

2 July 2020

Re: Submission to the UN Special Rapporteur on Violence Against Women, Ms. Dubravka Šimonović's report on domestic violence during the COVID-19 pandemic.

As members of a strong, interdisciplinary gender-based violence research community at the UNSW Sydney's we welcome this opportunity to provide a submission to your consultation on the increase of violence against women during the COVID-19 pandemic. The following submission draws on expertise from the Australian Human Rights Institute, School of Public Health and Community Medicine, Gender Violence Research Network and the Social Policy Research Centre,

The Australian Human Rights Institute has co-ordinated this response with its UNSW partners. The Institute was established in 2018 as part of the University of New South Wales' 2025 Strategy. It is a unique interdisciplinary institute, drawing on expertise across all academic discipline areas to address the major human rights challenges of our times. It takes an applied approach in its work, seeking to develop evidence-based research which is of value to policy making by government, industry and civil society. The Institute is responsive to emerging issues; currently a number of its members are focused on examining the human rights dimensions of the COVID-19 pandemic. In response, the Institute has developed a new website and newsletter [On Guard](#) providing a clearing house and database of essential research material on the human rights implications of the pandemic.

The Gendered Violence Research Network (GVRN) originated as a joint initiative of UNSW Arts & Social Sciences and UNSW Law. We bring together 50+ research affiliates across multiple disciplines nationally and internationally and connect with 1,500 external members. GVRN members have a common interest in research excellence and evidence-based insights and responses to gendered violence.

The School of Public Health and Community Medicine at UNSW brings together interdisciplinary expertise and works closely with health services, NGOs and policy makers to ensure that its research achieves translation and has impact to improve the lives of people in Australia, the Asia Pacific region and globally. Its research informs practice and

policy, with many staff working closely with the WHO, governments and services at the forefront of the COVID-19 pandemic.

The Social Policy Research Centre, founded in 1980, is at the forefront of research generating real change for individuals and communities in Australia, and internationally. It is a multidisciplinary centre of more than 40 researchers who include economists, sociologists, political scientists, statisticians, experts in law, social work, child development, care, education, demography, psychology, econometrics, history, political economy, public health and disability. Its researchers are dedicated to making a positive impact through independent and leading research that tackles critical social issues.

As a research community, we realise there are multiple, compounding human rights concerns emerging from this crisis and gender-based violence is just one interrelated piece of the puzzle. However, in the context of the COVID-19 pandemic and in the post-pandemic environment, we note that the issue requires urgent, co-ordinated government responses to protect the lives, well-being and livelihoods of many Australian women and children.

Yours sincerely,



Professor Louise Chappell, Director Australian Human Rights Institute



Professor Jan Breckenridge, Director, Gender Violence Research Network
On behalf of the submission collaborators

1. Summary

1.1 The COVID-19 pandemic is exposing a range of human rights concerns in Australia including violations of civil and political rights and social, economic and cultural rights violations. This submission highlights the right of women to live free from violence and includes recommendations for government action as it adopts new policy and legislation to respond to the pandemic.

