COVID-19 lockdowns, intimate partner violence and coercive control

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Abstract
2020 was a year like no other, with the COVID-19 virus upending life as we know it. When governments around the world imposed lockdown measures to curb the spread of COVID-19, advocates in the domestic and family violence (DFV) sector recognised that these measures were likely to result in increases in violence against women, particularly intimate partner violence (IPV). IPV can take many forms, including physical, emotional, psychological, financial, coercive controlling behaviours, surveillance and isolation tactics. Lockdown conditions provide fertile ground for the exercise of coercive control by encouraging people to stay at home, limiting social interactions to household members, reducing mobility and enabling perpetrators to closely monitor their partner's movements. However, media reports and awareness of IPV are generally dominated by a focus on physical violence and lethality, which are easily defined and measured. By contrast, coercive control as a concept is difficult to operationalise, measure and action in law, policy and frontline interventions. This paper discusses the challenges inherent in measuring coercive control and engages with current debates around the criminalisation of coercive control in NSW. Such reflection is timely as the conditions of COVID-19 lockdowns are likely to lead to an increase in coercive controlling behaviours.
1 | INTRODUCTION

2020 was a year like no other, as the SARS-CoV-2, novel coronavirus-19 (COVID-19), upended life as we knew it. What began as a cluster of cases in Wuhan, China, soon spread across the globe, infecting over 114 million and killing more than 2.5 million people worldwide at the time of writing (Johns Hopkins University COVID dashboard, 01/03/21, https://coronavirus.jhu.edu/map.html). Some countries, including Australia and New Zealand, have fared better than others, highlighting the importance of timely, appropriate and effective policy responses to this public health crisis. At the same time, the spread of COVID-19 has revealed its gendered epidemiological, economic and social impacts, a consequence of public policy responses and existing structural inequalities.

As the epidemic became a pandemic in early 2020, governments around the world began imposing lockdown measures to prevent the spread of COVID-19, and advocates in the domestic and family violence (DFV) sector recognised that stay-at-home orders were likely to result in increases in violence against women, in particular intimate partner violence (IPV). IPV takes multiple forms including physical, emotional/psychological, financial, coercive controlling behaviours, surveillance and isolation tactics where perpetrators try to distance victims from family, friends and support networks. Concern that the incidence of IPV would increase during the pandemic also recognises scholarship showing that violence against women, including IPV, increases in the wake of natural disasters and emergencies (Harville et al., 2011; International Rescue Committee, 2019; Parkinson, 2019; Parkinson & Zara, 2013; Schumacher et al., 2010).

Initial indications of increased IPV came from China where the government imposed strict lockdown measures in Hubei Province, including social distancing and stay-at-home orders, with only one person per household allowed to leave every three days for essential items. Within weeks, it was reported that a domestic violence support service in Hubei's Lijian County received triple the volume of calls in February 2020 compared with February 2019 (Allen-Ebrahimian, 2020; Feng, 2020). As the virus began to spread and governments worldwide adopted suppression measures, advocates sounded the alarm that lockdowns were likely to increase the risk of violence against women and girls, with the UN describing this threat as a “shadow pandemic” (UN Women, 2020). In April 2020, the global sexual and reproductive gendered impacts of COVID-19 were flagged by the UN with the warning that a six-month lockdown with stay-at-home orders would lead to up to 7 million unplanned pregnancies, 31 million gender-based violence cases, and increasing rates of child marriage and female genital mutilation (UNFPA, 2020).

The pandemic unfolded at a time when calls for a legal response to coercive control as a form of IPV had started to grow internationally. Coercive control can encompass multiple tactics of abuse, including physical, sexual, emotional and financial, and as described by Stark (2009), is fundamentally a highly nuanced attack on the victim's sense of self, their perception of reality and freedom, which is intended to grant perpetrators control and power over victims. Within intimate partner relationships, coercive controlling abuse is highly gendered, in that victims are typically women and perpetrators are typically men (Johnson, 2007). The cumulative nature of coercive control means that it should be recognised as a pattern of abusive behaviours rather than an individual act of violence or abuse (Myhill & Hohl, 2019). Alongside the growing recognition of coercive control as an insidious and pervasive form of IPV, the potential...
benefits and risks of criminalising coercive control were being debated (Stark & Hester, 2019; McMahon & McGorrery, 2016).

