

# EXPERIENCES OF THE TASMANIAN FAMILY AND SEXUAL VIOLENCE SECTOR DURING COVID-19



In August 2020, the Department of Communities Tasmania invited stakeholders from the family and sexual violence sector to provide submissions outlining their experiences during COVID-19. Service providers were asked to reflect on their experiences with regard to findings of the Monash Gender and Family Violence Prevention Centre report, *Responding to the 'Shadow Pandemic' – Practitioner views on the nature and responses to violence against women in Victoria, Australia during the COVID-19 restrictions* (Responding to the Shadow Pandemic).

Many of the findings and themes of *Responding to the Shadow Pandemic* aligned with anecdotal feedback received from the family and sexual violence sector in Tasmania, as reported in sector forums led by the Department of Communities Tasmania from March to August 2020.

A summary of national trends, research and data during the COVID-19 is provided at the end of this paper.

Key findings and themes from the Tasmanian submissions are outlined below, with descriptions provided under each in the following pages:

- COVID-19 was used as a threat or method of violence.
- There was an increase in incidences of violence, including non-physical violence, and violence was often more severe.
- There was increased case complexity.
- COVID-19 was sometimes seen as a positive that contributed to feelings of safety and security for victim-survivors.
- COVID-19 provided the impetus for some clients to leave their violent relationships.
- Overall specialist services experienced steady demand, with some services experiencing periods of decreased and increased demand in clients accessing support.
- There were changes in how clients made contact with services and sought information and support, in response to COVID-19 public health measures.
- Family and sexual violence remained the primary reason clients accessed support from services. However, the impacts of COVID-19 contributed to clients seeking help.
- The shift from face-to-face services was challenging for clients and services.
- Services innovated in response to challenges.
- Lessons were learnt for a second wave.

### **COVID-19 was used as a threat or method of violence.**

- Clients reported that the threat of COVID-19 was used as a control mechanism and a new form of abuse. For example, perpetrators stating: “If you go out, you will bring back COVID-19 into the house”; and “I have COVID-19 and you will infect others if you leave the house”.
- There was an example of a perpetrator telling their GP they had symptoms of COVID-19 and receiving instructions to stay home and self-isolate for two weeks. The client reported the partner was physically well and his motivation was to stay home from work. The client experienced increased monitoring as a result of him being home.
- Clients reported perpetrators threatening to withhold children from being returned to their care because of COVID-19; and alleging mothers were endangering their children by allowing them to attend school.
- Perpetrators also put pressure on ex-partners to live together in the same home so the family could ‘stay safe’.
- There were examples of social media being used to spread rumours that a victim-survivor had COVID-19.
- Engender Equality noted perpetrators used COVID-19 as a reason for reinforcing their existing abusive behaviours.

### **There was an increase in incidences of violence, including non-physical violence, and violence was often more severe.**

- The Huon Domestic Violence Service (HDVS) observed increased physical violence for clients living with their abusive partner and noted COVID-19 was used as an additional form of coercive control.
- ‘Stay home’ directives and lockdown measures created environments of increased pressure on families and ‘an atmosphere of walking on eggshells’.
- HDVS reported clients found that home schooling added pressure to make sure the children were quiet to not upset the abusive partner.
- In situations where perpetrators were at home instead of attending work, clients spoke about increased intensity of not having a ‘break’ from their presence.
- Engender Equality clients reported increased use of coercion and control. Clients reported an increase in the frequency and intensity of controlling behaviours, often described as ‘increased intensity’ by clients. For example, women spoke about experiencing closer micro-management, which intensified experiences of anxiety and hyper-vigilance.
- Many women noted that managing home schooling meant there were fewer opportunities to reach out for help should an opportunity arise, for example, if the perpetrator left or went outside.

- The Family Violence Counselling and Support Service (FVCSS) observed an increase in financial abuse, for example, a victim-survivor receiving Job Keeper payments being forced to give money to the perpetrator.
- Some clients could not access support online or through phone services due to a lack of privacy with perpetrators or children in the home.

**There was increased case complexity.**

- Engender Equality noted the range and complexity of client needs increased during COVID-19. Following the lifting of restrictions, the number of referrals increased, with clients requiring a range of additional support, as they ended relationships, undertook safety planning, sought to secure housing, applied for parenting plans and orders and started independent and shared parenting arrangements.
- Safety planning became more complex, particularly where the victim-survivor and perpetrator were still residing together.
- Border restrictions and lockdowns meant victim-survivors could not be relocated interstate.
- COVID-19 also compounded existing trauma. For example, a client of HDVS commented, “[her] children were just recovering from the bushfires and now COVID-19”, noting the children were very depressed.
- Some HDVS clients stated they felt guilty about sending their children to school, and they were reluctant to discuss with teaching staff that their children were vulnerable or ‘at risk’.
- Clients from culturally and linguistically diverse (CALD) backgrounds and with disabilities experienced additional barriers. For example, feeling overwhelmed by managing remote learning.
- HDVS noted increased use of alcohol by clients as a coping strategy.
- HDVS noted many clients contemplated returning to former partners to ‘re-establish a family unit’. This was also seen by HDVS during the 2018-19 bushfires.

