Australian Government
National Mental Health Commission

Full Stop Australia

The Impacts of COVID-19 on the Mental Health and Wellbeing of People with Lived Experiences of Sexual, Domestic and Family Violence.

Final Report.

Full Stop Australia
25 July 2022

Acknowledgement

Full Stop Australia acknowledges the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to First Nations peoples and their cultures, and to Elders both past and present.

This report could not have been possible without the contributions of so many. First and foremost, Full Stop Australia thanks the victim-survivors who have generously shared their experiences with us. We have heard your voices and have attempted to shine a light on your own individual experiences and expertise to drive the change needed for those impacted by sexual, domestic and family violence.

We would also like to thank our incredible counsellors and frontline staff. Thank you for all you do every day for those experiencing violence and abuse, and for your continued advocacy for change. Your experience and professional observations are invaluable to informing the recommendations we have proposed to better prevent and response to sexual, domestic and family violence. Thank you for sharing your insights, dedication and commitment to your clients' healing.

To the Project Advisory Group, thank you for your guidance throughout this research. We are a small team at Full Stop Australia, and we rely heavily on your input and expertise. We are very grateful for the time you have taken to meet with us, discuss our research and inform our report and final recommendations.

And lastly, thank you to our team of volunteer research assistants. We are indebted to your incredibly hard work in analysing the data and engaging in secondary research.

Full Stop Australia would like to acknowledge all those who have advocated to drive change and ensure that victim-survivors of sexual, domestic and family violence are heard. It is only through listening to those with lived experience that we can hope to create meaningful change and put a full stop to sexual, domestic and family violence.

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Table of Contents

Acronyms

Acronym	Term
ABS	Australian Bureau of Statistics
ANROWS	Australia's National Research Organisation for Women's Safety
AIC	The Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CBCS	Community Based Counselling Services
COVID-19	Coronavirus
CPTSD	Complex Post Traumatic Stress Disorder
CSA	Child sexual abuse
CSM	Counselling Service Managers at Full Stop Australia
FSA	Full Stop Australia (formerly Rape and Domestic Violence Services Australia)
HREC	Human Research Ethics Committee
LGBTIQ+	Lesbian, Gay, Trans, Queer, Intersex and other
LHDs	Local Health Districts
NMHC	The Commonwealth National Mental Health Commission, The Commission
NSW RCC	NSW Rape Crisis Centre (now known as NSW Sexual Violence Helpline)
PI	Principal Investigator
PTSD	Post-Traumatic Stress Disorder
RDVSA	Rape and Domestic Violence Services Australia (now known as Full Stop Australia)
SACA	Sexual Assault Counselling Australia (now known as Sexual Abuse and Redress Support Service)
TFA	Technology Facilitated Abuse
VT	Vicarious Trauma

Terminology, Key Definitions and Types of Violence and Abuse

Gender-based violence refers to violence and abuse principally driven by gender inequalities and stereotyped constructions of masculinity and femininity (UNHCR 2021, 1). Whilst gender-based violence takes many forms, the central component of this report is *sexual, domestic and family violence*.[1] Sexual, domestic and family violence is operationalised within this research to capture:

- Sexual Violence: Sexual assault, rape, sexual abuse, sexual harassment.
- Child Sexual Abuse: Child sexual assault, child sexual abuse.
- Domestic Violence: Intimate partner violence and abuse.
- Family Violence: Violence and abuse perpetrated by family members or kin other than intimate partners, such as parents, guardians, older children, or other family members.
- Intimate Partner Violence: Violence and abuse perpetrated by a current or former partner, spouse, or dating partner.
- Carer Abuse: Violence and abuse perpetrated by a formal or informal carer, health worker or support worker of a person with a disability, an elderly person, or a person with a chronic long term health condition. Elder Abuse is a term sometimes used to describe abuse against an older person by their paid or unpaid carer.
- Modern Slavery: Forced marriage forced child marriage, forced labour and human trafficking.

Those who are or have experienced sexual, domestic and family violence are referenced as *victim-survivors* or *people with lived experiences of sexual, domestic and family violence*.

Service Categories and Definitions

This report discusses various services which victim-survivors access in their trauma-recovery. Whilst this research is guided by Full Stop Australia's trauma-specialist lens, expertise and experience, there are also the following services discussed:

- **Trauma Specialist, Sexual, Domestic and Family Violence Mental Health Service**: Targeted mental health support tailored for people with lived experiences of sexual, domestic and family violence and child sexual abuse.
- **Mainstream Mental Health Service**: Generic mental health support for the wider population group.
- **Non-trauma Informed Mental Health Service**: Mental health support without specialisation or focus on trauma impacts and presentations
- **Therapeutic Trauma Recovery Service**: Long term treatment and support to heal and recover from the prolonged impacts of trauma due to sexual, domestic and family violence and child sexual abuse.

[1] For a list of further definitions of violence please see: Appendix 6.1 Terminology, Key Definitions and Types of Abuse

Executive Summary

Introduction and Research Purpose

The study was one of ten research projects funded by the Commonwealth National Mental Health Commission in June 2021 to investigate the impact of the COVID-19 pandemic on different communities in Australia. Full Stop Australia (formerly Rape and Domestic Violence Services Australia) was selected to conduct the study on people with lived experiences of sexual, domestic and family violence as one of the identified priority groups by the Commission. The findings will inform the development of the following National Mental Health and Wellbeing Pandemic Response Plan Priority Areas of Action on the response and recovery phases of COVID-19 (Commonwealth of Australia 2020, 3).

Full Stop Australia is a national specialist trauma counselling service specifically for victim-survivors of sexual, domestic and family violence. This research aimed to provide a violence and trauma specialist account of victim-survivors of sexual, domestic and family violence' experiences during the COVID pandemic, including anecdotal evidence of frontline workers supporting victim-survivors. The study investigated the challenges and barriers experienced by victim-survivors during COVID-19 using an intersectional lens that considered multiple at-risk groups. Additionally, we investigated the needs, priorities and best practices for supporting victim-survivors and frontline workers during the COVID-19 pandemic. The findings from this study seek to inform improvements in mental health outcomes, future policy and practice across Australia.

Research Methods

This study used a mixed-methods approach including survey design and dissemination, in-depth interviews, and desktop research. Multiple primary and secondary sources were used to triangulate the data, strengthening the validity and inferences from the findings. Ethics approval was obtained from Bellberry Limited (2021-11-1346).

People with Lived Experiences of Sexual, Domestic and Family Violence

Prior to the COVID-19 pandemic, people with lived experiences of sexual, domestic and family violence were predisposed to high levels of anxiety, post-traumatic stress disorder and complex trauma from the multiple historic and ongoing incidents of violence and abuse (ANROWS 2020b). Complex trauma from compounding incidents of sexual, domestic and family violence requires long term, therapeutic treatment to maintain mental health and wellbeing and recover from the trauma impacts of violence and abuse. Alongside support for trauma impacts from sexual, domestic and family violence, victim-survivors may have concurrent complex needs to address intersecting factors contributing to poor mental health and wellbeing.

There is an emerging body of evidence on the impacts of COVID-19 pandemic on victim-survivors of sexual violence, child sexual abuse and complex trauma. To date, little attention has been paid to at-risk cohorts and this study aims to address this gap. The absence of at-risk cohorts in the research exacerbates the invisibility of their needs and responses. This study reinforces the importance of having victim-survivors of sexual, domestic and family violence and frontline sexual, domestic and family violence professionals at the forefront of policy, practice, evaluation and research.

Key Findings

During the COVID-19 pandemic, the safety, mental health and wellbeing of many victim-survivors of sexual, domestic and family violence deteriorated and exacerbated the trauma impacts, safety risks, pre-existing barriers and challenges for this at-risk group. Many victim-survivors were adversely impacted by COVID-19 public health mandates, periods of lockdowns, quarantine requirements, fears of community transmission and lethality of the virus. The disproportionate impacts on victim-survivors during COVID-19 that progressively worsened as the pandemic endured were:

- **Reduced access to support services** to maintain quality of life and continue therapeutic treatment.
- **Loss of protective factors** and strategies previously used pre-COVID-19 to maintain mental health, wellbeing, resilience and safety.
- **Severe isolation** from friends, family and community groups, which created further barriers to obtaining support and social connection.
- **Increased case complexity** required multidisciplinary, integrated support across the health, social service, community, police, child safety and justice sectors.
- **Escalating violence** for victim-survivors unable to escape the perpetrator nor safely seek support at home.

While the study did not have findings for all at-risk cohorts impacted by COVID-19, the prevalent groups experiencing barriers and challenges presented in the study were primarily women with complex trauma, people with disability, those chronically ill or of a low socioeconomic status, or those from a culturally and linguistically diverse background. The prominent client presentations of victim-survivors of sexual, domestic and family violence during COVID-19 included but were not limited to:

- **Exacerbated trauma impacts** from COVID-19 health mandates, militarisation of monitoring public health orders, prolonged exposure to sexual, domestic and family violence at home and increased media reporting on sexual violence.
- **Severe anxiety and distress** with exacerbated trauma impacts, caring duties and increased life stressors contributing to increased suicide attempts, suicide ideation, depression and other mental health illnesses.
- **Financial distress and poverty** due to loss of employment and a lack of employment opportunities, ceasing of COVID-19 government welfare supports and inability to afford living essentials or medical bills.
- **Increased homelessness or risk of homelessness** due to unaffordable housing and lack of safe and appropriate crisis or temporary accommodation to escape violence and abuse.

The enduring COVID-19 pandemic impacts on victim-survivors and presentations contributed to the surge in call demand for violence and trauma specialist counselling services at Full Stop Australia. In the second year of the pandemic, Full Stop Australia had a 26% increase in calls received and 27% increase in average call duration compared to the first year. Due to the demand for victim-survivors needing violence and trauma specialist counselling and extended support times, however, there were longer wait lines before calls were answered by an available counsellor. Consequently, there was a 25% increase in unanswered calls from victim-survivors in the second year of COVID-19 compared to the first year. The recommendations which are made in this study seek to address the unmet demand and better meet the needs and priorities of victim-survivors of sexual, domestic and family violence in the healing and recovery phases of the COVID-19 pandemic.

Recommendations

Recommendations for the long term mental and wellbeing of victim-survivors of sexual, domestic and family violence and child sexual abuse for the next Commonwealth National Mental Health and Wellbeing Pandemic Response Plan resulting from this research are as follows:

Recommendation 1: Recognise the Complexity of Trauma for Victim-Survivors of Sexual, Domestic and Family Violence

Victim-survivors of sexual, domestic and family violence experience and navigate many complex and compounding factors which determine their health and wellbeing outcomes. Findings from this research highlight the complexities and increased challenges victim-survivors faced during the COVID-19 pandemic. This study shows that whilst poor mental health and wellbeing outcomes were not solely attributed to COVID-19, the pandemic did exacerbate the pre-existing barriers and challenges for victim-survivors of sexual, domestic and family violence. These findings reinforce the significance of recognising the complexity of trauma and trauma responses when supporting victim-survivors. **Full Stop Australia recommends that the NMHC engages with a violence and trauma-informed framework to shape all future policy responses to improve trauma support for victim-survivors and assist them in navigating diverse and complex service systems.**

Recommendation 2: Prioritise Accessible, Flexible and Diverse Service Engagement and Support

The introduction of COVID-19 public health orders, including physical distance restrictions and lockdowns dramatically changed how the Australian population interacted, accessed supports and lived their day-to-day lives. Owing to the impacts and restrictions of lockdowns throughout COVID-19, and their general fears of contracting the virus, victim-survivors reported experiencing heightened difficulties in accessing support services. Consequently, COVID-19 disrupted not only immediate crisis support, but also the continuity of long-term therapeutic services, in turn increasing isolation and delaying trauma recovery. Crucially, as this study highlights, the ability to seek appropriate and timely support is critical to the safety and health outcomes of victim-survivors of sexual, domestic and family violence. **Full Stop Australia recommends that the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, prioritise the provision of accessible, flexible and diverse support modalities for victim-survivors, such as phone, web, online, and telehealth support, alongside in person support. This support needs to be ongoing to assist clients to navigate the broader service system in an integrated way as they progress through their recovery journey from crisis through to trauma management and recovery.**

Recommendation 3: Make Further Investment in Multidisciplinary Support

Findings in this research reveal that for many victim-survivors of sexual, domestic and family violence the COVID-19 pandemic exacerbated pre-existing barriers and challenges. However, there was also an increase in victim-survivors accessing support for the first time. This increase in demand reinforces the need for increased support to be available during times of crisis to better protect and navigate victim-survivors' mental health and wellbeing. Given this increase, Full Stop Australia recommends sustainable investment and funding for complex, integrated care coordination and multidisciplinary support. **Full Stop Australia recommends the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, provide for:**

- **Sustainable, national investment and funding of crisis support for specialist trauma, sexual, domestic and family violence and child sexual abuse services to reduce unmet demand in metropolitan, rural, regional and remote locations.**
- **Sustainable, national investment and funding of ongoing healing and recovery services for violence and trauma specialist sexual, domestic and family violence services across the continuum of care in metropolitan, rural, regional and remote locations. Including investment in supporting technology for services and victim-survivors to transition to remote service modalities as outlined in Recommendation 2.**

Recommendation 4: Strengthen Income and Housing Supports for People Impacted by Sexual, Domestic and Family Violence

Despite the temporary income support measures during COVID-19, victim-survivors of sexual, domestic and family violence reported high rates of income and housing stress.
The overwhelming majority of victim-survivor survey participants (87%, n=20/23) indicated that they experienced financial stress during COVID-19, resulting in them not being able to pay for their utility bills (57%, n=12/21), medication (67%, n=14/21) and/or rent (48%, n=10/21). Forty-three percent (43%, n =9/21) of victim-survivors surveyed regarded poverty and financial stress as the factor that caused them the highest level of distress.

Of the 30% (n=7/23) of survey participants that experienced homelessness throughout the pandemic, 60%, attributed the cause of this homelessness to escaping sexual, domestic and family violence. Significantly, 67% (n=10/15) of these survey participants reported their homelessness status be the factor that caused them their highest level of anxiety or distress (67%, n=10/15).
Full Stop Australia recommends the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include a strengthening of income and housing support measures for people impacted by sexual, domestic and family violence. Measures should include a suite of solutions from additional social security payments and income protections to enhanced rental subsidy schemes, social housing stock development, and an expansion of safe at home programs to support people impacted by violence and abuse in appropriate cases to remain home safely whilst the abuser is removed.

Recommendation 5: Invest in Support for At-Risk Groups

The many ways in which victim-survivors navigate and process their trauma differs between people. Considering the diverse needs of victim-survivors, Full Stop Australia sees community consultation as essential for future sustainable funding for violence and trauma specialist recovery services for at-risk victim-survivors disproportionately impacted by COVID-19. At-risk groups include but are not limited to Aboriginal and Torres Strait Islander people, people with a disability and chronic health conditions, culturally and linguistically diverse people, LGBTQI+ communities and young people. **Full Stop Australia recommends that National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include supports specifically for at-risk groups and that these supports be led, co-designed and co-delivered by at-risk populations themselves within a violence and trauma specialist clinical framework.**

Recommendation 6: Increase Community Awareness of Sexual, Domestic and Family Violence Supports and Resources, and of COVID-19 Health information

COVID-19 presented many challenges for Australian communities, with public health advice, recommendations and mandates changing frequently. This study found that many victim-survivors struggled to find reliable and accessible public health information to assist them with navigating COVID-19 safely whilst also experiencing complex barriers and challenges owing to their trauma and ongoing safety concerns. **Full Stop Australia recommends that the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include investment in increasing community awareness regarding accessing support and services and up to date COVID-19 health information throughout any future waves of the pandemic. For this to have a significant impact, it is critical that informative public, community health and service awareness measures are targeted to local communities with material provided in various languages, tailored to meet the accessibility needs of people with a disability, and suited to the support needs of the older persons.**

Recommendation 7: Mitigate Crisis Impact on Staff

While COVID-19 significantly impacted victim-survivors of sexual, domestic and family violence, frontline workers also experienced increased challenges during the pandemic. Counsellors experienced uncertainties and concerns with contracting COVID-19, while also managing increased caring duties with home-schooling children and caring for other elderly, sick or disabled family members. Bringing trauma-based work into counsellor's homes, separating work and personal life, and not having the immediacy of debriefing with colleagues at the office were practice challenges experienced in transitioning to remote working from home. Counsellors who supported victim-survivors in person indicated the difficulties of providing therapeutic trauma support remotely, retaining the engagement of their long-term clients along with managing the surge in call demand throughout the pandemic. **Full Stop Australia recommends the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include investment into multimodal mental health, self-care, and wellbeing support packages for frontline workers, supported with individual and group debriefing to prevent vicarious trauma and workforce burnout in circumstances where staff are required to work from home.**

Recommendation 8: Violence and Trauma-informed Workforce Capacity Building

The evidence from people with lived experiences of sexual, domestic and family violence and frontline workers in the sexual, domestic and family violence sector demonstrates that trauma-and-violence-informed service provision is critical for victim-survivors to feel safe in disclosing their experiences and in seeking timely support, safety from violence, and ongoing service engagement. Victim-survivors may contact primary, mental and other allied health services, social services, or even police and justice systems to seek support for issues, directly and indirectly, related to sexual, domestic and family violence. Multisectoral workforce capacity building is critical for trauma-and-violence- informed responses, identification and support for victim-survivors of sexual, domestic and family violence. **Full Stop Australia recommends the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include investment in trauma-and-violence-informed workforce training in all levels of healthcare, community, social service, child protection, police and justice sectors.**

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Introduction & Research Methodology

1. Introduction

1.1 Research Purpose

Full Stop Australia was funded by the National Mental Health Commission to conduct national research on the impact of the COVID-19 pandemic on the mental health and wellbeing of people and families with lived experiences of sexual, domestic and family violence. The purpose of this report is to provide an authoritative account of lived experiences of sexual, domestic and family violence during the COVID pandemic, and to identify the unique challenges and barriers during the pandemic for victim-survivors of sexual, domestic and family violence. The objective is to ensure the next Commonwealth National Mental Health and Wellbeing Pandemic Response Plan (Commonwealth of Australia 2020) includes tailored responses to the needs of victim-survivors in the priority areas of action and inform effective government policy.

1.2 Full Stop Australia Services, Client Cohort & Targeted Population

Full Stop Australia (formerly Rape & Domestic Violence Services Australia) provides sexual, domestic and family violence specialist trauma recovery counselling and care coordination services nationally in Australia. The organisation supports people and families with lived experiences of sexual, domestic and family violence, professionals working in these sectors and supporters of victim-survivors. The services include 24/7 confidential telephone, online, face-to-face and video trauma recovery specialist counselling and care navigation services to families and people of all genders. This includes culturally and linguistically diverse peoples, Aboriginal and Torres Strait Islander peoples, LGBTIQA+ people and people with disabilities.[2]

Researching with victim-survivors can be challenging owing to the complexities of trauma, privacy, and safety. Full Stop Australia has been operating for over 50 years with well-established systems, risk management, strategies and trauma specialisation. Owing to its organisational expertise, Full Stop Australia was chosen to conduct this study as it is uniquely positioned to directly access victim-survivors of sexual, domestic and family violence through a violence and trauma-informed lens and thus researchers were able to engage safely and appropriately with the research cohort. As such, the research of both Full Stop Australia's clients and counsellors provides the experiences of sexual, domestic and family violence during COVID-19 more broadly throughout this report.

Whilst this research is not an evaluation of Full Stop Australia's service provision owing to its participants – the client cohort and counsellors interviewed – organisation-specific services are mentioned throughout the findings. Where possible, the research removes the mention of Full Stop Australia's specific provisions, and instead speaks to critical role services play in facilitating victim-survivor safety and wellbeing during COVID-19.

[2] Full Stop Australia offers the following services: NSW Sexual Violence Helpline, Sexual Abuse and Redress Support Service, Sexual, Domestic and Family Violence Helpline, Rainbow Sexual, Domestic and Family Helpline. Full Stop Australia also provides Community Based Counselling Services at NSW Women's Health Centres which transited to telehealth and video conferencing during the pandemic lockdowns to maintain service continuity.

2. Research Methodology

2.1 Research Methods

This project was a mixed-method, non-clinical study. The inclusion of Full Stop Australia clients, practitioners and supporters of people with lived experiences of sexual, domestic and family violence was purposive to meet the objective of prioritising the voices of these cohorts as experts to inform systemic and policy change. The study investigated the experiences and impacts of the targeted population of victim-survivors of sexual, domestic and family violence which is the organisation's key client cohort.

A mixed-methods approach was used to triangulate quantitative and qualitative data from primary and secondary sources to strengthen the validity and inferences made from the findings (see figure below). This process combines qualitative and quantitative data collection, description, analysis and synthesis of results to ensure the study is underpinned by robust evidence-based research. The study received formal ethics clearance for a high-risk, non-clinical study from Bellberry Human Research Ethics Committee (HREC) on 15 February 2022 (Research ethics identification number: 2021-11-1346).

