[Single]

E46. In the last 12 months, have you become concerned about the type of pornography your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> has been watching?

1. Yes

2. No

99. Would rather not say

SECTION F

PROGRAMMER NOTE: [Timestamp F1 – F14]

Finally, we would like to ask you about the impact of the COVID-19 pandemic on your contact with other people.

[Single]

F1. In the last 12 months, have you been self-isolating on a voluntary or mandatory basis?

Self-isolation includes government imposed conditions such as hotel-based quarantine, self-isolation after COVID-19 testing, remaining at home (shelter-in-place conditions) during lock-down periods, as well as self-isolation periods that you have voluntarily engaged in to minimise your risk of contracting COVID-19.

1. Yes

2. No

99. Would rather not say

PROGRAMMING NOTE: IF F1=2, SKIP TO F3

[Quantity: 1-48, 99]

F2. In the last 12 months, how many weeks have you been self-isolating?

\_\_\_\_\_

99. Would rather not say

[Single]

F3. In the last 12 months, has your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> been self-isolating on a voluntary or mandatory basis?

1. Yes

2. No

3. Not sure

99. Would rather not say

PROGRAMMING NOTE: IF F3=2, SKIP TO F5

[Quantity: 1-48, 98, 99]

F4. In the last 12 months, how many weeks has your <IF SC6=1-6, ‘partner’; IF SC6=7, ‘former partner’> self-isolating?

\_\_\_\_\_\_\_\_\_

98. Not sure

99. Would rather not say

To what extent do you agree or disagree with the following statements

PROGRAMMING NOTE: FOR F5 TO F12 ROTATE ORDER OF CODES, HALF OF RESPONDENTS WOULD SEE FIRST ‘STRONGLY AGREE’ AND THE OTHER HALF WOULD SEE FIRST ‘STRONGLY DISAGREE’. MAKE SURE YOU KEEP CONSISTENCY THROUGH THE QUESTIONNAIRE SO THAT CODES FOR SIMILAR QUESTIONS ARE ALWAYS SHOWN IN THE SAME ORDER FOR EACH RESPONDENT

[Single]

F5.My family really tries to help me

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

F6. I get emotional help and support I need from my family

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

F7. I can talk about my problems with my family

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

F8. My family is willing to help me make decisions

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

F9. My friends really try to help me

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

F10. I can count on my friends when things go wrong

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

F11. I have friends with whom I can share my joys and sorrows

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

F12. I can talk about my problems with my friends

1. Strongly agree

2. Agree

3. Neither agree or disagree

4. Disagree

5. Strongly disagree

99. Would rather not say

[Single]

F13. In the last 12 months, how often have you had contact with friends or family who do not live with you?

Contact means in person, on the phone, email, online, via messaging apps and social media

1. None

2. Once a month

3. A couple of times a month

4. Once a week

5. More than once a week

99. Would rather not say

PROGRAMMING NOTE: FOR F14 ROTATE ORDER OF CODES, HALF OF RESPONDENTS WOULD SEE FIRST ‘INCREASED A LOT’ AND THE OTHER HALF WOULD SEE FIRST ‘DECREASED A LOT’.

[Single]

F14. Compared to the 12-month period prior to February 2020, would you say the level of contact with family and friends who do not live with you has increased, stayed the same or decreased?

Contact means in person, on the phone, email, online, via messenger apps and social media

1. Increased a lot

2. Increased a little

3. Stayed the same

4. Decreased a little

5. Decreased a lot

99. Would rather not say

SURVEY END PAGE

Thank you for your time – we appreciate your input into this survey. If you feel distressed or upset about anything, or need some advice, please contact one of the below listed services.

Emergency services (available 24/7)

* Police/ambulance/fire: 000
* Lifeline Australia anytime: 13 11 14, or visit the website: <https://www.lifeline.org.au>.

Other services (available 24/7)

* Relationships Australia: 1300 364 277 <https://www.relationships.org.au/>
* National Sexual Assault and Domestic Family Violence Counselling Service (1800RESPECT): 1800 737 732 https://www.1800[respect.org.au/](http://respect.org.au/)
* Family Relationship Advice Line: 1800 050 321
* Family Drug Support Australia: 1300 368 186 <https://www.fds.org.au/>
* SANE Australia: 1800 187 263 <https://www.sane.org/>
* No to Violence: 1300 766 491 <https://ntv.org.au/>

Online services

* Several safety apps are available for download from 1800RESPECT: https://www.1800[respect.org.au/help-and-support/safety-apps-for-mobile-phones/](http://respect.org.au/help-and-support/safety-apps-for-mobile-phones/)
* The Daisy app provides information about local services and includes safety features that protect your privacy
* The Sunny app is for women with a disability who have experienced violence and abuse



1. There were 755 interviews with a survey duration of “zero”. These interviews didn’t record a survey duration in the Confirmit system. This is due to the Confirmit system not recording survey durations longer than one hour. This was most likely because the respondent paused the survey and returned to it at a later time. Where respondents paused the survey, and the time to complete the survey exceeded one hour (including this pause), the survey duration was not recorded. [↑](#footnote-ref-2)