

Full Stop Australia Submission to COVID-19 Response Inquiry Taskforce.

About this submission

Thank you for the opportunity to make a submission on this important inquiry. Full Stop Australia is a not-for-profit working to end domestic, family and sexual violence (DFSV) by providing counselling to victim-survivors and engaging in victim-centric advocacy. Our submission draws on [research we undertook for the National Mental Health Commission](#) regarding the impacts of COVID-19 on people experiencing DFSV (NMHC Research). That project surveyed 69 clients and 13 counsellors from Full Stop Australia about the impact of COVID-19 on mental health.

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Safety, Mental Health and Wellbeing Impacts of COVID-19

During the COVID-19 pandemic, the safety, mental health and wellbeing of many victim-survivors of DFSV significantly deteriorated.

Our NMHC Research found the following impacts arose during the pandemic:

- Severe anxiety, distress and exacerbated trauma impacts, due to social isolation resulting from COVID-19 public health mandates (lockdowns, quarantines and other measures to limit social contact), caring duties and increased life stressors
- Increased suicide attempts, suicidal ideation, depression and other mental illness
- Prolonged exposure to DFSV at home and increased media reporting on sexual violence
- Financial distress and poverty due to loss of employment, lack of employment opportunities, discontinuation 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 for those escaping violence and abuse.

For victim-survivors of DFSV, the above issues coalesced to produce the following challenges:

- **reduced access to support services** to maintain quality of life and continue therapeutic treatment
- **loss of protective factors** and strategies used before COVID-19 to maintain mental health, wellbeing, resilience and safety
- **severe isolation** from friends, family and community groups, which created 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 from home.

Our NMHC Research also found that the effects of the pandemic contributed to a surge in demand for Full Stop Australia's trauma specialist counselling services. 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. Increased demand and need for extended support times resulted in longer waits before calls could be answered by an

available counsellor. Consequently, there was a 25% increase in unanswered calls in the second year of the pandemic, compared to the first year.

Recommendations for an improved pandemic response

Mental health should be a key pillar of future pandemic responses

The introduction of COVID-19 public health orders, including physical distance restrictions and lockdowns, dramatically changed how victim-survivors of DFSV accessed trauma recovery and mental health support. COVID-19 not only disrupted access to immediate crisis support (for example by limiting access to face-to-face counselling and increasing waitlists for psychological services), but also the continuity of long-term therapeutic support. Our NMHC Research found that the pandemic exacerbated pre-existing mental health challenges and/or created new challenges for many victim-survivors of DFSV.

The scale of issues identified in our NMHC Research suggests that mental health and wellbeing was not sufficiently prioritised as part of the COVID-19 response. The Government response to future pandemics would be strengthened by recognising that mental ill-health can be as much of a public health crisis as physical illness. Consideration of mental health risks and access to mental health treatment and support should be a key pillar of future pandemic responses. The Government response should prioritise the provision of accessible, affordable, flexible and meaningful support for victim-survivors.

This should include:

- increased access to phone, web, online, and telehealth mental health support, alongside in-person support.
- offering more than the 20 Medicare-subsidised mental health sessions that were available during the pandemic,¹ to those in need of additional support.
- for victim-survivors of gender-based violence, offering supplementary Government-subsidised mental health support – either through Medicare or otherwise – in recognition of the significant and ongoing challenges of managing complex trauma.

Future pandemic responses should address the risk of escalation of DFSV

The COVID-19 pandemic saw a spike in DFSV, with many victim-survivors experiencing unique risk factors – such as inability to escape a violent partner, or difficulty accessing services.

A 2021 survey of more than 10,000 women aged 18 and over found that:

- Around 1 in 10 (9.6%) women experienced physical violence from their partner in the first year of the COVID-19 pandemic
- 1 in 4 women (26%) who experienced physical or sexual violence in the 12 months since the start of the pandemic said they had been unable to seek assistance on at least one occasion due to safety concerns
- Many women reported an increase in violence in the first year of the pandemic – with 42% saying physical violence increased in frequency or severity, 43% reporting the same of sexual violence, and 49% reporting the same of emotionally abusive, harassing or controlling behaviours.²

¹ Pursuant to the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative.

² Boxall H & Morgan A 2021. Intimate partner violence during the COVID-19 pandemic: a survey of women in Australia. Research report 03/2021. Sydney: Australia's National Research Organisation for Women's Safety.

Full Stop Australia is working to put a full stop to sexual, domestic, and family violence through **support, education, and advocacy.**

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The rise in alcohol consumption, mental distress, job losses and financial strain, while not themselves causes of DFSV, amounted to situational stressors that exacerbated the underlying drivers of violence and increased the likelihood, complexity and severity of violence.³

Meanwhile, Full Stop Australia's counsellors reported a dip in help-seeking for sexual violence during lockdown periods, followed by a spike in contact after lockdowns ended. This may be because some people – who may have broken lockdown restrictions to meet up with potential partners – were afraid to seek support due to fear of being reported and penalised for breaching public health orders.

We recommend centring these complex challenges in future pandemic response planning.

Trauma-and-violence-informed workforce training for those responding to gender-based violence

People with lived experience of DFSV and frontline workers in the sector have consistently found that trauma-and-violence-informed service provision is critical for victim-survivors to feel safe disclosing their experiences and seeking support. Strengthening future pandemic responses requires investment in trauma-informed and gender-based violence-informed workforce training, at all levels of the healthcare, community, social services, child protection, police and justice sectors. This would build the capacity of these workforces to appropriately and safely respond to DFSV in a timely manner.

Investment in mental health and wellbeing support for frontline DFSV workers

Frontline workers in the DFSV sector experienced increased challenges during the pandemic. For Full Stop Australia's counsellors, bringing trauma-based work into their home created challenges with separating work from personal life. Counsellors also found it more difficult to undertake their emotionally taxing work from home – where they didn't have the same ability to debrief with colleagues throughout the day. Like other workers who moved from office settings to working from home, Full Stop Australia's counsellors also experienced challenges with managing increased caring duties and home-schooling children alongside work. Finally, counsellors noted the difficulty of providing therapeutic trauma support remotely, and of retaining engagement with long-term clients alongside managing surging call demand during the pandemic.

While the infrastructure of working from home is now more evolved should there be a need to revert to pandemic service delivery settings, the issues around worker safety and wellbeing will require ongoing attention.

In response to these workforce challenges, future pandemic responses should invest in comprehensive mental health, self-care and wellbeing support packages for frontline DFSV workers, to address vicarious trauma and workforce burnout in circumstances where staff are required to work from home.

³ Ibid.