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Submission in response to the Select Committee inquiry into the Australian Government's response to the COVID-19 pandemic

Thank you for the opportunity to make a submission to the Select Committee inquiry into the Australian Government's response to the COVID-19 pandemic.

About Australian Women Against Violence Alliance

Australian Women Against Violence Alliance (AWAVA) is one of the six National Women's Alliances funded by the Australian Government to bring together women's organisations and individuals across Australia to share information, identify issues and contribute to solutions. Our focus is on responding to and preventing violence against women and their children. Our role is to ensure that women's voices and particularly marginalised women's voices are heard by Government, and to amplify the work of its member organisations and Friends and Supporters. Our members include organisations from every State and Territory in Australia, representing domestic and family violence services, sexual assault services, services for women in the sex industry and women's legal services, as well as organisations representing Aboriginal and Torres Strait Islander women, young women, women educators and other groups. AWAVA's auspicing body is the Women's Services Network (WESNET).

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Acronyms used

ACOSS	Australian Council of Social Services
CDC	Cashless Debit Cards
DF&SV	domestic, family and sexual violence
DSP	disability support pension
LGBTIQ+	people who are lesbian, gay, bisexual, transgender, intersex or queer
RRR	rural, regional and remote areas
SHEV	Safe Haven Enterprise Visa
SGBV	sexual and gender-based violence
SRSS	Status Resolution Support Services
TPV	Temporary Protection Visa

Introduction

In this submission we discuss the increase in prevalence and intensity of several types of sexual and gender-based violence inflicted on women and their children during and after the COVID-19 pandemic, as well as providing the analysis of the government response in relation to domestic and family violence.

The term ‘sexual and gender-based violence’ allows us to encompass not only intimate partner or domestic and family violence, but also sexual violence committed outside of intimate relationships as well as violence against women committed by and within institutions. This term encompasses violence committed against women (both cisgender and transgender) as well as non-binary people, serving as “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females¹.” The term ‘sexual and gender-based violence’ draws the attention to underlying drivers of violence that are rooted in rigid and binary gender norms, gender inequality, unequal power relationships, coercion and control² “that are reinforced by patriarchal social constructs”³. It includes sexual violence that can occur both within and outside the context of domestic and family violence.

In the context of the high prevalence of sexual and gender-based violence in Australia, a general lack of affordable housing, strict visa eligibility for income support and service access alongside other structural inequalities impacting diverse groups of women in Australia, the impacts of COVID-19 pandemic need to be analysed through an intersectional gender lens.

The COVID-19 pandemic has already exacerbated existing inequalities and barriers to safety and services especially for women experiencing violence and those already marginalised. Reports from all over the world highlight increases in incidence of domestic, family and sexual violence⁴, a greater burden of domestic labour being placed on women, job and income losses that will have more severe consequences for women once the pandemic is over, an increase in unwanted pregnancies and decreased access to sexual and reproductive healthcare. Reports have also shown exacerbation of rigid gender norms that are a precursor to violence. The burden of domestic labour and care work even more disproportionately falls on women on top of any employment⁵. It has been well established that rigid gender roles lead to unequal power relations and may result in violence against women.

From the beginning of the pandemic, AWAVA has put forward a number of requests and recommendations to the Commonwealth Government to ensure safety for women and their children experiencing violence⁶:

¹ The inter-agency minimum standards: for gender-based violence in emergency programming. UNFPA 2019 https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimum_Standards_Report_ENGLISH-Nov.FINAL_.pdf

² See the full definition of sexual and gender-based violence by the United Nations Refugee Agency: <https://www.unhcr.org/en-au/sexual-and-gender-based-violence.html>

³ DV VIC Interim Code of Practice

⁴ Peterman, Potts, O’Donnell, Thompson, Shah, Oertelt-Prigione, and van Gelder, 2020. “Pandemics and Violence Against Women and Children.” CGD Working Paper 528. Washington, DC: Center for Global Development. <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>

⁵ Equality Rights Alliance (2020) Submission to the Select Committee on COVID-19 Inquiry in to the Australian Government’s response to the COVID-19 Pandemic.

⁶ See: https://awava.org.au/2020/03/26/blog/covid-19-and-violence-against-women-federal-government-support-needed?doing_wp_cron=1592540878.9470429420471191406250

1. Ensure that TV and social media campaigns on pandemic safety measures are put in place that reinforce the message that everyone has the right to be safe in their own home. - **Implemented.**
2. Ensure adequate investment in specialist women's services to meet the demand. – **Some progress but not fully implemented (see more analysis in section 2 of this submission).**
3. Increase funding for online and phone counselling services such as (but not limited to) 1800RESPECT, Men's Referral Service, Kids Helpline, Mensline and QLife. – **Partially implemented.**
4. Ensure that courts and legal systems prioritise women's and children's safety - **Partially implemented (eg. COVID-19 list in family law)**
5. Ensure effective coordination with States and Territories for the response to sexual and gender-based violence – **Partially implemented (eg. National Partnership on COVID-19 Domestic and Family Violence Responses).**
6. Increase investment in safe at home programs from \$18 million to \$180 million and States and Territories should match so that victims/survivors who want to be supported to stay home safely are not forced into homelessness - **Partially implemented (additional \$320,000 provided)**⁷.
7. Provide additional funding for refuges and DFV services staffing to do specialist outreach, support and safety planning where necessary remotely and if appropriate to support women and children being placed in temporary accommodation – **Partially implemented.**⁸
8. Increase capital works (expand / extend Safe Places program) to increase refuge supply in light of potential surge in demand once immediate crisis is over - **Not implemented.**⁹
9. Commit to funding the continuation of the Equal Remuneration Order Supplement which will otherwise expire in July 2020, threatening funding sustainability for community sector organisations as per ACOSS/ASU advice - **Not implemented.**

⁷ The \$320,000 figure refers to direct Commonwealth funding for the Salvation Army's Safer in the Home program. See <https://ministers.dss.gov.au/media-releases/5806>. Some of the funding distributed to State and Territory Governments to meet local priorities under the National Partnership on COVID-19 Domestic and Family Violence Responses may be used for safe at home programs. See <https://pmc.gov.au/sites/default/files/files/communique-mar-apr-2020-coag-womens-safety-council.pdf> and <https://www.pmc.gov.au/sites/default/files/files/communique-coag-womens-safety-council-19may20.pdf>. For example, the WA Government has announced it will allocate some of the Commonwealth money to safe at home programs. See <https://www.communities.wa.gov.au/media/2522/covid-19-family-and-domestic-violence-communique-summary-7-may-2020.pdf>

⁸ Some of the funding distributed to State and Territory Governments to meet local priorities under the National Partnership on COVID-19 Domestic and Family Violence Responses may be used for additional funding for refuges and DFV services staffing.