2.2 Advisory Group

The Advisory Group provided quality assurance, violence and trauma-informed risk management, stakeholder engagement strategies, cultural safety and advice on the design, research tools, triangulated findings and peer review of the report. The Advisory Group members were:

- Hayley Foster - Full Stop Australia Chief Executive Officer
- Tara Hunter – Full Stop Australia Director of Clinical and Client Services
- Frances Haynes, Samantha England, Esra Kasim and Emily Lachevre - Full Stop Australia Counselling Service Managers
- Sharmane Mannix - Full Stop Australia Indigenous Cultural Advisor
- Hayley Boxall - Australian Institute of Criminology
- Professor Kerry Carrington - School of Law and Justice, University of the Sunshine Coast and formerly QUT - Faculty of Creative Industries, Education & Social Justice
- Associate Professor Kate Fitz-Gibbon - Monash Gender and Family Violence Prevention Centre
- Dr Naomi Pfitzner - Monash Gender and Family Violence Prevention Centre

2.3 Research Questions and Timeframes

2.3.1 Research Questions

This research was designed to provide a detailed understanding of:

> *How the Pandemic has affected the mental health and wellbeing of people and families impacted by sexual, domestic and family violence, including Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people, people with disability, sex and gender-diverse people, people living in regional, rural and remote geographical locations, and people of diverse ages and socio-economic status.*
>
> *The unique challenges and barriers faced by people and families impacted by sexual, domestic and family violence in navigating COVID-19, including specific barriers for particular at-risk and priority populations groups, and the effect this had on mental health and wellbeing.*

The following sub-questions were developed to support efforts to answer the primary research question and were based on the Commonwealth National Mental Health and Wellbeing Response Plan's Priority Actions (Commonwealth of Australia 2020: 45-51). The Priority Actions also guided the development of the online client survey and staff semi-structured interview questions.

1. What are the challenges and barriers faced by Full Stop Australia counsellors supporting clients during COVID-19?
2. What did Full Stop Australia counsellors and teams require to support clients in addressing their complex trauma, mental health needs and risk factors during COVID-19?
3. Formative evaluations questions for continuous improvement:
   a) What supports do counsellors require to support clients during COVID-19?

b) What supports do clients require to address their mental health and wellbeing during COVID-19?

2.3.2 Timeframes

The data capturing and analysis dates were for two years from the onset of the pandemic: from 1 April 2020 to 31 March 2022. There are two comparative data periods as follows:

Comparative Data Collection Periods		
Data Collection Period	**Year in COVID-19**	**Date**
Period 1	1st year of COVID-19	1 April 2020 -31 March 2021
Period 2	2nd year of COVID-19	1 April 2021 - 31 March 2022

Comparison between periods 1 and 2 is purposive in revealing trends, prevalence, and increase or decrease of any phenomena. A high-risk ethics submission was not initially included in the timelines for the project but was critical for the engagement of victim-survivors. Thus, an ethics application and clearance had to be received before releasing any research tools and promoting and recruiting voluntary participants. Once ethics clearance was obtained, promotion and recruitment began immediately in mid-February 2022 until the end of April 2022.

2.4 Data Tools, Sources and Study Participants

2.4.1 Secondary Data

A brief national literature review of secondary and grey literature was conducted for the interim report submitted in November 2021. The literature review identified key themes and existing knowledge regarding sexual, domestic and family violence and the impacts of the COVID-19 pandemic including current gaps in research. A short two-question survey was provided to Full Stop Australia trauma specialist counsellors to test prevalent themes from the literature review and identify missing themes and at-risk cohorts' presentations during COVID-19. Results from this survey subsequent informed the research tools.

2.4.2 Quantitative Data

Quantitative data was sourced from the Full Stop Australia internal database in aggregate form. Counsellors collate administrative bi-product data at intake and assessment of clients. Demographic questions are asked during client intake but are not mandatory to complete. Clients can also decline to answer identifying questions. All clients listen to a privacy statement at the onset of calls. Counsellors request the client's consent before any information is given and stored in the Full Stop Australia internal database.

Service reports of de-identified, aggregated client data were exported from the organisation's database. De-identified raw datasets were exported for values outside the standard service data reports. Data on telephone calls were collated through the Telstra Telephony "3CX" system, which tracks the number of calls received, answered and the average call wait times and call session times for clients.

The online client cross-sectional survey was programmed on the online platform Survey Monkey. This program collates and tabulates all participant responses in real-time. Results are exported according to the selected questions, answers and demographics.

2.4.3 Qualitative Data

Qualitative data was collected from the following sources:

- Voluntary semi-structured interviews with thirteen (13) Full Stop Australia trauma-specialist counsellors.
- Voluntary client cross-sectional survey with 69 clients (victim-survivors of sexual, domestic and family violence), with open-ended questions asking:
  - Why clients choose to access a trauma-specialist counselling service.
  - Feedback on how support could improve and suggestions on client needs during the pandemic.

All participants were de-identified with a unique code number to protect the respondent's privacy and confidentiality. A coding framework was developed to tabulate and aggregate the prevalence of themes into a matrix to facilitate thematic analysis and triangulation of data. Open-ended responses and quantitative data from the online client survey were used to inform the client case studies and pseudonyms were used for anonymity and confidentiality.

2.5 Instruments, Promotion and Recruitment

2.5.1 Online Client Survey Exclusion/Inclusion Criteria and Survey Tool

The survey was open from mid-February 2022 until the end of April 2022 and received 75 client responses.[3] Out of the 75 responses, 69 were valid and fulfilled the inclusion/exclusion criteria.

The inclusion/exclusion criteria involved the following parameters:

a) Must be 18 years or older.
b) Must have received services from Full Stop Australia at any time between March 2020 and when the survey closed end of April 2022.
c) Must confirm they have read the Participatory Information Consent Form (PICF) and provide consent before the survey can continue.
d) Must confirm they are in a safe and private place before proceeding.

A $100 eVoucher was emailed to participants only if they completed the survey and met the eligibility criterion. Eligible participants were asked to provide an email address at the end of the survey used solely for emailing the eVoucher. A list of 24/7 confidential and free support services was provided to participants at the onset and the end of the survey to seek help if they needed support or in the event the survey caused discomfort. The counsellors internally promoted the online client survey after counselling sessions to ensure the targeted cohorts who met the eligibility criteria completed the survey. The survey was not intended to be population-wide but targeted the direct cohort of victim-survivors of sexual, domestic and family violence accessing Full Stop Australia trauma specialist services nationally.

Tick boxes were mainly used to define response parameters with open ended fields to enable input of responses for other data. An eleven-point Subject Units of Distress Scale (SUDS) (Wolpe 1969) was used for

[3] For complete survey questions see Appendix 4.2

respondents to rank the level of distress. This is the same psychometric tool used by trauma specialist counsellors to measure effect of the services on clients after receiving counselling sessions.

2.5.2 Demographics of Client Survey Participants

Of the 69 valid survey respondents, 86% (n=59) identified as woman or female, 82% (n=56) were between 25-54 years of age, and most respondents identified as straight/heterosexual (64%, n=44) with 22% (n=15) identifying as bisexual, gay or lesbian.

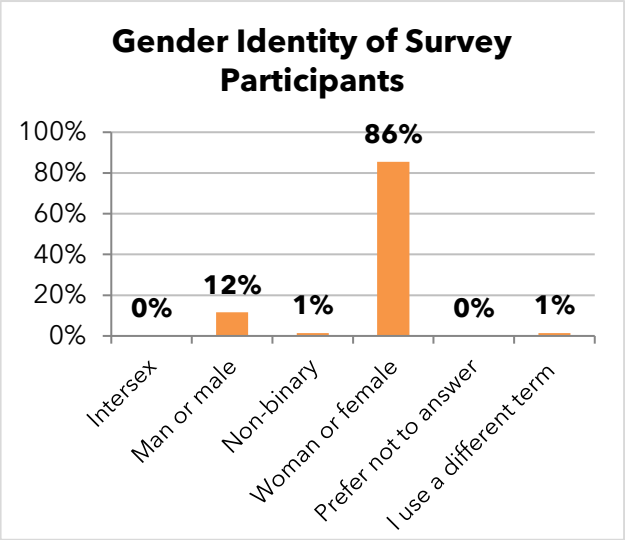

Figure 1: Responses to the survey question: "What is your gender identity?" 69 total valid responses

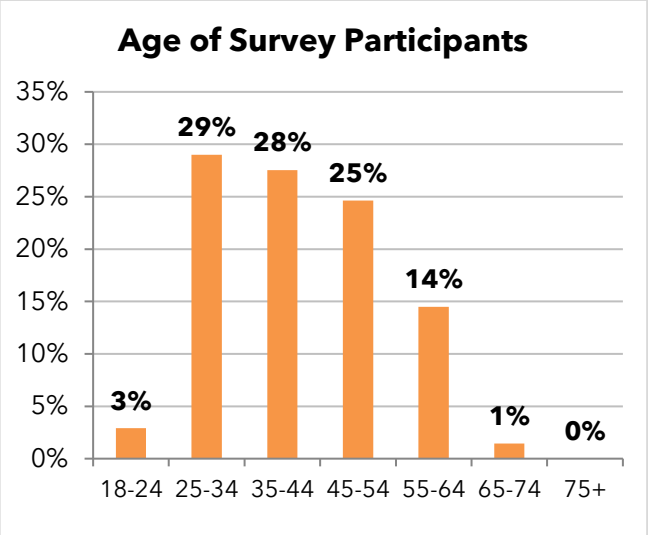

Figure 2: Responses to the survey question: "What is your age?" 69 total valid responses.

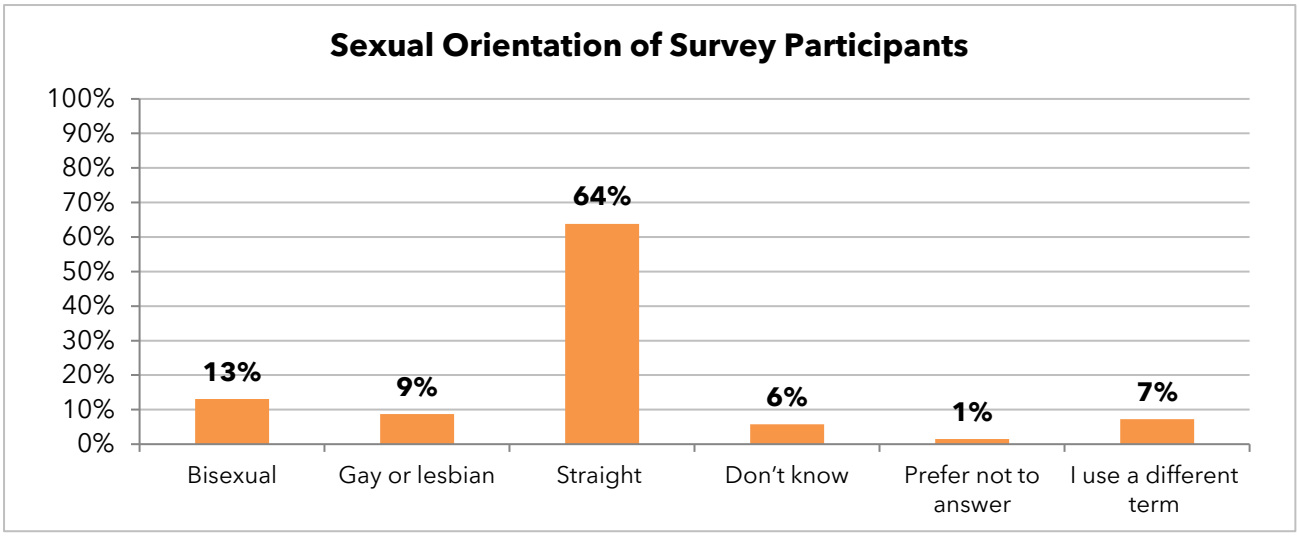

Figure 3: Responses to the survey question: "What is your sexual orientation?" 69 total valid responses.

78% (n=54) of survey respondents described their cultural or ethnic background as 'Australian', with 71% (n=49) only speaking English, followed by 7% (n=5) speaking Spanish and English. Of the 69 survey respondents, 1% (n=1) identified as Aboriginal and 97% (n=67) identified as neither Aboriginal or Torres Strait Islander.

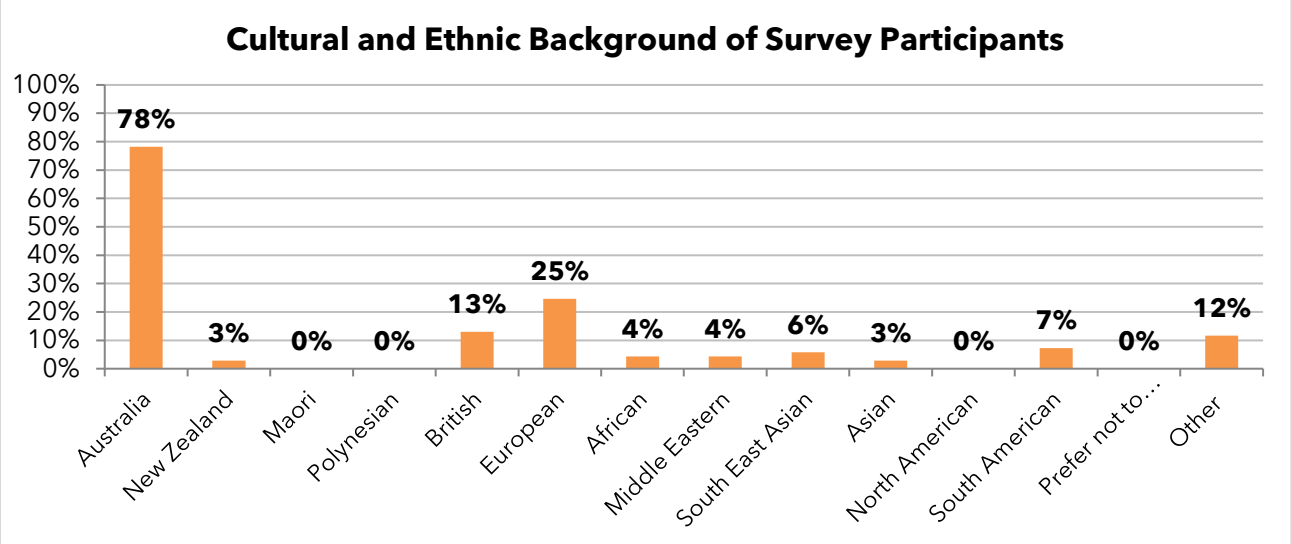

Figure 4: Responses to the survey question: "How would you describe your cultural or ethnic background? (Tick any that apply)" 69 total valid responses.

The majority of survey respondents (96% n=66) were Australian citizens or had permanent residency, of the 3 participants who responded stating they were on a temporary visa: one respondent (n=1) was on a bridging visa, one respondent (n=1) was on a student or training visa, and one respondent (n=1) preferred not to answer. Geographically, 51% (n=35) resided in a Major City, followed by 19% (n=13) living in an Inner Regional area.

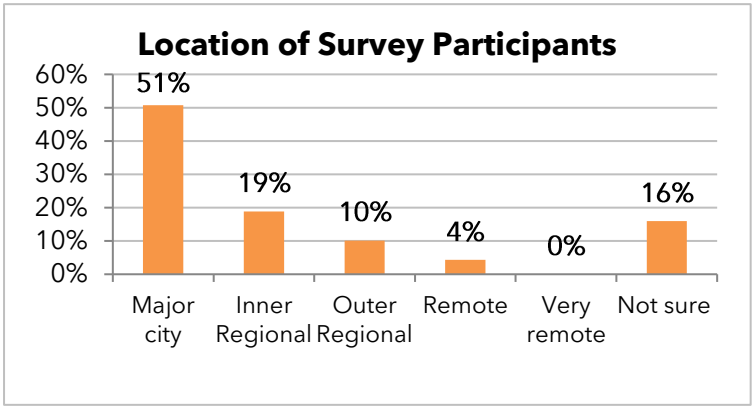

Figure 6: Responses to the survey question: "What best describes the area you live?" 69 total valid responses.

Importantly for this research, 46% (n=32) of clients surveyed identified as being a person with disability, and 48% (n=33) of respondents reported that they were not disabled, 6% (n=4) preferring not to answer. Sixty-two percent 62% (n=43) of survey respondents identified as living with a long-term Chronic Health Condition and 22% (n=15) were accessing the National Disability Insurance Scheme (NDIS).

2.5.3 Overview of Client Survey Participants' Engagement with Full Stop Australia's Services

Of the 69 clients who participated in the survey, 65% (n=45) had engaged with Full Stop Australia through the NSW Rape Crisis Centre, with 56% (n=39) engaging with one of Full Stop Australia's national services. Most survey respondents (93%, n=64) accessed the services via phone at some stage of their engagement. Thirty percent 30% (n=21) accessed face-to-face services, 25% (n=17) accessed online services, and 10% (n=7) accessed services using video-conferencing technologies. Most of the survey participants (71%, n=49) had accessed Full Stop Australia's services prior to COVID-19 (March 2020), with 29% (n=20) accessing services during the COVID-19 pandemic for the first time. Most of the survey participants (61% or n= 42) accessed Full

Stop Australia's trauma counselling services on more than ten (10) occasions over the two-year period, and only 6% (n=4) accessed the services on a single occasion.

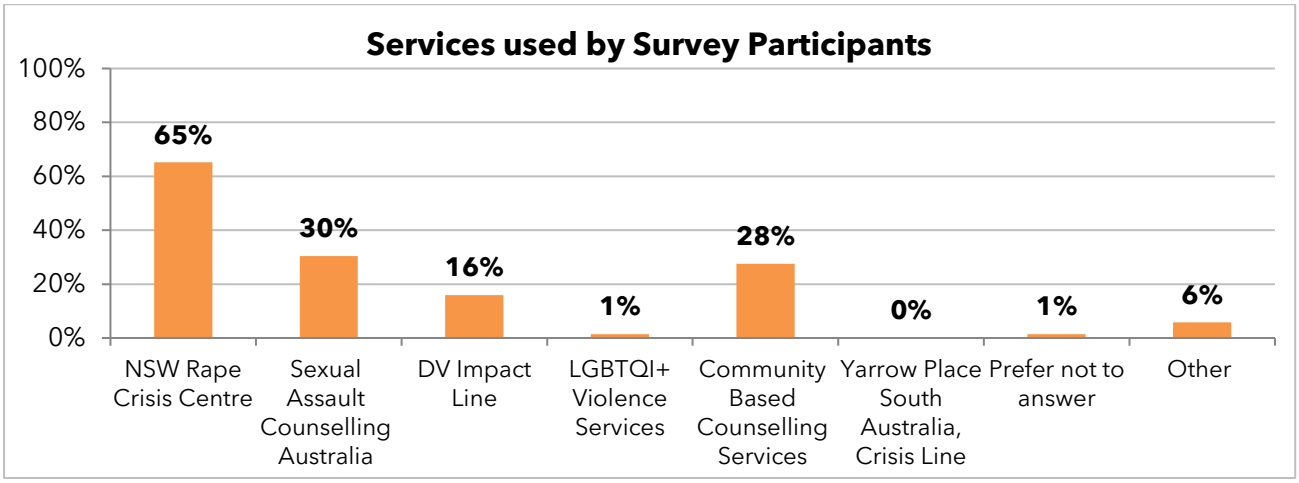

Figure 7: Responses to the survey question: "What service have you used at Full Stop Australia (formerly Rape and Domestic Violence Services Australia)? Tick all that apply." 69 total valid responses.

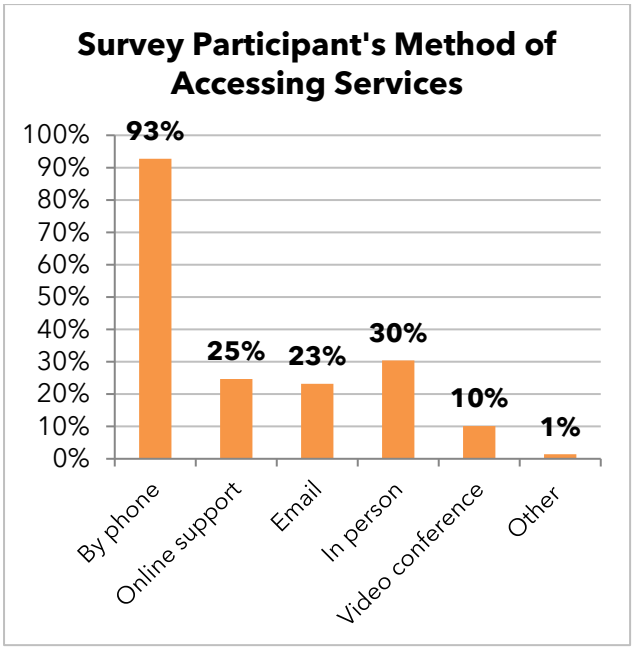

Figure 8: Responses to the survey question: "How did you access the service? Tick any that apply." 69 total valid responses.

