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Te Kāhui Tika Tangata

# Submission of the New Zealand Human Rights Commission for the Special Rapporteur on violence against women, its causes and consequences

*The impact of COVID-19 and the increase of domestic violence against women*

June 2020



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*Just as the women are the first voice that you hear on a marae, the tukutuku panel on the cover was created by women, for the Human Rights Commission. These women were once victims/survivors of domestic violence living at the **Women's Refuge**. The panel depicts the Poutama pattern – speaking of the education, progress, and ascension of its creators to overcome their former trials to portray that mana is neither trampled nor minimised.*

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## I. Introduction

1. The New Zealand Human Rights Commission (“Commission”) is Aotearoa New Zealand’s national human rights institution (“NHRI”). It has ‘A’ status accreditation.
2. The Commission welcomes the opportunity to provide a submission to the Special Rapporteur on violence against women, its causes and consequences regarding “*the impact of COVID-19 and the increase of domestic violence against women*”.
3. This submission provides a snapshot of the information the Commission received from predominantly civil society organisations and some government agencies relating to the impact of COVID-19 on domestic violence against women. The Commission thanks everyone who provided input and feedback for this submission.
4. The report covers the period from when the restrictions began in Aotearoa New Zealand on 26 March 2020 and covers the three-month period since this time. This is not a comprehensive account of the situation in Aotearoa New Zealand. Information directly from women and children who were victims/survivors of violence was unable to be adequately or appropriately gathered for this submission.
5. The Commission is aware that the Parliamentary Under-Secretary to the Minister of Justice is providing a submission on behalf of the New Zealand Government. While also drawing from government data, this submission aims to highlight the lived experiences of women as witnessed by those grassroots organisations working to support them, rather than that of the government.
6. The submission opens with general comments about the New Zealand environment relating to violence against women and restrictions put in place during COVID19. It then responds to each of the Special Rapporteur’s questions, before concluding with some recommendations.

## II. New Zealand environment

7. The impact of COVID-19 on domestic violence cannot be seen in isolation from the general situation in Aotearoa New Zealand relating to domestic violence and violence against women prior to COVID-19.
8. It is also important to clearly set out the restrictions put in place during the COVID-19 'lockdown' period, as context influenced the responses in this submission.

### *Pre-COVID19 general situation in Aotearoa New Zealand*

9. Violence and abuse against women remain one of Aotearoa New Zealand's most significant human rights issues. Domestic violence is so prevalent in New Zealand it is thought there are more than half a million victims/survivors.<sup>1</sup> However there is significant under-reporting of domestic violence and violence against women to the Police.<sup>2</sup>
10. It is also important to note here the overrepresentation of Māori in this space. In 2017 it was reported that Māori are more than twice as likely to be a victim of a violent interpersonal offence by an intimate partner, and almost twice as likely to experience one or more coercive and controlling behaviours from a current partner.<sup>3</sup>
11. Māori experience almost three times more Intimate Partner Violence (IPV) incidents per 100 adults than the national average. New Zealand Europeans experience less physical or psychological family violence compared to Māori (70% less likely) and Pacific people (44% less likely).<sup>4</sup>

### *Restrictions put in place due to COVID-19*

12. On 26 March 2020, Aotearoa New Zealand went into Alert Level 4, commonly referred to as 'lockdown'. This required all people to remain in their homes or "bubbles", with movement outdoor restricted to exercise within ones' suburb and obtaining essentials such as food and health care. All businesses, schools, community venues, public services, local medical centres etc. were shut down, other than 'essential' services. Essential services included health services, pharmacies, agriculture, food manufacturing and distribution, supermarkets, petrol stations, utilities, financial services, women's refuge and other social services deemed essential. All public gatherings were cancelled<sup>5</sup> and public venues closed.
13. This impacted over 50% of the workforce, with roughly half of those operating from home, albeit at reduced capacity and 25% unable to work.<sup>6</sup> The Government provided

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<sup>1</sup> *New Zealand Crime and Victims Survey* (Mistry of Justice, 2019)

<[www.justice.govt.nz/assets/Documents/Publications/NZCVS-Y2-core-report-for-release.pdf](http://www.justice.govt.nz/assets/Documents/Publications/NZCVS-Y2-core-report-for-release.pdf)>.

<sup>2</sup> This can be observed through comparing the reporting to the New Zealand Crimes and Victims/survivors Survey to reporting to Police.

<sup>3</sup> Ministry of Māori Development <<https://tpk.govt.nz/en/a-matou-mohiotanga/health/maori-family-violence-infographic>>.

<sup>4</sup> *NZ Crime and Victims Survey- filling the knowledge gap* (Oranga Tamariki Evidence Centre, 2 July 2019) <https://www.orangatamariki.govt.nz/assets/Uploads/Research/Research-seminars/August-2019-seminar/NZ-Crime-and-Victims-Survey-Dr-Michael-Slyuzberg.pdf>

<sup>5</sup> Note: this also included funerals.

<sup>6</sup> "New Zealand Weekly Focus" (ANZ, 3 April 2020)

<[www.anz.co.nz/content/dam/anzconz/documents/economics-and-market-research/2020/ANZ-Weekly-Focus-20200403.pdf](http://www.anz.co.nz/content/dam/anzconz/documents/economics-and-market-research/2020/ANZ-Weekly-Focus-20200403.pdf)>.

a wage subsidy to enable businesses to continue to employ and remunerate their workers during this period, however many people faced reduced hours and/or suffered a loss in wages. There were also a significant number of redundancies which caused major disruptions to families and economic pressures and hardship.

14. The general public were encouraged to only leave home for essential needs, there were also specific distance limits for travel, and police monitoring of neighbourhoods for unnecessary movement. Access to public services and community support were primarily provided online or over the phone. While there were some breaches of the restrictions, most New Zealanders complied.
15. On 28 April 2020, Aotearoa New Zealand went into Alert Level 3. People were to remain in their bubbles; however, this could be expanded to include extended family members or where a person was living alone and wanted to include someone to their bubble. The Government advice was to continue to keep the bubbles exclusive and small. Some businesses were allowed to open, but with limitations on physical interaction with customers. People were encouraged to work from home where possible. It was estimated that the economy was operating at between 19 and 25% below normal levels during level 3.<sup>7 8</sup>
16. On 14 May 2020, Aotearoa went into Alert Level 2. People could reconnect with friends and family, socialise in groups of up to 100, go shopping and travel domestically. Schools reopened on 18 May 2020 and the many early childcare centres also reopened. All businesses were able to reopen at Level 2, including retail, cafes and bars, though with some distancing restrictions. It was estimated that the economy was operating at around 8.8% below normal levels during level 2.<sup>9</sup>
17. On 9 June 2020, Aotearoa New Zealand went to Alert Level 1. All restrictions on personal movement were lifted, other than those for people in self-isolation or in quarantine.<sup>10</sup> All remaining restrictions on businesses were removed.
18. The responses to the questions below predominantly focus on Alert Levels 3 and 4, however there are also comments relating to Alert Levels 1 and 2 where the restrictions were looser. The implications of Level 3 and Level 4 have had an impact regardless of the lowering of levels, and the findings and learnings are all very much interconnected.

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<sup>7</sup> Tom Stannard, Gregorius Steven, and Chris McDonald *Economic impacts of COVID-19 containment measures* (Reserve Bank of New Zealand, May 2020) <[www.rbnz.govt.nz/-/media/ReserveBank/Files/Publications/Analytical%20notes/2020/AN2020-04.pdf?revision=6c59d0c8-a81f-48bb-931c-0e38209139ba](https://www.rbnz.govt.nz/-/media/ReserveBank/Files/Publications/Analytical%20notes/2020/AN2020-04.pdf?revision=6c59d0c8-a81f-48bb-931c-0e38209139ba)>.

<sup>8</sup> *Weekly Economic Update* (The Treasury, May 2020) <<https://treasury.govt.nz/publications/weu/weekly-economic-update-1-may-2020.html>>.

