



# Impacts of the COVID-19 pandemic on Victoria's family violence primary prevention workforce

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Final report for Respect Victoria



Gender & Disaster Pod

An initiative of WHGNE, WHIN & MUDRI

# Impacts of the COVID-19 pandemic on Victoria's family violence primary prevention workforce

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This project was commissioned by Respect Victoria and conducted by the Gender and Disaster Pod a partnership of Women's Health Goulburn North East (WHGNE), Women's Health In the North (WHIN) and Monash University Disaster Resilience Initiative (MUDRI)

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## EXECUTIVE SUMMARY

Under COVID-19 restrictions there have been dramatic increases in anecdotal and formal reporting of violence against women, globally. \* These findings are consistent with over 10 years of disaster research in Australia and other high-income countries showing increased violence against women during disasters. The gendered impacts of disasters, including increased rates of violence, may be even greater for women who are subject to multiple forms of discrimination.

This pilot study was commissioned by Respect Victoria in response to concerns that family violence funds, resources and staff were being diverted from primary prevention of violence against women (henceforth referred to as 'primary prevention') to response under COVID-19. Research in May 2020 by Women's Health in the South East (WHISE) confirmed that partner agencies had increased service provision to deal with the dramatic increases in the number of women experiencing family violence. However, many of the agencies noted that this increase 'came at the expense of primary prevention work' (WHISE May 2020). These reservations were reiterated at a GAD Pod consultation with 42 primary prevention workers, hosted by the Municipal Association of Victoria on 17/6/2020.

The project's aims and outcomes are threefold:

- Gain insight into the impact of COVID-19 on the work of primary prevention practitioners
- Make recommendations about the resourcing and support needed for primary prevention practitioners during disaster
- Produce a report for Respect Victoria to support advocacy and policy advice.

Key findings in the literature review include the increasingly gendered division of labour during the response to COVID-19; increasing pressure on women and men to conform to gender stereotypes; the gendered impacts of multiple forms of discrimination on women who are part of other marginalised groups; and the consequences of the 'tyranny of the urgent' on long-term policies and programs.

Key findings from thematic analysis of the interviews suggest that COVID-19 restrictions have led to a transformation in the cultures and practices of both organisations and individual workers.

*\*Terms used necessarily include 'family violence' as well as our focus of primarily 'violence against women'.*

### METHODOLOGY

5 In-depth interviews with women whose employment includes Primary Prevention of Violence Against Women (VAW)

Interviews via Zoom  
17/6/2020-16/8/2020

Group consultation with Municipal Association of Victoria's Prevention of VAW Network

Key research question:

'How are COVID-19 and responses to the pandemic affecting family violence

### PRIMARY PREVENTION BEFORE COVID-19

The five informants described the range and type of work in their primary prevention role before COVID-19 restrictions were first introduced in March 2020. This revealed differences and commonalities, and provided a sense of how these changes have affected the primary prevention workforce more broadly. Relationships, partnerships and senior support were noted as critical to awareness of the causes and drivers of violence against women. A shared framework helped embed gender equality in some organisations.

*[W]hen we first started this work we needed to anchor it to something, and Our Watch came out at exactly the right time.*

There were barriers to primary prevention before COVID-19, most notably, resistance to gender equity measures, and this included organisations with CEO and senior support.

*When we highlight[ed] the cause and driver [of violence against women] is gender inequality, the amount of resistance and backlash was profound.*

In addition to resistance, a number of informants across different workplaces spoke of a lack of understanding of primary prevention and gender equality, and their relationship to violence against women. There was significant variation in the level of

primary prevention work?’

## LITERATURE REVIEW

A narrative literature review was led by Catherine Orian Weiss and covered current academic and grey literature and media reports on the impacts of COVID-19 on: gender inequality; family violence; resourcing of family violence primary prevention with a focus on men’s violence against their female partners

The literature review highlights the ways in which the measures taken to minimise the economic impacts of COVID-19 have disadvantaged those sectors where women are overrepresented and in particular women who are in part-time or precarious employment

support for primary prevention at the council level, both in funding terms and inclusion in decision-making.

## ACCOMMODATING COVID-19

*Originally we would say ‘It’s business as usual, we’re just working from home’ but that very quickly went out the window. It’s not business as usual. We are in no ways operating in a normal situation...*

Three of the five women interviewed referred to the difficulties of combining work, childcare and home-schooling. Trying to maintain a balance between work professionalism and dedicated childcare had taken a toll – on perceived professionalism and on changed routines – that saw women working at night and on weekends. All of our informants said that their workloads had increased, whether or not they had children. Space, workload and self-care were all up for negotiation.

*I’ve just been working around the clock.*

*Work is home ... and that’s a bit of a challenge too. I go from the kitchen to the office.*

One informant noted the resistance they faced in trying to bring a gender lens to the development of the organisation’s staff mental health and wellbeing strategy and addressing the gendered impacts of COVID-19 restrictions on staff wellbeing.

*[There’s little discussion of] the long-term health concerns for women...how the balance of home and family and work...and our childcare closures. We see staff in distress around that stuff, and how ...our community [is] impacted by that. We’re talking about it, but just not with the gender nuance.*

Meetings changed under COVID-19. The move to exclusively on-line or virtual meetings had significant impacts on all our informants’ work including how decisions were made; professional relationships and interactions; and access to staff across the organisation. Some had greater access to formal meetings via zoom, and improved access to program areas and senior staff they’d had little or no access to prior to COVID-19.

*We’ve had more time for reflection during COVID in some ways, and more solid pieces of time to work and plan and process that...It’s gotten stronger if anything and being able to get really dedicated time with the CEO and leaders at various points...*

However, others found the loss of informal discussions or chance meetings increased barriers to inclusion in information and decision-making.

*Going into the office, you would be a part of an environment where you were hearing conversations or attending meetings and absorbing that knowledge or the experience just being in the room, and that’s not happening.*

There were other observations including – no longer having disclosure of violence by colleagues; a shift in the purpose, frequency and character of meetings under COVID-19; and a disruption to gendered interactions where zoom meetings had the effect of enabling women to contribute without being interrupted. The shift to organised, virtual meetings minimised some of the face-to-face, embodied ways in which gender and gender inequality operated in meetings.

*No one’s interrupting you in meetings. So, if you’ve got to say something around gender, you’ve got the space to actually say it...You’re feeling that resistance and that pushback, but it’s almost better not having that in some ways at times. You just progress it*

Positive changes included increased productivity through not being interrupted in the workplace generally. One informant commented about interrupted workflow as ‘there was always someone wanting to come and have a chat’.

Informants hoped the benefits of virtual, home-based work would outlive the lockdown and become part of the ‘new normal’ post COVID-19. Benefits included time management and flexibility; stronger internal relationships; new skills and technologies; and cost-savings for both the organisation and workers.

## IMPACTS OF COVID-19 RESTRICTIONS ON PRIMARY PREVENTION

Primary prevention work came under pressure to *respond* to significant increases in family violence. All informants had, to differing degrees, taken up additional duties related to response or to ensuring the safe delivery of on-line programs and services for clients – as well as staff safety as they transitioned to work from home. There were concerns about the impacts of the move to on-line service delivery for the wellbeing of staff and clients, as well as concerns about their own capacity to carry out these new and additional duties. All spoke of having to juggle competing priorities; of prevention work that had to be ‘put on hold’; and the degree of organisational support they received. The pressures of taking up response work were increased by the sense of urgency and rapid turnarounds, and new tasks that some informants felt required expertise they didn’t necessarily have, such as broader staff training to help with staff well-being.

*I guess because there’s a ‘Prevention of violence against women’ team and team leader, it all just comes to us. So it’s just kind of assumed.*

*... safety issues, and I guess organisational responsibility and duty of care to ensure that our workers are safe working from home*

External requests shifted to response issues for one agency. Others, too, described how their shifting work roles included information provision, developing fact sheets and new resources, and even organizing staff training to facilitate disclosures, and debriefing.

*We trained up 14 family violence contacts across the organisation ...And it’s not even necessarily my role...because I don’t do work in response, I never have... now there’s about 10 different guidelines, trainings, groups that are in place that weren’t pre-COVID.*

Organisational support varied. This included support with new or additional response-related work and duties; dealing with the pressures of balancing these new duties with their current role and responsibilities; and continuing to promote primary prevention and gender equity inside and outside their organisation. None of our informants reported that additional resources had been provided to back fill primary prevention work that had slowed down or been put on hold during the pandemic. Delays were inevitable.

*We have to go more gently at times. So for example, the family violence policy is out for consultation with key people at the moment and it’s been out for eight weeks. Normally that would be a three to four week process. But we keep pushing it back because it’s people like HR who have to deal with masks and laying people off and all sorts of horrible things*

One reported a pre-COVID primary prevention role of 30% dropping to 5 or 10%, and fighting to keep inclusion and gender equality on the agenda. In contrast, another reported that their role was made permanent in COVID-19.

The impacts of COVID-19 on primary prevention practitioners extended beyond concerns of their not being fully qualified to undertake some of their new professional duties, to the concern they feel for staff, external stakeholders and clients in the

### GOVERNANCE

Funded by Respect  
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Managed by William  
Leonard, Debra  
Parkinson & Women’s  
Health In the North

Advisory Group  
of 9 and  
2 Critical  
friends

online environment when having to deal with family violence response – particularly in cases where perpetrators may be in the home during online training or sessions. Apart from the clients, these deep concerns also affect the wellbeing of primary prevention practitioners.

*So there's a lot coming up...and it feels quite helpless because we're just sitting here in our homes talking about all these things, hearing about all these things...*

This led some organisations to institute new protocols and additional safeguards, and importantly, to consider the differing needs of minority groups. For primary prevention practitioners tasked to speak on response, when delivering training on family violence, 'the complexities are huge', both in terms of content and mode of delivery.

*I could be delivering to 12 people ... who've never met each other, and we're asking them to talk about primary prevention and family violence. It's quite confronting and ... really hard to engage and elicit conversations through this video medium.*

## FROM PRIMARY PREVENTION TO RESPONSE AND BACK AGAIN

The urgency of COVID-19 related spikes in family violence have increased the pressures practitioners are under as they juggle their responsibility for gender equity and primary prevention with their new duties, including response work and in some cases, operational issues.

However, all our respondents talked of how the dramatic increase in family violence under COVID-19 and the pressure on government and organisations to respond to these increases had necessarily raised awareness of family violence as a systemic problem. A growing interest in the drivers and causes of family violence emerged. This provided a window of opportunity to broaden the remit of primary prevention across the organisation including senior levels.

Informants spoke of greater awareness and understanding of increased violence, and the role of primary prevention and gender equality. This led to stronger partnerships, and new and expanded program and service opportunities.

Concurrently, passage of the Gender Equality (GE) Act (2020) brought pressure to comply with required reporting. Reporting against the Act, linked with the COVID-19 related increase in family violence, was seen as providing incentives for organisations to address primary prevention.

Yet, concerningly, the magnification of gender inequality under COVID-19 poses a significant threat to these potential catalysts to a widespread and sound understanding of the dynamics of violence against women and actions aimed at addressing these dynamics (E.g. gender equity measures).

*There's lots of articles out there that talk about all the gains of the Royal Commission [into Family Violence]. A lot of them have been lost or will be lost.*

## DISCUSSION

The impacts of the COVID-19 pandemic on our informants' primary prevention work have been contradictory and varied.

For some informants, it has ramped up the gendered division of labour at home making it difficult to maintain standards of professionalism at work. Alongside this,

### LIMITATIONS

This is a pilot project, with a limited budget and short timeframe.

It focuses on men's heterogendered violence. It is in response to research and data showing an increase in men's violence against their female partners under disaster conditions. The experiences of our five informants do not and could not represent the breadth of primary prevention work across Victoria.



organisational decisions to move staff from primary prevention to response failed to consider the short, medium and longer-term impacts of redirecting already 'limited and inadequate' primary prevention resources at a time when the drivers of violence against women by their male partners are increasing.

For others, new attention to family violence in the COVID-19 lock-down provided an impetus for the inclusion of gender equity and other primary prevention measures into organisational policies and practices in disaster.

All informants spoke of the increased flexibility that virtual, on-line platforms and working from home offered, with some suggesting this increased both organisational efficiencies and their professional capacity. However, the flipside included negative impacts on their home life, work life, and safety.

*It seemed there was little organisational understanding of the distinction between prevention and response, and informants were not consulted about this significant shift in work focus. Flexibility can mask the unequal gendered power relations that inform decision making. Support was not provided for the primary prevention practitioners' loss or suspension of their core prevention work or networks, and reduced incidental interactions meant additional meetings for support and supervision were sometimes needed.*

Safety of both practitioners and clients is implicated in this sudden shift to home-based work, with significant questions raised about the capacity of existing safety protocols to adapt to crises. The response to the pandemic has exposed assumptions of ability and access..

However, all our informants agreed that increased violence against women must be addressed in COVID-19. Their degree of involvement in decisions about how this need should be met varied according to how well primary prevention had been included in organisational systems, programs and strategic planning prior to this disaster. These pre-conditions ranged from 'not on the radar' where practitioners primary prevention work was project-based and relied on informal processes and opportunities, through to progress during COVID-19 in organisations where there was senior support and elements of primary prevention were already embedded in policies and strategic planning.

The clear imperative from the research findings is for gender equity measures to be embedded in organisations including, but not limited to, those now required to report against the Gender Equality (GE) Act (2020). The drivers of violence against women, such as those articulated in the Our Watch framework must inform organisational policy in the everyday, and in disasters. The Gender and Emergency Management Guidelines offer a useful resource. Organisational knowledge of gender, gendered violence and the compounding impacts of disaster, together with organisational understanding of the relationship between response and primary prevention, provide a firm foundation for caring for staff and clients.

## CONCLUSION

Until primary prevention has a seat at every table, the primary prevention workforce will continue to be put on hold in disasters as organisations turn their attention to response and yet another spike in violence against women by their male partners.