1.2 Recommendations for the Australian Government

- I. Develop a human rights approach to underpin all gender-based violence policy and legislative responses which focus on: the nature of the harms, the necessary accountability systems, and the appropriate responses to victim survivors.
- II. Enhance Commonwealth Government and national policy machinery for preventing and addressing violence against women including:
 - a. Providing adequate, targeted Government funding to gender-based violence prevention, response and service delivery functions.
 - b. Maintaining the rapid response Family and Federal Court operations to address cases of critical concern.
 - c. Using the new National Cabinet structures, including the Women's Safety Committee, to develop a new national plan to address violence against women and their children recognising the severe economic impact of the COVID-19 pandemic on women's health, economic and social security for the medium and long-term. This should include: an improved national co-ordinated approach; broader definitions of gender-based violence to consider the specific needs of indigenous women, older persons, people with disability and the LGBTIQ+ community; greater focus on the economic and social structural drivers of gender-based violence.
 - d. Considering greater investment in innovative approaches to protect and prevent women experiencing violence including buddy systems for women experiencing violence when working remotely, and safe spaces outside the home to access services.
- III. Improve data collection about gender-based violence during and in the post-pandemic environment. This requires:
 - a. Investment in strengthening and coordinating data collection systems, including consistent definitions of violence so that they are comparable across jurisdictions; as well as improved data collection regarding incidence, prevalence, impacts, and consequences on individuals, families, and society.
 - b. Mechanisms to access timely community level data so that experts can:
 - 1) Target solutions to areas of high need; 2) Better understand risk and protective factors; and 3) Enable evaluation of the effectiveness of locally tailored solutions and place base initiatives.
- IV:
 - a. Recognise through nation-wide law reform measures the harm of coercive control behaviours that have been reinforced by 'lock down' measures.
 - b. Strengthen the powers of the Australian Federal Police, E-Safety Commissioner and other relevant agencies to investigate situations of

technologically assisted coercive control including online banking fraud and other forms of financial abuse.

V:

- a. Assess and address through the increased funding for shelters and medium and long-term social housing women's homelessness arising from violence and the additional financial insecurity and hardship stemming from the pandemic.
- b. Ensure that the insights of service providers and advocates are included in policy responses, especially for groups of women who are especially vulnerable, such as women with a disability, Indigenous women and those on partner and temporary visas.
- c. Support the flexible delivery of vital sexual and reproductive health information and services through approaches including task-sharing and telemedicine to sustain access during the pandemic.
- d. Safeguard access to sexual and reproductive health information and services by addressing barriers to care produced by COVID-19, applying intersectional and human rights frameworks to ensure equity.

VII: Urgently reassess the Commonwealth Government's early access to superannuation policy which has become a target of intimate partner abuse and is creating a disincentive for women to leave abusive partners as well as significant future deficits for the retirement incomes of women access the scheme.

2. Background

- 2.1 Gender-based violence takes many forms including violence against women, men and trans- and non-binary people, and also includes violence related to sexual orientation. It most frequently occurs between intimate partners and within families.
- 2.2 According to the UN definition, 'Violence against women is any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life'.
- 2.3 This submission focuses specifically on gender-based violence against women. Violence against women in Australia occurs in epidemic proportions and remains one of the most common human rights abuses suffered by women here and internationally.

According to Our Watch¹, it is estimated that:

- one woman per week is killed by an intimate partner,
- 1 in 3 Australian women (34.2%) has experienced physical and/or sexual violence perpetrated by a man since the age of 15.
- 1 in 4 Australian women (23.0%) has experienced physical or sexual violence by current or former intimate partner since age 15.
- 1 in 4 Australian women (23.0%) has experienced emotional abuse by a current or former partner.
- Australian women are nearly three times more likely than men to experience violence from an intimate partner.
- Almost 10 women a day are hospitalised for assault injuries perpetrated by a spouse or domestic partner.

2.4 Violence against women violates human rights, including the right to: life, physical integrity, freedom of movement, rights to health and reproductive rights, and economic rights. It is recognised as a problem driven by endemic and underlying gender inequalities including economic, social and political discrimination directed towards women.

2.5 Research has demonstrated that violence against women occurs across socio-economic divisions, and in all contexts. However, the risk of violence against women is known to increase in times of economic crises and during natural and humanitarian disasters. Where economic and health pressures are added to already stressed circumstances, evidence suggests intimate partner violence will increase².

2.6 The COVID-19 pandemic has contributed a unique dimension to the scourge of gender-based violence – using fear of the pandemic itself as a feature of violence directed towards women. As ANROW's Director Heather Nancarrow notes:

The pandemic itself has also created new tactics of control: using fear of contracting the virus or spreading it to others to disconnect a partner from their usual support networks of family and friends, increasing surveillance and hyper-control over their movements, and telling a partner that they aren't allowed to leave the house, for example.