⁹ The Safe Places program has not been extended or expanded but some of the funding distributed to State and Territory Governments to meet local priorities under the National Partnership on COVID-19 Domestic and Family Violence Responses may be used to expand refuge supply.

10. Ensure access for women on temporary visas experiencing violence to Medicare, PBS, income support if jobs are lost due to COVID-19, and one-off economic support payment (\$750) - **Not implemented.**
11. Increase disability support pension in line with Jobseeker payment increases - **Not implemented.**
12. Ensure access to reproductive health services including contraception and abortion, in light of likely increase in unplanned pregnancies and increased sexual violence - **Partially implemented.**¹⁰

A government response to the pandemic requires an intersectional gender lens be applied to all measures including health, recovery and stimulus, in particular in the context of sexual and gender-based violence.

1. Understanding experiences of sexual and gender-based violence in the context of the COVID-19 pandemic

1.1. Increase in the incidence and severity of sexual and gender-based violence

Past pandemics such as Ebola¹¹ and Zika¹² have shown that incidence of sexual and gender-based violence (SGBV) increases, shifts in its nature and affects social and economic opportunities for victims/survivors. At present, most of the available reports and data on the increase in SGBV refer to the increase in the instances of domestic and family violence (DFV). We note a lack of data on other manifestations of SGBV such as for instance reproductive coercion or dowry abuse as well as on sexual violence itself.

The requirement to self-isolate and disruptions in access to social networks and services compounded by the gender drivers of domestic and family violence have contributed to the increase in instances of DFV globally and in Australia.¹³ Such increases in the incidence of DFV has been reported in many countries. UN Women have released the most recent data¹⁴ showing an average of 30% increases in calls being reported in France, Cyprus and Singapore.

In Australia similar trends have been reported:

- The COAG Women's Safety Council (comprising Ministers with responsibilities for women's safety across the Commonwealth, State and Territory jurisdictions)¹⁵ has

¹⁰ See <https://resources.mariestopes.org.au/SRHRinAustralia.pdf>

¹¹ UNDP (2015) Ebola recovery in Sierra Leone: tackling the rise in sexual and gender-based violence and teenage pregnancy during the Ebola crisis.

¹² Oxfam International (2017) Dominican Republic gender analysis: study of the impact of the Zika virus on women, girls, boys and men.

¹³ For more information see: <https://thefinancialexpress.com.bd/views/covid-19-women-front-and-centre-1584973401> and <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf?ua=1>

¹⁴ For more information see: <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters#vaw>

¹⁵ With the Council of Australian Governments (COAG) replaced by the National Cabinet, the Women's Safety Council is no longer continuing as a COAG council but continues as meetings of the relevant Ministers.

noted the “growing demand for services”¹⁶, as well as “increasing complexity and severity of violence, [with] many women seeking help for the first time.”¹⁷

- 50% of frontline domestic and family violence specialists in NSW reported an increase in client numbers in NSW (or 59% in Victoria), 75% reporting an increase in complexity of needs (86% in Victoria), 50% reported an escalation of violence and abuse (also 50% in Victoria) and 47.5% reported an increase in the number of first-time cases since the outbreak (42% in Victoria).¹⁸
- 40% increase in women approaching services for emergency assistance.¹⁹
- There has been data that Google searches related to family violence have increased by 75%.²⁰
- 40% increase in urgent applications to the family courts are reported.²¹
- In Queensland, magistrates have been inundated with cases of domestic and family violence in their courtrooms, and paramedics are getting more calls for help.²²
- In Queensland, reduction in sporting injuries and road trauma has been partially offset by trauma caused by domestic and family violence and service providers had reported a dramatic increase in the brutality and severity of attacks on women and children.²³
- In Victoria, presentations to St Vincent's hospital related to family violence had more than doubled in the first quarter of 2020 compared to 2019.²⁴

Where a decrease in calls or service access has been reported, generally it has been found that it was not as safe for individual women to be in touch with services, due to proximity/surveillance by the perpetrator or not having phone credit or data to reach out for help. inTouch Multicultural Service Against Family Violence reported that a number of their clients expressed that there was no longer a safe time to talk to their case manager and they have subsequently disengaged from the service.²⁵

¹⁶ <https://pmc.gov.au/sites/default/files/files/communique-mar-apr-2020-coag-womens-safety-council.pdf>

¹⁷ <https://www.pmc.gov.au/sites/default/files/files/communique-coag-womens-safety-council-19may20.pdf>

¹⁸ For more information see: https://www.womenssafetynsw.org.au/wp-content/uploads/2020/04/UDPATE_COVID19-Impact-on-DFV-in-NSW_2.04.20_WSNSW.pdf and

[https://bridges.monash.edu/articles/Responding to the shadow pandemic practitioner views on the nature of and responses to violence against women in Victoria Australia during the COVID-19 restrictions/12433517](https://bridges.monash.edu/articles/Responding_to_the_shadow_pandemic_practitioner_views_on_the_nature_of_and_responses_to_violence_against_women_in_Victoria_Australia_during_the_COVID-19_restrictions/12433517)