It is vital that both government and non-government organisations follow the lead set by the Victorian Government in its Gender Equality Act (2020) and apply a gender lens to their response to increasing rates of family violence against women during and after disaster.



## INTRODUCTION

Under COVID-19 restrictions there have been dramatic increases in the reporting of family violence, globally. In April, the United Nations Secretary-General António Guterres, appealed for governments to address the 'horrifying global surge in domestic violence' as a result of pandemic-related lockdowns (reported in Toesland 18 April 2020. See also Bishop 2020). In Australia, the federal government reported a 75% increase in google searches for domestic violence support following the first lockdowns while calls to the Men's Referral Service increased by 94% following the announcement of Stage 3 restrictions (Sullivan, Doran, & Dalzell 2020). Monash University's survey of Victorian family violence practitioners found that nearly 60% of respondents reported an increase in frequency of violence against women since the first COVID-19 lockdown and a 50% an increase in severity (Pfitzner et al. 2020).

These findings are consistent with over ten years of disaster research in Australia and other high-income countries. The research shows that under disaster conditions, existing gender inequalities are magnified leading to increased risk of family violence by men against their female partners and children (Dasgupta et al. 2010; Enarson 2000; Molin Valdes 2009; Palinkas, Downs, Petterson & Russell 2003; Parkinson, 2019; Parkinson & Zara 2011; Phillips & Morrow 2008; Scanlon 1996; Wilson, Phillips & Neal 1998). Research also shows that these gendered inequalities and their negative impacts may be even greater for women who are part of other marginalised populations and subject to multiple forms of discrimination.

### 1.1 Rationale

This project was commissioned in response to anecdotal reports and emerging data suggesting that family violence funds, resources and staff were being diverted from primary prevention to response under COVID-19. A recent report by Women's Health in the South East (WHISE) looked at the impacts of COVID-19 restrictions in Victoria on primary prevention work being done by their partner agencies (WHISE May 2020). Partner agencies acknowledged the need to increase service provision, including food, shelter and medical help, to deal with the dramatic increases in the number of women experiencing family violence. But many expressed serious concerns that the prioritising of response 'came at the expense of primary prevention work' (WHISE May 2020). These reservations were reiterated at a group consultation with 42 primary prevention workers, run by the GAD Pod and hosted by the Municipal Association of Victoria, 24 June 2020 (Attachment B). Many workers, primarily from local government, expressed concerns that primary prevention staff and resources were being transferred not only to response but also to 'COVID-19 urgencies' not related to family violence.

The transfer of limited primary prevention resources to response is deeply problematic. It is possible that resources are being diverted from addressing gender inequality and the drivers of violence against women and children at a time those inequalities and their effects are increasing. According to UK and US research, gender relations may be set back by up to 50 years post disasters, including pandemics (Enarson 2000; Hoffman 1989; Hunt 2020a). The redeployment of primary prevention workers to response or COVID-19 urgencies not related to family violence has the potential to undermine the gains that have been made in primary prevention over many years by the women's health sector in Victoria. These gains include greater understanding of the importance and range of primary prevention work; the growth and consolidation of a primary prevention workforce; and the development of primary prevention policy and program networks within the family violence and community services sectors.

This project is a pilot study funded by Respect Victoria. It explores the impact of measures aimed at limiting the economic costs and spread of COVID-19 on heterogendered<sup>1</sup> violence by men

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<sup>1</sup> The term heterogendered is used in this report to describe men's violence against their female partners, which can be understood as an effect of dominant gendered constructions of heterosexuality. The term heterogendered was initially used to highlight how a singular focus on

against their female partners and children. It aims to assist Government, family violence agencies and organisations that house family violence prevention practitioners ensure that measures directed at reducing the impacts of disasters, including pandemics, do not compromise existing family violence prevention work or efforts aimed at reducing gender inequalities.

## **1.2 Aims and outcomes**

This pilot project explores the pressures Government, local councils, women's and family violence services, and other partner organisations in the health and human services sector are under to divert resources from primary prevention to response and other 'COVID-19 related urgencies.

The project's aims and outcomes are threefold:

- Gain insight into the impact of COVID-19 on the work of primary prevention practitioners
- Make recommendations about the resourcing and support needed for primary prevention practitioners during disaster; and
- Produce a report for Respect Victoria to support advocacy and policy advice.

This research contributes to three of Respect Victoria's key strategic outcomes or pillars (2019-2022 Strategic Plan): 'Research'; 'Drive uptake'; and 'Advise and influence'. The research findings, final report and recommendations will contribute to a deeper understanding of the importance of maintaining family violence prevention work under disaster conditions when gender inequality and the drivers of men's violence against their female partners and children are magnified.

## **1.3 Limitations and possibilities**

Respect Victoria adopts a broad, intersectional definition of family violence that is not restricted to men's heterogendered violence against their female partners and children. This includes LGBTIQ+ family violence, elder abuse, child abuse, and adolescent violence towards parents or carers, amongst others.<sup>2</sup> This project however, focuses on men's heterogendered family violence. It is in response to research and data showing an increase in men's violence against their female partners under disaster conditions including COVID-19 and to reports that primary prevention workers are being diverted to response to help address the increasing numbers of women experiencing or at risk of family violence.

This is a pilot project, with a limited budget and short timeframe. These constraints are reflected in the number of interviews. The experiences of our five informants do not and could not represent the breadth of primary prevention work across Victoria nor the full impact of measures aimed at limiting the economic costs and spread of COVID-19 on the primary prevention workforce. However, the findings of the literature review combined with the interview data provide a unique snapshot of what is happening in real time. The findings provide an opportunity to guide future research on the impacts of disaster on rates and patterns of heterogendered family violence. It also provides an opportunity to consider how a sustained and well-funded commitment to primary prevention can lessen the risk factors of increased family violence during and after disasters including COVID-19.

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gender inequality as the driver of family violence excludes same-sex intimate partner violence, whilst masking how male violence against women is not only gendered but also sexualized. See Lay, Horsley, Leonard et al. 2018.

<sup>2</sup> For more information on Respect Victoria and its family violence primary prevention remit go to <https://www.respectvictoria.vic.gov.au/>

## **2. METHODOLOGY**

The qualitative research components of this study involved five in-depth interviews and a group consultation with members of the Municipal Association of Victoria's (MAV) Prevention of Violence Against Women (PVAW) Network. The interviews included primary prevention practitioners and people whose position involved work into the primary prevention space, including individuals who work in local government and women's health services.

### **2.1 Project management and design**

The project was funded by Respect Victoria and managed by William Leonard and Dr. Debra Parkinson (Gender and Disaster Pod) and Women's Health In the North, with input from a project advisory group. The advisory group membership represented a broad range of expertise and experience including women's health, primary prevention of violence against women, family violence research, and gender equity and diversity (Appendix A). The group provided advice on project design, feedback on the first draft of the desktop review, and comments on the final draft of the report for Respect Victoria. The advisory group met twice by Zoom over the course of the project and members could also provide comments out of session.

The project relied on a mix of research methods:

- A narrative literature review of current academic and grey literature and media reports on the impacts of COVID-19 on: gender inequality; family violence; and resourcing of family violence primary prevention with a focus on men's violence against their female partners
- Consultation with Municipal Association of Victoria (MAV) Prevention of Violence Against Women (PVAW) Network members on the impacts of COVID-19 restrictions on primary prevention work
- Interviews with 5 people who work in family violence primary prevention or related areas about the impacts of the pandemic and COVID-19 restrictions on the primary prevention workforce including policies and programs

### **2.2 Literature review**

Catherine Orian Weiss, a member of the research team, led the literature review. The literature review adopted a narrative approach, starting with a broad overview of a diverse range of sources to identify the most common themes emerging from the intersection of gender inequality and the COVID-19 pandemic. The review looked at the gendered impacts of COVID-19 and other disasters, including the effects of disaster response and recovery on the division of labour, male and female stereotypes and family violence. The review was limited to family and intimate partner violence in heterosexual relationships and nuclear family arrangements.

The review included surveys of peer-reviewed articles, published research, grey literature and media and recent newspaper reports. The academic literature was retrieved using google scholar. It relied on a limited number of key search terms used alone or in various combinations including 'COVID-19, coronavirus, gender, sex, women, Australia'. Grey literature and media reports were retrieved through hand searches on specific topics. Select compilations of gender and COVID-19 resources were also used, such as GEN VIC's newsletters. Reports from official media outlets were used to monitor the ongoing and changing impacts of the pandemic on gender inequality that were yet to appear in the peer-reviewed or grey literature (newspapers, the ABC, and academic sources such as The Conversation). The review focused primarily on Australian sources, but where there were gaps in the data, drew on international literature with a focus on countries similar to Australia such as the US, UK and Canada.

The literature review was divided into 4 key sections: Section 1 introduced the aims and key issues; Section 2 focused on primary prevention, explaining the concept and discussing the

effects of disaster on primary prevention; Section 3 addressed the effects of the COVID-19 pandemic on patriarchy and gender equality, including the effects of the economic crisis; and Section 4 offered a concluding summary of the key issues and findings.

### 2.3 MAV consultations

The Gender and Disaster Pod was invited to present at a meeting of the MAV PVAW Network on 17 June 2020. At the Network's next meeting via Zoom on 24 June 2020, two members of the GAD Pod research team held a 40-minute consultation. Forty-two of the 45 MAV PVAW members who attended the meeting participated in the consultation.

Attendees were randomly assigned to a breakout group of up to 6 people (8 groups in total). They were asked to discuss the following question for 15 minutes, selecting one person to report back to the larger group: 'How has your role in prevention of violence against women changed in COVID conditions?' Notes from the group discussion were taken by two of the researchers, and by the MAV organisers who included their notes in the minutes of the meeting. A summary of the notes is listed in Appendix B.

### 2.4 Interviews

#### 2.4.1 Recruitment and participation

Recruitment for the interviews took place from 17 June to 16 August 2020. Purposive sampling was used, and potential informants were approached on the recommendation of RV and through the women's health network and the MAV. Informants were invited to contact the interviewer to arrange an interview time. Interviews were conducted via Zoom between August 21 and August 28. All five informants were women.

At the commencement of each interview, the interviewer explained the purpose of the research and the role of the organisations involved. Informants were asked if they had any questions before the interview commenced. They were offered the opportunity to comment on the draft report and check their information. Informants were advised that complete anonymity might not be possible given their specific roles. The interviews lasted between 45 and 60 minutes. The interviewer used the Zoom 'Record' function, with the consent of each informant. The zoom links were emailed to the interviewer and uploaded to a Melbourne-based transcription service.

Five interviews were conducted. All informants live and work in Victoria and spoke about their experiences in that state. Three interviewees worked for local councils in areas that included or had management responsibility for family violence prevention including diversity and inclusion; gender equity; and family violence primary prevention. Another worked on family violence prevention for a multicultural women's organisation and our final interviewee worked in research and practice for a major family violence prevention agency. Both urban and rural areas were represented.

Participants or their organisations were offered reimbursement of \$400 as required by Respect Victoria.

#### 2.4.2 Content and focus

The interviews were semi-structured and consisted of a series of open-ended questions, allowing participants to direct the interview. The key research question was 'How is COVID-19 and responses to the pandemic affecting family violence primary prevention work?' The interviewer began with broad, generic questions on the impact of COVID-19 on work life and any shifts to working arrangements in recent months within their organisation. The interview continued with questions on the informant's work role over this period, both before and during

the pandemic shut down and concluded by asking what could be improved in any future pandemic in the primary prevention space.

## 2.5 Data analysis

Audio files of the interviews were transcribed verbatim. Thematic analysis was undertaken following Glaser & Strauss' Grounded Theory (1967) assisted by NVivo V.12 Qualitative Data Analysis software package. The coding unit was the sentence, and the purpose was to ascribe meaning. The result was a series of hierarchical inter-related categories and sub-categories that facilitated in-depth interpretation of the interview data. A second researcher coded the interviews to enhance validity.

### **3. KEY FINDINGS – THE LITERATURE REVIEW**

Research on the gendered impacts of disaster shows that increased family violence by men against their female partners and children is strongly associated with the magnification of existing gender inequalities. The literature review reveals that during the response to COVID-19, women in heterosexual, nuclear families are taking up the bulk of childcare and domestic duties, often at the expense of their paid labour outside the home. The data suggest that during the pandemic women have been under increased pressure to assume responsibility for these 'feminine' roles. The data also suggest that these pressures are even greater for women who are experiencing increased economic marginalisation or who are part of minority populations and subject to multiple forms of discrimination.

Women's reduced economic independence combined with the pressures many women face to conform to increasingly narrow female stereotypes are both effects and drivers of increased gender inequality. The literature review documents a number of areas where increasing gender inequality under COVID-19 is having a major impact on women's wellbeing including employment, caring relationships and access to health care. However, its primary focus was on how increasing gender inequality is linked to increasing rates of violence against women in heterosexual relationships. The literature review aimed to provide a snapshot of the context under which government and family violence prevention agencies are operating as they address the dramatic increase in violence against women by their male partners under COVID-19.

The review adopted a feminist and intersectional methodology which mirrors the approach to family violence prevention adopted and championed by the Victorian Women's Health Services sector over many years and more recently accepted by a growing number of family violence agencies. This approach has guided the work of primary prevention practitioners and the formation of collaborative regional partnerships. The role of the Women's Health Services sector, local government and family violence and other associated organisations in supporting primary prevention is outside the scope of this review. However, much of the primary prevention work discussed in the review relies on ongoing and adequate funding for these key organisations and networks.