2.7 The combination of the economic and health crises created by the COVID-19 pandemic is a 'perfect storm' for triggering increased violence against women and children. For those in more marginalised communities, and suffering additional burdens including overcrowded housing, language barriers, entrenched poverty and/or a vulnerable visa status, the risks of experiencing gender-based violence are further elevated.

¹ <https://www.ourwatch.org.au/quick-facts/>

² <https://www.1800respect.org.au/inclusive-practice/violence-in-times-of-disaster/>

3. Government responses to COVID-19 and violence against women

- 3.1. The authors of this submission note the actions of the Australian Commonwealth government to support those experiencing violence during the pandemic including:
- The \$150 million Domestic Violence Support Package.
 - The decision of the Family Court of Australia and the Federal Circuit Court of Australia (the Courts) to establish a dedicated court list to deal exclusively with urgent parenting-related disputes that have arisen due to the COVID-19 pandemic.
 - The Establishment of a COAG/National Cabinet Women’s Safety Committee to address to drive national progress in reducing violence against women and their children.
 - The establishment of a parliamentary inquiry into family, domestic and sexual violence.
- 3.2 Given the complexity of this problem, we have identified further issues that require government urgent action and attention, as outlined in the recommendations section. We outline five areas including prevalence and reporting, coercive control, service provision, reproductive health issues and economic security.

4: Prevalence and reporting:

- 4.1 It is anticipated that many countries will see increased risk of violence for women and children during the COVID-19 pandemic, which is likely to intersect with and perpetuate existing inequities. In Australia, one woman is murdered each week on average by a current or former partner. During the pandemic this figure appears to be on the increase: in May 2020 domestic homicides have resulted in the death of eight women, including at least one woman killed by her son³.
- 4.2 In terms of non-fatal violence and abuse, comprehensive routinely collected data are scarce and there are inconsistencies between jurisdictions in terms of reporting, timeliness and definitions of violence. During the COVID-19 pandemic, some states have reported increases in emergency department presentations of serious injury due to family violence, and likewise there have been reports of increases in family violence calls to police. However, this has been variable across states and it is difficult to have an accurate understanding of the scale of violence against women

³ Counting Dead Women “Destroy The Joint” :

<https://m.facebook.com/notes/destroy-the-joint/counting-dead-women-australia-2020-we-count-every-known-death-due-to-violence-ag/2815333238514402/>

and children⁴. Furthermore, demand for other health, legal and specialist services and their capacity to meet demand are not being systematically tracked.

- 4.3 Issues around lack of timely and accurate data are not new. Importantly, routinely collected data frequently do not include less visible forms of violence and abuse that do not reach the attention of the police, legal or health sector, such as technology facilitated abuse, financial abuse, reproductive coercion, and coercive control. Furthermore, existing data sources rarely account for issues of intersectionality and equity, and thereby give limited insight into structures of discrimination, which can increase the risk of violence and are also substantial barriers to accessing appropriate services. This lack of comprehensive data serves to reinforce the invisibility of many forms of violence and prevents the development of coordinated and effective responses.

5: Problem with quarantine/isolation and coercive control

- 5.1 One of the primary differences with this pandemic has been the length of the time of isolation and that women have been in isolation with their abusive/violent partner. Particularly in relation to intimate partner violence, but also in other contexts where relational violence and abuse occur, isolation of the 'victim' is a central tactic of the perpetrator. It facilitates the coercive control used by the perpetrator, contributes to the diminishing agency of the woman affected and it ensures there are fewer opportunities for disclosure and help seeking. It is unclear at this stage the extent to which the pandemic context has contributed to women's ability to seek appropriate health and support and different acts of violence and abuse are being perpetrated potentially requiring different and non-traditional responses from a broader range of service providers and organisations.
- 5.2 Many women who experience violence see work as one of the few contexts where they feel some sense of control, agency and competency. Working from home means they are effectively isolated from colleagues and this positive context particularly if they have previously accessed flexible work arrangements and other supports implemented by their employer as a response to their disclosure of violence. Women may struggle with perpetrator tactics and protecting children who have also been in isolation until very recently. Balancing protection of children from an abusive partner (alongside the requirement to supervise children's learning at home) may compromise a woman's capacity to undertake her employment at the standard required.