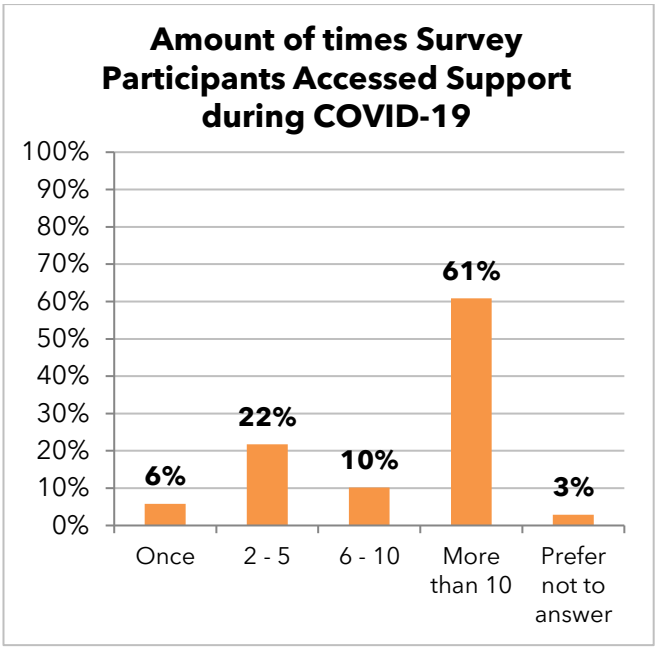

Figure 9: Responses to the survey question: "How many times did you access support from Full Stop Australia over the past two years during COVID-19?" 69 total valid responses.

2.5.4 Semi-structured Counsellor Interview tool

The study conducted thirteen (13) in-depth, semi-structured with Full Stop Australia trauma specialist counsellors.[4] During the promotion period, the organisation had reduced staff capacity and experienced high call demands early in 2022. As such, counsellors were invited to voluntarily participate in the interview before

[4] The interview tool questions are listed in Appendix: Semi-structured Interview Tool.

or after shifts and were paid for the additional rostered hour to minimise disruption to frontline services and increase participation rates.

Recruitment for voluntary participants was communicated with direct email invitations to the counsellors from the Principal Investigator and promoted by Counselling Service Managers in the organisation's weekly Managers and monthly team meetings. COVID-19 safety measures were maintained with video conference or telephone modalities to engage flexibly with participants, and where it was safe, face-to-face interviews were conducted.

The Principal Investigator conducted the counsellor interviews. All interview participants were provided with the Participatory Information and Consent Form (PICF) and interview questions before the interview and could give either written or verbal consent. Interviews were only recorded and transcribed with the participant's permission or otherwise manually annotated. All participants had to meet the inclusion/exclusion criteria before proceeding with the interview.

The inclusion/exclusion criteria for the staff interviews were:

a) Must have worked for Full Stop Australia (formerly Rape and Domestic Violence Services Australia) between March 2020 and April 2022.
b) Be a trauma specialist counsellor at Full Stop Australia, working with people with lived experiences of sexual, domestic and family violence.
c) Must confirm they have read the Participatory Information and Consent Form (PICF) and provide consent before they participated in the interview.

2.6 Research Limitations

The internal client database was limited to the demographic information disclosed by Full Stop Australia clients who chose to provide demographic details during intake and assessment. Collating phone call statistics were also limited to the pre-programmed Telstra 3CX data collection system. Although the service is accessible nationally, over half (52%) of the organisation's clients resided in New South Wales during this period. Thus, the results are not geographically representative of the national population jurisdictionally. Similarly, the online client survey sampled 69 victim-survivors of sexual, domestic and family violence utilising Full Stop Australia's trauma counselling services nationally, but it is not intended to represent victim-survivors experiences nationally.

The study committed to applying an intersectional lens to include multiple at-risk cohorts in the data and analysis. However, the diversity of victim-survivors accessing the organisation's service remains primarily from an Oceanian background (36% of total clients in COVID-19),[5] with small proportions (less than 1%) of people identifying as intersex and transgender. Full Stop Australia's proportion of clients identifying as Aboriginal and Torres Strait Islander during the two-year data collection in COVID-19 is 3.3%. As such, the absence of findings from Indigenous cohorts is not representative of the disproportionate sexual, domestic and family violence

[5] Oceanian background is based on the Australian Bureau of Statistics (2016) definition: Australian, New Zealander, Māori, PNG, Polynesian (Fiji, Tongan, Samoan).

and suicide rates experienced by Indigenous communities compared to non-Indigenous populations. The lack of substantive data from other at-risk cohort groups such as people on temporary or uncertain visas, LGBTQI+, people with disabilities or culturally and linguistically diverse people does not indicate the lack of sexual, domestic and family violence incidents or COVID-19 impacts by marginalised populations. Instead, missing data suggests that marginalised cohorts remain underreported and potentially underserviced.

Australian Government
National Mental Health Commission

Full Stop Australia

Findings & Recommendations

3. Findings and Recommendations

3.1 Victim-Survivors of Sexual, Domestic and Family Violence Pre-Existing Presentations of Complex Trauma

The victim-survivors accessing Full Stop Australia's services often present with extended histories of sexual, domestic and family violence and complex trauma. A large proportion (79%, n=54/69) of victim-survivor survey respondents and their children had experienced sexual, domestic and family violence or child sexual abuse before COVID-19, with 85% (n=46/54) having experienced emotional abuse, and 83% (n=45/54) experiencing psychological abuse before COVID-19. Whilst this data illustrates that sexual, domestic and family violence was a concerning issue prior, this result shows that the COVID-19 pandemic escalated victim-survivors' experiences of sexual, domestic and family violence and their complex trauma.

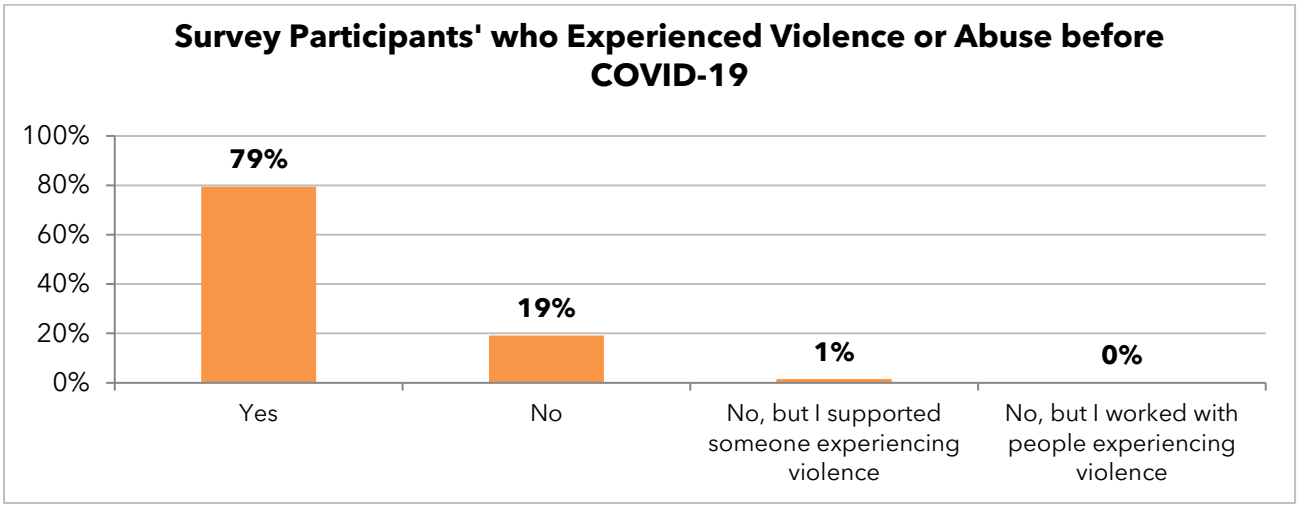

Figure 10: Responses to the survey question: "Before COVID-19 had you or child(ren) experienced violence or abuse? Before COVID is any time before March 2020". 68 total valid responses.

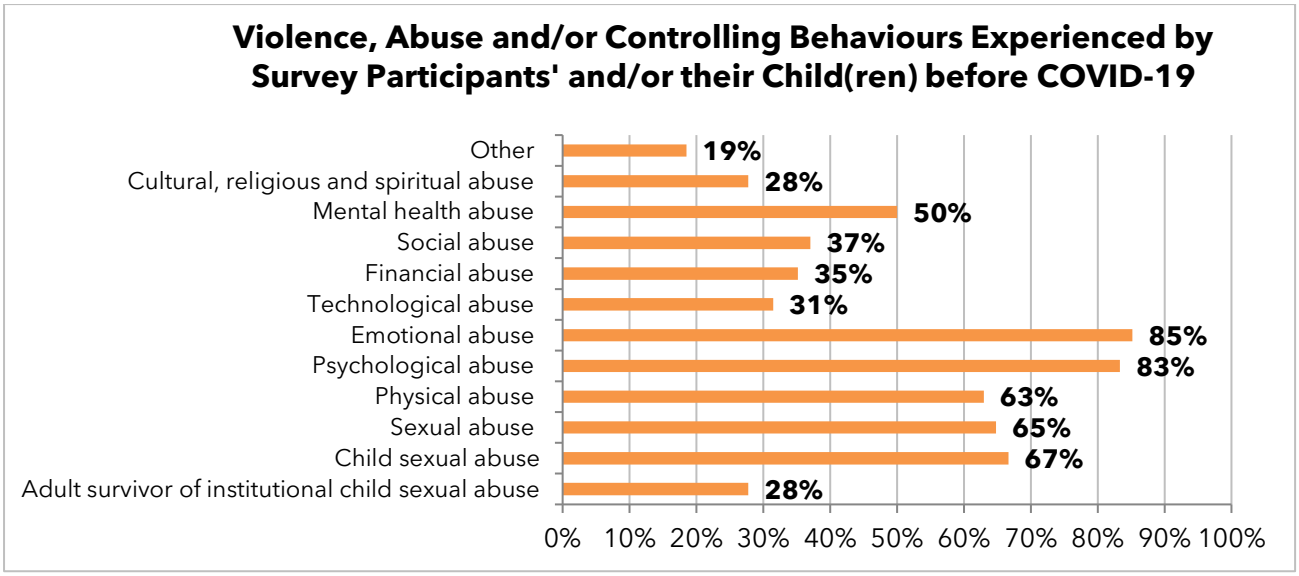

Figure 11: Responses to the survey question: "What type of violence, abuse or controlling behaviours did you or child(ren) experience before COVID-19? Tick any that apply." 54 total valid responses.

The impacts of sexual, domestic and family violence and complex trauma are far-reaching for both the victim-survivor and the community. Complex trauma can result from multiple, repeated forms of sexual, domestic and family violence causing complex traumatic health problems and psychosocial challenges. Complex trauma is commonly associated with a wide range of psychiatric diagnoses and misdiagnoses, functional impairments, and an array of educational, vocational, relational and other health problems (ANROWS 2020a; Salter et al. 2020). Depressive and anxiety disorders, and suicide and self-harm, are among the top ten leading causes of the overall burden in women aged 18-44 years (AIHW 2019). A large part of this is attributed to the complex trauma impacts of sexual, domestic and family violence. Moreover, women who have experienced violence in childhood are three times more likely to experience violence by a partner compared to those not abused as children (ANROWS 2020a). The compounding effect of intergenerational trauma in this regard often remains unaddressed and overlooked (ANROWS 2020c). Short and long term mental health consequences associated with complex trauma can continue to persist throughout the person's life after the incident and after the violence has stopped (ANROWS 2020c). Moreover, people impacted by complex trauma are often in frequent contact with police and other crisis services and are regularly hospitalised as a result of additional experiences of family, domestic and sexual violence and the associated trauma impacts (ANROWS 2020b, 2020c).

3.2 The Pandemic's Impact: Perceptions of Increased Severity and Frequency of Violence and Abuse

Victim-survivors of sexual, domestic and family violence have multiple factors determining their health and wellbeing outcomes during COVID-19. While deleterious mental health and wellbeing outcomes cannot be solely attributed to the pandemic alone, COVID-19 augmented the pre-existing inequalities and disparities for victim-survivors of sexual, domestic and family violence, particularly for marginalised population groups. Social determinants of health and wellbeing are inextricably linked to the trends in violence and poor mental health outcomes during the pandemic (Full Stop Australia 2021). The social determinants of health collectively influencing the ability for victim-survivors to escape and recover from the trauma of sexual, domestic and family violence include (AIHW 2020):

- Socioeconomic position, income and employment
- Social exclusion and support
- Early childhood and education
- Family/community relationships and support
- Housing and homelessness.

Other factors that influence the predisposition to sexual, domestic and family violence and recovery from trauma include:

- Availability and access to health services and support
- Pre-existing medical, mental and physical health conditions
- Gender, age, sexual orientation, Indigenous status, disability status and remoteness
- Exposure to discrimination and marginalisation.

Public health orders mandating lockdowns, restrictions on movement and physical distancing during COVID-

19 prolonged the victim-survivors' time co-habiting with the perpetrator and limited their ability to access violence and trauma-informed support. National studies at the onset and first year of COVID-19 found that there was an increase in severity, frequency and intensity of sexual, domestic and family violence throughout the pandemic (ANROWS 2021; Boxall and Morgan 2021; Boxall, Morgan, and Brown 2020). The client online survey results indicated the ongoing trend of escalating violence continuing as COVID-19 endured. Almost half (48%, n=13/27) of the online client survey respondents indicated that the violence became more frequent during the COVID-19 pandemic.

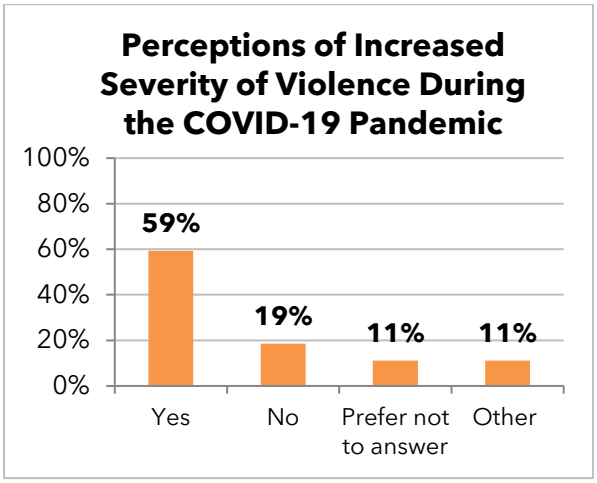

Figure 12: Responses to the survey question: "Did the violence become more frequent during COVID-19?" 27 total valid responses.

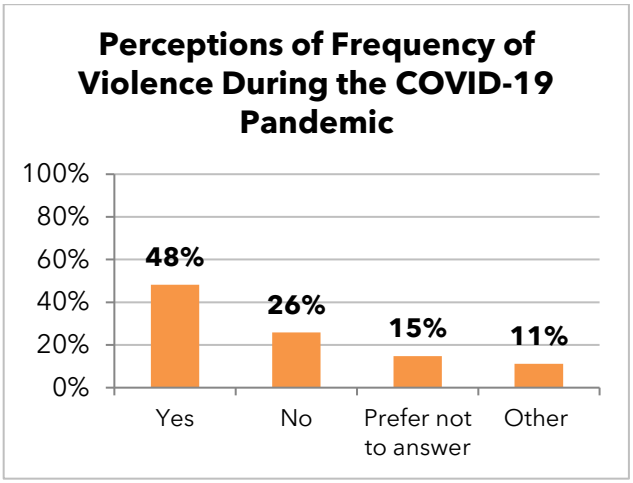

Figure 13: Responses to the survey question: "Did the violence and abuse become more severe during COVID-19?" 27 total valid responses.

Furthermore, 59% (n=16/27) of client survey respondents experienced more severe violence and abuse during COVID-19. Two victim-survivors reported that:

> "… as we fled the home he became more desperate and more unpredictable and more dangerous."

> "…COVID was another way for my family to further intimidate me, I was caring for my Mum and felt responsible for her… this increased powerlessness in my choice in my life and how to maintain COVID safe. I lost power and was unable to make choices about my own safety…"

Counsellors also raised concerns regarding the experiences of victim-survivors during the COVID-19 pandemic, speaking to the complexities various clients face owing to their specific trauma needs:

> "… for a bureaucrat, they wouldn't have any idea why someone's mouth being covered would cause trauma. It's a trigger, and when someone's triggered, their system activates, and they respond. For some people, that can be things such as a panic attack… they're linked to that feeling to what they have previously experienced, so it reminds them of their trauma, and then they have an involuntary response to that from maybe being

suffocated."[6]

"… There may be kind of incidents of trauma that have happened within those [health] settings, and sort of having medical tests like the PCR tests or having to do RAT tests and that kind of thing… having contact with the medical system can be quite distressing for people, I think it can be quite triggering."[7]

"… with complex trauma, the heightened anxiety about COVID was more than the average population, massive anxiety about policing mask wearing and clients believing bad things happened, more than other people… hyper vigilant, catastrophic thoughts, that was the hugest thing…"[8]

Victim-Survivor Case Study: The Exacerbating Impact of the Pandemic on Sexual, Domestic and Family Violence

Anna* is a 25–34-year-old woman from remote Victoria with a long-term chronic health condition. She has four children.

Anna experienced domestic and family violence for 14 years perpetrated by her husband who would use coercive and controlling tactics to instil fear, including physical, psychological, emotional, financial, social and technological abuse. Anna and her children had many barriers to leaving the perpetrator and were in fear of escalating violence if she tried to escape her husband. She was unable to report the violence to authorities as the perpetrator took her phone, removed internet access, and isolated her from friends and family. The family also risked homelessness as Anna relied on government welfare payments and was unable to affordable and safe housing to escape the violence.

During the pandemic was "a very dangerous" and "horrific time" for the family who had managed to escape the perpetrator but whose safety was now at high risk. Anna and her children remained "hypervigilant" as the perpetrator became more unpredictable and desperate to track down the family who still experienced ongoing abuse. The financial stress Anna experienced during COVID-19 meant she also could not pay for bills or rent, and at times went without meals. Anna also had increased caring duties for her son with special needs and home-schooling her other children.

The collective stressors experienced before and during COVID-19 from ongoing violence, safety concerns, risk of homelessness, financial stress and increased caring duties caused severe anxiety and distress and exacerbated the trauma for Anna and her children.

**Please note: a pseudonym has been provided for all victim-survivor case studies that appear throughout this report.*

The experiences and complexities of both the case study above, survey respondents and counsellors interviewed here clearly illustrates how COVID-19 has further exacerbated and added strain to those impacted by sexual, domestic and family violence.

[6] Counsellor Interview SI 1.
[7] Counsellor Interview SI 10.
[8] Counsellor Interview SI 8.

Recommendation 1: Recognise the Complexity of Trauma for Victim-Survivors of Sexual, Domestic and Family Violence

Victim-survivors of sexual, domestic and family violence experience and navigate many complex and compounding factors which determine their health and wellbeing outcomes. Findings from this research highlight the complexities and increased challenges victim-survivors faced during the COVID-19 pandemic. This study shows that whilst poor mental health and wellbeing outcomes were not solely attributed to COVID-19, the pandemic did exacerbate the pre-existing barriers and challenges for victim-survivors of sexual, domestic and family violence. These findings reinforce the significance of recognising the complexity of trauma and trauma responses when supporting victim-survivors.

Full Stop Australia recommends that the NMHC engages with a violence and trauma-informed framework to shape all future policy responses to improve trauma support for victim-survivors and assist them in navigating diverse and complex service systems.

3.3 Victim-Survivors' Experiences Navigating the Pandemic

3.3.1 Reduced Access to Support Services

The onset of the pandemic in the Alpha wave was an unprecedented time with uncertainty of health impacts on the population, concerns of contracting COVID-19 and risks of lethality. The introduction of COVID-19 public health orders, physical distance restrictions and lockdowns changed how the population interacted, lived and accessed support. The ability to seek appropriate and timely support is critical to the safety and health outcomes of victim-survivors of sexual, domestic and family violence. Counsellors unanimously argued that clients experienced decreased access to support services throughout the pandemic.

Victim-survivor respondents of the client survey also experienced barriers to seeking timely support or to report sexual, domestic and family violence during COVID-19. Contributors to reduced access were a combination of COVID-19 restrictions, lockdowns, increased isolation, lack of safety at home, fears of escalating violence, fear of contracting the virus and because other services were at capacity.

Counsellors also observed the trend of limited-service provision for other referred organisations or reduced vacancies for crisis accommodation to escape sexual, domestic and family violence:

> "…even if we were to refer to other people, sometimes their services were limited."[9]

> "The safety risks for women still living with the perpetrator are definitely heightened and [the ability] to escape is very much reduced…really worse, because people couldn't go to a crisis accommodation because they were full..."[10]

During the Delta wave, with a more virulent and lethal strain of COVID-19 and extended lockdown periods, counsellors noted a reduction in clients accessing support services critical to maintaining victim-survivors mental health and wellbeing. The easing of the Delta lockdowns in September–November 2021, particularly

[9] Counsellor interview SI 7.
[10] Counsellor interview SI 13.

in NSW and Victoria, provided short term respite from the risks of community transmission and calls to Full Stop Australia's helplines began to rise.