**COVID-19 was sometimes seen as a positive that contributed to feelings of safety and security for victim-survivors.**

- HDVS reported some clients reported feeling safer because the COVID-19 restrictions meant ex-partners were unable to travel out of area / movements were limited, providing clients with a sense of security.

### **COVID-19 provided the impetus for some clients to leave their violent relationships.**

- COVID-19 was identified as a 'final straw' and was the impetus for leaving a relationship by some clients. FVCSS found this to be the situation particularly older women aged 55 years and above or where the perpetrator's alcohol use increased and mental health issues were exacerbated.
- HDVS found some clients reported the COVID-19 pandemic made them contemplate the future and recognise that 'the world is changing and anything could happen' so they left relationships for a better future with their children.
- Some clients that left abusive relationships commented that they were not concerned about social isolation restrictions as this was the 'norm' for them anyway.

### **Overall, specialist services experienced steady demand, with some services experiencing periods of decreased and increased demand in clients accessing support.**

- FVCSS noted rates of reported family violence to Tasmania Police remained in line with previous years.
- FVCSS noted that in the first three to four weeks of restrictions in Tasmania there was a decrease in clients contacts, followed by intermittent spikes and plateauing. Since the lifting of restrictions which saw returns to school and work, there was a steady increase in referrals.
- The Sexual Assault Support Service (SASS) found a small reduction in total clients during the peak period of COVID-19 restrictions in Tasmania (April / May 2020), when SASS was providing remote service delivery, compared with monthly totals for the same period in 2019. However, referral numbers in June and July 2020 exceeded totals for the same months in 2019.
- SASS experienced an increase in the number of active clients from April to June 2020 compared with January to March 2020. This is likely due to a lower number of clients closed from April to June due to resurgences in anxiety, stress and other mental health impacts during the COVID-19 period.
- SASS advised that the total number of forensic medical examinations (FMEs) completed for sexual assault in the south were down from 13 in January to March 2020, to six in April to June 2020, which may be because of a reluctance to attend the hospital during COVID-19 and less engagement by clients with services for referral.
- Men's Referral Service received an increased number of calls from Tasmania during the peak of COVID-19 restrictions (April and May 2020).
- Under the Tasmanian Government's COVID-19 Social and Economic Support Package, Flexible Support Packages were established. As of 20 August 2020, 72 applications had been received (with 60 approved), of which ten specifically attributed COVID-19 to require extra assistance. For example: an escalation in perpetrator behaviour; and difficulty establishing a new home away from the perpetrator due to financial stress caused by a recent job loss. The number of applicants seeking support as a result of

COVID-19 could be higher, as applicants are not asked directly whether COVID-19 contributed to seeking support.

- Engender Equality did not experience a decrease in the number of clients seeking support between March and June 2020; instead experiencing an increased number of sessions and increase number of calls to the service across this period.
- Service providers experienced an increased number of new clients seeking support.
  - Engender Equality had a 40 per cent increase in the number of new clients accessing the service from January to June 2020, compared to the same period in 2019.
  - FVCSS noted an increase in the number of first time reports of family violence, particularly by women in longer term relationships and from women holding 'professional positions'. FVCSS had 104 new clients to the Adult Program in March 2020, compared to 71 in March 2019; and 105 new clients in July 2020 compared to 80 in July 2019.
  - Engender Equality noted few clients spoke about experiencing family violence for the first time during COVID-19. Where referrals were received during and following COVID-19 restrictions, most clients identified that controlling behaviours were occurring in the relationship before the restrictions started.
- Engender Equality reported an increase in the number of returning clients, who were experiencing newly intensified experiences of abuse.
- HDVS client engagement remained steady throughout COVID-19. Current clients made regular contact and new referrals were steady. However, both current clients and new referrals increased when children and young people returned to school. HDVS noted this often occurs following school holidays.

**There were changes in how clients made contact with services and sought information and support, in response to COVID-19 public health measures.**

- There was an increase in website and social media traffic for specialist family and sexual violence services.
- Victim-survivors engaged with services differently, for example, shorter and more opportunistic contacts when a perpetrator went outside or left the room.

