Submission to the Royal Commission of Inquiry into COVID-19 Lessons Learned | Te Tira Ārai Urutā public consultation

Date: 22 March 2024

We thank you for the opportunity to provide feedback to the Royal Commission of Inquiry into COVID-19 Lessons Learned | Te Tira Ārai Urutā.

About the New Zealand Family Violence Clearinghouse

The New Zealand Family Violence Clearinghouse (NZFVC) is the national centre for family violence and sexual violence research and information. The Clearinghouse was launched in 2005 in association with Te Rito: New Zealand Family Violence Prevention Strategy. Te Rito was developed in 2002 as a plan of action to reduce and eliminate family violence in Aotearoa New Zealand.

NZFVC provides information and resources for people working towards the elimination of family violence and sexual violence. We work to identify the best available local and international evidence and strategies for violence prevention and response, and to synthesise and disseminate this information to people working in policy and practice. Auckland UniServices has been contracted to provide NZFVC since 2011.

What do we know about violence in the context of COVID-19 in Aotearoa? Does violence 'increase' when a disaster or emergency happens?

Research and reports from Aotearoa New Zealand[1] and extensive research globally have explored gender-based violence in the context of the COVID-19 pandemic, including intimate partner

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[1] For example, see:

- Shining light on the shadow: the impact of the COVID-19 pandemic on abuser behaviour (2022) by the Backbone Collective, https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=7742
- Submission of the New Zealand Human Rights Commission for the Special Rapporteur on violence against women, its causes and consequences: the impact of COVID-19 and the increase of domestic violence against women (2020), https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=6743
- Challenges in responding to family violence during a Pandemic like COVID-19 (2020) by Shakti, https://nzfvc.org.nz/sites/default/files/Shakti-2020-Challenges-responding-family-violence-during-Pandemic-like-COVID.pdf
- Impact of COVID-19 on the health response to family violence in Aotearoa New Zealand: a qualitative study (2023) by Jane Koziol-McLain, Christine Cowley, Shabo Nayar and Diane Koti, https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=8032

violence, child abuse and sexual violence. Research led by tangata whenua has documented the successful and powerful ways in which tangata whenua organised and responded to the pandemic[2].

This information builds on decades of international and Aotearoa New Zealand research on gender-based violence in the context of emergencies and disasters. We have previously provided an overview of the wider Aotearoa and international research on disasters and emergencies in the context of gender-based violence on our website. See Appendix A for those summaries on *Understanding the impacts of COVID-19* and *Addressing the impacts of COVID-19*.

We know from these reports, research and feedback from advocates and communities:

- **Violence escalates**: The violence gets worse, often with more severity and risk; people who use violence find new opportunities to access, coerce, control and threaten victims.
- **Demand for services surges**: Service providers report significant and long-lasting increase in demand for services, including specialist violence services for both victims and people who use violence, and demand for basic social and health services and welfare needs.
- **People have less access to resources to manage their own safety**: Victims have less access to services and less access to the strategies that they might have previously used to keep themselves safe. People who use violence also have less access to services and support.
- **Service providers are impacted and have less capacity to respond**: Local services who are often best placed to meet people's needs are also affected by the emergency. Their building, infrastructure, communication, and resources will have been impacted, damaged or destroyed. Their staff are likely to be directly affected by the event themselves, and dealing with the increased emotional, mental and trauma impact to the clients they work with. These impacts particularly to staff wellbeing and capacity far outlast the crisis.

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[2] For example, see:
- Mahi aroha: Māori work in times of trouble and disaster as an expression of a love for the people (2020) by Fiona Cram, https://www.tandfonline.com/doi/full/10.1080/1177083X.2021.1879181
- Indigenous Māori responses to COVID-19: He waka eke noa? (2022) by Waikaremoana Waitoki and Andre McLachlan, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9347506/
- Mahi Aroha - Aroha ki te tangata, he tāngata (2020) by Fiona Cram, https://www.journal.mai.ac.nz/content/mahi-aroha-aroha-ki-te-tangata-he-t%C4%81ngata
- Awhi mai, awhi atu: Giving and receiving support during the 2020 COVID-19 lockdown (2021) by Dr Fiona Cram, Sebastian Cram, Morehu Munro and Sarah Tawhai, https://homesforgenerations.goodhomes.co.nz/wp-content/uploads/2021/07/Kaota-report-awhi-mai-awhi-atu.pdf
- Research into the COVID-19 response plan for Te Pūtahitanga o te Waipounamu (2020) by Catherine Savage, Kahu McClintock, and Amohia Boulton, https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=7127
- Herenga Waka COVID-19 Response and Local Case Study For the Period March 2020 to June 2021 (2022) by the Whānau Ora Commissioning Agency, https://whanauora.nz/assets/resources/Herenga-Waka-WOCA-COVID-19-Response-Report-Digital-Aug-2022.pdf

- **Communities, local organisations and whānau, hapu and iwi are essential in the immediate, short-term and long-term response:** Locally based communities and organisations draw on existing relationships, trust and knowledge of local communities to identify and rapidly mobilise to respond to and support people experiencing violence, as well as the wider social and health needs of their community. They have greater impact when government provides increased and flexible funding to support rapid changes for services and organisations. This includes Māori organisations as well as hapū and iwi, faith communities, ethnic communities and other community groups as well as local non-government organisations.
- **Emergency services and infrastructure is not usually prepared to address violence:** Historically, emergency plans and responses have not considered violence. Emergency personnel will typically not have had training in responding to violence, and their organisations will not have policies, guidance or infrastructure in place to support them to respond. When an emergency hits is the wrong time to implement new training and policies and it can be unsafe for untrained and unsupported emergency personnel to intervene.

These patterns will vary by the event and will continue for years, if not decades, after the event well into 'recovery' periods, regardless of whether it's a finite event (earthquake, cyclone, bushfire, etc.) or ongoing emergency and disaster (such as pandemics, droughts and sustained flooding).

Due to inequities resulting from structural discrimination and structural violence including colonisation, some populations can be affected by an emergency. This is compounded by existing disproportionate impacts from violence and inequities in access to safety and services. This compound the impacts of the emergency.

What is needed in Aotearoa for the future?