¹⁹ Source: <https://www.9news.com.au/national/coronavirus-domestic-abuse-women-seeking-help-hotlines-decline/147704ae-3f8f-42ca-97a3-3605bf95f5e2>

²⁰ <https://7news.com.au/lifestyle/health-wellbeing/coronavirus-lockdown-results-in-75-per-cent-increase-in-domestic-violence-google-searches-c-901273>

²¹ Source: <https://www.theguardian.com/australia-news/live/2020/may/08/coronavirus-australia-live-news-national-cabinet-scott-morrison-nsw-victoria-lockdown-economy-latest-updates?page=with:block-5eb4f9e28f0858b1a8106471>

²² Source: <https://www.brisbanetimes.com.au/national/queensland/queensland-courts-inundated-with-domestic-violence-cases-amid-lockdown-20200506-p54qjs.html>

²³ Source: <https://www.brisbanetimes.com.au/national/queensland/queensland-courts-inundated-with-domestic-violence-cases-amid-lockdown-20200506-p54qjs.html>

²⁴ Source: <https://www.abc.net.au/news/2020-05-09/victoria-family-violence-cases-double-at-melbourne-hospital/12227594%20>

²⁵ Source: https://intouch.org.au/wp-content/uploads/2020/04/inTouch_COVID19IssuesPaper_April2020_website.pdf

Unpacking the increased incidence of SGBV, it is important to understand that people who choose to use violence against their partners and family members often have a pattern of abuse. In the context of the COVID-19 pandemic, this has been further compounded by economic stress, job losses, mental illness and risks of homelessness. These patterns of abuse typically involve coercion, surveillance and cutting off their partner's relationships with co-workers, friends and family. Isolation due to COVID-19 intensified this kind of coercive control by abusers.²⁶ For instance, migrant and refugee women and women with disabilities are particularly vulnerable to this because they may not be able to seek help due to various barriers including language, or care needs and mobility.

Experiences of sexual and gender-based violence during the COVID-19 pandemic exacerbated with some groups of women experiencing additional challenges.

1. In relation to patterns of abuse, specialist family violence and women's services have seen increased client numbers as well as increased complexity of cases. With restrictions lifting, even larger numbers of women are approaching services planning escape routes and having risks escalated again (for more details see section 3 of this submission). Abusive partners find new ways to exercise their control including lying about being infected with COVID-19²⁷ or threatening to infect their partners with virus to make sure that they remain home at all times.
2. More severe cases of physical and sexual assaults have been reported to women's and sexual assault services.²⁸ Referrals to sexual assault services have remained consistently high.
3. Some cohorts experienced more adverse outcomes:
 - a. While in general, **LGBTIQ+ people** are at a higher risk of family violence both within intimate relationships and from their families where families are not accepting them,²⁹ such dynamics are heightened with the requirement to self-isolate in homes. There have been reports of police misidentification of alleged perpetrators, which is particularly an issue for LGBTIQ+ families.
 - b. **Women with disabilities** who were already in social isolation and reliant upon their carer were at risk of escalating violence. There have been reports of women with disabilities in group home settings (and other forms of supported accommodation) being locked in their rooms and not allowed to come out.³⁰ Violence against women with disabilities in the healthcare settings also escalated as decision making powers were reduced.³¹ In addition, people with

²⁶ <https://awava.org.au/2020/03/25/blog/self-isolation-means-many-women-will-be-trapped-with-their-abuser>

²⁷ <https://www.abc.net.au/news/2020-03-29/coronavirus-family-violence-surge-in-victoria/12098546?fbclid=IwAR3NHrt5036ahYYn5uMS7n-485l6BQoU2M90EChWWOIMHhAys11vcUjy9A>

²⁸ Data reported to AWAVA by its member organisations in May 2020.

²⁹ Gender alert for COVID-19 outbreak. Interim Guidance. March 2020. IASC Reference Group for Gender in Humanitarian Action <https://drive.google.com/file/d/1rZO5JFBAGbgmuUzsvvuOa8B-d4nZbuhM/view> and Thorne Harbour Health (2020) LGBTI+ Health, Family Violence

³⁰ <http://wwda.org.au/wwdas-submission-to-the-senate-select-committee-on-covid-19/>

³¹ See more: <http://wwda.org.au/media-release-covid-19-statement-of-concern-human-rights-disability-and-ethical-decision-making/>; Women Enabled International (2020) COVID-10 at the Intersection of Gender and Disability. Findings of a

disability were not being given the treatment they needed because resources were focussed on COVID-19 related healthcare.

- c. The lack of visitation rights in **care facilities** such as elder care facilities and disability facilities made those in institutions more at risk to violence with no family oversight in place.³²
- d. Rates of **elder abuse** increase due to dependence and the social isolation requirements. In addition, older people may be facing more pressures and coercion about wills and their finances.³³
- e. Women, particularly **older women**, whose housing crisis pre-dates COVID19 and who may have been staying with family and friends or in temporary accommodation at camping groups have found themselves unwelcomed in their previous arrangements and have had to move to rough sleeping arrangements and in deeper crisis.³⁴
- f. With no access to income support, **women on temporary visas** become even more dependent on abusive partners and have limited opportunities to leave abusive relationships.
- g. **Women in the sex industry and women who have been trafficked** are at high risk of experiencing sexual and gender-based violence in their personal lives and within work settings. Mass loss of jobs, and high rates of women on temporary visas with no access to income support have exposed women to increased risk of violence as they seek to earn an income by providing sexual services in unsafe settings due to COVID-19.
- h. **Children** are at higher risk of domestic and family violence as well as child abuse including child sexual abuse.³⁵

4. Different manifestations of SGBV also escalated:

- a. With an increased time spent online, there have been reports of increased incidence of **technology-facilitated abuse**. This includes stalking, sexual harassment, bullying, sex trolling and sending unsolicited intimate images.³⁶