1st Year	Calls received	COVID-19 Wave	**2nd Year**	Calls Received	COVID-19 Wave	% Increase/ decrease in call demand
Aug 20	1336	NSW Crossroads cases & lockdown	Aug 21	1420	Delta, NSW & VIC (6th) lockdowns.	6.3%
Sep 20	1114	NSW lockdowns ease	Sep 21	1407	NSW & VIC Delta lockdown endures.	26.3%
Oct 20	1261		Oct 21	1710	NSW Out of Delta Lockdown – lowcases and VIC, Delta peak cases.	35.6%
Nov 20	1410		Nov 21	1777	Out of Delta Lockdown – low cases & VIC Delta cases easing. Onset of booster rollout.	26.0%
Dec 20	1190	NSW cases & lockdowns	Dec 21	1707	Onset Omicron outbreak in VIC and NSW.	43.4%

Figure 14: Trends in Calls Received in COVID-19 Waves and Lockdowns Between August-December 2020, and August 2021-2021. Source: Full Stop Australia Internal calls 3CX register and (Parliament of Australia 2020) (State Government of Victoria 2021) (Commonwealth of Australia 2022).

The sense of "hope" counsellors observed in clients during the Delta wave was reversed with the Omicron strain in December 2021.[11] Despite the removal of COVID-19 restrictions and easing lockdowns during the Omicron wave at the end of December 2021 and early 2022, clients still experienced decreased access to support services. The exponential spike in community transmission during the Omicron wave posed a safety risk for clients who remained fearful of contracting the virus. The COVID-19 health and safety concerns were exacerbated for people with disabilities, the elderly, and the chronically ill, whose safety were further compromised by eradicating most of the public health measures.

Counsellors observed the disruption for clients in maintaining routine medical appointments and reduced access to support workers or unpaid carers due to COVID-19 health restrictions and fears of contracting the virus. Reduction in accessing the medical and support services contributed to the deterioration of health and quality of life for victim-survivors with underlying medical conditions alongside trauma from sexual, domestic and family violence. Frontline counsellors also observed the increased time some clients spent at home with abusive intimate partners, spouses and/or family due to COVID-19 health orders and how this increased the risks of exposure to sexual, domestic and family violence for victim-survivors (38%, n=5/13).

The home during COVID-19 was often not a safe place for victim-survivors as the most common perpetrator of the violence was a family member, relative or family friend (80%, n=43/54), followed by intimate partner, husband, spouse or ex-partner (63%, n=34/54). COVID-19 health restrictions were weaponised by perpetrators to abuse, control, increase monitoring and surveillance of victim-survivors unable to escape the home (Carrington, Morley, Warren, Harris, et al. 2021). Victim-survivors reported (44%, n=7/16) that being unable to seek support, escape or report violence caused the highest level of impact with anxiety or distress.

[11] Counsellor respondents: SI 1, SI 4, SI 9.

Further, victim-survivors living with the perpetrator of sexual, domestic and family violence experienced barriers to seeking support to escape or report the violence during COVID-19. Victim-survivors struggled to seek help without the perpetrator knowing, potentially increasing the risk of reprisals and escalating violence. The online client survey results found that 21% (N=14/68) of respondents could not access timely support for themselves and their children to escape or report violence or abuse. The key barriers to reporting and escaping violence and abuse, according to the online client survey respondents are illustrated in Figure 15, below.

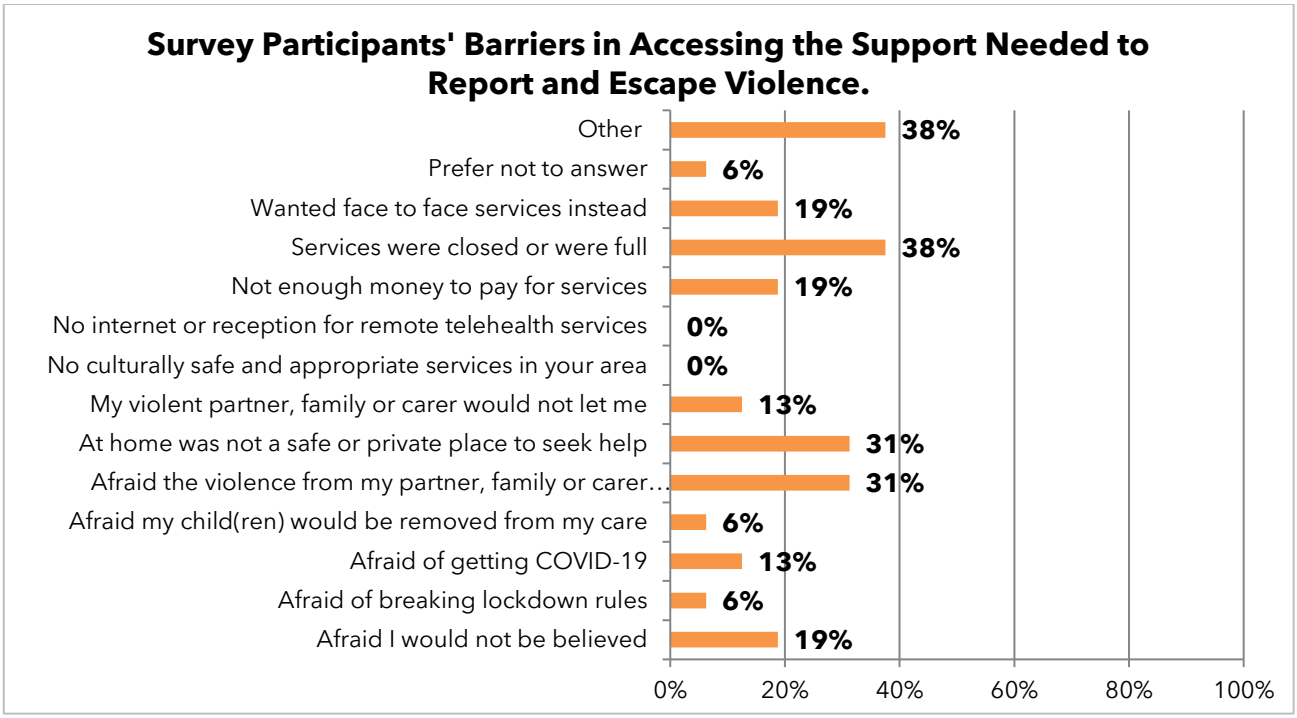

Figure 15: Responses to the survey question: "Why were you unable to get the support when you needed to report or escape violence? Tick any that apply." 16 total valid responses.

Survey respondents detailed barriers they experienced which impacted their ability to report or escape the violence:

> "[I] felt guilty about reporting my family member."

> "…[it] was unsafe for me to leave my home to access services, he had taken my phone, disconnected the internet etc. I had no contact with [the] outside world for days…"

Whilst Full Stop Australia offers specialist violence and trauma-informed support through free and confidential 24/7 helplines and live chat, to provide and enable greater support for victim-survivors throughout the COVID-19 pandemic, the in-person Community Based Counselling Services transitioned to primarily providing videoconferencing and telehealth. The existing structure of remote services enabled Full Stop Australia to continue operating when some organisations had to reduce service capacity or close due to COVID-19 lockdowns and other physical distancing measures. Between the first and second years of COVID-19, there was a surge in demand for violence and trauma specialist counselling, which increased as the pandemic continued. The organisation had a 26% increase in calls received across all services in the second year of COVID-19 compared to the first.

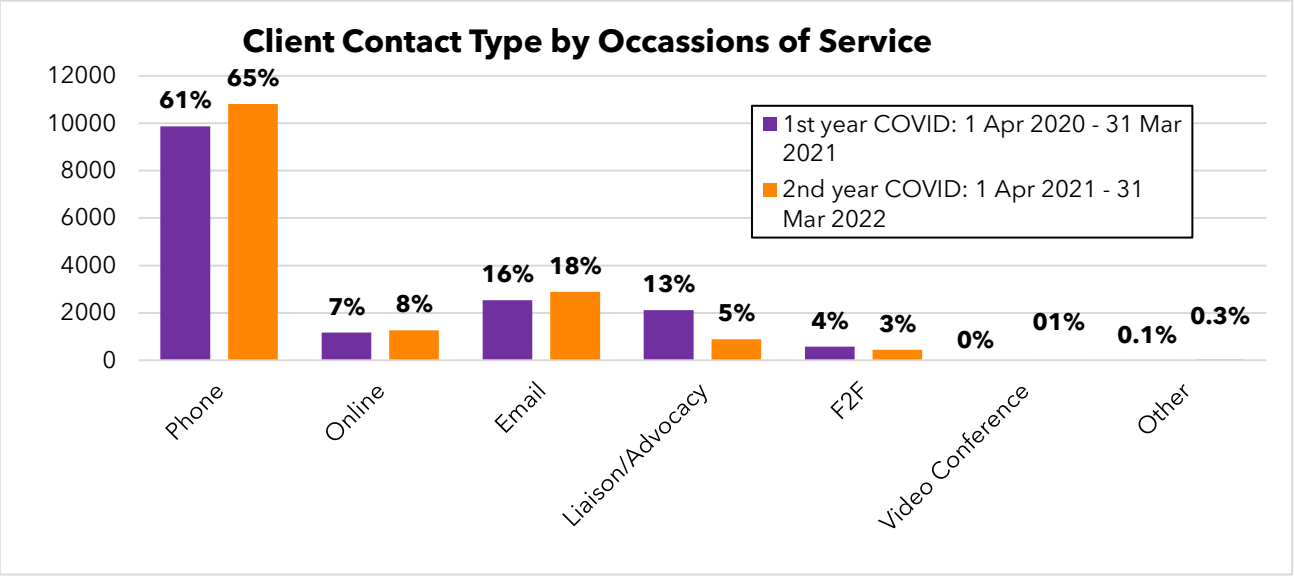

Figure 16: Client contact type by occasions of service between 1st year of COVID-19 (total N = 16,274) and 2nd year (total N=16,353).

Due to victim-survivors' demand and need for trauma specialist counselling resulting in extended support times, there were longer queues to have calls answered by an available counsellor. While the option to leave a voicemail is provided to callers, many victim-survivors need to receive accessible and immediate support from a counsellor when they call, as illustrated clearly by one victim-survivor survey participant responded when asked what they needed during the COVID-19 pandemic:

> "To be able to access … (trauma specialist service) telephone counselling support needs to have more counsellors available to take telephone calls…Often there are no counsellors available to take incoming calls, they are on other calls according to the recorded message, so I give up and do not receive support when I need it."

Availability of services for increasing demands during COVID-19 are required to ensure victim-survivors obtain the support when needed, as indicated by a victim-survivor survey participant:

> "… increase services with more counsellors because mine was booked out when things got very tough in the middle of COVID."

Victim-Survivor Case Study: Reduced Access to Support throughout the Pandemic

Linda* is aged between 35 and 44 and is an asexual woman living in a regional area. She is a NDIS participant and receives care from support workers and relies on the disability pension to live. Linda is an adult survivor of institutional child sexual abuse and has experienced sexual and family violence throughout her life from those close to her, including family members, intimate partners, carers and health workers. As an ongoing client of Full Stop Australia, Linda had received support and counselling before and throughout the onset of COVID-19 and the related restrictions.

The pandemic exacerbated the trauma and mental health issues Linda was experiencing due to her escalating violence. During COVID-19, the violence and abuse impacting Linda worsened as she continued to experience sexual, psychological and emotional abuse from those surrounding her. As a result of these experiences, she resorted to self-harm, experienced suicidal thoughts and the effects of post-traumatic stress disorder. Extremely impacted by anxiety and distress, Linda could only access support services sometimes due to the lockdown restrictions in her area. She was afraid of breaking lockdown rules and contracting COVID-19. She did not view her home as a safe space to reach out to support services as she was fearful of reprisals or escalating violence if the people abusing her would find out she was seeking help.

Linda also experienced homelessness throughout the pandemic, as she could not find an affordable place to live on her welfare payments, and there were minimal vacancies at refuge accommodation. This led to increased anxiety and distress, compounded by not having her support workers as accessible during the pandemic to maintain her quality of life.

The experiences and complexities of both the case study above, survey respondents and counsellors interviewed here demonstrates the importance of providing accessible, flexible, and diverse service engagement and support for people impacted by sexual, domestic and family violence, particularly during a time of crisis such as during the COVID-19 pandemic.

Recommendation 2: Prioritise Accessible, Flexible and Diverse Service Engagement and Support

The introduction of COVID-19 public health orders, including physical distance restrictions and lockdowns dramatically changed how the Australian population interacted, accessed supports and lived their day-to-day lives. Owing to the impacts and restrictions of lockdowns throughout COVID-19, and their general fears of contracting the virus, victim-survivors reported experiencing heightened difficulties in accessing support services. Consequently, COVID-19 disrupted not only immediate crisis support, but also the continuity of long-term therapeutic services, in turn increasing isolation and delaying trauma recovery. Crucially, as this study highlights, the ability to seek appropriate and timely support is critical to the safety and health outcomes of victim-survivors of sexual, domestic and family violence.

Full Stop Australia recommends that the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, prioritise the provision of accessible, flexible and diverse support modalities for victim-survivors, such as phone, web, online, and telehealth support, alongside in person support. This support needs to be ongoing to assist clients to navigate the broader service system in an integrated way as they progress through their recovery journey from crisis through to trauma management and recovery.

3.3.2 Increased Service Referrals

Experiencing sexual, domestic and family violence can require long term specialist support as healing from trauma is complex and seldom a linear trajectory. During COVID-19, existing clients made up 10% of the total number of people accessing Full Stop Australia and 90% were new clients. However, 61% of occasions of services were from the long-term existing clients contacting Full Stop Australia more than seven times, with ongoing therapeutic plans.[12]

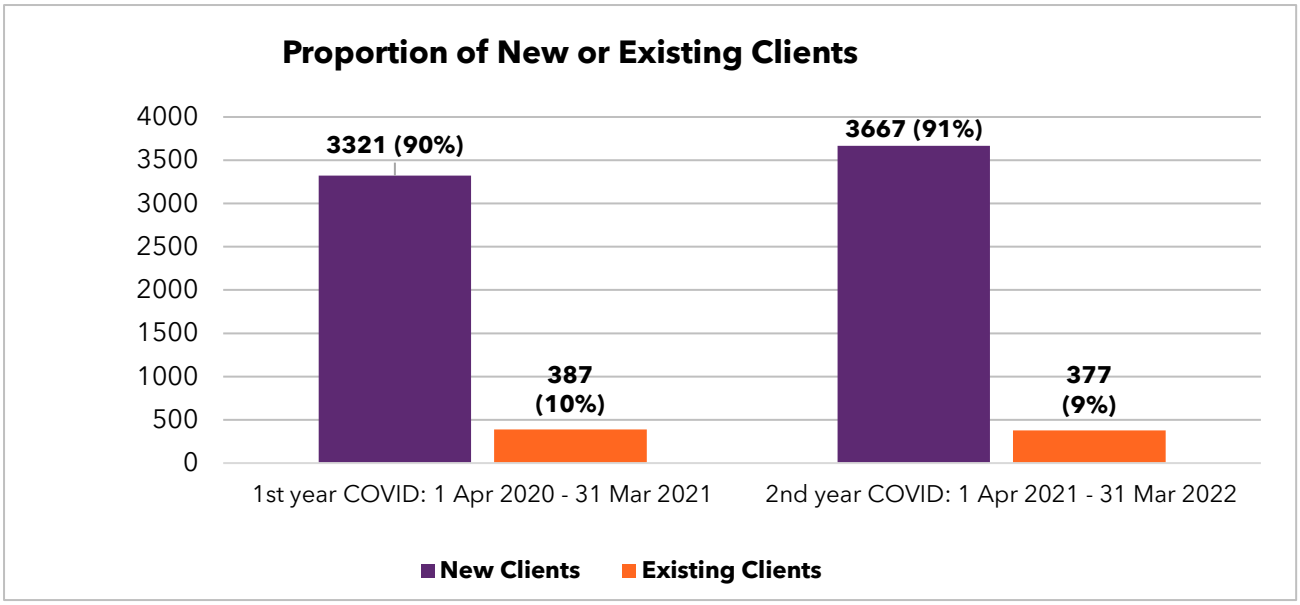

Figure 17: Proportion of New or Existing Clients between 1st year of COVID-19 (n=3708) and 2nd year (n=4044).

Range of Contact with Full Stop Australia	1st year COVID	2nd year COVID	Combined average total
New Contact	3424	3885	22%
2-6 Contacts	2689	2631	16%
7+ Contacts	10161	9811	**61%**
Total Occasions of all services – 32,601			

Integrated approaches to services delivery require case coordination and multidisciplinary service delivery to improve the safety, accuracy of risk assessment for victim-survivors of sexual, domestic and family violence (ANROWS 2020c). Counsellors case management of clients and provision of wrap around services in addition to counselling support was necessary to address the ramifications of sexual, domestic and family violence and COVID-19 on safety, housing, income, physical and mental health. The intensity and complexity of therapeutic counselling services can be attributed to the proportion of services for clients who needed long term therapeutic plans and required ongoing support throughout COVID-19 to address the complexity of needs. The violence and trauma-informed counsellors not only provided support for the trauma induced by sexual, domestic and family violence but also integrated support and care-coordination.

There was a 41% increase in referrals provided overall between the first and second years in COVID-19 to

[12] Please note: *Occasions of service* refers to the number of contacts a client has with the service.

address intersectional issues accessing housing, legal, police, medical, sexual assault counselling, income and other government services. Some of the highest increase rates for referrals needed and provided were a 155% increase in NSW Sexual Violence Helpline (formerly NSW Rape Crisis) referrals (1st year n=229, 2nd year n=585, total n=814), and a 124% increase in financial assistance referrals (1st year n=33, 2nd year n=74, total n=107).

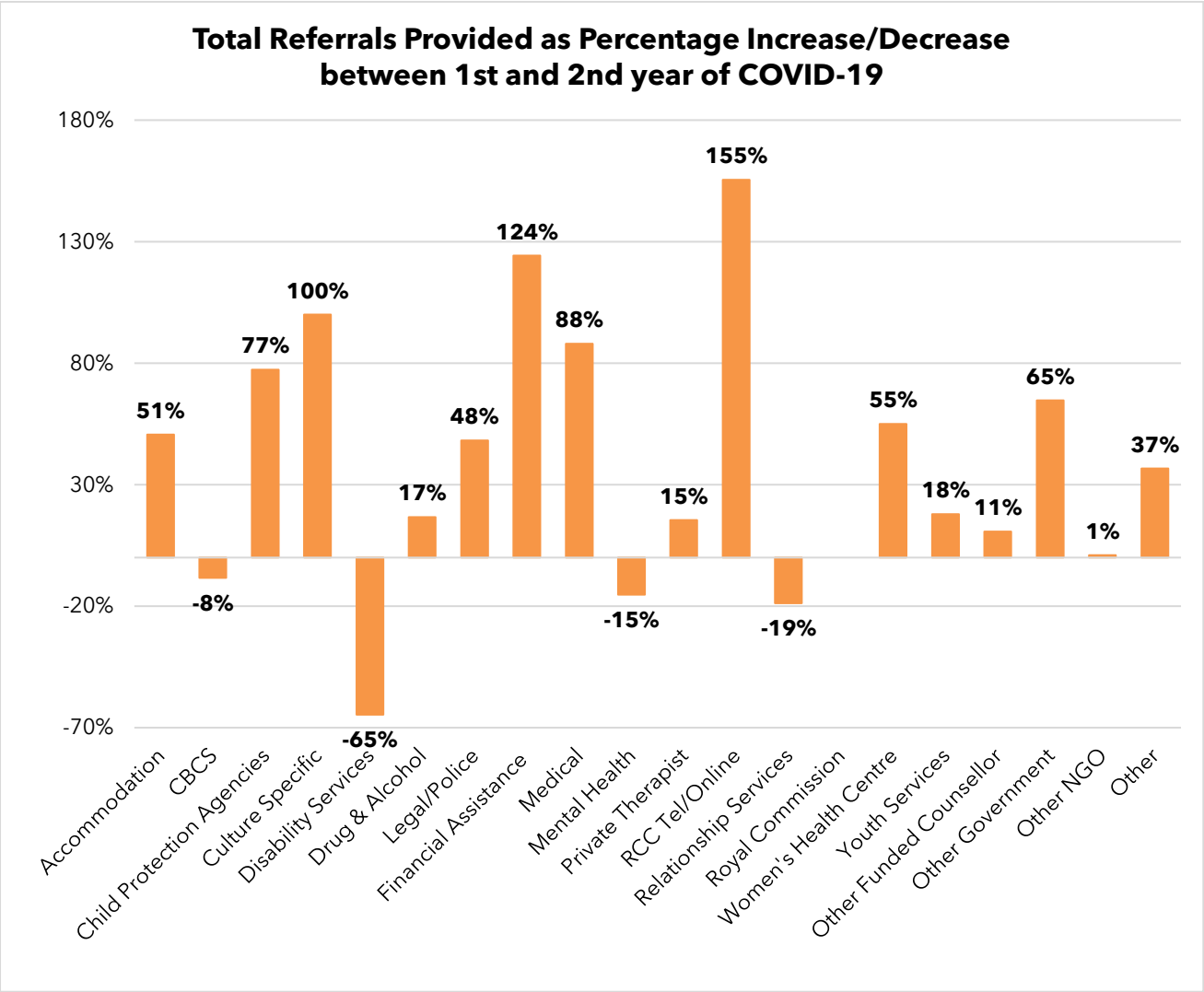

Figure 18: Referrals provided between 1st year of COVID-19 (total referrals n=3009) and 2nd year (total referrals n=4259) presented as a total percentage increase/decrease between both periods.