It is essential we build on what we already know. This includes doing work now to prepare for future events but also being prepared to take specific actions when events occur. Drawing on Aotearoa and international research, perspectives from advocates and community, and global UN recommendations this means:

- **Provide immediate support and flexible funding/contracting** for organisations, service providers and communities including Māori organisations, hapu and iwi to immediately adapt, mobilise and respond.
- **Ensure continued and safe access** to specialist violence services, legal responses to gender-based violence and alternative ways to access safety.
- **Create ongoing direct lines of communication** with government and specialist violence services, locally based organisations and communities including Māori organisations, hapu and iwi, particularly to inform and adapt the policies and procedures developed at the time of the emergency.

- **Ensure the wellbeing and capacity of the specialist workforce** by increasing funding, resources and capacity for frontline workers who provide specialist violence, health and social services.
- **Ensure that social protection and economic stimulus packages** serve women and girls, Māori, Pacific people, ethnic people, Rainbow people, disabled people, young people and older people, and address inequalities in employment and social protection systems.
- **Involve people with specialist knowledge of GBV at all levels of response and planning**, specifically ensuring meaningful participation of tangata whenua, women and girls, Pacific and ethnic communities, disabled people, Rainbow communities, young people and older people.
- **Provide training, policies and guidance for emergency personnel on how to respond to violence BEFORE events occur** drawing on the 3R model (recognise, respond, refer) that means when an event occurs, emergency personal are trained and supported by policies and structures in their organisations to *recognise* when there might be safety issues or concerns, *respond* with understanding and compassion, and *refer* people to specialist violence providers or appropriate community supports.
- **Be prepared to adapt permanently** recognising that emergencies and disasters have long-term impacts and often lead to both positive and negative changes – we must continually evolve our understanding, response and support for people experiencing violence.

For further insights into how to respond to violence in the context of disasters, we encourage the Royal Commission of Inquiry into COVID-19 Lessons Learned | Te Tira Ārai Urutā to speak with the Backbone Collective who spoke to victim/survivors about their experience of family violence during the pandemic and Te Whāriki Manawāhine o Hauraki, a Māori-led Women's Refuge service which has received a Health Research Council grant to explore the experiences of Māori in the Hauraki rohe in the aftermath of Cyclone Gabrielle, and how their needs can be incorporated into future emergency planning.

We close with Professor Denise Wilson's comments about the impact of cyclone Gabrielle and family violence (Denise is a member of Te Pūkotahitanga, the Māori Ministerial Advisory Group for Family Violence and Sexual Violence Prevention):

> *"In the last month I've attended hui with Māori providers to listen to how Māori collectively rise up and mobilise together in times of disaster – like now - regardless of the barriers put in front of them.*
>
> *Taking charge, and doing it their own way, because the needs of our people are not being met by the Crown agencies or being recognised or prioritised. It's almost like it's under the radar.*
>
> *Disaster and emergency plans must be cognisant that our Māori communities get on and do the mahi but they still need the resourcing as the government has a duty to care - or our whānau will continue to miss out."*

And her recommendation for the immediate steps needed:

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Waipapa Taumata Rau
NEW ZEALAND

"It would be good if government agencies look at the lessons of COVID and work not just with iwi but also Māori providers who work with whānau.

That high trust contracting environment means the providers can meet the needs of whānau that ordinary civil defence can't.

Our tamariki are going to be adults going into the future, so we must have them in the centre of our thoughts and decision-making – right from the start.

While there needs to be critical infrastructure decisions in the recovery response, I'm talking about getting the basics prioritised so our whānau have the capacity and capability to form resilience in the face of adversity.

The need for water, kai, shelter, and certainty going forward – and that takes resources being expedited effectively and efficiently.

The collective local hāpori and provider pool on the ground has the integrity, the relationships, the whakapapa and tikanga to serve our people well. Others might have the scale, the brand, and the staff but no local intel, or relationships that are trusted."

Appendix A

FAQ part 1: Understanding the impacts of COVID-19

First published May 2020. Revised September 2020. Last updated 8 November 2022.

Available on our website: https://nzfvc.org.nz/covid-19/FAQ-part-1

This page addresses some key questions about understanding the impacts of a pandemic like COVID-19 family violence, whānau violence and sexual violence. It includes links to research, reports, technical briefs and statements. Understandings and evidence are still emerging.

We add new research, reports, guides and policies related to COVID-19 and violence to our library. To find these resources, see our library quick topic search on COVID-19.

Do family, whānau and sexual violence escalate during emergencies like COVID-19?

Yes, research shows that gender-based violence (GBV), violence against women and children, sexual violence and interpersonal violence escalate and intensify during natural disasters and emergencies like a pandemic. Our library includes some of the many research reports.

Research from the University of Otago has found that 9% of New Zealanders completing an online survey reported they had directly experienced some form of family harm over the lockdown period, including sexual assault, physical assault, or harassment and threatening behaviour (Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study, November 2020). NZFVC Co-Director Janet Fanslow has said that the research highlights the high rates of family violence and the importance of having support services well resourced to be able to respond. Janet Fanslow also said:

> *"These results are consistent with international reports of how these problems can escalate and intensify during periods of lockdown, but should not be misconstrued as causal, i.e., the lockdown did not cause the problem, but instead the conditions of lockdown may have intensified pre-existing problems."*

Data from around the world, published in the Issue Brief COVID-19 and Ending Violence Against Women and Girls (UN Women, April 2020) indicates that violence against women and girls has intensified since the COVID-19 outbreak. This led to the coining of the term "shadow pandemic."

In a Joint Leaders' statement - Violence against children: A hidden crisis of the COVID-19 pandemic (April 2020), the World Health Organization and other global experts highlight that the COVID-19 situation can increase children's risk of experiencing various forms of violence.

UN Women (April 2020) highlights emerging trends and impacts of online and technology facilitated violence against women and girls during COVID-19. In a statement accompanying a webinar about online VAW, the Women's UN Report Network (November 2020) wrote:

> *"Online is the new front line for violence against women and girls, and it has increased exponentially during COVID-19 and the lockdowns. Online violence is an epicentre of risk,*

intersectional and intergenerational, and compounding multiple forms of violence against women and girls, including trafficking."

The [United Nations Office on Drugs and Crime report Global Report on Trafficking in Persons](#) (February 2021) indicates an overall worsening global trend in human trafficking since COVID-19.