As policy responses to COVID-19 in Australia and elsewhere emerged and evolved, it became clear that the policy shock of the pandemic was also generating policy innovations. Governments implemented extraordinary measures in the face of extraordinary circumstances, and long-standing areas of policy stasis including social protection were subjected to significant and rapid change. The risks of increased coercive control and IPV more broadly, and the opportunities and constraints on policy responses to these risks at a time of temporary resource investment and policy innovation, are the focus of this article. We ask the following questions: What do we know about the impact of the pandemic, and policy responses to the pandemic, on IPV? How has advocacy for women affected by IPV been affected by the pandemic, especially marginalised and disadvantaged groups? And what are the existing and emerging opportunities for more effective responses?

To understand the impact of the pandemic on IPV, and more specifically coercive control, we undertook a literature review including peer-reviewed and grey literature that emerged from February to October 2020. The rapid pace of scholarship and the flood of media reports on IPV and DFV from Australia and around the world provided a wealth of material for review, much of which was identified via policy repositories (e.g. Australian Policy Online) and weekly Google alerts. Most material on COVID-19 lockdowns and risks of increased violence against women emerged in the form of media reports, initially from China in February 2020. Over subsequent months, more grey and peer-reviewed material emerged – largely identified through biweekly Google scholar alerts (COVID-19 AND "domestic abuse" OR "domestic violence" OR "intimate partner violence"). The authors also used established knowledge-exchange networks to identify relevant sources. The review focused predominantly on material emerging from Australia, Europe and North America because these regions have similar socio-political contexts. Key findings from the literature were recorded in a Word document, which was imported into NVivo 12 and coded thematically using the following parent nodes: data, trends and projections: Australia and international; COVID-19 and heightened risks for violence against women; COVID-19 and IPV service delivery; and Australian Government and State/Territory responses to COVID-19 and IPV: service expansion and policy implementation. In the process of synthesising the material and as the pandemic continued, policy debates about coercive control occurred in parallel. It became apparent that while lockdowns provided fertile ground for increased coercive control, measures for assessing the prevalence of violence through the pandemic were poorly attuned to capture it, perpetuating difficulties in recognising and understanding this form of violence.

2 | COVID-19 AND IPV – THE PERFECT STORM?

In March 2020, the Australian Government responded to the COVID-19 public health crisis by issuing social distancing and stay-at-home directives. This involved closing schools and non-essential businesses such as retail outlets, entertainment venues, gyms, pubs, cafes, restaurants and places of worship. Measures also restricted mass gatherings and travel, with police authorised to issue fines for breaches of these rules (Morrison, 2020). Directives allowed people to leave home for a limited number of reasons including travel to or from work if they could not work from home, shopping for basic necessities/medications, exercise or provide care/support. These measures were based on epidemiological modelling showing that reduced social contact between people would limit virus transmission. While contributing to Australia’s success relative to other countries in minimising transmission, these measures also have effects that are entirely unrelated to their epidemiological rationale and contribute to an accumulation of risk factors for increased IPV: economic and social stressors, enforced proximity that escalates...
risks associated with coercive control, and reduced opportunities for help-seeking and social support from family and friends.

First, the closure of non-essential businesses led to significant job losses, particularly among service and retail sector employees (the majority of whom are female) and casual employees. This resulted in increased economic insecurity, a well-recognised stressor associated with IPV and DFV more broadly (Buttell & Ferreira, 2020; Jarnecke & Flanagan, 2020; Peterman, Potts, et al., 2020). Although the Australian Government provided additional support to households in the form of temporary increases to social security payments and JobKeeper wage subsidies, Australian Bureau of Statistics data indicate that financial stress increased during the pandemic (ABS, 2020). Community services reported an influx of clients and communities requiring financial support and food relief, including groups excluded from the social security system, such as temporary visa holders (Cortis & Blaxland, 2020).

