DAHLIA-19

DOMESTIC ABUSE:
Harnessing Learning Internationally under COVID-19

AUSTRALIAN COUNTRY REPORT

"Never waste a crisis": Domestic and family violence policy and practice initiatives in response to COVID-19

DECEMBER 2021

ANROWS

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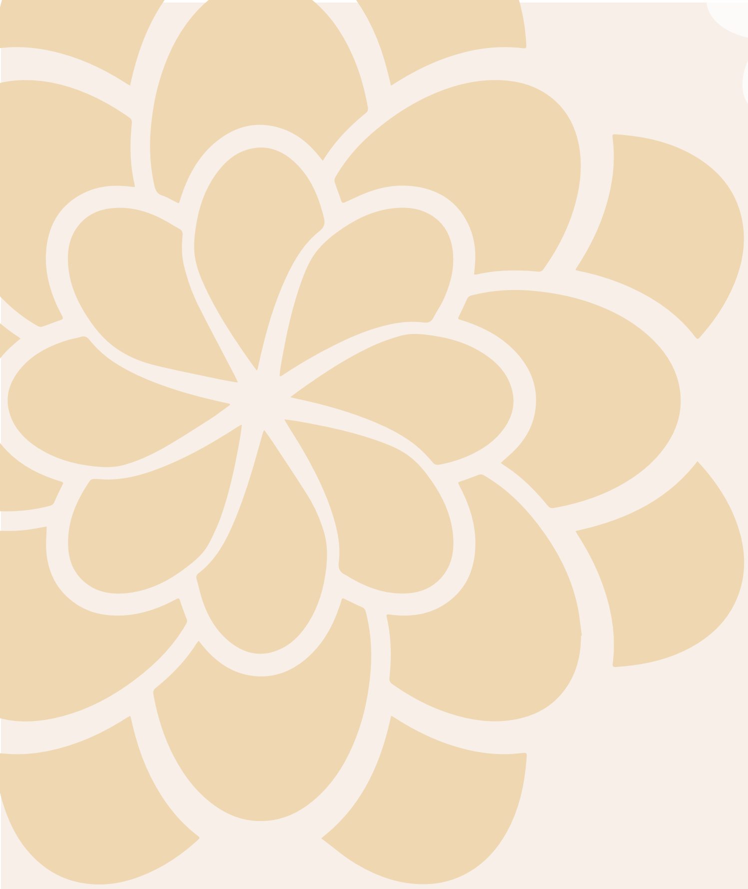

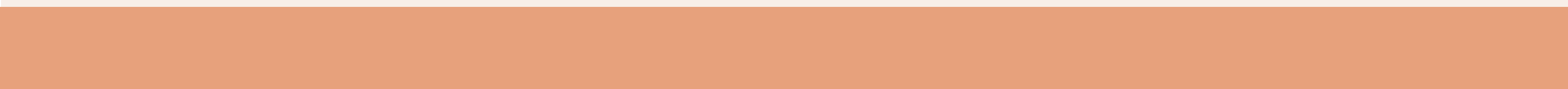

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“Never waste a crisis”: Domestic and family violence policy and practice initiatives in response to COVID-19

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Key messages

In Australia, the shadow pandemic of domestic and family violence evolved as a crisis alongside the health and economic crises created by COVID-19. The response to the crises provided both opportunities and challenges. A number of recommendations arise from our understanding of the Australian response to date:

- Shift to a hybrid model of online and face-to-face services.
- Maintain high levels of collaboration internally and between government, NGOs, peak bodies and different organisations.
- Continue untied funding models to allow for nimble and flexible responses.
- Allow for the continuation of pared-back and flexible bureaucratic processes.
- Conduct further research into the impacts of the crisis and further funding on marginalised groups.
- Ensure funding for marginalised groups that is commensurate with their needs.
- Proactively address inequality issues which COVID-19 has highlighted.
- Address the backlog in the court system.
- Continue proactive policing to target perpetrators.
- Increase the provision of temporary accommodation from the five-day minimum.
- Continue to research and evaluate the new initiatives that have emerged in response to COVID-19.
- Highlight the prevention agenda and the role of the media in making DFV visible.
- Continue research on children’s experiences of DFV during COVID-19.

Introduction

The impact of the COVID-19 virus internationally has been profound, life changing and life threatening. Every sector and every government has rallied to find its own prevention and response strategies. The response to the increased threats posed by and opportunities available to domestic and family violence (DFV)[1] perpetrators is no exception. The shadow pandemic of DFV has been appropriately identified (UN Women, 2020) in recognition that women and children living with a perpetrator of DFV during lockdowns will be highly vulnerable to increased abuse, an initial concern now verified by research (Boxall et al., 2020).

This report examines prevention strategies and responses to DFV in Australia during the first year of the COVID-19 pandemic and up until June 2021. It looks broadly across Australian initiatives that were implemented within this time frame, and provides a more detailed exploration of initiatives in Victoria, which experienced almost four months of lockdown in the second half of 2020. A limitation of the study is its focus on large cities, but where possible, changes in service delivery to rural, regional and remote communities have been addressed. Through interviews with 10 experts and a rapid review of 31 documents, a summary report has been written. This Australian country report will contribute to an analysis and synthesis across four countries (Australia, the United Kingdom, Ireland and South Africa). The research has been driven by recognition that in spite of the devastation wrought by COVID-19, there were also opportunities and initiatives that were developed in response to this crisis that are important to document and examine. The notion of "never waste a crisis" is evident within this response.

1. In Australia, the term "domestic and family violence" is frequently used. The term recognises that domestic violence is used to denote a gendered understanding embracing all forms of coercive control and physical and sexual abuse. The term "family violence" is preferred by Aboriginal and Torres Strait Islander peoples; this term recognises violence between family members and kinship relations, including children, as well as between intimate partners. Domestic and family violence is an inclusive term to recognise different dimensions and terminology preferences in Australia and is inclusive of children and young people and their experiences.

Background and context

Picture of DFV service provision pre-pandemic

In Australia, DFV since colonisation has often seemed to be an "intractable" problem (Finnane et al., 2020). Homicide rates declined dramatically between the early to mid-19th century and the end of the 20th century. While in the latter period, men represented a greater proportion of deaths from homicide than women, the decline in risk of homicide was far greater for men than for women, since the general decline in interpersonal violence stemmed largely from a decline in male fatalities and a decline in men killed by men (Finnane et al., 2020). In Australia in 2020, more than one third (37%; 145/396) of homicide victims were victims of DFV-related incidents (Australian Bureau of Statistics, 2021). Australia's "history of colonialism, dispossession and protracted disadvantage of Aboriginal people" has contributed to a disproportionately high number of Aboriginal women victims of intimate partner homicide (Finnane et al., 2020).

In 2011, an intergovernmental body, the Council of Australian Governments (COAG; dissolved in May 2020 following the establishment of the National Cabinet in March 2020 and the National Cabinet's agreement to form the National Federation Reform Council in May 2020), endorsed and released Australia's *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan), recognising that "violence against women and their children is a complex problem that requires a long-term plan for action" (Australian Government, n.d.). A series of four three-year action plans were designed to

> connect the important work being done by all Australian governments, community organisations and individuals to reduce violence so we can work together to ensure each year, less women experience violence and more women and their children live safely.
> (AUSTRALIAN GOVERNMENT, N.D.)

The current National Plan expires on 30 June 2022, and at the time of writing (June 2021), the next National Plan is under development.

SECTORS INVOLVED IN PROVISION OF DFV PROGRAMS

The National Plan aims to connect the important work being done by all Australian governments, community organisations and individuals to reduce violence so that we can work together to ensure that each year, less women experience violence and more women and their children live safely. *The Fourth Action Plan (2019–2022)* of the National Plan focuses on five key priorities:

1 | primary prevention

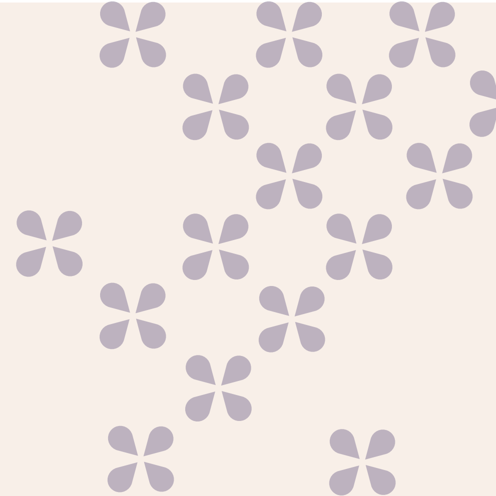
2 | supporting Aboriginal and Torres Strait Islander women and their children

3 | respecting and responding to the diverse lived experience and knowledge of women and their children affected by violence

4 | responding to sexual violence and sexual harassment

5 | improving support and service system responses.

Various programs and initiatives have been implemented under these key priorities. Programs and initiatives span all levels of government as well as non-government, business and community sectors. These include legal and policy, health, mental health, disability, family and relationships, housing, and alcohol and other drugs sectors (Australian Government, 2019).



COVID-19 information

To coordinate Australia's response to the COVID-19 pandemic, COAG formed a National Cabinet made up of the Prime Minister and premiers and chief ministers of all state and territory governments. Prime Minister Scott Morrison announced the formation of the National Cabinet on 13 March 2020 (Parliament of Australia, 2020). In the first months of the pandemic, the National Cabinet - coordinating the public health response to the pandemic across state boundaries - made decisions on issues including social distancing measures, school closures, a moratorium on evictions and capping the number of international arrivals to Australia. The Commonwealth Government continued to hold responsibility for the national economic response to the pandemic as well as international border decisions[2] and quarantine measures.

KEY DATES OF MAJOR LOCKDOWNS AND RESTRICTIONS IMPOSED

The first limit imposed in response to the COVID-19 pandemic was advice against holding non-essential, organised public gatherings of more than 500 people, effective from 16 March 2020 (Prime Minister of Australia, 2020, March 13). On that same day, the National Cabinet endorsed a range of measures designed to reduce community transmission of the virus (Prime Minister of Australia, 2020, March 16):

- a universal, precautionary, 14-day self-isolation requirement on all international arrivals (i.e. citizens, residents and visitors alike)
- a ban on cruise ships from foreign ports arriving at Australian ports
- application of the principle of social distancing (i.e. maintaining a 1.5-metre distance from other people) in schools, universities and workplaces, and on public transport.

The National Cabinet specifically noted on this occasion that there was currently no requirement for schools to close.

As of 28 March 2020, all international arrivals were to be sent to a designated facility (in many cases, a hotel) to complete their 14-day period of mandatory self-isolation (Prime Minister of Australia, 2020, March 27). The National

2. State and territory governments have been responsible for decisions pertaining to domestic borders.

Cabinet requested that only children of workers who could not provide suitable arrangements to support home learning physically attend school (Prime Minister of Australia, 2020, March 27). School attendance would differ by state and territory as lockdowns were announced and eased.

The National Cabinet announced its highest level of restrictions on 29 March, 2020. They included limiting indoor and outdoor gatherings to two people (with exceptions for people of the same household, funerals, weddings and family units), with the note that "individual states and territories may choose to mandate and/ or enforce this requirement" (Prime Minister of Australia, 2020, March 29b). The National Cabinet issued strong guidance for all Australians to stay home, with the following exceptions:

- shopping for food and necessary supplies
- medical or healthcare needs (including compassionate requirements)
- exercise (in line with the public gathering requirements)
- work and study, if these could not be done remotely.

On the topic of states and territories making their own decisions about further restrictions on activities, the National Cabinet noted:

> States and territories agreed they would implement further measures specific to their own region, including closing categories of venues, where medical advice supported this action. These measures would be risk-based and targeted at non-essential activities. **(PRIME MINISTER OF AUSTRALIA, 2020, MARCH 29B)**

These further measures have been observed in a number of lockdowns implemented since March 2020 by various state and territory governments at various times. Victoria endured almost four months of lockdown in 2020, from 7 July to 28 October.

PROGRESS WITH VACCINATION AS OF 30 JUNE 2021

As of 30 June 2021, 7,645,585 vaccine doses had been administered (Australian Government. Department of Health, 2021a).

DEATH AND CASE RATES AS OF 30 JUNE 2021

As of 30 June 2021, there have been 30,610 cases of COVID-19 diagnosed in Australia and 910 deaths from the virus (Australian Government. Department of Health, 2021b).

VULNERABLE GROUPS

The following groups were identified as particularly vulnerable both to COVID-19 and to restrictions imposed to attempt to reduce the spread of the virus:

Aboriginal and Torres Strait Islander peoples: the Australian Government Department of Health (Commonwealth of Australia. Department of Health, 2021, n.p.) notes that "Aboriginal and Torres Strait Islander people can be at higher risk in any public health emergency", and that, due to logistical challenges associated with living in remote communities, including increased difficulties in accessing healthcare and a higher reliance on outreach services, Aboriginal and Torres Strait Islander peoples and people living in remote communities face an increased health risk from COVID-19.

People aged 65 and over: 16 per cent of the Australian population falls into this age group, deemed the group most epidemiologically at risk (ABS, 2019).

People with disability: chronic conditions or a weakened immune system, difficulties faced in physical distancing, and barriers to implementing basic hygiene measures or safely wearing face masks mean that some people with disability are at greater risk of more serious illness as a result of a COVID-19 infection (Australian Government. Department of Health, n.d.).

Women and children with DFV perpetrated against them: restrictions imposed to limit the spread of COVID-19 have also meant that in some cases, for example, women and their children are trapped with their abusers and cut off from supports and services. As early as March 2020, Prime Minister Scott Morrison noted:

> Google is seeing the highest magnitude of searches for domestic violence help that they have seen in the past five years with an increase of 75 per cent and some services are already reporting an increase in demand.
> (PRIME MINISTER OF AUSTRALIA, 2020, MARCH 29)

Further information on this group follows in the next section.

Rates and experience of DFV under COVID-19

This section focuses for the most part on national data with a brief look at Victorian crime statistics pertaining to that state's extended lockdown in the second half of 2020.

