

## PANDEMIC FAMILY VIOLENCE:

### A STUDY OF CURRENT RISKS TO FAMILIES AND TO VICTORIAN FAMILY WORKFORCES.

The Bouverie Centre within La Trobe University has completed the first stage of a study into family violence in Victoria during the COVID-19 restrictions. The study focused on family violence as detected in public Mental Health and Maternal and Child Health services. Collectively, this workforce engages with families and family members, at all stages of the family life cycle. Each role is normally somewhat stressful, bringing practitioners into contact with vulnerable family members. Our study explored the additional stress on these workforces of operating under COVID-19 restrictions, and in the face of rising concerns about family violence.

**Prof. Jennifer McIntosh and Dr. Sian McLean** lead this study<sup>1</sup>. This research aimed to contribute new knowledge to our understanding of rising family conflict and violence during the COVID-19 era, and to the support of workforce well-being. Specifically it:

1. Benchmarks the nature of family trauma and violence detected by the Victorian Family Mental Health and Maternal and Child Health sectors during the last stage of level 3 COVID-19 restrictions;
2. Identifies associated impacts on the well-being of FMH and MCH practitioners
3. Identifies modifiable risk factors for practitioner health and well-being in the context of state-wide crisis and escalating family violence
4. The Bouverie Centre at La Trobe University in conjunction with the DHHS COVID-19 Family Violence Advisory group hopes to translate these findings into new resources and training initiatives, to mitigate negative workforce impacts of long-term exposure to pressure imposed by COVID-19 related stressors.

#### BACKGROUND:

Mental health and allied health professions' mental health is vulnerable, typically below the normal range<sup>i</sup>, with higher anxiety and depression levels through secondary traumatic stress predicting burnout<sup>ii</sup>. Periods of community disaster elevate pressure and distress among mental health professionals<sup>iii iv v vi vii</sup>, contributing to workforce attrition<sup>viii</sup>.

During the COVID-19 pandemic, Victoria's Mental Health and Maternal and Child Health Services have encountered new and unforeseen stresses in their already complex roles of supporting the mental health and safety of vulnerable families<sup>ix</sup>. In addition to concern for their own health, rapid adjustments to service delivery have been required, including working with distressed parents and children, devoid of in-person contact. Added to these stresses, during COVID-19 restrictions Victoria Police reported escalating rates of family violence, Google searches for 'domestic violence' rose by 75%, emergency departments reported increased significant injuries related to domestic violence, and urgent applications to the Family Courts increased by 40%.

**A high-level summation of these first stage findings follows.**

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<sup>1</sup> **Principle Investigators Prof Jennifer McIntosh** (PhD, AM): Director of Research; **Dr. Sian McLean** (PhD) Senior Research Fellow. The Bouverie Centre, La Trobe University.

## SURVEY PARTICIPANTS

La Trobe University Human Ethics approval was granted for this study (HEC20241).

Surveys were distributed to the service networks in the first week of June 2020, by members of the research team and of the DHHS Family Violence Advisory Group. The survey closed on June 22.

Four public mental health and allied sectors were targeted for this survey, to capture the range of services actively engaged with supporting the mental health of families and family members, at all ages and stages of life. These were The Victorian maternal and child health (MCH) workforce, the Child Adolescent and Youth (CYMHS) and Adult Mental Health (AMH) workforces, and specialist Family Violence (FV) services. The MCH workforce represents a whole population service providing care to approximately 98% of Victorian families with a child from birth to 5 years of age. In contrast, the CYMHS, AMH and FV sectors provide specialist services to vulnerable families identified through various referral pathways.

There were 446 Participants in total (reporting on some variables is lower, through missing data, and through a technical problem in the first week of the survey’s release).

360 had direct client contact, and 200 had additional or unique managerial roles.

Maternal child health	230	37%
Child/adolescent/youth	73	12%
Adult Mental Health	121	19%
Family violence	22	3%

Ninety percent (90%) of respondents identified as female (from 82% in Adult Mental Health to 99% in the Maternal and Child Health sector).

### AVERAGE AGE OF PRACTITIONERS:

MCH 53 years; Child/Adolescent Mental Health Services 39 years ; Adult Mental Health Services 44 years; Family Violence Specialist Services 35 years.

