



Australian Government

Australian Institute of Criminology

Trends & issues in crime and criminal justice

ISSN 1836-2206 (Online) | ISBN 978 1 922478 04 7 (Online)

No. 618 February 2021

Abstract | In this study, we analysed data from a survey of Australian women ($n=9,284$) to identify women at the highest risk of physical and sexual violence and coercive control during the early stages of the COVID-19 pandemic.

Logistic regression modelling identified that specific groups of women were more likely than the general population to have experienced physical and sexual violence in the past three months. These were Aboriginal and Torres Strait Islander women, women aged 18–24, women with a restrictive health condition, pregnant women and women in financial stress. Similar results were identified for coercive control, and the co-occurrence of both physical/sexual violence and coercive control.

These results show that domestic violence during the early stages of the COVID-19 pandemic was not evenly distributed across the Australian community, but more likely to occur among particular groups.

Who is most at risk of physical and sexual partner violence and coercive control during the COVID-19 pandemic?

Hayley Boxall and Anthony Morgan

A recent online survey of 15,000 Australian women identified high levels of self-reported domestic violence among women during the initial stages of the COVID-19 pandemic. Specifically, in the three months prior to the survey (conducted in May 2020):

- 4.2 percent of women had experienced physical violence from a cohabiting partner;
- 2.2 percent of women had experienced sexual violence; and
- 5.8 percent had experienced coercive control (Boxall, Morgan & Brown 2020).

Over half of women experiencing ongoing physical or sexual violence (53.1%) said the violence had increased in frequency or severity over the last three months (relative to the six months prior). Similarly, 47 percent of women experiencing coercive control reported an increase in emotionally abusive, harassing and controlling behaviours (Boxall, Morgan & Brown 2020).

However, these overall prevalence estimates may overlook groups of women who were at higher risk of experiencing domestic violence during the initial stages of the COVID-19 pandemic, relative to the general population. Research has consistently identified that specific groups within the community are at increased risk of domestic violence victimisation, who experience significant harms because of the violence and abuse, and who also encounter barriers to accessing support services. For example, women with chronic health conditions may be more likely to experience domestic violence, particularly in situations where they are reliant on others to provide support and care (Krnjacki et al. 2016; Maher & Segrave 2018; Sasseville et al. 2020). Women with long-term health conditions may also be more likely to experience significant harms associated with domestic violence in situations where they are unable to protect themselves (eg by leaving the premises or calling for assistance), or because of the symptoms associated with their illness or the nature of the domestic violence itself (Brownridge 2006).

Women from non-English-speaking backgrounds may also be at increased risk of domestic violence, although this likely varies between groups of different cultures. This increased risk may be due to a lack of understanding of their rights and the illegality of abuse and violence within relationships, a perceived vulnerability to deportation if they are in Australia on a temporary or partner visa (Maher & Segrave 2018), language barriers that can limit help-seeking options (Kulwicki et al. 2010; Maher & Segrave 2018), and cultural norms that support or endorse the use of violence against women.

Numerous studies have shown that pregnant women are at higher risk than other women of experiencing domestic violence, as are women who have children with their partner (Finnbogadóttir, Dykes & Wann-Hanson 2014). The role of pregnancy and children in the onset and escalation of domestic violence has been explained by women's increasing dependence on their partners for emotional and financial support, but also the impact of child-rearing on situational stressors, and the exacerbation of gender norms that may make women subordinate to their partners.

Finally, a large body of research has identified that Aboriginal and Torres Strait Islander women are over-represented as victims of domestic violence in both criminal justice populations (Boxall, Dowling & Morgan 2020; Douglas & Fitzgerald 2018; Nancarrow 2019) and community populations (Australian Bureau of Statistics (ABS) 2017). This is for a range of reasons, including the complex interplay of risk factors within Aboriginal and Torres Strait communities that are independently and cumulatively associated with domestic violence: poverty; low levels of education; alcohol and substance use; prior exposure to and experiences of violence and abuse; and intergenerational transmission of trauma, including the trauma associated with stolen generations, colonisation and displacement from country (Cunneen 2006, 2008; Nancarrow 2019).

The COVID-19 pandemic has raised serious questions about the prevalence of domestic violence—described as the shadow pandemic. Arguably, this has resulted in more attention than ever before being directed to victim safety and the impact of domestic violence. Although the literature has shown that certain groups of women are at higher risk of experiencing domestic violence, what we do not know is how different vulnerable groups were impacted during the initial stages of the COVID-19 pandemic (Women's Safety NSW 2020). This information is vital for ensuring that support services can meet the needs of women who disclose experiences of domestic violence during the COVID-19 pandemic, while social distancing measures are in place, and as these measures are lifted. This paper therefore aims to identify the characteristics of women who are at increased risk of experiencing domestic violence during the COVID-19 pandemic.