RISK FACTORS FOR DFV

COVID-19 has increased the number and severity of risk factors for DFV. Some reflect those documented during prior health pandemics and natural disasters (Parkinson & Zara, 2013) including increased physical proximity to perpetrators, economic stress and unemployment, housing instability, trauma and grief. Social isolation measures put in place in response to the pandemic pose additional risks. There are fewer opportunities for victims and survivors to leave the home or access support networks of friends and family, and reduced social contact makes DFV less visible (Boxall et al., 2020). Children unable to attend school are at greater risk of exposure to DFV, and frontline DFV practitioners interviewed as part of a nationwide study

> explained that they rely on teachers and school staff to detect early signs of child abuse and that without this they were concerned that children at risk were not being identified.
> (CULLEN ET AL., 2020, P. 16)

There has also been an increase in alcohol consumption (Biddle et al., 2020), which is known to be a contributing factor in DFV (ANROWS, 2017). An increased reliance on technology to communicate may also be contributing to a recorded increase in reports of technology-facilitated abuse, including image-based abuse (Flynn et al., 2021).

VICTIMS OF HOMICIDES AND SEXUAL ASSAULT

According to the Australian Bureau of Statistics (ABS; 2021), of the total number of victims of homicide and related offences recorded by police in Australia in 2020, more than one third (37%, or 145/396) were victims of DFV-related homicide incidents.

Similarly, more than one third (37%, or 10,162 out of 27,505) of victims of sexual assault incidents in 2020 were victims of DFV-related sexual assault incidents, an increase of 13 per cent on 2019 (ABS, 2021).

EXPERIENCES OF DFV

In May 2020, the Australian Institute of Criminology surveyed 15,000 women aged 18 and over about their experiences of domestic violence since February. Of these women, 4.6 per cent experienced physical or sexual violence from a current or former cohabiting partner; 5.8 per cent experienced coercive control; and 11.6 per cent reported experiencing at least one form of emotionally abusive, harassing or controlling behaviour (Boxall et al., 2020). These figures rose to 8.2 per cent, 11.1 per cent and 22.4 per cent, respectively, for women in cohabiting relationships (Boxall et al., 2020).

Violence started for the first time or escalated in the three months prior to the survey for 65.4 per cent of women who experienced physical or sexual violence, and 54.8 per cent of those who experienced coercive control (Boxall et al., 2020). Among women who had experienced physical or sexual violence from their current or former cohabiting partner prior to February 2020, more than half (53.1%) said the violence had increased in frequency or severity in the last three months (Boxall et al., 2020).

In further research, 10,000 women living in Australia were asked about experiences of intimate partner violence (IPV) during the first 12 months of the pandemic. The report found that a significant proportion of women experienced first-time and escalating violence. Many women attributed these changes to factors associated with the pandemic (Boxall & Morgan, 2021, p. 47).

The findings also highlighted the diverse experiences of violence among women, in that not only did the forms of violence vary, so too did the severity and frequency of violence. These findings reinforce the need for policy and planning to take into account the complexity and diversity of experiences of IPV during the pandemic, and that the impacts of this violence will extend beyond the pandemic period (Boxall & Morgan, 2021, p. 44). The research also shows the impact of the pandemic on help-seeking behaviour, with many women who wanted to seek help unable to due to safety concerns (Boxall & Morgan, 2021, p. 46).

SERVICE PROVIDERS AND COURTS

In a national survey of DFV agencies and clients covering June to August 2020, more than two thirds of service providers reported an increase in clients and more than 40 per cent reported that their clients mentioned an increase in controlling and coercive behaviours (Hermant, 2021).

In April 2020, the Family Court of Australia and the Federal Circuit Court of Australia established a court list to deal with urgent parenting-related disputes related to the pandemic after an increase in the number of urgent applications filed over a four-week period in March and April 2020: a 39 per cent increase in the Family Court and a 23 per cent increase in the Federal Circuit Court (Family Court of Australia, 2020, April 26).

VICTORIAN LOCKDOWN

There was a 9 per cent increase in family violence incidents recorded by Victoria Police in 2020 (up by 7,978 incidents to 92,521). Metropolitan Melbourne, where the severe lockdown measures were in place for longer than they were in regional Victoria, experienced spikes in the number of family violence incidents in March, May, June, August and October of 2020 (Burgess et al., 2021, p. 20). These spikes did not align exactly with the lockdowns, or even easing of restrictions, and this is an area where more research is required to understand the shifts in the data. While stage 4 restrictions, the most severe, were in place in Victoria, calls to the crisis support hotline of Safe Steps, Victoria's family violence response centre, spiked by 20 per cent (Kennedy, 2020).

COVID-19 responses in other sectors relevant for DFV

The focus in the following sections will be on Australian Government responses in sectors relevant for DFV.[3] These responses came in addition to the $150 million Domestic Violence Support Package allocated to support Australians experiencing DFV and were designed to boost programs already in place under the National Plan announced at the end of March 2020, including support programs for victims and survivors, and counselling services for victims and survivors and perpetrators (Prime Minister of Australia, 2020, March 29a).

BENEFITS AND UNEMPLOYMENT

In response to the financial and employment impacts of COVID-19, the Australian Government implemented two major benefit schemes: the Coronavirus Supplement (an add-on to the JobSeeker Payment) and the JobKeeper Payment.[4]

The JobSeeker Payment, a continuation of an already existing unemployment benefit called Newstart Allowance until March 2020, was bolstered by a temporary $550 "Coronavirus Supplement" paid to recipients each fortnight from March to September 2020 (Australian Government. The Treasury, 2020a). This amount was gradually reduced until the supplement was replaced with a permanent $50 per fortnight raise to the base rate of working age payments in March 2021. Other welfare payments, including Youth Allowance, Parenting Payment, and Farm Household Allowance, also attracted the temporary supplement.

The JobKeeper Payment was a temporary wage subsidy program. In the first phase eligible entities received $1,500 per fortnight for each eligible employee. From 28 September 2020 the Payment was tapered, two tiers of payment were introduced, and it was targeted to those businesses that continued to be significantly affected by the economic downturn. It was a condition of the payment that amounts received were passed through to eligible employees. The JobKeeper Payment ended on 28 March 2021 (Australian Government. The Treasury, 2020b).

3. State and territory responses in the sectors identified were multiple and varied. They are captured here: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements

4. A COVID-19 Disaster Payment was introduced in June 2021 as income support for individuals unable to work due to state and territory public health orders. See https://www.servicesaustralia.gov.au/individuals/services/centrelink/covid-19-disaster-payment

EVICTIONS

On 29 March 2020, the National Cabinet agreed to a six-month moratorium on evictions for both commercial and residential tenancies in "financial distress" (Prime Minister of Australia, 2020, March 29b).

CHILDCARE

On 2 April 2020, the Prime Minister announced that childcare would be free for all parents with children currently enrolled. At an estimated cost of $1.6 billion, the Australian Government paid half of the operating costs of Australian childcare and early childhood learning centres (Duffy et al., 2020). This scheme ended on 12 July 2020, and the pre-existing childcare subsidy was reintroduced (Stewart, 2020).

MENTAL HEALTH

On 29 March 2020, the Prime Minister announced the expanded provision of Medicare-subsidised telehealth services for mental health treatment, as part of a $669 million initiative to expand these services for a range of health concerns. A number of additional measures were announced on the same day including the following (Prime Minister of Australia, 2020, March 29a):

- $74 million to support Australians' mental health and wellbeing
- a digital mental health portal, Head to Health (www.headtohealth.gov.au)
- a national communications campaign to provide information about maintaining mental wellbeing and where to find further support
- $10 million to create a dedicated coronavirus wellbeing support line
- $14 million to boost the capacity of mental health support providers
- dedicated mental health support for frontline health workers.

A further $48.1 million in funding was announced in May 2020 as part of the National Mental Health and Wellbeing Pandemic Response Plan (Australian Government. Department of Health, 2020, May 15).

LEGAL ASSISTANCE

On 6 May 2020, the Australian Government announced additional funding of more than $63 million over 2019–20 and 2020–21 to support the legal assistance sector to respond to increased demand and facilitate virtual service delivery as a result of COVID-19. This included:

- $49.8 million for additional front-line legal services such as legal advice or representation, of which a minimum of 40 per cent was required to be spent on matters involving domestic violence.
- $13.5 million for IT to support the sector's transition to delivering assistance virtually and online. Funds were provided to legal aid commissions, community legal centres, Aboriginal and Torres Strait Islander Legal Services, and Family Violence Prevention Legal Services. States and territories were encouraged

to match the Commonwealth's investment, as well as to consider funding to address specific demand for state-based legal matters.

BANKING

Banks have responded to the economic impact that the COVID-19 pandemic has had on DFV, particularly its impact on rates of financial abuse.

Commonwealth Bank's Next Chapter program launched in 19 July 2020, building on its previous work in addressing financial abuse of its customers impacted by DFV. Initiatives launched by Commonwealth Bank have increased accessibility through its banking services for customers to reach out during the lockdowns, and the bank has partnered with Good Shepherd to establish the Financial Independence Hub to assist victims and survivors of financial abuse to achieve long-term financial independence (Commonwealth Bank of Australia, 2021).

Banks including Commonwealth Bank and Westpac have also implemented measures that automatically block transactions to prevent perpetrators from being able to use abusive language in a transaction description (Commonwealth Bank of Australia, 2021; Westpac, 2021).

Methodology

STUDY AIMS AND OBJECTIVES

The DAHLIA-19 study was underpinned by two broad research aims:

1 | To capture and assess policy and practice initiatives in four countries – the United Kingdom, Australia, Ireland and South Africa – in responding to DFV under COVID-19.

2 | To disseminate the findings to key stakeholders to inform policy and practice that can be used to build strategies for recovery, any further lockdowns and the longer term future of DFV services in the United Kingdom and elsewhere.

The mapping study was to be undertaken within a short period of approximately six months in order for the findings to be available to inform recovery from the pandemic and any further lockdowns. Therefore, involvement of key stakeholders with membership of relevant professional, policy, research and practice networks were essential for the rapid identification and collection of information. In addition to a range of partner organisations that committed to supporting and assisting the research from the application stage, stakeholder engagement was elicited from the DFV sector and other relevant sectors such as criminal justice, health, children's services and social care through their early involvement in meetings aimed at generating key questions, and sustained thereafter through stakeholder meetings and webinars providing reports on study progress and early findings.

Engagement with both policy and practice representatives in these forums assisted in identifying both top-down and bottom-up initiatives. A wide range of stakeholders was targeted to ensure that the study captured initiatives and interventions aimed at all family members experiencing DFV: victims and survivors, perpetrators and children. This approach also facilitated exploration of the question of whether there was evidence of collaboration and coordination between different sectors and services under COVID-19.

Victims and survivors and their families were not directly included in this research as the time available for recruitment and ethical approval was limited. However, two victims' and survivors' advisory groups were convened in the United Kingdom to ensure that their perspectives contributed to the study. These groups addressed questions about families' experiences under COVID-19 and which messages and interventions had the potential to be useful and accessible. These groups were recruited through specialist DFV organisations that provided members with support and facilitated the meetings led by the researchers. Located in England and Wales, each group met on three occasions during the study's lifetime.

Ethical approval was provided for the study by all four university partners and care has been taken throughout the study to protect the safety and anonymity of all participants.

Input from stakeholders and the victims' and survivors' advisory groups was used to develop the following research questions for the mapping study. These questions were addressed in all four countries, though it was recognised that some country partners would have more data than others in response to some questions.

1 | To what extent and how have policy and funding strategies fostered collaboration within the DFV sector and between the DFV sector and other sectors (e.g. housing, education, health)?

2 | To what extent and how have DFV policy and funding strategies in response to COVID-19 been developed in consultation with the DFV sector and victims and survivors (adult and child)?

3 | How did policy and funding strategies in response to COVID-19 take into account the existing national context of DFV infrastructure and service delivery?

4 | How have policy and funding strategies implemented in other sectors (e.g. housing, benefits, health, education) contributed to specific benefits or barriers for families living with DFV?

5 | What has been learnt under COVID-19 about how both first-response services and specialist DFV services can build fast and accessible routes to safety for victims and survivors and children?

6 | What has been learnt under COVID-19 about delivering DFV services remotely to victims and survivors and children?

7 | What has been learnt under COVID-19 about delivering DFV services to diverse and vulnerable groups?

8 | What has been learnt under COVID-19 about delivering DFV services to perpetrators?

9 | How has the capacity of DFV services been protected or strengthened under COVID-19?

10 | Which public health and other public messages addressing DFV are perceived to have had most impact and reach on the general public, victims and survivors, perpetrators, children and practitioners?

MAPPING STUDY STAGES

RAPID REVIEW

Early meetings with stakeholders provided links to relevant sources and initiatives. Following the first stakeholder meeting, a call for evidence was circulated to a list of relevant informants, compiled with the help of partner organisations and stakeholders. The call for evidence used a condensed version of the research questions above to request information on policy and practice initiatives addressing DFV for victims and survivors, perpetrators and children under COVID-19. No responses were received and this information was supplemented by proactive searches of relevant websites and databases, information supplied by interviewees (see below) and back-linking from published papers and media accounts. Thirty-one documents were reviewed including government documents, reports from

professional organisations and NGOs, and data on DFV services and initiatives, including helpline data. Data was extracted and stored on a spreadsheet designed to be used across all four countries. A simple data appraisal tool influenced by questions used in the European Institute for Gender Equality (EIGE) study was incorporated into the spreadsheet. Analysis used a common framework across all four countries with some local variations.

EXPERT INTERVIEWS

Eleven interviews (with 12 participants) and one focus group were completed with practitioners and leaders from relevant policy and practice sectors. In recruiting interviewees, we aimed to identify individuals with a broad national perspective who could fill gaps in our review data. A common interview schedule was used in all four countries with questions informed by the research questions above, which also gave interviewees the opportunity to provide in-depth knowledge from their field of expertise. In Australia, nine interviewees were employed by NGOs; one worked for a public service; one was an academic; and one worked in the media. All interviews were recorded, transcribed (or notes taken) and analysed using the framework employed for the rapid review.

Results

Q1 | Policy and funding strategies fostering collaboration, multiagency working and communication

A key shift identified by most participants and many reports lay in the increased collaboration between organisations and government at both the practice and policy levels. Participants highlighted increased collaboration and communication, more multiagency working, leveraging of existing relationships and faster decision-making. The issues of funding are addressed under Q5.

