Responding to Family Violence During COVID-19

May 2020







About these Slides

These slides are not a stand alone resource, and should only be viewed alongside the webinar.

If you have not yet viewed the webinar, please register for the link via **Eventbrite**.





About NIFVS

Northern Integrated Family Violence Services (NIFVS) is the partnership that provides family violence system leadership across Melbourne's northern metropolitan region.

We are one of 14 Family Violence Regional Integration Committees working to increase the safety of victim survivors, the accountability of perpetrators and strengthen Victoria's family violence reforms.

If you work in another region, visit The Lookout website to find out about your local Committee and its Principal Strategic Advisor.





Outline

- What is Family Violence?
- Power and Control During a Pandemic
- MARAM High Risk Factors
- Safe Use of Technology
- Partnering with Victim Survivors
- Safety Planning
- Self Care and Resilience
- Referrals





What is Family Violence?

Family violence is 'a **pattern of coercive control** that one person exercises over another in order to dominate and get their way. It is behaviour that physically harms, arouses *fear*, prevents a person from doing what they want, or compels them to behave in ways they do not freely choose'.





Context for Family Violence

- **Gender inequality** sets the necessary context for family violence to occur it is the cause and consequence of violence against women.
- In addition to gendered drivers, drivers of family violence are also reflective of **structural inequality**, including, but not limited to, colonisation, racism, ableism, classism, ageism, homophobia, biphobia and transphobia.

Our WATCH (2016) Change the story: A shared framework for the primary prevention of violence against women and their children in Australia; State Government of Victoria (2018) Family Violence N Risk Assessment and Management Framework, P 23



Context for Family Violence

- Victim survivors are not inherently vulnerable or 'at risk' but made so by policies, structures and systems.
- Perpetrators target victim survivors where the location and circumstances allow them to be in control.
- Discrimination, marginalisation and belief-based bigotry creates barriers for victim survivors in accessing the services and resources they require for safety, justice and recovery, and perpetrators know this.





Family Violence During a Pandemic

Data from China shows a 50% increase in family violence reports during COVID-19.

Research focussing on natural disasters tells us that family violence can increase 30% to 98% during times of crisis.

Men who have used violence and control in the past may seize the 'behind closed doors' opportunity to become increasingly controlling and dangerous.

With protective factors significantly reduced and isolation increased, family violence will likely increase.

Our **responses** during this time are vital in reducing family violence related harm and homicides.

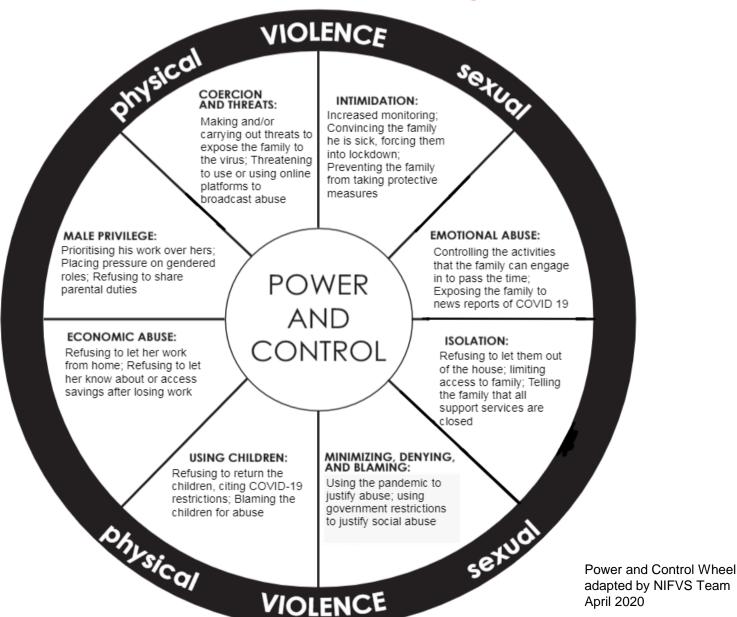
Parkinson, D. 2011 *The way he tells it: Relationships after Black Saturday Bushfires.* Women's Health North East www.genderanddisaster.com.au/wp-content/uploads/2015/06/Doc-005-The-Way-He-Tells-it1.pdf Accessed 15 April 2020