#### **3.1 The gendered division of labour**

In Australia and other similar countries, stay-at-home measures aimed at minimizing the spread of COVID-19 are pressuring women to take up the bulk of increased caring, emotional, and domestic duties (Andrew et al. 2020; Crabb 2020; Craig 2020; See also <http://unimelb.edu.au/covidcare>). The findings of a UK study show that mothers are 1.5 times more likely than fathers to have quit or lost their jobs following COVID-19 lockdown (Andrew et al. 2020). The preliminary findings of an ongoing Australian study on the gendered impacts of COVID-19 restrictions (April to May) showed that in heterosexual, nuclear families there was an increase of 6 hours per day of child care, with 4 hours falling to women and 2 hours to men. Women were doing 70 minutes of housework per day compared to 30 minutes per day by their male partners (Crabb 2020; Craig 2020).

Many of the economic measures that have been introduced to address job and income loss under COVID-19 further compromise women's material and financial independence. Federal subsidies have favoured male-dominated industries such as trades and constructions (Richardson & Denniss 2020). Sectors that experienced significant job losses and where women, and in particular young women, are overrepresented have not received similar types or levels of financial support including retail, the creative arts, and entertainment (Alon, Doepke, Olmstead-Rumsey & Tertilt 2020; Bagwell 2020; Ribeiro 2020; Richardson & Denniss 2020).

#### **3.2 Gender stereotypes under pressure**

The disaster research suggests that women's reduced economic independence during disasters combined with the pressures they face to conform to increasingly narrow female stereotypes go



hand in hand with the valorisation of what Austin (2016) and others call hypermasculinity. Ní Aoláin (2010) describes hypermasculinity as ‘a masculinity in which the strictures against femininity and homosexuality are especially intense and in which physical strength and aggressiveness are paramount’. After Hurricane Katrina, media reports depicted men as heroes, active and in control while women appeared as helpless, vulnerable and in need of protection (Enarson 2006). An as yet unpublished US study has found increasing conformity to traditional gender roles over the course of the COVID-19 pandemic with respondents reporting greater belief in these stereotypes during the pandemic than before (Rosenfeld & Tomiyama 2020).

Variations of these highly polarised representations of men and women are a feature of media reporting of disasters, including COVID-19. Cox (28 April 2020) has highlighted the lengths to which male heads of state will go to frame COVID-19 as similar in type and scope to more familiar disasters including war, bushfires and floods, and requiring the same demonstration of heroic leadership. Brazil’s president, Bolsonaro, made explicit the sexist and homophobic dynamics behind many male leaders’ willingness to reject or challenge non-heroic measures aimed at reducing the spread of COVID-19. Bolsonaro was reported as chiding his presidential staff who were wearing masks, telling them that masks were ‘for fairies’ (Phillips 9 July 2020).

The increasing polarisation of gender stereotypes under disaster conditions involves an amplification of the already unequal, gendered sexual relations between women and men and brings with it, increased risk of family violence. According to Austin (2016), this includes men who use the pressure and stresses they are under and their feelings of inadequacy at failing to realise this heroic male ideal, as grounds for abuse and violence against their female partners. Fothergill (2008) argues that both male perpetrators and many in the wider community believe that the increased pressures men and in particular male heroes are under during and after disasters is sufficient excuse for their ‘losing control’ (see also Houghton, Wilson et al. 2010). Under disaster conditions increasing gender inequality and the pressures on women and men to conform to highly polarised gender stereotypes place women at even greater risk of family violence.

### **3.3 The gendered impacts of multiple forms of discrimination**

Women are more likely to live in poverty than men, and in particular women who are part of other marginalised groups including single parents, older women, Aboriginal and Torres Strait Islander women, women from migrant and refugee communities, and women with disabilities (Janda 2020; Maury 2020a). Under COVID-19 restrictions, these and other minority women are even more vulnerable to the gendered impacts of measures aimed at limiting the economic costs and spread of COVID-19 and to the interactions between these gendered measures and the added discrimination they face as part of other marginalised groups (Davey 2020; Janda 2020; Narwan 2020; Young Women’s Trust 2020).

#### **3.3.1 Age**

Emerging Australian and international data shows that younger women, and in particular young single mothers, are overrepresented in those sectors experiencing the greatest job losses following the introduction of COVID-19 restrictions. *The Times* reported that by early May, more than 78% of those who had lost their jobs since the beginning of the crisis in the UK, were women, and two thirds were aged between 18 and 34 (Narwan 2020). Older women may be at increased risk of contracting COVID-19 through contact with home-based health care and support workers or from being confined to residential aged care facilities where rates of transmission and deaths have risen dramatically (ABC NEWS 4 Sept. 2020; Public Health England 2020).

#### **3.3.2 Aboriginal women**

Aboriginal women are 32 times more likely to be hospitalised due to family violence than non-Aboriginal women (Australian Institute of Health and Welfare 2018). Andrews (2020) argues that Governments have offered little support to Aboriginal women whose reduced access to traditional kinship networks following social distancing restrictions may place them at even greater risk of violence (Andrews 2020). There are also concerns of possible COVID-19 outbreaks in prisons where Aboriginal women are overrepresented, accounting for 34% of female inmates (Gregoire & Kilroy 2020). Nonetheless, to date, careful management within and by Aboriginal communities has minimised rates of COVID-19 transmission.

### **3.3.3 Migrant and refugee women**

Migrant women in Australia have been disproportionately affected by the pandemic (Murdolo 2020). They are overrepresented in precarious employment; often responsible for the bulk of caring and household work; less likely to have access to the supports they need including culturally appropriate services; and are at higher risk of family violence (Murdolo 2020). Women on temporary visas or who have no documentation face similar economic hardships. Many are employed in casual, low-income jobs that have been heavily affected by COVID-19 restrictions (van Kooy 2020). Migrants on temporary visas, including international students, are not eligible for the Australian Government's JobSeeker and JobKeeper schemes (InTouch 2020). Those who are on temporary visas are also not eligible for Medicare, and do not have affordable access to health and social services including contraception and abortion.

### **3.3.4 Women with disabilities**

Women with disabilities are almost twice as likely as women without disabilities to be victim-survivors of family violence (Salthouse & Frohmader 2004). They have more difficulty finding and maintaining work (Janda 2020) and neither the carer payments nor disability pensions have been increased as part of COVID-19 economic relief measures (Hermant 2020). At the same time, women with disabilities may have reduced access to support workers and planners, service coordinators, and community groups due to the impacts of work-related COVID-19 restrictions. Increased economic disadvantage combined with reduced access to support services are likely to increase women with disabilities risk of family violence. Baird (2020) argues this is particularly the case for women who have relied on disability support services to intervene on their behalf in actual or potential violent situations.

### **3.3.5 Rural and regional women**

Women living in regional or remote areas already experience greater barriers in accessing services, including family violence, mental health and abortion services. Regional areas are generally more economically disadvantaged than the major cities, and their already reduced service capacity will be magnified under COVID-19 restrictions. However, the increased use of web-based technologies may have longer-term benefits to women in regional areas by increasing their options for work and health service access (Fitzgerald 2020).

### **3.3.6 Sexual and gender identity diverse women**

Lesbian, bisexual and transgender (LBT) women are also subject to increased risks of family violence under COVID-19. LGBTIQ+ people, like women, are overrepresented in those sectors most heavily impacted by COVID-19 restrictions (Equality Australia 2020a). There are Australian and overseas reports of LGBTIQ+ people, including young women, having to return to abusive families of origin or being forced to remain in violent or potentially violent relationships because of financial hardship (Equality Australia 2020b; Green, Price-Feeney & Dorison 2020). The Australian Federation of AIDS Organisations (AFAO 2020) and others argue that the mental health and wellbeing of LGBTIQ+ people who rely heavily on informal LGBTIQ+ friendship and

support networks for social connection and affirmation are being disproportionately affected by lockdown measures (Equality Australia 2020b; LGBT Foundation 2020; Green, Price-Feeney & Dorison 2 June 2020). At the same time, many LGBTIQ+ people are wary of accessing mainstream services because of a history of institutional and professional abuse (Equality Australia 2020a & 2020b). The lack of LGBTIQ+ affirmative services and the pressures that COVID-19 restrictions are placing on the underfunded LGBTIQ+ community sector (Bishop 2020; Bradshaw and Seal 2018; Equality Australia 2020a & 2020b) suggest that many of the LBT women at increased risk of family violence may not have access to the supports and services they need.

### **3.4 The tyranny of the urgent**

Apart from WHISE's survey of the impact of COVID-19 restrictions on the primary prevention work being done by their partner agencies, there is very little if any research or information on the impacts of disaster on family violence primary prevention work (WHISE May 2020). However, research in other areas of disaster response and recovery shows that there are pressures on Government and health-related agencies to respond to the immediate effects of disaster often at the expense of longer-term initiatives and goals.

Research in low-income countries has documented the redirection of funds from long-term infrastructure projects targeting the poor and disadvantaged to urgent reconstruction work following disaster (Benson & Clay 2004). Research on the impacts of public health disasters has shown that medical funds have sometimes been redirected from ongoing healthcare programs to deal with the increase in urgent cases arising from the health crisis (Sochas, Channon & Nam 2017). There are examples of Governments transferring health funds from medical care deemed 'non-essential' to deal with the sudden increase in COVID-19 infections. This has included a number of Governments reclassifying gender-affirming care for trans and gender diverse people as 'non-essential' and redirecting funds to their COVID-19 response (Botha 2020; ILGA Europe 2020; Katz-Wise 30 April 2020). The transfer of funds from long-term infrastructure or health-care programs to immediate disaster relief and response is likely to have negative impacts on the scope and viability of those established programs.

There are similar risks associated with the transfer of resources and staff from family violence prevention to response during the COVID-19 pandemic. The transfer of resources risks compromising the primary prevention workforce and setting family violence prevention policies, programs and services back many years. At the same time, it risks contributing to the very gendered inequalities that lead to increased risk of family violence under disaster conditions

## 4. KEY FINDINGS – THEMATIC ANALYSIS OF THE INTERVIEWS

All our respondents were employed in positions or on projects related to family violence primary prevention. However, they worked in different sectors and organisations and their level and type of engagement with primary prevention varied significantly. Three worked for local councils, one for a multicultural women’s organisation and another for a major family violence primary prevention organisation. Two worked on primary prevention as part of broader inclusion and gender equity policy and program development; two worked directly with agencies that deliver family violence primary prevention programs and services; and another was currently working in partnership with the higher education sector to address gender equity and sexual violence on university campuses.

Our informant’s responses suggested that the impact of COVID-19 restrictions on their primary prevention work depended on the sector and type of organisation they worked for, their role or roles within that organisation, and the degree to which their primary prevention work was linked to other areas and programs within and outside their organisation. The qualitative data highlight both the differences and commonalities in the impacts of COVID-19 on our informants’ primary prevention work. It also highlights how these restrictions have led to a transformation in the cultures and practices of the organisations each of our informants work for and with that their own work practices. As a senior practice advisor with a major primary prevention agency put it

...there would be no one at work who would say that the COVID environment hasn’t altered or affected the way they’re working in some way...

### 4.1 Primary prevention before COVID-19

Informants were asked to talk about their work prior to COVID-19. This provided a baseline against which to gauge changes in their work since COVID-19 restrictions were first introduced in March and the impacts of those changes on their primary prevention work. At the same time, it allowed a comparison of the impacts of COVID-19 restrictions on each of our informant’s primary prevention work, drawing out differences and commonalities, and providing a sense of how these changes have impacted the primary prevention workforce more broadly.

#### 4.1.1 Range and type of work

Informants talked of the range of prevention activities they were engaged in prior to COVID-19. The three informants who worked for local councils listed a diverse range of programs and services that had been set up over a number of years and were running prior to the first COVID-19 lockdown in Victoria.

‘We do a huge range of prevention work’ one local council PVAW officer reported,

everything from high-level advocacy work towards the Orange Door<sup>3</sup>...right through to grassroots women’s leadership programs, for young diverse women in the community...[W]e also have our internal...capacity building and champions of change program, active bystander program through to a

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<sup>3</sup> The Orange Door is a Victorian Government funded initiative that provides a free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children. It involves a partnership of Community Service Organisations located in a number of Orange Door hubs across the state ([organgedoor.vic.gov.au](http://organgedoor.vic.gov.au))

project...[involving] a gender audit that looks at the safety of women and girls in public spaces and places

The inclusion Officer at another local council reported that the council had a 'history of work in [the] primary prevention space, going way back'. This included White Ribbon activities; bringing a gender lens to a program working with male sporting groups; and membership of the Preventing Violence Together partnership.

A third local council informant was employed as a Gender Equity lead. 'My role's primarily an internally focus[ed] role' they said,

but I partner with our external space, so the health and wellbeing team for example, and anyone else working on gender or on primary prevention, or any level of response.

They suggested that the systemic, whole-of-organisation approach to gender equity adopted by their council was something novel and transformative.

We're really quite different I think to a lot of local council settings...there was a massive culture change investment for about two to three years in the gender equality space.

The informant reported that the council had

Rolled out gender equity and bystander [training] to 800 employees...and we've really got strong senior investment...we led last year a process around visioning for the organisation around gender equality which relates to the Act [Gender Equality Act 2020]

The informant listed a range of gender equality and primary prevention activities that had been developed and implemented prior to the onset of COVID-19 including: work on men and masculinity and the 'Man Box' research<sup>4</sup>; working with maternal health services on how they engage with men and masculinity; working with recreation to bring a gendered lens to how public spaces are used and the dominance given to sporting events; and partnering with women's health organisations to trial an innovative project on how women who have experienced family violence might connect with nature.

The PVAW worker from a multicultural women's organisation reported that much of their prevention work was project based.

My role is mainly to oversee all of prevention projects...The main aim of most of our projects is to build the intersectional prevention capacity of service providers and of mainstream organisations.

These include work with multicultural organisations and migrant women's groups to

Strategise around the challenges they're facing in their work [including] a lot of informal prevention and family violence work.

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<sup>4</sup> The Man Box is a study of what it's like to be a young man in Australia. It is the first comprehensive study that focuses on the attitudes to manhood and the behaviours of young Australian men aged 18 to 30. It is part of Jesuit Social Service's *The Men's Project* <https://jss.org.au/what-we-do/the-mens-project/the-man-box/>

These projects also aim to build capacity within multicultural communities 'so women and men...are leading their communities around prevention and family violence'. A number of projects involve working with mainstream and women's health and family violence organisations to address the provision of culturally sensitive and effective programs, services and practice.