COMMUNICATION BETWEEN GOVERNMENT AND THE DFV SECTOR

In some states and territories, direct, usually online communication was established between the relevant minister/s, community sector organisations and peak bodies.[5] It was noted in interviews that ministers were more available because they were travelling less, but also that the environment between government and the DFV sector was more constructive. Meetings had previously been exceptional rather than the norm but the pandemic ensured not only communication with the minister but also regular updates from other organisations who were part of these meetings (Family Violence Reform Implementation Monitor [FVRIM], 2020; Participant 1). "If there were problems, she [the minister] would take them on board and look to solve them. If it was non-legislative it was easier to solve." (Participant 7)

At the federal level, the Minister for Women held several roundtables with a diverse range of participants to support access and communication channels (see e.g. Submission 71.1 to the Standing Committee on Social Policy and Legal Affairs' Inquiry into family, domestic and sexual violence; Australian Government. Department of Social Services, 2020).

International collaborations were also established, with No to Violence (NTV) in Australia holding meetings every six weeks with RESPECT in the United Kingdom to share support, experiences and learnings (Participant 6).

FAST DECISION-MAKING

It was clear that decision-making was able to occur much faster than previously. It was noted that the disaster response created an opportunity, and "that reforms that would take many years were sped up" (Participant 1). "It was an emergency environment where it was possible just to do things – close borders, make lockdowns, etc." (Participant 7)

5. In Australia, peak bodies have been formed to draw together non-government organisations with common interests with a view to providing a stronger advocacy voice for a specific sector.

One of the reports noted that the COVID-19 pandemic has prompted an impressive display of agility within the community services sector, with organisations reporting a shift to more efficient decision-making processes resulting in increased responsiveness to service user needs (Victorian Council of Social Service [VCOSS] & Future Social Service Institute [FSSI], 2020a).

The greater level of trust between government and the community services sector meant that there was some relaxing of regulations around compliance which led to organisations having greater ability to adapt and respond to emerging issues. Many referred in different ways to the "cutting of red tape" (VCOSS & FSSI, 2020a). Examples were provided of streamlining bond voucher applications by housing departments, increased flexibility from government departments, strategies for gaining client consent, and amendments to service guidelines allowing, for example, the purchasing of smartphones for clients.

STRENGTHENED IN-HOUSE COMMUNICATION

It was not only between organisations and government that the efficiency and regularity of communication increased. Within organisations there was greater attention to information sharing. The rapid uptake of digital technology led to improvements in information flow. Some NGOs established dedicated intranet hubs or virtual platforms to facilitate the flow of information while others utilised regular "town hall" meetings and virtual "common rooms". The social services peak body reported that organisations now found it easier to gather key decision-makers together due to the widespread introduction of virtual meetings (VCOSS & FSSI, 2020a), an issue commented upon widely in the interviews as well. In particular, some organisations reported a substantial increase in multiagency or single-agency case conferences as these could be set up in a timely way, with no travel time to consider (Interview 11).

INCREASED MULTIAGENCY WORKING

A wide range of strategies either emerged or were enhanced in the response to COVID-19. Two surveys of workers and service providers (N=173) indicated that increased collaboration between agencies was the most common response (Pfitzner et al, 2020; VCOSS & FSSI, 2020a). Such examples of collaboration included DFV workers working with statutory child protection, and housing and emergency services providing food and clothing (Pfitzner et al., 2020). This was a similar finding to that based on 43 interviews representing 50 different organisations which again pointed to increased collaboration across all human services sectors, including the DFV sector (VCOSS & FSSI, 2020a).

A number of practice responses were evident. Both participants and reports mentioned a greater use of secondary consultations and call merging, particularly between universal services such as GPs, schools, maternal and child health, and the specialist DFV sector (Interview 1). The secondary consults could then lead to access to comprehensive risk assessment and management or access to brokerage funds.

Some innovative safety strategies were developed through collaborative practice.

> ... like coordinating between the family safety contact worker and person working with perpetrator. The men's worker would call him, check in, ask him where he was and say, "Maybe it's a good opportunity to sit outside on the step and have a chat to me", so that the family safety contact worker could actually call her with a little more certainty that they might be able to have a real conversation with her. A lot of practice innovation and cleverness, and people wrangling what to do.
> **(PARTICIPANT 6)**

A range of multiagency initiatives with perpetrators was instituted across different states (see later section on perpetrators). In some states or localised areas, the relationship between the local DFV service and the police was strengthened through police attending proactively to high-risk perpetrators alongside contacting the DFV workers when they were going out to specific perpetrators to ensure simultaneous attention to the victim and survivor (Interviews 6 & 7).

The community sector saw widespread collaboration between organisations, particularly those with pre-existing relationships. Examples were given of working together over the Christmas and New Year period to cover the increase in demand combined with the decrease in staff availability as this time creates the need for a crisis response to the increase in youth suicide, including queer youth suicide (Participant 8).

Examples of leveraging previous partnerships outside the community service sector were also raised. Relationships with corporate organisations were used to gain access to devices and data plans for DFV survivors (Interview 8; VCOSS & FSSI, 2020a). On a different level, a strong partnership between university disability academics and a women's disability organisation led to consistent advocacy about the invisibility of women and child victims and survivors in the sector, including those living with DFV (Interview 2).

SUMMARY

COVID-19 ushered in greater collaboration both nationally and internationally. The DFV sector found it had greater access to government, NGOs and peak bodies and was able to push forward innovations and reforms required to respond to the crisis that would have normally taken much longer. Reports found increased efficiency in decision-making processes between the sector and government and streamlining of bureaucracy. Technology facilitated improved communication in-house and made it easier to gather key decision-makers together. Greater interagency collaboration was evident to mitigate the pressure on the system and combat peak period demand. These working partnerships were also found between the DFV services and other health services as there was an increase in secondary consultations and call merging in practice. Agencies also leveraged partnerships outside of the community service sector to improve practice responses.

Q2 | Consultation with the DFV sector and victims and survivors (adult and child)

As discussed in response to Q1, avenues for consultation between government and the sector were increased in response to the COVID-19 crisis. Consultation between different NGOs and peaks also was more active and engaged and differences were put aside, particularly in Victoria and New South Wales where data collection was focused. However, it was notable that the consultation with the DFV sector was stronger than the consultation with victims and survivors.

CONSULTATION WITH THE DFV SECTOR

The previous section discussed specific mechanisms established for regular high-level meetings. While in Victoria there were regular meetings between ministers and DFV organisations, the NSW Government instigated a weekly meeting between all the DFV peak bodies (NTV, Wirringa Balya, Women's Safety NSW, Women's Legal Service) and the Statutory Child Protection Agency and Corrective Services (Department of Communities and Justice) to advocate for issues as they arose. The regular meeting continues, though monthly rather than weekly.

In Victoria, there was also consultation with government about the primary prevention agenda. This particularly explored the development of a primary prevention framework for disaster management and principles to inform primary prevention activity in all phases of the disaster cycle: response, recovery, mitigation and preparedness. It included the impact of the pandemic on the prevention workforce, the drivers of violence and the development of shared advocacy statements (FVRIM, 2020).

CONSULTATION WITH VICTIMS AND SURVIVORS

In Victoria, the Experts by Experience framework has been developed to create the principles for working with both adults and young people with lived experience (Lamb et al., 2020). This was not a specific COVID-19 initiative, but it was a framework that was timely for the DFV sector and commented upon by workers in other states. The Victim Survivor Council in Victoria (VSAC), a Ministerial-appointed group, had vocal advocates and regular mechanisms for meeting with government (FVRIM, 2020). However overall, direct consultation with victims and survivors has not been as evident as consultation with DFV sector workers and managers and peak bodies.

In the out-of-home-care sector where most of the children and young people have had experiences of DFV, there were examples of on-the-ground consultation with young people. One community sector organisation undertook extensive consultation with young people in their residential houses. There was recognition that ideas for managing their houses needed to come from the ground up. Based on consultation between young people and workers, the organisation used funds to buy trampolines, sports equipment and screens, and to respond in a nimble way to whatever was needed in the house:

> Co-production with young people through house meetings was important to get their views and ideas. Rules were made for visitors/workers: "We have our own hygiene stand and we expect the workers to use it when they come in" etc. Engaging the kids was important. **(INTERVIEW 4)**

However, more broadly, there was also recognition that children and young people were not consulted in any systematic way about their experiences or recommendations for managing during disasters.

SUMMARY

There was evidence of consultation by the government with the DFV sector but less so with victims and survivors. In New South Wales, weekly meetings were held between peak bodies, child protection and correctional services. In Victoria, regular meetings were conducted between ministers and the DFV sector. There was continued exploration in these consultations of the primary prevention agenda at all stages of the disaster cycle. While those with lived experience were not extensively consulted, the Experts by Experience framework, an initiative introduced prior to the pandemic, was frequently referenced as timely in response to COVID-19. Advocacy was widely evident particularly for women with disability but the extent to which action was taken as a result is unclear. On-the-ground consultation was conducted with young people in out-of-home-care but these people, the majority of whom have been impacted by DFV, were not consulted on a systemic level about approaches to the pandemic.

Q3 | Responding to the existing national context of DFV infrastructure and service delivery

A wide range of changes occurred across different sectors that interfaced with DFV victims and survivors, children and perpetrators. These included initiatives in workforce development, extension of existing practices in the DFV sector, health sector responses to telehealth, increases in funding to existing initiatives and extension of policing initiatives. There is not a distinct line between new initiatives in response to COVID-19 and the adaptation and extension of current initiatives.

WORKFORCE DEVELOPMENTS

A DFV job hub was developed in Victoria on the Victorian Government website.[6] The platform aims to grow the family violence workforce by raising awareness among jobseekers and promoting the diversity of roles available. It also provides access to a Family Violence Jobs Portal where jobseekers can search and apply for family violence sector roles. The portal was developed for potential workers to find

6. See https://jobs.familyviolence.vic.gov.au/search-results?industryId=0&page=1

positions and for employers to search for potential workers to fill positions including urgent short-term roles during the COVID-19 pandemic. While it was recommended five years earlier by the Royal Commission as an important development, the crisis of the pandemic created the urgency required to respond to this employment need.

EXTENDING PRACTICE IN THE SPECIALIST DFV SECTOR

Existing practices were extended to respond to the pandemic environment. This included listening and attending to the needs of women according to their communication preference, for example over the phone or using video, and discussing the management of general safety concerns and special issues that COVID-19 had caused such as social isolation and technology-facilitated abuse (Laing, 2020). Other developments that had been "on the back burner" were brought forward. For example, in Victoria, the DFV online helpline was able to develop and provide a chat function, an issue which had been identified as a need, but never the most urgent priority (Interviews 1 & 10).

POLICING INITIATIVES DEVELOPED WITHIN CURRENT FUNDING

Several policing initiatives were funded within existing resources across different states. The aim was to strengthen good practice in response to COVID-19. In Victoria, Operation Ribbon encouraged pro-active follow-up with known offenders, particularly high-risk offenders. In Queensland, there was also active follow-up with high-risk offenders and in one region of Queensland, a case management approach was taken with this group. The evidence was striking. In 2020, there were 33,000 respondents who were offered a police referral. Fifty-five per cent of respondents declined and they reoffended at a rate of 25.87 per cent within three months of being offered the referral. Those who accepted the referral reoffended at a rate of 4.3 per cent. Comparable results were reflected for victims and survivors. There were 49,941 victims and survivors who were offered a police referral, and 37.34 per cent of those declined. They were re-victimised at a rate of 20.39 per cent within three months of being offered that referral, compared to those who accepted the referral who were re-victimised at a rate of 6.88 per cent. These represent significant differences (Interview 10).

SUMMARY

Throughout the pandemic, there has often been ambiguous delineations between existing initiatives and new initiatives sparked by COVID-19. However, state budgets and infrastructure have been utilised to strengthen the sector in response to the pandemic. The DFV job hub recommended by the Victorian Royal Commission five years ago was launched to grow the specialised workforce. Workers adapted their practice to accommodate clients' communication preferences. State funding allocated to DFV was built on to extend services around COVID-19 and services were extended within current funding structures. The latter included proactive policing to follow up with high-risk offenders, and case management for offenders and for victims and survivors which saw a marked reduction in recidivism and re-victimisation.

Q4 | Policy and funding strategies implemented in other sectors

The health system response was impressive. However, collaboration and development were evident across all aspects of the service system. There were also notable changes in social security payments, the courts and housing.

The outbreak of COVID-19 has led to the introduction or enhancement of telehealth across multiple health services including in antenatal hospital clinics and maternal and child welfare. This new virtual method of communication with women had impacts on current psychosocial screening practices in antenatal clinics, specifically at Victoria's Royal Women's Hospital but spreading out more widely.

Clear protocols were established. Government grants were provided to the maternal and child health sector to pivot to telehealth, including in the response to DFV, but providing the training required for all staff was difficult. However, 50 per cent of women were screened for DFV which is a striking statistic given the challenges presented by the pandemic. Previously during face-to-face operations, this figure was 80 per cent. The Royal Women's Hospital developed a screening protocol which repeated the phrase "we need to make sure you are alone" several times. They developed a way of stopping the conversation to give an indicator of a threat to safety at the beginning of the screening (Interview 5).

One of the more dramatic shifts lay with the Federal Government. As more people were forced into unemployment through lockdowns, two safety nets were developed. One was JobKeeper which provided support for permanent employees and casual employees who had been employed on a regular and systematic basis for at least 12 months. The other was the temporary Coronavirus Supplement for those on certain income support benefits including unemployment benefits. Single mothers, many of whom were escaping or had escaped DFV, spoke of being able to put more regular meals on the table and pay the rent. The rate of arrears in social housing tenants decreased significantly. Sadly, in March 2021 the temporary supplement ended. From 1 April 2021, the base rate of working-age income support payments was permanently increased by $50 per fortnight (VCOSS & FSSI, 2020a; Interview 2).

Changes to practices in the Federal Circuit and Family Court of Australia Division 1 (FCFCA) provide a particularly important shift in policy and practice. After identifying the impact of COVID-19 on parenting arrangements – a 39 per cent increase of urgent applications filed in the Family Court and a 23 per cent increase in the Federal Circuit Court throughout May 2020 – these courts released a new practice direction. The practice direction was created to fast-track matters that were imposed by COVID-19 and its corresponding restrictions. These included issues such as family violence, suspension of parenting orders due to a family violence order, vaccination disputes, medical limitations, travel arrangements or border restrictions, supervised contact restrictions, financial issues, failure to resume time in accordance with parenting orders or a parenting plan, and COVID-19-related employment.