Second, stay-at-home orders, directives to work from home where possible, and closures of schools resulted in families spending more time together. Pre-pandemic, there was well-established evidence that weekends, Christmas and other periods of forced proximity were associated with increased IPV and DFV (Boutilier et al., 2017; Ertan et al., 2020). Third, there is evidence that emotional and mental health problems increased during lockdowns in Australia, and both are risk factors associated with IPV and DFV (ABS, 2020; Curtis et al., 2019; Leonard, 2001).

Government responses to the pandemic and the highly infectious nature of COVID-19 created conditions that may have led to an increase in violence against women, and “created new tactics of control” (Nancarrow, 2019, p. no pagination; Peterman, Potts, et al., 2020). For Bradbury-Jones and Isham (2020), this constitutes the “pandemic paradox” whereby directives issued by governments to reduce virus transmission have put many women at greater risk of violence if they are confined to their home with an abusive partner. Perpetrators have reportedly exploited the fear of spreading or contracting COVID-19 to control their partner’s movements and further isolate them from support networks (Gearing, 2020; Nancarrow, 2019; Usher et al., 2020). Finally, stay-at-home restrictions make it harder for women to access formal and informal supports from services, family or friends.

Importantly, COVID-19 does not cause IPV but has “unveiled and intensified” it (Peterman, O’Donnell, et al., 2020). Williamson et al., (2020) stress that preexisting patterns of abuse have become more frequent and that it is important to recognise “the dynamics of domestic violence and abuse as both a pattern of abusive behaviours and a product of gendered social and cultural norms, rather than a reaction to a specific factor or event, such as COVID-19” (p. 292). They caution against blaming COVID-19 for the increase in violence because it implies that perpetrators are not responsible for their actions.

Scholars have also noted that the pandemic and lockdown measures pose greater risks for some women, including women with disability and women on temporary visas (Flatau et al., 2020; Segrave & Maher, 2020). Segrave and Maher (2020) highlight the vulnerabilities of women on temporary visas (e.g. student visas, working holiday visas, temporary partner visas) who experienced violence during lockdowns in Australia. They have no guarantee of financial support, some are ineligible for certain social services (e.g. individuals on student visas cannot access Medicare), and they are particularly vulnerable to isolation and coercive control during lockdown (e.g. where perpetrators threaten women that they can have them deported or withdraw support or sponsorship). Similarly, Zero and Geary (2020) highlighted the heightened risks for undocumented immigrants in the United States as a result of restrictions imposed due to COVID-19.

### 2.1 Understanding the impact of COVID-19 lockdowns on IPV

At the best of times, IPV is significantly underreported, which is likely to be intensified due to COVID-19 lockdown measures that encourage people to stay at home, limit their interactions
and enable perpetrators to closely scrutinise any help-seeking attempts. Given the limitations of proxy measures, such as calls to police or to helplines as indicators of prevalence, it is important to triangulate a range of data sources in order to estimate levels of violence against women during the pandemic, even though this is still likely to result in underestimation (UN Women & World Health Organization, 2020).

As concerns about the impacts of lockdown measures on the incidence of IPV increased throughout 2020, journalists, advocates, researchers and analysts examined a range of data sources to try to understand its effects, examining the following: reports to police, crime data, service use data (calls, online contacts), service providers’ perspectives, calls to national helplines and population-based surveys. While these methods can document the prevalence of individual incidents of physical and sexual violence, they are poorly attuned to picking up incidents of coercive control.

In early 2020, a flurry of media reports from China, Ireland, France, Belgium, Denmark, the UK, the United States, Malaysia and Singapore reported that IPV was increasing (ABC News, 2020; Allen-Ebrahimian, 2020; Feng, 2020; Grierson, 2020; Higgins, 2020; Hingorani, 2020; Korb, 2020; Lally, 2020; NEWS WIRES, 2020). Analysts relied on proxy measures, including calls to services, calls to police and feedback from service providers. For example, based on their analysis of police reports in three US cities in April 2020, Li and Schwartzapfel (2020) found that reports of all crimes declined. However, IPV reports fell less than crime overall, and in some cases, the abuse reported was more violent. The authors noted that the apparent initial decline was possibly due to difficulties raising the alarm (Morrison, 2020). Further analysis of US data suggested that there had been declines in crimes typically committed with peers, but that crimes generally committed individually (e.g. homicide and IPV) remained constant or increased (Boman & Gallupe, 2020). Those directly affected by COVID-19 appeared most vulnerable. An online survey in the United States indicated that those who reported having COVID-19 symptoms had increased risks of victimisation and perpetration of IPV, and both psychological IPV and physical IPV were more than three times greater for individuals who reported testing positive to COVID-19 (Davis et al., 2020).