Our fifth informant worked as a senior practice advisor for a major family violence prevention agency. They were working on an '18-month project...around developing a whole-of-university approach to primary prevention'. The project was in response to University Australia's 2016 Respect.Now.Always campaign and the findings of the Australian Human Rights Commission report *Change the Course* (2017), which painted a disturbing picture of the levels of sexual abuse in Australian Universities.

The work we've been doing has been with four universities developing an approach, not testing it or implementing it. It's purely been about the development and the contextualising to universities...

#### **4.1.2 Relationships, partnerships and senior support**

All our informants spoke of the importance of being able to develop working relationships within and outside their organisation in order to promote greater awareness and understanding of the causes and drivers of violence against women. The family violence prevention officer talked of the importance of senior level leadership and support in forming networks within council to further primary prevention work. 'Within my organisation, we're quite progressive' they said,

and have a very good understanding of gender equality. Well, no, it's growing. But...our CEO does and he is a huge advocate and he's a champion of change, one of a few within local government.

The CEO's support gave legitimacy to gender equality and primary prevention and opened spaces within council for this informant to develop new partnerships and begin a broader discussion about how to incorporate primary prevention in other program areas.

So I think his leadership and the fact that he has given us that space...by talking about both prevention and gender equality ...

The inclusion Officer at another local council had just been assigned a new role focusing on the council's 'workforce and workplace'. However, their role immediately prior to COVID-19 had involved developing external partnerships and working with community and family violence agencies to deliver primary prevention and respectful relationships training. The partnerships also included membership of primary prevention networks.

We were part of the MAV network [...] and we joined the Preventing Violence Together partnership

These external relationships were particularly important in raising awareness and broadening the reach of gender equality and primary prevention within their organisation.

Join[ing] the Preventing Violence Together partnership...really formalised I think the community development and policy and planning arm of our primary prevention.

Our third council employee who worked as a Gender Equity lead, also highlighted the importance of promoting greater awareness of gender equality as a means of broadening the reach of primary prevention across local council programs and services. They worked with their Council's Sports and Recreation services

to look at the prism through which they see the use of...public space and why there's a dominance around sporting and traditionally football...

They had also 'taken their seat' on a wide range of council committees to raise the profile of gender equality and primary prevention and assist areas that had never engaged with family violence to consider how they might incorporate primary prevention in their programs and services.

We now sit on the policy review committee, the strategy framework committee, the health and wellbeing committee, we're sitting on as they do the municipal wellbeing plan. All those kind of spaces. But there's some we haven't been able to open the door to.

#### **4.1.3 Common frameworks**

All our informants talked about the strategic importance of having a shared understanding across the organisation of gender inequality and its impacts on rates and patterns of men's violence against their female partners.

The Gender Equity lead at one local council described how important 'tapping into Our Watch tools and framework'<sup>5</sup> was to the work they did 'over two to three years' to bed down gender equality across the organisation.

[W]hen we first started this work we needed to anchor it to something, and Our Watch came out at exactly the right time.

The PVAW officer at another council said that in promoting and delivering their primary prevention work, including training,

we always mention the gender drivers...[as] part of the pre-work we get them to watch the Our Watch video

The senior practice advisor working for a major primary prevention agency talked of how important the organisation's research and framework were to the development of a flexible, whole-of-university approach to reducing sexual harassment on campus. The approach has

heavily drawn on Change the Story...and Changing the Picture as the evidence base for that work

#### **4.1.4 Barriers to primary prevention work**

##### **Resistance to gender and gender equality**

A number of informants suggested that talking about gender or gender inequality raised the hackles of some people within and outside their organisation. 'When we put a little post on family violence [on] our...Facebook page' said one local council PVAW officer,

Highlight[ing], 'Oh we've got the highest rates of family violence across the state' hardly any comments. When we highlight[ed] the cause and driver of that is gender inequality, the amount of resistance and backlash was profound

Our council included officer identified some resistance to a broader, whole-of-organisation gender equality strategy. A draft strategy had been developed over two and half years ago but

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<sup>5</sup> For more information on Our Watch, the work they do, and their primary prevention framework go to <https://www.ourwatch.org.au/>

It didn't make it through council...[The strategy] might not have had that political endorsement but the work has not stopped.

Another local council employee noted how resistance to gender and gender equity could play across different levels within the organisation. They talked of

having a meeting with someone in the organisation, trying to get a gender lens across their work. And then a leader drops in halfway through a meeting and...the tone changes, and you're getting pushback and you're restarting, again.

The local council gender equity lead reported that they still experienced resistance to gender and gender equity despite CEO and senior level support for the organisation's 2-3 year cultural reform program.

[B]ecause of the way we did the cultural changes...I've contacts right across council, and good relationships in most spaces. *Obviously*, some are tense because gender's always tense [emphasis added].

'Obviously' suggests how unexceptional and deeply entrenched 'gender tension' is.

### **Lack of awareness and understanding**

In addition to resistance, a number of informants talked of a lack of understanding of primary prevention and gender equality, and the relationship between gender inequality and violence against women by their male partners, as barriers to their work. 'Part of the challenge' noted the local council inclusion officer,

is the wider organisation don't understand prevention or early intervention...gender equity is not seen by many people as the key [to] prevention.

The Gender Equity lead who worked on their council's cultural reform program said,

I hear anecdotally from different councils, different experiences about them trying to raise the Act [Gender Equality Act]...it doesn't have people's attention. And the reason it doesn't...is because they don't understand the value in it...and they don't understand the gender differentials in impacts and outcomes yet.

This lack of understanding of primary prevention and the drivers of male violence against women was not restricted to local councils. The senior practice advisor noted similar blind spots in their work with the University sector.

Universities are heavily invested in response, as they need to be...But when we started talking about primary prevention, that was a bit of 'Oh!' from some individuals within the university. As part of the process, we asked them to send us some data that may have been collected around gender equality work previously undertaken at their university, and a lot of the data we received was focused on response.

This lack of clarity about what constitutes primary prevention was also reflected in the University's lack of consideration of the role that their academic staff and curricula development might play in primary prevention of sexual assault. Our informant asked one participant at one of the participating Universities whether they'd



got anything in the teaching and learning component about [a] gender lens across the curriculum...

The response was

'No, no'. There was nothing.... So a huge part of this work has been how do we lift prevention in the university setting to co-exist with response?

Our local council employees also discussed how a lack of clarity about what constitutes primary prevention and about how violence against women is linked to gender inequality frustrated their attempts to broaden the reach of primary prevention within their organisations. As the council PVAW officer put it

...a lot of people work in primary prevention and don't even realise that it's prevention...So all the gender equality work of the men's groups or men's circles...the young leadership group...there's a lot of things that are going [on], I'm like 'Oh, you're doing that?...Did you know that's prevention work? The Dads Matter program, all that stuff.

### **Varied levels of organisational commitment**

Our informant who worked for a primary prevention organisation and our PVAW worker in a multicultural women's organisation both felt supported in all their work. However, there was significant variation in the level of support for primary prevention at the council level. Our gender equity leader who said their work was supported within the organisation nonetheless talked of the difficulties they faced in raising the profile of their work. Support for primary prevention they said,

...is contradictory across the organisation. And so up until recently I was sort of explaining to people what we did as...'we were worming our way in'....We wormed out way into a lot of different spaces.

Our two other council informants talked of the difficulties of 'getting space within the organisation' and 'getting a seat at the table' to publicise their work internally and raise awareness of how more program areas and services might see their work as contributing to primary prevention.

The three councils all had limited staff and resources dedicated to primary prevention. According to our informants, prior to COVID-19 one council had two half-time, contract primary prevention staff while one of the remaining two had primary prevention as one component of a broader Inclusion Officer position. 'In the two years I've been in this role' said the inclusion officer,

I've had no budget, so everything I've done I've had to do with no budget.

## **4.2 Accommodating COVID-19**

Our informants were keen to talk of the many and sometimes contradictory ways in which COVID-19 restrictions had impacted their work conditions and practices. These included: the move to working from home; how they conducted the 'everyday business of work' from meetings to decision making; how they interacted with colleagues; and the move to online service delivery. As our senior practice advisor succinctly put it

Originally we would say 'It's business as usual, we're just working from home' but that very quickly went out the window. It's not business as usual. We are in no ways operating in a normal situation...

#### 4.2.1 Working from home

Three of our informants had moved to working from home at the onset of stage one restrictions. Our PVAW worker with a multicultural women's organisation said

We had the option to go to the office but pretty much everyone just decided let's work from home, and then we haven't been back since.

Another said they'd been working from home 'since the end of March'.

Our local council PVAW informant said

I really enjoy working from home sometimes and I know a lot of people have really been able to enjoy that as well.

#### **Balance work and childcare**

Three of our informants had primary or pre-school aged children. They talked of the difficulties of combining work and childcare duties, in particular home-schooling. Our senior practice advisor's response was indicative of the pressures and concerns raised by our other two informants with children.

My partner's work has not been affected...he can still go to the office...work his normal workload on a Monday to Friday basis. I work part-time. Home-schooling or remote learning has been a really big challenge for us...

Our local council PVAW officer said

I've got two children...one has started prep and so I'm home schooling...the other had been taken out of childcare but I've just got a permitted worker permit so I'm going to send her back. But up until now it's been extreme.

'[I]t's had huge impacts' reported our council gender equity lead, 'The negative's the personal. Like it's hard to balance it all'.

- Professionalism

Our informants with school-aged children were concerned about their ability to maintain a high degree of professionalism in their work while giving their children the attention they felt they needed during lockdown. '[I]t's had a significant impact on my work-life balance' said our local council PVAW officer

...the juggle that everyone is going through – and it is a very gendered issue – of juggling childcare, home-schooling, as well as work has been significant, and I feel like I haven't been able to give full attention to either.

Our senior practice advisor said that

The adjustment of trying to work with [two primary school children] as well as do some high-level work...which requires a lot of focus and dedication, has been really challenging

Trying to maintain a balance between work professionalism and dedicated childcare had taken its toll on this informant during the first wave of COVID-19 restrictions. It caused 'a bit of stress between myself and the kids, trying to get everything done'.

'But we definitely learnt from the first time' they said,

and I've definitely taken a much more relaxed approach with my two children. We are working when we can; we're doing what we can

## **Routines**

There were similarities in the routines that two of our informants with school-aged children had developed over the course of the COVID-19 restrictions. The first reported

I'll be starting earlier, having a break if I'm getting the kids ready for school, and then from 3 to 4 I'm not working, I might be working 6 till 7 (Senior Practice Advisor)

The second outlined a very similar 'COVID-19' schedule:

I work from seven till nine in the morning most days and then 12 to 3 or 4. And then a bit in the evening. And then over the weekends (Council, Gender Equity Lead).

## **Space, workload and self-care**

Two of our informants hinted at some of the difficulties and negotiations involved in marking out a separate workspace in the home. 'Work is home' said our senior practice advisor,

and that's a bit of a challenge too. I go from the kitchen to the office.

And the council inclusion officer said

I share my house with someone else who works at home full time and is also on...24/7 at times as well.

All of our informants said that their workloads had increased. The council inclusion officer said 'I have worked more than my paid hours to do what needs to be done' while our local council PVAW officer said 'I've just been working around the clock'.

Informants addressed the need for increased self-care under COVID-19 lockdowns in response to the added pressures that come with renegotiating the balance between work and home, the disruption to their established routines and reduced contact with work colleagues and friends. As our senior practice advisor put it

[A]djusting to just a bit more self-care. The first time [initial Victorian restrictions] it was... 'This'll be fine' and then the second time it was like, 'Well, this won't be, what are we going to do to make this a little bit better and bit more manageable for all of us?'...and work have been really good in facilitating that...

Our PVAW worker with a multicultural women's organisation commented on how the changing mood if not purpose of some work meetings had reflected the increasing need for self-care and mutual support over the course of the pandemic.

We've been pretty good at consistently meeting up once a week...not a full staff meeting...at the beginning [it] was around how are you feeling, and what are you up to in your work? Then it became just about 'What are you doing in your work?' And now it's just more about 'How are you feeling?'

### **4.2.2 Work conditions and practices**

Informants talked of qualitative changes in how decisions were made and meetings organised and conducted; the realignment of formal and informal processes; and some of the benefits of the move to on-line, home based work. As our council gender equity lead commented,

[T]here are shifts in how you relate to other people within the organisation.

Or as our PVAW Team leader put it

Of course, everything has moved onto Zoom.

### **Decision-making and meetings**

Informants discussed the ways in which meetings and the purpose of meetings had changed under COVID-19. The move to exclusively on-line or virtual meetings had significant impacts on all our informants' work including how decisions were made, professional relationships and interactions, and their access to senior staff and program areas they'd had little or no access to prior to COVID-19.

- Decision making

Our council gender equity lead noted how under COVID-19 they have greater access to senior staff and with that to decision makers.

We've had more time for reflection during COVID in some ways, and more solid pieces of time to work and plan and process that...It's gotten stronger if anything and being able to get really dedicated time with the CEO and leaders at various points...

This informant also noted how the pressures to organise meetings under COVID-19 had facilitated relationships with areas of work related to primary prevention they'd had only superficial relationships with prior to COVID-19.

We all come under the community safety umbrella but at times my work doesn't necessarily cross with theirs. So now I feel like there's a much stronger team cohesion through, I guess, the forced meeting and checking in on each other.

This contrasted with the experience of our council inclusion officer whose lack of access to formal organisational systems and decision-making processes prior to COVID-19 increased during the first and then second wave of restrictions. This was reflected in the *informal* way they were notified of their redeployment during lockdown.