An urgent list dedicated to parenting matters impacted by COVID-19 was created. Funding of $2.5 million over two years was also provided to support the intiative.

The urgent list ensured that matters could be heard within three days of filing an application if all criteria were met. These criteria included filing as a direct result of the COVID-19 pandemic, urgency, accompaniment by an affidavit, reasonable but unsuccessful attempts made to resolve the issue (where safe to do so) and the capability to deal with the matter by electronic means (Interview 7; LCARC, 2020). To swiftly deal with urgent and priority matters related to COVID-19 on a national level, two courts – the then Family Court of Australia and the then Federal Circuit Court of Australia (now Divisions 1 and 2 of the Federal Circuit and Family Court of Australia) – collaborated in efforts to develop this practice direction. Judges and other court support personnel have been or are being trained to understand the dynamics of DFV. The Family Court had the technology to respond and to date there has been excellent feedback from Women's Legal Service (Queensland) about the effectiveness of this model for victims and survivors and their children. There is strong support to keep this model post-pandemic as well as the access to communication channels with the Chief Justice of the Family Court. Prior to COVID-19, it would have been difficult to imagine this swift change to practice (Interview 7).

The changes in the Federal Court were not the only court changes. The Magistrates Courts in many states moved to increased use of virtual hearings, particularly with people who were currently in prison. The court services and the courts started to use technologies that they had not been so willing to use in the past. Priority was given to urgent matters including interim family violence intervention order applications and return of family violence safety notices (Victoria Legal Aid & Federation of Community Legal Centres, 2020).

For many women, the ability to provide virtual evidence and not have to attend court increased their sense of safety. Further work may need to occur to ensure that both respondents and aggrieved family members are linked to the appropriate applicant and court support workers. There was support to continue with a hybrid model (Interview 7).

Delays in the court system have been compounded by COVID-19. In Victoria, the bail laws (pre-COVID-19) are increasing the number of women who are locked up in remand on minor charges. In Victoria, judge-only trials were discontinued in April 2021. There is a significant backlog in the courts which is impacting negatively on all aspects of the justice system for DFV victims and survivors and perpetrators. No specific recommendation came from interviewees other than to express their deep concern and to request that steps are taken urgently to address the complex nature of the issues involved and urge further funding.

Housing services in many states also made changes in response to COVID-19. Housing workers talked about more proactive work with vulnerable clients including managing potential arrears rather than waiting reactively for a problem to emerge. Relationships were built between housing workers and clients that had not previously occurred (Interview 11). It was suggested that the decline in arrears may also have been associated with the new Coronavirus Supplement received in addition to certain income support payments such as JobSeeker (the unemployment benefit), but workers were adamant that the proactive work and the relationship building were also critical.

In New South Wales, Link2Home, the emergency housing service, saw a significant increase in inbound calls to assist with accommodation placement for people

experiencing homelessness. One hundred rooms were available across New South Wales. It can be inferred that hotels have demonstrated an ability to assist with accommodation needs that have arisen from COVID-19 in addition to quarantine. This initiative was provided funding from the NSW Government of $14.32 million for temporary accommodation over 15 months. An issue is that there is no evidence on how the funding has been directly used towards the initiative (Interview 9).

In Victoria, there was funding support to take 2,000 people experiencing homelessness off the street and provide them with accommodation. Within this group who were housed were both DFV victims and survivors and perpetrators, though it is not clear of the numbers in this cohort. Once lockdown ended and COVID-19 cases in Victoria returned to zero, the initiative did not continue, though a significant group were supported to access stable, long-term housing (Victorian Aboriginal Legal Service, 2021, p. 122; FVRIM, 2020).

In Victoria, extra rental support was made available for women in shared houses and for those in the private rental market escaping DFV. Along with the “no eviction” clause, these initiatives made a significant difference to many women escaping DFV. As one worker commented, “It would have been great to see this continue” (Interview 2).

SUMMARY

Policy changes, new initiatives and added funding in other sectors impacted the response from the DFV sector. Telehealth was widely introduced throughout the health services allowing for DFV screening in antenatal, maternal and child welfare care. Payments for the unemployed and underemployed, JobSeeker and JobKeeper, were critical for food and housing security for single mothers which was also supported by the extra rental support offered to women escaping DFV and the no-eviction clause throughout Victoria. These payments and the cease to evictions have been removed even though the pandemic continues. The Family Court introduced an urgent list dedicated to parenting matters to fast-track cases impacted by COVID-19. In New South Wales, new funding was introduced for temporary accommodation but there is no evidence for how it was used. Funding was also provided in Victoria to house thousands of homeless people, many of whom have been impacted by DFV. This initiative, as with the added financial support, was removed when Victoria returned to zero cases of COVID-19 while the impacts of the pandemic continue both nationally and internationally.

Q5 | DFV services building fast and accessible routes to safety for victims and survivors and children

There was significant commentary across surveys and interviews about the rapid shifts required to manage the restrictions imposed in response to COVID-19. Of all the areas under scrutiny, the question about responses to COVID-19 to promote accessibility engaged the greatest number of responses from both interviews and the documents analysed. A wide range of issues facilitated the building of swift and accessible routes to safety for victims and survivors and their children. These factors included nimble pivoting to online service delivery, innovations in service

delivery and changes to funding during the crisis. Other issues such as attention to staff safety and wellbeing and online training and support are examined in the section discussing remote delivery.

NIMBLE PIVOT TO ONLINE SERVICE DELIVERY

The most significant change for the DFV service system was the shift to online delivery. A survey of 362 DFV workers referred to the reduction or discontinuance of face-to-face services including for counselling, group work (such as men's behaviour change programs), children's counselling, court support and transportation of clients, and reduced services due to social distancing restrictions between service providers and clients including triaging of services and refuge places. The pivot to online services was a significant though contested development (Carrington et al., 2020).

Those participants involved in service delivery spoke of several elements that were involved in this rapid shift (Pfitzner et al., 2020). A survey included practitioners at various stages of their transition to remote service delivery. Some practitioners noted that services that had traditionally provided in-person responses to violence transitioned rapidly to voice and video call, email, webchat and messaging-based services during the COVID-19 pandemic (Pfitzner et al., 2020). Some of the remote service practices that were reported in the survey have been developed specifically in response to the pandemic, while other organisations and agencies have utilised and expanded existing remote service models (Pfitzner et al., 2020).

This was a complex system change and required many elements to be aligned for staff to be able to continue their work effectively. These included a range of issues for staff: ergonomic workstations, internet set-up, files moved to a secure cloud, communication software, and implementing hygiene and social distancing protocols in places such as refuges.

Where face-to-face working continued (out-of-home-care and refuges), the provision of personal protective equipment (PPE) had to be organised rapidly. In some organisations which required staff in-house, staggering shifts and A/B teams were organised to ensure business continuity and service delivery (VCOSS & FSSI, 2020a). Various community service organisations used different service delivery adaptations including video conferencing (e.g. Zoom and Microsoft Teams), telephone appointments, use of telehealth platforms, introduction of web services (e.g. online chat), text messaging, online education programs, and victim and survivor support and perpetrator interventions moving to online and telephone services.

There were generally positive comments in some organisations about support offered to get technology set up, speed with which working from home was facilitated, regularity of CEO updates, reassurance about employment security, conversations with managers, regular online meetings and team catch-ups, Zoom set-up and technical support, open communication, opportunities for cross-collaboration across regions, flexibility and trust (Interviews 4 & 8).

Across the CEOs and managers interviewed there were many comments about the positive adjustments staff made to new ways of working. This included identifying that there was easier collaboration across teams. High-risk clients were being

referred to specialist help faster and external services seemed to be collaborating more to support clients. There was an increase in case management allowing practitioners to have more direct and practical contact hours with clients. Several CEOs reported that they had also extended their services to provide food and brokerage, connection to employment, and assisting victims and survivors (adults and children) with setting up their home technology (Interviews 2, 4 & 8).

Hospitals and health services were also required to make rapid changes. As noted above, antenatal screening shifted to telehealth. Other services, such as many of the services in rural areas, already had made significant developments in telehealth including the work of psychiatrists and psychologists. It was noted that the Aboriginal health sector pivoted quickly to the online world, whereas the culturally and linguistically diverse (CALD) sector did not fare so well often due to difficulties with interpreter systems (Interview 5).

An overview of changes in the service system also pointed to changes in organisational governance structures and communication. These included the creation of emergency coordination roles and/or teams, redeployment of staff to areas of high demand, more frequent meetings involving both the executive team and general/stream managers, the creation of daily dashboards to capture key data, and the establishment of workflow committees and response priority teams (VCOSS & FSSI, 2020b).

SERVICE DELIVERY INNOVATIONS

Several service delivery innovations were developed to respond to the crisis including a central registry of appropriate hotel accommodation to support women and children escaping DFV set up in New South Wales. In collaboration with Industry Partnership, comprising Homelessness NSW, Youth NSW, and Domestic Violence NSW and other specialist services, this central register was established as an online platform available throughout the state. It was developed as an emergency response to the impacts of COVID-19 ensuring that women and children still have access to temporary accommodation while meeting state health requirements for social distancing and self-isolation. There are indications it may be sustained beyond the crisis (Interview 9).

Organisations instituted a range of service and practice adaptations, some of which were not new developments but gained broader scope during COVID-19 as they became standard safety expectations. These included the implementation of novel approaches to risk management, intake and the triaging of at-risk clients; redesigning internal service systems; and creating shared intake points to service multiple organisations (VCOSS & FSSI, 2020a). Code words were developed to ensure safety in telephone and text communication as well as alert systems to signal when help was needed. Some services also used Gruveo, an encrypted web-based video call link that does not require users to download an app, making it undetectable on devices. This proved particularly important for some women given the increased perpetrator surveillance of their devices while in lockdowns (Pfitzner et al., 2020).

Family violence support was integrated into universal services such as GP clinics, childcare settings and Centrelink. These venues could still be used for first-time, face-to-face appointments. In some areas, a pilot for the use of hairdressers and

pharmacies as points of emergency DFV contact were developed (Interview 5).

Access to IT was essential to victims and survivors and their children, and tech workers became frontline support workers. The provision of tablets for women with disability was a recommendation of the Self Advocacy Resource Unit (SARU). After successfully winning a government grant, SARU supplied self-advocates with tablets and, importantly, support to use them. The impacts were stark, as self-advocates stayed connected during lockdown, maintaining critical aspects of their lives to support their wellbeing and safety (Interview 2).

Provision of tablets was not only a development in the disability sector. Another example lay with the provision of one tablet per family provided by an organisation that was already known well and trusted in an area of social housing. A social enterprise was used that refitted devices for use. Dongles and mobile phones were provided to women. These devices supported safety but also were outlets for home-schooling. Many families had no wi-fi, so cellular data or hot-spot capability was provided, as were Zoom licences. Initially, one organisation reported supporting this initiative for two months prior to government support being provided (Interview 8).

In Queensland, online reporting to police was introduced to help women to request police contact. This was introduced as perpetrators were shown to be manipulating microphones on victim and survivor phones so that women could not contact police (Interview 10). Women were invited to register on the police SMS service. It is a service originally developed for people with impaired hearing but could now be used for a high-risk victim to send a text and a police vehicle would be deployed. Online/SMS reporting was rolled out in March 2020. Approximately 2,000 requests for online contacts had been received by June 2021 (Interview 10).

Food program distribution was used as a means of doing welfare checks. An organisation partnered with Shebah, an all-women rideshare company, to provide safe transport and goods delivery for women and children experiencing and/or at risk of violence (Interview 8). Welfare checks were facilitated by a group of trained delivery people hiding mobile phones in bags of groceries as part of their distribution work. Tablets were also used to aid risk assessment and planning with "house tours" providing more environmental information (Pfitzner et al., 2020).

CHANGES TO FUNDING

It was recognised by state, territory and federal governments that the COVID-19 crisis required significant funding injections if women and children living with DFV were to be supported. From the Federal Government and on the recommendation of the National Federation Reform Council Taskforce on Women's Safety, emergency funding was provided to respond to the "shadow pandemic" of DFV. This funding included the following:

- $130 million was provided to state and territory governments through the National Partnership on COVID-19 Domestic and Family Violence Responses[7] to

7. Note that in May 2021, the Australian Government announced an additional $260 million in funding for frontline domestic, family and sexual violence services and to trial new initiatives to support women and children experiencing violence as part of a new two-year National Partnership agreement: see https://www.dss.gov.au/sites/default/files/documents/05_2021/20-factsheet-budget-2021-22-womens-safety-investment-11may.pdf

assist with urgent needs such as safer housing and emergency accommodation; counselling and outreach; crisis support and helplines; men's behaviour change programs and other perpetrator interventions; assisting frontline services to manage the demand and explore new technology-based service delivery methods and put in place practices to protect staff and clients from COVID-19; responding to the unique challenges in regional, rural and remote locations; and respond to emerging needs and priorities.

- The remaining $20 million under the $150 million Domestic Violence Support Package was directed to boost existing Commonwealth programs under the National Plan to Reduce Violence against Women and their Children 2010–2022 like 1800RESPECT, Mensline and the Keeping Women Safe in their Homes program.

The Federal Government also funded a national information campaign, Help is Here, providing information on support services and encouraging Australians who are experiencing violence to reach out for help through television advertisements, advertisements in shopping centres, and online and social media content.

STATE GOVERNMENT BUDGETS

While there was national funding provided (see above), each state had its own budget to support DFV responses and prevention work. Most of these budgets were not specified to respond to COVID-19. However, many of them were extended. The developments in Western Australia provide an example. Added funding was included in the WA budget for a strategy to track and respond to demand variances relating to victims and survivors and perpetrators of DFV because of the restrictions imposed by COVID-19 (Western Australia. Department of Communities, 2020). While some states developed online access to protection orders, Western Australia also developed an electronic monitoring trial for DFV offenders under the provisions of legislation specific to the COVID-19 response.

Western Australia provides an example of funding for DFV through its Path to Safety plan. While there are no specifications on budgets allocated to actions towards a COVID-19 response, the funds comprise $8.6 million to employ additional outreach workers to support women and children fleeing DFV; $6.7 million for DFV responses that support victims and survivors following police call-outs; $4 million to expand the new women's refuges in the Peel region and Kwinana; $123,000 for a program to support women who are residing at DFV refuges to gain employment skills, access career training or retraining, and attend a range of workshops and short courses to support their pathways to employment; $2.6 million to extend the Kimberley Family Violence Service trial by two years; and $1.1 million over two years for counselling, advocacy and support services (Western Australia. Department of Communities, 2020). This is a specific example of building on the current strategy and funding for DFV that, in response to COVID-19, forward initiatives that were already in the pipeline or extend short-term initiatives.