3 | WAS THERE AN INCREASE IN IPV IN AUSTRALIA?

In Australia, some contradictory evidence emerged. In March 2020, it was reported by the NSW Attorney General and Minister for the Prevention of Domestic Violence that Google searches about “domestic violence” increased by 75% since the first recorded COVID-19 case in the state (Olle, 2020). Some services reported decreased demand for telephone support and increased demand for online contact (Moger, 2020). Similarly, NSW government figures showed an 11% increase in referrals of victims of domestic violence to Safer Pathway1 in March 2020, compared with March, 2019 (NSW Government, 2020). NSW crime statistics, however, showed no change in domestic violence assault figures from March, 2019 to March 2020 data (Freeman, 2020). In the early weeks of lockdown, it was speculated that lower or stable domestic violence assault figures were because individuals were fearful or unable to make reports while confined at home with perpetrators (Freeman, 2020; Woodburn, 2020). Subsequently, survey findings from the Australian Institute of Criminology showed that safety concerns were a barrier to women seeking help in the initial stages of the pandemic (Boxall et al., 2020).

As early as March 2020, findings from a survey of NSW frontline practitioners by Women’s Safety NSW presented mixed evidence concerning the impact of COVID-19 on service demand (Foster & Fletcher, 2020a). Two-fifths of respondents perceived an increase in demand, others reported expecting to see increases in demand, and others reported decreased demand, which they attributed to barriers to accessing support safely. Under half reported that violence was escalating or worsening, over a third reported that women were experiencing
COVID-19-related abuse (financial or other stresses), and approximately one in six identified violence occurring for the first time. Two subsequent surveys with smaller sample sizes \((n = 40\) and \(n = 43\)) administered by Women's Safety NSW in the first week of April 2020 (Foster & Fletcher, 2020b) and in late May 2020 (Women's Safety NSW, 2020) suggested increasing demand, an escalation in violence for some and violence occurring for the first time for others. Findings indicated increased demand when restrictions began to lift in May 2020, an increase in high-risk cases and more women planning to escape violence. Three-fifths of respondents to the May survey reported that women were finding it harder to engage safely with services.

Over half of IPV practitioners surveyed in Queensland and Victoria reported increased frequency and severity of IPV (Pfitzner, Fitz-Gibbon, et al., 2020; Pfitzner, True, et al., 2020). In addition, survey findings highlighted increases in first-time reporting, new forms of IPV and barriers to help-seeking. Likewise, in July 2020, it was reported that Legal Aid NSW took more calls for help in the previous four months than it typically received in a year, and received 1100 e-mail referrals for assistance since late March (Whitbourn, 2020). However, it is important to keep in mind that this latter group of frontline workers primarily intervene when physical or sexual violence is reported as a crime.

4 | DID LOCKDOWNS LEAD TO AN INCREASE IN COERCIVE CONTROL?

Coercive control as a concept is difficult to operationalise and measure in law, policy and frontline interventions. Given the gaps in knowledge about the baseline prevalence of coercive control, much is uncertain about the impact of the pandemic. However, it is clear that the conditions of COVID-19 lockdowns provide fertile ground for the exercise of coercive control by encouraging people to stay at home, limiting social interactions to family/household members and reducing mobility (Slackoff et al., 2020; van Gelder et al., 2020).