Method

This paper draws on data collected by the Australian Institute of Criminology through an online survey of 15,000 women aged 18 years and over. The survey included questions about respondents' sociodemographic and relationship characteristics; experiences of physical or sexual violence and emotionally abusive, harassing and controlling behaviour in the three months prior to the survey; and the history of domestic violence within the relationship.

The survey was conducted by i-Link Research Solutions between 6 May and 1 June 2020, and it took respondents approximately 10 minutes to complete. Women were recruited through i-Link's online research panels, which are comprised of individuals who have consented to receive invitations to participate in a range of different online surveys (see the technical appendix to Boxall, Morgan & Brown 2020). The overall completion rate for the survey was 13.7 percent, which compares favourably to online panels generally (Pennay et al. 2018), and to other recent online surveys about family and domestic violence (eg Miller et al. 2016).

The survey used a quota sampling method, with quotas for age and usual place of residence. While in the earlier study the data were weighted by age and jurisdiction using population data from the ABS (2019), in this study we use the unweighted data, given our primary interest is in the relationship between variables. In addition, because the focus of this analysis is on understanding the relative risk of women from different vulnerable groups experiencing domestic violence, 46 extreme outliers—where there was evidence of possible pattern responses to questions about respondent characteristics (eg positive responses to all questions)—were removed from the sample. Further, one woman was removed from the sample because she did not provide information about her sociodemographic characteristics. When women who had not been involved in an intimate relationship in the 12-month period prior to the survey were removed, this left a final sample of 9,284 respondents.

For detailed information on the methodology, key definitions, sampling strategy, safety protocols and limitations of the survey, please refer to the technical appendix of the earlier study (Boxall, Morgan & Brown 2020).

Key definitions

Domestic violence was defined as physical violence, sexual violence and coercive controlling behaviours involving intimate partners. This includes attempted violence and face-to-face threats. A partner is defined as a person with whom the respondent was in a relationship at some point in the 12 months prior to the survey. This includes current and former partners, whether or not they lived with the respondent (eg dating partners, boyfriend/girlfriend).

We distinguish between physical and sexual violence and coercive control throughout this report. Respondents were recorded as having experienced physical violence if they answered yes to one or more questions about the following behaviours: choking, strangling or grabbing them around the neck; hitting them with something that could hurt them, beating them, stabbing them with a knife or shooting them with a gun; throwing anything at them that could hurt them, slapping, biting, kicking or hitting them with a fist; pushing, grabbing or shoving them; or physically assaulting them in any other way. Sexual violence was defined as a situation in which a person's intimate partner forced them, tried to force them or threatened to force them to take part in sexual activity against their will.

Coercive control involves the micro-regulation of women's lives (Stark 2007). In this study, coercive control was defined as experiencing three or more of the following emotionally abusive, harassing or controlling behaviours, indicating a pattern of behaviour:

- threatening or abusing them online or using technology (eg over the phone or on social media);
- stalking them online or in person;
- constantly insulting them to make them feel ashamed, belittled or humiliated, or shouting, yelling or verbally abusing them to intimidate them;
- damaging, destroying or stealing their property;
- threatening to hurt their family, friends, children and/or pets;
- the perpetrator threatening to hurt themselves;
- monitoring their time and making them account for their whereabouts;
- using their money or shared money or making important financial decisions without talking to them;
- being jealous or suspicious of their friends;
- accusing them of having an affair;
- interfering with their relationship with other family members;
- preventing them from doing things to help themselves (eg going to medical appointments, taking medication); and
- restricting their use of their phone, the internet or the family car.

These 13 items were drawn from several sources, including the Psychological Maltreatment of Women Inventory–Short Form's Dominance–Isolation subscale (Tolman 1999). Other items relating to emotional abuse and stalking were based on the Personal Safety Survey (ABS 2017), with the addition of a question about technology-facilitated abuse.

For further detail of the definitions used for this study, see the technical appendix of Boxall, Morgan and Brown (2020).

Analysis

To control for differences between groups within the Australian community, logistic regression was used. The main statistics reported throughout this paper are adjusted odds ratios (AOR). Adjusted odds ratios allow us to quantify the strength of the relationship between each independent variable and domestic violence experiences. Adjusted odds ratios represent the odds of domestic violence being observed when a particular variable is present, compared with the odds when the variable is not present, all other variables remaining constant.

Dependent variables

Three separate measures of domestic violence were included in the analysis:

- any experience of physical or sexual violence by an intimate partner in the three months prior to the survey;
- any experience of coercive control by an intimate partner in the three months prior to the survey; and
- the co-occurrence of both physical/sexual violence and coercive control in the three months prior to the survey (limited to women who reported any form of domestic violence in those three months).