The exponential increase and proportion in referrals for the NSW Sexual Violence Helpline (formerly NSW Rape Crisis) indicates the rising need for victim-survivors to obtain counselling for sexual violence and assault. The inability to seek timely support, report violence, increased financial stress, and risks of homelessness adversely impacted victim-survivors mental health.

Given that seeking safety, recovery, and healing from sexual, domestic and family violence is dependent on the social determinant of health and wellbeing such as housing, income, education, legal redress and child safety, integrated care coordination and multidisciplinary support is critical to address the complex needs of victim-survivors and their dependent child(ren).

Recommendation 3: Further Invest in Multidisciplinary Support

Findings in this research reveal that for many victim-survivors of sexual, domestic and family violence the COVID-19 pandemic exacerbated pre-existing barriers and challenges. However, there was also an increase in victim-survivors accessing support for the first time. This increase in demand reinforces the need for increased support to be available during times of crisis to better protect and navigate victim-survivors' mental health and wellbeing. Given this increase, Full Stop Australia recommends sustainable investment and funding for complex, integrated care coordination and multidisciplinary support.

Full Stop Australia recommends the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, provide for:

- **Sustainable, national investment and funding of crisis support for specialist trauma, sexual, domestic and family violence and child sexual abuse services to reduce unmet demand in metropolitan, rural, regional and remote locations.**
- **Sustainable, national investment and funding of ongoing healing and recovery services for violence and trauma specialist sexual, domestic and family violence services across the continuum of care in metropolitan, rural, regional and remote locations. Including investment in supporting technology for services and victim-survivors to transition to remote service modalities as outlined in Recommendation 2.**

3.3.3 Increased Case Complexity

3.3.3.1 Increased and Exacerbated Mental Health Stressors

Following the onset of COVID-19, service providers reported a trend in increased case complexity for victim-survivor requiring multiple needs to seek safety and support from domestic and family violence (Carrington, Morley, Warren, Ryan, et al. 2021; Foster et al. 2020; Full Stop Australia 2021; JiCSAV 2021). Evidence from this study reinforces the findings at the onset of COVID-19 with case complexity enduring and increasing further in the second of COVID-19. A quarter (25% n=17/68) of victim-survivor survey respondents indicated experiences of violence during COVID-19 impacted their mental health by causing the highest level of distress (100 SUDS score). However, stressors from sexual and domestic and family violence were not the only factors impacting mental health in COVID-19. The survey tool and Full Stop Australia services use the Subject Units of Distress (SUDS) psychometric tool to measure the scale of distress. The SUDS uses an 11 point scale where zero is having no distress and 100 is the highest score level of distress (Wolpe 1969).

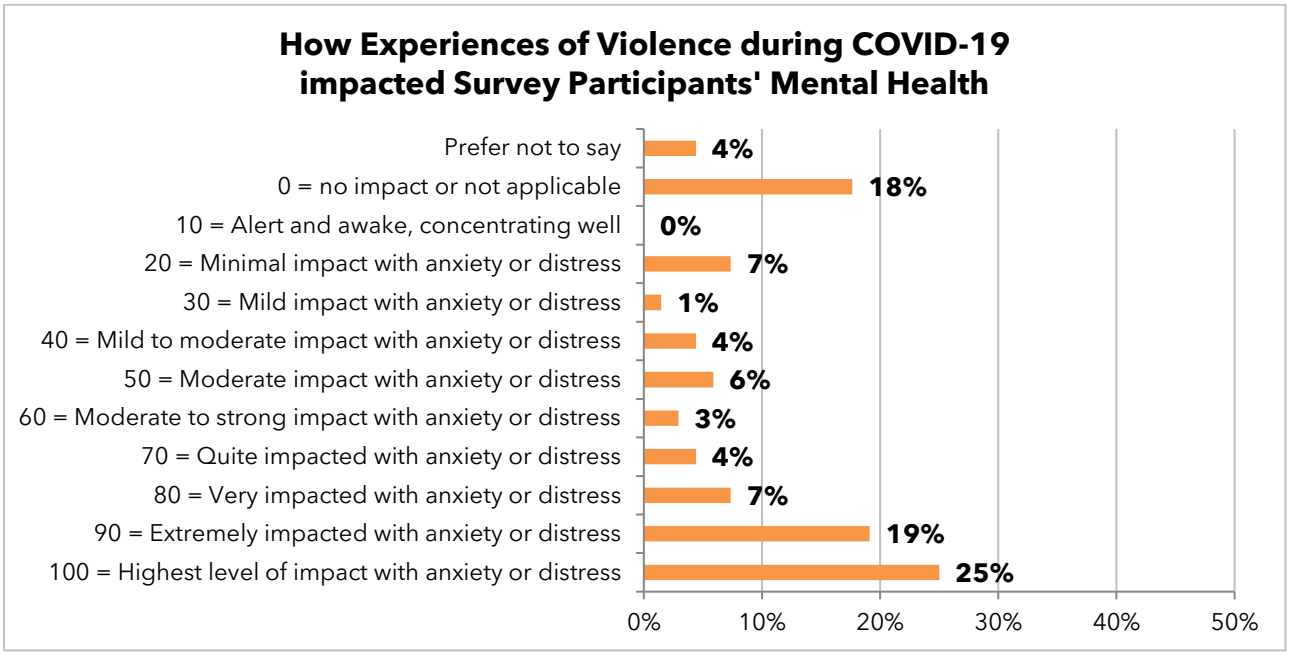

Figure 19: Responses to the survey question: "How did experiences of violence during COVID-19 impact your mental health?"68 total valid responses.

Victim-survivors also indicated that a culmination of contributing factors to poor mental health during COVID-19 had caused them the highest level of distress (100 SUDS score) such as:

- **Reduced ability to seeking support or report violence and abuse - 44%** of victim-survivors (n=7/16).
- **Isolation from people and support services - 39%** of victim-survivors (n=9/23).
- **Financial distress and poverty - 43%** of victim-survivors (n=9/21).
- **Homelessness and/or risks of homelessness – 67%** of victim-survivors (n=10/15).
- **Increased caring duties and carer stress – 27%** of victim survivors (n=7/26).

3.3.3.2 Increased Experiences of Homelessness

Victim-survivors who experienced homelessness during COVID-19 reported that this caused them to be impacted by the highest level of anxiety or distress (67%, n=10/15). Of the survey respondents, 30% (n=7/23) experienced homelessness throughout the pandemic. When asked where the victim-survivors stayed while they were experiencing homelessness:

- 33% (n=3/9) of survey respondents stayed at crisis accommodation.
- 33% (n=3/9) of survey respondents stayed at a motel or hotel.
- 22% (n=2/9) of survey respondents stayed with family or friends briefly.
- 22% (n=2/9) of survey respondents stayed in a refuge.
- 11% (n=1/9) of survey respondents slept rough on the streets.

Crucially, 60% (n=9/15) of surveyed victim-survivors attribute their homelessness to escaping sexual, domestic and family violence, as illustrated in Figure 20, below:

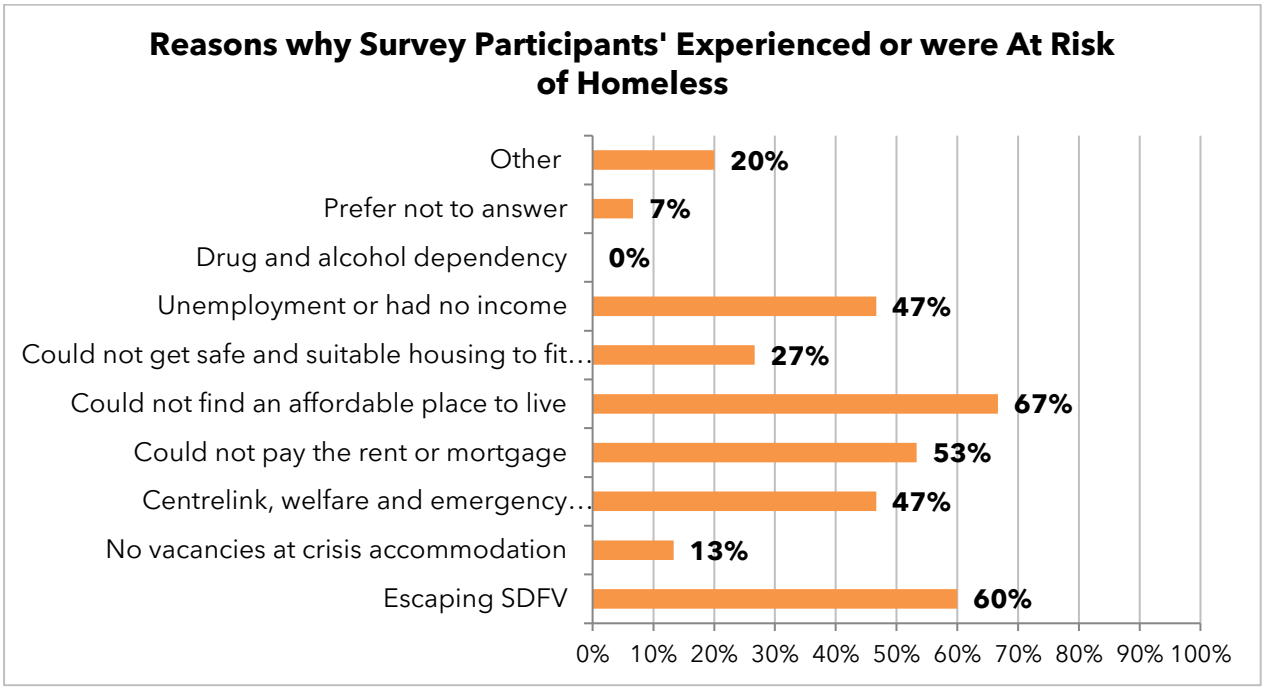

Figure 20: Responses to the survey question: "What were some reasons why you were homeless or at risk of homelessness? Tick all that apply." 15 valid responses.

One victim-survivor reported they were:

> "…Illegally and unlawfully evicted by Victoria Police, in favour of the Perpetrator, after he broke into my home. He had been removed six months prior for assaulting me…"

Another major factor that increased the risk of homelessness or directly contributed to experiencing homelessness was housing affordability, with 67% (n=10/15) of respondents stating that they could not afford a place to live and 53% (n=8/15) stated they could not pay rent or make mortgage payments. In conjunction with this, 47% (n=7/15) stated they were unemployed or did not have access to income, and another 47% (n=7/15) stated that Centrelink, welfare and emergency payments were not enough to survive. A recent study has found that the primary reason for people seeking specialist homelessness services between 2019 and 2020 was due to family and domestic violence (AIHW 2022).

Interviews with counsellors revealed that there was an overwhelming lack of appropriate and accessible housing and accommodation for people experiencing family and domestic violence during the COVID-19 pandemic, especially during lockdowns. Counsellors outlined that Full Stop Australia clients are a cohort that is particularly vulnerable to experiencing homelessness, a vulnerability that was exacerbated during the COVID-19 pandemic. Notably, a barrier to accessing domestic and family violence support services was not only due to experiencing homelessness, but also the fear of becoming homeless because of seeking safety.

Despite the existence of specialist homelessness services, counsellors described that many services were full during COVID-19.[13] Counsellors explained that this was largely due to the increased demand for services but

[13] Counsellor interview SI 13.

also due to the COVID-mitigation strategies implemented by crisis accommodation services.[14] Another barrier to accessing homelessness services identified by counsellors was the lack of culturally competent services for people whose first language is not English.[15] Additionally, counsellors also stated that Full Stop Australia clients were becoming homeless because they did not want to engage with crisis accommodation or have to stay with family and friends due to the fear of contracting or spreading COVID-19.[16] Considering the major risk of homelessness that women experiencing family and domestic violence face, counsellors noted that women were ultimately unable to escape from unsafe situations despite being at an increased risk of violence if living with the perpetrator.[17]

3.3.3.3 Increased Financial Stress

A significant proportion of victim-survivor survey participants (87%, n=20/23) indicated they experienced financial stress during COVID-19. The source of financial stress includes but is not limited to inability to pay for their utility bills (57%, n=12/21), unable to afford medication (67%, n=14/21) and rent (48%, n=10/21). Some clients had to skip meals and go without food. Affording necessities became a struggle for victim-survivors who are on low income and/or unemployed. Lack of income impacted the capacity for clients to transition to remote service modalities which require access to technology, internet, and electronic devices.

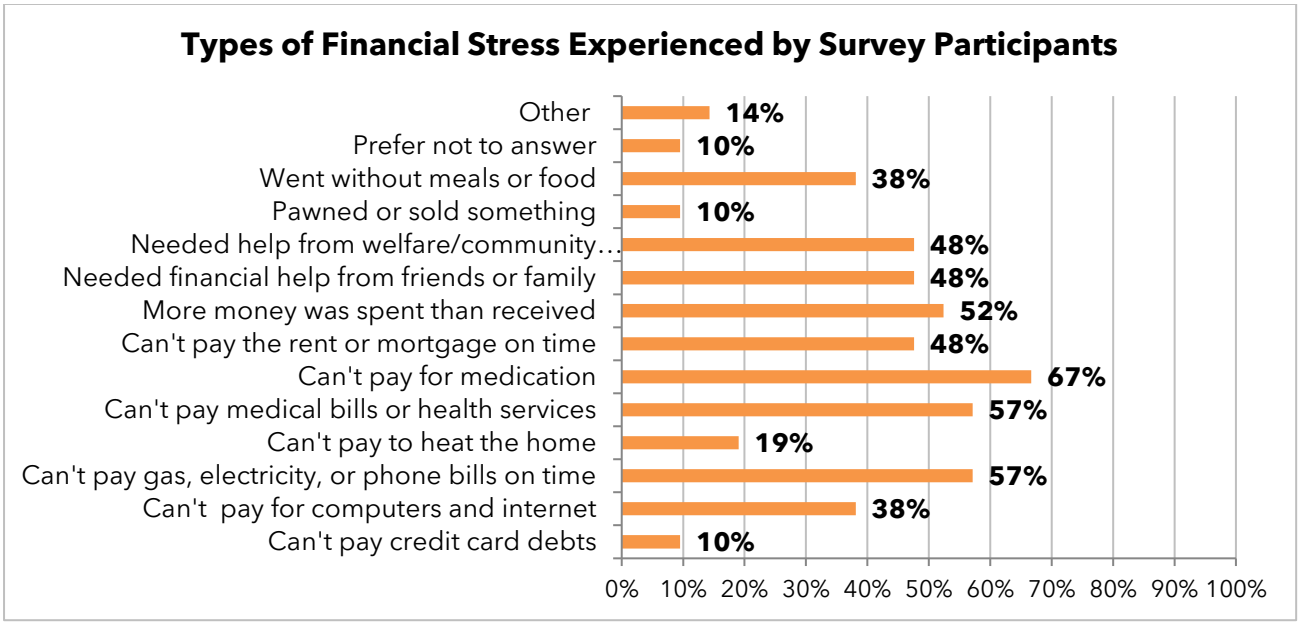

Figure 21: Responses to the survey question: "What types of financial stress did you have during COVID-19? Tick all that apply" 21 total valid responses.

Several counsellors also noted the financial barriers faced by clients inhibiting access to remote services in COVID-19 lockdowns:

> "… People (clients) just have an old phone…they won't have a computer, or they won't

[14] Counsellor interview SI 13.
[15] Counsellor interview SI 2.
[16] Counsellor interview SI 3.
[17] Counsellor interview SI 13.

> have an iPad, or they won't have a smartphone that has all of the capabilities that we're used to accessing."[18]
>
> "… I think during the earlier stages there was some sort of relief around rent and when there was job seeker and job keeper. But I think with people losing that they have been pushed into a situation… that has really impacted people's financial wellbeing and kind of put them in a much more vulnerable state."[19]
>
> "… I manage things by ordering Uber Eats by, having zoom drinks with my friends, and if you don't have access to those things, you don't have the financial resources to have things delivered and have the technology available to connect with other people. I think that would have a huge impact on your social isolation."[20]

One counsellor stated what would be needed for victim-survivors who are experiencing financial stress and barriers regarding support from services:

> "… More funding and more clarity around what that funding is to look like and more simplicity around being able to get that funding, because at that time, it was Service New South Wales, who you had to call, it was impossible… clients were reporting very high level of wait times … They just said it was impossible, they tried and tried, it was impossible to get a hold of anybody. And so, they didn't know what that was going to mean, and when that payment was going to come, if it was going to come, how it was going to come. So, yeah, lots of stress around that."[21]

Recommendation 4: Strengthen Income and Housing Supports for People Impacted by Sexual, Domestic and Family Violence

Despite the temporary income support measures during COVID-19, victim-survivors of sexual, domestic and family violence reported high rates of income and housing stress.

The overwhelming majority of victim-survivor survey participants (87%, n=20/23) indicated that they experienced financial stress during COVID-19, resulting in them not being able to pay for their utility bills (57%, n=12/21), medication (67%, n=14/21) and/or rent (48%, n=10/21). Forty-three percent (43%, n =9/21) of victim-survivors surveyed regarded poverty and financial stress as the factor that caused them the highest level of distress.

Of the 30% (n=7/23) of survey participants that experienced homelessness throughout the pandemic, 60%, attributed the cause of this homelessness to escaping sexual, domestic and family violence. Significantly, 67% (n=10/15) of these survey participants reported their homelessness status be the factor that caused them their highest level of anxiety or distress (67%, n=10/15).

Full Stop Australia recommends the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include a strengthening of income and housing support measures for

[18] Counsellor interview SI 1.
[19] Counsellor interview SI 10.
[20] Counsellor interview SI 1.
[21] Counsellor interview SI 3.

people impacted by sexual, domestic and family violence. Measures should include a suite of solutions from additional social security payments and income protections to enhanced rental subsidy schemes, social housing stock development, and an expansion of safe at home programs to support people impacted by violence and abuse in appropriate cases to remain home safely whilst the abuser is removed.

3.3.3.4 Increased Barriers for At-Risk Groups

Additionally, militarisation of COVID-19 restrictions for South-West Sydney and Western Sydney Local Health Districts in New South Wales impacted the higher proportion of culturally and linguistically diverse residents. During the Delta lockdown in NSW, South-West and Western Sydney Local Health Districts (LHDs) were subject to heavier COVID-19 restrictions on movement, testing and social distancing requirements. The imposed restrictions to selected LHDs were enforced with increased police presence, deployment of helicopters and the Australian Defence Force to monitor, reprimand and fine communities for non-compliance. Counsellors indicated they had CALD clients who had fled countries with civil conflict and with a history of experiencing violence perpetrated by state authorities from their country of origin. Full Stop Australia counsellors indicated the dominant presence of state and federal authorities to impose COVID-19 mandates doubly traumatised communities with past experiences of war and militarised brutality.[22]

Culturally and linguistically diverse groups experienced language barriers in understanding and interpreting the frequently changing COVID-19 public health orders aimed primarily at English speaking audiences. Concerns of misunderstanding and confusion of COVID-19 health elevated the anxiety for CALD groups, particularly if punitive measures were enforced for those living in hotspot areas. Mask wearing muffling communications were also an addition language barrier for populations who do not have English as their first language.[23]

The risks of contracting and passing COVID-19 to family members were stressors faced by CALD communities living in multigenerational households or if the main income was from employment requiring movement or public-facing roles. The pandemic placed financial pressure on some CALD communities who are at higher risk of misunderstanding COVID health updates, with an increased likelihood of encountering authorities under stricter public health orders.

COVID-19 and health messaging and mental health and wellbeing support services available in multiple languages. To collaborate with cultural community leaders, groups and organisations to facilitate in public health messaging as an alternative to law, military and police enforcement. Counsellors reported assisting clients with navigating the current lockdown regulations and health requirements. One counsellor, for example, noted that “there were some (CALD) clients calling us and not understanding health orders.”[24]

Several counsellors also spoke to the barriers and challenges for other at-risk cohorts throughout the COVID-19 pandemic:

[22] Counsellor respondents: SI 3, SI 9.
[23] Counsellor interview SI 1.
[24] Counsellor interview SI 9.

