

Isolated from COVID-19, endangered by domestic violence: The heightened risk of violence against women in the Northern Territory

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Introduction

In response to the COVID-19 crisis, the Northern Territory Government's current position is that Aboriginal people are safest on-country in their remote communities. There have been social media campaigns urging Aboriginal people to return to community and offering them assistance to do so. The Australian Government has also repeatedly and decisively advised people to remain in their homes and avoid social interaction. These measures, they tell us, are to protect the most vulnerable among us, including Aboriginal people. However, where in the conversation is the awareness about how these measures will affect women experiencing domestic violence?⁵ Women will disproportionately bear the impacts of the COVID-19 pandemic, including an escalation in violence, and Aboriginal women in the Northern Territory are at heightened risk.

Domestic violence is likely to increase

Domestic violence is likely to increase during the COVID-19 crisis. Globally, times of stress see an increase in violence against women—this includes armed conflict, natural disasters, and even sporting events (Brimicombe & Cafe, 2012; WHO, 2017). The most recent bushfire crisis in Australia, for example, saw an increase in referrals to domestic violence support services, and studies found a similar increase in domestic violence both during and after the 2009 Black Saturday fires (Parkinson & Zara, 2013; Gleeson, 2020). It has also been reported that domestic violence reports in China have tripled since the beginning of the COVID-19 crisis (Baird, 2020).

The increase during periods of stress is theorised as being a result of increased tension within relationships, as well as the introduction of other risk factors for violence such as trauma, financial hardship, alcohol and substance abuse (Parkinson & Zara, 2013; Gleeson, 2020). However, the government's measures to respond to COVID-19 carry additional consequences for women.

The COVID-19 pandemic will disproportionately affect women, particularly those in heterosexual relationships, who already undertake the majority of unpaid caregiving and household tasks (Workplace Gender Equality Agency, n.d.). With the closure of schools and many workplaces, and increased time in the home, the burden of this additional unpaid work will fall to women. This has two effects: the performance of gendered norms and increased stress and tensions within the household. The link between inequitable gender roles and violence has been very well established (WHO & London School of Hygiene and Tropical Medicine, 2010; Bott et al., 2005). One domestic violence primary prevention project has found that gender roles in Aboriginal communities in the Northern Territory follow a similar inequitable binary to mainstream Australia (Brown, 2019a; Tangentyere Family Violence Prevention Program, 2020). Therefore, the COVID-19 restrictions will disproportionately affect both Indigenous and non-Indigenous women as it will increase the performance of gendered norms through

⁵ Also referred to as intimate partner violence or family violence, which are all forms of gender-based violence against women.

additional unpaid work and caregiving, as well as increase stress and tension within relationships – risk factors for violence against women (WHO, 2012).

The second restriction, and most alarming for women, is the requirement for isolation. Governments' advice to stay at home, means that women will be increasingly socially isolated. These are ripe conditions for coercive control – depriving women from accessing their support networks and putting them in the position where they are alone with their abusers for prolonged periods. There have already been reports of men using COVID-19 as justification for isolating their female partners, depriving them of healthcare, and barring them from support services (Baird, 2020). Whilst these reports presently primarily come from overseas, some Aboriginal organisations in the Northern Territory have expressed concern that this will also become apparent for Aboriginal women in communities. The rhetoric and discourse in government and the media that shames people for leaving their homes could also present additional barriers for women seeking help. Particularly since women often use regular everyday outside activities as a strategy and safe means to report violence. This option may no longer be available to them.

Indigenous women in remote communities are at greater risk

All women are at greater risk of experiencing violence in times of crisis, however Indigenous women in remote communities are at heightened risk. Indigenous women are already disproportionately affected by violence and are overrepresented as domestic, family, and sexual violence victims (Manjoo, 2012; Our Watch, 2018; NTG, 2018). Aboriginal women sent back to country may also have limited access to support networks and services. There is considerable concern among some Aboriginal organisations that women being sent back to community will be increasingly socially isolated by their partners.

Support networks are crucial to help women experiencing violence. Women often have their own ways of creating safety for themselves and their children, for example, they may have friends and family who provide intervention during violent incidents. In such cases, removing a woman from town to community may sever these networks. Many Indigenous women return to their male partner's community and family, rather than their own, which also disconnects them. This, in addition to self-isolation and social distancing policies, means women will be stuck inside and hidden – this is a worst-case scenario for women experiencing violence.