Other examples are also available from other states. For example, in Victoria, the "Good Friday" funding in 2020 provided resources for the DFV sector to transition to the online environment and meet increased demand during the pandemic. $40.2 million was provided for crisis accommodation and specialist DFV services. This included $20 million for DFV victims and survivors who did not feel safe isolating

or recovering from COVID-19 at home. The Good Friday funding allowed for developments such as the online helpline Safe Steps to develop its chat function which was long planned but never previously funded. The funding was largely untied and meant that services could spend it on what they required. For the most part, this was absorbed into funding the increased demand which was otherwise not funded (Interview 1). The Victorian Government provided brokerage for women and children during each financial year of the pandemic. One participant pointed out that client support packages averaged $500 per family, which was not enough to rehouse a woman or cover energy bills (Interview 8). However, substantially greater funds could be made available capped at $5,000 per victim and survivor. The disability sector advocated that the funding was to be paid on top of the disability package for women and therefore ensured that the brokerage was not lost (Interview 2). Ten per cent of the funding was distributed to Aboriginal community-controlled organisations. An increase to COVID-19 Family Violence Flexible Support Packages (FSP) of $3.2 million was distributed to all vulnerable cohorts.

A further example is provided In New South Wales where $12.8 million was given in three tranches of funding. The first tranche was for all funded organisations in the DFV portfolio through the Department of Communities and Justice. The second tranche of funding was for direct service provision, while the third tranche was for infrastructure. Arguably this was because infrastructure was one-off funding and organisations could not argue for more continuous funding (Interview 9).

> The importance of untied funding to respond to a crisis was consistently noted. Funding could be used more flexibly. Usually there are very strict definitions around categories but women [with disability] could go back to their planners to shift funding around the package. **(INTERVIEW 2)**

However, the inadequacy of the baseline funding to support the DFV specialists was also noted, particularly in some states with a poor funding model. Since the allocation of the first part of funding among services by states and territories, the Australian Women Against Violence Alliance (AWAVA) has gathered further data and evidence from specialist women's services on funding needs. It was noted that additional funding to meet the service demand arising from the COVID-19 pandemic was welcomed, however, not all types of services delivering support to victims and survivors have received the funding and not all allocated funding had been flexible enough to adjust to evolving needs (AWAVA, 2020). It was also noted that the community also provided funding and donations to vulnerable groups, and some was directed to those living with and escaping from DFV: "It was great that people were looking out for neighbours, putting letters in letter boxes; looking out for each other – that was really nice to see" (Interview 9).

CEOs spoke of using their own organisational funds to respond to the emergency:

> We went through $30,000 in four days to get people home and operational. We had to take things into our own hands. Not that easy to sit back waiting. Better to make a plan and then dial that back. We went from reactive to proactive to get all of staff working at home. By hard lockdown we had one bubble of staff completely operating from home. **(INTERVIEW 8)**

Criticism arose about the transparency of funding. There was difficulty understanding what was new funding and what was baseline funding used in response to the COVID-19 crisis. Traineeships and bursaries were packaged as COVID-19 funding to speed up DFV activities and bring forward industry plan initiatives (Interview 1). Beyond philanthropic funding there was also funding for services that support CALD communities and Aboriginal and Torres Strait Islander peoples, but the details were unclear (Interview 1).

SUMMARY

Issues around access to services were the most frequent theme across the surveys and documents reviewed. Organisations and workers reported generally positive experiences of quick and flexible adaptation to the online working environment. New remote service practice standards came into effect, some of which were developed during the pandemic, whereas some organisations expanded existing remote service models. Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) were found to have pivoted quickly to online service provision whereas CALD communities experienced issues using interpreters. Organisations commonly reported an increase in efficiency in their operations due to new management processes and reduced commuting time. Organisations instituted a range of service and practice adaptations and standardised existing online practices including triaging for at-risk clients and online data security. Access to technology was essential and the provision of tablets and phones provided an opportunity both in the disability sector and for carrying out welfare checks within the home. Online pathways for police contact were established to support women who could not call for help. The sector saw the introduction of new funding which was largely untied, meaning it could be allocated at will. States could allocate this funding as they wished at this time of crisis and it was a shift in flexibility that was commented upon favourably.

Q6 | Learnings from remote delivery of DFV services for victims and survivors and children

There were many learnings, benefits and concerns from funders, managers and providers consequent to the shift to online service delivery for both victims and survivors as well as children living with violence and abuse. Each benefit often had associated barriers or problems which needed to be addressed, highlighting the need for new training, guidelines and resources. Areas included access issues associated with technology, interpreters and skills.

Context was provided by a national workforce survey of 362 staff who worked with DFV across a range of sectors (beyond the specialist DFV sector; Carrington et al., 2021). In this survey only 4 per cent of respondents spoke about the positive impacts of the pandemic for either themselves or their clients. Several positive workplace adjustments from service providers in health, housing, law and community support need to be understood against this backdrop. These positive measures included enhanced safety for women in a medical context, less stress in a legal context, increased worker efficiency from reduced travel time, and increased contact between practitioners and clients through the online environment (Carrington et al., 2021). Overall, this survey provides a salutary report, as many of the interviewees and other reports suggested a more positive framing than reflected in this survey.

ACCESS BARRIERS AND INTERPRETERS

For many victims and survivors there were technological barriers. Not all women had access or skills to use technology. This limited their ability to use online services which often required the scanning of documents or using email. This was considered to be particularly relevant to older women, though clearly they were not the only cohort who were disadvantaged (Interview 2).

People who require communication supports to access sexual assault and DFV counselling and support services also found telehealth appointments increased access barriers. For example, telehealth appointments may require additional support workers to be present for a counselling session to aid computer use and communication, thus reducing confidentiality in the appointment. In such appointments, the importance of being with trusted people is paramount. However, available support workers will not necessarily have their clients' trust (Interviews 2 & 9).

There are also a group of women with disability who are unable to use the internet due to access barriers such as not being able to physically press the "on" button, or due to the pre-existing divide associated with victims and survivors with learning difficulties, some of whom find internet technology challenging. Both workers and women reported "Zoom fatigue" which, while an indicator of inclusion, could also be particularly draining. Alongside these concerns about internet and technology access, it was also suggested that too much funding may be going into websites and not enough into supporting usage (Interview 2). A similar issue was raised for women who required interpreters. Again, confidentiality issues were identified, but also difficulties with the logistics of online involvement (DV Vic, n.d.).

Women in rural areas faced other barriers to access. Despite its benefits, telehealth presents potential issues making it inappropriate for universal use. Mobile phone and broadband coverage is reasonable in many city areas, but across Australia there are spots with little or no coverage. The inability to access technology puts quite significant cohorts of people at a particular disadvantage, highlighting inequalities.

Even for women with good technological access, there were some problems with online service delivery. A particular issue lay with the ability to safely use the digital platforms and digital devices to contact services. Features like sharing screens (i.e. showing forms via Zoom or Microsoft Teams) were recognised as especially useful

not just in relation to more personalised contact but also for sharing of forms and information websites, but these required a confidential and safe environment. They were therefore sometimes not able to be used. The financial imposition on clients for devices, internet connections and use of data also created barriers for some women (DV Vic, n.d.).

The Victorian Aboriginal Legal Service noted that significant efforts were made to support online service delivery but were supportive of the resumption of face-to-face delivery as soon as it is safe to do so. Efforts included training Elders on remote technology, noting that Elders may need additional technical support during Koori Court proceedings. However, these proceedings were restricted by remote access.

NEW TRAINING GUIDELINES AND RESOURCES

Online delivery of training for practitioners was reported as greatly beneficial for many and particularly for those in rural and regional areas (Interview 1; Pfitzner et al., 2020). Many issues emerged about strengthening the workforce in relation to its shift to telehealth. This included the diversification of worker skills, the use of forums to share guidelines and practice developments, and development of GPs' familiarity with DFV guidance. Many of these issues presented both opportunities and barriers.

COVID-19 and the subsequent need for tele-practice brought a change in the workforce as it had to diversify its practices including in the men's behaviour change sector. Similarly, for those practitioners working with children and young people, creative changes were needed to adapt practice to the online environment. Practitioners needed to use play-based techniques online (Interview 9). Workers needed to be trained on the safe use of social media as many of the children and young people were ahead of workers in their online use. Training was needed in understanding all the different IT platforms and a range of different ways to access safe platforms as it was reported that some staff were initially sometimes experimenting and going off on unsafe tangents (Interview 4).

There were recommendations for training and upskilling for practitioners in universal services to manage low-risk DFV. Specialist workers were finding the increased demand for secondary consultation overwhelming and pushed back on requests from frontline workers in universal services who needed to strengthen their practice in respond to DFV. One example of this is the training associated with "ALIVES" (Ask, Listen, Inquire, Validate, and Enhance Safety), which provides a framework for GPs to make an initial response to disclosure of DFV (Interview 5).

Leadership was provided by the government sector and the peak bodies to provide online learning opportunities and sharing of practice developments. For example, in Victoria, Family Safety Victoria convened, co-chaired or participated in a series of program-specific and general forums with the specialist family violence sector that combined to provide guidance and consultation on emerging risks and opportunities. Forums (e.g. on COVID-19 response in sexual assault services) attracted significant numbers of participants (N=300). In 2020, VCOSS in conjunction with the Department of Health and Human Services (now the Department of Families, Fairness and Housing) convened monthly discussion forums to guide community sector organisations through the coronavirus pandemic

(FVRIM, 2020). This is one of many examples where it was noted that online events provided timely and efficient access for workers. Furthermore, the eSafety Commissioner released COVID-19 online safety guidance for parents and carers, women experiencing domestic violence, and frontline workers supporting women. Workshops for frontline workers transitioned to online delivery and up until 30 June 2021, 137 webinars were conducted reaching 1,891 frontline workers.

WORKING FROM HOME

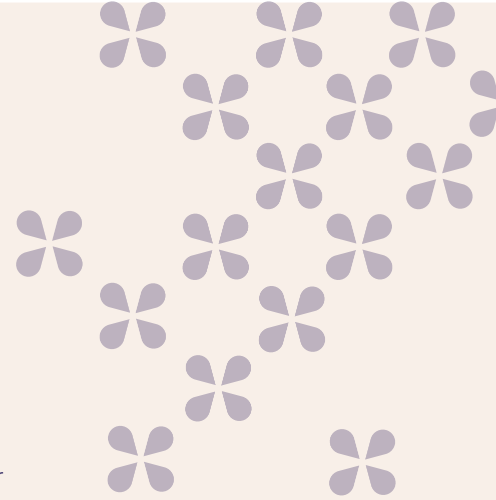
Both the benefits and challenges of working from home were writ large for the DFV sector. Most organisations transitioned employees to working from home, and there were positive reports of enabling increased flexibility in work hours, efficiencies related to reduced travel and the introduction of extended service delivery hours which suited clients. However, there were also reports of increased stress and a major increase in demand, working hours, and the complexity of client circumstances as they lived under restricted circumstances with fewer supports. Those in small apartments and with children at home highlighted the inequalities that emerged.

Benefits were reported such as the increased ability to focus with fewer interruptions and less interaction in a busy office. While there was an increase in demand, there also appeared to be an increase in efficiency. One organisation surveying its 22 workers found there was a 91 per cent increase in outreach clients, and that 66 per cent of clients achieved their case management goals; there was a 57 per cent increase in self-referrals and a 42 per cent increase in Aboriginal and Torres Strait Islander clients. There was a strong consensus among respondents in this survey that the transition to phone services provided greater accessibility for women and reduced anxiety, shame and the power imbalance that could be involved with formal, face-to-face appointments (Laing, 2020).

This assessment in one organisation about the benefits for women was queried by others. For those clients who are socially anxious and susceptible to pandemic agoraphobia, the virtual environment could exacerbate these issues (Interview 8). It was also recognised in workforce surveys that victims' and survivors' access to formal services was more limited either because the service was shut down or because abusers would not let them access services (Carrington et al., 2021).

A further survey found that workers were quite easily able to identify some benefits for victims and survivors as a result of the shift to the virtual environment. However, there was a common consensus that the initiative contributed additional pressure and stress for frontline workers and service providers. One respondent mentioned working unpaid overtime and skipping lunch breaks with the overall observation that the team was fatigued. Additionally, in the first survey, 53 per cent of respondents agreed that there was a need for increased staff resources to assist with sustaining manageable workloads (Pfitzner et al., 2020, p. 21).

Online training did not suit everyone. There were concerns that new workers are not getting enough support as one respondent noted that online training and "working remotely means that new workers are not working closely and alongside their team leaders" (Interview 11). Raising such issues highlighted the need for increased supervision and proactive worker support when practitioners are working remotely.



One report suggested that the shift to working from home highlighted the need for organisations to be adaptable. Staff and organisations challenged the current norms of work and urged willingness to try innovative approaches that adapt to unique situations like the COVID-19 pandemic. The need to maintain contact between teams in the organisation was highlighted as a key strategy for addressing feelings of isolation and loss of mutual support (Laing, 2020). At the same time, there was emphasis on developing strategies to establish boundaries between work and home and ensure self-care of staff.

The workforce surveys raised the need to address staff mental health issues arising from the increased complexity and the high risks faced by their clients, balancing their own health concerns with those of their clients, and the problems associated with isolation in working from home alone without supports or boundaries (Carrington et al., 2020).

> There was actually not a lot of illness but a lot of lockdown and issues related to that like mental health impacts etc. ... And then, of course, we've had the flow-on effect of people not taking leave because they can't go away, they're worried about holidays being cancelled and all those kinds of things. So there have been really huge issues with staffing and staff wellbeing ... A lot of people blamed it on working from home but I don't think that's necessarily the cause because for a lot of people working from home is actually easier for them to manage their self-care. I haven't seen anything that evaluates whether or not the working from home was the problem, or it was more the lack of organisational clarity, the chaos, and the high volume of work. For managers, the stresses related to compliance and governance and trying to look after a staff group in a way they hadn't before. For refuge managers or the services that stayed frontline, they are trying to keep up to date with very changeable health regulations – and it's still like that. People in the sector feel a huge responsibility. **(INTERVIEW 9)**

For every advantage there also seemed to be a disadvantage. While video calling between staff increased productivity, it is was not necessarily better for their mental health. It dramatically increased accessibility for regional and remote services where the technology worked as they could now participate more readily in discussions. However, there was not necessarily the debrief space afterwards, or the conviviality that can be associated with face-to-face meeting. While for many workers, lack of commuting was seen as a benefit, for others the reduction of travel time meant there was no longer the opportunity to wind down and debrief. For others, the flexibility of working from home made it difficult to balance professional commitments with caring for children (Laing, 2020).