Global Human Rights Survey, March to April 2020, available from:

<https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20Executive%20Summary%20May%202020%20Final.pdf>

³² See more at: Elder Abuse Action Australia <https://eaaa.org.au/latest-news/> and <http://wwda.org.au/wwdas-submission-to-the-senate-select-committee-on-covid-19/>

³³ See more at: Elder Abuse Action Australia <https://eaaa.org.au/latest-news/>

³⁴ AWAVA (2020) Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs on Homelessness in Australia; Equality Rights Alliance (2020) National Plan on Gender Equality. Affordable and Appropriate Housing for Women. <http://www.equalityrightsalliance.org.au/wp-content/uploads/2020/05/PRINT-Affordable-and-Appropriate-Housing-for-Women-final-2020.pdf>

³⁵ See more: <https://voxeu.org/article/potential-impact-covid-19-child-abuse-and-neglect>

³⁶ Source: <https://www.reuters.com/article/us-women-rights-cyberflashing-trfn-idUSKBN2153HG>

This has also been aided by online suppliers of porn or other graphic content giving away freebies or discounts to users.

- b. Young people become at more risk of grooming into **exploitation**.³⁷
- c. With exacerbated financial stresses dowry demands may increase leading to **dowry abuse**. This would mirror an increase in financial abuse.³⁸
- d. Existing abuse in the form of **domestic servitude** may be heightened.³⁹
- e. **Reproductive coercion** exacerbated during the pandemic especially in the context of a reduced access to sexual and reproductive healthcare. Victim-survivors who have experienced unintended pregnancy during isolation are also less likely to have access to pregnancy options or abortion or adoption, increasing lifelong ties to and financial dependence on abusive partners.⁴⁰
- f. **Violence against pets** may be also increasing.⁴¹ In 2008 a Victorian study⁴² has found that 53% of women escaping family violence reported that their pets were also harmed. An inability to take a pet with them may deter victims/survivors from leaving abusive relationships.⁴³

Despite an increased incidence of different forms of violence, barriers to leave partners who use violence and, in some instances, completely prevented victims/survivors from leaving as well as barrier to seek support and assistance exacerbated.

1. Barriers to leave violent relationships

Victims/survivors who have lost their income have limited ability to leave violent relationships. This, compounded by increased demand for crisis accommodation, may have forced them into homelessness if they did separate. This is especially true for women living in regional, rural and remote locations where there are limited emergency housing options available. We expand more on the pandemic impact on the housing stress in section 1.2 of this submission.

There have been limited opportunities for victims/survivors to have time away from their abusive partner (for instance, when previously they could temporarily stay with friends or family). Abusive partners have increased their control in other situations such as during health appointments.

Victim-blaming attitudes have been more visible where victims/survivors who were disclosing experiences of violence have been dismissed with statements that their partner might be

³⁷ Source: <https://www.theguardian.com/world/2020/apr/02/coronavirus-lockdown-raises-risk-of-online-child-abuse-charity-says>

³⁸ See more: <https://womensagenda.com.au/latest/financial-abuse-of-migrant-and-refugee-women-is-a-hidden-factor-in-toxic-relationships/>

³⁹ See more: <https://www.cfr.org/blog/covid-19-and-modern-slavery-challenges-opportunities-and-future-fight>

⁴⁰ <https://resources.maristopes.org.au/SRHRinAustralia.pdf>

⁴¹ See more: <https://theconversation.com/abuse-and-abandonment-why-pets-are-at-risk-during-this-pandemic-134401>; <https://hslf.org/blog/2020/04/coronavirus-crisis-increases-need-help-victims-domestic-violence-and-their-pets>; <https://vancouver.sun.com/news/increased-violence-against-women-in-the-home-during-covid-19-leads-to-jump-in-number-of-animals-needing-to-board-with-people>

⁴² Volant, A. M., Johnson, J. A., Gullone, E. (2008) The relationship between domestic violence and animal abuse. An Australian Study. *Journal of Interpersonal Violence* 23(9):1277-95.

⁴³ Taylor, N., Fraser, H. (2019) *Companion Animals and Domestic Violence: Rescuing Me, Rescuing You*. Palgrave Macmillan

stressed and that this is a difficult time for all.⁴⁴ Thus, perpetrators' use of violence is excused due to unprecedented stress arising from the pandemic response.

Such barriers have been heightened for diverse groups of women who were experiencing multiple marginalisation before the pandemic. This included women on temporary visas who are experiencing violence and are not eligible for income support and Medicare in some instances. Their capacity to leave abusive relationships was been further limited.

2. Difficulties in enforcing perpetrator accountability

Perpetrators knew that victims/survivors would have a limited ability to enact their safety plan in the current situation. There may be no housing options to remove perpetrators from homes for victims/survivors to remain there safely. The spirit of collectivism in public communication around the public health crisis, "we're all in this together", may reinforce the messages for 'families to stick together' thus both excusing both violent behaviours and victim blaming mentalities and limiting opportunities for victims/survivors to leave. Some men's behaviour change programs have become unavailable due to social distancing requirements. Public campaigns such as the Commonwealth's 'Help is Here' campaign are important in reminding victims/survivors, perpetrators and the general public that everyone deserves to be safe, the pandemic does not excuse violence, and services remain available to support women's and children's safety.

3. Barriers to accessing services

Where community services have moved to online and over the phone service delivery, some women have found it impossible to reach out to those services with violent partners being home; others may have no access to internet or phone credit to be able to call. For women living in rural, regional and remote locations where access to services is patchy and requires travel, it becomes more difficult to access those services in the context of social distancing and travel restrictions. This is especially true for Aboriginal and Torres Strait Islander women.⁴⁵

Recommendations:

- 1.1.** Ensure adequate investment in specialist women's services to meet the demand.
- 1.2.** Increase funding for online and phone counselling services such as (but not limited) 1800RESPECT, Men's Referral Service, Kids Helpline, Mensline and QLife.
- 1.3.** Ensure that courts, legal systems and policing prioritise women's and children's safety.