Reflecting the difficulties of isolating and measuring coercive control, data examining the impacts of COVID-19 have generally tended not to differentiate coercive control from other forms of IPV. However, there were some indications that experiences of coercive control changed during 2020. Findings from a survey conducted by the Australian Institute of Criminology in May 2020 differentiated between different forms of violence, including coercive control. The findings indicated that the pandemic coincided with the onset or escalation of violence for many women, including experiences of coercive control (Boxall et al., 2020).

Most women who reported experiencing physical or sexual violence or coercive control (or a combination) in the previous three months had experienced IPV prior to February 2020; however, some experienced IPV for the first time. Half \((53.1\%)\) of the women experiencing physical or sexual violence said the violence had increased in frequency or severity since February 2020. Similarly, almost half \((47.0\%)\) of the women who experienced coercive control reported that it had increased in frequency or severity since February 2020. Just two-fifths \((42.1\%)\) of women who experienced physical or sexual violence reported that the police had been notified, indicating significant underreporting, and more than a third \((36.9\%)\) of women who experienced either physical or sexual violence or coercive control reported that they did not seek advice or support on at least one occasion due to safety concerns.

Other countries likewise reported increases in IPV. Stalking is often considered in the context of coercive control, and in the UK, a national stalking advocacy service reported a 50–70% increase in initial requests for support via e-mail from victims and services in the three months from April 2020 compared with the previous three months. Findings from interviews with victims and practitioners suggest that COVID-19 lockdown measures enabled stalkers to adapt and intensify their stalking activities as stay-at-home orders confined victims to their
homes making them easier to surveil. Additionally, technology provides stalkers with “new approaches to control, humiliate, threaten and isolate their victims” (Bracewell et al., 2020).

5 | COERCIVE CONTROL: CHALLENGES AND GAPS IN KNOWLEDGE

While evidence has focused on changes in levels of violence in the context of COVID-19, the specific risk factors for coercive control, over other forms of violence, have been heightened in the environments created by COVID-19. However, there are specific challenges and constraints in identifying and responding to coercive control, and these have also grown in importance during the pandemic. Moreover, studies of the impact of COVID-19 on IPV typically have not differentiated between coercive control and other forms of violence. Typically, media reports and community awareness of IPV are dominated by a focus on physical violence and lethality within intimate partnerships and family relationships. An unintended result of this focus has been that perceptions of the seriousness of the effects of IPV are most often assessed by the severity of any physical injury rather than considering the ongoing effects of psychological and emotional abuse on health and well-being. Yet, the tactics of abuse used by perpetrators to systematically and coercively control and dominate their partner may be equally, or more, damaging.

Stark (2009) describes coercive control as a form of entrapment that centres on the micro-regulation of everyday activities, encompassing almost every aspect of a woman’s life, and frequently includes elements of physical and sexual violence, which can be sublethal or lethal (Hamberger et al., 2017; Myhill & Hohl, 2019). At the core of coercive control is a highly nuanced set of conditions that a perpetrator tailors to isolate, disempower and ultimately entrap a woman (Stark & Hester, 2019). The mechanisms of coercion and control deployed can, and frequently do, look very different not only between relationships, but also during the course of the relationship (Sharp-Jeffs et al., 2018). Time is a critical dimension of coercive control relative to other forms of violence that are specific or isolated incidents of abuse, and it is established and typically evolves and/or escalates over time. Consequently, the effects are cumulative and insidious and may not be recognised by the victim as a form of violence or by family members, friends or even generalist health and welfare workers in positions to offer support or provide referrals to specialist services. Further, coercive control intersects with other dominant systems of power, with perpetrators known to incite aspects of women’s social identities and history to oppress and exert power, including disability, citizenship, mental health and/or religious beliefs (Sharp-Jeffs et al., 2018). Thus, coercive control in intimate partnerships must be viewed through an intersectional lens in order to address the social conditions in which it can flourish. As concern mounted about increasing IPV during the pandemic, it is particularly striking that the conditions of COVID-19 lockdowns sync perfectly with many of the defining behaviours of coercive control – isolation, entrapment, microregulation and time (prolonged lockdowns).