A second ['Research Round Up' on violence against women and children](#) (Center for Global Development, September 2020) summarises:

> *"There is increasing evidence that the COVID-19 pandemic and associated policy response measures increase VAW/C across contexts. Where mixed or decreasing trends appear, there is emerging evidence to suggest underreporting may in part account for results. … As in our last round up, service providers report additional needs from clients coupled with additional challenges due to lockdown measures and strained resources."*

A survey of more than 400 women and nonbinary people during COVID-19 from the UK found high rates of online abuse with gender cited most often as the reason for online abuse ([The Ripple Effect, Online abuse during COVID-19](#), Glitch and EVAW, September 2020).

A survey of 15,000 women in Australia found that for many women, the start of the pandemic coincided with the onset *or escalation* of violence and abuse. The researchers reported "Two-thirds of women who experienced physical or sexual violence by a current or former cohabiting partner since the start of the COVID-19 pandemic said the violence had started or escalated in the three months prior to the survey" ([The prevalence of domestic violence among women during the COVID-19 pandemic](#), AIC, July 2020).

A UK survey found that of women living with their abuser during lockdown, 61% said the abuse had worsened. Survivors with children, who were currently experiencing abuse, said things were also worse for their children. Over half (53%) said their children had seen more abuse to the survivor. Over a third (38%) said that their abuser had shown an increase in abusive behaviour towards the children ([A Perfect Storm: The impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them](#), Women's Aid, August 2020).

An [Australian survey of domestic and family violence service providers](#) (Women's Safety NSW, April 2020) found that 75% of frontline family violence workers reported an increase in the complexity of client needs in the context of COVID-19. 50% of frontline workers indicated that there had been reports of worsening or escalating violence. This report also lists types of violence that women reported experiencing which were specifically related to COVID-19.

Another [survey carried out since the easing of COVID-19 restrictions](#) in NSW (Women's Safety NSW, September 2020) found continuing impacts of COVID-19 on domestic and family violence. 45% of service providers stated that their client numbers had continued to rise since COVID restrictions began to lift and when compared to this time last year. 80% had noticed an increase in the percentage of higher risk cases and 86% had noticed an increase in the complexity of client needs since the lifting of COVID restrictions.

Information from services working with perpetrators is available in [Ensuring responsible perpetrator work during the COVID-19 pandemic](#) (European Network for the Work with

Perpetrators of Domestic Violence, 2020) and [Results: Survey of professionals who work with perpetrators of domestic abuse: Experiences of operating in the context of COVID-19](#) (Drive Partnership, August 2020).

In Aotearoa New Zealand, we do not yet have a comprehensive picture of the impact of COVID-19 on people's experiences of family, whānau and sexual violence. Research has not been carried out with victim/survivors and others directly affected. However important information from service providers is available.

The Human Rights Commission states that reports from service providers indicate increases in service demand and significant unreported experiences of violence. They also reported a range of impacts for women experiencing violence including distress, isolation, difficulties accessing support, and perpetrators utilising COVID-19 related restrictions to further abuse against adult and child victims ([Submission of the New Zealand Human Rights Commission for the Special Rapporteur on violence against women, its causes and consequences: The impact of COVID-19 and the increase of domestic violence against women,](#) Human Rights Commission, July 2020).

Specialist domestic violence service provider Shine says since the first COVID-19 lockdown both the [number of referrals and the severity of violence](#) have rapidly increased (September 2020). In the webinar [COVID-19 and family and whānau violence: What have we learnt and where to from here?](#) hosted by NZFVC (September 2020), Rachel Smith stated:

> *"We were already living in a country founded on violence, with intersecting patterns of violence – huge levels of interpersonal violence, structural violence, the ongoing violence of colonisation. So the women and children experiencing violence in their whānau and families that we were supporting before we went into COVID-19, they're already living in constricted life spaces, they're already trying to navigate their safety within a system that has completely inadequate safety options for them. They are often having to seek help from services, as Denise Wilson's research shows, that didn't know how to give them help in ways that were respecting of who they are and were dignifying. If you understand violence as a crime against people's self-determination, and you put a COVID context on top of that … We saw a removal of social supports but most concerningly we also saw a removal of the responsivity of services. It is concerning because I think it's recreating ways of working that many of us don't want to be working in."*

In the webinar [Family violence in a time of pandemic](#) hosted by UN Women Aotearoa New Zealand and the United Nations Association of New Zealand (June 2020), Chief Executive Ang Jury talks about the experiences of Women's Refuge during COVID-19 including service use, what we don't know yet and her concerns about the time ahead. Parliamentary Under-Secretary to the Minister of Justice (Domestic and Sexual Violence Issues) Jan Logie provided an overview of the Government's response (including the National Pandemic Working Group for Family Violence and Sexual Violence). Superintendent Eric Tibbott (NZ Police) and Mele Wendt (White Ribbon Ambassador) also discuss their experiences. The speakers noted that the data does not represent the whole picture of what is happening in families, and expressed concerns about the likely escalation in violence as the impacts of the pandemic and related restrictions continue.

Media has reported information about [police responses to 'family harm incidents' in managed isolation hotels](#).

Why don't we have more statistics on family, whānau and sexual violence during COVID-19? Does it matter?

There are many reasons it can be difficult to get accurate or meaningful statistics about gender-based violence during an emergency. The UNICEF Brief [Moving Beyond the Numbers: What the COVID-19 pandemic means for the safety of women and girls](#) (September 2020) states:

> *"In the context of COVID-19, as in other emergencies, the number of cases documented by service providers can never capture the overall scale or severity of the violence women and girls are facing. Similarly, variations in the number of survivors who connect with response services – whether an increase or decrease in help-seeking – can occur for multiple reasons, many of which have nothing to do with the actual rates of violence taking place. Therefore, taking action to address GBV must be a priority regardless of whether or not increases in reports have been formally documented and, most critically, GBV incident data must never be treated as a prerequisite for taking action."*

The Brief emphasises that the "increased threat to women and girls is predictable based on gender inequality and patterns of violence that existed before the COVID-19 pandemic." It emphasises "In order to make effective policy and programming decisions, governments, policymakers and donors must go *beyond the numbers* and aim for a more comprehensive understanding of dynamics driving pre-existing violence against women and girls and how the current environment exacerbates these risks." As part of this, it recommends:

> *"Establish regular check-ins with GBV service providers and local women's groups to remain abreast of trends and/or new developments in safety risks for vulnerable populations. Utilize their feedback to inform programming adaptations and conduct advocacy with local/national governments as needed. In the context of the COVID-19 pandemic, local women's groups and grassroots organizations are playing a crucial role in understanding how to reach women and girls in a safe and effective manner. Staying connected with them is critical."*

UNICEF has published a two-part series which asks experts about ethics, measurement and research priorities for collecting data on [violence against women](#) and [violence against children](#) in the context of COVID-19 (April 2020). UN Women has also developed a brief outlining guiding principles and recommendations for [Violence Against Women and Girls Data Collection during COVID-19](#) (April 2020) and a [Decision Tree](#) (June 2020). UNICEF has further published [Research on violence against children during the COVID-19 pandemic: Guidance to inform ethical data collection and evidence generation](#), which includes a decision tree (October 2020).

In [COVID-19 and Violence against Women and Children: A Second Research Round Up](#) (Center for Global Development, September 2020), the authors report the growing number of studies still have a limited focus on the basic question of whether violence levels have increased during COVID-19. They recommend future research focus on "actionable" research, informing evidence-

based policy and financing responses rather than simply examining trends. Also see their previous literature review, COVID-19 & Violence against Women and Children: What Have We Learned So Far? (June 2020). A third research round up, COVID-19 and Violence against Women and Children: A Third Research Round Up for the 16 Days of Activism (December 2020), was published which still finds a high majority of research studies are only focused on whether violence has increased. However, this round up also highlights some of the early research exploring pathways for prevention.

Reports from specialist service providers released to date often provide more in-depth exploration of the experiences of victims (based on their work as service providers) as well as suggestions for responses and actions. Organisations in Aotearoa New Zealand have had limited capacity to research and publish reports on the impacts of COVID-19. However, the New Zealand Human Rights Commission submission to the UN Special Rapporteur on violence against women collates information from a number of service providers in Aotearoa New Zealand. In addition, reports from specialist organisations in other countries contribute to understandings of the impacts of COVID-19 and considerations in developing an effective response.

The UNICEF brief Moving Beyond the Numbers: What the COVID-19 pandemic means for the safety of women and girls (2022) explores the data which has shown an increase in reported intimate partner violence, but also a decrease in survivors contacting service for help. In the brief, the authors write:

> "This discrepancy is a classic example of why – in every humanitarian emergency - experts advise against relying too heavily on the number of reported cases when making programmatic and policy decisions about GBV.
>
> In the context of COVID-19, as in other emergencies, the number of cases documented by service providers can never capture the overall scale or severity of the violence women and girls are facing. Similarly, variations in the number of survivors who connect with response services – whether an increase or decrease in help-seeking – can occur for multiple reasons, many of which have nothing to do with the actual rates of violence taking place. Therefore, taking action to address GBV must be a priority regardless of whether or not increases in reports have been formally documented and, most critically, GBV incident data must never be treated as a prerequisite for taking action."

Why and how are family, whānau and sexual violence impacted during emergencies?

During a disaster or crisis, it may be harder for people experiencing abuse to access help. Victims may also be unable to use their usual strategies for staying safe. Stay-at-home orders, work from home mandates and the closure of schools and childcare centres mean many adult and child victims are isolated from people and resources that can help (Family violence and COVID-19: Increased vulnerability and reduced options for support, Usher et al, April 2020).

A person using abuse may have more opportunities or new ways to exert control and use violence during a pandemic. Lockdown and quarantine measures can provide abusers with additional opportunities to monitor, control and manipulate victims. Isolation can also provide new

opportunities for perpetrators to hide their violence. The US-based Battered Justice Women's Project have produced a short video that explores Coercive Control During COVID-19: New Tactics using the power and control wheel (April 2020). They highlight "The tools of coercive control have changed, but its dynamics have not."

Early reports from service providers indicate that perpetrators are using COVID-19 as a mechanism to extend coercive control of partners and ex-partners through shared parenting orders (Women's Safety NSW, 2020).

Intimate partner violence is a pattern of power, control and coercion. Stress does not cause violence. Australian research on violence in the aftermath of the bushfires has found that seeing trauma or stress (even significant stress) from disasters as causing violence against women led to excusing or colluding with people using abuse. In 'The way he tells it...' : Relationships after Black Saturday (Parker, 2011), one woman said "... because you've gone through a trauma, you'll continually make excuses for someone's behaviour and you'll actually feel helpless to escape the situation because they're suffering."

International research on natural disasters suggests that increased reports and service demand related to family violence represents the escalation of pre-existing coercive and controlling attitudes and behaviours. This research also suggests that patterns of escalated violence in the context of a disaster may be related to the violent person exerting further control over their family as they feel less control other aspects of their life. This can relate to dominant norms around masculinities, gender and power: see Understanding research on risk and protective factors for intimate partner violence (NZFVC, 2016) and Masculinities and COVID-19: Making the Connections (Promundo, September 2020).

Reports from service providers provide some additional information. In Australia, Monash University is involved in a range of research projects on gender-based violence and help-seeking behaviours during the COVID-19 pandemic. Sexual Assault & Family Violence Centre in Victoria released Practitioners' report on client experiences during COVID-19 (April 2020). See also the report Pandemic meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Services and Survivors in Canada (August 2020).

In England and Wales, the Access to Justice for Women & Girls during Covid-19 Pandemic (August 2020) report documents new and multiple barriers for women experiencing violence when trying to seek help through the protection and justice systems, including the family court, child contact arrangements, sexual violence cases, and more.

Lockdown, isolation and quarantine situations can mean greater risk of child sexual abuse online, child sexual exploitation of children and young people who are not in school and unsupervised, and sexual violence against young people by peers (on and offline). See Initial Briefing on the COVID-19 Pandemic and the Duty to Prevent Violence Against Women & Girls (End Violence Against Women Coalition, April 2020) and Online and ICT facilitated violence against women and girls during COVID-19 (UN Women, April 2020).