1.2. Impact of the COVID-19 pandemic on access to housing for victims/survivors of domestic and family violence

Research by the Australian Institute of Health and Welfare has established, "domestic and family violence is the main reason women and children leave their homes in Australia and is consistently one of the most common reasons clients have sought assistance from specialist

⁴⁴ Stop Family Violence (2020) COVID-19 FDV Perpetrator Case Management Responding to escalations in perpetrator-driven risk.

⁴⁵ Brown, C. (2020) Isolated from COVID-19, endangered by domestic violence: The heightened risk of violence against women in the Northern Territory, in Markham, F., Smith, D. & Morphy, F. (2020). Indigenous Australians and the COVID-19 crisis: perspectives on public policy, Topical Issue no. 1/2020, Centre for Aboriginal Economic Policy Research, Australian National University, Canberra. <https://doi.org/10.25911/5e8702ec1fba2>

homelessness agencies”.⁴⁶ The impacts of the COVID-19 pandemic outlined above has created additional barriers with the access to housing for victims/survivors of domestic and family violence.

Since the start of pandemic, AWAVA has run a survey with victims/survivors of domestic and family violence and services assisting them with housing to capture the impacts of the pandemic. Individual respondents raised the following issues:

- An increase in the incidence and severity of family violence, including escalation of financial abuse;
- Women who left their abusive partners during the pandemic found it difficult to find affordable housing as well as in some cases problems with securing their own places due to a lack of rental history under their names.
- 67% of respondents who did not make an attempt to leave an abusive partner reflected on the barriers. These included financial constraints, fear of losing connections with family and friends, having already left and return and having a disability that exacerbated restrictions on movement.

Services (N71) that filled in the survey reported the lack of affordable housing, social and public housing and other housing options for victims/survivors of domestic and family violence. A lack of long-term and affordable housing options places a burden on specialist women’s services and limit exit options for victims/survivors of domestic and family violence.

“A lack of affordable housing options created a gridlock within our refuge. This ultimately means we are unable to offer adequate support to many families who require this. We have many women residing in high security refuge, who no longer require such security, however are unable to move on due to a lack of options.”

“In rural and regional areas there are very long wait lists for public housing and the private rental market is too expensive for women and families fleeing domestic violence. I know of one family who is couch surfing amongst friends at present whilst various service providers try to secure permanent housing for them. There needs to be a massive injection of funding to provide appropriate hard infrastructure to support women and children.”

“There is a lack of social housing which means that women and children are vulnerable to homelessness or unstable accommodation and food insecurity when they try to establish a new home.”

“We are in a remote mining town and housing is predominately utilised by those employed by the mining company. If the perpetrator leaves the victim has no rights to remain in the house. Private rentals when found are exorbitant ie, \$1100.00 per week. There is a shortage of housing in the town. People can remain on Department of Housing houses wait lists for years.”

⁴⁶ Australian Institute of Health and Welfare. *Specialist Homelessness Services Annual Report 2016-17*, Canberra: AIHW, 2018. <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2016-17/contents/client-groups-of-interest/clients-who-have-experienced-domestic-and-family-violence>; Spinney A. (2012). *Home and Safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless*. Final report no. 196. Melbourne: Australian Housing and Urban Research Institute.

“There are not enough permanent or transitional housing available for women and children escaping FDV. In order to receive this benefit the women have to have a 'justice' response and this makes it difficult for women to feel safe when not wanting justice/ Police involvement and would feel better developing a safety plan.”

“It has been very difficult to secure any longer term accommodation for clients that is affordable for people who are dependent of Centrelink”.

“Extremely difficult to finding housing for clients due to the COVID restrictions. More of our DFV clients have found themselves homeless as unable to return home, have no family that will take them in and difficult to source sort term accommodation with closure of caravan park, motels in a small community. travel passes where difficult to obtain without assistance.”

“Affordable housing should be a priority for Federal, State and Local governments.”

Escalation of family violence was also identified including compounded financial debts, impossibility of victims/survivors to approach services with perpetrators of violence being always around and returns to abusive partners due to lack of other options.

“Unsafe home environments which escalates violence. Rent arrears are a huge issue with women experiencing huge amounts of debts”

“We are receiving a high number of calls from people who are experiencing housing insecurity of homelessness. This has become more frequent and more severe during the covid-19 pandemic. Very often callers are unable to leave violent living situations because of their inability to access housing due to many factors, often specifically linked to the family violence they are being exposed to and the lack of housing support that is available.”

“We are seeing situations of overcrowding and stress as a response to homelessness during the pandemic, with some clients telling us that they are tempted to return to unsafe DFV situations in order to have stability and space.”

Lastly, a lack of enforcement of perpetrator accountability and removals of perpetrators as also reported:

“Our service supports women experiencing DFV and there have been numerous examples of police refusing to remove perpetrators due to the pandemic or using the pandemic as a reason not to remove violent offenders, which has resulted in women either having to stay with the perpetrator or attempt to access refuges which have been limited due to COVID 19.”

Recommendations:

- 1.4.** Increase investment in Safe At Home programs from \$18 million to \$180 million and States and Territories Governments match this investment so that victims/survivors who want to be supported to stay home safely aren't forced into homelessness.
- 1.5.** Provide additional funding for refuges and specialist DFV services to provide specialist outreach, support and safety planning where necessary remotely and if appropriate to support women and children being placed in temporary accommodation.
- 1.6.** Increase capital works (expand and extend the Safe Places program) to increase refuge supply in light of the potential surge in demand once immediate crisis is over.