"… I spoke to some clients on the phone with disabilities, and they felt really isolated, and they're immunocompromised… after the lockdown, they still couldn't go out. There are events, [but their friends] didn't social distance, and they hug them, and they don't wear masks… and the clients don't know how to raise it because they felt that they would be further isolated. So, there's a lot of conversations about how to raise this with people, you know how to not lose friendship, because most of our clients are going to have a lot of problems with relationships and friendships, and that's a lot of what they talk about. And so, [they're] navigating those relationships with people who didn't understand that they were in danger."[25]

"…and this is also actually related to disability… we've got a couple of clients who are deaf, and they live free and wearing masks everywhere this was a huge barrier for them, because they couldn't reply, and then people would get angry at them because they weren't hearing or weren't communicating the way that they normally would."[26]

Victim-Survivor Case Study: Increased Financial Strain and Complexity

Lauren is a 25–34-year-old queer woman from New South Wales. Lauren was in touch with Full Stop Australia prior to the events of the COVID-19 pandemic. She was forwarded to the NSW Sexual Violence Helpline (formerly NSW Rape Crisis) by another counselling service as she did not feel that other crisis lines were not appropriate for her needs. Lauren states that she "requires a helpline that is complex trauma-informed, and also has counsellors that understand the structural and social factors of trauma such as gender, disability and power." According to Lauren, Full Stop Australia was able to meet her needs as a disabled woman with complex post-traumatic stress disorder (CPTSD) and medical trauma as she navigated the prolonged isolation caused by COVID-19.

Lauren experienced sustained sexual abuse and harassment, psychological abuse (including gaslighting, intimidation, and threats), emotional abuse, and chemical and physical restraint in the context of a medical institution by an intimate partner and a psychiatric nurse within the facility. Lauren did not experience any violence and abuse during the COVID-19 pandemic but found that the financial stress and isolation caused by the lockdowns and repeated quarantines extremely impacted her mental health, causing Lauren great distress and anxiety. She had lost all her work as a sole trader due to the Delta strain lockdown. Lauren only "had enough money for food but had to restrict eating" due to the cost. She struggled to pay for any bills, medical, and rent, needing assistance from family and friends to make ends meet.

Full Stop Australia assisted Lauren with related issues besides her mental health, including accessing health or disability services, legal issues, and unemployment/financial stress. Predominantly, Full Stop Australia worked with Lauren to manage the symptoms of her trauma and distress, and to reduce the depression she was feeling.

3.3.3.5 Increased Anxiety and Distress

Counsellors unanimously noted clients presented with an increase of severe anxiety and distress during

[25] Counsellor interview SI 8.
[26] Counsellor interview SI 1.

COVID-19. The AIHW (2022b) reported a rise in demand for mental health services throughout the pandemic (2020-2021), reflecting the increased rates of anxiety and distress in the community. Several Full Stop Australia clients are faced with the comorbidity of health issues such as "immune disorders and differences, and somatic issues" alongside the complexities of their mental health status which, as discerned by counsellors, served to exacerbate the fear around COVID-19, knowing that "they were part of the vulnerable members of the community" and at a higher risk of contracting the virus.[27] Some victim-survivors reported having "bad nightmares where [they] wake up very distressed" and sometimes becoming "overwhelmed, fearful, panicky and anxious", falling into a repetitive thinking pattern that could only be remedied when accessing specialist support. This finding aligns with recent reporting by the Australian Institute of Health and Welfare (AIHW 2022b) that highlights the psychological distress credited to COVID-19 is a major issue contributing to mental health disorders in Australians, with a high prevalence of "severe" psychological distress for all community members living under COVID-19, let alone for victim-survivors of sexual, domestic and family violence.

When victim-survivors were asked of their experiences during and following the pandemic, 84% (n=57/68) reported experiences of PTSD, being triggered by past trauma and memories of violence. Over half of victim-survivors surveyed experienced suicidal thoughts (57% n=39/68), and 31% (n=21/68) experienced self-harming.

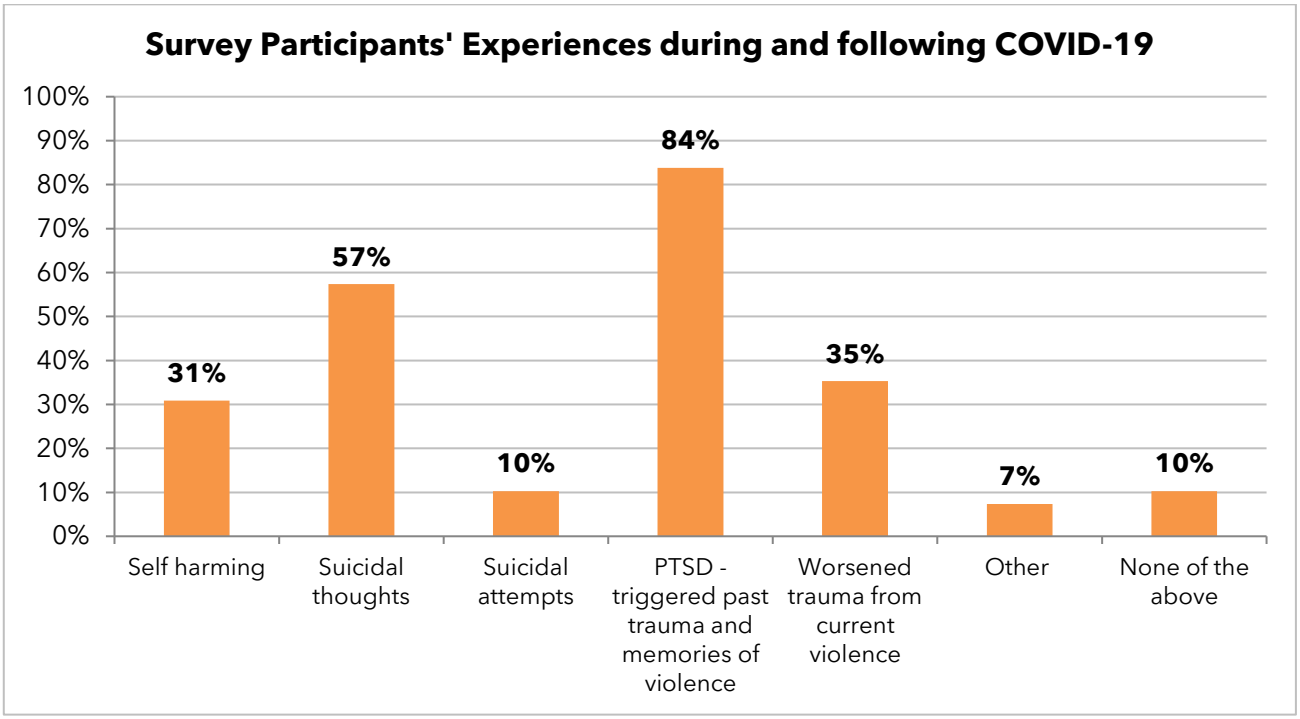

Figure 22: Responses to the survey question: "Did you experience any of the following during COVID-19?" 68 total valid responses.

Moreover, victim-survivors stated they:

> "Started drinking more wine, due to financial stress…"

[27] Counsellor interview SI 9.

> "…significant aggravation of complex trauma symptoms, dissociative episodes, flashbacks, and nightmares…"

Further, when victim-survivors were asked of the impact COVID-19 has had on their wellbeing, 86% of respondents (59/69) reported they had increased levels of anxiety, as illustrated by Figure 23, below.

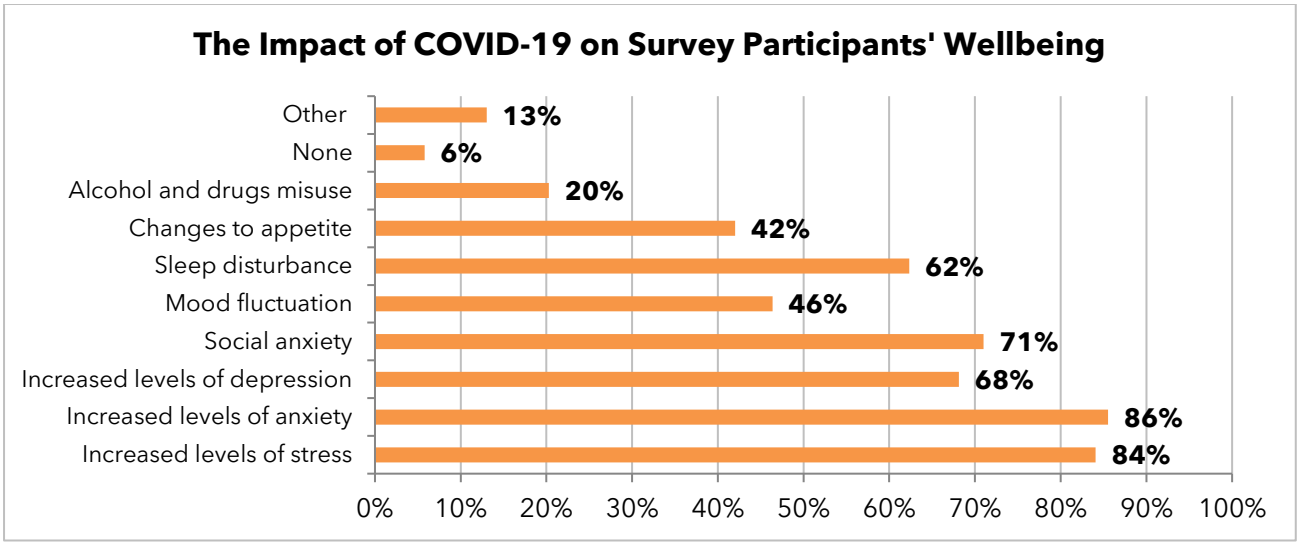

Figure 23: Responses to the survey question: "How did COVID-19 impact your mental health and wellbeing and what were the changes? Tick any that apply." 69 total valid responses.

Counsellors (13) reported the impacts on victim-survivors' wellbeing as:

- 100% (n=13) witnessed an overall increase in anxiety.
- 77% (n=10) witnessed overall increase in stress/worry.
- 46% (n=6) witnessed an overall increase in depression.
- 85% (n=11) witnessed an overall increase in social isolation.
- 92% (n=12) witnessed worsened trauma impacts from past sexual, domestic and family violence (PTSD).
- 23% (n=3) witnessed worsened trauma from current violence.
- 15% (n=2) witnessed an increase in self-harming.
- 38% (n=5) witnessed an increase in suicide ideation.

The rise in psychological distress, counsellors found, was owing to heightened levels of anxiety, isolation, and compounding stressors caused by COVID-19 and resulting government restrictions nationally. A victim-survivor reported that during COVID-19, they "felt more isolated, depressed and anxious" than they had previously - they "felt alone with [their] worsening mental health" and were resorting to thoughts of self-harm and suicide as the world felt "unsafe".[28]

Some of the COVID health mandates exacerbated trauma impacts. Forty-six percent (46% n=6/13) of

[28] Client survey data.

counsellors stated that mask mandates exacerbated trauma responses in their clients. Counsellors noted that trauma related to being suffocated or having hands placed over a client's mouth has made some clients unable to wear masks. This also exacerbated anxiety about client safety against COVID in public, as they were unable to take the same precautions as others. Enclosed spaces such as buses and trains were also more anxiety-inducing according to respondents who had experienced previous trauma.[29]

Militarisation of the COVID response also exacerbated trauma responses to police and authority. Thirty-one percent (31% n=4/13) of counsellors saw clients with increased anxiety due to trauma around police and militarisation. Counsellors noted client anxiety about being stopped by police, even when acting in accordance with restrictions and fears of getting fined. Military presence in the South-West Sydney and Western Sydney LHDs in NSW had a significant impact on migrant communities, who faced trauma following experiences of war and military brutality.[30]

The restriction of movement and limits of support services also exacerbated trauma for clients still living with their perpetrators and experiencing ongoing violence. One counsellor stated that their clients who were still experiencing violence through COVID now experienced an increase in incidents, as they had less time away from the perpetrator, and that others in the household did not stop violence from occurring. Eighty-five percent (85% n=11/13) of counsellors interviewed observed an increase in anxiety from clients who had reduced access to service due to COVID mandates.

Clients who had experienced sexual assault or violence while breaking COVID rules also faced anxiety and uncertainty over whether to report the violence, as they could also face consequences for breaking lockdown restrictions. Fear of contracting COVID-19 also prevented people from accessing necessary services.[31]

Counsellors indicated that vaccination mandates presented issues and concerns for clients who experienced the legislation as government enforcement as a loss of power and autonomy over decisions concerning their life and body. One counsellor reported:

> "A lot of our clients have complex health issues, which often goes hand in hand with complex mental health, lots of immune disorders and differences, somatic issues. So, there was a lot of fear around the fact that they were part of the vulnerable members of the community."[32]

Counsellors also reported evidence of inherent fears and distrust of government and health institutions for victim-survivors of child sexual abuse, sexual violence or medical abuse which are the same institutions who have historically perpetrated violence against them.

> "… for them (victim-survivor) that was a bit of a sense of a loss of power and control and autonomy over their own life. Which I think especially for survivors of sexual violence or

[29] Counsellor interview respondents: SI 9, SI 13.
[30] Counsellor interview respondents: SI 1, SI 13.
[31] Counsellor interview respondents: SI 2, SI 8.
[32] Counsellor interview SI 9.

domestic violence, when they have had those, those times in their life where they have no control."[33]

Overall, clients lacked "the usual protective factors to help them maintain their wellbeing".[34] One counsellor relayed the effects of restrictions on a particular client of theirs - being able to go to work, which once "kept her safe", was no longer a viable option and led to a decline in her life and work satisfaction when she became more depressed throughout the pandemic.[35]

Victim-Survivor Case Study: Experiences of Increased Anxiety, Distress and Suicidal Ideation

Sarah is a 55–64-year-old woman who lives in regional NSW and identifies as gay or lesbian. In COVID-19, she was the carer for her elderly mother and more than five children. Sarah has experienced a protracted history of violence from family members, her previous partner, and social worker and is an adult survivor of institutional child sexual abuse. Sarah had accessed Full Stop Australia before COVID-19 and required ongoing support throughout the pandemic to manage complex trauma.

During the pandemic, Sarah felt obligated and responsible to care for her mum to keep her safe from COVID-19 as she was in a high-risk age group with less mobility and without access to aged care support with COVID restrictions. As a carer for her mother and children, she endured prolonged exposure to violence while living in the same household with abusive family members.

Despite caring for her abusive family member during COVID-19, Sarah experienced homelessness when she was thrown out of the family home. She was unemployed and reliant on the Disability Support Pension, inadequate to secure an affordable rental to escape the family violence. Sarah was sleeping rough on the streets temporarily and had to return to the family home, where the violence continued while waiting for a community housing vacancy through a housing provider. Unfortunately, the housing was unsafe as some residents misused substances. Sarah reported the issue to the housing provider, but her concerns were dismissed, which caused her extreme anxiety and distress, exacerbated by the extreme isolation and hypervigilance of being in an unsafe environment.

The culmination of increased caring duties, ongoing family violence, homelessness, unsafe housing, fears of contracting COVID-19 and financial stress during COVID-19 severely impacted Sarah's mental health. Consequently, this resulted in Sarah's presentations of suicidal ideation, complex PTSD, and increased anxiety and distress. Full Stop Australia's team provided critical, ongoing trauma counselling for Sarah, both in person and by phone, without needing to repeat her story.

3.3.3.6 Reduced Protective Factors and Increased Isolation

Over three-quarters of counsellors (77% of staff interview respondents, n=10/13) indicated that the reduction of protective factors during COVID-19 impacted victim-survivors' mental health and wellbeing. The Australian Institute of Family Studies (AIFS) defines protective factors as "attributes or conditions occurring at the individual, family or community levels" acting as safeguards and coping strategies to support and maintain resilience under difficult circumstances (Smart 2017). Examples of clients' protective factors reduced during COVID-19 included connection to community networks, social activities and group classes with exercise and hobbies. These are coping mechanisms clients used as strategies to maintain self-care, wellbeing and

[33] Counsellor interview SI 1.
[34] Counsellor interview SI 11.
[35] Counsellor interview SI 11.

community connection, as commented by a counsellor interview respondent:

> "So, all the protective factors like socialising with someone, doing your community activities…or the social things that you usually would do to maintain and keep your mental health just disappeared in COVID."[36]

A large proportion (85% of staff interviews, n=11/13) of counsellors observed that the clients' isolation from family, friends, community and support services during the COVID-19 pandemic impacted their ability to maintain quality of life and had repercussions on mental health and wellbeing.

> "…one is around the isolation and not being able to see or talk to anyone, because a lot of people (clients)…are isolated anyway and then not being able to see their rehab people or not being able to go and see the doctor or have to talk to them over the phone. That's how their sense of isolation really increased dramatically."[37]

> "…for those who had limited mobility, for example, those with disability or elderly people living at a home and having respite activities cancelled, or those who were living with the perpetrator and had the violence intensify… there is no break, it's more frequent, and there wasn't really anyone to stop it either."[38]

Many victim-survivors experienced prolonged and severe isolation, with 35% (n=8/23) of client survey respondents noting they were in isolation, lockdown or quarantine more than seven times during COVID-19. When asked on average how often victim-survivors were able to see, visit or contact friends and family during the COVID-19 pandemic, 35% (n=8/23) stated they were unable to see/contact them. This isolation from people and support during COVID-19 caused the highest level of impact with anxiety and distress for 39% (9/23) of victim-survivors.

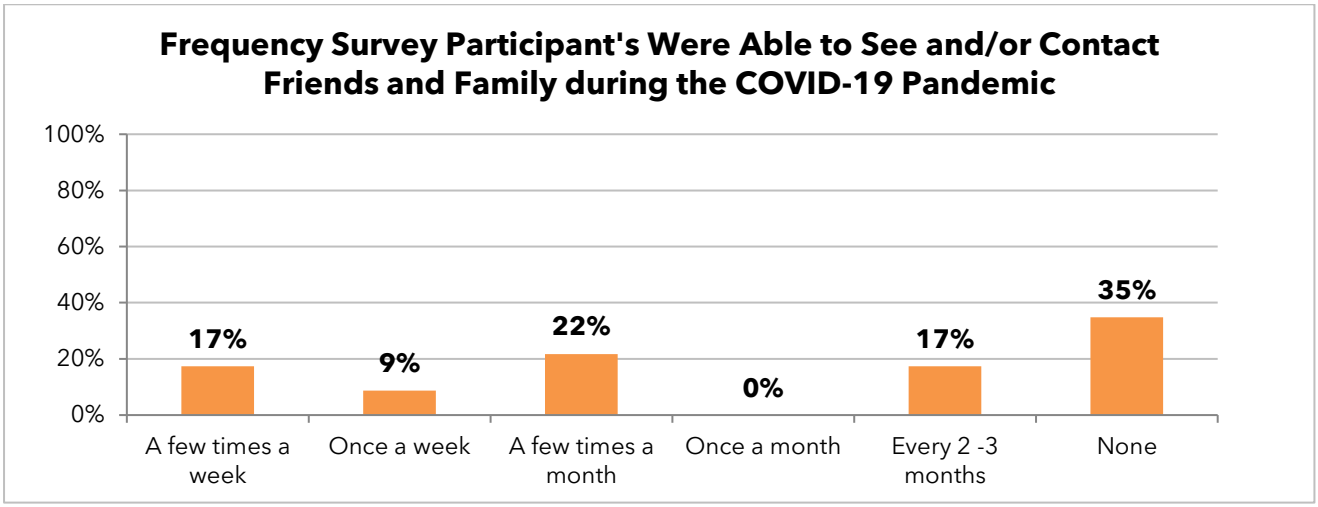

Figure 24: Survey responses to the question: "On average how often were you able to see, visit or contact friends and family during COVID-19?" 23 total valid survey responses.

[36] Counsellor interview SI 5.
[37] Counsellor interview SI 13.
[38] Counsellor interview SI 7.

While most Full Stop Australia's service is provided remotely over the phone and online, face to face counselling support and community connection were pivotal for some clients to remain engaged in the service. Face to face services is essential for clients already accessing the Community Based Counselling Service (CBCS) in person before COVID-19. CBCS clients are adult survivors of child sexual assault who rely on a continuum of therapeutic services for up to two years. The CBCS services located in women's health services provide a communal place for clients to congregate, host therapeutic and hobby groups to reduce social isolation and keep victim-survivors socially connected. The lockdowns in the pandemic disrupted access to the protective factors offered by in-person CBCS's.