In New Zealand, Netsafe's quarterly report for April - June 2020 showed increases in service demand for online harm: "Between April and June 2020, Netsafe received 6,880 reports overall

which is a 51 percent increase compared to last quarter. It was also Netsafe's highest personal harm report quarter on record, and there was a 26.4 percent increase compared to last quarter." Netsafe has published a brief [summary of statistics highlighting increasing online harm](#) (November 2020) during and after the lockdown. [Commentary](#) from Netsafe chief executive Martin Cocker and community advocates highlight challenges to addressing online harm.

These resource from Canada explores some of the ways that the [pandemic is impacting on sexual violence](#), including sexual exploitation of people experiencing financial strain, and increased opportunities for online grooming and cyber sexual violence. Some sexual violence survivors find wearing masks and isolation difficult ([Sexual assault survivors tackle trauma to stay COVID-safe, self-isolate and wear face masks](#), ABC, July 2020). Rape Crisis Network Ireland has published [Together with Survivors: Rape Crisis Adaption and Transformation during Lockdown](#) (July 2020).

UK research with case workers and service users found that stalking has escalated ([The Consequences of the COVID-19 Lockdown on Stalking Victimisation](#), September 2020).

[International research on natural disasters](#) also shows that patterns of escalating violence are not restricted to the period during a disaster; elevated patterns of risk continue after the disaster, and well into periods of recovery.

For an overview of peer-reviewed research articles published in academic literature, see the reviews by the Center for Global Development: [COVID-19 & Violence against Women and Children: What Have We Learned So Far?](#) (June 2020) and [COVID-19 and Violence against Women and Children: A Second Research Round Up](#) (September 2020).

The Ministry of Social Development's [Rapid evidence review: The immediate and medium term social and psycho-social impacts of COVID-19 in New Zealand](#) (May 2020) also provides information based on literature published up to April 2020.

Te Tiriti o Waitangi and equity issues: Why are some groups at greater risk?

Te Rōpū Whakakaupapa Urutā | National Māori Pandemic Group has consistently highlighted the disproportionate impacts on Māori from the COVID-19 pandemic. Their [Position Statement](#) (April 2020) says:

> *"Our experiences of colonisation, coloniality, racism, and a substantial body of evidence from Aotearoa me Te Waipounamu and Indigenous communities around the world, tells us that through pandemics and other crises, unchecked government action and 'one-size - fits-all' approaches will exacerbate existing inequities. We are calling for all parts of the government to make decisions and urgently commit resources to meet the aspirations and needs of whānau, Hapū and Iwi Māori."*

In Australia, Women's Safety NSW has published [Report: Experiences of Indigenous women impacted by violence during COVID-19](#) (June 2020).

In their [COVID-19 and Ending Violence Against Women and Girls Issue Brief](#) (April 2020), UN Women highlights that experience from the Ebola and Zika outbreaks shows that epidemics

exacerbate existing inequalities, including those based on economic status, ability, age and gender.

The Ministry for Women has put out information about how COVID-19 is affecting women (April/May 2020) noting that some groups of women will experience greater impacts than others.

Shakti Community Council has written up Challenges in responding to family violence during a Pandemic like COVID-19 (August 2020). This highlights issues experienced by migrant and refugee (ethnic) women, things that have assisted Shakti to support women during the pandemic and things that could be improved in future.

In the webinar on COVID-19 hosted by NZFVC, Shila Nair from Shakti stated:

> "As regards migrant and refugee communities, I think the experience of racism has been quite unique in many different ways especially after the Christchurch terror attacks and the aftermath of that. I think that is an additional factor that our people had to deal with in the context of COVID-19 because they're simply known as migrants and refugees so therefore [it was assumed] they have COVID. I think a large segment of communities underwent having to front up to these kind of remarks as well."

In The Impact of the Two Pandemics: VAWG and COVID-19 on Black and Minoritised Women and Girls (May 2020), Imkaan (UK) states "No one is immune to coronavirus COVID-19, but structural inequality reproduces disproportionately across diverse communities and exacerbates existing racialised inequalities. For any woman and girl with protected characteristics, the two pandemics increase her risks at multiple interlocking levels." In Australia, reports on the experiences of migrant and refugee women experiencing violence during COVID-19 have been produced by inTouch Multicultural Centre Against Family Violence (April 2020) and Women's Safety NSW (July 2020) - see also information on women on temporary visas. inTouch and Monash University examined 100 case management files, writing in their report on Family violence and temporary visa holders during COVID-19 (September 2020): "We observe that the impact of COVID 19 has been to intensify the impact of the exclusion of temporary visa holders experiencing family violence from safety and support mechanisms, at a time when they need it more than ever."

COVID-19 at the intersection of gender and disability: Findings of a global human rights survey, March to April 2020 (Women Enabled International) found that decreased access to formal support services meant disabled women and people were more reliant on informal methods of support, which can further expose people to abuse. Institutionalised persons with disabilities were at further risk of violence due to isolation which increases when visitors and monitors may not be allowed in. Disabled people already experience high rates of violence. The Independent Monitoring Mechanism published Making Disability Rights Real in a Pandemic Te Whakatinana i ngā Tika Hauātanga i te wā o te Urutā (January 2021). The report highlights disabled New Zealanders' experiences of the COVID-19 emergency and outlines seven areas for urgent action.

New Zealand, the Ministry of Youth Development's Youth Pulse Check (May 2020) found that 23% of LGBTQI+ young people and 20% of disabled young surveyed said they felt unsafe in their bubble at least some of the time. Media also reported concerns for LGBTQI people in unsafe

homes during lockdown (April 2020). The Human Rights Commission highlights that transgender women experience heightened risks of violence during COVID-19, as trans women:

- Experience societal stigma and discrimination

- Can experience discrimination and barriers in accessing refuges, the justice system and gender-affirming healthcare

- May live in more precarious or unsafe housing situations, resulting in housing instability and homelessness

- May be engaged in precarious work and informal economies

For further reading, see How to include marginalized and vulnerable people in risk communication and community engagement (United Nations Office for the Coordination of Humanitarian Affairs, March 2020). This brief explains why some groups are at particular risk in public health emergencies. It also sets out specific actions to support effective communication and engagement with groups at greater risk.