VIOLENCE PHYSICAL SEXUAL **USING COERCION** USING AND THREATS INTIMIDATION Making her afraid by using Making and/or carrying out threats to do something to hurt her looks, actions, gestures · smashing things · destroying · threatening to leave her, to her property . abusing commit suicide, to report pets . displaying her to welfare . making USING USING her drop charges . making weapons. **EMOTIONAL** her do illegal things. **ECONOMIC ABUSE** ABUSE Putting her down • making her Preventing her from getting feel bad about herself . calling her or keeping a job . making her names . making her think she's crazy ask for money . giving her an · playing mind games · humiliating her allowance • taking her money • not **POWER** · making her feel guilty. letting her know about or have access to family income. **AND** CONTROL **USING ISOLATION USING MALE PRIVILEGE** Controlling what she does, who she sees Treating her like a servant • making all the big and talks to, what she reads, where decisions . acting like the "master of she goes • limiting her outside the castle" . being the one to involvement • using jealousy define men's and women's roles to justify actions. MINIMIZING. USING CHILDREN DENYING AND BLAMING Making her feel guilty Making light of the abuse about the children . using and not taking her concerns the children to relay messages about it seriously . saying the · using visitation to harass her abuse didn't happen . shifting respon-· threatening to take the sibility for abusive behavior . saying children away. she caused it. SEXUAL PHYSICAL VIOLENCE



Additional Tactics During COVID-19





Evidence Based Risk Factors

High risk factors relevant to adult victim survivor circumstances:

- Physical assault during pregnancy/ following new birth
- Planning to leave/recent separation
- Escalation in severity & frequency





Evidence Based Risk Factors

High risk factors caused by perpetrator behaviours:

- Controlling behaviour
- Has ever threatened or tried to self-harm or commit suicide
- Stalking of victim
- Obsession/jealous behaviour toward victim
- Drug and/or alcohol misuse/abuse
- Access to weapons
- Use of weapon in most recent event
- Has ever tried to strangle or choke the victim
- Has ever threatened to kill victim
- Has ever harmed or threatened to harm or kill pets or other animals
- Sexual assault of victim
- Unemployed / Disengaged from education





Evidence Based Risk Factors

Risk factors specific to children caused by perpetrators behaviours:

- Exposure to family violence
- Sexualised behaviour towards the child by the perpetrator
- Child intervention in violence
- Behaviour indicating non-return of child
- Undermining the child-parent relationship
- Professional and statutory intervention





Partnering with Victim Survivors

To ensure our responses are effective, we must centralise the victim survivors expertise. This means we:

- Partner with the victim survivor to discuss what an increase in safety could look like for them during this time
- Understand that the victim survivor lives with the risk day to day, and has multiple ways to manage their safety
- Understand that the violence they experience is an affront to their dignity
- Support their choices, whilst using the resources available to us to boost their options
- Resist seeing the victim survivor as passive, support self-determination
- Believe that victim survivors are experienced in anticipating patterns and tactics of abuse used against them
- Understand that risk is changing constantly, and what might make them safe today, might not be effective tomorrow





Safe Use of Technology

As a worker, you may need to be creative, innovative and flexible **over the phone and online** to maintain client's safety when there is family violence risk.

Victim survivors may not be aware of the possible risks of communicating with you through internet, phone and text messages while the person using family violence is in the house, so be sure to explain this.

Note: If a victim survivor does not respond to calls, use both your professional judgement and your team leader/manager to ascertain the best approach.

You can find tip sheets on best practice at techsafety.org.au





Safe Use of Technology

Ask 'Yes' or 'No' questions:

- Is now good time to talk? / When is the best time to talk?
- Is it safe to have phone/ video discussions?
- Is it safe for me to send text messages?
- Can you create plausible reasons to get out of the house?
- Can we come up with a code word for when [the perpetrator] comes in to the room?
- Can you email/ webchat/ call safe steps or 1800
 RESPECT when [the perpetrator] is asleep?





Responding to Victim Survivors

Prioritise victim survivor safety, strength and expertise in all interventions – when phoning, always ask if it's safe to talk.

Responding to victim survivors:

- Ask gentle but direct questions
- Respond to them before you respond to the situation
- Hear, believe and validate
- Discuss only when they are in a safe place
- Assess, prioritise and action immediate safety
- Outline options including referrals
- Respect their readiness
- Follow up and 'keep your door open'





Useful Questions

- I'm concerned about you because I notice... [list family violence indicators present]. When I hear things like this, I worry that there might be more going on. Is it ok if I ask you a few questions about how things are at home at the moment?
- How is everyone coping with the lockdown?
- Is it safe to talk right now?
- Do you feel unsafe with anyone in your home?
- What happens if you and your partner disagree?
- What happens if...?
- Would you like any help with this now?