Policy responses to IPV are increasingly designed to encompass broad-scale community-based prevention and intervention, but criminal sanctions often remain prominent. However, in most countries, coercive control is not a criminal offence. Likewise, in most states and territories in Australia, there are offences for stalking and intimidation, but these are not specific to IPV, and there are no offences that relate specifically to emotional or psychological abuse (Roth, 2020). Rather, offences reflect the dominant incident-based discourse around violence that centres on specific acts intended to injure or otherwise cause harm (Sharp-Jeffs et al., 2018; Stark, 2006). This is partly due to the conflation of abuse and violence, particularly in the criminal justice sector (Stark, 2012). Such conflation does not adequately recognise that ongoing patterns of abuse and less visible forms of violence are distinct from and arguably
equally or more harmful than individual acts of physical or sexual violence (Stark, 2006, 2012). However, after significant advocacy by DFV/IPV organisations, several jurisdictions have introduced legislation to criminalise acts of coercive controlling behaviour, beginning with England in 2015 and followed by Scotland, the Republic of Ireland, Northern Ireland and Tasmania, Australia (McMahon & McGregor, 2016; Stark & Hester, 2019). Figures from England and Wales show offences of coercive control comprise small proportions of all domestic abuse incidents and crimes recorded by police (Barlow et al., 2020). Evaluations to date also point to ongoing challenges with respect to recognising and responding to coercive control (Fitz-Gibbon et al., 2020). Unsurprisingly, the implementation and impacts of these paradigm-shifting changes have been the subject of much interest and debate around effective responses to coercive control and IPV more broadly.

Several concerns have been raised by advocates, scholars and governments about criminalising coercive control and implementing such legislation (Fitz-Gibbon et al., 2020; Stark & Hester, 2019; Walklate et al., 2018). Walklate et al., (2018) question whether a legal response is the most appropriate to address IPV and argue that while the concept of coercive control certainly has meaning in the context of how it impacts women's lives, translating this into a concept that is meaningful in a legal context is complex and potentially fraught. Given the complexities in how coercive control manifests, there are challenges associated with recognising coercive control, both for those who are experiencing it and for those who are responding to it (Stark, 2012). There are also considerable challenges in developing reliable and valid scales to measure coercive control, given that it is conceptually very broad and experientially highly diverse (Wangmann, 2011; Sharp-Jeffs et al., 2018). Moreover, there are challenges with translating the diversity of experiences of coercive control into a concept that is legally actionable.

The challenges of operationalising a concept such as coercive control, so that it can be applied in a legal context, persist in large part because survivor voices and experiences have been marginalised in debates concerning how and whether criminalisation is the most appropriate response (Fitz-Gibbon et al., 2020). This is a particularly glaring absence considering that the effectiveness of legislation that criminalises coercive control rests upon the willingness and capacity of women to access the criminal justice system (Fitz-Gibbon et al., 2020; Walklate et al., 2018). Given the well-documented apprehension and structural barriers that some women face in accessing support through the criminal justice system, survivor perspectives are critical in shaping legal and other responses.

Given these challenges, advocates and scholars caution that any law reform requires substantial training on the issue of coercive control for police and courts (Walklate et al., 2018). In addition to training, there is a need for cultural change in the court system to challenge victim blaming and “othering” of women who are victim/survivors of violence (Johnson, 2007; Tolmie et al., 2018; Walklate et al., 2018). In October 2020, the NSW Department of Communities and Justice announced a review of existing laws and reform options for offences of coercive control and non-physical forms of domestic abuse, as well as a Parliamentary Joint Select Committee inquiry to examine coercive control (NSW Government, 2020). This inquiry has prioritised the inclusion of the perspectives of victim–survivors and frontline services, as well as academics and community members in the process. It sought to ensure that the criminalisation of coercive control is considered in line with existing laws and in the context of systemic reforms that are underway to target community awareness, prevention and interagency responses to coercive control.