<sup>9</sup> Tom Stannard, Gregorius Steven, and Chris McDonald *Economic impacts of COVID-19 containment measures* (Reserve Bank of New Zealand, May 2020) <https://www.rbnz.govt.nz/-/media/ReserveBank/Files/Publications/Analytical%20notes/2020/AN2020-04.pdf?revision=6c59d0c8-a81f-48bb-931c-0e38209139ba>

<sup>10</sup> For more information on the New Zealand 4-level Alert system, see <https://uniteforrecovery.govt.nz/covid-19/covid-19-alert-system/alert-system-overview/>



### III. Responses to Questions

**1: To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.**

19. Police data provided to the Commission indicated that the total number of investigations of domestic violence during the lockdown remained roughly the same as pre-COVID-19 levels, other than a spike in the first weekend of the lockdown<sup>11</sup>. Variances were observed in different regions, with some having slight increases and others slight decreases in domestic violence demand. A similar trend is also seen with the data relating to protection orders issued and breached.
20. There was no data available on femicides, as the investigations of potential femicides were still ongoing at the time of writing. However, media reports indicated three women were killed in domestic violence related incidents during Alert Level 4.<sup>12</sup>
21. A lack of increased investigations of domestic violence by police does not however mean that there was not an increase and/or escalation of violence against women during COVID-19. This is because the usual channels for women seeking help when not in the presence of abusers were especially limited during lockdown, due to restrictions in place at this time.<sup>13</sup>
22. It is difficult to quantify the impact COVID-19 had without women and girls being asked of their experiences at this time. Unfortunately, this sort of national research has yet to be undertaken. Social workers from one region compiled feedback from women following the lockdown. These women reported significant increases in mental health challenges resulting in re-traumatisation and regression of behaviours and responses. During the lockdown women suffered psychological distress at having to de-escalate situations and “keep the peace” to keep their children safe. Women also reported providing support to their ex partner’s and abusive partners in the absence of this being provided by service providers which also impacted upon their mental health.
23. Consequently, these women reported experiencing depression, high levels of distress and intensified feelings of isolation during the lockdown and in the aftermath. Some of the reasons have included, but are not limited to, not having supervision for young children when needing to visit the supermarket, not having family support, not having public transport available or their own transport, managing high risk behaviours, lack of face-to-face contact and social interactions, lack of adequate heating and clothing and having to parent on their own. The above contributed to a loss of confidence, feeling of hopeless, feeling lost and a collapse of self-esteem.

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<sup>11</sup> Kirsty Lawrence “Coronavirus: Domestic violence increase under lockdown expected for some time”

<sup>12</sup> Kirsty Johnston “Covid19 Coronavirus: After lockdown, three women were killed. Who were Angela, Tania, and Shirley?” (29 May 2020) New Zealand Herald  
<[https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12335695](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12335695)>.

<sup>13</sup> See para 12 re Level 4 restrictions.

24. Another organisation, The Backbone Collective<sup>14</sup>, a national coalition of survivors of Violence Against Women in Aotearoa New Zealand, informed the Commission that women who were separated from their abusive ex partners reported not feeling safe in reaching out for support. This was out of fear it could backfire for them and their children in terms of the response from the abuser, the family law system and/or the police resulting in their children having to spend more unsupervised time with the abuser as part of parenting orders.
25. Feedback received from many refuges, sexual violence services and helplines reported increases in calls of concern about family violence and sexual violence. One national organisation, TOAH-NNEST (Te Ohaakii a Hine – National Network Ending Sexual Violence Together)<sup>15</sup> representing about 40 specialist non-government organisations (NGO) providing services for sexual violence prevention and intervention, reported to the Commission an escalation in cases involving strangulation and sexual violence and a general increased demand of their services at every level (i.e. Levels 4 through 1).
26. The National Collective of Independent Women’s Refuges (NCIWR)<sup>16</sup> reported to the Commission a small spike in calls for service in the two days prior to the lockdown commencing, however following this their crises line was slightly lower than the same time the previous year. During the lockdown their residential (emergency accommodation) services were in higher demand and peaked at a rate 35% above the average for that time of year. However, taking into account that clients were unable to be moved into permanent housing until after the lockdown, the NCIWR estimated the actual demand increase at approximately 15-20%.
27. There have also been reports of increasing family violence among temporary migrant families with many experiencing job cuts following COVID-19 which left many migrants feeling anxious, jobless or earning less. This played a role in exacerbating the risk of domestic violence during lockdown.<sup>17</sup>
28. In contrast, some organisations observed a significant decrease in the demand for their services during the lockdown with an increase in demand as restrictions eased. Following Alert Level 4, some agencies and support services learnt from their clients that there was an increase in unreported incidences of family violence during Alert Level 4. When asked why people did not report this, they said they were not sure they were allowed to leave the home to seek help due to restrictions.
29. One small organisation providing services to males seeking support estimated that there had been a 25% increase since the end of Level 4 in the number of calls from men who have been perpetrators in the past and were seeking to reconnect with a stopping violence programme or a counsellor for support.

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<sup>14</sup> The Backbone Collective <<https://www.backbone.org.nz/>>.

<sup>15</sup> TOAH-NNEST <<https://toah-nnest.org.nz/>>

<sup>16</sup> Women’s Refuge <<https://womensrefuge.org.nz/>>.

<sup>17</sup> Stephanie Ockhuysen “Can’t afford to stay here, can’t afford to go home- the struggles migrants are facing due to Covid-19” (20 June 2020) Stuff <<https://www.stuff.co.nz/national/health/coronavirus/121844329/cant-afford-to-stay-here-cant-afford-to-go-home--the-struggles-migrants-are-facing-due-to-covid19>>.

30. Based on the above information and taking into account the challenges victims/survivors face in reporting violence or seeking help, it would appear there was an increase in family violence and sexual violence during the lockdown in New Zealand, however much of this went unreported.

**2: Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?**

31. Yes. There were a number of helplines available during the lockdown. The Government-run Family Violence Information Helpline<sup>18</sup> continued to operate between 9 am and 11 pm. There were also national crises lines run by civil society organisations which operated 24/7. This included a family violence crises line run by the Women's Refuge<sup>19</sup>, a sexual harm helpline, Safe to Talk - Kōrero mai ka ora<sup>20</sup> and a helpline for men worried they could harm a loved one, Hey Bro<sup>21</sup>. A further confidential helpline run by a national specialist domestic violence service provider called Shine<sup>22</sup>, also operated between 9.00 am and 11.00 pm. There were also a number of other more general helplines available such as a counselling helpline '1737'<sup>23</sup>, and helplines targeted at youth and children, Youthline<sup>24</sup> and Whatsup<sup>25</sup>, some regional helplines such as Wellington Help<sup>26</sup> who provides support to those affected by sexual violence, and a further helpline for perpetrators of domestic violence, Safeman Safefamily<sup>27</sup>.
32. The Commission only received information from some of the above helplines regarding the numbers of calls they received during the lockdown. Women's Refuge and Wellington Help reported their helplines were quieter across the lockdown period. In the first couple of weeks of level 4 lockdown the sexual violence helpline, Safe to Talk - Kōrero mai ka ora, also experienced a slight decrease in contacts.
33. In contrast, Youthline and Whatsup, experienced a significant increase during all levels of lockdown of children and young people accessing support for a range of reasons. They also saw an increase in safety related calls relating to sexual violence, physical violence, emotional violence and psychological violence over this period. An increase in emails was also reported by Shine with more emails coming in from young women disclosing abuse from parents, partners, etc.
34. The uptake of helplines must also be contextualised during the COVID-19 restrictions. For many women and children living at home with an abusive partner or family member, talking and seeking help on the phone became increasingly difficult. For this reason,

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<sup>18</sup> Family Violence Information Line <<https://www.healthpoint.co.nz/social-services/social/family-violence-information-line/>>.

<sup>19</sup> Safe Bubble, Womens Refuge <<https://safebubble.org.nz/womens-refuge/>>.

<sup>20</sup> Kōrero mai ka ora- Safe to talk <<https://safetotalk.nz/>>.

<sup>21</sup> Hey Bro <<https://www.hewakatapu.org.nz/services/0800-hey-bro>>.

<sup>22</sup> Shine <<https://www.2shine.org.nz/>>.