Helpful Responses

- I believe you
- This must be scary/upsetting/worrying tell me about what you're doing to stay safe/to protect your children
- You are not to blame for the abuse it's never your fault
- You and your kids have the right to be safe
- Do you know what you would like to do next?
- Would you like to speak about your options for support and safety?
- Let's talk about safety planning





Safety Plan Checklist

WHEN IT'S SAFE TO TALK, ASK FIRST "What are you already doing - or not doing - to keep yourself safe?"

WHO needs to be involved in the safety plan?

WHAT would you need to take with you if you flee?

WHERE is a safe place to go?

HOW will you get there?

WHEN will you put an action plan into place?

Leaving is only one strategy, and may not be an option for many. It's important to provide options, and **follow the lead** of the victim survivor.



Safety Planning: Additional Considerations

- How can your safety plan be adapted during restrictions?
- How can you use essential services to your advantage?
- If you leave, how will you continue to ensure good hygiene practices to limit your risk of infection?
- Do you feel comfortable calling the police?
- What additional supports might you need to enact your safety plan?
- Can you create signals with neighbours or friends? E.g. texting/ posting vague comments about the weather.





Response Options: In Immediate Danger

If they are in immediate danger and want support:

- Offer to call police (000)
- Discuss a safety plan
- Make a referral to specialist family violence service

If they are **not yet ready for support**:

- Provide information about help and options available
- Monitor closely, check in regularly
- Let them know that they can seek assistance from you

Refer to your organisational processes regarding child safety.

Remember to document your interventions.





Response Options: Not in Immediate Danger

If they are **not in immediate danger** and want support:

- Note the services and options available
- Refer to and collaborate with a specialist family violence service for comprehensive risk assessment
- Discuss a safety plan

If they are **not in immediate danger** and **do not** want support:

- Provide information about help and options available
- Monitor closely, check in regularly
- Let them know that if their circumstances change, they can seek assistance from you.





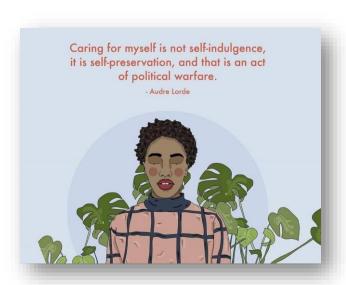
Self Care and Resilience

Practitioners will experience their own personal distress during the pandemic. This could mean reduced capacity to respond effectively.

It will be important that you use your internal and external resources to minimise the impact on yourself and service users.

At this time:

- Be aware of your own emotional response
- Stay within the limits of your role
- Maintain boundaries where possible
- Develop rituals that mark the beginning and end of your work if at home
- Trust your ability to adapt



Artwork by Alison Rachel



Self Care and Resilience

What are some self care strategies that you use regularly to ensure you are looking after yourself professionally and personally?

- Secondary consultation
- Further training
- Debriefing
- Talk to colleagues
- EAP
- Clinical Supervision
- Reflective practice
- Activism



Artwork by Ashley Lukashevsky





Enabling Successful Referrals

Contact the agency receiving the referral to:

- Ensure it is appropriate
- Ascertain any waiting times
- Advocate for your client to receive service
- Provide relevant information to ensure the receiving service can meaningfully connect with the victim survivor
- Discuss roles and responsibilities





Service Changes During COVID-19

Services are still responding to family violence, but most have moved to telephone and video-based support.

The Orange Door (NEMA) and Berry Street (Hume Moreland), are **responding to police referrals** and providing **intake for victim survivors** by phone.

Berry Street, Elizabeth Morgan House Aboriginal Women's Service, Uniting, WISHIN, inTouch, Thorne Harbour Health and Queerspace are all providing case management via phone or video.

Community health services, Berry Street, Anglicare and inTouch are all providing **family violence counselling** via phone or video.

Perpetrator intervention services are continuing to **keep perpetrators in view** with a variety of responses.





Statewide Referrals

- Emergency 000
- 1800 RESPECT 1800 737 732
- Safe Steps 24 hours 1800 015 188
- Elizabeth Morgan House Aboriginal Women's Service 9403 9400
- InTouch 1800 755 988
- W/Respect 1800 184 627
- Men's Referral Service 1300 766 491





Useful Resources

- <u>COVID-19 Information and Resources (NIFVS Website)</u>
 Includes resources and information about service changes in the northern metropolitan region
- MARAM Practice Guides Includes foundational knowledge
- Follow My Lead A resource that supports effective responses to victim survivors
- Power and Control Wheel video series





Stay Involved

There are a number of ways to stay connected:

- Read the monthly <u>NIFVS Enews</u>
- Send <u>family violence posters</u> to colleagues
- Join a local <u>family violence network</u>
- Run a <u>Week Without Violence event</u> in October
- Visit <u>www.nifvs.org.au</u>