Despite the CBCS service transitioning to telehealth and online modalities, barriers to accessing remote consultations for some clients were technical illiteracy and lack of finances for electronic devices. Additional barriers and hesitancy to use online services were for clients with a history of experiencing technologically facilitated abuse. Perpetrators commonly use technological devices to control, track, monitor, maintain unwanted contact and abuse the victim-survivor (Flynn, Powell, and Hindes 2021). Thus, clients can be mistrustful, fearful and anxious about accessing remote service modalities. Clients with auditory and/or hallucinations were less likely to use telehealth, phone and online services, which exacerbated their symptoms. COVID-19 disrupted the continuity of long-term therapeutic services for some clients who could not transition to remote support services, further increasing isolation and delaying trauma recovery.

Both the case study above, survey respondents and counsellors interviewed in this research demonstrates the complex experiences which victim-survivors face whilst navigating the COVID-19 pandemic, highlighting the important need of investing in culturally specific supports, and increasing community awareness on how these services are accessed.

Recommendation 5: Invest in Support for At-Risk Groups

The many ways in which victim-survivors navigate and process their trauma differs between people. Considering the diverse needs of victim-survivors, Full Stop Australia sees community consultation as essential for future sustainable funding for violence and trauma specialist recovery services for at-risk victim-survivors disproportionately impacted by COVID-19. At-risk groups include but are not limited to Aboriginal and Torres Strait Islander people, people with a disability and chronic health conditions, culturally and linguistically diverse people, LGBTQI+ communities and young people.

Full Stop Australia recommends that National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include supports specifically for at-risk groups and that these supports be led, co-designed and co-delivered by at-risk populations themselves within a violence and trauma specialist clinical framework.

Recommendation 6: Increase Community Awareness of Sexual, Domestic and Family Violence Supports and Resources, and of COVID-19 Health Information

COVID-19 presented many challenges for Australian communities, with public health advice, recommendations and mandates changing frequently. This study found that many victim-survivors struggled to find reliable and accessible public health information to assist them with navigating COVID-19 safely whilst also experiencing complex barriers and challenges owing to their trauma and ongoing safety

concerns.

Full Stop Australia recommends that the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include investment in increasing community awareness regarding accessing support and services and up to date COVID-19 health information throughout any future waves of the pandemic. For this to have a significant impact, it is critical that informative public, community health and service awareness measures are targeted to local communities with material provided in various languages, tailored to meet the accessibility needs of people with a disability, and suited to the support needs of the older persons.

3.4 Service Responses Supporting Victim-Survivors throughout the Pandemic

3.4.1 Experiences and Challenges of Counsellor's Supporting Victim-Survivors throughout the Pandemic

When asked about the barriers and challenges counsellors experienced throughout the pandemic 62% (n=8/13) reported it was hard working from home and not being able to separate workspace from home life. 46% (n=6/13) struggled with managing COVID-19, whilst balancing working from home, kids, home schooling and family duties. However, some found it challenging to have less immediate debriefing and less supervisor support when working from home (46%, n=6/13). Most counsellors detailed these complex challenges for their practice and personal lives throughout the interviews, including the following examples:

> "…Challenges with being unable to link clients with support services and activities that were available pre-COVID and clients being uncomfortable with transitioning to online service delivery."[39]

> "Frontline workers faced the same barriers as clients in not being able to practice usual means of self-care available out of lockdown and pre-COVID."[40]

> "Challenges with having political discussions with clients about vaccinations and COVID-19 mandates for those who were vaccine-hesitant."[41]

> "I think it's acknowledging that it's impacting on the staff members themselves…Trying to manage people's stuff around the cross between the personal and professional commitments so during the first outbreak, my father was quite unwell. And so, I had to negotiate how I undertook those caring responsibilities around being, a frontline worker that suddenly had this job, which was really very demanding just because of all the significant service changes that were happening. And so, when I was making service changes, I also had to have really good communication processes with frontline staff..."[42]

However, 38% (n=5/13) reported that they appreciated being about to have the flexibility and autonomy that

[39] Counsellor interview SI 7.
[40] Counsellor interview SI 3.
[41] Counsellor interview SI 9.
[42] Counsellor interview SI 2.

comes with working from home, one counsellor found it helping to work from home "in a quieter space"[43], while another enjoyed that it proved how flexible Full Stop Australia services were.[44] Additionally, counsellors reported that in working from home, various forms of safety for themselves and their family emerged in parallel:

> "Was able to work from home and is continuing to work from home, which is beneficial, especially since living with a partner who is immunocompromised."[45]

> "We also have the built-in support, which is really important. We've been on call 24/7, so if we are feeling impacted by something there is always someone there on the phone to speak with. And then we have all of our kind of behind-the-scenes support, which again, is, helpful for us. It has not been an easy time. And, making sure that we're doing all those things is so important."[46]

Several counsellors explicitly noted the need for an increase in support and funding for frontline services:

> "More funding and more staff would have alleviated stress and allowed more phone calls to be answered. More investment in staff wellbeing to avoid burn out."[47]

> "A dedicated trauma impact COVID line as the current hotline is not one size fits all in terms of trauma services."[48]

> "More funding to increase counselling staff numbers."[49]

> "Okay, so obviously, funding would be great to have more counsellors…I like the idea of that it would be great for the government to be able to just give a mobile phone to those people that don't have access. So, their health could be managed if they needed it. I think as well true, like, it might have been helpful to have the COVID line for questions, but it would be nice if the government was able to provide some more funding for additional support. So, whether it be specifically for like our clients, provide some more funding for counsellors, so that counsellors are then able to integrate, specific COVID approach within our calls during times when numbers are higher, or, we have to go into lockdown or something like that. Just so you've got additional, I guess, training and funding available for those that really need it."[50]

The results of interviews with counsellors revealed the need for ongoing and further support for

[43] Counsellor interview SI 10.
[44] Counsellor interview SI 9.
[45] Counsellor interview SI 13.
[46] Counsellor interview SI 1.
[47] Counsellor interview SI 13.
[48] Counsellor interview SI 9.
[49] Counsellor interview SI 13.
[50] Counsellor interview SI 11.

frontline workers, particularly during times of crisis. These moments exacerbated the complexities of daily life and should be considered for future moments of crisis when violence and trauma-informed care is required by professionals, potentially from the isolation of their homes.

Recommendation 7: Mitigate Crisis Impact on Staff

While COVID-19 significantly impacted victim-survivors of sexual, domestic and family violence, frontline workers also experienced increased challenges during the pandemic. Counsellors experienced uncertainties and concerns with contracting COVID-19, while also managing increased caring duties with home-schooling children and caring for other elderly, sick or disabled family members. Bringing trauma-based work into counsellor's homes, separating work and personal life, and not having the immediacy of debriefing with colleagues at the office were practice challenges experienced in transitioning to remote working from home. Counsellors who supported victim-survivors in person indicated the difficulties of providing therapeutic trauma support remotely, retaining the engagement of their long-term clients along with managing the surge in call demand throughout the pandemic. **Full Stop Australia recommends the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include investment into multimodal mental health, self-care, and wellbeing support packages for frontline workers, supported with individual and group debriefing to prevent vicarious trauma and workforce burnout in circumstances where staff are required to work from home.**

3.4.2 Violence and Trauma-Informed Service Provision is Critical for Victim-Survivors' Wellbeing

Victim-survivors spoke to the integral role violence and trauma-informed services play in their healing journey. The evidence from this report and from Full Stop Australia's history as a specialist service, speaks to the need to ensure all service provisions assisting those impacted by sexual, domestic and family violence are trained and operate with a violence and trauma-informed lens. Two counsellors illustrated this impact in their responses from clients being supported by their violence and trauma-informed service:

> "What they say is all "I find like you guys understand, like you guys are actually helping me and understand trauma impacts." I think that is because we act from not only a trauma-informed but a trauma specialist lens, which means that we are not only providing problem solving or that sort of thing, which we also do, but what we have behind our interventions is all of this knowledge about trauma impacts and what comes from that, and we're not only always dealing with exactly the one issue that's in front of us. We work on understanding the entire thing, because it's a trauma specialist lens. So that's what I think happens, but in their words is "they just feel a lot more understood." They also feel like "it's a safe place." We are a safe place because lots of clients use the service for a number of years."[51]

> "[They wanted] to reach out to a safe service to break the severe isolation and stress caused by the COVID pandemic and resulting lockdowns and rules [and] to help manage the isolation and 'cut off-ness', and to contact a safe counsellor who understands trauma,

[51] Counsellor interview S1 6.

to seek and ask for support to work through crisis in person and on the telephone."[52]

Several victim-survivors spoke to the impact of accessing a violence and trauma-informed service throughout the pandemic:

> "I had already had positive contact with Full Stop Australia prior to COVID-19 and already trusted the service. I was experiencing family violence and sexual assault during COVID-19. Full Stop Australia also provided support to me when I became homeless as a result of both family violence and sexual assault. The counselling staff have always been supportive and have helped me manage trauma as I was experiencing it, as well as its impacts."

> "I had received support in the past from this service and impacted by ongoing sexual assault and DV (domestic violence). I found the service helpful in the past. The service is very client focused and trauma informed and supportive. The counsellors are professional, supportive and knowledgeable about the impact of trauma on people."

> "I trust them. They know how to calm me down and I always feel better. When I have rung other non-specialist support lines in the past, I sometimes become more distressed during the call, and it is not helpful."

Victim-Survivor Case Study: Benefits of Violence and Trauma-Informed Specialist Services

Shannon* is a 35–44-year-old woman living in outer regional NSW who has received long term support from Full Stop Australia's NSW Sexual Violence Helpline (formerly NSW Rape Crisis) for complex trauma arising from multiple, historical and current experiences of sexual and domestic violence. She is an adult survivor of child sexual assault and experienced ongoing intimate partner violence before and during COVID-19.

She experienced sustained sexual, physical and psychological abuse spending prolonged periods with her violent partner in COVID-19. The extended exposure to violence contributed to her severe levels of anxiety and distress. Shannon required ongoing counselling from Full Stop Australia, and therapeutic and safety plans to manage suicide ideation, attempts and self-harm.

Shannon had tried accessing other mainstream services but was unable to build the connection or feel heard to sustain engagement. Shannon has commented, that mainstream mental health services were "…not really interested in hearing people's stories… People often wanted someone to connect with. Many other support services don't recognise the power simply connected, feeling heard and listening can have for people."

Shannon has repeatedly returned to Full Stop Australia for her ongoing recovery as she "found Full Stop easy to engage with" and "very client-focused" to ensure she has input into her care. Trust and integrity of services were other factors in sustained access to a service. According to Shannon, when she was asked for suggestions on improving Full Stop Australia's services, "I respect the integrity of the service and how

[52] Counsellor interview SI 11.

everything they do is with the best interest of clients at the heart. I might not always like the decisions or agree with them but recognise the skills and experience of the staff making the decisions."

Additional supports Shannon found helpful was having violence and trauma-informed counsellors who provided specialist support to manage her complex trauma. In her words, "The counsellors are professional, supportive and knowledgeable about the impact of trauma on people." Further suggestions from Shannon included having more services that could provide support were needed rather than receiving referrals to other services.

The results of interviews with counsellors revealed a need for further capacity build of violence and trauma-informed workforces for victim-survivors of sexual, domestic and family violence to ensure effective and trauma specialist services are being provided during times of crisis. Such practices could also inform interagency activity to ensure principles of best practice are upheld across the sector.

Recommendation 8: Violence and Trauma-Informed Workforce Capacity Building

The evidence from people with lived experiences of sexual, domestic and family violence and frontline workers in the sexual, domestic and family violence sector demonstrates that trauma-and-violence-informed service provision is critical for victim-survivors to feel safe in disclosing their experiences and in seeking timely support, safety from violence, and ongoing service engagement. Victim-survivors may contact primary, mental and other allied health services, social services, or even police and justice systems to seek support for issues, directly and indirectly, related to sexual, domestic and family violence. Multisectoral workforce capacity building is critical for trauma-and-violence- informed responses, identification and support for victim-survivors of sexual, domestic and family violence.

Full Stop Australia recommends the National Mental Health and Wellbeing Pandemic Response Plan, and other future policy responses, include investment in trauma-and-violence-informed workforce training in all levels of healthcare, community, social service, child protection, police and justice sectors.

4. Appendix

4.1 Terminology, Key Definitions and Types of Violence and Abuse

In alphabetical order are the types of violence and abuse in sexual, domestic and family violence, include but are not limited to:

- **Child sexual abuse:** A minor under 16 years (in ACT, NSW, NT, QLD, VIC and WA) and 17 years of age (in SA and TAS) forced to do any sexual acts and include grooming of the child perpetrated by family, another child, teachers, or strangers (AIFS 2021).
- **Coercive control:** The range of controlling and abusive behaviours that constitute as violence is labelled coercive control. Different types of coercive control are repeated tactics and patterns of behaviour used by the perpetrator to gain power and control over another person.
- **Emotional or psychological abuse:** the range of abuses against the victim-survivor includes:
  - instilling fear, intimidation, humiliation, manipulation and stalking.
  - threats to harm their children, family, friends, pets or possessions.
    - damaging self-esteem with derogatory comments, name calling and put downs.
    - threats to cancel their visa and deportation.
  - humiliation, threatening to out a person about their sexuality or other matters to other people without consent.
  - manipulation and gaslighting making the person doubt themselves.
- **Financial abuse:** dowry abuse, limiting spending, controlling bank accounts, stopping the victim-survivor from working or taking their pay or forcing to take out loans.
- **Grooming:** is when a person engages in predatory conduct to prepare a child or young person for sexual activity at a later time (State of Victoria 2021b). Grooming is often the precursor to sexual assault. Grooming behaviours can include the perpetrator tactically establishing a relationship and connection with the child or young person and their family/carer to obtain access to the victim-survivor with the intent to introduce sexual activity and enable child sexual abuse offences to occur (State of Victoria 2021a).
- **Legal and System abuse:** when the perpetrator uses the legal threats to scare and control or continually taking the victim-survivor to court.
- **Mental health abuse:** gaslighting, neglect of care, changing or taking away the victim-survivors medication, damaging mobility equipment and stopping access to health or support services.
- **Modern Slavery:** Serious exploitation through forced labour, servitude, human trafficking, debt bondage or child labour (Commonwealth Department of Home Affairs). Forced marriage is where the victim-survivor does not have the option to refuse or are promised and married to another by their parents, guardians, relatives or other people and groups. Early marriage is the forced marriage of a child, usually defined internationally as an individual under the age of 18 (OHCHR 1956, Articles 1 and 2).
- **Neglect:** Denial, withdrawal or restricting access to care, support and resources compromising the safety, health and comfort of the victim-survivor. Especially for dependents such as elderly, children and people with disability who are dependent on a carer, family member, aged care or health worker for day-to-day living.
- **Physical abuse:** Causing physical pain, pushing, hitting, strangulation, hair pulling, slapping, forcing or

denying consumption of drugs to deliberately make the victim-survivor unwell)

- **Reproductive coercion:** Stopping the victim-survivor from making their own choices about their reproductive system, forcing or denying pregnancy/abortion/birth control, reproductive medical procedures denying access to reproductive healthcare or unprotected sex without consent).
- **Social abuse:** Isolating the victim-survivor by stopping contact with family, friends and the community, from leaving the house and over monitoring their movements and attempts to harm relationships or reputation.
- **Spiritual abuse:** Denying the practice of the victim-survivors faith, using co-opting religious beliefs to hurt, scare or control.
- **Sexual abuse:** Being forced, pressured or tricked to do any sexual acts against the victim-survivors will.
- **Technologically-facilitated abuse:** Sending abusive text messages, hacking online accounts, installing tracking devices, threatening to take or distribute intimate images without consent, cyberstalking.

4.2 Client Online Survey: Interview Questions

1. What is your gender identity?
   - ☐ Intersex
   - ☐ Man or male
   - ☐ Non-binary
   - ☐ Woman or female
   - ☐ I use a different term (please specify)
   - ☐ Prefer not to answer

2. What is your age?
   - ☐ 18 – 24
   - ☐ 25-34
   - ☐ 35-44
   - ☐ 45-54
   - ☐ 55-64
   - ☐ 65-74
   - ☐ 75+

3. What is your sexual orientation?
   - ☐ Bisexual
   - ☐ Gay or lesbian
   - ☐ Straight (heterosexual)
   - ☐ I use a different term (please specify)
   - ☐ Don't know
   - ☐ Prefer not to answer

4. Are you Aboriginal and / or Torres Strait Islander?
   - ☐ Yes, I'm Aboriginal
   - ☐ Yes, I'm Torres Strait Islander
   - ☐ Yes, I'm both Aboriginal and Torres Strait Islander
   - ☐ No
   - ☐ Prefer not to answer

5. What is your country of birth?

6. How would describe your cultural or ethnic background? Tick any than apply
   - ☐ Australian
   - ☐ New Zealand
   - ☐ Māori
   - ☐ Polynesian
   - ☐ British
   - ☐ European
   - ☐ African
   - ☐ Middle Eastern
   - ☐ South East Asian
   - ☐ Asian

- ☐ North American
- ☐ South American
- ☐ Other (please specify)

7. Other than English, what other languages can you speak?
   - ☐ Arabic
   - ☐ Cantonese
   - ☐ Greek
   - ☐ Hindi
   - ☐ Italian
   - ☐ Korean
   - ☐ Mandarin
   - ☐ Persian (excluding Dari)
   - ☐ Punjabi
   - ☐ Spanish
   - ☐ Tagalog
   - ☐ Turkish
   - ☐ Vietnamese
   - ☐ Other (please specify)
   - ☐ Prefer not to answer

8. Are you an Australian citizen or have permanent residency?
   - ☐ No, on a temporary visa (redirects to 14)
   - ☐ Yes
   - ☐ Prefer not to answer

9. (If No) What type of temporary visa are you on?
   - ☐ Bridging
   - ☐ Family or Partner visas
   - ☐ Protection visa
   - ☐ Refugee
   - ☐ Safe Haven Enterprise
   - ☐ Student or training visas
   - ☐ Temporary Protection
   - ☐ Working and Skilled visas
   - ☐ Not Sure
   - ☐ Other (please specify)
   - ☐ Prefer not to answer

10. What state do you live in?
    - ☐ New South Wales NSW
    - ☐ Northern Territory NT
    - ☐ Queensland QLD
    - ☐ South Australia SA
    - ☐ Tasmania TAS
    - ☐ Victoria VIC
    - ☐ Western Australia WA
    - ☐ Prefer not to answer

11. What best describes the area you live?
    - ☐ Major city
    - ☐ Inner Regional
    - ☐ Outer Regional
    - ☐ Remote
    - ☐ Very remote
    - ☐ Not sure? (Please enter your postcode)
    - ☐ Prefer not to answer

12. Are you a person with a disability?
    - ☐ No
    - ☐ Yes
    - ☐ Prefer not to answer

13. Do you have a long-term chronic health condition?
    - ☐ No
    - ☐ Yes
    - ☐ Prefer not to answer

14. Do you get support or care from a pair of unpaid carer?
    - ☐ Yes
    - ☐ No
    - ☐ I need support but can't get it
    - ☐ Prefer not to answer

15. Are you accessing the National Disability Insurance Scheme (NDIS)?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to answer

16. Are you pregnant or were you pregnant during COVID-19?
    - ☐ Yes, I'm pregnant now
    - ☐ Yes, I was pregnant during COVID-19
    - ☐ No
    - ☐ Prefer not to answer

17. What service have your used at Full Stop Australia (formerly Rape and Domestic Violence Services Australia)? Tick any that apply.
    - ☐ DV Impact Line
    - ☐ LGBTQI+ Violence Services
    - ☐ NSW Rape Crisis Centre
    - ☐ Sexual Assault Counselling Australia SACA
    - ☐ Yarrow Place South Australia, Crisis line
    - ☐ Community Based Counselling Services (CBCS at Women's Health Centres)
    - ☐ Other (please specify)
    - ☐ Prefer not to answer

18. How did you access the service? Tick any that apply
    - ☐ By phone
    - ☐ Online support
    - ☐ Email
    - ☐ In person, face to face
    - ☐ Video conference
    - ☐ Other (please specify)
    - ☐ Prefer not to answer

19. Did you ever access services before COVID-19 began (before March 2020) from Full Stop Australia?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to answer

20. If you accessed services from Full Stop Australia during COVID-19, was this the first time?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to answer

21. How many times did you access support from Full Stop Australia over the past two years **during** COVID-19?
    - ☐ Once
    - ☐ 2 – 5
    - ☐ 6 -10
    - ☐ More than 10
    - ☐ Prefer not to answer

22. Do you remember when you accessed support from Full Stop Australia? Tick all that apply.
    - ☐ Before COVID-19 (before March 2020)
    - ☐ 2020 – first year of COVID-19
    - ☐ 2021 **before** the Delta strain outbreak
    - ☐ 2021 **during** the Delta strain outbreak
    - ☐ 2022
    - ☐ Can't remember exactly
    - ☐ Prefer not to answer

23. How did COVID-19 impact your mental health and wellbeing and what were the changes? Tick any that apply
    - ☐ Increased levels of stress / worry
    - ☐ Increased levels of anxiety
    - ☐ Increased levels of depression
    - ☐ Social anxiety
    - ☐ Mood fluctuation
    - ☐ Sleep disturbance
    - ☐ Changes to appetite
    - ☐ None
    - ☐ Alcohol and drugs misuse
    - ☐ Prefer not to answer
    - ☐ Other (please specify)

24. Did you experience any of the following during COVID-19?
    - ☐ Self-harming
    - ☐ Suicidal thoughts
    - ☐ Suicidal attempts
    - ☐ PTSD - Triggered past trauma and memories of violence
    - ☐ Worsened trauma from current violence
    - ☐ Other (please specify)
    - ☐ Prefer not to say

25. How was Full Stop Australia able to support you during COVID-19?
    - ☐ Build resilience to improve my mental health
    - ☐ Connect with support groups and services
    - ☐ Deal with the symptoms of trauma
    - ☐ Support with managing grief impacts
    - ☐ Support with managing trauma impacts
    - ☐ Support with accessing National Redress Scheme claim
    - ☐ Reduce anxiety
    - ☐ Reduce distress and helped calm me
    - ☐ Reducing depression
    - ☐ Reduce suicidal thoughts and attempts
    - ☐ Safety planning
    - ☐ Therapeutic plan for ongoing support
    - ☐ Referral for practical support for financial and other welfare support
    - ☐ Strategies to manage social re-engagement
    - ☐ Other (please specify)
    - ☐ Prefer not to answer

26. On average, can you recall how you felt after receiving support from Full Stop Australia during COVID-19?
    - ☐ **5** = Still very distressed
    - ☐ **4** = Somewhat distressed
    - ☐ **3** = Mildly upset.
    - ☐ **2** = A little bit upset
    - ☐ **1** = No acute distress and feeling basically good.
    - ☐ **0** = Not applicable, not feeling distressed before accessing the service
    - ☐ Prefer not to answer

27. Can you provide some information about why you chose to access Full Stop Australia (formerly Rape and Domestic Violence Services Australia) during COVID-19?