<sup>23</sup> 1737 <<https://1737.org.nz/>>.

<sup>24</sup> Youthline <<https://www.youthline.co.nz/>>.

<sup>25</sup> Whatsup <<https://www.whatsup.co.nz/about-us/>>.

<sup>26</sup> Wellington Help <<https://www.whatsup.co.nz/about-us/>>.

<sup>27</sup> Safe man Safe family <<https://safemansafefamily.org.nz/>>.



some organisations, such as Shine and Youthline, adopted other mediums for reaching people, including webchat features, emails, texts and other mediums.

35. The Commission and government agencies encouraged through mainstream media and ethnic specific outlets to lift awareness of support services, and to encourage families, neighbours and by-standers including providers of essential services, to act in the moment to aid victims/survivors, and abusers as appropriate.<sup>28</sup>

### **3: Can women victims/survivors of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?**

36. Yes. People leaving their homes to get to safety or to access help were considered an essential form of travel and hence not considered to be in breach of the Level 4 or 3 restrictions if they left their bubbles or neighbourhood for these reasons.
37. In Aotearoa New Zealand there were strong messages from the Government that people must remain in their bubbles. There was concern during the first weeks of lockdown that the exemption for those experiencing or at risk of violence was not known to people being harmed or at risk of abuse. Consequently, the exemption was widely publicised by the New Zealand Police, Government agencies, NGOs, the Commission and in the media.
38. Regardless, feedback received following Alert Level 4, indicated that victims/survivors were not leaving their homes or accessing places of safety because they were too anxious and scared to break their bubble and feared arrest or societal disapproval for doing so. There were also reports of abusers who had places to go but were also too afraid to travel because they feared arrest. Thus it appears that the message of the exemption did not reach all those it needed to.
39. This restricted what women felt their options were and it was therefore difficult for people at risk to make a plan in order to remove themselves from a violent situation. The feeling of being trapped had wider implications on women's mental health and increased reporting of youth suicide ideation.
40. Some organisations tried to coordinate with Government agencies to lift restrictions from workplaces to allow more safe spaces for victims/survivors of domestic violence during lockdown, however unfortunately there was no progress with this.
41. The Backbone Collective reported to the Commission that children of separated parents were required by the Family Court and the Government to move between houses including to abusive parents.<sup>29</sup> This caused grave concern for the safety of children in

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<sup>28</sup> <https://www.nz.co.nz/news/national/413941/covid-19-domestic-violence-concerns-prompt-lockdown-plea>

<sup>29</sup> <https://www.districtcourts.govt.nz/assets/Uploads/Media-Releases/24-March-2020-Children-in-shared-care.pdf>;

[https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12319188&fbclid=IwAR0fw7LNt3MH4M2-zdCfMJgBOxDvvfWwBX3FiTbwqGtCGq5-oJbYduke9W8](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12319188&fbclid=IwAR0fw7LNt3MH4M2-zdCfMJgBOxDvvfWwBX3FiTbwqGtCGq5-oJbYduke9W8)

isolation with an abusive parent.<sup>30</sup> There was a drop in reports of concern<sup>31</sup> and there was limited public messaging campaigns aimed at helping children during the lockdown and advice on where and how they could get help. Women also reported to The Backbone Collective that abusers used the lockdown to further abuse separated ex-partners and their children.

**4: Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?**

42. Yes. Some shelters were open and available, such as Women’s Refuges, which are available throughout the country. Women’s Refuge offer shelter for victims/survivors of domestic violence in a Refuge shelter or alternatively in emergency housing (usually motels) if there are no available spaces in the Refuge shelters. Some communal safe houses were treated as ‘bubbles’ for existing residents once lockdown began and new admissions were set up in motel units or Airbnb properties.
43. The allocation of an extra \$12 million in funding from Government for additional emergency/refuge accommodation and other support services is commendable and NGOs reported this being very helpful. The ordinary processes for obtaining this, which can be burdensome for NGOs and cause delays, was bypassed at this time making it quicker and easier for them to provide shelter to women in need.
44. Some Refuges experienced difficulty in accessing Personal Protective Equipment (PPE) which impacted their ability to provide support services to women and girls. Not only were there complaints of delays in receiving PPE but there were also issues with PPE gear being provided that was not well-fitting.
45. The Commission was provided feedback that not all refuges accept women under 18 years old and that this may have meant that some young women and children had difficulty in accessing safe housing during the lockdown. Particularly where friends and family who might ordinarily take a young woman in, felt hesitant to do so fearing the risk of catching COVID-19, or breaking the rules and of societal disapproval in doing so.
46. The inaccessibility of shelters for disabled women and girls at risk of violence is a challenge that may have increased the risk of these people being left in their homes and at escalated risk of violence, though we do not have any data on this.
47. The Commission received feedback from the Māori Women’s Welfare League<sup>32</sup> that they had reports that women and children were being removed from the home rather than the perpetrator of violence. Consequently the Commission made calls to the Government for more accommodation for male abusers so that women and children were not the ones forced to be removed from their homes.

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<sup>30</sup> Kirsty Johnston “Covid 19 coronavirus: Domestic violence victims are trying to keep their children safe in lockdown. Their path is fraught.” (30 March 2020) New Zealand Herald [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12320872](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12320872)

<sup>31</sup> <https://www.rnz.co.nz/news/national/417518/reports-of-child-abuse-dropped-during-covid-19-lockdown>

<sup>32</sup> Te Ropu Wahine Maori Toko i te Ora (Maori Women’s Welfare League Inc.) <<http://mwwl.org.nz/>>.

## **5: Are protection orders available and accessible in the context of the COVID-19 pandemic?**

48. Yes. Protection orders were available, however there was a significant drop of without-notice protection orders (urgent measures to keep someone safe that do not require notifying a violent person before they are made) in the first week of lockdown raising concerns regarding the accessibility of these.<sup>33</sup>
49. Some NGOs provided feedback to the Commission that protection orders applied for during the lockdown were immediately granted by the Judge and there was an increased willingness to do so. Some NGOs reported that many of the usual barriers to accessing protection orders were removed. However, there were some reports of an increase in repeat abusers/aggressors being bailed for offences that would normally be Remanded in Custody.
50. It was noted by some NGOs to the Commission that there were some minor issues and difficulties accessing lawyers because these were closed during the lockdown, particularly in some smaller regions. This impacted women's ability to obtain the protection orders. However, in contrast, other providers reported to the Commission that they continued working with lawyers as usual.
51. The Backbone Collective reported to the Commission that women with children refrained from applying for protection orders because in doing so they were at risk of a parenting order application being made concurrently. As a parenting order can lead to orders requiring children to stay with abusive parents, women were hesitant to risk going through the court system via a protection order process. It was noted that this problem was not isolated to the COVID-19 period, and that protection orders are not always a reliable measure for ensuring the safety for women and children.

## **6: What were the impacts on women's access to justice? Were courts open and providing protection and decisions in cases of domestic violence?**

52. Courts, including the Family Court, remained open during the lockdown, however many operated remotely during the lockdown<sup>34</sup> and there were some accessibility issues.<sup>35</sup> The Family Court received 54% fewer applications through the level 4 lockdown but urgent applications increased by 35%.<sup>36</sup> There was a 47% decrease in protection order applications.<sup>37</sup> The Commission was informed that guardianship, mental health and

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<sup>33</sup> Anneke Smith "Domestic violence: 'If that bubble is unsafe you leave'" (15 April 2020) RNZ

<<https://www.rnz.co.nz/news/national/414262/domestic-violence-if-that-bubble-is-unsafe-you-leave>>.

<sup>34</sup> <https://www.courtsofz.govt.nz/publications/announcements/covid-19/court-protocols/alert-level-4/district-court/>

<sup>35</sup> For further information see the recording of a Q&A webinar the Law Society held with the Chief Justice, Chair of the Judicial Steering Group, Chief High Court Judge, Chief District Court Judge and Principal Family Court Judge: <https://www.lawyerseducation.co.nz/Courses/Free+Recordings.html#20HDJ>.