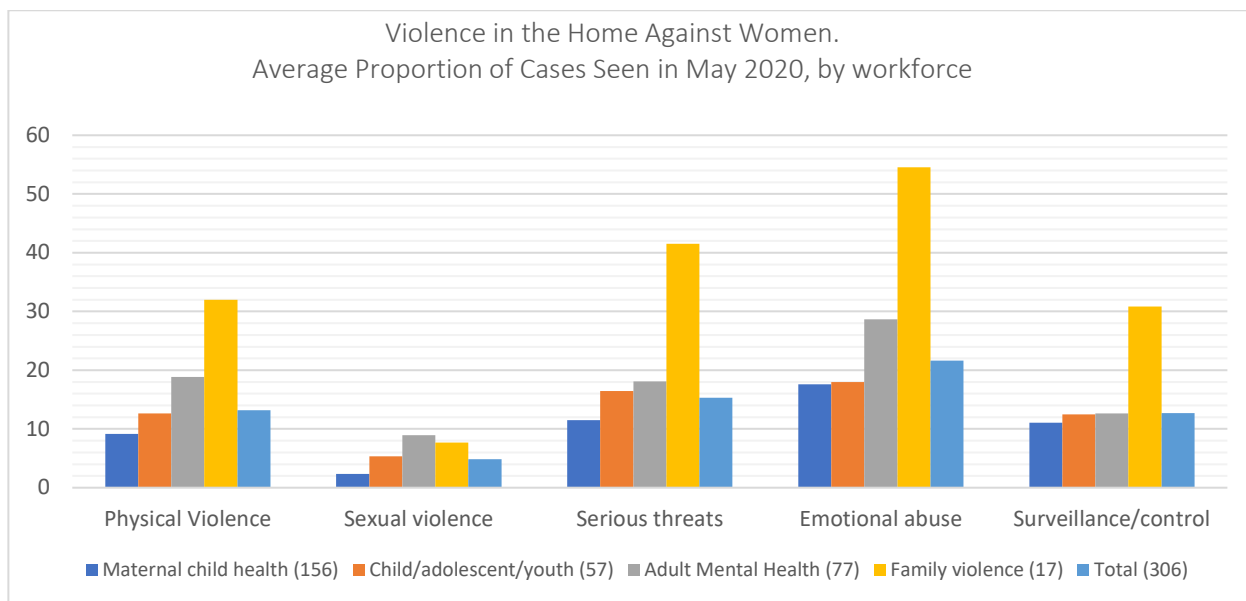
## FAMILY VIOLENCE REPORTS

Collectively, respondents reported on 10,014 cases seen during the month of May 2020. On average, practitioners saw 28 family related cases per month. The absolute proportion of cases seen involving violence in the home against a woman by her partner are reported in the table and graph below.

**TABLE 1. PROPORTION OF CASES SEEN IN MAY 2020 INVOLVING PARTNER VIOLENCE AGAINST A WOMAN**

	% Physical Violence	% Sexual violence	% Serious threats	% Emotional abuse	% Surveillance/control
Maternal child health	9.1	2.3	11.5	17.6	11.0
Child/adolescent/youth	12.6	5.3	16.4	17.9	12.4
Adult Mental Health	18.8	8.9	18.0	28.6	12.6
Family violence	31.9	7.6	41.5	54.5	30.8
Total	13.2	4.8	15.3	21.6	12.6

**TABLE 2. PROPORTION OF CASES SEEN IN MAY 2020 INVOLVING OTHER FORMS OF FAMILY VIOLENCE**



**OTHER FAMILY VIOLENCE**

The proportion of cases seen in May 2020 involving other forms of family violence are indicated in the table below. There was significant variation between workforces. Highest proportions are indicated for each form.

Form of Violence	% all cases	Highest Proportions
woman harming spouse	5%	Maternal Child Health 6%
ex-couple violence	15%	Family Violence Services 50%
violence against child by parent	6%	Child & Adol Mental Health 12%
sexual abuse of child by parent	2%	Family Violence Services 4%
severe emotional abuse of child	13%	Child & Adol Mental Health 18%
exposure of child to FV	15%	Child & Adol Mental Health 21%; FV 30%
elder abuse	3%	Adult Mental Health 8%

**HAS FAMILY VIOLENCE INCREASED DURING THE APRIL-JUNE PERIOD OF SERVICE DELIVERY?**

54% of all practitioners reported an increase in family violence rates in April-June 2020. Only 4% noted a small decrease.

**PRACTITIONER STRESS**

Of nearly 200 Managers across these workforces:

- 55% of managers reported staff workplace stress was higher than the ‘normal’ range.
- 68% reported COVID-19 restrictions had caused significant increase in workplace stress.