1.3. Impacts on access to health services including women's health

1.3.1. Sexual and reproductive health care

COVID-19 is setting back progress on women's access to sexual and reproductive health and rights. During the pandemic, access to menstrual health products, contraception, emergency contraception, and methods to promote safe sexual activity are likely to decrease as a result of restricted access to health care, global manufacturing shortages and panic buying. Movement restrictions and reduced access to surgical abortion during the pandemic has led to women and pregnant people attempting unsafe abortion and a range of complex mental health support needs.⁴⁷

The increased risk of domestic, family and sexual violence, while access to contraception options crucial to plan pregnancies are reduced, will combine to increase rates of reproductive coercion,⁴⁸ unintended pregnancy and sexually transmitted infections. Delayed presentation of these sexual and reproductive health concerns can lead to congenital, chronic and intergenerational physical and mental health issues.⁴⁹

1.3.2. Medicare ineligibility of certain temporary visas holders

People holding visa categories such as Students, Working Holiday Maker, Visitors, Pacific and seasonal workers, Temporary Graduate and Bridging Visa holders (with the exception of BVE) are not eligible for Medicare benefits. This means that they will be unable to use the increased Telehealth services provided as part of the government COVID-19 response measures.

Some states have waived Medicare requirements to access certain types of health care for certain visa categories. In NSW people seeking asylum can have their fees waived for emergency care for acute medical and surgical conditions, including admission, some elective surgery (for conditions listed as Clinical Priority Categories 1 & 2), ambulatory and outpatient care required to maintain health status of asylum seekers with acute and chronic health conditions (eg diabetes) and maternity services, including pregnancy care, delivery, and post-natal care mental health services (inpatient and community based).⁵⁰ Similarly, in VIC, ACT and QLD people seeking asylum are also able to access free medical care.⁵¹ However, we believe that the access to health care during the pandemic regardless of one's eligibility should be uniform across all states and territories.

Recommendations:

- 1.7. Consider how contraceptive and family planning resources including contraception, condoms, dental dams, emergency contraception, pregnancy tests and menstrual health products can be made freely available, while supporting privacy in their use;

⁴⁷ <https://resources.mariestopes.org.au/SRHRinAustralia.pdf>

⁴⁸ Marie Stopes Australia. 2017. Hidden Forces: Shining a Light on Reproductive Coercion White Paper, Melbourne: Marie Stopes Australia, available from: https://www.mariestopes.org.au/wp-content/uploads/Hidden-Forces_MSA-RC-White-Paper_FINAL_WEB.pdf, accessed 9 April 2020.

⁴⁹ <https://resources.mariestopes.org.au/SRHRinAustralia.pdf>

⁵⁰ <https://www.swslhd.health.nsw.gov.au/refugee/faq-health.html#Medicare>

⁵¹ <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/ambulance-and-nept/ambulance-payment/payment-responsibilities>/<https://services.dhhs.vic.gov.au/dental-services>; <https://www.health.qld.gov.au/public-health/groups/multicultural/refugee-services>;

- 1.8. Increase access to medical abortion via telehealth, and protect access to surgical abortion;
- 1.9. Increase support to women’s specialist domestic and family violence services to respond to domestic, family and sexual violence and reproductive coercion during and after the pandemic;
- 1.10. Increase support to all options pregnancy counselling services to respond to the spike in unintended pregnancy and reproductive coercions during and after the pandemic.
- 1.11. Disallow new or additional legislation that will limit sexual and reproductive health and rights in Australia;
- 1.12. Remove ‘out of pocket’ healthcare costs for people without access to health or Medicare cards, including people on temporary visas, regardless of migration status;
- 1.13. Maintain Medicare Benefit Scheme (MBS) telehealth funding to enable access to GPs and broader health professionals throughout the pandemic, so that victim-survivors who cannot physically access or afford healthcare can at least have access to telehealth care.

2. Analysis of the government response in relation to violence against women

2.1. \$150 million package for domestic, family and sexual violence support⁵²

In response to the advocacy from the sector, the Federal Government has provided a \$150 million package. Of this \$150 million, \$20 million was allocated directly by the Federal Government to a national public education campaign (Help is Here)⁵³, funding to 1800RESPECT, No to Violence (including the Men’s Referral Service), Mensline, the Trafficked People Program and the Salvation Army’s Safer at Home program.⁵⁴ The remaining \$130 million is to be distributed to the State and Territory Governments, with \$32.5 distributed in the current financial year 2019-2020 and \$97.5m in the next financial year (2020-2021).⁵⁵

The initial \$32.5 million disbursed to the States and Territories is to meet urgent needs including:

- 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

⁵² <https://www.pm.gov.au/media/11-billion-support-more-mental-health-medicare-and-domestic-violence-services-0>

⁵³ <https://www.dss.gov.au/women/help-is-here-campaign>

⁵⁴ <https://www.pm.gov.au/media/11-billion-support-more-mental-health-medicare-and-domestic-violence-services-0>; <https://pmc.gov.au/sites/default/files/files/communique-mar-apr-2020-coag-womens-safety-council.pdf>; <https://ministers.dss.gov.au/media-releases/5806>

⁵⁵ “The Council agreed a further \$29.3 million in 2020-21 be allocated to states and territories using the same allocation formula, to provide certainty to service providers and assist with future planning. The Council will discuss the allocation of the remaining \$68.3 million on the basis of demand as further data emerges.” See <https://pmc.gov.au/sites/default/files/files/communique-coag-womens-safety-council-19may20.pdf>

- responding to the unique challenges in regional, rural and remote locations.⁵⁶

While this funding is welcome, it is time-limited and further investment is needed to address ongoing and increasing need. The scale of funding has to be much larger as more victims/survivors will be seeking more support as the pandemic situation evolves. For example, AWAVA identified that a ten-fold increase in funding for safe at home programs is needed, which would require an additional \$161.6 million from the Commonwealth as well as matching funds from State and Territory Governments. It is not yet clear what gaps will remain after State and Territory Governments allocate their shares of the \$130 million, but the pre-existing under-resourcing of domestic, family and sexual violence services means that unmet need will continue to be an issue if there is not substantial further funding.