[I was] redeployed to one of the new teams ...not consulted but also no official notice of change...no-one actually told me directly...because my original department didn't necessarily know, so it wasn't them telling me. And it wasn't the senior management because I don't have a relationship with them...it was actually my colleague...'Has anyone actually [told you]?' I'm like, 'No'.

- Informal and formal meetings

A number of informants talked of the loss of those informal chats and chance meetings in the kitchen or in the corridor at work. One of our council informants said

That's definitely been a huge adjustment for everyone. Going into the office, you would be a part of an environment where you were hearing conversations or attending meetings and absorbing that knowledge or the experience just being in the room, and that's not happening.

Our inclusion officer felt the loss acutely. It affected the way they had worked and how'd they got support for projects prior to COVID-19.

And you don't get invited into projects or diverted into projects, because that's the hallway stuff that used to happen...But now...it's become a lot more formal...to get a meeting to talk about even just gender equity, for example...where I could bump into a team leader previously or coordinator and offer to help or offer to show up and talk about something it has to be done in

writing or set up a meeting...those informal networks [got] me into those conversations...

The loss of informal work interactions also had a significant impact on this informant's social life more broadly.

Work has been my main social as well as people contact...And that's dropped off majorly. The number of people that I engage with has probably dropped by 80%.

Our council gender equity lead, however, was more sanguine about the loss of these informal and unstructured encounters:

I think other people are missing that bump off, like in the corridor. But I used to get so much that it actually interrupted my workflow...there was always someone wanting to come and have a chat.

'There's something about meetings in COVID', they concluded,

where you book it in with someone, they turn up, you get the job done. You do what you need to, and then you're organised and ready for the next one.

The council gender equity lead whose work was focused internally on staff safety said that the loss of these informal, face-to-face encounters had a dramatic impact on staff's willingness and ability to disclose current or past incidents of abuse.

I'm a bit of the front of [family violence] along with another couple of people in the organisation. So I would get a lot of disclosures – just at the photocopier for example. And so I'm not getting that level of bump off...And a lot of disclosures weren't necessarily current things...I'm not getting the disclosures in the same way despite us putting out a lot of comms. to say 'We're still here...call us. Talk to us'. It's just a different environment.

Our council gender equity lead suggested that the shift to organised, virtual meetings minimised some of the face-to-face, embodied ways in which gender and gender inequality operated in meetings.

No one's interrupting you in meetings. So, if you've got to say something around gender, you've got the space to actually say it...You're feeling that resistance and that pushback, but it's almost better not having that in some ways at times. You just progress it.

- The character and purpose of meetings

A number of informants had noticed a shift in both the purpose and character of meetings under COVID-19. They talked about an increase in rostered, on-line 'catch-ups' that combined formal operational issues with an opportunity for colleagues to keep in touch and support each other. The local council gender equity lead reported changes in the frequency and purpose of meetings for a number of primary prevention programs and staff.

It's changed. So the gender advocates expressed an interest to meet more regularly. So they were every six weeks previously. Now they're every three...because we're not getting the bump in the corridor that we previously would have...The Women's Network...they've ramped up to weekly engagements with the organisation, like a weekly drop-in session.

The PVAW worker with the women's multicultural organisation said they'd started having rostered meetings that

aren't to keep a record of our work because we do that through staff meetings...it's more just about a space to just debrief because we don't have that space anymore, where you could just go into the kitchen and just talk about what's on your mind that day or other things going on in your life.

The senior practice officer working for the primary prevention agency argued there was a need for informal, on-line 'coffee chats' and that calling these 'meetings' could deter some people from joining in.

[J]ust setting up a meeting...to have a chat about something or not even call it a meeting. Setting up a coffee and just to chat about whatever the work is. It's been a shift too. Because even language is really important. Saying 'meeting' you feel like you have to have a structured meeting and an agenda, and that's not what this is.

Our council gender equity lead said that within their small team they maintained regular contact with their direct report:

And then I have a direct report, and I speak to her – at the start of COVID we decided to have a morning meeting, every morning for 15 minutes.

### **The benefits of virtual, home-based work**

The unexpected length of restrictions and the second lockdown in Victoria had given our informants time to reflect on changes they had initially thought were temporary. A number of our informants believed that some of these changes had improved their work conditions and practices and hoped that they might become part of the 'new normal' post COVID-19.

- Time management and flexibility

Four of our five informants spoke of how the changes in work practices under COVID-19 afforded them greater flexibility in how they managed their time and prioritised their work. The council PVAW officer said

It's been amazing how everyone has been able to cope and I think it does lend itself to a lot of opportunities and learnings...in regards to flexible workplaces, potentially job-share opportunities... Flexibility in work...that's the main thing.

Our senior practice advisor said

I can work whatever hours are needed...I have that flexibility to do that work around timing structures...If I'm sitting writing documents which has been a heavy part of my work for the past three months, I'm happy sitting here...The other thing is the work-life balance is much easier to manage. I'm not travelling 3 hours a day to get to the office so I can work when I can work...

The council PVAW officer suggested that these new arrangements also offered greater opportunities and flexibility for regional workers.

There's a lot of regional workers being able to work in city positions. I think it can open up a lot of doors that can potentially work towards gender equality...

- Stronger internal relationships

Flexibility extended to on-line meetings and the ability to mix and match the formal and informal in order to address the differing and changing needs and situations of staff and colleagues. Our gender equity lead felt this increased flexibility had led to stronger internal relationships. Talking of their meeting with their direct report, they said, she was

newish to the organisation and it was actually ...coming from her...to know she was heading in the right direction...So it was flexible depending on the purpose, you know, daily need, but we started out that way...it's actually been I think a highly successful strategy in terms of just keeping momentum and keeping connection going.

As a consequence 'In some ways [professional relationships] have actually become stronger...' Our council PVAW officer expressed similar sentiments:

I do feel like my direct team has a lot stronger relationships because we're meeting every morning.

A number of informants identified an increased concern for staff wellbeing and mental health as another positive. As our council PVAW officer summarised it,

[T]hat focus on well-being as well, which the organisation's been really good at providing, that flexibility and providing resilience training and things like that has been positive too.

- New skills and technologies

A number of respondents reported that the move to working from home and virtual forms of staff and client engagement had improved their technical and on-line skills.

The council inclusion officer said 'So technology obviously, a huge learning curve'. Our senior practice adviser said 'Becoming more au fait with the Teams software, Zoom software, teams chat...'

- Cost savings

Our senior practice advisor highlighted one of the cost savings of virtual, home-based work during COVID-19 restrictions.

[R]eimbursements for the amount of travel we do, a huge amount of travel, and no-one's doing any of that...

#### **4.3 Impacts of COVID-19 restrictions on primary prevention work**

The impacts of COVID-19 restrictions on our informants' primary prevention work were varied and contradictory. All had, to differing degrees, taken up additional duties related to response or to ensuring the safe delivery of on-line programs and services and staff safety as they transitioned to work from home. A number expressed concerns about their capacity to carry out these new and additional duties. Others expressed concerns about the impacts of the move to on-line service delivery for the wellbeing of staff and clients.

##### **4.3.1 Primary prevention under pressure**

All our informants were understanding of the pressures their respective organisations are under to respond to and to be seen to respond to the significant increase in the reporting and incidence of family violence. As our PVAW worker with a multicultural organisation noted, echoing the concerns of our three council informants, it was not unexpected that this sudden and dramatic increase in response work should fall to them.

I guess because there's a prevention of violence against women's team and team leader, it all just comes to us. So it's just kind of assumed.

Some of our informants were redirected to response work, while others were assigned to new programs aimed at ensuring the safe delivery of programs and services under COVID-19 restrictions. All talked of having to juggle competing priorities, of prevention work that had to be 'put on hold', and the degree of organisational support they received.

### **The shift to response**

Our PVAW worker with a multicultural women's organisation stated categorically

There definitely has been a shift into more response...it's all really divided and the focus on external requests is mostly on response right now.

Our local council PVAW officer reiterated this observation.

I was working a lot of overtime the first phase, because I did move into more of a response, emergency response, side.

Our PVAW worker reported that

almost every day since lockdown started we've gotten request[s] whether it's internally or externally, for information, or to create a presentation whatever it is, around family violence and obviously relating to COVID-19...it's just adding to our workload because we are still—the main focus of our projects is still gender equality and prevention.

Our council inclusion officer had been involved in organisation-wide efforts to raise awareness of family violence and response, including support for teams and workers who may need to debrief following disclosures from clients.

[T]hey ramped up family violence training for frontline staff. It almost became compulsory...developed fact sheets for leaders...specific to COVID-19...a really quick fact sheet that people might experience increased rates...family violence experts available to debrief the teams, just a whole range of capacity building, awareness raising...

Our council PVAW officer had been involved in the development of similar resources for their front-line workers dealing with increased family violence disclosures.

So particularly with our frontline workers and maternal and child health teams...they started seeing an increase [in family violence]. So we put together a very short resource for front-line workers on how to respond to disclosures.

This informant had also been involved in training family violence contacts across the organisation to facilitate disclosures from staff even though it wasn't related to their primary prevention role.

We trained up 14 family violence contacts across the organisation...research says that most staff won't necessarily go to human resources or the manager. They'll go to a trusted friend...And it's not even necessarily my role...because I



don't do work in response, I never have...we identified the need and I just had a look at other resources and put stuff together...but now there's about 10 different guidelines, trainings, groups that are in place that weren't pre-COVID.

Our PVAW worker reported that they had received multicultural affairs funding under COVID-19 that had 'been given to a few organisations that have already been funded to do prevention work'. They said that some of the funding had gone to response work because 'it's really hard to distinguish between response and prevention in this project'. They also talked of having to respond to the changing needs of their ethno-specific partner agencies under COVID-19.

One organisation we support, a settlement organisation, they were finding with young people in the different ethno-specific communities that online abuse was increasing...So then we had to shift our focus. Instead of talking about different prevention activities you could be doing in the community, it was more how to deal with this specific issue. How do you make a report? What kind of things constitute abuse? How do you protect yourself? How do you stay safe in that kind of situation, or support someone to stay safe?

The pressures of taking up response work were increased by the sense of urgency and the rapid turnarounds. '[S]ome of the pressures I think around COVID' said our council gender equity lead

[are] the rapid turnaround. So we do get asked to give our opinions and put a gender lens on things. But we're given 24-48 hours to add it over the top of something and that's significant pressure.

Or as our PVAW worker put it regarding the pressure to produce response resources 'Yeah, it was more sudden, it's very reactive'.

Our local council PVAW officer was hopeful that all the work they did on response in the first lockdown would herald a return to their core primary prevention work during the second.

We're now in the second phase...'Oh, I can't do that again' and most of those resources and gender analysis tools and things...for response have been developed...so now I can try and move back into my prevention focus

### **The shift to other duties**

A number of informants had been redirected to help develop organisational resources and tools that would ensure the safe delivery of programs and services on-line and the safety of staff as they transitioned to work from home. This was particularly true for our two informants whose primary prevention work prior to COVID-19 was with staff in their respective organisations. Our council inclusion officer hinted at these new priorities when they described their organisational restructure in response to COVID-19 as less about program content than

about how to—what were the priority needs to keep running, keep providing services to community and doing it safely.

They reported that 'The organisation more or less redesigned itself' and they were

put in a special project team...eight or ten project teams established literally within a week...I was given a time-management program to run every week I was running two live sessions with an external...time investment specialist...

Our local council PVAW officer described how

we designed training for frontline workers as well as managers and people within the organisation, knowing that they're going to have the whole organisation working at home...on safety issues, and I guess organisational responsibility and duty of care to ensure that our workers are safe working from home

Similarly, our local council inclusion officer described how their revised duties included 'a strong focus on well-being'. 'It was recognised that with everyone working from home', they said

that being connected with work and socially within work, and people with mental health would be really important moving forward...so the special project team I was put in the middle of March was called Virtual Support and Wellbeing

Our local council PVAW officer reported how they and a colleague took the opportunity to develop resources addressing the gendered impacts of disasters that sat outside their primary prevention work but were clearly related to family violence more broadly.

My colleague and I are...acutely aware of the gendered impacts and the inequalities that are exacerbated during emergency responses...so we decided we needed to do something. We weren't asked to...So we designed a gender analysis tool...a pandemic and gender analysis checklist [that] we shared widely.

### **Put on hold and juggling priorities**

All our informants talked of having to balance their core primary prevention work and these additional responsibilities, with a number having to put primary prevention projects on hold. They talked of the added pressures of having to juggle shifting priorities as part of their organisation's response to COVID-19 restrictions and in some instances, in reaction to the responses of their partner organisations.

Our local council gender equity lead reported that a number of prevention programs had been put on hold.

The young women's leadership was put on hold a little bit, but then had to be redesigned then be put online instead of a face-to-face meeting ... and other things as well and the...gender audit tool...it's the most comprehensive that we've seen within the literature review within Australia...that was one of the big things that was put on hold as a result of COVID.

When asked why the gender audit had been delayed they responded

Well, actually, it was because I stepped into more of that response role...I went two and a half days a week. So something had to drop and my focus really was on COVID response.

Our PVAW worker with a multicultural women's organisation talked of the difficulties in balancing the range of primary prevention projects with the increased demands around response work and other additional duties.

We have other core work that we do which is around in-language education on women's health and wellbeing and sexual and reproductive rights, and that in

itself is a form of prevention, and sexual and reproductive rights. There's a lot of things we need to keep focusing on...so it's quite a balance.

Our local council gender equity lead reported how their work priorities were affected by a consideration of the impacts that responding to COVID-19 was having on other parts of the organisation.

We have to go more gently at times. So for example, the family violence policy is out for consultation with key people at the moment and it's been out for eight weeks. Normally that would be a three to four week process. But we keep pushing it back because it's people like HR who have to deal with masks and laying people off and all sorts of horrible things...so we try to be really, really respectful of other people's workloads through this process.