Information and resources for whānau, communities and kaupapa Māori services are available in Te Whare Māori by Ngā Wai a Te Tūī Māori and Indigenous Research Centre. Information and support services for Pacific, Asian, ethnic, disabled and LGBTQI | Takatāpui+ communities and older people are listed on our COVID-19 page for specific communities.

FAQ part 2: Addressing the impacts of COVID-19

First published May 2020. Revised September 2020. Last updated 8 April 2021

Available on our website: https://nzfvc.org.nz/covid-19/FAQ-part-2

This page addresses some key questions about addressing the impacts of COVID-19 on family violence, whānau violence and sexual violence. It includes links to research, reports, technical briefs and statements. Understandings and evidence are still emerging.

We add new research, reports, guides and policies related to COVID-19 and violence to our library. To find these resources, see our library quick topic search on COVID-19.

What's happening internationally?

International human rights organisations have put out a number of global calls to action.

In July 2020, the United Nations (UN) Special Rapporteur on Violence against Women and the Platform of Independent Expert Mechanisms on Discrimination and Violence against Women (EDVAW Platform) issued a joint statement calling on States to take action to address the pandemic of gender-based violence against women during the COVID-19 crisis. The statement notes that despite the disproportionate impacts on women and children (particularly marginalised groups), women and gender sensitive intersectional responses are largely absent from decision-making and policy in response to COVID-19:

"There are also concerns that restrictive measures can lead to compounded and intersectional forms of discrimination against women belonging to disadvantaged and marginalized groups including, but not limited to, women and girls from minorities, indigenous, afro-descendant, migrant and rural communities, older women, women and girls with disabilities, homeless women, women deprived of liberty and victims of trafficking, who are particularly affected by the crisis.

Despite the disproportionate negative effects of the crisis on women, as well as their critical role in keeping communities running, they are largely absent from local, national and global COVID-19 response teams, policy spaces and decision-making. In the absence of gender sensitive intersectional responses, different forms of systemic discrimination already faced by women and girls will be exacerbated."

The UN experts call for 12 key actions:

- *"Ensure the full participation of women and girls in all crisis response and recovery plans.*

- *Adapt political and legislative measures that have been issued to tackle the pandemic to the needs of women and girls, considering the multiple structural factors that perpetuate discrimination against women and girls and increase their risk in this context, such as economic precariousness, age, migrant status, disability status, deprivation of liberty, ethnic-racial origin, sexual orientation, gender identity, among others.*

- *Include the prevention and redress of violence against women as a key part of national response plans for COVID-19 on the basis of a coordinated response of all actors, with due recognition of and support for the vital role of women's support services and NGOs in the support and protection of victims.*

- *Ensure continued and safe access to support services and emergency measures, including legal assistance and access to judicial remedies for women and girls at risk, or who are subjected to, domestic and sexual violence, harassment and abuse.*

- *Develop care protocols and strengthen the capacity of security agents and justice actors involved in the investigation and sanction of acts of domestic violence, as well as carrying out the distribution of guidance materials to all state institutions.*

- *Ensure that COVID-19 response and post-crisis recovery plans promote women's economic empowerment and address gender inequalities in employment and social protection systems.*

- *Significantly overhaul and expand social protection systems to take into account women's specific needs and vulnerabilities including, but not limited to, paid sick leave, increased support for child and elderly care, housing and food subsidies.*

- *Ensure access to sexual and reproductive health services through easy-to-access procedures such as online prescriptions for contraceptives; ensuring continuous education through accessible educational tools.*

- *Facilitate the issuance of protection orders and ensure access to rape crisis centers and safe shelters or hotel accommodation for women and girls who are victims or at risk of gender-based violence.*

- *Protect female health and social work professionals, and all those women who are working in response to the COVID-19 pandemic.*

- *Specific attention should be paid to women and girls from marginalized groups and their specific needs in terms of accessibility and adequacy of information about the pandemic, the ability to maintain social distance, and access to testing and treatment as well as other necessities including food, housing, sanitation and essential support services.*

- *Systematically gather disaggregated outbreak-related data, to examine and report on the gender-specific health effects of COVID-19, both direct and indirect as well as on the gender-specific human rights impacts of COVID-19 and utilize this data in the formulation of responses."*

UN Women has also published [Gender-Responsive Prevention and Management of the COVID-19 Pandemic: From Emergency Response to Recovery & Resilience](#) (March 2020) focused on 5 key priorities:

1. Gender-based violence, including domestic violence, is mitigated and reduced

2. Social protection and economic stimulus packages serve women and girls.

3. People support and practice the equal sharing of the burden of care.

4. Women and girls lead and participate in COVID-19 response planning and decision-making

5. Data and coordination mechanisms include gender perspectives

The Continental Network of Indigenous Women of the Americas makes [recommendations](#) (May 2020) for States and global actors to address the disproportionate impacts of COVID-19 on Indigenous women and their communities including violence against women and children, starting with "To guarantee the full representative, informed and effective participation of indigenous women and our organizations in the design, implementation, monitoring and evaluation of measures to address the public health emergency and to mitigate its effects in the post-crisis context."

Human rights leaders have called on States to provide extra support to parents, caregivers, service providers and law enforcement officials in the media release [UN experts call for urgent action to mitigate heightened risks of violence against children](#) (April 2020) and technical note [COVID-19: Protecting Children from Violence, Abuse and Neglect in the Home](#) (The Alliance for Child Protection in Humanitarian Action, End Violence Against Children, UNICEF and WHO, May 2020). The Alliance for Child Protection in Humanitarian Action has produced a [series of resources](#) on the protection of children during the COVID-19 pandemic. They have also published a guidance on [Social Protection and Child Protection: How to Join Forces to Protect Children from the Impact of COVID-19 and Beyond](#) (October 2020). For the latest research and policy

recommendations specific to children see the UNICEF Office of Research – Innocenti [Children and COVID-19 Research Library](#) and UNICEF Innocenti's [COVID-19 rapid response microsite](#).