It is positive that the National Partnership on COVID-19 Domestic and Family Violence Responses (which governs the distribution and use of the \$130 million) specifies people's access to "specialist domestic, family and sexual violence support services" as the key outcome of the Agreement. As AWAVA has emphasised throughout our policy submissions and advocacy, it is essential that funding be directed to resourcing specialist services that are focused on violence against women and work to best practice standards including the centrality of women's safety and perpetrator accountability.⁵⁷ It is also positive that services responding specifically to sexual violence have been included, in light of the continued emphasis on domestic and family violence in media and political discussion of violence against women.

2.2. COVID list in family law

Since the beginning of the pandemic, concerns have been raised about the responsiveness of the family law system in particular in situations where domestic and family violence escalates due to COVID-19. Issues arose in relation to supervised child contact where contact service were close, cross border travel, inter-state child abductions etc.

In April 2020 the joint practice direction has been issued by the Family Court of Australian and the Federal Circuit Court of Australia in relation to urgent family law matters that arose due to COVID-19. Examples for eligible matters under the COVID-19 list include:⁵⁸ matters related to supervised contact, border restrictions, medical and family violence. Any family violence matters where the violence has escalated because of COVID would qualify for these priority hearings.

Specialist women's services and women's legal services have welcomed the list and have been advising the government on the required risk identification and assessment for these matters. This is a positive step as once the risk assessment framework is established it can translate across the family law system for the first time.

2.3. Legal assistance services

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. This additional funding is welcome, but again needs to be

⁵⁶ <https://pmc.gov.au/sites/default/files/files/communique-mar-apr-2020-coag-womens-safety-council.pdf>

⁵⁷ <https://awava.org.au/wp-content/uploads/2017/08/SWS-Brochure-web-version.pdf>

⁵⁸ http://www.familycourt.gov.au/wps/wcm/connect/e9de660a-a9b7-4407-8643-ca38753a53a6/JPD+3+of+2020+-+COVID-19+List.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE-e9de660a-a9b7-4407-8643-ca38753a53a6-n73Lksl

complemented by further funding to address the long-standing (pre-COVID) shortfall in funding to community legal centres (particularly women's legal services), Legal Aid, ATSILS and FVPLSs.⁵⁹

2.4. Exclusion of temporary visa holders from social security response

The increase to Jobseeker, Youth Allowance, Austudy, Abstudy, Parenting Payment, Special Benefit and Farm Household Allowance payments through the Coronavirus Supplement, in the Coronavirus Economic Stimulus Package 2020 is timely and very welcome. The Newly Arrived Residents Waiting Period was also temporarily waived.⁶⁰

However, social security measures announced by the government in response to COVID-19 prioritised Australian citizens and permanent residents.⁶¹ People on a range of temporary visas (that includes both substantial temporary visas and bridging visas) were left without any income support as residency rules applied.

The wage subsidy provided for in JobKeeper payment is a welcome and commendable step forward and will provide a crucial safety net allowing many businesses and not for profit organisations, to retain employees throughout restrictions on trading and the delivery of services. Yet, it too had visa eligibility restrictions.

People seeking asylum are not eligible for any social security apart from a very limited access to Status Resolution Support Services (SRSS) payments. In recent years, eligibility for this payment has been tightened and the majority of people seeking asylum have lost access to it. In the context of pandemic and loss of the employment, access to SRSS payments has not been expanded.

People who hold a Temporary Protection Visa (TPV) or Safe Haven Enterprise Visa (SHEV) are also in a precarious situation as despite being recognised as refugees, they need to reapply for protection every 3 years in the case of TPV or every 5 years in the case of SHEV. In case of SHEV holders there are concerns that due to the pandemic they will not be able to meet their visa requirements. SHEV holders may apply for a limited range of permanent visas if they can provide evidence they have met a pathway which requires them to work or study in a designated "regional" area for 3.5 years without accessing Centrelink payments.⁶² Due to the economic impact of the pandemic, it is likely that many SHEV holders will not be able to meet this condition, and eligibility for permanent visa pathways should be adjusted to account for the fact that it is no longer readily achievable.

Disability support pension was omitted in the social security increase despite the calls from a range of disabled people's organisations. People receiving Disability Support Pension (DSP) have not been included in the announced Coronavirus Supplement of \$550 per fortnight, meaning that people with disabilities on the DSP now receive less in income support payments than others without employment, in spite of having higher medical and living costs⁶³ and which are exacerbated by the pandemic and requirements for social distancing. These supplements

⁵⁹ Funding increases to community legal services have been the subject of a longstanding advocacy effort by AWAVA, Law Council of Australia, and Women's Legal Services Australia.

⁶⁰ <https://www.dss.gov.au/about-the-department/coronavirus-covid-19-information-and-support>

⁶¹ <https://www.servicesaustralia.gov.au/individuals/news/more-financial-support-people-affected-coronavirus>

⁶² <https://www.refugeecouncil.org.au/priorities-covid-19/>

⁶³ http://wwda.org.au/wp-content/uploads/2016/01/OFW_Workshop_Report_2018_FINAL.pdf

must be extended to people on disability support pension. No additional support through the NDIS was provided.⁶⁴

While some emergency relief funding has been provided by the government, it is not envisioned to be income support. There are also concerns that with the growing need its amount is insufficient to cover all those in need.

Where a person receives and is eligible for the Coronavirus Supplement Payment and is also a Cashless Debit Card participant, they will be receiving supplement payments however, the same rules of CDC will apply. Income management, including the CDC, disproportionately impact women. At 30 November 2018, women made up 58.2 % of people on income management generally.⁶⁵ For CDC holders, only 20% of the payments will be transferred to a regular bank account i.e. with a possibility to withdraw it in cash.⁶⁶ Cashless debit cards may significantly limit women's ability to leave violent relationships and force women back into violent relationships. Under financial hardship, women may return to perpetrators not having other options for their financial security. During public health crises such as COVID-19 it is imperative that safety and wellbeing is prioritised.