SUMMARY

Online service delivery required new guidelines for practice including creative adaptations to working with children and systems for navigating social media and online platforms with young people who might be more versed in the online

environment than workers. The need for further training and upskilling of the workforce was echoed by specialist DFV workers who felt overwhelmed by the increased workload and felt low-risk cases could be handled by the universal workforce. Online service provision was an opportunity for improving practice but also presented technological barriers for some clients in remote locations restricted by internet access; systemic barriers where clients did not have equipment or data; barriers for clients with different abilities using technology; issues with using interpreters; and issues for online safety. Working from home offered both benefits for workers regarding management of their time and efficiency gains, as well as mental health challenges in respect of feeling isolated and needing to delineate between work and home. Across the data, it was clear that every opportunity presented by tele-practice for some clients corresponded to barriers and challenges for other clients.

Q7 | Delivering DFV services to diverse and vulnerable groups

It should be noted that the findings from the report as they pertain to services for diverse and vulnerable groups are not as comprehensive as other areas and this area requires further attention. Throughout the pandemic, there has been increased demand on services from diverse and vulnerable groups as well as increased complexity of client circumstances (Interview 9). Services for Aboriginal and Torres Strait Islander women, women from CALD communities, women with disability, and LGBTQ+ and intersex people saw new funding and the expansion of projects as the impact of COVID-19 on those communities was expected to be more severe. Online service delivery allowed services to continue but led to issues of access. Organisations found that COVID-19 highlighted their need to be offering more comprehensive services to clients with diverse needs. Social inequalities were writ large in the uneven impact of the pandemic on groups who already experience discrimination and disadvantage.

ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Multiagency collaboration and new services were designed to specifically target the needs of Aboriginal and Torres Strait Islander women as well as women from CALD backgrounds (Queensland Government, 2021). The multiagency approach emphasised the proactive engagement with funded family violence Aboriginal community-controlled organisations (ACCOs) and organisations working with diverse communities (No to Violence & Men's Behaviour Change Network NSW, 2020). The Federal Government has allocated $63.3 million in extra funding for legal assistance services in light of COVID-19 impacts, of which $20 million will be used to assist those dealing with domestic violence matters. It was noted that this funding is welcome, but further funding is required to address the long-standing (pre-COVID) shortfall in funding to community legal centres (particularly women's legal services), Legal Aid and ACCOs (Australian Women Against Violence Alliance, 2020). However in 2021, eight ACCOs received grants from the eSafety Commissioner to co-design place-based resources and training to increase awareness and reporting of technology-facilitated abuse. The eSafety Commissioner is delivering specialist training to each ACCO to accompany the grants.

Online service delivery allowed for some increased engagement but also led to issues regarding online delivery of court proceedings and services for women. COVID-19 increased demand on services and in some organisations led to increased engagement with perpetrators and victims and survivors where access may have previously been restricted by their location.

> Somehow COVID turned the dial of that right up. And it connected people from the regions who don't get to go to the meetings that happen in the cities. And suddenly everyone was creating opportunities for people to come together and to feel equally part of it and to be telling their stories that "this is what it's like for us up in Mildura or Kununurra". **(INTERVIEW 6)**

A lack of personal and face-to-face contact reduced opportunities to build rapport and the relationships needed to ensure effective service provision for Aboriginal women (Laing, 2020). While the online environment offered an opportunity to continue work, the Victorian Aboriginal Legal Service has recommended return to in-person hearings as soon as possible.

> We acknowledge that mitigating the significant risks for Elders and Respected Persons requires that proceedings be held, in part, remotely. VALS [Victorian Aboriginal Legal Service] does highlight, however, that the cultural appropriateness of the hearings is impacted by the fact that hearings are held remotely, and we encourage the courts to move to in person hearings as soon as sufficient safeguards can be put in place to protect participants. **(VICTORIAN ABORIGINAL LEGAL SERVICE, 2021, P. 114)**

COVID-19 demonstrated the ability for interdepartmental collaboration within the government to tackle key issues facing Aboriginal communities and offer a humane response. COVID-19 has demonstrated how people experiencing homelessness living on the street or in shelter accommodation experience pandemic shock in a more urgent way than the population at large. In response, governments overcame departmental silos and worked together across levels of government. This is proof that government departments and diverse sections of the sector can work together for the purposes of rapidly accommodating people experiencing homelessness (Victorian Aboriginal Legal Service, 2021).

Existing projects faced challenges due to the pandemic and needed to be adapted. "First Nations Check-in" arose from an existing federally funded, capacity-building project working with First Nations men who use family violence. The project ran across six communities in Broome, Kimberley, Geraldton, Alice Springs, Cairns and the Cape. However, connection was lost with the community in the Cape due to COVID-19 and other obstacles. The existing project was paused for a time leading to the establishment of a check-in process with the people who had engaged in the project prior to COVID-19 and extending out from there. The current iteration of the project has successfully engaged people from New South Wales and the Koori Courts in Victoria.

New perpetrator accommodation and support services for Aboriginal men are being launched in response to $2 million of funding from the Victorian Government. Funding was also directed towards 24/7 telephone support services (Dardi Munwurro's Brother to Brother helpline; FVRIM, 2020).

CALD COMMUNITIES

Additional funding was directed towards marginalised communities to target their needs in anticipation of the amplified impact of COVID-19. Aboriginal and Torres Strait Islander women, women in CALD communities, women on temporary or other visas, women with disability and women living in regional and remote areas were expected to benefit. This funding was in recognition that the violence and barriers to access faced by these women were expected to worsen as a result of travel restrictions, social isolation and limits to family and cultural connectedness (Legal and Constitutional Affairs References Committee [LCARA], 2020).

Some organisations acknowledged that COVID-19 highlighted their need to increase their capacity to work with diverse clients in-house as well as fostering strong multiagency frameworks to offer specific services to CALD communities. This need was highlighted as service delivery to CALD women became increasingly difficult as a result of delayed response times to arrange translators.

> With the Brief Intervention Service and Perpetrator Accommodation Support Service, we are aiming to be responsive to anyone who is on the end of the phone. Within the phone room, we have quite a diverse staffing, a few people who speak different languages and we use interpreter services quite a bit. One thing COVID highlighted for us all – this has been a conversation in so many meetings that I've been in – it made everyone a lot more aware of needing to increase capacity in their own workforces of truly working with people from diverse backgrounds and where it's really important to have those solid relationships with organisations, whether it's ACCOs or CALD-specific services. To be able to do those good referrals, and to be able to influence whatever engagement and practice you are doing with a client, if you are unable to refer them into that service. **(INTERVIEW 6)**

Organisations began recognising the need to increase access to DFV services for women despite visa status. The Red Cross introduced a national role to oversee DFV and women on temporary visas as this was perceived to be a gap in the sector. Funding within the sector is for all people experiencing DFV despite visa status (Interview 9).

DISABILITY SECTOR

Positive developments have been made in response to DFV issues faced by women with disability using technology. Projects by SARU and the eSafety Commissioner

have sought to promote online safety for women with disability. SARU's approach to creating opportunities to access technology and information about being safe online is a positive way of mitigating the effects of technology-assisted abuse which can be experienced in the home. The eSafety Commissioner has undertaken consultation with experienced researchers on safety online, with particular attention to DFV and to women with intellectual disability (Women with Disabilities Victoria, 2021).

Some suggestion has been made that online court proceedings reduced capacity for people with support needs to participate optimally. Courts adapted quickly to the pandemic and were able to move many hearings online. However, this resulted in reduced availability of court supports. There is anecdotal evidence that this reduced opportunities for people with support requirements to engage with the process, understand proceedings and cope with the stress of court (Women with Disabilities Victoria, 2021).

There have been some tensions between the disability sector and the Victorian Government because of budget developments during this time. However, there was a significant allocation of funding through the Disability Family Violence Crisis Response Initiative. The sector has seen a four-year extension of funding at Safe Steps which is seen as a positive gain (Interview 2).

Isolation within the home was a major issue for women with disability experiencing DFV and local connection was crucial. Fewer women with disability were coming forward, choosing not to disclose until after lockdown (Interview 2). Worries about access to food led to a lot of fear. While home delivery from big supermarkets was convenient, it led to more social isolation (Interview 2). It is important for the safety of women with disability to stay connected in the community. Women with disability feel safer at home if they have neighbours that they know. Some of those relationships became more important over the course of the pandemic. More neighbours were around while working from home. In some instances, community connection was fostered during COVID-19 to continue with localised infrastructure. However, local governments were not supported to do this work (Interview 2).

Media specifically addressing the experiences of people with disability facing COVID-19 was received positively and should continue. A project with Nas Campanella (ABC's disability affairs reporter) normalised women with disability and made government news about the pandemic more accessible. "It would be great to see this continue and govt. used to have this ability in-house." (Interview 2)

LGBTQ+ AND INTERSEX COMMUNITIES

New funding was introduced in Victoria for LGBTQ+ and intersex counselling services to meet the evolving mental health needs of LGBTQ+ and intersex people as a result of COVID-19. Evidence shows LGBTQ+ and intersex Victorians are more likely to experience mental health issues than other Victorians and the added stresses of the pandemic made support and connection more important than ever. The Minister for Mental Health and Minister for Equality announced the funding and invited community organisations to apply to run the service. The service funding was provided in addition to the $1.18 million of support the Victorian Government had already given directly to organisations offering services to LGBTQ+ and intersex Victorians in response to the pandemic.

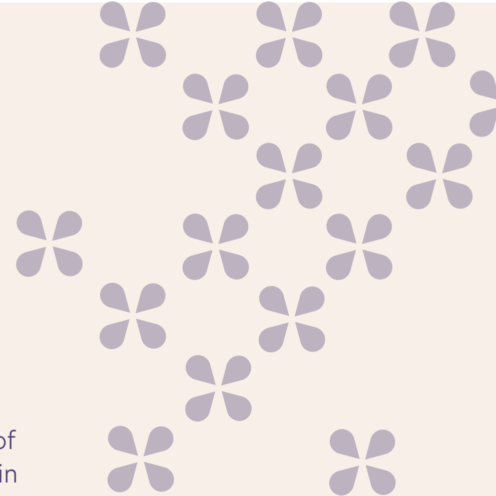
This included $450,000 for Switchboard Victoria, Thorne Harbour Health and Drummond Street Services to support the increased demand for counselling and support services for LGBTQ+ and intersex individuals and their families (Premier of Victoria, 2020, November 16). Some of the funding was directed towards the specialist DFV support service within Switchboard, Rainbow Door (Interview 1). While the funding was broader in focus than DFV alone, there were benefits which flowed to both victims and survivors and perpetrators.

A strong advocacy agenda from the peak body for New South Wales argued for funding to marginalised communities to ensure that the Aboriginal and Torres Strait Islander community-controlled sector, LGBTQ+ and intersex people, and women with disability were represented at the consultation table. In New South Wales, funding was secured for a LGBTQ+ and intersex DFV worker for the first time at ACON which has long been sought (Interview 9). However, there is uncertainty about this position as it is only funded in the short term (Interview 9).

COVID-19 has resulted in rapid research projects to assess the impact on LGBTQ+ and intersex people and services. A partnership with the Gender and Disaster Pod has supported delivery of specialised training for the primary prevention sector. Research projects have looked at the impact of COVID-19 on the primary prevention of DFV, specifically addressing three questions: 1) the specific impact for LGBTQ+ and intersex people; 2) the impact for older people (not including care settings); and 3) the impact on the primary prevention workforce (FVRIM, 2020).

SUMMARY

COVID-19 showed that governments are capable of collaboratively and effectively responding to issues important to First Nations communities, such as homelessness, and these efforts should continue. Lack of face-to-face contact was a challenge for fostering relationships with Aboriginal and Torres Strait Islander women experiencing DFV. Online service delivery led to increased engagement, but the Victorian Aboriginal Legal Service has advocated for moving back to in-person court proceedings as soon as possible. Existing outreach projects working with First Nations men who use violence were disrupted but have led to the expansion of a check-in process with existing and new participants in the program. Concerns about online court proceedings were also raised in the disability sector regarding capability to navigate and engage with the environment online with reduced support. For women with disability living with DFV, isolation within the home posed risks and contact with neighbours became even more crucial. Some developments in funding were perceived to be existing funding rebranded for COVID-19 but there was a four-year extension placed on the DFV Crisis Fund at Safe Steps which is a positive move forward. New funding has been directed towards DFV in Victoria and New South Wales for LGBTQ+ and intersex communities resulting in new counselling services and rapid research projects. However, there is some concern that this long-awaited funding will be short term. Findings related to DFV services for diverse and vulnerable groups are notably less comprehensive and further research projects will be valuable to assess the impacts of COVID-19 in this area.



Q8 | Perpetrator-focused initiatives

During the pandemic, there has been a substantial increase in the engagement of men with specialist responses to DFV. The Men's Referral Service, operating within Victoria, reported an 11 per cent increase in calls from the previous year (Premier of Victoria, 2020, August 17), and DSS provided funding to NTV (who manages and delivers the Men's Referral Service) to expand its provision of telephone support and counselling to men across Australia (NTV, 2020). Some of the most substantial changes within the DFV sector during COVID-19 have occurred in the response to people who perpetrate violence who are predominantly men. Changes included the response from specialist perpetrator workers, housing and enhancements to policing.

RESPONSE IN THE MEN'S BEHAVIOUR CHANGE SECTOR

As the sector moved to online provision, practice responses and guidelines were developed for both individual and group work, and multiagency risk assessment and management. A multi-intervention service model was developed to support men's behaviour change program (MBCP) providers to tailor responses to individual perpetrators while responding to need and risk within the constraints imposed by COVID-19 (No to Violence & Men's Behaviour Change Network NSW, 2020).