**Family and sexual violence remained the primary reason clients accessed support from services. However, the impacts of COVID-19 contributed to clients seeking help.**

- FVCSS noted that family violence was always the reason for clients making contact. Other stressors, such as home-schooling, were identified, but were not the reason for reaching out.
- Engender Equality also reported that while other stressors were present, family violence was the reason clients were seeking support. All clients supported between March and June 2020 talked about the anxiety and impact of the lockdown. Clients managing chronic health issues experienced great stress, fear and uncertainty during this period.

- Engender Equality noted it was uncommon to hear of abuses towards children that had not been experienced before COVID-19. However, for most clients, the extra pressure of having children at home was worn by women and this was used by the partner as a means of undermining and criticising parenting.
- Approximately 70 per cent of clients presenting to SASS in June 2020 self-reported that they had been impacted by COVID-19 in some way.
- HDVS noted clients were frustrated by delays to court proceedings and some experienced anxiety when perpetrators were on bail waiting for cases to be heard.

### **The shift from face-to-face services was challenging for clients and services.**

#### Clients

- Some clients wanted face-to-face services, which could not occur while restrictions were in place (for example, in the north west).
- HDVS noted technology and mobile phones were relied upon, which was an issue for clients in geographically isolated areas with limited reception. Some clients could not access support online or through phone services due to lack of phone or internet access.
- Some adult clients had difficulty hearing over the phone, or phone counselling simply did not work well for them.
- HDVS noted low rates of adult literacy and numeracy, as well as IT literacy, impacted people's ability to seek help, particularly online.
- Lack of privacy in the home was a significant barrier for many clients. It was difficult to engage in phone/online counselling and support sessions if there were other people in the room, including children, without compromising their safety or having children hear their distress.
- Engender Equality reported clients who were living at home with abusive partners often attended their phone appointments in their cars, away from home. Clients reported needing to find an excuse to leave the house and feeling anxious as a result. The most common reason given for leaving the house was to get groceries, meaning many women at the start of their appointment would rush into a supermarket and buy groceries.
- For many SASS clients, in-depth trauma-focused work was not feasible over the phone or online. SASS practitioners provided more general mental health support for clients who experienced heightened anxiety during the period of COVID-19 restrictions. Other clients benefited from regular check-in calls that were focused on how they were faring and what practical strategies they might implement to manage stressors and increase their wellbeing during isolation.
- SASS practitioners identified that it was often challenging to engage young children in videocalls, as their attention tended to wander. Teenagers were more engaged in this format.

## Services

Following the announcement of public health measures in response to COVID-19, Government and community-based specialist family and sexual violence specialist services made the transition to remote service delivery. Creative solutions were sought to minimise disruptions to business and ensure ongoing service delivery. The Tasmanian Government's nation-leading \$2.7 million family and sexual violence funding under the Social and Economic Support Package and initiatives such as the Essential Technology Fund, assisted services to make a quick transition and ensure ongoing service provision. However, there were a number of challenges experienced by service providers and practitioners.

- There was increased risk of the perpetrator being home with the client when the service contacted them for counselling appointments or follow up calls. In many cases it was extremely difficult to find an opportunity to talk to the client without the perpetrator being present.
- Phone counselling presented challenges for counsellors, as they have less information to gauge whether a client is distressed. Techniques such as discussing diagrams or having a client watch a video were difficult to use with phone counselling.
- The use of video counselling required ensuring the video platforms were secure and private.
- Not all clients had access to the required technology or the confidence to use it and issues such as loss of video connection and poor-quality connections interfered with therapeutic processes.
- Sessions that involved more than two people, for example, sessions involving a counsellor, client and interpreter, were challenging to provide due to social distancing restrictions.
- While working from home, staff required an appropriate home office space that was confidential and where they could work without interruption. This was particularly challenging where staff had children at home.
- Staff also required the necessary technology including computers, mobile phones, phone reception, internet access and printers. Some services did not have enough mobile and laptop devices for all staff at the start of remote working arrangements. For example, some SASS staff used their own devices. As the devices were not covered under SASS's IT support contract, Team Leaders had to troubleshoot IT issues via phone/video-call, which was often challenging and time-consuming. While SASS received funding for new devices under the Essential Technology fund, this was not until the later stage of remote working arrangements.
- Staff were also required to become proficient in a range of technology-based platforms to deliver services, (for example, Zoom or Microsoft Teams), and be able to install and use required technology.
- Services reported their staff often found it challenging to retain a work-life balance when their private spaces at home were used for work purposes.

- Services had to manage staff working in isolation, remote supervision and debriefing opportunities, to mitigate risk of vicarious trauma for staff.