6: Challenges for service providers

- 6.1 Challenges to service provision which were evident before the pandemic are likely to be exacerbated. One longstanding challenge is that of the gendered nature of homelessness. While rough sleeping and help-seeking from hostels and shelters

⁴ <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>

are relatively visible manifestations of homelessness, and in some areas now being effectively targeted through specific COVID-19 funding, women's homelessness is often hidden. Women and children often make use of sleeping in their cars, couch-surfing or other forms of 'housed homelessness' including in unsafe environments. During the pandemic, the risks of these circumstances are likely to be amplified as opportunities to seek help are curtailed and stay-at-home provisions enforce close contact with co-resident partners and families.

- 6.2 At the same time, refuges and shelters are often running near to or exceeding capacity, and the challenges of safe provision while maintaining physical distancing and other precautions are likely to put strain on an already overloaded system. As always, the relationship between reporting of violence and homelessness, and actual incidence, is problematic. Early indications of increases in violence are contradictory and confusing, and this is likely to continue. It is critically important that the insights of service providers and advocates are available to inform policy responses, especially for groups of women who are especially vulnerable, including women with disability, Indigenous women and those on partner and temporary visas. Equally, police and other 'hard' data provide information that service sector perspectives cannot, so it is also critically important that multiple sources of information are not just collected, but also analysed by research practitioners with technical and topic expertise and reported transparently.
- 6.3 Another main concern reported by service providers has been the difficulty in assessing women's safety and perpetrator risk remotely. Safety of women and children is a core feature of a service providers response and is fundamental to any other response provided. It is unclear with on-line service provision whether women are constrained by the perpetrator's presence in the home to share risk and concerns for safety in teleconference or video counselling. This is suggested by 1800RESPECT reports of decreases in requests for on-line counselling but an increase in live chat.

7. Reproductive health:

- 7.1 Ensuring that individuals can fulfil their sexual and reproductive health needs and rights is an essential element of advancing gender equality and undermining the gender norms that permit and promote violence against women and girls. More directly, gender-based violence threatens women's sexual and reproductive health, compounding the threats of injury and illness through increased risks of reproductive coercion, unintended pregnancies, unsafe abortion, and sexually transmitted infections (STIs)⁵. These affects are often disproportionately

⁵ Marie Stopes International Australia (2018) Exploring the Intersection between Sexual and Reproductive Health, and Rights, and Sexual and Gender-Based Violence

experienced by women marginalised by poverty, displacement, age, disability, ethnicity, race, and diversity of sexual orientation, and gender identity and expression⁶.

- 7.2 The capacity of women and girls to make decisions about their own bodies, health and life-course is significantly compromised where sexual and reproductive health (SRH) information and services are not accessible or acceptable. COVID-19 has fundamentally undermined this access, directly through the constraints of isolation and the disruption of services, and indirectly through the redirection of resources and attention⁷. Past humanitarian and public health crises show that poor health outcomes surge in the context of reduced access to family planning, safe abortion and post-abortion care, STI testing and treatment, and quality maternity care⁸. In addition, systemic inequities that undermine access for marginalised populations are often exacerbated in crisis contexts and compounded by isolation.
- 7.3 Equitable access to comprehensive SRH information and services is an essential component of preventing gender-based violence and reducing excess SRH-related morbidity and mortality. In the context of COVID-19, flexibility in service delivery, including through task-sharing and telemedicine can be used to facilitate access to contraception, medication abortion, partner therapy for STI prevention, and antenatal care, and may provide a critical link for disclosure of violence and access to support⁹. However, any attempt to overcome barriers to care exacerbated by COVID-19 must actively address the compounding influence of marginalisation and intersectional disadvantage to ensure equitable access to crucial SRH services.