In [Prevention: Violence against women and girls & COVID-19](#) (May 2020), UN Women notes:

> *"The prevention modalities that have proven to work will require thoughtful consideration and adaptation to the current context created by COVID-19 to ensure that unintended harm is not committed and that women's safety is placed at the centre of any undertaking. ... Also critical is ensuring that short-term prevention interventions tailored to the immediate circumstances are linked to the medium and longer-term work required around gendered power dynamics and discriminatory norms that can transform societies to be more equitable, rights-based and peaceful."*

Most recently, the UN Special Rapporteur on violence against women has published a report on the [Intersection between the coronavirus disease (COVID-19) pandemic and the pandemic of gender-based violence against women, with a focus on domestic violence and the "peace in the home" initiative](#) (October 2020). The report sets out recommendations for States, noting

> *"… the pandemic of violence against women preceded the current pandemic and will most likely outlast it. … However, the crisis has also highlighted the pre-existing lack of coordination and of a systemic approach to the elimination of violence against women."*

The Special Rapporteur calls on States to take a gender-sensitive, intersectional approach in their response to COVID-19. She makes recommendations related to data collection, helplines, shelters, access to justice and protection orders, access to healthcare services, civil society organisations and national human rights institutions, including:

> *"States should update and implement national action plans on violence against women in line with general recommendation No. 35 of the Committee on the Elimination of Discrimination against Women, including by adapting relevant measures and services required to combat violence against women in the context of the COVID-19 pandemic."*

Other recommendations for policy and programmatic responses can be found in:

- [COVID-19 and violence against women and girls: Addressing the shadow pandemic](#) (UN Women, June 2020)

- [COVID-19 and ending violence against women and girls](#) (UN Women, April 2020)

- [Pandemics and violence against women and children](#) (Center for Global Development, April 2020)

The UN Development Programme has launched the [COVID-19 Global Gender Response Tracker](#) (September 2020) designed to monitors policy measures enacted by governments worldwide to tackle the COVID-19 crisis, and highlights responses that have integrated a gender lens. This includes policies that directly address women's economic and social security, including unpaid care work, the labour market and violence against women.

The UN Committee on the Elimination of Discrimination against Women called on governments to step up actions to eliminate trafficking in women and girls, highlighting the increasing use of social media to recruit trafficking victims during the COVID-19 pandemic (November 2020).

What needs to be done in Aotearoa New Zealand?

Te Rōpū Whakakaupapa Urutā | National Māori Pandemic Group's Position Statement (2020) calls for action based on three central principles:

- Mana motuhake

- Mana taurite

- Mana whakaora

They state "The mana and authority of whānau, Hapū, Iwi and Māori communities is non-negotiable. Mana motuhake must be recognised in the pandemic response and supported through government action to ensure Māori have access to essential information, resources and high-quality ethnicity data for monitoring so Māori are able to make and enact sovereign decisions."

In this webinar hosted by NZFVC, a panel of family and whānau violence practitioners and researchers explore and urge action on a range of critical issues that have emerged during COVID-19:

In the webinar, kaupapa Māori researcher Rihi Tenana expressed the value of high trust contracting and additional funding made available to Māori providers during COVID-19. She urged this approach to continue, saying:

> "It's really important that the State lends itself to seek better relationships, better relationships with Māori providers, better relationships with hapū and whānau. If the State is reluctant to do that and has a strong desire to go back to business as usual then our vulnerable whānau and communities will suffer."

The New Zealand Human Rights Commission (July 2020) says the "response of NGOs to work collaboratively between themselves and with government to ensure women and families had the support they needed was highly commendable and led to improved support for women during this time. Such collaboration should not be lost as we recover from COVID-19 and move into the future."

Equal Employment Opportunities Commissioner Saunoamaali'i Karanina Sumeo has said the lack of a national plan for responding to family, whānau and sexual violence in the context of an emergency has "… impacted the ability to prevent and respond appropriately to cases of domestic violence during the lockdown and beyond." She called for a plan to be developed, saying "A victim-centric plan ensuring continued inclusive and accessible services, both prevention and response would have provided targeted support to victims of violence and those at risk of violence during a pandemic. This plan must involve the voices of Māori, Pacific disabled,

ethnic and trans women and encourage collaboration at local levels between Police, Civil Defence, Iwi and other community groups in supporting whānau and at national levels."

The review of literature identifies some of the research articles proposing new strategies for responding to violence against women during the current COVID-19 pandemic (Violence against women in the Covid-19 pandemic: A review of the literature and a call for shared strategies to tackle health and social emergencies, February 2021).

Australian research (July 2020) surveying practitioners responding to violence against women during the COVID-19 restrictions found a risk of losing essential domestic violence workers as a result of overwhelming workloads and potential burn out. The researchers say:

> "Historically, there has been limited attention paid to the support needs of the domestic and family violence workforce, beyond a general emphasis on self-care in social work training. Our research shows why this must change moving forward. ... Equal investments are now needed to ensure the health and well-being of support workers now and into the future. The specifics of what this entails should be decided in close consultation with the sector, but we note workers said they benefited from counselling for themselves and their families and flexible working conditions, including additional leave days."

Further research from Monash University has found that almost 70% of specialist family violence workers in their study reported moderate burnout (When home becomes the workplace: family violence, practitioner wellbeing and remote service delivery during COVID-19 restrictions, October 2020). Research from the University of New South Wales interviewed workers about How frontline domestic and family violence workforce in Australia kept connected to their clients and each other through the pandemic (2020).

Research from the US surveyed workers from IPV and sexual violence programmes about the impacts to their work and their concerns for their clients. The found that since COVID-19, staff have more personal and professional stressors, are challenged by practice adaptations, perceive that client safety has decreased, and lack the needed resources to help survivors. They reported that 85% of survey respondents reported an increase in workplace stress related to COVID-19 (On the Front Lines of the COVID-19 Pandemic: Occupational Experiences of the Intimate Partner Violence and Sexual Assault Workforce, December 2020).

New Zealand specialist domestic violence service Shine says "We've got incredibly dedicated staff, but we are dealing with really huge numbers of referrals and it's concerning. We are certainly working beyond our capacity which is a concern - and long-term that is not sustainable." (September 2020)

Social Service Providers Aotearoa (SSPA) highlights that NGO social service providers have played a vital role during COVID-19. SSPA has produced a model Big ideas to tackle big problems (July 2020) on how to recover, reset and transform moving forwards.