> This initiative prioritised the use of collaborative multiagency approaches to current, changing and future escalations of risk which included making appropriate and timely referrals, sharing responsibilities for contact and monitoring, clearly allocating tasks within teams, keeping stakeholders updated with changes and escalations of risk or changes in circumstances, and ongoing monitoring of the perpetrator and family's situation.
> (PARTICIPANT 6)

Active holding approaches outlined guidelines for maintaining engagement with men who are on the waitlist for an MBCP. This included ongoing monitoring of risk leading to frequent contact with perpetrators allowing for discussion about the impact of COVID-19 on their family and their behaviour, as well as strategies for managing themselves and the overwhelming lockdown situation. Foundations were developed for work with men on empathy and child-centred fathering alongside crisis interventions such as crisis counselling, crisis casework and coordinated risk management.

Case management processes emphasised the need for necessary engagement prior to change-focused intervention to support the ongoing change process and successful engagement of clients. This engagement needed to address perpetrators' complex issues while reducing risk of DFV. Individual behaviour change sessions were prescribed via phone or videoconferencing and were based around dialogue between the practitioner and the perpetrator designed to increase motivation to change, encourage deeper self-reflection, and increase awareness of behaviour and its impact on others (No to Violence & Men's Behaviour Change Network NSW, 2020).

Workers were requested to diversify their practice and skills. Some workers were initially saying, "I only do group work, I am not a one-to-one counsellor" (Interview 6). Guidelines and skills were developed for technology-facilitated work, such as those for ethical care in working online (No to Violence & Men's Behaviour Change Network NSW, 2020). Group work programs were required to be developed to suit the technology chosen as well as the theory of change, meaning that programs needed to be goal-driven, culturally safe and relevant, with equality and respect at the centre of the work.

NTV developed guidelines to support the shift to online group work. These guidelines comprised:

- comprehensive sessions with each participant prior to online groups
- a new and unique link shared prior to the commencement of each session to prevent invasion of group privacy
- access to a device for all participants
- video and audio for every participant switched on throughout each session
- use of first names only to protect privacy
- appropriate physical environment where the background is visible with no identifying cues like family photos or obvious landmarks
- establishing capacity and agreement with participants to remain online or contactable after the group
- consideration of individual circumstances
- considerations for cognitive capacity and coping strategies (No to Violence & Men's Behaviour Change Network NSW, 2020).

Technology-facilitated individual sessions were an adapted practice from in-person group work meaning providers needed to carefully consider ways to translate group content into an individual format. The multi-intervention service model initiative outlined how the intensity of work would necessitate additional supervision and support for all staff. As a result, providers were encouraged to consider additional supervision arrangements. Some of these additions included male workers having access to an experienced supervisor who is not of their gender; providing regular and joint facilitator supervision; and adopting clinical review processes that include practitioners/facilitators, supervisors and family safety contact workers. A concern was raised regarding individual sessions. The practice can feel more intense than group work for participants with less space to hide and disengage from the conversation. Evaluation is needed to understand the implications of the practice change (No to Violence & Men's Behaviour Change Network NSW, 2020).

One organisation that exemplified these adaptations to their MBCP was Anglicare. This organisation moved to an online platform while maintaining group engagement at a reduced capacity from 14 to eight men per session. Such decisions were made to maximise participation and ensure a therapeutic environment. It

was found that participation was higher than in face-to-face sessions but came with challenges for workers to create an inclusive space for DFV discussions with perpetrators in their homes and in proximity to victims and survivors (VCOSS & FSSI, 2020a). These concerns surrounding online facilitation were identified throughout as a priority area for research and evaluation as there is a sense this is still uncharted territory (Interview 6).

ENHANCEMENTS TO POLICING

Proactive police work was also enhanced in some states. In Queensland, Operation Sierra Alessa was rolled out. This involved proactively targeting respondents who had three or more DVOs to focus on some of the most vulnerable women and children. The program identified that many respondents had moved on to new partners or had multiple partners during the COVID-19 period. For example, one respondent had eight DVOs against eight separate partners. The police were proactively knocking on doors and identifying new victims and survivors. In some instances, women were assisted to leave these relationships. The program identified that 319 respondents were collectively responsible for victimising 1,156 aggrieved persons. These people, predominantly men, were followed up using focused deterrence through the Police Referral System. Men were referred to over 530 service providers, predominantly NGOs, to deal with issues causing and associated with their offending (Interview 10).

Operation Tango Alessa, an extension of Operation Sierra Alessa, used a rule-based algorithm called the "THReT tool" developed by a behavioural psychologist. The algorithm is designed to identify DFV perpetrators who display psychopathic tendencies and are unlikely to benefit from MBCP groups. By using the targeting tool, men have been identified and contacted proactively. These are the most severe cases and the work involves prosecuting through all legal means available to hold these men to account (Interview 10).

Policing projects were also developed in Victoria. Operation Ribbon continued the Family Violence Investigation Unit's active engagement with their highest risk perpetrators along with their affected family members and added the central collation and public reporting of this data. As of 18 October 2020, about 28,000 visits including 8,000 perpetrators resulted in 1,700 perpetrators bailed, remanded or summoned (FVRIM, 2020).

ACCOMMODATION AND HOUSING OPTIONS

The Victorian Government established a new service for men who police have excluded from the family home. This initiative includes two programs, the Medium Perpetrator Accommodation Services (MPAS) and the Perpetrator Accommodation Support Services (PASS). The key purpose of the initiative was to enable a greater number of women and children to remain safely within their family home. During the pandemic there was also the added dimension that police might remove men from homes on an order while the man might be COVID-19-positive. Emergency housing options were needed for up to two weeks to ensure the man had some support without going home.

Before the pandemic, men would either have gone to parents, presenting a risk to vulnerable older people in the community; back home to their family of origin; or stayed with friends or their girlfriends or in a hotel at their own expense. Historically it has been more common for women to leave the home with the children to stay in a refuge or with family and the perpetrator would stay in the house. This has led to concerns about the displacement of women and children. A program was established working with a state-wide, 24-hour crisis accommodation service. The referral pathway to the service is generally through the police. A daily support phone call is provided while the man is in the accommodation which the perpetrator must accept to have the two-week accommodation provided. Perpetrator accountability is emphasised through a wraparound support approach used as part of an intervention plan developed out of an assessment of need.

The interviewee discussing this program reported that the men coming into the program generally had complex needs, sometimes with quite serious mental health or alcohol and other drug (AOD) issues. Often these men would end up sleeping rough or would have previously been periodically sleeping rough because they had been excluded by police from the home. Three hundred and ninety places per annum have been allocated for men excluded from the home. One of the benefits of the program lies in connecting the perpetrator to NTV so that some of NTV's work can start, for example referrals can be made to various AOD and mental health services. Through the housing provider, work is undertaken with the man regarding ongoing housing options.

Refuges and other forms of crisis accommodation for adult and children victims and survivors remain essential service provision. However, the response in a major health crisis has progressed the implementation of policies that have been developing for several years to provide a stronger policy response to victims and survivors to stay safely in their own homes. In theory it is a good model, with positive ramifications for women and children not being displaced. However, the evaluation outcomes are required to understand the efficacy of the model (Interview 6).

SUMMARY

In contrast to the previous year, 2020 saw a substantial increase in DFV service calls. A multi-intervention service model has been developed for MBCPs including active holding approaches for men on the waitlist for these programs to retain engagement. Guidelines were developed to facilitate online group work that sought to mitigate the perceived increase in intensity of work on the part of both worker and participant due to smaller group sizes and the online environment. These guidelines included changes to supervision and specific accommodations to support participation and privacy online. Proactive policing processes were implemented to make contact with repeat offenders and algorithm-based tools were used to identify perpetrators. Temporary accommodation for perpetrators was set up to combat the displacement of women and mitigate the risk of household members moving to other houses while carrying COVID-19. Previously when perpetrators were removed from the home, they would often end up sleeping rough and disconnected from services. Through these programs, perpetrators were connected with AOD and mental health services and worked on ongoing housing options. Further research is required to evaluate the significant developments in this area during COVID-19.

Q9 | The strengthening of DFV services under COVID-19

The pandemic precipitated key changes within the sector that would normally have taken years and should be maintained into the future. Participants were vocal about those aspects of services and responses during COVID-19 that have strengthened the service system. These included the use of online platforms for training and collaboration, flexible working arrangements, hybrid models of service delivery, investments in temporary accommodation, proactive policing to target perpetrators, sector-wide and governmental collaboration, and the increase in untied funding. Several of these issues have been covered above and will not be repeated here.

WORKFORCE ISSUES

There was consensus that online training should stay in place after COVID-19. It was recognised that case workers would need to develop the skills required for online case work as it was a legitimate option for women seeking safety and support and that for some women online and chat support is a genuine and preferred option (Interview 1).

Online training was described as equitable and accessible (Interview 6). Online webinars are valuable and allow many more workers to attend than in face-to-face venues, particularly those from rural and remote areas. However, there remain queries about the effectiveness of practice change as a result of webinar training, particularly one-off webinars as higher attendance does not necessarily equate with practice change. Indications from post-training surveys after some skills training showed that it was surprisingly more effective than anticipated (Interview 5). Further evaluation is required in this area alongside implementation.

Online webinars run on a monthly basis by peak bodies offered information updates and informal support and were seen to be of value to members. Interviewee 9 recommended that this initiative continue. The development of internal, accessible IT platforms such as SharePoint have made significant and positive differences to work culture in many organisations with easier appointment booking, information sharing and communication.

Flexible working arrangements were considered a huge gain that women had been arguing for over decades. These arrangements have now been tested in the context of COVID-19. Workers valued the increased flexibility even since coming back to the office. This was not just about working from home. Flexible hours and a hybrid work environment were recommended (Interview 9).

The shift to working from home was surrounded by many caveats. These included the need for support to create a work/life balance, support with the technology and the ergonomics of a work-from-home environment, guidelines on worker safety, increased need for supervision to manage the lack of informal de-briefing,

and recognition that new workers will require mechanisms to allow coaching and modelling from senior practitioners.

HYBRID MODEL OF SERVICE DELIVERY

A consensus that the human services sector and specifically the DFV sector need to maintain a hybrid model of service delivery was a clear theme across the data analysed. A significant cohort of women found the online environment more accessible and more easily overcame their feelings of shame in this setting. For others, the return to face-to-face support is preferred. A hybrid model is the recommendation for future working.

Practice advice and guidelines should be developed and promoted to all telehealth and tele-practice providers on assessing access, privacy and safety during consultations (Interview 2). A wide range of issues emerged. Workers are going virtually into people's homes and have not necessarily been invited into their homes. Tele-practice allows for access and the potential to understand the environment women are living in. However, access needs to come with respect for confidentiality and privacy consent, and victims and survivors face potential risks when accessing tele-practice while living with the perpetrator. On the positive side, one service spoke of the enhanced sense of safety when being online and not in a shared building. Guidelines for working with men who use violence have been produced and are being implemented in many organisations but may require re-working, evaluation and training to embed them.

Telehealth is a frontline service provided by GPs which remains a legitimate point of contact for victims and survivors, children and men who use violence. Further ongoing training is required to ensure basic risk assessment and response and a foundational understanding of the dynamics of DFV. Telehealth item numbers should continue for GPs and psychiatrists.

HOUSING MODELS

The importance of appropriate housing became an urgent issue. Given the restrictions of social distancing and problems of communal living, the benefits of a "core and cluster" model where a refuge can house survivors with individual accommodation units was highlighted. Securing long-term housing for people is critical as the pandemic has demonstrated that

> crisis accommodation or homeless accommodation with shared amenity is inadequate for anything beyond a crisis. COVID-19 has shown that Australia needs to invest in a range of social and affordable housing options, including models of permanent supportive housing.
> **(VICTORIAN ABORIGINAL LEGAL SERVICE, 2021, P. 123)**

For women on temporary visas, housing options are limited in the extreme and need to be addressed. A particular call was for a government response to increase

the provision of temporary accommodation from a minimum of five days to 14 days accompanied by increased funding to specialist services to provide wraparound support to women in temporary accommodation.

GOVERNANCE AND COLLABORATION

Access to ministers, senior public servants and senior managers in NGOS and peak bodies was consistently reported as positive. These pathways responded well to need and should be maintained. Improved collaboration between government and the sector was a common theme in all consultations, with many hoping that these closer ways of working will continue.

The increased use of online platforms and tools, including conference calling, document-sharing platforms and web-based training, have improved interagency work and supported engagement with a wider range of stakeholders. Technology has particularly benefited regional and rural services (FVRIM, 2020).

New networks were established and interviewees wished these to continue beyond COVID-19. One example was a network established through NTV both internationally and locally, including with ACCOs sharing practice developments.

Cutting through the bureaucracy and "administrivia" was celebrated with a great desire to see this continue. Interviewees constantly spoke of the fast and nimble nature of decision-making under COVID-19, raising questions about whether slow and multiple sign-off processes were necessary. At the very least, holding onto proactive contact from planners and senior policy workers would be seen to be a positive outcome from COVID-19 (Interview 2).

RESEARCH

Recommendations were made for state-level funding for research on COVID-19 adaptations which may assist with recovery and reform. Some of these crucial areas to address include the benefits and risks of online service delivery; the impacts of remote work on employers and employees; novel approaches to risk management, intake and triage; impacts of the pandemic on the volunteer workforce; the service delivery capacity of the sector; and the experiences of service users (VCOSS & FSSI, 2020a). The specific issues raised for the MBCP sector in moving services online need to be evaluated alongside the pilot to provide temporary accommodation for men excluded from the home. It is recommended that research on the response of structurally marginalised groups to online service delivery is included in any ongoing projects.

SUMMARY

Many issues were mentioned both in the documentary analysis of reports and the interviews. Three key issues stand out. Firstly, the shift of all sectors to virtual and online services and the development of tele-practice is a change that commentators suggested would have taken years. Instead, it was achieved in days

and months. This occurred on top of an increase in demand and complexity of the issues faced by children, women and men. The challenges associated with this change and the supports required to go with it should not be underestimated. A shift to a hybrid model for the service system is the consensus recommendation. Secondly, the increase in collaboration between government and NGOs and peak bodies, between different organisations, and internally was greatly valued and a practice to be maintained into the future. Thirdly, the hub and spoke model of individual refuge housing units proved particularly valuable as part of the crisis response. A final issue was the need to evaluate and research the new initiatives that have emerged in response to the COVID-19 crisis.