Our senior practice advisor with a major prevention organisation noted how their work and work priorities were affected by the pressures their partner organisations were under to deal with COVID-19 issues. 'Once COVID had the huge impact that it has had on the University sector' they said, 'all four university partners, understandably, reduced contact'. In one case

our contact...was redeployed to work with international students to support those who had lost their job and housing. That meant we didn't have a contact there to work with for three to four months.

Our participant provided the universities with

some key messages around COVID...and they would use them in their media and comms...

'But as a means of engaging with the actual project and the development of the approach', they concluded 'that definitely slowed down over the three, to four-month period'.

### **Organisational support**

Our informants were provided varying levels of organisational support to assist them with their changing roles under COVID-19 lockdown. This included support with new or additional response-related work and duties; dealing with the pressures of balancing these new duties with their current role and responsibilities; and continuing to promote primary prevention and gender equity inside and outside their organisation. None of our informants reported that additional resources had been provided to back fill primary prevention work that had slowed down or been put on hold during the pandemic.

- Resourcing and decision making

Our council inclusion officer said that when they had been assigned to a new staff support and wellbeing team their prevention work 'just disappeared'. They estimated that prior to COVID-19 approximately 30% of their inclusion portfolio was primary prevention of violence against women. This had fallen to 5 to 10% during the first lockdown, 'A big change'. They said they had to battle for limited resources to keep inclusion and gender equality on the agenda.

So to keep inclusion on the agenda is—you have to be more assertive and you have to have more of a business case, because you're actually competing more now.

In contrast, our council PVAW officer reported that a month ago both their half-time position and that of their direct report were made permanent.

So during this period, when everybody else is getting this sense of resources being taken away from gender, we're actually investing resources in the primary

side of things...A month ago [the organisation] confirmed those roles as permanent and ongoing.

The degree of consultation and input from our informants on decisions affecting their changing role and responsibilities also varied. Our council inclusion officer reported that they had not been consulted in the decision to restructure their position under COVID-19 urgencies or what their new duties would consist of. In contrast, the local council PVAW officer reported that they had been consulted and played an active role in developing training for 14 family violence contacts across the organisation.

We had leadership on board. We had to put a business case together for the training because, obviously, it costs money and my time was being in all that rather than other stuff.

This informant was an active participant in decisions about what their response work might consist of under COVID-19 restrictions. However they, like our other two council informants and the PVAW worker with a multicultural women's organisation, were not consulted in the initial decision to divert resources and staff from prevention to response.

- Barriers to addressing gender equality

A number of informants talked about or hinted at a ramping up of existing barriers to gender equity and primary prevention within their organisation. As our local council inclusion officer described it when discussing some of the difficulties they faced in promoting primary prevention

Trying to talk about gender equity in the middle of a crisis when you actually just ask someone to slow down for five minutes and think about that decision and [its] gender impact, or the opportunity to maximise equity in it...

Others talked of the difficulties they experienced in getting gender equity and primary prevention considered in their organisation's varied policy, program and service responses to COVID-19 restrictions. Our council inclusion officer talked of the resistance they faced in trying to bring a gender lens to the development of the organisation's staff mental health and wellbeing strategy. Responsibility for the strategy sat with the occupational health and safety team who had not received gender equity training. Our informant said they failed to appreciate the links between reduced mental health and wellbeing and the gendered impacts of COVID-19 restrictions, including an increase in the risk factors for family violence.

They'd just be talking about ergonomic assessments and things...and I just couldn't get it on the agenda.

This informant also had difficulty getting information about the gendered drivers of increased family violence under lockdown and professional supports and referrals on their council's new COVID-19 web page. The new site, they reported

is full of great program material...and all sorts of beautiful things you can do at home, but nothing in there that says if you need help, someone to talk to, no matter what the topic....Whereas I think if you're at home feeling lonely, surely it would help to even just have a link to the website that says 'Mental health. Family violence. Drug and alcohol. Gambling'. Surely gambling's a problem at the moment, 'No, we need this to be a happy place'.

Our council gender equity lead, like our inclusion officer, suggested there was still some resistance within their organisation to acknowledging and addressing the gendered impacts of COVID-19 restrictions on staff wellbeing.

[There's little discussion of] the long-term health concerns for women...how the balance of home and family and work...and our childcare closures. We see staff in distress around that stuff, and how ...our community [is] impacted by that. We're talking about it, but just not with the gender nuance.

#### **4.3.2 Appropriate training and support**

Some of our informants expressed concerns that their shift to response involved developing resources, training and other duties for which they did not feel fully qualified. Our PVAW worker with a multicultural organisation expressed reservations about being asked to develop information on how to respond to family violence for their organisation's health educators to present on 'language radio'. They were asked to provide information for two health education sessions on

responding to family violence...supporting people who are experiencing family violence, and safety planning around family violence...[T]hese are all things that of course I know about because you have to have that knowledge when you're working in prevention, but it's not our main focus.

Our council inclusion officer was more concerned about their lack of specialist skills when directed to conduct training on gender and family violence.

So gender and family violence—I was actually told I should run it...I just kept saying it's quite specialist, because if someone...in the room, virtual room even, has experienced it we don't know the triggers. Or looking after the person, and I'm internally focused...there's a whole skill set and understanding. So no [I wasn't consulted], I've been told to do it.

#### **4.3.3 Training, counselling and support – virtual spaces, real people**

A number of informants raised concerns about the move to on-line counselling and support and training for internal and external participants, including personal safety and the barriers to on-line training for different minority groups.

##### **Personal safety**

Our senior practice advisor with a primary prevention agency raised concerns about the safety of people who may be undertaking respectful relationships on-line training at home.

And talking about ...the relationship workforce...They said 'We stepped back a little bit'...in that we weren't pushing for the delivery of respectful relationships at home because you've potentially got perpetrators within the house and trying to deliver in that context is highly problematic.

Our PVAW worker with the multicultural women's organisation expressed similar safety concerns about the provision of on-line family violence support and counselling to women who may be living with perpetrators or possible perpetrators. During the first wave of COVID-19 restrictions, they and their team had been strategising about alternate ways of providing women with family violence information.

There's strategising about how do we reach women if it's not online because of their—you can't be posting things about safety plans if a man's going to see it, or if the perpetrator's going to see it. So we talked about leaving physical information in hairdressers, or at the library or wherever it was that women were still able to meet.

However, as this informant noted, the options for non-virtual avenues of communication had all but disappeared in the second lockdown phase.

This same informant also expressed concerns about the safety of staff and external stakeholders who may be triggered during on-line training at home

In terms of safety there is the question of whose role is it if there were an incident...for example, with one of the participants in a training session.

### **New protocols**

Both our PVAW worker and senior practice advisor talked of the need for their respective organisations to develop new protocols to address some of the safety issues associated with the delivery of on-line family violence and primary prevention training and support. The PVAW worker's organisation had

put additional safeguards around our training. So we begin the sessions – we already talked about how some of the content could be triggering, but we take more time to talk about that now, and then also provide phone numbers that people can call, like family violence services and mental health services, before we start. And tell people they can turn off their cameras, or ...close their computer or whatever, and walk away if they need to, and we give a kind of warning before a certain slide is going to come up. And also have protocols in place so that if anything were to happen, people who are in that session would immediately contact their manager.

Our senior practice advisor said

What does that mean when we're delivering prevention workforce to someone in their home? It may not be a safe space...that's a whole change to how we're operating our training...two facilitators still, regardless of whether they're in the room or not...we need to have someone there that's got support for response and disclosure afterwards if required...

### **Safe spaces**

Informants talked of the ways in which the shift to online program and service delivery raised complex issues about the gendering of safe spaces. Informants talked of the importance of physical spaces where women could meet to discuss family violence, disclose incidents of abuse or ongoing abusive relationships and feel safe and be supported by people with similar experiences. Our informants argued that virtual spaces could provide neither this sense of connection nor safety. 'It can't be said enough', said our PVAW worker with a multicultural women's organisation

how important it is to have physical spaces for women to meet because that's where people can feel safe to disclose, that's where people can feel safe to talk about issues around gender equality, and things that are happening in their home, and things that are happening in their community, and problem solve together.

'As early as March' they continued

people were already talking about how they had to effectively do community work online, and how all these new issues were coming up, and concerns

about women's safety. Because they formerly had a space where they could go and feel safe and talk about certain things, and suddenly they're in their home with everyone else they don't have the capacity to talk about those things anymore...or they can't talk about sensitive topics privately.

### **On-line delivery and the differing needs of minority groups**

Two of our informants suggested that online training and service delivery better suited some marginalised groups than others. Our senior practice advisor with a primary prevention organisation said

[W]hat does it mean for those who may potentially be disadvantaged at this? They haven't got access to the internet, they're rural or remote and other barriers to participation.

However, our PVAW worker with a multicultural women's organisation noted that migrant communities are well versed in on-line platforms and that they may be more amenable to the use of these virtual technologies as vehicles for training and service delivery.

Many people in migrant communities are already tech-savvy, we're used to keeping in touch with people all round the world, all the time...They're like 'Yeah, we can WhatsApp, we can Zoom, this is our day-to-day life anyway'.

### **A sense of disconnection and helplessness**

Our senior practice advisor raised a different but related issue, talking of how some of the intimacies and shared trust and confidence that could be built in face-to-face training were more difficult if impossible to develop in on-line, virtual spaces.

I could be delivering to 12 people who sit in totally different parts of the university who've never met each other, and we're asking them to talk about primary prevention and family violence. It's quite confronting and you don't have that ability to engage and draw on that personal ways that you could in a room ...It's really hard to engage and elicit conversations through this video medium...you haven't had time to build that relationship as they feel comfortable a to be able to engage and interact. The complexities are huge.

Our PVAW worker with a multicultural women's group described how at times they felt removed from the increased pressures and problems their clients were experiencing under COVID-19 restrictions.

So there's a lot coming up...and it feels quite helpless because we're just sitting here in our homes talking about all these things, hearing about all these things...

## **4.4 From prevention to response and back again**

The urgency that councils, family violence agencies and other organisations working on primary prevention have felt in responding to rising rates of male violence against their female partners has had a major impact on all our informant's primary prevention work. It has also increased the pressures they are under as they juggle their responsibility for gender equity and primary prevention with their new duties, including response work and in some cases, operational issues.

However, all our respondents talked of how the dramatic increase in family violence under COVID-19 and the pressure on government and organisations to respond to these increases,

had necessarily raised awareness of family violence as a systemic problem and with that a growing interest in the causes of family violence and primary prevention. This provided a window of opportunity for some of our informants to raise gender equity and the need to broaden the remit of primary prevention at senior levels in their respective organisations, which had been closed to many of our informants prior to COVID-19. At the same time, a number of informants also identified potential negative medium to long-term impacts of this increased focus on response during the pandemic.

#### **4.4.1 Greater awareness and understanding – Gender equality and primary prevention**

Our council gender equity lead was optimistic that the response work they'd been doing during the pandemic could be used to leverage greater organisational awareness of family violence and the need to address primary prevention.

[W]hile the straightforward prevention work has kind of been put on hold, the response work that we've been doing around raising awareness of family violence and the link to gender inequality is a part of a raising awareness of the prevention work that needs to happen

Like our council gender equity lead, our council PVAW officer felt that the work they had done 'in the response side' had raised awareness of gender equality and its relationship to family violence and family violence prevention.

...I feel that because of the role that I've taken on in the response side and training up a whole lot of our organisation and getting policies and procedures, both internal and external communications, that we're putting out around family violence, both response and prevention, has actually raised the profile of gender equality and family violence prevention work within the organisation. And I think that's a huge bonus. I think that will have ongoing benefits.

They also saw this as an opportunity to secure an increase in ongoing funding for family violence and primary prevention work.

[A]n ongoing issue, which is around long-term sustainable funding for prevention work. But that's way before COVID. Potentially the raised awareness of family violence being a huge issue in our community throughout COVID will shine a light on it and show the absolute critical need for what was already endemic before this pandemic.

'We've strengthened partnerships...as part of our COVID response' concluded this informant,

[We're] certainly going to have an ongoing relationship into the future that will aid our prevention work because we've worked together on the response side of things. So having that link of both primary prevention and also the response and that—because I feel like there probably has always been a bit of a disconnect.

Our senior practice advisor with a major primary prevention agency saw the 'current response moment' as an opportunity to have discussions about the gendered impacts of measures aimed at reducing the economic costs and spread of COVID-19 on the drivers and contributing factors of family violence.

And we've seen that in workplaces, in female-dominated workplaces, in the care structures that operate in those rigid constructions of masculinity and femininity...there's been a lot of rhetoric around, 'It's stressful at home'. Yes,



absolutely, there's a lot of stress at home but that's not what causes the violence...[Now we have an opportunity] to be thinking a bit broader around that and what we're doing to frame that.

This informant also suggested that media coverage of the rising rates of family violence during the pandemic had begun to unpack some of the myths around what constituted family violence.

We're starting to see—or potentially, hopefully—an understanding from those outside the sector that violence isn't just physical and there are other controlling factors, and that people can maybe see it in their own lives now a little bit more... 'Is it a bit of coercive control?...or that family dynamic of the gender dynamic about who is doing all the care...there [are] more stories in the media about those types of non-physical forms of family violence that have been apparent in COVID...

#### **4.4.2 Program and service opportunities**

A number of informants said that their response work had generated a wide range of new connections and potential networks within and outside their organisations. They felt these new networks provided an opportunity for programs and services to consider how the work they do contributes to or can be understood as part of primary prevention.

Our senior practice advisor with a primary prevention agency said

some people have talked about there [being] six months for getting people to think about their work as being part of primary prevention who've never seen it; so work [with] schools about respectful relationships. One local council said that the team that works on that ...never thought of that link to family violence prevention but clearly it is. They were talking of the last six months as opening up opportunities to talk with other people, to say 'The work you're doing actually fits into a family violence prevention framework if you start to put a really broad gender lens, an equality lens, social justice lens over it.