Centre for Social Impact, Hui E! Community Aotearoa, Philanthropy New Zealand, and Volunteering New Zealand partnered to survey 1400 Aotearoa New Zealand tangata whenua, community and voluntary sector organisations on the impacts of COVID-19 in May-June 2020. They note that organisations "rallied, moved rapidly, and in some cases did, and are still doing

more with less." They applauded the wage subsidy, high trust funding and flexibility during lockdown. However the sector is now in a "precarious, finely balanced position" financially. Rochelle Stewart-Allen from Hui E! said "There remains an urgent need to fill the remaining gaps, give community organisations some certainty, help them replenish their funds."

What about rebuilding and recovery in the longer term?

In Why our domestic violence pandemic is far from over (May 2020), Our Watch (Australia) state that after easing of public health restrictions, "for women who are living with violence there will be no 'new normal' but rather a new stage of crisis and danger."

> In their Initial Briefing on the COVID-19 Pandemic and the Duty to Prevent Violence Against Women & Girls (April 2020), the UK's End Violence Against Women Coalition discuss their *"fears for the consequence of months of the public health measures being a 'new normal' where abusers have become more accustomed to even higher levels of control and survivors are in a state of very serious trauma and need. A lot of sexual and domestic abuse committed during the period will only come to light after the public health measures are relaxed. ... It will begin a longer, second, post-crisis phase of this pandemic."* They urge: *"We need to plan for the surge in help-seeking when the public health distancing measures end, and start the conversation on the new high priority aim of truly ending and preventing violence against women and girls in all its forms."*

Statistics NZ data from August 2020 revealed that the impact of COVID-19 on New Zealand job losses during the June quarter was disproportionately felt by women. Advocates highlight the need for COVID-19 responses including job creation to use a gender lens. Previous New Zealand research has explored the impacts of economic abuse for women. Hawaii and Canada have published frameworks for intersectional feminist economic recovery. The Gender and COVID-19 Working Group published the brief Hawaii and Canada: Providing lessons for feminist pandemic recovery plans to COVID-19 (October 2020) to summarise the key elements of those frameworks.

COVID-19 shadow pandemic: Domestic violence in the world of work: A call to action for the private sector (UN Women, June 2020) urges the private sector to leverage their existing resources and influence to keep women safe at home and safe at work. The guidance note COVID-19 and Gender-Based Violence: Workplace Risks and Responses (IFC, July 2020) seeks to inform employers about the heightened risks of gender-based violence as a result of the COVID-19 pandemic and outline ways in which employers can address these risks, improve employee and community well-being, and create a safe and resilient workplace. For Aotearoa New Zealand based information and assistance for employers, see DVFREE from Shine and Responsive workplaces from Women's Refuge.

In Gendered violence in natural disasters: Learning from New Orleans, Haiti and Christchurch, Jacquie True (2013) writes,

> *"Despite the human tragedy from natural disasters, the post-disaster period can create opportunities for transforming women's economic and social situation. ... Gender-based*

violence, during and after disasters, can be eliminated in the future with gender-sensitive planning and deliberation."

In their Position Statement (2020), Te Rōpū Whakakaupapa Urutā | National Māori Pandemic Group conclude:

"While the pandemic response will seem all encompassing, it will eventually end. When this happens Māori must be left in a position to thrive for collective wellness across generations. The pandemic response cannot be allowed to cause inequitable unintended and long-lasting impacts to peoples' health and well-being, income and employment support, whānau, Hapū, Iwi and community connection, or access to Te Ao Māori. This requires a comprehensive approach across government, effective immediately, that considers all aspects of Māori health and wellbeing, rather than a narrow preoccupation with the direct impacts of COVID-19."

In the article, Caring for community to beat coronavirus echoes Indigenous ideas of a good life (April 2020), Associate Professor Krushil Watene from Massey University writes,

"Māori and Indigenous peoples elsewhere have long called for social and political transformation, including a broader approach to health that values social and cultural well-being of communities, rather than only the physical well-being of an individual. ... Beyond this current crisis, we need to apply the same collective approach – of protecting each other to protect ourselves – to the other social and political challenges we face. By doing that, we could create a better future for all of us."

In the webinar Māori Recovery: Challenges and Opportunities – Perspectives for COVID-19 (May 2020), Dr Regan Potangaroa, Adrian Te Patu, and Maire Kipa discuss the challenges and opportunities for Māori recovery from the COVID-19 situation, based on learnings from Ōtautahi and other indigenous disaster experiences.

The webinar series Accessing Deep Indigenous Knowing Amidst COVID-19 (April 2020) includes range of speakers and topics and themes around "how do we become, or continue to be good ancestors?" and related questions about the continued commitment of Indigenous peoples to uphold ancestral knowledge for future generations.

A report by Ihi Research looked at the COVID-19 response delivered by Te Pūtahitanga o Te Waipounamu (South Island Whānau Ora Commissioning Agency) including a case study of He Waka Tapu and the 0800 HEY BRO violence prevention helpline for tāne (Research into the Covid-19 Response Plan for Te Pūtahitanga o Te Waipounamu, July 2020). The authors write:

"Globally the COVID-19 pandemic has exposed economic and political inequalities, raising questions about how to mitigate these inequalities to support the world's most vulnerable. Despite predictions Māori would experience much higher rates of infection and mortality, they had remarkably low levels of COVID-19 infection. While arguably the Māori community gained from the Government's Alert Level system and response, the extent of the gain for Māori may also be attributable to the localised Māori response. The evidence from this research demonstrates that while the Government

COVID-19 response policy was predominantly without specific consideration of Māori, a uniquely Māori response contributed to the positive outcomes."

In a related article, Sacha McMeeking, Helen Leahy, Catherine Savage write about how the self-determination social movement response of Te Pūtahitanga o Te Waipounamu to COVID demonstrates the effectiveness of this model for "...meaningfully cultivating the reclamation of self-determination within our communities" (An Indigenous self-determination social movement response to COVID-19, October 2020. They conclude:

"...Te Pūtahitanga's model of social transformation is to unapologetically catalyse whānau and community self-determination, and doing so has been proven through the COVID-19 response to increase community resilience, agility and importantly, the quality of life whānau enjoy within those communities. While self-determination is an inherent right, its progressive erosion over colonisation means our communities now need to regenerate and re-institutionalise self-determination as a practice."