The ability to communicate and report are vital to monitor risk and prevent the reoccurrence of violence. However, remote Indigenous communities in the Northern Territory have little access to support and emergency services; and many communities have no phone coverage, no police, and/or no women's shelter. Domestic, family, and sexual violence services are usually based in regional towns – these services will be unable to monitor women experiencing violence (or men using violence) on country. Of the specialist services that were operating in communities, most have been grounded in response to social distancing measures and travel restrictions.

The Northern Territory Government has also closed the most widely used forms of transport in and out of communities and has banned all non-essential travel. This means remote communities will be even more cut off. The roads into and borders around communities are being patrolled by police, which could lower the police's ability to respond to domestic violence. The healthcare system will also likely become increasingly stretched, also possibly reducing its capacity to respond. With the reduced capacity of these frontline services to respond and make referrals, one Central Australian women's service is concerned that it will be extremely difficult to identify, access, and support women experiencing violence in remote communities – particularly those women who have not been previously identified as being at risk.

How can we respond?

At the community level, consciousness-raising about domestic violence and the risks to women during periods of isolation is vital. Awareness amongst agencies and services is critical to ensure people at risk of experiencing or perpetrating violence can be identified and safety plans put in place. Frontline services, especially non-specialist domestic violence agencies, such as police and healthcare professionals, must be aware that women are at heightened risk during this time so they can identify at-risk women and refer them to specialist services. This can be achieved through messaging and education programs, several of which are already in operation in the Northern Territory. These programs could be adapted to create awareness about the additional risk of violence against women during this time.

Such awareness should also be created among the general public, including within Indigenous communities, through messaging via a range of formats, including radio and social media. Violence against women thrives in silence and where it is hidden – messaging creates awareness and visibility. Messaging also contributes to creating a community culture which will not condone violence against women, which is necessary to prevent violence (Our Watch, 2018). Women's services in the Northern Territory have suggested messaging that highlights everyone's responsibility to keep women and children safe during this time. Such messaging will also help reduce stigma and support help-seeking behaviours. Several programs in the Northern Territory have previously undertaken anti-family violence consciousness-raising projects – their expertise could be drawn upon to develop culturally informed messaging aimed at creating awareness in Aboriginal communities.

At the individual level, safety planning with women is crucial. In the current climate, there is no time to complete full risk assessments. However, safety planning can be adapted for Aboriginal women, and services currently working with at-risk women can develop more detailed plans with their clients. For example, an Aboriginal organisation in Alice Springs is developing straightforward safety plans for Aboriginal women being sent back to community. This basic safety plan reminds women to have safety measures in place, and is put in the pack amongst other details such as health checklists, so their male partner is less likely to find it and the woman is not put at further risk. One women's service in Alice Springs reports that they have also completed safety plans with many at-risk Aboriginal women being returned to country and have included safety measures such as giving women a phone.

Many of the measures typically included in safety plans are not viable in the current circumstances, as they require time to put in place, such as installing deadlocks. They also may not fit the remote community context, for example, some have advocated for the introduction of fast-tracked interpersonal violence orders, but these are difficult to enforce in remote communities and are often ineffective. However, safety measures can be adapted from the literature to help women be safer during the COVID-19 crisis (Brown, 2019b; Dawn House Women's Shelter, 2020; Women's Health West, 2019). Basic safety planning could include:

- Ensure women have access to a phone.
- Ensure there is credit on the phone and pre-loaded and saved safety contact details.
- Advise women to find a safe place to keep the phone where no one else can find it.
- Teach harm minimisation strategies, for example: if a fight happens, do not fight in the kitchen or anywhere else weapons can be accessed. If this is unavoidable, put something between you and the other person, such as a table.
- Advise women to find a safe person in the community – this can be a friend, family member, or worker. Discuss how they can be contacted in an emergency.

- Ask women to designate a personal safe place on the community and come up with a plan about how they can get to that place in an emergency.
- Encourage women to build networks: talk and communicate with others, identify trusted people who can help. Be open with them about what is happening.
- Share information with other services so risks are known, and women can be supported on country.
- Advocate for reliable and available phone network coverage to keep women safer.

Conclusion

There are two levels of response where action and greater support are needed to acknowledge and alleviate the heightened risk to women during this time: namely, the individual and the community levels. Action should include support for consciousness-raising at a community level, and safety planning at an individual level. However, the most vital thing to ensuring women's safety is communication: between women experiencing violence and support services; between men who have used violence and support services; and between service providers and non-specialist agencies who can take a joint case-management approach. Importantly, the communication also needs to occur at the community and national level: domestic violence must be a part of the discourse and it must be seriously considered and publicly discussed by governments as they continue to roll out measures in response to COVID-19. On average more than one woman a week is murdered in Australia – we cannot protect women from COVID-19 only to kill them by ignoring the problem of domestic violence.