Our council gender equity lead reported that under COVID-19

we've been getting finally in the door around things like partnering with the team that does our strategies framework...we're working with that framework from the ground up and looking at all the tools and resources and training that needs to go into that. So yeah, we are...getting better traction through COVID.

They also reported that

we're connecting with our health promotion team, we [now] have a fortnightly or a weekly catch up with them to talk about people and gender equity in the internal and the external space to make sure our messaging's really tightly harmonised.

#### **4.4.3 The Gender Equality (GE) Act (2020)**

A number of informants talked of the importance of the GE Act in providing greater awareness of gender equity and the causes and drivers of male violence against their female partners and children. Our council informants, in particular, highlighted the importance of new mandatory reporting requirements under the Act and the gender audit as providing opportunities for

embedding primary prevention across the organisation as a whole and in a wider range of programs and services. Passage of the Act and pressures to get their reporting in order coincided with the COVID-19 driven increase in family violence. This 'co-incidence' was seen as providing increased incentives for organisations to address primary prevention.

Our council inclusion officer reported

We knew the gender equality legislation was coming and that would affect local government. We'd have to be reporting on it, run a gender lens, so we're starting to have those conversations.

Our council PVAW officer talked of their organisation's need to address the Gender Equality Act.

So I think that the Gender Equality Act, in partnership with the raised awareness due to COVID, is probably going to – and the fact that state government are giving more money to family violence, that raised awareness on so many different levels...

Nonetheless, this informant also expressed concerns that in responding to the Act there is 'a risk... that so many resources are put into the response side of things and not prevention'.

Our council gender equity lead reported that their council, unlike the other two included in this project, had been 'getting ready for the Act' for over 18 months. This had involved developing 'an implementation plan to meet the requirements under the Act', which, they said, 'will be in operation soon'. This informant said that all this work had already raised awareness of gender inequality and the causes and drivers of heterogendered family violence across the organisation prior to COVID-19 and had already assisted in the development of a whole-of-organisation approach to tackling the increase in family violence during the pandemic.

#### **4.4.4 Some final concerns**

Our council PVAW officer was concerned about the potential medium to long-term consequences of the magnification of gender inequality under COVID-19.

There's lots of articles out there that talk about all the gains of the Royal Commission [into Family Violence]. A lot of them have been lost or will be lost. And the gender equality and the gains that we've made within gender equality have been lost or gone backwards or exacerbated due to – and that's going to take years of recovery.

Our senior practice advisor noted that their organisation has done significant work highlighting how government and key organisations can continue to shine a light on and advocate for primary prevention post COVID-19. They cited research showing that increased rates of family violence during disasters continued into the recovery phase. Like our council PVAW officer, they were concerned that the setbacks to gender equality that accompanied the response to COVID-19 may have a disturbing after-life.

## **5. DISCUSSION**

The impacts of the COVID-19 pandemic on our informants' primary prevention work have been contradictory and varied. The increase in gender inequality during the pandemic, indicative of disasters more broadly and documented in the literature review, has impacted our informants' home and work lives and the relationship between the two. For some, it has ramped up the gendered division of labour at home making it difficult to maintain standards of professionalism at work while assuming increased responsibility for childcare and other familial responsibilities. For others, decisions at work to move staff from primary prevention to response and other COVID-19 related urgencies have not considered the gendered impacts of these moves on the health and wellbeing of a workforce where, as the literature review documents, women are over-represented and many work in part-time and casual positions. Nor have these reactive decisions considered the medium to longer-term impacts of redirecting what many in the MAV consultation described as already 'limited and inadequate' primary prevention resources to response, at a time when the drivers of violence against women by their male partners are increasing.

Nonetheless, four of our five informants suggested that the pressures on government and agencies to address the increased incidence of violence against women under COVID-19 and their move to response provided opportunities to raise awareness of gender equality within and across their respective organisations. For some, the pressures to respond to increasing family violence under COVID-19 had momentarily suspended the resistance they had experienced within their respective organisations to discussing the gendered causes and drivers of violence against women. In turn, this provided them an opportunity to raise awareness of the importance of primary prevention and its inclusion in organisational policies and programs before, during and after disasters.

### **5.1 Gender inequality runs through it**

#### **5.1.1 Home**

The impacts of measures aimed at limiting the economic costs and spread of COVID-19 increased the pressures on our three informants with primary or pre-school aged children to negotiate equitable caring responsibilities. All three were in long-term relationships and two had male partners who continued to work full-time. All three reported that they felt pressure to balance their work responsibilities with caring for their children and that they had adjusted and readjusted their work schedules over the course of the pandemic to accommodate child care and in particular home schooling.

The gendered expectations on women to assume greater responsibility for domestic and childcare responsibilities are exacerbated for women who experience increased economic marginalisation and women who are part of other minority groups and subject to differential forms of discrimination. Although none of our informants reported that they were subject to minority-based identity discrimination, four of the five worked part-time, including our three informants with school-aged children. The literature review highlights the ways in which the measures taken to minimise the economic impacts of COVID-19 have disadvantaged those sectors where women are overrepresented and in particular women who are in part-time or precarious employment. This may have added weight to the gendered expectations that our informants take up more of the childcare under COVID-19 and placed a greater share of the burden of balancing home and work life on them.

#### **5.1.2 Work**

At the same time, our informants' responses suggest how organisational decisions to transfer some of their duties and responsibilities from primary prevention to response reflected as they contributed to a magnification of gender inequality. All had been assigned response work to deal with the increase in the number of women experiencing family violence during COVID-19. At least four of our respondents, like the majority of participants in our MAV consultation, had also been assigned additional organisational duties and support roles not directly related to family violence or family violence prevention.

None of our respondents had been consulted in the decision to divert some or all of their time and work from prevention to response. A number suggested that little or no consideration had been given to the gendered impacts of these decisions, including how removing staff time and resources from primary prevention might impact the drivers of violence against women at a time when women in heterosexual relationships were at even greater risk of intimate partner violence. Two suggested that it was just assumed that response work would fall to them in part because there was little understanding of the distinction between prevention and response within their organisation and in part because work related to families and family violence was assumed to be work for, and primarily done by, women.

Nor had consideration been given to the particular situations and wellbeing of our informants who often, with little or no forewarning, found themselves assigned to new roles, duties and programs. Two of our informants expressed concerns about their ability to carry out these new tasks. All expressed concerns about the impact of their move to response and other COVID-19 urgencies on their core, primary prevention work and the impacts of these changes on their primary prevention partnerships. Others reported that while some resources had been made available for staff mental health and wellbeing, they had not been provided with targeted support to assist with the pressures and strains associated with changes to their work duties including, for some, the suspension or loss of their core prevention work. These concerns were also raised by participants in our MAV consultation and in WHISE's consultation with its primary prevention partners.

### **5.1.3 Flexibility**

All our informants talked of the increased flexibility that virtual, on-line platforms and working from home offered. Online platforms offered greater flexibility in service delivery, including training and support, and greater options for those working in rural and regional locations to participate in programs and service delivery outside their geographic areas. The move to on-line platforms *and* working from home offered our informants greater flexibility in managing their work schedules and balancing work time with increased familial duties.

Some of our informants also suggested that videoconferencing had increased efficiencies and their capacity and that of their organisation to deliver training, programs and events and to engage with internal and external partners. For two of our informants, increased capacity was also linked to significant reductions in their travel time. While the move to virtual on-line platforms and working from home had increased work flexibility and capacity, it also had reduced the time for incidental debriefs and reflections. The lack of face-to-face engagement with co-workers and co-facilitators meant that staff, and in particular managers, had added reflection and debriefing to their existing workloads and meeting schedules.

However, the benefits of increased flexibility to our primary prevention workers may be double edged. Flexibility can mask the gendered inequalities that assume women, who make up the majority of the primary prevention workforce, will take responsibility for managing the impacts of decisions to move resources from prevention to response and other COVID-19 urgencies. These are decisions that our informants were neither consulted on nor 'invited' to participate in. Flexibility can also hide the added pressures women are under as they take primary

responsibility for the increased childcare and other familial duties that have accompanied two waves of COVID-19 restrictions in Victoria. Flexibility can mask the unequal gendered power relations that inform decision making both at work and at home, pressuring women to be more adaptable and to take greater responsibility for accommodating as they manage the changes that COVID-19 restrictions have wrought on their work and home lives *and* the relationships between the two.

#### **5.1.4 Safety**

A number of informants raised concerns that existing safety protocols didn't address new and emerging safety issues under COVID-19. These included the provision of support for clients and staff who may be triggered during the delivery of family violence prevention training; the increased risks of violence against female staff in heterosexual relationships who are confined to working from home; and the need for protocols to address the risks to women who may be receiving on-line support while sharing their domestic space with actual or potential perpetrators. Two informants also expressed concerns at the ability of virtual on-line spaces to fill the gap left by the loss of physical, women-only safe spaces where victim survivors could meet, provide mutual support and exchange information and resources. These two informants argued that it was important that current safety protocols be reviewed and updated in light of these COVID-19 driven changes. What is clear is that many of these concerns relate to the gendering of social space, both physical and virtual, and highlight the importance of applying a gender equality lens to the review of current safety protocols.

## **5.2 Warming our way in**

All our informants acknowledged the pressing need for their respective organisations to address the increasing incidence of violence against women in heterosexual relationships under COVID-19. However, their degree of involvement in decisions about how this need should be met varied according to how well primary prevention had been included in organisational systems, programs and strategic planning prior to COVID-19.

### **5.2.1 Not on the radar**

Our informant who relied heavily on informal mechanisms to gain support and funding for primary prevention projects prior to COVID-19 was the one whose work was most negatively impacted by the change to virtual-only meetings. Unlike our other two council informants whose primary prevention work was included in organisational policies and programs, our inclusion officer's work was largely opportunistic and project-based. Their sense of marginality and limited access to the forums where strategic decisions were made prior to COVID-19 were ramped up during the first and then second wave of restrictions. They lost the face-to-face, informal contacts and 'chats over coffee' with senior staff and program leaders on which they had relied for support and project funding.

This informant was not included in the new processes and structures that were established to facilitate the organisation's response to the rising incidence of family violence and other COVID-19 urgencies. Decisions were made without their advice and often without their knowledge as they found themselves assigned to new projects not directly related to inclusion or primary prevention. They were also frustrated and ultimately unsuccessful at bringing a gender equity and primary prevention lens to their new duties including programs aimed at promoting staff wellbeing and mental health under COVID-19.

### **5.2.2 A second look**

In contrast, our other four informants reported that the increased focus on response during COVID-19 provided them with unexpected opportunities to increase awareness of the importance of gender equality and primary prevention. These informants worked in organisations where there was senior support for gender equality prior to COVID-19 and where their primary prevention work was included, to varying degrees, in policies and strategic planning. Their move to response during COVID-19 provided them with access to new program areas and decision-making forums within the organisation. Ironically, it was being taken off prevention to work on response that allowed them to build on their existing networks and increase awareness of the importance of increased support for gender equality and primary prevention.

A number of informants suggested that these opportunities built on the mutually supportive relationship that necessarily exists between primary prevention and response work. As our council PVAW officer put it,

[W]hat I think this has shown is that you can't completely separate prevention from response.

Our PVAW worker with a multicultural women's organisation said of their role prior to COVID-19, 'my role was already quite responsive'. Another council informant commented that

We can never as prevention practitioners run a workshop or talk about it without having a disclosure.

It is, perhaps, not a matter of valuing formal mechanisms over informal, or even pitting prevention against response. Rather, informants who worked in organisations where primary prevention had senior support and some degree of program integration prior to COVID-19, felt enabled to raise awareness of the importance of gender equality and primary prevention during COVID-19 *while* working on response. In contrast, our informant who felt marginalised from organisational systems and processes prior to COVID-19, found themselves increasingly isolated and removed from decision-making during lockdown. They had little or no capacity, informal or formal, to influence their organisation's response to increasing rates of family violence. It was always unlikely that primary prevention workers who didn't have a seat at the table prior to COVID-19 would be offered one when disaster struck.

### **5.3 A seat at every table**

A degree of organisational support for gender equality and primary prevention prior to COVID-19 provided three of our informants with new opportunities to raise awareness of the drivers of family violence within their organisation during the pandemic. However, like our informant who had little organisational support prior to COVID-19, they too were not consulted in decisions regarding the reallocation of resources and were moved from primary prevention to response and other COVID-19 urgencies. The degree of organisational support for their work was not sufficient to get 'primary prevention' a seat at the table where these crisis decisions were made. Nor was it sufficient to guarantee that primary prevention resources and staff would not be diverted to response and other COVID-19 urgencies during the pandemic when the risk factors for violence against women were increasing.

The experiences of our informants and those of the participants in the MAV consultation highlight the importance of raising the profile of gender equality and the drivers of violence against women within their organisation and embedding primary prevention in organisational policies, programs and protocols. It is likely that until primary prevention has a seat at every table the primary prevention workforce will continue to be subject to the tyranny of the urgent, put on hold during the next disaster as the organisation turns its attention to response and addressing another spike in violence against women.

## 6. RECOMMENDATIONS

The following recommendations are aimed at providing support and resources for the primary prevention workforce during and after disasters. They address the pressures that government, family violence agencies, and organisations with primary prevention programs and practitioners face as they deal with the increase in violence against women by their male partners during and after disaster.

The recommendations are evidence-based and reflect a commitment to gender equality, social justice and diversity. They are informed by qualitative data from the five interviews and one focus group discussion with primary prevention practitioners. They are also informed by the findings of the literature review that explored the impacts of the response to COVID-19 on gender inequality and rates of violence against women by their male partners. The recommendations are limited by the small number of interviews and lack of quantitative research on the impacts of the response to COVID-19 on funding and support for primary prevention. Nonetheless, they provide an opportunity for organisations that fund and deliver primary prevention to consider how their response to future disasters might be better informed by evidence on the impacts of COVID-19 on the primary prevention workforce and on the drivers of increased violence against women.