<sup>36</sup> Catherine Hutton "Still not enough progress on keeping families out of court – independent panel" (26 May 2020) RNZ <<https://www.rnz.co.nz/news/national/417532/still-not-enough-progress-on-keeping-families-out-of-court-independent-panel>>.

<sup>37</sup> <https://www.lawyerseducation.co.nz/Courses/Free+Recordings.html#20HDJ>.

family violence were the most common reasons for filing urgent applications with the Family Court during the lockdown.

53. The Commission received reports that at the time the lockdown was announced, New Zealand Courts did not have adequate or consistent abilities to operate remotely and lacked key processes such as adequate electronic systems for document transfer.<sup>38</sup> Facilities for remote participation also varied regionally.<sup>39</sup> This impacted the ability of women to access justice.
54. The Courts and judiciary worked quickly to revise court protocols and communicate these changes to the legal profession<sup>40</sup>, but the Commission was informed that limited information was targeted for the public. NGOs stepped in to provide public information relating to changes in the legal system and access to justice, such as Community Law and Te Korimako Legal Education.<sup>41</sup>
55. The Commission was informed from NGOs that while courts were open, victims/survivors were not permitted to enter the courthouse without advance permission of the presiding judge. An 0800 number was provided in order to request this as all counters were closed. Some victims/survivors reported to NGOs being turned away by security in trying to attend Court hearings.
56. The Commission received feedback from NGOs that the information on the Ministry of Justice website relating to public access to courts was confusing at the beginning of the lockdown, with it not being clear whether victims/survivors, witnesses or complainants were able to access the courts. This was changed and clarified part way into the lockdown so that victims/survivors, witnesses and complaints knew they would need the judge's permission in order to attend.
57. Guidance was provided around managing shared custody arrangements, but this did not address how to manage custody in cases where intimate partner violence or child abuse was occurring.<sup>42</sup> The Backbone Collective reported to the Commission that they heard from women that abusers were using the court process to bring forth urgent applications to get children into their care for the lockdown via variations to the parenting orders or applications for police to uplift children via warrant. This led to some victims/survivors facing expensive legal bills.
58. Feedback was received from NGOs that many women experienced difficulty with access to justice due to restricted access to legal support while making Court applications. This was because of the limited ability of lawyers to operate during the restrictions. All new

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<sup>38</sup> See also, <https://www.lawyerseducation.co.nz/Courses/Free+Recordings.html#20HDJ>.

<sup>39</sup> <https://www.lawyerseducation.co.nz/Courses/Free+Recordings.html#20HDJ>.

<sup>40</sup> <https://www.lawyerseducation.co.nz/Courses/Free+Recordings.html#20HDJ>.

<sup>41</sup> <https://www.lawyerseducation.co.nz/Courses/Free+Recordings.html#20HDJ>.

<sup>42</sup> Judge Jacquelyn Moran, Principal Family Court Judge of New Zealand "Children in shared care – and COVID-19" (Statement, 24 March 2020) <<https://www.districtcourts.govt.nz/media-information/media-releases/24-march-2020/>>.

jury trials were suspended from 25 March 2020 to 31 July 2020,<sup>43</sup> which created significant delays for many accessing justice.

59. There were varying reports of Police responsiveness to domestic violence during COVID-19. Some providers noticed a prioritisation of family violence cases from police and the Courts with Police very responsive to family violence incidences. The experience in some areas was an increase in the arrests, removal of the perpetrator, increased issuance of police safety orders and an increase in victims/survivors statements to police. Providers observed that this level of responsiveness sent a message to perpetrators which further decreased incidence of family violence.
60. Others observed a decrease in Police responsiveness to domestic violence, including the willingness to arrest and detain perpetrators. It was suspected that this may have been due to COVID-19 social distancing guidance which prevents candid disclosure of violence. It may also have been because police capacity was directed to other COVID-19 priorities. The Backbone Collective reported to the Commission that women were expected to negotiate with an abuser during COVID-19 and that welfare checks were not undertaken.
61. An example given by an NGO was a case where a protection order was granted for a woman who was severely beaten whereas usually this would have resulted in a charged offence. There was concern that Police were avoiding arresting and detaining people due to the risk of COVID-19 in holding cells and prisons, rather than prioritising the women and children's safety. The Commission raised the matter of apparent reluctance by Police to arrest perpetrators of family violence during lockdown with the Parliamentary Under-Secretary of Justice (Domestic and Sexual Violence) in writing and in person for her enquiry.
62. One organisation reported to the Commission that adult sexual assault teams of the Police and medics for sexual abuse care were keeping face to face visits minimal. However, from their understanding, forensic medical visits were continuing to be conducted throughout Alert Level 4. Had these not been, this would have impacted people's access to justice.

**7: What were the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.**

63. Emergency health services such as hospitals were available during the lockdown.<sup>44</sup> Emergency departments were observed by some to work better with cases of domestic violence as there were not as many visitors to the hospital during the lockdown and therefore more attention was provided to them.

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<sup>43</sup> Chief Justice of New Zealand (Media Statement, 8 June 2020) <<https://www.courtsofnz.govt.nz/assets/8-May-Media-Release-CJ-v2.pdf>>.

<sup>44</sup> <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-essential-services-health-and-disability-system>



64. People who had specialist appointments, scans or elective surgeries scheduled during Alert Levels 4 and 3 had these delayed. There was also reports of delays on access to sexual health. For example, procedures such as putting in or removing IUD's was suspended during the lockdown, however women were provided access to the contraceptive pill if an appointment was due. There were also reports of limited access to terminations.
65. A change in the law allowed women to access early abortion (up to nine weeks) over the phone without leaving home during lockdown. However not all women were eligible for clinical reasons and this service was not provided across all regions of the country, including Tamaki Makaurau (Auckland).<sup>45</sup>
66. Primary health care was available. Many General Practitioners were undertaking appointments via video technology or phone in order to decrease the risk of spreading the virus. Some people reported not feeling safe leaving their bubbles to access health care, which impacted upon their health.
67. The leading NGO provider of reproductive health services, Family Planning Association, closed their physical presence over the lockdown period however they continued offering support, information and advice over the phone.<sup>46</sup> Another NGO delivered products to the home gate, then conducted family violence screening with women while there. Pharmacies were available throughout the lockdown<sup>47</sup>, so contraceptives and other medicines were available, though NGOs reported that some women faced issues accessing these.
68. Mental health and addiction services were delivered remotely rather than in person. This impacted the accessibility and effectiveness of some of these services and the ability of women to reach out. Access to prescribed medication also became more challenging. Some providers believed that such services should have been encouraged and permitted to be operating as essential services where face to face support is provided, not simply over the phone. This was of significant concern to many organisations.
69. Most crisis and clinical services in the sexual violence space were up and running with teletherapy and remote options quickly. However, there were delays in the distribution of PPE and information from the Ministry of Health which impacted these services.
70. It was also reported that not all regions have local systems in place to link women needing support under emergency situations.
71. The Backbone Collective reported to the Commission that abusers were able to block women and children's access to COVID-19 tests by refusing to provide contact tracing information that would make these victims/survivors eligible for testing when they were displaying symptoms. Further, the Backbone Collective reported that as a result of shared care through existing parenting orders being forced to continue through the

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<sup>45</sup> Susan Strongman "Abortion services available by phone for some New Zealanders during lockdown" (7 April 2020) RNZ <[www.rnz.co.nz/news/national/413671/abortion-services-available-by-phone-for-some-new-zealanders-during-lockdown](http://www.rnz.co.nz/news/national/413671/abortion-services-available-by-phone-for-some-new-zealanders-during-lockdown)>.

<sup>46</sup> <https://familyplanning.org.nz/news/2020/covid-19-client-update>

<sup>47</sup> <https://familyplanning.org.nz/news/2020/covid-19-client-update>

lockdown, women victims and their children were forced to have contact with other households and abusers against their will and often at great risk to their own and their children's health (chronic underlying health issues).