Notwithstanding these efforts to ensure legal reform is evidence-based and reflects lived experience, there are known risks in criminalising coercive control for vulnerable families, including women and children who have experienced violence. Women may be misattributed/falsely accused as primary perpetrators, which may be more problematic for women with histories of mental health condition(s) or those who do not fit ideals of the “perfect victim”, which privilege White, middle class, educated, cis-gendered women (Department of Communities
and Justice, 2020; Johnson, 2007). Given the risks for women of experiencing further abuse within the legal system, it is possible that coercive control offences could be weaponised against them. This must be considered from an intersectional perspective in the development and implementation of any such legislation. In the context of a pandemic, when holistic, multi-sectoral responses to IPV are perhaps more challenging to provide than usual, and vulnerable families and communities are under increased pressures, the criminalisation of coercive control could have significant unintended consequences. Moreover, the challenges of recognising and tracking the prevalence and manifestations of coercive control will amplify difficulties in tracking and assessing the equity and effectiveness of new measures.

6 | OPPORTUNITIES FOR NEW RESPONSES TO COERCIVE CONTROL

Despite issues with underreporting, the data indicate that IPV and coercive control increased under lockdown conditions in Australia and other countries. It became more frequent and more severe for some women, and many women experienced IPV for the first time when lockdowns were imposed. This has amplified many challenges faced by governments and frontline services in recognising and responding to coercive control. The pandemic has fuelled existing debates around effective prevention and responses to coercive control and has highlighted its harmful and insidious nature (Walklate et al., 2018).

Some jurisdictions’ experiences of lockdowns were harsher than others, and many underlined the unequal effects of new policies, including those designed to protect public health. In Australia, policy responses were universally applied, but the effects on vulnerable people, such as those on temporary visas and those in low-paid work, were more severe. Analysis of the issuing of fines for breaches of public health orders indicates that more privileged areas were subject to lower levels of policing (McGowan, Ball & Taylor, 2020). The targeted intervention of a complex of public housing towers during Melbourne’s second wave was experienced as stigmatising and damaging by some residents.

Criminalising coercive control could benefit some people, notably those who may have reported abusive behaviours and were told by police that perpetrators were not breaching any laws. However, the risks of reporting for already vulnerable people are significant (Reeves & Meyer, 2021), and any efforts to monitor and address the impact of new sanctions will be complicated by significant gaps in the conceptualisation and measurement of coercive control. In the absence of robust prevalence data and strong data collection systems on coercive control, the benefits of any changes will be uncertain, as will the unintended costs.

In their review of coercive control legislation in England, Barlow et al., (2020) note that while coercive control legislation represents “a significant policy and legal shift”, it has limited capacity on its own to effect change. They argue that the gender-neutral version of the legislation should be revised given the gendered nature of coercive control victimisation and perpetration in intimate partner relationships. They argue for improved understandings of the nature and impact of coercive control at all points of contact within the criminal justice process and that a “whole-systems” approach is necessary to tackle IPV more comprehensively.

Responses to IPV have been shown to be more effective when they are multi-sectoral and community-based, rather than based solely on criminal sanctions. Beyond criminal justice-centred responses, there are strong arguments for investing in community-led systems approaches that draw on established community reinvestment models to strengthen cross-sectoral collaboration and address complex issues of health and justice. Indeed, as Australia and other countries begin managing the longer-term effects of COVID-19 on population health and the economy, there are opportunities for different types of “whole-of-community” interventions to address coercive control and IPV more broadly. The pandemic has shown the capacity of
governments to design, resource and implement new policies quickly. It has also revealed strong reserves of community goodwill and compliance in efforts to secure health and safety. Further, the adaptations made by frontline services during the pandemic provide compelling evidence for the innovation, expertise and effectiveness of community-led solutions.

A number of promising initiatives emerged during the pandemic, including the creation of safe spaces to enable people experiencing violence and abuse to access support through pop-up IPV support services in grocery stores in France (NEWS WIRES, 2020) and in pharmacies in the UK (Day, 2020), Spain (Higgins, 2020) and France (Guenfoud, 2020). The pandemic also forced frontline services to expand their range of service delivery options from predominantly face-to-face counselling and support to greater use of online chat, video calls and phone. These new ways of connecting offered timely solutions to long-standing issues that stem from a largely siloed workforce, and also helped to overcome barriers to accessing services that disproportionately impact clients outside of well-resourced areas, those with limited access to transport and those who experience limited access to services due to health conditions or disabilities. Therefore, the post-COVID “new normal” represents productive ground for implementing tested and new interventions that emerged during COVID-19 lockdowns to address IPV, including less visible forms of violence such as coercive control.