8. Economic Security:

- 8.1 Financial insecurity is a feature of the COVID-19 context more generally with many individuals losing employment and Australia now officially in recession. There are clear gender inequalities in relation to women's economic security outside of domestic and family violence but during the pandemic women who are in insecure employment situations may have lost their income. With fewer financial resources it is more difficult for women to leave situations of violence and abuse. If women

< <https://www.maristopesinternational.org.au/wp-content/uploads/2018/10/MSIA-0101-Sexual-and-Gender-Based-Violence-180831Final.pdf>>

⁶ Hankirsky, O. and A Kapilashrami (2020) Intersectionality offers a radical rethinking of covid-19, thebmjopinion May 15 2020 < <https://blogs.bmj.com/bmj/2020/05/15/intersectionality-offers-a-radical-rethinking-of-covid-19/>>

⁷ UNFPA (2020) Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage < <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital> >

⁸ Tran, NT et al. (2020) Not a luxury: a call to maintain sexual and reproductive health in humanitarian and fragile settings during the COVID-19 pandemic, Lancet Global Health April 21.

< [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30190-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30190-X/fulltext)>

⁹ Hall, KS. Et al. (2020) Centring sexual and reproductive health and justice in the global COVID-19 response, the Lancet Vol. 395 pp1175-1177. < [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30801-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30801-1/fulltext)>

have access to financial resources and an ongoing income stream, they have much greater capacity to separate from an abusive partner. Evidence suggests that women who have access to stable housing and are able to continue productively with employment and having control or capacity to manage financial resources¹⁰ are much better able to leave and prosper after experiencing situations of violence.

- 8.2 Evidence suggests that perpetrators of coercive control threaten women's employment by destroying work product, changing computer passwords, scrutinising email correspondence and replying for the victim with inappropriate email correspondence. This problem is likely to be exacerbated when remote working is required, such as during the COVID-19 pandemic, further risking women's ongoing employment and financial security.
- 8.3 Perpetrators may also use financial abuse techniques during the pandemic to add to women's financial stress. Defaulting on home loans or other payments creating hardship for women where the debt is in their name. Such abuse may mean women face foreclosure of their loans affecting their housing or financial security. There have also been some cases reported by Insurance companies where women have been forced to submit fraudulent claims by perpetrators.
- 8.4 Financial security across the life course is also critical for women to be able to leave situations of violence. Access to superannuation in retirement is a key plank in protecting women's future economic wellbeing and their ability to leave situations of abuse.
- 8.3 The Commonwealth Government's policy decision to allow early access to superannuation will have a deleterious effect on women. Women suffer on average a 30% superannuation gender gap. It is recognised that many women are clearing out existing superannuation funds¹¹, which will lead to a more significant retirement income gap and increase the risk of women staying in abusive relationships long-term. Furthermore, where there is financial insecurity, abusive partners may force women to access their superannuation despite later consequences of doing so.

9. Conclusions

Gender based violence against women is a serious, multifaceted and complex issue at the best of times, but this has particularly been the case during the pandemic which is adding additional stresses to an already overburdened system, and within intimate partner relationships where most of this violence is experienced. The Australian Commonwealth Government has taken some important steps to provide additional measures for service providers including funding emergency response mechanisms as well as rapid response Court proceedings to manage the spike in gender-based violence. Longer term, it is

¹⁰ <https://www.anrows.org.au/publication/domestic-violence-and-womens-economic-security-building-australias-capacity-for-prevention-and-redress-final-report/>

¹¹ <https://www.financialstandard.com.au/news/super-release-widens-gender-gap-amp-162043849>

important that the economic, health and social impact of the pandemic is factored into government responses to violence against women including the risk posed by further coercive control which is not yet recognised as a crime in Australia despite it being widely acknowledged as a form of non-physical abuse.

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