Of 330 practitioners who had direct client contact during April-June 2020:

- 58% reported that rising client family violence had caused significant increase in their workplace stress.
  - Highest reports of increased family violence related work stress came from the Child & Adolescent Mental Health Workforce, where 79% reported frequent stress and 72% reported a decline in their own mental health during this time.
- There were significant effects of:
  - Age: The younger the practitioner, the higher the stress reported. We consider this reflects both lower levels of experience and possible confounds in family life, for example, with the care of young children in the home.
  - Poor relationship support: higher levels of reported stress were associated with poorer perceived relationship quality with one's partner and lower levels of perceived support received from friends and from colleagues.

#### MENTAL HEALTH IMPACTS OF COVID-19 AND FAMILY VIOLENCE RELATED STRESS

- 68% reported their own emotional well-being/mental health had worsened during April-June 2020.
- We examined the effects of combined work-related stress regarding COVID-19 related changes to practice and rising violence. We found: Practitioners experiencing high covid-19 related stress had significantly higher depression and anxiety
- 32% identified drinking alcohol or using non-prescription drugs more than they meant to. Of these, 9% reported drinking and drug use much more than they meant to.
- 10.8% of the workforce reported concurrent financial hardship (just getting by/finding it very difficult).

#### PHYSICAL HEALTH IMPACTS OF COVID-19 AND FAMILY VIOLENCE RELATED STRESS

- 52.5% reported their own physical health had worsened during April-June 2020.
- 18% of total workforce self-quarantined without or with symptoms.
- 0% diagnosed with Corona virus.

We examined the effects of combined work-related stress regarding COVID-19 related changes to practice and rising violence. We found:

Practitioners experiencing high Covid-19 related stress had significantly more sleep problems, more headaches, and more gastrointestinal symptoms than practitioners experiencing lower Covid-19 related stress.

#### WHAT COULD HELP EASE WORKPLACE STRESS?

Asked what would improve their situation and return stress to "normal" levels, the most frequently cited solutions from 181 respondents were:

1. Increased time with clients
2. Ability to see clients face to face
3. Supportive management
4. Increases to staffing levels
5. Improved accessibility of Family Violence Specialist services
6. Improved IT training, resourcing and support

## STUDY LIMITATIONS AND STRENGTHS

It is important to note the following limitations in interpreting these data. These are survey data from volunteer participants, which may not be fully representative of each workforce sector. There was considerable difference in workforce numbers, with the largest grouping coming from the Maternal and Child health sector, which sees general population cases, as opposed to families with clinical or safety concerns. Finally, the study was cross-sectional and represents clinical activities for the month of May 2020 only.

Strengths include our method of accounting for proportions of cases with various forms of family violence. Practitioners with direct client contact reported actual case numbers from which proportions were calculated, rather than estimating proportions. To this end, we can, albeit sadly, have confidence in the prevalence findings.

## CONCLUSION

This is the third and largest Victorian study of the COVID-19 era, finding family violence rates are on the rise. Uniquely, ours is the first to explore personal impacts on workforces charged with the responsibility of caring for the safety and mental health of Victorian families: Maternal and Child Health, Child, Adolescent and Youth Mental Health, Adult Mental Health, and Family Violence services. The compounding tensions of working under COVID-19 restrictions and the rise of family violence are having a significant negative effect on the mental health and physical health of practitioners in each of these sectors. Effects were worst for younger practitioners, and for those experiencing low levels of personal support at home and in the workplace. Most practitioners pointed to the need for more face-to-face time with clients, increased staffing, and increased professional supervision and de-briefing.

Given the ongoing nature of COVID-19 restrictions in Victoria, it seems timely if not imperative to consider policy training and practice-based support that would “help our helpers” to cope with what is becoming a long-haul exercise in keeping distressed Victorian families safe.

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<sup>i</sup> Cieri, Shea, Cooper, and Oldenburg, 2019

<sup>ii</sup> Hegney et al., 2014

<sup>iii</sup> Hammad et al., 2011; Usher & Mayner, 2011; Reifels et al., 2012, 2013a, 2013b, 2014; Arbon

<sup>iv</sup> Conlon & Wiechula, 2011

<sup>v</sup> North et al., 2002

<sup>vi</sup> Creamer & Liddle, 2005; Moore, 2003

<sup>vii</sup> Schiff et al., 2018

<sup>viii</sup> Perry et al. 2017)

<sup>ix</sup> <https://www.thesaturdaypaper.com.au/news/law-crime/2020/04/04/family-violence-increasing-during-covid-19-lockdown/15859188009641>; <https://www.police.vic.gov.au/family-violence>