## **8: Examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.**

### *Women faced difficulties reaching out for help*

72. Opportunities for women and children to disclose family violence and sexual violence was severely limited due to the movement restrictions. Without schools and other services being open, there were less people and channels able to check on women and children. Victims/survivors and people at risk of violence were afraid to compromise their bubble and hence did not reach out for help.
73. Restrictions of movement also meant service providers were no longer able to go out and do home or check-up visits. The lack of privacy within the home during the lockdown was another obstacle for some to reach out for help and the support they needed from within their bubbles. Victims/survivors were not able to freely text or call for support as there was a risk in their partner or person harming them seeing or hearing them.
74. Children and young people experienced the greatest barriers to accessing support and help. The impact of not having children at school, the reduction in contact with professionals that could assess safety (e.g. Plunket nurses, early childhood centres, schools) meant children were potentially left in unsafe situations with no escape.

### *Digital divide*

75. The digital divide was also an obstacle encountered in accessing support during the lockdown by some experiencing family violence. Not all women and girls in Aotearoa New Zealand have access to phone and/or internet and therefore this led to further isolation. It is unknown the full impact of this on violence against women. Over the lockdown, the government installed and provided free internet at a number of homes, as part of the outreach of the Ministry of Education to ensure children had access to schooling, which assisted in decreasing the digital divide. However, this remains a significant problem in Aotearoa New Zealand.
76. The Backbone Collective also reported to the Commission that many children in the care of abusive parents in the lockdown were prevented from contacting their protective parent and did not have access to mobile devices or computers without the abusive parent watching over them.

### *Lack of a national strategy or plan to address violence against women and children during a pandemic*

77. There did not appear to be a plan or strategy in place in how to prevent or combat violence against women and children during a pandemic. This would have assisted as a framework and guide for priority actions, linking together different pieces of work and setting out the evidence on best practise. Consequently, there were delays in putting in

place prevention strategies and responses and delays in getting out messaging about the help available.

78. Some NGOs provided feedback to the Commission that they were not informed as to whether they were considered to be an essential service and hence were unable to continue to operate as usual until up to three weeks into the lockdown. This meant their services were not being provided in the interim, impacting the ability of women to obtain help.
79. Discussions took place between Government and NGOs as to how to enable women to reach out for help. There were discussions around setting up tents outside supermarkets with generic information about family violence and sexual violence. Another idea was to educate Pharmacies on how to help family violence and sexual violence victims/survivors to gain access to a phone where they could call Police or other services while they were in the Pharmacy. There was discussion of utilising Covid-19 testing centres to screen for domestic and sexual violence or using civil defence workers to identify family violence and sexual violence. However, in the pandemic situation, it was difficult to establish these quickly enough. Particularly where responses to women experiencing violence reaching out must be appropriately and sensitively handled and hence there is a level of training required before this can be undertaken.
80. The Backbone Collective reported that because of a lack of a plan to address violence against women and children during a pandemic there was limited consideration in the response developed as to women and children who were separated from the abuser but who were still experiencing ongoing abuse due to ongoing contact because of Family Court orders.
81. Had there been a plan, then mechanisms would be in place to address some of these issues, however instead agencies and organisations were grappling with what they could do. These challenges during the pandemic also highlight future opportunities to include appropriate specialist training for government agencies, the Family Court, civil defence workers, NGOs schools, places of worship and pharmacies during periods without crises.

*Integrating a gender-perspective, ethnic perspective and victim-centric approach*

82. Integrating gender-perspectives into current processes was observed by many NGOs providing feedback to the Commission as crucial. So too is the need to ensure an ethnic perspective. Often this is viewed as an “add on” and was not present in the COVID-19 response but should be a priority. There is a need to be proactive and protective rather than reactive. The gender and ethnic perspectives also provide an understanding of violence against women as being about power and coercive control and it is important to evaluate the impact this has on various communities.

*Reluctance by some Police to arrest and detain perpetrators*

83. As mentioned above, there were some observations made from NGOs to the Commission that Police were not arresting people during the lockdown in order to avoid

the risk of COVID-19 in detention or police cells. This included perpetrators of domestic violence and those breaching protection orders.

84. It was also observed by some NGOs to the Commission that the restrictions in place highlighted an ongoing systemic issue in the process for a complaint of family violence to be made. Currently, even where Police are called to a breach of a protection order, in order for there to be an arrest, the victim needs to confirm that they want to make a complaint. Often making a complaint can put a woman at further danger by their abuser and thus they decline to do so.

#### *Concerns regarding violence against children*

85. Some NGOs raised concern with the Commission that there was not sufficient focus on the risk of violence against children during COVID-19. The Backbone Collective informed the Commission that women reported children experiencing violence while in the care of an abuser during lockdown, included verbal abuse, psychological abuse, denial of medical attention, neglect, forced into contact with other people against their wishes and kept from participating in online learning opportunities available.

#### *Lack of sufficient PPE*

86. One significant obstacle majority of support services encountered was the inability to provide services and undertake home visits due to delays in the distribution of PPE to frontline workers. There were some limited organisations who were able to undertake home visits because they had the available PPE gear. Organisations were only able to make contact over the phone or internet and rely on assurance over the phone or internet that their clients were safe due to access constraints to PPE gear.

#### *Difficulty distributing basic needs to those in need*

87. Some organisations reported that the restriction of movement itself was an obstacle during lockdown, including being denied permission to operate as an essential service. This impacted the ability to get essential items out to vulnerable people including PPE gear, phones, clothes, and food.

#### *Violence towards disabled people*

88. Evidence shows disabled women are up to three times more likely to be victims/survivors of physical and sexual abuse, and have less access to physical, psychological, and judicial interventions.<sup>48</sup> These risks are compounded by a lack of accessibility and visibility of the barriers people with disabilities face, which were heightened during COVID-19.
89. Because of the lack of available PPE, there was limited availability of home and community support services and access to respite for carers of disabled women. This may have increased the risk of violence towards disabled women.

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<sup>48</sup> World Health Organization (2009), Promoting Sexual and Reproductive Health for Persons with Disabilities WHO/UNFPA Guidance Note, [https://www.unfpa.org/sites/default/files/pub-pdf/srh\\_for\\_disabilities.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/srh_for_disabilities.pdf)

90. Inaccessible housing and inadequate resourcing for disabled women to live dignified lives is also likely to have increased the likelihood of violence towards disabled women during COVID-19, particularly where people's movement is largely restricted to their homes.
91. There are also limited organisations where disabled people subject to domestic violence at the hands of carers or family can report concerns. Not all refuges are accessible for disabled people.

#### *Violence towards trans women*

92. Data from a 2018 survey on the health and wellbeing of trans and non-binary people in Aotearoa New Zealand indicated that trans people experience sexual violence at more than three times the national rate. Trans women live in more precarious housing situations with one in five trans people being homeless at one stage in their lives. Consequently, this group of women are at a heightened risk of violence.
93. Due to societal stigma and discrimination, trans women in Aotearoa New Zealand are often engaged in precarious work and informal economies. In some cases, the significant impact of COVID-19 led to increased housing instability and homelessness. One organisation who provides support to trans youth (under 25 years) reported an increase in the need for housing support during COVID-19.
94. Trans women often face difficulty in obtaining shelter from violence, as not all refuges and shelters are inclusive of trans women. Even where trans women are explicitly welcome and catered for, not all trans women feel comfortable there, particularly where these are single sex shelters.
95. There were also reports that trans women were less likely to try access the justice system because of discrimination they face throughout the system. Trans women also had difficulty accessing gender affirming health care, including accessing hormones or other specialist treatment during COVID19.
96. Further exacerbated by the lockdown, forced cohabitation with unsafe or unsupportive family members or housemates has seen increased rates of domestic violence and physical and emotional abuse towards trans women, as well as damage to mental health.
97. All of this leads to trans women being vulnerable to violence during the pandemic. Trans women are often hesitant to reach out for support when they are facing domestic violence because of discrimination they face in Aotearoa New Zealand. Greater support services for trans women are needed in order to support this vulnerable group from violence, particularly during a pandemic.



### *Violence towards ethnic women*

98. Victims/survivors of family violence within ethnic communities can face potential stigma when disclosing violence, and can experience a lack of trust in, and fear of, authority.<sup>49</sup> Information about violence, processes for reporting domestic violence, and the supports available following violent incidents are often not culturally sensitive and the details may not be available in the required languages, particularly during times of crises such as COVID-19.
99. Another obstacle faced included interpreting, with organisations reporting that they had clients who they were unable to communicate adequately with as there was no appropriate interpreting service available in the required language.