28. What other types of support would have been helpful during COVID-19, besides Full Stop Australia?

29. Do you have any comments or other suggestions on how to improve services provided to you by Full Stop Australia during COVID-19?

30. Did you have caring responsibilities during COVID?

- ☐ Yes
- ☐ No (go to 39)
- ☐ Prefer not to answer

31. Who is in your care? Tick all that apply
    - ☐ Child(ren)
    - ☐ Parent(s) (go to 38)
    - ☐ Family members or relatives (go to 38)
    - ☐ Prefer not to answer
    - ☐ Other (please specify)

32. How many children are in your care?
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5 or more

33. Do you agree that your carer duties increased during COVID-19?
    - ☐ Strongly agree
    - ☐ Agree
    - ☐ Neither agree nor disagree
    - ☐ Disagree
    - ☐ Strongly disagree
    - ☐ Prefer not to answer

34. Do you have a child(ren) waiting to be restored back into your care?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to answer

35. Did you have parenting and /or carer stress during COVID-19?
    - ☐ Yes
    - ☐ No (got to 43)
    - ☐ Not applicable (go to 43)
    - ☐ Prefer not to answer

36. What parenting or carer stress did you have during COVID-19? Tick all that apply
    - ☐ abuse and violence against my child(ren) or family by the perpetrator
    - ☐ anxiety with child(ren) and family getting COVID-19
    - ☐ carer support services access
    - ☐ childcare access
    - ☐ child custody and parental orders
    - ☐ child(ren) social skills or development
    - ☐ home schooling
    - ☐ isolation from child(ren)s friends
    - ☐ juggling work, housework and home schooling
    - ☐ Other (please specify)

- ☐ Prefer not to say.

37. How did the stress of parenting and/or carer duties during COVID-19 impact your mental health?
    - ☐ Severely impacted
    - ☐ Impacted a lot
    - ☐ Impacted moderately
    - ☐ Impacted a little
    - ☐ No impact
    - ☐ Prefer not to answer
43. **Before** COVID-19 had you or your child/children experienced violence or abuse? Before COVID is any time before March 2020.
    - ☐ Yes
    - ☐ No
    - ☐ No, but I supported someone experiencing violence
    - ☐ No, but I worked with people experiencing violence
    - ☐ Prefer not to answer

44. (If yes) What type of violence, abuse or controlling behaviours did you or child(ren) experience before COVID-19? Tick all that apply
    - ☐ adult survivor of institutional child sexual abuse
    - ☐ child sexual abuse
    - ☐ **Sexual abuse** (i.e., being forced to do any sexual acts against your will)
    - ☐ **Physical abuse** (i.e., pushing, hitting, strangulation, hair pulling)
    - ☐ **Psychological abuse** (i.e., Making you fearful, intimidation, threats to harm you, children, family, friends or pets, outing you or to cancel your visa)
    - ☐ **Emotional abuse** (i.e., Damaging your self-esteem, name calling, put downs)
    - ☐ **Technological abuse** (i.e., abusive text messages, hacking online accounts, installing tracking devices, revenge porn, cyberstalking)
    - ☐ **Financial abuse** (i.e., Dowry abuse, limiting spending, controlling bank accounts, stopping you from working, taking your pay)
    - ☐ **Social abuse** (Isolating you from having contact with family and friends. It can be stopping your from leaving the house and over monitoring your movements)
    - ☐ **Mental health abuse** (i.e., gaslighting, changing or taking away your medication, damaging mobility equipment and stopping access to health or support services)
    - ☐ Other (please specify)
    - ☐ Prefer not to answer

45. Who was the perpetrator of the violence before COVID-19? Tick any that apply
    - ☐ Family member, relative or family friend
    - ☐ Intimate partner, husband, spouse or ex-partner
    - ☐ Aged care worker
    - ☐ Carer – unpaid or paid
    - ☐ Health or social worker
    - ☐ Member/s of a religious institution
    - ☐ Out of home care worker or foster carer
    - ☐ School or university staff or student
    - ☐ Stranger
    - ☐ Support Worker

- ☐ Prefer not to answer
- ☐ Other (please specify)

46. **During** COVID-19, did you or your child(ren) experience violence or abuse? During COVID-19 is between March 2020 and now.
    - ☐ Yes
    - ☐ No (go to 52)
    - ☐ No, but I supported someone experiencing violence (go to 52)
    - ☐ No, but I work with people experiencing violence (go to 52)
    - ☐ Prefer not to answer

47. (If yes) What type of violence, abuse or controlling behaviours did you or child(ren) experience **during** COVID-19? Tick all that apply
    - ☐ child sexual abuse
    - ☐ Institutional child sexual abuse
    - ☐ **Sexual abuse** (being forced to do any sexual acts against your will)
    - ☐ **Physical abuse** (i.e., pushing, hitting, strangulation, hair pulling)
    - ☐ **Psychological abuse** (i.e., Making you fearful, intimidation, threats to harm you, children, family, friends or pets, threats to remove your child(ren), outing you or to cancel your visa)
    - ☐ **Emotional abuse** (i.e... Damaging your self-esteem, name calling, put downs)
    - ☐ **Financial abuse** (i.e... Dowry abuse, limiting spending, controlling bank accounts, stopping you from working, taking your pay)
    - ☐ **Mental health abuse** (i.e., gaslighting, changing or taking away your medication, damaging mobility equipment or stopping access to health and support services)
    - ☐ **Social abuse** (Isolating you from having contact with family and friends. It can be stopping your from leaving the house and over monitoring your movements)
    - ☐ **Technological abuse** (i.e... abusive text messages, hacking online accounts, installing tracking devices, revenge porn, cyberstalking)
    - ☐ Other (please specify)
    - ☐ Prefer not to answer

48. Who was the perpetrator of the violence that happened **during** COVID-19?
    Tick any that apply

    - ☐ Same perpetrator of violence before COVID-19
    - ☐ Aged care worker
    - ☐ Carer – unpaid or paid
    - ☐ Family member, relative or family friend
    - ☐ Intimate partner, husband, spouse or ex-partner
    - ☐ Health or social worker
    - ☐ Member of a religious institution
    - ☐ Out of home care worker or foster carer
    - ☐ School or university staff or student
    - ☐ Stranger
    - ☐ Support Worker
    - ☐ Other (please specify)
    - ☐ Prefer not to answer

49. Did the violence happen for the first time **during** COVID-19?
    - ☐ Yes (got to 52)
    - ☐ Not applicable (got to 52)
    - ☐ No, violence also happened before COVID-19
    - ☐ Prefer not to answer

50. (If no) Did the violence become more frequent during COVID-19?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to answer
    - ☐ Other (please specify)

51. Did the violence and abuse become more severe during COVID-19?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to answer
    - ☐ Other (please specify)

52. Did you have other related issues you needed support with from Full Stop Australia?

Tick all that apply
    - ☐ None
    - ☐ accessing health or disability services
    - ☐ accessing social security payments
    - ☐ child safety
    - ☐ domestic violence protection order
    - ☐ drug and alcohol misuse
    - ☐ eating disorder
    - ☐ gambling addiction
    - ☐ homelessness or risk of being homeless
    - ☐ legal issues
    - ☐ police issues
    - ☐ self-harm
    - ☐ suicide attempts or thoughts
    - ☐ unemployment or financial stress
    - ☐ vicarious trauma
    - ☐ Prefer not to answer
    - ☐ Other (please specify)

53. How did experiences of violence during COVID-19 impact your mental health?
    - ☐ Severely impacted
    - ☐ Impacted a lot
    - ☐ Impacted moderately
    - ☐ Impacted a little
    - ☐ No impact
    - ☐ Prefer not to answer
    - ☐

54. Were you living with the person who was being violent and abusive to you during COVID-19?
    - ☐ Yes

- ☐ No
- ☐ No, but I had child custody arrangements with the violent person
- ☐ No, but I was reliant on the violent person to provide my care
- ☐ No, but the violent person would track me down
- ☐ Other (please specify)
- ☐ Prefer not to answer

55. During COVID-19, were you or your child(ren) able to access support services to escape or report the violence and abuse when you needed it? (i.e., the police, GP, Housing, Social Services or Hotlines)
    - ☐ Yes (go to 58)
    - ☐ Sometimes (go to 58)
    - ☐ No
    - ☐ Prefer not to say

56. (If not) Why were you unable to get the support when you needed to report or escape violence? Tick any that apply.
    - ☐ Afraid I would not be believed
    - ☐ Afraid of breaking lockdown rules
    - ☐ Afraid of getting COVID-19
    - ☐ Afraid my child(ren) would be removed from my care
    - ☐ Afraid the violence from my partner, family or carer would get worse
    - ☐ At home was not a safe or private place to seek help
    - ☐ My violent partner, family or carer would not let me
    - ☐ No internet or reception for remote telehealth services
    - ☐ Not enough money to pay for services
    - ☐ Services were closed or were full
    - ☐ Wanted face to face services instead
    - ☐ Other (please specify)
    - ☐ Prefer not to answer

57. How did the inability to seek support to escape or report violence impact your mental health?
    - ☐ Severely impacted
    - ☐ Impacted a lot
    - ☐ Impacted moderately
    - ☐ Impacted a little
    - ☐ No impact
    - ☐ Prefer not to answer

58. Who do you live with now? Tick any that apply
    - ☐ I live on my own
    - ☐ in aged care or health facility
    - ☐ Carer (paid or unpaid)
    - ☐ Dependent child(ren)
    - ☐ Ex-partner or ex-husband
    - ☐ Family relatives
    - ☐ Partner, husband or spouse
    - ☐ Parent/s
    - ☐ Support Worker

- ☐ Other (please specify)
- ☐ Prefer not to answer

59. Where are you living now?
    - ☐ Aged care or health facility
    - ☐ Family or friends' place
    - ☐ Own home or unit
    - ☐ Rental
    - ☐ Refuge or crisis accommodation
    - ☐ Prefer not to answer
    - ☐ Other (please specify)

60. Were you and your child(ren) homeless any time in the last 2 years during COVID-19?
    - ☐ Yes
    - ☐ No (go to 63)
    - ☐ Prefer not to answer

61. Where were you staying when you were homeless? Tick all that apply
    - ☐ crisis accommodation
    - ☐ couch surfing
    - ☐ family or friends place briefly
    - ☐ living in my car
    - ☐ motel or hotel
    - ☐ refuge
    - ☐ sleeping rough on the streets
    - ☐ Prefer not to answer
    - ☐ Other (please specify)

62. Are you still homeless now?
    - ☐ Yes (go to 65)
    - ☐ No (go to 63)
    - ☐ Prefer not to answer

63. Were you and anyone in your care at risk of homelessness over the past two years during COVID-19?
    - ☐ Yes
    - ☐ No (go to 65)
    - ☐ Prefer not to answer

64. (If yes) What were some reasons why you were homeless or at risk of homelessness? Tick any that apply
    - ☐ Escaping sexual, domestic or family violence
    - ☐ No vacancies at crisis accommodation
    - ☐ Could not pay the rent or mortgage
    - ☐ Could not find an affordable place to live
    - ☐ Could not get safe and suitable housing to fit me and my family.
    - ☐ Unemployment or had no income
    - ☐ Social Security Payments were not enough to survive
    - ☐ Drug and alcohol dependency
    - ☐ Other (please specify)

- ☐ Prefer not to answer

65. How did homelessness or risk of homelessness during COVID-19 impact your mental health?
    - ☐ Severely impacted
    - ☐ Impacted a lot
    - ☐ Impacted moderately
    - ☐ Impacted a little
    - ☐ No impact
    - ☐ Prefer not to answer

66. Are you an unpaid carer?
    - ☐ Yes
    - ☐ No (got to 68)
    - ☐ Prefer not to answer

67. (If yes) Who do you provide unpaid care for?
    - ☐ Child(ren)
    - ☐ Family member/s who are ill
    - ☐ Parent/s
    - ☐ Someone with a long-term illness
    - ☐ Prefer not to say
    - ☐ Other (please specify)

68. Are you in paid employment now?
    - ☐ No (go to 70)
    - ☐ Yes
    - ☐ Prefer not to answer

69. (If yes) What is your type of employment?
    - ☐ casual
    - ☐ contractual
    - ☐ full time
    - ☐ part time
    - ☐ Prefer not to answer

70. Was your employment impacted due to COVID-19?
    - ☐ Yes
    - ☐ No (go to 72)
    - ☐ Prefer not to answer

71. How was your employment impacted due to COVID-19?
    - ☐ Made redundant or lost my job
    - ☐ Lost shifts
    - ☐ Demoted or my wage was reduced
    - ☐ Worked longer than before for the same pay
    - ☐ Other (please specify)
    - ☐ Prefer not to say

72. What is the total annual income for everyone in your household before tax, approximately?
    - ☐ Under $10,000
    - ☐ $10,000 - $19,999
    - ☐ $20,000 - $49,999
    - ☐ $50,000 - $99,999
    - ☐ $100,000 - $149,999
    - ☐ $150,000 and over
    - ☐ Prefer not to answer

73. What is main source of income for your household? Tick any that apply
    - ☐ Aged Pension
    - ☐ Business income
    - ☐ Carer payment
    - ☐ COVID-19 payment (Coronavirus Supplement, JobSeeker JobKeeper)
    - ☐ Disability Support Pension
    - ☐ Government Parenting Payments
    - ☐ My employment income
    - ☐ My partner's employment income
    - ☐ Newstart Allowance
    - ☐ Student Payment (ABSTUDY, Austudy, Youth Allowance)
    - ☐ Superannuation lump sum
    - ☐ Not sure
    - ☐ Other (please specify)
    - ☐ Prefer not to answer

74. Did you have any financial stress between March 2020 and now?
    - ☐ Yes
    - ☐ No (go to 77)
    - ☐ Prefer not to answer

75. What types of financial stress did you have during COVID-19? Tick all that apply
    - ☐ can't pay credit card debts
    - ☐ can't pay for computers and internet
    - ☐ can't pay gas, electricity, or phone bills on time
    - ☐ can't pay to heat the home
    - ☐ can't pay medical bills or health services
    - ☐ can't pay the rent or mortgage on time
    - ☐ more money was spent than received
    - ☐ needed financial help from friends or family
    - ☐ needed help from welfare/community organisations
    - ☐ pawned or sold something
    - ☐ went without meals or food
    - ☐ other (please specify)
    - ☐ Prefer not to answer

76. How did financial stress during COVID-19 impact your mental health?
    - ☐ Severely impacted
    - ☐ Impacted a lot

- ☐ Impacted moderately
- ☐ Impacted a little
- ☐ No impact
- ☐ Prefer not to answer

77. How many times were you in lockdown, isolation or quarantine during COVID-19?
    - ☐ Never
    - ☐ Once
    - ☐ 2-3
    - ☐ 3-4
    - ☐ 5-6
    - ☐ More than 7 times
    - ☐ Prefer not to answer

78. On average how often were you able to see, visit or contact friends and family during COVID-19?
    - ☐ More than once a week
    - ☐ Once a week
    - ☐ Twice a month
    - ☐ Once a month
    - ☐ Every 2 - 3 months
    - ☐ None
    - ☐ Prefer not to answer

79. How did isolation from people and supports services during COVID-19 impact your mental health?
    - ☐ Severely impacted
    - ☐ Impacted a lot
    - ☐ Impacted moderately
    - ☐ Impacted a little
    - ☐ No impact
    - ☐ Prefer not to answer

80. During COVID-19, did you get any other support for your mental health besides from Full Stop Australia? (Used to be called Rape and Domestic Violence Services Australia)
    - ☐ No
    - ☐ Yes (please specify)
    - ☐ Prefer not to answer

4.3 Staff Semi-Structured Interview Discussion Guide

4.3.1 Section 1: COVID-19 Impacts

a) How has the pandemic affected the mental health and wellbeing of your clients in the various stages of COVID-19?

Stages of COVID-19 Impacts			
1st Wave - Alpha Strain	**2nd Wave - Delta Strain**	**Out of the Delta Lockdown**	**Omicron Strain**

b) Were there any differences in client presentations between the waves of COVID-19?

Presentations between stages of COVID-19			
1st Wave - Alpha Strain	**2nd Wave - Delta Strain**	**Out of the Delta Lockdown**	**Omicron Strain**

c) What surprised you?

d) How have counsellors like yourself helped clients to build safety and recovery from trauma during COVID-19?

Please give any examples of good outcomes for clients.

4.3.2 Section 2: At-Risk Groups Barriers and Challenges

a) What are the specific barriers and challenges for at-risk client groups and impacts to their mental health and wellbeing during COVID-19?

COVID-19 impacts to at-risk groups		
At-risk groups	**Barriers / Challenges**	**Impacts to mental health and wellbeing**
Aboriginal and Torres Strait Islander		
Complex trauma (multiple incidents of violence)		
culturally and linguistically diverse		
people with disability or long-term chronic health conditions		
LGBTQIA+ people		
Older people		
Younger people (18 - 25)		
Children (0-17)		
Regional, rural and remote		
Low socio-economic or under financial stress		

b) How have staff addressed the challenges and barrier for at-risk clients?

Please give any examples of good outcomes achieved for at-risk clients.

4.3.3 Section 3: Counsellors Experiences

a) What are the challenges and barriers you faced as a counsellor or manager supporting clients or the team during COVID-19?

Did it differ between the waves of COVID-19?

COVID-19 impacts to staff and management			
1st Wave - Alpha Strain	**2nd Wave - Delta Strain**	**Out of the Delta Lockdown**	**Omicron Strain**

b) What would staff and management need to better support operations and their clients during COVID-19?

4.4 Counsellor Literature Review Themes

4.4.1 Prevalent Themes in COVID-19 – Counsellor Poll

Please tick the themes most prevalent during COVID-19 (N=17)	
Answer Choices	***Response Percentage**
Increased prevalence and risks for first-time incidents of sexual, domestic and family violence	35%
Increased severity and frequency of sexual, domestic and family violence for people who have previously experienced violence	35%
Increased complexity of needs for clients with multiple and intersecting issues	82%
Perpetrators "weaponising" or misusing COVID-19 restrictions as strategies to control and coerce clients	24%
Perpetrators increasing monitoring and surveillance reduced the ability of clients to seek help	35%
Prolonged and forced cohabitation for clients in violent relationships reduced ability to seek help and was exacerbated by lack of housing affordability and vacancies in crisis accommodation	53%
Increased financial stressors and vulnerability for lower socio-economic status clients exacerbated by unemployment, lack of income and/or increased risks of financial abuse	71%
Increased isolation restricting clients from accessing community support, reducing their ability to seek assistance and/or psychologically impacted clients	88%
Social distancing, restrictions in movement and lockdown measures mirror and exacerbate tactics of coercive control (i.e., social and mental health abuse)	41%
Alcohol and other drugs (AOD) misuse and escalating of sexual, domestic and family violence	41%
Other (please specify)	41%
*Note: more than one response could be selected by counsellors	
Source: (Full Stop Australia 2021: 30)	

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