The social security response requires an intersectional gender lens understanding how particular cohorts of people will be more at risk of violence, poverty and homelessness, as they will be among the first to lose income. This is particular true for women more generally and those women who are on temporary visas or women seeking asylum who overrepresented in informal employment.⁶⁷ Women on temporary visas experiencing violence are particularly of concern. We note the Australian government and States and Territory governments commitments to provide better supports for this group. We are referring you to the set of recommendations developed by the National Advocacy Group on Women on Temporary Visas Experiencing Violence on what's needed.⁶⁸

A lack of income support will have negative impacts for women's economic security in the short-term and increase barriers to women's equal workforce participation in the longer-term. Research on other disasters in Australia, such as in the 2011 floods, demonstrated that when women forgo or lose work during a crisis period, it has ongoing negative consequences for their economic security, and which render women extremely susceptible to economic harm, especially when also experiencing domestic and family violence.⁶⁹

⁶⁴ Women with Disabilities Australia (2020) Australia's response to women with disability during the pandemic. Submission to the Senate Select Committee on COVID-19 <http://wwda.org.au/wp-content/uploads/2020/06/Sumission-to-the-Senate-Select-Committee-on-COVID-19.pdf>

⁶⁵ Department of Social Services (DSS). (2018). 'Income Management data – (30 November 2018)', Income Management Summary by Measure inc BasicsCard, retrieved from: <https://data.gov.au/data/dataset/income-management-summary-by-measure-inc-basicscard>, accessed 4 October 2019.

⁶⁶ <https://www.dss.gov.au/about-the-department/coronavirus-covid-19-information-and-support>

⁶⁷ UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, "GBV in Emergencies: Emergency Responses to Public Health Outbreaks," September 2018, p. 2.

⁶⁸ National Advocacy Group on Women on Temporary Visas Experiencing Violence (2019) Blueprint for Reform: Removing Barriers to Safety for Victims/Survivors of Domestic and Family Violence who are on Temporary Visas.

⁶⁹ economic Security4Women (eS4W) (2012). Women's Voices from the Flood Plains: an economic gender lens on responses in disaster affected areas in Queensland and Victoria, Victoria: eS4W, JERA International, available from: https://www.security4women.org.au/wp-content/uploads/eS4W_Womens-Voices-from-the-Flood-Plains_Report.pdf, accessed 6 April 2020.

Recommendations:

- 2.1. Expand access to social security and Medicare benefits to all people regardless of their migration status, in particular for women on temporary visas experiencing violence and people seeking asylum who receive or have lost access to SRSS payments.
- 2.2. Ensure that refugees on SHEVs are not penalised in light of the COVID-19 pandemic.
- 2.3. Extend the Coronavirus Supplement of \$550 per fortnight to recipients of the Disability Support Pension (DSP).
- 2.4. End mandatory quarantining of income support through the Cashless Debit Cards, including for the Coronavirus Supplement.
- 2.5. Amend the Coronavirus Economic Response Package (Payments and Benefits) Bill 2020 to ensure JobKeeper Payment includes all casual employees regardless their visa status who were employed on 1 March 2020 in eligible businesses and organisations.

3. Planning for recovery

With lifting restrictions, the decades of evidence from the specialist women's services and the patterns of perpetrators' abuse enable us to predict there will be:

- Another risk of escalation of abuse as with lifting restrictions, perpetrators' control seizes;
- Increase in service seeking as opportunities to safely contact services become available;
- Escalation of surveillance, harassment and threats by separated abusive partners as they are able to travel to victim-survivors' residences again;
- Increased numbers of women requiring crisis accommodation and case management support;
- Much greater barriers for women to leave abusive relationships due to financial constraints;
- Job and income losses both exacerbate violent behaviour including sexual violence and limit opportunities for victims/survivors to leave.

The following measures need to be taken by the government to provide support to victims/survivors of sexual and gender-based violence:

1. Provide adequate funding to the specialist women's services

As more women will be approaching services seeking help with the restrictions being lifted, services need to be adequately resourced to meet the demand. This also includes:

- funding and increasing the stock of crisis accommodation;
 - funding and availability of services working with men who use violence;
 - funding for Family Violence Prevention Legal Service, the key specialist and culturally safe service for Aboriginal and Torres Strait Islander victim/survivors of family violence;
- and

- funding for community legal services including women’s legal services. (These are the kinds of services women affected by domestic violence rely on to help them protect their children, to navigate the family law system, and to deal with financial abuse.)

2. Ensure the legal system prioritises safety

This step includes the capacity and appropriateness of the police and courts responses that prioritises safety of women and their children experiencing violence.

The Governments need to improve AVO standards to hold perpetrators accountable and interrupt escalating violence.

While we welcomed an introduction of the COVID-19 list in family law, the family law system still operates to force children into care arrangements with parents who are violent and abusive. The safety of women and their children, early risk assessment and determination of family violence must be embedded in the family law system.

3. Ensure access to social security

People with disabilities and people on temporary visas have been excluded from the announced social security measures. This has driven people to poverty and destitution. No one should be left behind.

Unlike those relying on most other forms of income support, people living with a disability haven’t received an increase in their payment. And those on temporary visas face existing barriers to accessing services, income and basic healthcare due to strict eligibility criteria. The risks they face are likely to be compounded by perpetrators withholding and blocking access to healthcare and finances; and they face increased uncertainty about their migration status if they are to reach out for help. Women in these situations urgently need access to income support available to others – as well as housing, health services, interpreters and legal assistance.

4. Maintain access to contraception and abortion care

The increase in abuse and violence is expected to include sexual violence and reproductive coercion. Forced pregnancies maybe used by perpetrators to tie their partners and limit their opportunities to live independently. The access to contraception and abortion care must remain unhindered.

We thank you for the opportunity to provide input to this inquiry. If you would like to discuss the contents of the submission further, please contact Tina Dixson, AWAVA Acting Program Manager, using the details below.

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