The recommendations are divided into four separate, but interrelated sections. Section 1 looks at how decisions related to the funding, support and delivery of primary prevention need to be grounded in evidence-based policy and not driven by the tyranny of the urgent or short-term goals. Section 2 looks at what is needed to assist organisations provide a more enabling environment for their primary prevention work and practitioners during and after disasters. Section 3 looks at what additional supports are required for primary prevention workers during disaster given their experiences during two waves of COVID-19 lockdowns. Section 4 suggests areas for future research that build on the preliminary findings of this report and will generate more detailed recommendations aimed at providing support and resources for the work of primary prevention during and after disasters.

### 6.1 Evidence-based policy and programs

The response to increasing rates of violence against women by their male partners during COVID-19 has been reactive and crisis driven. It hasn't been grounded in research on the gendered impacts of disaster or on studies showing the effectiveness and medium to longer-term impacts of different strategies and organisational responses.

- 6.1.1 Government, in partnership with researchers and family violence agencies, to develop an evidence-based, intersectional approach to address the increased risk of violence against women by their male partners during and after disaster and how these risks vary and may be further magnified for women who are part of other marginalised groups
- 6.1.2 Government to consider including provisions for addressing the drivers and impact of increased rates of violence against women by their male partners during and after disasters in:
  - Disaster planning and recovery policy, programs and services; and
  - Family violence policy, programs and services.
- 6.1.3 Respect Victoria to:
  - Oversee the dissemination of this report to Government and non-government agencies involved in preventing violence against women, family violence prevention and disaster planning and recovery
  - Convene forums for a wide range of stakeholders to identify the levels of resources and funding required to support the long-term goals of primary prevention

- 6.1.4 Government, family violence prevention agencies, women's health services and other organisations that deliver primary prevention to ensure that primary prevention resources and funding are maintained during disasters and that contingency plans are in place for dealing with increased rates of male violence against their female partners

## **6.2 Enabling environments and capacity building**

The response to COVID-19 has shown that senior support and understanding of gender equality and the importance of primary prevention is patchy and varies significantly across sectors and organisations. The response to COVID-19 also highlights the failure of many organisations to apply a gender lens to how decisions are made during the response to disasters such as COVID-19 and the impacts of those decisions on the working conditions and practices of the their predominantly female workforce.

- 6.2.1 Respect Victoria in partnership with other key primary prevention agencies to promote within and across Government agencies, the family violence prevention sector, women's health and relevant community services, greater understanding of:
- The causes and drivers of violence against women, including women who are part of other marginalised groups, and the role primary prevention plays in challenging the broader socio-structural determinants of male violence against women; and
  - The gendered impacts of disaster including increasing risk of violence against women by their male partners.
- 6.2.2 Agencies and organisations that have responsibility for primary prevention or that deliver primary prevention programs to:
- Develop and implement disaster planning and response policies that include support and funding for primary prevention; and
  - Include provision within family violence policy for resources to address the increased drivers and impacts of violence against women by their male partners during and after disaster.
- 6.2.3 Organisations with responsibility for emergency and disaster planning, response, recovery and reconstruction to:
- Develop and implement disaster planning and response policies that include support and funding for primary prevention of violence against women; and
  - Include provision within emergency policies for resources to address the increased drivers and impacts of violence against women by their male partners before, during and after disaster.
- 6.2.4 Government to consider implementing a periodic primary-prevention audit of agencies that receive government primary prevention funding, including activities related to disaster planning and response. For councils and other Government agencies this could be included as part of their reporting against the GE Act (2020) or as part of other services' accreditation programs where appropriate.
- 6.2.5 Organisations, including in the emergency management sector, to engage primary prevention practitioners and their unique skills and experience in promoting greater awareness of gender equality and the role of primary prevention. They should be provided with additional resourcing and supports to undertake this work, including strategies for dealing with pushback from program areas resistant to considering gender, gender inequality and primary prevention.
- 6.2.6 Organisations to ensure that primary prevention workers are included in senior decision-making related to gender equality, violence against women, and disaster planning and response.



- 6.2.7 Organisations to address the gendered impacts of decision making and changes to primary practitioners' workloads and work practices during disaster response by:
- Consulting with primary prevention practitioners on changes to their work duties and their likely impacts
  - Reviewing current decision-making processes and formal and informal meeting arrangements to ensure that they are flexible and meet the changing needs of female employees
  - Recognising as additional duties women's increased responsibility for balancing changes to work and home life and the relationships between the two and provide increased financial and organisational support
  - Minimising the pressures on women to take up these additional duties by advocating and promoting men's use of flexible working arrangements for family purposes.

### **6.3 Workforce support and development**

Informants identified unique pressures and opportunities arising from their respective organisations' response to rising rates of family violence during the pandemic. They highlighted the need to apply a gender lens to increased supports for staff during lockdown and the development of new safety protocols for the delivery of primary prevention and response training and other programs and services. They saw the organisation's crisis-driven investment in response as providing them with opportunities to increase awareness of the causes and drivers of male violence against women and of the importance of primary prevention in reducing rates of family violence in and out of disasters.

- 6.3.1 Organisations to apply a gender lens in the development of staff wellbeing and mental health initiatives including:
- A primary prevention focus on the drivers of increased risks of violence against women confined to home with an abusive or potentially abusive male partner
  - Supports for women who are juggling changes to work and familial and domestic duties and the relationships between the two.
- 6.3.2 Organisations to invest in the development of new safety protocols for the delivery of on-line prevention and response training, counselling and support. These include:
- Addressing the increased risks that come with delivering training and other programs into a domestic space where many of the supports and safety protocols the organisation had in place no longer operate
  - Devising protocols and methods of on-line program and service delivery that reflect and are sensitive to the particular needs and situations of diverse women, e.g. from different ethnic communities, Aboriginal women, women in rural and regional locations, older women and women with disability, etc.
  - Providing safe virtual, on-line spaces for women who are victim survivors to meet, provide mutual support, and exchange information.
- 6.3.3 Organisations to embed the increased awareness of gender inequality and the role of primary prevention in reducing the drivers and effects of family violence that has accompanied the shift in investment to response during COVID-19 in future planning and programs.
- 6.3.4 Organisations to explore ways of maximising the overlap and mutually reinforcing work of primary prevention and response highlighted during the response to COVID-9. This will increase the organisation's workforce capacity and flexibility when addressing the drivers and impacts of future disasters on rates of violence against women by their male partners. At a minimum this could include:

- Providing primary prevention practitioners with the specialist training they require to be able to deal with matters relating to response and gender equality in and out of disaster
- Providing response workers with the skills to promote primary prevention and its role in reducing the drivers and impacts of increased violence against women during and after disasters.

## 6.4 Future research

The project's findings and recommendations reflect its limited budget and tight timelines. There is a need for more detailed research on the strategies adopted by different types of agencies to address the rising rates of family violence during COVID-19 lockdown. There is also an opportunity to consult with workers in the field to gauge their level of support for the recommendations and their implementation.

- 6.4.1 Respect Victoria to commission a larger research project on the different approaches adopted by different types of organisations to deal with the crisis-driven increase in family violence and the short to longer-term impacts of these strategies on their organisational commitment to primary prevention and their primary prevention workforce.
- 6.4.2 Respect Victoria to conduct action research to:
- Test the applicability of the report's findings and recommendations with workers in the field; and
  - Assist government agencies and organisations in the implementation of the revised recommendations.
- 6.4.3 Respect Victoria, in partnership with Government and an academic lead agency, to review family violence *and* disaster planning and response policies to:
- Assess the degree to which they acknowledge and address the drivers and effects of increased violence against women by their male partners during and after disasters
  - Extend the GEM Guidelines and promote their inclusion in family violence and disaster planning and response policies and programs
  - Facilitate discussions between the family violence prevention and emergency sectors to promote joint family violence prevention initiatives aimed at reducing the impacts of disaster on violence against women by their male partners
- 6.4.4 Respect Victoria, in partnership with an academic research institute, to undertake research and consultation to better understand the safety considerations for the delivery of on-line primary prevention training and assist in the development of new safety protocols.

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## APPENDIX A – Project Advisory Group membership and critical friends

<b>Name</b>	<b>Organisation</b>
Stephanie Lusby	Domestic Violence Resource Centre Victoria (DVRCV)
Gillian McIlwain	Gippsland Women's Health
Bob Pease	University of Tasmania and Deakin University
Regina Quiazon	Multicultural Centre for Women's Health (MCWH)
Helen Riseborough	Women's Health in the North (WHIN)
(Not attended)	Women's Health Barwon South-West (invited)
Anne Stephens	Respect Victoria (RV)
Laura Wood	Respect Victoria (RV)
<b>Critical friends</b>	
Kit McMahon	Women's Health in the South-East (WHISE)
Georgina Sutherland	The University of Melbourne



## APPENDIX B – MAV PVAW Network

### Consultation, 24 June 2020

#### Local council PVAW officer

- Focused on prevention but has jumped into response for the pandemic
- Developed a gender analysis tool - pandemic response
  - Identification
  - Participation and voice
  - Choice and independence
  - Safety and accessibility
  - Challenge social norms and gender roles
- Tool applied to:
  - Response and recovery plan
  - Pandemic impact assessment
- Also applied this to People and Culture (their staff)
  - Principle one: safety for all staff working from home, especially those at risk
  - Principle two: enable our health workers to work safely
- FV response during covid-19 and beyond
  - Stepped up advocacy with “orange door” advocacy to respond to increased number and severity of FV incidents
  - Created FV resources for staff, managers, frontline workers
  - FV training - 12 sessions, 200 people, 3 weeks (non-mandatory but huge turnout and demand)
  - Vicarious trauma training, especially for MCH
  - FV contact people
  - Stronger partnerships with CSOs and neighboring councils
  - Gender and FV communication campaign - social media etc.
- Monitoring, evaluation and learning framework
  - Perception that application of gender lens is a ‘nice extra’ rather than essential
  - Importance of internal ‘champions’ across departments
- Linked to FV prevention strategy, gender equality plan
- What did the gender lens on response plans turn up?
  - Quick response grants going out - looking for groups that wouldn’t be on council’s radar to receive grants
- Send them email to get any resources from them; and link to MAV resources will be included with minutes and presentations
  - But no evaluation done yet

#### City of Melbourne (CoM) representative

- How is CoM supporting women and other vulnerable groups during COVID-19?
- FV support for CoM staff
  - Info and training provided to staff early on
- Support for women living and working in Melbourne
  - Service hub at Melbourne Town Hall - services for families every Wednesday in May and June (including FV support and referral)
    - Linked to immunization etc. as these are considered essential services
  - FV info made available at all food distribution centers and World Immunization Day (29 April)
  - Community Call Club and online events for older residents - to call them (callers were staff and volunteers)
    - Very successful
  - Issued over 8000 free temporary parking permits for frontline health and emergency service workers
  - Support resources (didn’t write properly)
- Homelessness support
  - All rough sleepers offered hotel accommodation during COVID-19
- COVID-19 support grants; 3/57 provide services specifically for women

- International student support
- Support for businesses
- Melbourne Global Innovation Program - went online

#### **Local council, social justice officer**

- Initial response
- How we regroup
- Rapidly growing population, diverse rural/urban growth corridor mix
- Initial response
  - Development of support/referral pathways materials
  - Clear communications developed for streamlined reporting and referral
- Council quickly became first port of call very quickly for everything - including FV support
- Developed “we’re here to help” campaign - became a triage of calls to partner agencies
  - Support required very intensive at beginning, has now dropped a lot
- More time, more planning phase
  - Partnership with WHGNE who have developed pilot project for future
  - Relating to Gender Equality Bill on local government

#### **Small group discussion - How has your PVAW role changed in response to COVID-19?**

##### **Group 1**

- Pulled into response
- Need for time to adapt to remote working
- Skilling up to do training
- Now things are established not much changed in PVAW work but lots of questions about where to next
  - Budgets unclear
  - Depends on interests of managers and whether they lean to social justice or otherwise
- Developing some resources. E.g. sex vs. gender disaggregated data and challenges with analyzing that

##### **Group 2**

- Disconnect - struggles from working from home, not the same level of influence
  - How can staff communicate with HR?
- Staff capacity due to changes has become a bigger problem
- Can’t have social gatherings face to face - have to think about different ways to do things

##### **Group 3**

- Non had PVAW only dedicated roles
  - Felt they hadn’t been engaged at a higher level with strategic response discussions
- Role has been around collecting and distributing info rather than being able to push things - feeling disconnected
- Particular problems with communities also hit by bushfires makes discussions of recovery seem out of place
- Discussion of FV in media etc. has created an opportunity for some workers to get more traction in discussion

##### **Group 4**

- Impact of being understaffed and recruitment freeze
- Redirection of resources to COVID-19 response
  - Work on existing actions placed on hold
- Economic impact on council budgets going forward
- Effects of community isolation watching it unfold

- Highlighting of hero mentality of men watching it unfold

#### **Group 5**

- Unique challenges of regional/rural councils in terms of extremely high needs of community
  - Child protection, elder abuse, overlapped with bushfire trauma
- Politics of trying to get gender on the agenda - stress of the politics of that
  - And need to maintain relationships into future while still getting it on the agenda

#### **Group 6**

- All thrown into response mode which is a challenge when trying to advocate for PP
- Spread thin
- Need and use of data to advocate the tension around who has a seat at the table, who is listened to
  - Data was saying that women in casual work most affected, not business owners

#### **Group 7**

- Roles shifted: some shifted to work more broadly on health and wellbeing in whole community
- Challenge of shifting to response when it's not your main area
  - Or from FV to gender equality more broadly
- But great advocacy internally, good support from senior leadership on linking FV and gender equality

#### **Group 8**

- Trying to manage business-as-usual tasks expected to be delivered while also doing COVID-19 response
- Resource depletion as staff redeployed
- Trying to get training through, getting ready for GE Act
- Staff suffering from lack of training, preparation - for staff responding to calls