Evidence of the effectiveness of new responses to IPV will emerge over time as monitoring data on safety and other outcomes become available. Earlier research also provides examples of promising and effective interventions that could be implemented, including specialist units for police and specialists with expertise in coercive control as partners in police interventions and assessments (ANROWS, 2021). The differential impact of lockdowns also underlines the importance of understanding the impact of population-level policy responses on disadvantaged groups, and the racialised and gendered dimensions of violence and criminalisation (Nancarrow, 2019).

In designing, implementing and evaluating new approaches, it will be essential that we have adequate understanding and measurement of multiple forms of abuse, which are currently insufficient. Another critical component will be centring the experiences and voices of victim–survivors, which is also currently inadequate. These are not new issues – the absence of victim–survivor perspectives and the lack of timely and comprehensive data are a long-standing dilemma for IPV prevention and response efforts. The challenges in collecting and collating such data routinely are related to availability, accuracy and inconsistencies between jurisdictions in terms of reporting, timeliness and definitions of violence (Australian Bureau of Statistics, 2013; Karakurt et al., 2017). Thus, it is difficult to have an accurate understanding of the scale of violence, and almost impossible for less visible forms of violence, such as coercive control, which often do not reach the attention of the police, legal or health sector. This is further complicated by the limitations of existing data to account for issues of intersectionality and equity (Cullen et al., 2021), and thereby give insight into structures of discrimination, which can increase risk and are substantial barriers to accessing appropriate services. Likewise, the sidelining of victim–survivor perspectives reinforces the invisibility of many forms of violence and prevents the development of coordinated and effective responses. These issues must be foregrounded and overcome to effectively and equitably address coercive control and IPV more broadly.

7 | CONCLUSION

As the COVID-19 pandemic spread, it was clear that action was required to tackle the shadow pandemic of violence against women. With governments around the world imposing lockdowns to control the spread of COVID-19, emerging evidence indicated that IPV was increasing. Much of the available data and reports on increases in IPV and DFV focused on physical
abuse, as this is a well-recognised, measurable, specific and actionable form of abuse, with less evidence about incidences of coercive control, likely due to its somewhat elusive character. There is broad agreement that coercive control is a corrosive and sustained pattern of abuse, but that there are risks and challenges associated with criminalising it. A key risk is that coercive control legislation can have unintended consequences that can be devastating in their implementation against, rather than for, women. Key challenges relate to operationalising the concept within policing practices, particularly with respect to recognising, cataloguing and actioning coercive controlling offences. Both the conditions of the pandemic and debates about criminalising coercive control highlight difficulties in measuring and monitoring this form of violence.

Yet, the conditions of COVID-19 lockdowns are ripe for the exercise of coercive control in particular, with people being urged to stay at home and limit their social interactions, and allowing abusers to closely monitor their victim’s actions. It may be impossible to determine categorically whether or not the COVID-19 lockdowns led to an increase in coercive control in Australia, but we can speculate that this is likely to be the case. Therefore, it is critical that services and awareness campaigns broaden communities’ understanding of violence to encompass coercive controlling behaviours in addition to other more readily recognisable forms of violence.

The impacts of COVID-19 have been far-reaching, and the pandemic has exposed the many structural inequalities and injustices that put some people at greater risk, not just from infection but from violence. It is likely that this pandemic will compel governments around the world to reconsider their pandemic preparedness and IPV prevention and response strategies. In doing so, it is critical that this includes policy responses for recognising and tackling all forms of violence against women.

CONFLICT OF INTEREST
An Associate Editor for the AJSI is one of this paper’s authors, however in accordance with the policy of AJSI they had no involvement in the editorial review of the manuscript nor the choice of reviewers, and no input into the decision to publish the article. Furthermore, this author’s identity was blinded from the Managing Editor and Recommending Editor to minimise any bias in the review process.

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ENDNOTE
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