## **9: Examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.**

### *Collaboration between government agencies and the family violence/sexual violence sector*

100. Prior to COVID-19 there were no existing formal infrastructure of mechanisms for partnership and communication between Government and NGOs. This meant that the issues that women were facing were not always known or heard by the Government.
101. A National Pandemic Working Group on family violence and sexual violence was quickly established which opened real-time lines of communication between community service providers/NGOs working across the family violence and sexual violence sector and the government<sup>50</sup>. This group, which was initiated by NGOs with an invitation to government officials, enabled NGOs to inform the government about obstacles they were encountering in supporting those experiencing family violence or sexual violence and led to a number of responses to address these. There was significant collaboration, goodwill and desire to make a difference, and people worked incredibly hard to step up and develop a response in the face of crisis.
102. Some NGOs observed that this forum was extensive, having over 60+ participants in regular zoom meetings, and allowed for voices to be heard throughout this time that would not ordinarily have direct channels to government. This included regional and rural areas where ordinarily it would not be possible to attend in person due to the significant cost and time. The collaboration was resourced by Government, through the Joint Venture Business Unit on the Elimination of Family Violence and Sexual Violence and

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<sup>49</sup> Simon-Kumar, Rachel, Kurian, PA, Young-Silcock, F, Narasimhan, N. (2017) *Mobilising culture against domestic violence in migrant and ethnic communities: practitioner perspectives from Aotearoa/New Zealand*, <https://researchspace.auckland.ac.nz/handle/2292/34249>

<sup>50</sup> While there are no publicly available government sources specifically regarding this group, the Commission was also a member of this group and has first-hand knowledge of it. See also references to the group in the media: <https://www.stuff.co.nz/national/health/coronavirus/120364517/coronavirus-police-plan-for-spike-in-family-violence>; and as reported by NGOs: <https://www.2shine.org.nz/shine-content-feed/coronavirus-and-family-violence>.

the various working groups brought together through lockdown have remained in place as restrictions have eased.

103. An example of responses developed by this group include the Children and Young People working group which highlighted the gaps in teachers training and understanding of how to deal sensitively and appropriately with child abuse cases. This is an issue NGOs have been raising for a number of years.
104. The Pandemic Working Group also included members of the research community that guided decisions based on best practice and research. For example, the New Zealand Family Violence Clearinghouse advocated for and developed recommended prerequisites before engaging non-specialist services in family violence and sexual violence during COVID-19 following concerns that some well-intentioned actions could be unsafe and at risk of causing harm.<sup>51</sup>

#### *Collaboration between Government and Māori regarding family violence and sexual violence*

105. In addition to the Pandemic Working Group, a Tangata Whenua Rōpū was established. This was a group established specifically for Māori organisations to discuss domestic violence issues affecting Māori, and for Māori to develop solutions and provide this advice to government. The establishment of this group was an example of Te Tiriti o Waitangi partnership and enabling rangatiratanga (self-determination) for Māori.
106. There is a need for kaupapa Māori<sup>52</sup> responses (responses based on Māori principles or ideas); reclaiming mātauranga Māori (Māori wisdom) and bodies of knowledge, strengthening cultural identity, and restoring connections. These approaches must be adopted to effectively address the large number of Māori victims/survivors and offenders.
107. It is essential Māori are provided the resource and mandate to enable rangatiratanga in order to address issues within their communities in order for the Government to honour Te Tiriti o Waitangi obligations. The Government must partner with Māori where making decisions which impact Māori.

#### *Clear and accessible messaging to the public*

108. It is essential that there is clear messaging from the Government that people are exempt from movement restrictions and can leave their bubble in order to seek assistance from violence or risk of violence. As noted above, reports received from organisations who spoke to victims and/or survivors suggested that women in Aotearoa New Zealand were not clear that they were able to leave their bubbles to seek help. It is also essential that this information is accessible to all, including disabled persons.
109. It is also important that information about support services available during a pandemic to women experiencing violence are easily accessible. As noted earlier in this

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<sup>51</sup> New Zealand Family Violence Clearinghouse “Family, whānau and sexual violence and COVID-19: Recommended prerequisites before engaging non-specialist services” (24 April 2020) <https://nzfvc.org.nz/sites/default/files/RecommendedPrerequisitesNon-specialistServices-NZFVCv2.pdf>

<sup>52</sup> Kaupapa Māori: Refers to a Māori approach, Māori customary practices and principles <https://maoridictionary.co.nz/>

submission, it became apparent in the first week of lockdown that information about which helplines were available during the lockdown were not easily accessible and there was no central website or one point of contact about all anti-violence services. The Chief Victims Advisor to the Government did a national press release on 29 March 2020 setting out the helplines available and functioning during the lockdown.<sup>53</sup> This was subsequently communicated by many agencies and civil society organisations throughout the lockdown.

*Clear guidance and adequate resourcing for family violence and sexual violence service providers working with communities*

110. The government needs to provide clear guidance as to who within the family violence and sexual violence sector is permitted to continue operating during a pandemic. It is important that those organisations providing support for domestic violence continue to operate during a pandemic.
111. Ensuring those on the ground supporting women and girls who are at risk of violence or subject to violence have adequate resourcing is essential to preventing and combatting violence against women.
112. An early helpful intervention from government was to provide upfront funding to domestic violence service providers to use at their discretion. This allowed some providers to continue housing women already in their shelters there and place new clients in motels the organisation(s) established relationships with. The discretionary fund could also be used to help victims/survivors pay for different resources including petrol, electricity bills, etc. Organisations reported that this assisted immensely in their ability to provide support to victims/survivors.
113. It is important to ensure funding for accessible refuges for our diverse women in need, including trans women, disabled women, young women/girls.
114. The wrap-around support that was ordinarily provided to women and their families following violence, such as family group conferences, family therapy or other programmes was not available during COVID19. It is important these services are enabled to continue.
115. Some NGOs highlighted the need for increased resources to support perpetrators of violence including compulsory non-violence training, counselling, and education for perpetrators. Another area highlighted was the need for more counselling and support services for children under 17 who are exposed to or are victims/survivors of Domestic Violence.

*Early and adequate distribution of PPE and basic needs to enable continued support for women*

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<sup>53</sup> Chief Victims Advisor “Support available for victims during isolation” <https://www.justice.govt.nz/about/news-and-media/covid-19-news/chief-victims-advisor-support-available-for-victims-during-isolation/>

116. It is important that the Government ensures sufficient PPE distribution at the beginning of a pandemic in order to enable ongoing support services for women experiencing or at risk of violence where possible.
117. Women living in economic precarity face additional barriers to finding or maintaining safety. It is therefore essential that Governments ensure people during a pandemic have their basic needs met, including food, water, housing, power, etc.

**10: Examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equivalent bodies.**

*Collaboration between frontline NGOs*

118. During COVID-19, there was significant collaboration between NGOs, goodwill and a desire to make a difference, and people in NGOs worked incredibly hard and round the clock to step up and develop a response in the face of crisis.
119. Two NGOs, Shine and Women's Refuge initiated a family violence and sexual violence response group that became the National Pandemic Working Group, as outlined above.

*Development and communication of information and resources available for women and support services*

120. During COVID-19 and in response to a lack of available information, a dedicated COVID-19 section was set up on the New Zealand Family Violence Clearinghouse (NZFVC) website, the national centre for family and whānau<sup>54</sup> violence research and information.<sup>55</sup> It is useful to have a central site for information so that frontline agencies can access information about providing services during COVID-19, and victims/survivors can easily find the support services they need and other information.
121. Government and non-government partners requested that the NZFVC website be a central place for information relating to the COVID-19 situation and family, whānau and sexual violence. The small NZFVC team worked hard to get a new COVID-19 section of the website up quickly and continues to update this weekly with information specific to Aotearoa New Zealand as well as best practice information emerging from around the world.
122. The website includes specific Whare Māori pages with information and resources for whānau, community and kaupapa Māori services. NZFVC worked in partnership with Ngā Wai a te Tūī Māori and Indigenous Research Centre<sup>56</sup> to do this; the COVID-19 situation accelerated working in partnership, which had been in discussion for some time.<sup>57</sup>

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<sup>54</sup> Whānau: Refers to a family group, extended family or community

<https://maoridictionary.co.nz/search?&keywords=whanau>.