Q10 | The role of the media

The role of the media in focusing public attention on DFV provoked equivocal responses. Initially, journalists paid significant attention to the shadow pandemic of DFV, raising awareness about the plight of women living with DFV. The media included both stories of DFV as well as paid media advertising. Later in 2021, media attention has returned to reporting on domestic homicides and the "shadow pandemic" term is now used in reference to mental health issues. Several themes are significant including an increase in funding for media campaigns and media stories, and increased opportunities for public presentations and speaking out.

FUNDING

The federal government provided support for the prevention agenda and allocated funds to deliver a national information campaign, Help is Here, providing information on support services and encouraging Australians who are experiencing violence to reach out for help. This campaign included television advertisements, advertisements in shopping centres, online messaging and social media content (LCARA, 2020). The states also ring-fenced funding to run their own campaigns to alert the public more generally to the risks that women and children were facing in lockdowns from men who use violence.

MEDIA STORIES

Interviewees commented on the number of mainstream media and social media outlets reporting about DFV and the increased dangers of living with an abusive partner during lockdown. There were differing views about the importance of this reporting. One interviewee made the following comment:

> There were lots of media articles about DV. The media is interested. But does that filter down to women in the suburbs living with DV? I don't know. There was a lot of talk about women going into lockdown, and survival. (INTERVIEW 7)

Others commented that the reporting meant that DFV was no longer a secret and that discussion about violence against women was becoming common. This discussion was supported by the more general reporting about DFV becoming ubiquitous with figures like Grace Tame speaking out as the Australian of the Year on issues of child sexual abuse and exploitation and Brittany Higgins providing testimony of sexual assault in Parliament House.

PUBLIC PRESENTATIONS AND SPEAKING OUT

Opportunities for speaking out about all forms of gender-based violence has shifted since 2020 in Australia. The majority of advocacy by women and LGBTQ+ and intersex people migrated to online spaces. It was reported that people were not initially getting many speaking opportunities, though there were many requests from the media for contact with people with lived expertise of DFV. Politicians also created opportunities for access and advocacy. These events were rescheduled for online presentations (Interview 9). Other significant events which were not necessarily COVID-19-related continued and went online, often with a greater increase in the audience than would have been expected.

From April 2020 onwards, Respect Victoria led a COVID-19 Primary Prevention of Family Violence sector forum, involving major partners in primary prevention. Key initiatives included the development of a primary prevention framework for disaster management and principles to inform primary prevention activity in all phases of a disaster cycle: response, recovery, mitigation and preparedness (FVRIM, 2020).

PRIMARY PREVENTION CAMPAIGN

Most states ran their own primary prevention campaigns. The campaign in New South Wales featured a woman's lips with the message "Speak Out". Posters were put up in malls and in pharmacies among other places not already delivering these services to support more people to access help (Interview 9).

Respect Victoria led major COVID-19 prevention initiatives involving key partners in primary prevention, gender equality and response partnerships including the development and execution of a COVID-19 campaign to support bystander activity and help-seeking activity during this pandemic and the development of communication materials to support primary prevention engagement and awareness online (FVRIM, 2020).

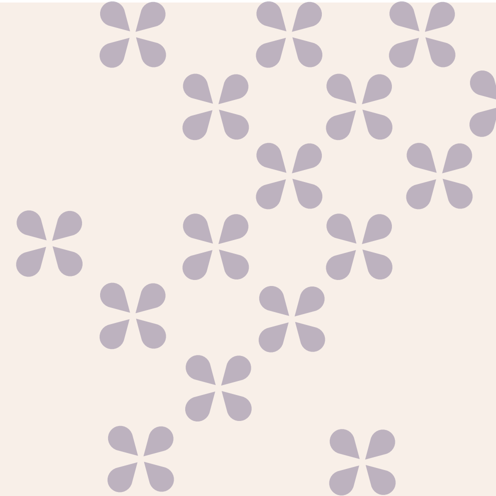
BARRIERS AND LIMITATIONS

As the pandemic continues into 2021, the reporting and media campaigns about DFV have diminished. One interviewee suggested that the prevention agenda

generally and throughout Australia has not been sufficient, and raised the need for much earlier intervention and primary prevention in childcare, kindergarten and antenatal classes (Interview 3).

SUMMARY

Media campaigning and reporting on the shadow pandemic have had important roles to play in highlighting the plight of women and their children living with DFV during lockdowns. Funding for these initiatives is necessary and some resources were provided to increase the advocacy in this arena. Prevention campaigns emerged as significant during a time of crisis.



Additional findings

The visibility of and response to children living with DFV

A report found relative absence of attention to children living with DFV during COVID-19 even though there was recognition that there were increased problems for children and young people during this time. There were anecdotal reports of a significant increase in poly-drug usage in the youth cohort, mental health presentations and homelessness. Organisations across community health services, housing and homelessness, AOD, DFV, mental health, family and child, and youth services reported increases in both new and returning clients (VCOSS & FSSI, 2020a).

Issues were raised about the need for additional health and wellbeing supports through schools and child protection assessment practice with the loss of sight of children and young people during lockdown. Support for home-schooling during lockdown was also identified. Good practice was highlighted with the creative adaptation to online contexts.

Overall, the commentary in this area in both reports and interviews was minimal and a finding in itself. Potentially more interviews with those responding directly to children as well as those outside the DFV arena and reports drawn from generalist family services may have provided stronger evidence in the area.[8]

There was a decrease in engagement with children with the shift away from face-to-face contact (Interviews 4 & 11). Services for children were affected due to the lack of opportunity to directly contact and connect with children despite efforts like dropping off activities, providing information about online activities and referring children to counselling (Laing, 2020).

Some families reported spending more time together due to the lockdown measures. In one study of 267 young people (aged 14 to 17 years), 87 per cent of young people said they were doing more activities as a family while in lockdown (Fogarty et al., 2021, p. 1). There were examples of families reporting positive connections with each other after having to spend more time together, particularly if there was separation from the abusive partner allowing time for reflection and to take in parenting tips (Interview 8). However, 68 per cent of young people reported more conflict between family members as result of increased time spent cooped up at home (Fogarty et al., 2021, p. 2).

8. The forthcoming report from the Australian Children's Commissioner will be an important contribution: see https://humanrights.gov.au/our-work/childrens-rights/keeping-kids-safe-and-well-your-voices

Organisations were required to "step up" to provide greater support for vulnerable families outside their usual practices:

> With COVID-19 hitting hard the impact on clients has been difficult but with support and encouragement from our services, it has given our families a sense of hope that we will get through this. To help, we offered vulnerable clients educational resource packs and support via phone calls, private social media chats amongst each another or with a staff member. The packs contained several craft and educational activities for the families. Staff member also provided child-friendly information on COVID-19. **(INTERVIEW 4)**

Organisations providing services for vulnerable children and their families were "forced" to find creative ways to engage with children, families and their carers when COVID-19 put an end to face-to-face meeting. In one organisation, for example, a remote meeting (Zoom) initiative was introduced to ensure that there was a forum providing the opportunity for carers to connect with each other as a "micro-community", share experiences, keep abreast of developments within the industry and within the organisation, and ask questions and discuss issues with case managers and staff, while simultaneously providing the opportunity for senior managers to gain feedback from the front line. Workers were supported to find creative ways of engaging. An example is provided by an Aboriginal worker:

> Since COVID-19, Daphne [name changed] has risen to the challenge in a very creative way. She arranged a counselling service with a young teenage woman. She drove to the house and parked out the front. She provided the girl with the password details to use her [the worker's] phone in the car as her hotspot as she did not have any credit/data. They then conducted the counselling session with Daphne parked outside and the girl in her room via video. After a 50 min session (always a challenge with young people) she [the young girl] stated that she really enjoyed the session and felt safe being in the comfort of her room but knowing Daphne was not far away. **(INTERVIEW 4)**

Webinars were held in different states bringing awareness to workers about the issue of young people living with DFV. The workers reported that the response to children and young people was diverse and a wide range of strategies were being used to maintain the visibility of children, for example

> asking the mum to put the kids on the phone for a while, checking in on them at school or attending Safer Pathways meetings where the kids are on the agenda. It was certainly a huge concern across the sector. **(INTERVIEW 9)**

Health and wellbeing key contacts were assigned to government schools in Victoria to increase support for vulnerable students. Webinars were delivered to 22 different school and area support staff to provide guidance and supporting resources for the COVID-19 impact on family violence risk and responses for students and staff (FVRIM, 2020).

In one state, statutory child protection focused attention on the highest priority families. Greater attention was given to the initial assessment process about whether the children were at imminent risk, entailing a second, more senior level of sign-off required for any family going through to investigation (Interview 11). There were very real concerns expressed about the increase in DFV, evidenced by the increase in L17 (police) reports, and the impact of home schooling in households where children are living with DFV (Interviews 1, 4 & 9). However, Child Protection was reported to have cut back on home visits with only 10 per cent of the most urgent situations attended to face-to-face. Both media reports and interviewees expressed concerns about children dropping out of line of sight. Integrated family services raised concerns as did the Children's Commissioners noting that schools are typically some of the main reporters to Child Protection but they no longer had children in sight (Interviews 4 & 11).

Focusing attention on only those children at the highest risk may mean that harm accumulates for some children as a result of lack of early intervention. Some organisations responded to the increased vulnerabilities by maintaining home visiting using appropriate PPE equipment.

> We were concerned about infants who were vulnerable. Under 3s who are vulnerable need to be sighted. Three quarters of families in one program area had mothers with a form of disability, often intellectual disability. We had to have a commitment to the most pointy end group of families – those on the cusp of entry to care.
> **(INTERVIEW 4)**

The above organisation undertook scenario planning around rosters. They looked specifically at how to respond if children in out-of-home care became infected. Most staff said they would look after an infected child which was a heart-warming response (Interview 4).

There was reporting about the different ways in which COVID-19 was weaponised by DFV perpetrators (Carrington et al., 2021). This included the ways in which children's time with the abusive parent was used to create added pressures and opportunities for violence and coercive control. The DFV list created in the Family Court provided a positive response to the urgent issues that were being highlighted, particularly for children (Interview 7).

In the out-of-home care area where many of the children experiencing DFV are placed, one organisation reported on the creative ideas developed by foster carers for contact with the children's parents. All parents were given an iPad and they saw the inside of the carer's home and how they were looking after their child. Care had to be taken when working with parents with a criminal history to de-identify the house, however, the foster carers could show more about their house and how the

child was within the home. Parents' reading sessions with children were facilitated when workers took books to parents in an attempt to promote meaningful communication: "Heartbreaking in some ways because no physical contact, but still a lot of communication." (Interview 4)

The national body for Aboriginal child care agencies highlighted several major issues exposed by the pandemic. These included the impact of the restrictions on the children's ability to maintain connection to their culture and/or language, disruption and stress for children and families brought about by social and economic impacts of the pandemic, and the current early childhood education and care (ECEC) funding model being ill equipped to meet the support needs of families experiencing high vulnerability (SNAICC, 2021).

SUMMARY

This report does not fully cover the policy and practice learnings that were specifically developed to address the needs of children living with DFV. Further research and information gathering is required. It was clear that there was great concern about the loss of visibility of children through schools, child care, kindergarten and sport. Only the most vulnerable children were being visited, and so the majority of children living with DFV dropped out of sight. The interviewees recognised the need for additional supports and reported several creative responses to children by service providers, including those in the out-of-home-care sector. The use of technology and particularly iPads opened up homes for some children to engage with workers and family members. The support by teachers through home-schooling also provided some oversight but it was recognised that where children were living with DFV this was far from adequate.

Conclusion

The report has responded to 10 questions raised for investigation across four countries in addition to providing further findings. The Australian report does not purport to be comprehensive, but rather a snapshot into policy and practice issues that have emerged. Several issues stand out.

Firstly, the rapid shift from face-to-face practice to tele-practice and working from home while simultaneously addressing an increase in demand, complexity and risk represents a seismic change. Now that there have been accommodations to these ways of working, the opportunities, barriers and enablers for this change should not be underestimated. It no longer appears to be an innovation. However, this is *the* major innovation. The policy shifts and details of the micro-practices required to make this complex change possible have been outlined in the report. This includes the support and resourcing required for the workforce, the adult and child victims and survivors, and the people who use violence.

Secondly, COVID-19 highlighted the social inequalities that exist in Australian society and deepened those fractures falling heavily on the experiences of women and children living with DFV and even more so on those who are structurally disadvantaged. The policy and practice responses require recognition that needs will be greater for some people and communities than for others.

Thirdly, the extent of collaboration and the structures developed between the DFV sector and government in response to the crisis provides a template for working beyond the pandemic.

Fourthly, the rapid decision-making that occurred, including the cutting of extensive bureaucratic procedures and sign-offs allowing nimble and flexible ways of working, provides lessons for the future that could be explored further.

Finally, there remain gaps in this report. It represents a synthesis of information from key informants and surveys and data that already exist. Many of the initiatives that have been developed need to be evaluated. The issues for children, the role of prevention and the issues of intersectionality require much greater attention.

COVID-19 created a shadow pandemic of DFV where the entrapment of women and their children (and sometimes men) with an abusive partner exacerbated the coercive control and violence that they experienced. The service system response to these complex and frightening circumstances represents both a moment of sector transformation and heightened awareness of the extent to which the ability to create safety and to support the wellbeing of those affected during lockdowns was restricted. At times, the response was experienced as a shadow of what the circumstances demanded. A crisis creates its own opportunities and it is hoped that this report brings to light many of the innovations that a dedicated and creative workforce was able to provide.

Key recommendations

- Shift to a hybrid model of online and face-to-face services.
- Maintain high levels of collaboration internally and between government, NGOs, peak bodies and different organisations.
- Continue untied funding models to allow for nimble and flexible responses.
- Allow for the continuation of pared-back and flexible bureaucratic processes.
- Conduct further research into the impacts on marginalised groups.
- Ensure funding for marginalised groups that is commensurate with their needs.
- Proactively address inequality issues which COVID-19 has highlighted.
- Address the backlog in the court system.
- Continue proactive policing to target perpetrators.
- Increase the provision of temporary accommodation from the five-day minimum.
- Continue to research and evaluate the new initiatives that have emerged in response to COVID-19.
- Highlight the prevention agenda and the role of the media in making DFV visible.
- Continue research on children's experiences of DFV during COVID-19.

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