### **Services innovated in response to challenges.**

- Many services expanded or increased their operations during the heightened restrictions.
  - Funding provided through Tasmanian and Australian Governments' COVID-19 response packages enabled many services to recruit additional staff to meet demand for services.
- Engender Equality services expanded to include more flexible support options, through an extension of existing phone counselling practices; embedding of video counselling; and an SMS support pathway.
- Engender Equality established outreach counselling and collaborative support through a number of community centres and agencies in high-demand areas.
- The Engender Equality website functionality was expanded so clients could access intake and counselling agreement forms and video elements.
- Help-seeking messages were promoted through Engender Equality's social media pages, for example, promotion of the 1800RESPECT online chat function.
- FVCSS increased its use of texting for conversations and check-ins with clients.
- HDVS developed a flyer with information about COVID-19 and family violence that was distributed to customers by local supermarkets and emergency assistance providers.
- HDVS developed a partnership with local GPs to enable people to access 'safe private spaces' to make calls and appointments with family violence services.
- HDVS worked in partnership with Red Cross to develop bi-lingual audio versions of the Red Flags booklet and increased distribution of the resource.
- Services also reported changed practices that provide better service, which will now be embedded as a new way of working.
  - Engender Equality reports a number of changed practices and procedures are being embedded, including those associated with video counselling, safety planning and working from home, including supervision and support.
  - FVCSS Children's and Young Persons Program is developing online counselling sessions with clients and their carers, which means clients that cannot come to the service can still access counselling through the use of devices provided by FVCSS.

## Lessons learned for a second wave.

Service providers noted that if a second wave of COVID-19 were to occur in Tasmania and restrictions were imposed, priority issues to address include:

- Additional funding to assist with the purchasing of technology for remote service delivery and transitioning internet and phone plans as required.
- Increased IT support for staff working from home.
- Additional support for clients to be able to access online, telephone or video appointments.
- Guidance on free and/or low-cost telehealth platforms that are safe and appropriate for counselling. There are currently no Australian standards regarding privacy law compliance for therapists providing distance therapy.
- Explore further options to collaborate and/or provide outreach with other organisations/services that are still seeing clients face-to-face.
- Additional mechanisms put in place to support people with disability. For example: clear and accessible pathways to seek help; and increased support for disability support staff to increase knowledge and awareness of their role and responsibility in relation to violence and abuse.
- A focus on clients transferring from interstate and how they can be best supported.

## NATIONAL TRENDS DURING COVID-19

- There was an increase in the number of victim-survivors reporting family violence for the first time.
- There was an increase in the frequency and severity of violence perpetrated.
- Service providers have reported increased complexity of cases.
- In many instances, COVID-19 led to an escalation of violence and COVID-19 was used by perpetrators as a rationale for perpetrating violence and as a tool, for example: threatening to expose partner or children to virus; or withholding personal protective equipment.
- There were periods where demand for services decreased, particularly during lockdowns and when people were encouraged to stay at home. It is important to note that decreased demand does not necessarily indicate decreasing prevalence rates of domestic, family and sexual violence. It may indicate decreased help-seeking due to a number of reasons including; fear of contravening lockdown restrictions, fear of a perpetrator in close proximity, and reduced mobility to access services.
- Service providers experienced challenges in providing support and undertaking risk assessment and safety planning, particular during periods of lockdown. At the same time,

service providers demonstrated innovation to enhance accessibility and effectiveness of service delivery.

### **National research and data**

- Police data showed no major increase in reports of domestic and family violence during COVID-19.
- The eSafety Commissioner noted abusers may be trapping victim-survivors at home and limiting their access to phones or computers.
- Nationally, support services reported an increase in both male and female victim-survivors seeking help for domestic and family violence.
- The Australian Institute of Criminology surveyed 15,000 women aged 18 years and older online in May 2020 about their experience of domestic and family violence after COVID-19 first started impacting Australia. The survey found:
  - 4.6 per cent of all women – and 8.8 per cent of women in a relationship – experienced physical or sexual violence from a current or former co-habiting partner between February and May 2020.
  - For 33 per cent of these women, it was the first time they had experienced physical or sexual violence in their relationship.
  - 5.8 per cent of all women had experienced coercive control from a current or former cohabiting partner, and 11.6 per cent at least one type of emotionally abusive, harassing or controlling behaviour.
  - Nearly 20 per cent of women who experienced coercive control said that this was the first time they had this behaviour within their relationship.
  - More than half (53 per cent) of women who had experienced physical or sexual violence before February 2020 said the violence had become more frequent or severe since the start of the pandemic.
  - One in three women (36.96 per cent) who experienced physical or sexual violence or coercive control said that, on at least one occasion, they wanted to seek advice or support but could not because of safety reasons. This was even higher (58.1 per cent) among women experiencing more serious or complex forms of violence and abuse.
  - One in three women (31.2 per cent) said they had called the police after the most recent incident of physical or sexual violence, while another 10.9 per cent said that someone else had notified the police.