<sup>55</sup> New Zealand Family Violence Clearinghouse "Resources for whānau, communities and services during COVID-19" <<https://nzfvc.org.nz/covid-19>>.

<sup>56</sup> Ngā wai a Te Tūī <[www.ngawaiatetui.org.nz/](http://www.ngawaiatetui.org.nz/)>.

<sup>57</sup> <https://nzfvc.org.nz/covid-19>

123. A further Māori information website called Paerangi was also set up as a central platform to access all COVID-19 related information and support services in Tāmaki Makaurau (Auckland) which provided information in New Zealand's official languages: te reo Māori, English and New Zealand Sign Language.<sup>58</sup>
124. Family and sexual violence NGOs collaborated closely during lockdown to ensure that the information being shared with government, the media and the public was coherent and useful. In partnership with a telehealth provider, the NCIWR also developed a webchat function to add to their Shielded Site (an information and contact tool hosted on commercial and government websites which does not show up in a caller's browser history) to provide an additional safe option for contact which provided real-time contact with skilled family violence practitioners<sup>59</sup>.
125. One organisation supporting trans women suggested that it would be helpful if NGOs made it explicit on their website where they provide support to trans women. This helps ensure that all women feel confident in accessing the help they need.

#### *Diverse methods of communication and service*

126. Having options of more flexible mediums to work in, other than face-to-face, can be positive for engagement with some women unable to talk freely over the telephone or make it to appointments, particularly young women at risk of violence. Interestingly, some organisations working with young women and girls, found that non-face-to-face mediums of communication such as text and messaging platforms over the internet, led to a higher uptake of responses and less cancellations of appointments.

#### *Support, accommodation and counselling of perpetrators of violence*

127. Services to support perpetrators of violence continued to operate during the lockdown, albeit remotely. Organisations working with perpetrators of violence took measures to reach out to clients and provide support during lockdown, including via online platforms such as zoom. There were, however, challenges such as non-responsive clients or lack of devices/internet or cell phone coverage.

#### *Strong leadership by Iwi*<sup>60</sup>

128. Throughout the country there was strong leadership by iwi supporting vulnerable whānau and children in their communities. This included providing essential needs and other support required during COVID-19, including to address family violence and sexual violence. For example, in the Tairāwhiti (Gisborne) region, local agencies and NGOs reported that there was strong leadership provided by the COVID-19 Iwi response. This included clear messaging around supporting *Mana Motuhake* (self-determination and control over one's own destiny), aligning with indigenous rights and rights under Te Tiriti o Waitangi.

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<sup>58</sup> Paerangi <<https://paerangi.nz/>>.

<sup>59</sup> This service will remain in place post-lockdown.

<sup>60</sup> Māori word for 'Tribe' - usually in reference to respective Māori tribes.



129. There has been some excellent examples of great family violence and sexual violence prevention work by Kaupapa Māori services, especially in rural areas, where Iwi have delivered food, medical supplies, hygiene supplies, data packages and other support to their communities.<sup>61</sup> <sup>62</sup> They reported less family violence and sexual violence cases than usual.

***Good practice: Learnings from Te Rūnanga Ō Kirikiriroa and Te Whakaruruhau - Waikato Women's Refuge***

130. The information provided by an organization in the Kirikiriroa (Hamilton City) area, Te Rūnanga Ō Kirikiriroa<sup>63</sup> and Te Whakaruruhau - Waikato Women's Refuge<sup>64</sup> that runs women's refuges in Hamilton illustrates some good practices from NGOs to prevent and combat violence against women.

131. Te Whakaruruhau, reported that they did not see the anticipated spike in cases which has been seen in other situations when communities experience significant events, such as earthquakes or mass unemployment. They attributed this to prevention measures that were implemented in the area during this time, the flexibility of funding allowing for a whānau-centric approach and a decrease in barriers for women and whānau to obtain support.

132. Te Rūnanga Ō Kirikiriroa proactively reached out to whānau to understand the impact of the lockdown on the whole whānau and put efforts into reducing pressures. This included providing whānau with food, clothing, shelter, medical supplies, hygiene supplies, data packages, social connections, and linking people to financial support available from the Government and elsewhere. Being provided access to adequate PPE early during COVID-19 allowed this proactive response to occur. This approach enabled a greater ability of whānau to determine the support they needed and relieved some of the social and economic pressures on whānau.

133. During COVID-19 funding was quickly provided with flexibility that allowed organisations to respond quickly and with greater ability to provide whānau and people-centric approaches to support. The flexible funding allowed people working in support services to invest time in people, couples and whānau, rather than spending time in making sure that contractual requirements were being met. This removed the check-box type of approach and time staff spent justifying why a person qualified for support. This led engagement to be more authentic and there was more time for each woman or whānau.

<sup>61</sup> Kayne Ngātokowhā Peters "Iwi throws support behind those in need" (28 March 2020) Newsroom <[www.newsroom.co.nz/1104395/iwi-do-their-thing-helping-those-in-need](http://www.newsroom.co.nz/1104395/iwi-do-their-thing-helping-those-in-need)>.

<sup>62</sup> Peter de Graaf "Covid 19 coronavirus: Iwi delivers 8000 food packs to vulnerable whānau (23 April 2020) New Zealand Herald <[www.nzherald.co.nz/northland-age/news/article.cfm?c\\_id=1503402&objectid=12326564](http://www.nzherald.co.nz/northland-age/news/article.cfm?c_id=1503402&objectid=12326564)>.

<sup>63</sup> Te Rūnanga Ō Kirikiriroa <<http://www.terunanga.org.nz/>>.

<sup>64</sup> Te Whakaruruhau - Waikato Women's Refuge <<https://www.waikatowomensrefuge.co.nz/>>.

In turn, this allowed organisations to build sustainable relationships with whānau and victims/survivors of domestic violence.

134. It was observed that during COVID-19 there was a decrease in systemic barriers for people in obtaining support and additional funding from Government, such as the process to obtain an unemployment benefit. This assisted in removing additional pressure from families during COVID-19. It was also observed that the barriers in place for women seeking support from violence, such as challenges faced in obtaining protection orders, were also removed.
135. It was observed by Te Rūnanga Ō Kirikiriroa that while Māori communities were identified by government as at the highest risk of experiencing the impacts of COVID-19 including domestic violence, few of these communities were known or accessible to the national government or those service providers funded by the national government. Te Rūnanga Ō Kirikiriroa played a vital umbrella role, connecting Māori communities and whānau in need with Māori agencies and the social service community. If this had not been done, many whānau would have been invisible and suffered greater hardship, including whānau affected by violence. Having the ground level knowledge of communities and established networks enabled this support to be provided and highlights the need to ensure grassroots knowledge and networks are valued and adequately funded.
136. It was noted that contributors to violence and abusive behavior were restricted during the lockdown. This included the ability of offenders to have social gatherings or social reinforcement for negative behavior, including limited access to alcohol and drugs, and restrictions on antisocial or criminal activity.
137. Greater community monitoring and responsiveness to risks of violence during COVID-19 was also observed. Because many people were not working, there were more people around during the day to look out for their neighbours and identify where people were at risk and inform the Police where necessary. Community monitoring and responsiveness is key to addressing the persistent issues of domestic violence in Aotearoa New Zealand. It was also reported that Police were responsive to concerns about safety, arresting the offender and removing them from the home as a matter of best practise.
138. The above experience highlights the benefits of flexible funding, removal of systemic barriers and the provision of a whānau-centric / victim-centric approach that provides for socio and economic needs to be met and how this can impact on domestic violence during a pandemic such as COVID-19.

## **11: Additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the above**

### *Ongoing impact of COVID-19 on domestic violence against women*

139. There is significant concern by a number of NGOs that the domestic violence pandemic is far from over and that NGOs will continue to see the impacts of COVID-19 on women and children for years to come. Hence it is essential that there is an emphasis on actions taken in the recovery from COVID-19.

### *Community focused and victim centric approach*

140. It is important that any approach to violence against women is focused on community and centred on empathy and compassion. It must be victim centric. It should not put barriers in the way of women seeking assistance but rather provide accessible avenues.

141. It was also emphasised by many NGOs speaking to the Commission that we must recognise that domestic violence not only impacts women, but it impacts their children, their wider whānau, and it can also include abuse against elders, disabled people and vulnerable rainbow persons.

### *The need for training for lockdown situations and more broadly*

142. There is a need to ensure that all Police have adequate training on responding appropriately to domestic violence during a pandemic or other crises, including what to look for when women or children are being abused or controlled and how to manage this appropriately and sensitively. While there was praise for the way Police handled these situations in some areas, in other areas concern was raised.

143. Psychological abuse is often overlooked by the system including by Courts, Police, and lawyers. Mediation services need to be carefully managed and have processes in place in order to avoid perpetrators having an opportunity to retraumatise and revictimize the victims/survivors. Women are not willing to access support where service delivery models allow for them to be revictimized.

144. Lawyers need specific training on the dynamics of family violence as victims/survivors often complain to NGOs about lawyers not understanding what is going on for them and being given unhelpful advice. It was also observed by NGOs that legal aid does not provide sufficient funding to lawyers to support victims through this process and consequently there are few lawyers, particularly experienced lawyers, who undertake this work.

### *Addressing other factors associated with domestic violence*

145. Some NGOs reported to the Commission that there was a decrease in the availability of drugs because of restrictions on movement which removed one issue which can be associated with domestic violence. Restrictions also led to a decrease in negative associates. This highlights the need for intersectional approaches to countering family

violence, including the need to address drug and alcohol related issues and crime more generally.

146. NGOs working with communities to understand their needs in a holistic sense, including needs for food, power, shelter, hygiene products, basically meeting the needs for an adequate standard of living in order not to exacerbate inequities or place women at increased risk.

#### *Strategic pandemic plans involving multiple NGOs*

147. Moving forward, NGOs should also have a strategic pandemic plan in place to enable them to continue operating and providing services to women at risk of violence. Many NGOs did not have a pandemic plan, and those that did, did not cover a situation of a lockdown. Collective groups of NGOs need to have system wide pandemic plans that cover off how they will work together during an emergency, rather than having only their own pandemic plan that outlines how their services will operate (or not) in isolation to the wider social sector. Such planning should be adequately resourced by the Government.

#### *Issues around shared parenting*

148. Because the rules relating to those women in shared parenting situations with an abuser was unclear, this enabled abusers to take advantage of the situation and push for more contact and in some cases where it was unsafe. Women reported to the Backbone Collective bring unable to negotiate situations with ex-partners who were abusers without support where there are two households in “one bubble”, as required through parenting orders by the Family Court and the Government.<sup>65</sup>
149. More options for children to be dropped off and picked up without contact (additional to supervised contact) should be available in an emergency. Women expressed to The Backbone Collective that abusers took advantage of the COVID-19 situation to undertake ongoing psychological, verbal and in some cases physical abuse of ex-partners. Women reported being unable to negotiate situations with ex-partners who are abusers without support where there are two households in “one bubble”.

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<sup>65</sup> <https://www.districtcourts.govt.nz/assets/Uploads/Media-Releases/24-March-2020-Children-in-shared-care.pdf>; [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12320872](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12320872); [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12319188&fbclid=IwAR0fw7LNt3MH4M2-zdCfMJgBOxDvfvWwBX3FiTbwqGtCGq5-oJbYduke9W8](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12319188&fbclid=IwAR0fw7LNt3MH4M2-zdCfMJgBOxDvfvWwBX3FiTbwqGtCGq5-oJbYduke9W8)

#### IV. Concluding thoughts and recommendations

150. While the Police data does not indicate an increase in domestic violence during the lockdown, the information provided to us regarding the barriers victims/survivors have faced during the lockdown in reporting domestic violence and accessing support, as well as the feedback from civil society organisations, suggests that there was an increase of family violence in Aotearoa New Zealand during COVID-19.
151. There did not appear to be a plan in place to deal with violence against women during a pandemic and this impacted the ability to prevent and respond appropriately to cases of domestic violence during the lockdown and beyond. However, the response of NGOs to work collaboratively between themselves and with government to ensure women and families had the support they needed was highly commendable and led to improved support for women during this time. Such collaboration should not be lost as we recover from COVID-19 and move into the future.
152. It is necessary to set a National Plan in place around preventing and responding to family violence and sexual violence during a pandemic. This should ensure continued inclusive and accessible services and enable and encourage collaboration at local levels between Police, Civil Defence, Iwi and other community groups in supporting whānau and at national levels. The plan should reflect Tiriti partnership, protecting and promoting rangatiratanga (Māori-led approaches) and advance equitable outcomes. The Government should ensure that victims voices inform the development of this plan including Māori, disabled women, ethnic women and trans women.
153. However, the best prevention of domestic violence during a pandemic, is to focus on the causes and drivers of domestic violence outside of the pandemic. It is noted that the Government has been undertaking a cross-government initiative, working with Māori and communities, to develop a national strategy to prevent and reduce family violence and sexual violence. The Commission commends this work and looks forward to the completion of this. It is important that the voices of victims, including disabled women, ethnic minorities and trans women are consulted in the formation of the strategy and that it incorporates and integrates gender and ethnic perspectives.
154. COVID-19 has provided an opportunity to see Aotearoa New Zealand's approach to prevention and tackling violence against women from a different lens. Because of the restrictions in place, new ways of working to address violence against women were undertaken and the government enabled this by providing additional funding with greater flexibility in how it was received and used. This allowed huge flexibility in the responsiveness that was able to be provided to whānau and resulted in victim-centred support. The experience of Te Rūnanga Ō Kirikiriroa and Waikato Women's Refuge highlights this. It is important that victim-centred ways of working continue as we move into the recovery from COVID-19.



### **Recommendations:**

To address domestic violence and violence against women during pandemic situations, the New Zealand Government should:

- i. **Develop a National Plan for addressing violence against women during a lockdown situation. This plan should ensure continued inclusive and accessible services, both prevention and response. The plan should ensure collaboration with civil society organisations working in the sector. The plan should reflect Tiriti partnership, protecting and promoting rangatiratanga (Māori-led approaches) and advance equitable outcomes. The Government should ensure that victims voices inform the development of this plan including Māori, women with disabilities, ethnic minorities and trans women.**
- ii. **It is essential to provide and disseminate clear and accessible messaging to the public that victims/survivors of domestic violence are exempt from the restrictive measures to stay home in isolation where they face a risk of violence.**
- iii. **Ensure support services are equipped with PPE to enable continued support for victims of violence or those at risk of violence during a pandemic.**
- iv. **Ensure families have access to basic necessities required to ensure an adequate standard of living during a pandemic, including access to food, water, housing, power, transport, and internet.**

To address domestic violence and violence against women in the recovery from COVID-19 the New Zealand Government should:

- i. **Finalise the national strategy to prevent and reduce family violence and sexual violence, including milestones that will be achieved so that progress can be transparently evaluated.**
- ii. **Incorporate gender and ethnic based approaches, including involvement of gender-based violence specialists and ethnic specialists in the development of policies, strategies, investment distribution, and impact review/evaluation.**
- iii. **Ensure women at risk of domestic violence have access to basic needs including access to food, water, housing, power, transport, and internet.**
- iv. **Provide resources for developing and strengthening systems, policies and workforces in government agencies, civil defence emergency response teams, NGOs, and others in the community such as in schools and places of worship to ensure they are equipped with the skills to appropriately assist women and children at risk of violence, particularly during a crisis.**
- v. **Ensure adequate resourcing for victims as well as perpetrators of domestic violence to seek the help, support and rehabilitation they need, including accessible emergency accommodation to ensure women and children are able to remain in their homes.**

- vi. **Develop mechanisms for workplaces to develop a way to provide support to workers who live with family violence when in lockdown or quarantine with abusers.**