The co-occurrence of physical/sexual violence and coercive control is important for understanding future risk of serious injury and homicide. For example, several studies have shown that non-physical coercive controlling behaviours (eg stalking), severe incidents of physical violence (eg non-fatal strangulation) and sexual violence are associated with intimate partner homicide (Glass et al. 2008 Monckton Smith 2020).

Separate logistic regression models were estimated for each of these three outcomes.

Independent variables

A number of independent variables were included as controls in the analysis. These variables were selected based on prior literature indicating they may increase the risk of experiencing domestic violence.

Sociodemographic characteristics of respondents

The sociodemographic characteristics of respondents included in the models were:

- Aboriginal and Torres Strait Islander status;
- language spoken at home all or most of the time—English or a language other than English;
- health status—a health condition which had lasted or was expected to last six months or longer, and which meant the respondent required assistance to undertake everyday activities (included both physical and mental health issues);
- age at time of survey;
- place of usual residence—regional/remote or urban centres as identified using the respondent's postcode and concordance with the Australian Statistical Geography Standard (ABS 2018);
- highest level of education completed; and
- level of financial stress—respondents were asked to rate the level of financial stress they had experienced in the three months prior to the survey on a scale from 1 (none) to 5 (extreme).

Relationship characteristics

Four relationship-level controls were included in the analysis: pregnancy status, relationship status, cohabitation and number of children shared with their partner.

Limitations

The survey was limited to women who had access to the internet and were registered as part of the online panel. Non-probability sampling means that, although the sample was large and there was a high concordance with several population-level demographic characteristics, not everyone had an equal likelihood of being selected to participate in the research. This means results are not necessarily generalisable to the wider female population. Further, the accuracy of the results is limited by women's willingness to report violence, even anonymously, while some may have been unable to participate due to safety concerns. It is also difficult to accurately capture the complex forms of violence and abuse experienced by victims of domestic violence in a short survey with dichotomous (yes/no) response items.

There are additional limitations to the current study that should also be acknowledged. First, as this study is based on cross-sectional data, a causal relationship between independent variables and the outcomes of interest could not be established. This is particularly relevant when examining the role of dynamic factors such as health status and relationship status. In particular, it could be that the domestic violence experienced by women led to or exacerbated a pre-existing health condition. Further, a relationship may have ended because of the domestic violence that was occurring, and violence could have persisted post-separation.

Second, because of time constraints, we were limited in the number of questions we could ask as part of the survey. For example, we were unable to ask women who self-identified as having a restrictive long-term health condition whether they had a physical disability, or ask women who said they spoke a language other than English at home whether they were born in Australia and about their current visa status. This information would have provided more nuanced information about the characteristics of the women who participated in the survey. Finally, there may be unmeasured confounding factors that are relevant to women's experiences of violence, including alcohol use, economic status and psychological distress.

Sample characteristics

As shown in Table 1, the average age of women who had been in a relationship in the 12 months prior to the survey was 44.5 years. Approximately one in 20 women identified as being Aboriginal and/or Torres Strait Islander (3.9%), one in five (18.1%) said that they spoke a language other than English most of the time at home (ie were from a non-English-speaking background), and one in 10 (11.2%) said they had a restrictive long-term health condition.

The majority of respondents had completed Year 12 or equivalent or higher, with 45.1 percent reporting that they had a university qualification. One in four respondents (24.4%) said their usual place of residence was in a regional or remote area, while 75.6 percent were living in a major city.

Table 1: Sociodemographic characteristics of women who had been in a relationship in the 12 months prior to survey (n=9,284)

	<i>n</i>	%
Age		
18–24	1,045	11.3
25–34	1,963	21.1
35–44	1,876	20.2
45–54	1,683	18.1
55+	2,717	29.3
Mean age (years)(SD)	44.5 (15.9)	
Aboriginal and/or Torres Strait Islander^a	358	3.9
Restrictive long-term health condition	1,037	11.2
Non-English-speaking background	1,682	18.1
Highest level of education completed		
Year 9 or below	157	1.7
Year 10/11 or equivalent	1,026	11.1
Year 12 or equivalent	1,341	14.4
Vocational certificate	2,572	27.7
University	4,188	45.1
Usual place of residence^b		
Major city	7,022	75.6
Regional/remote area	2,262	24.4
Level of financial stress		
None	2,327	25.0
Low	2,059	22.2
Moderate	2,686	28.9
High	1,585	17.1
Extreme	627	6.8

a: Denominator includes 50 respondents who did not want to disclose this information

b: Regional classification calculated using the respondent's postcode and concordance with the Australian Statistical Geography Standard (ABS 2018)

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Among women who had been in a relationship in the past 12 months:

- 90.4 percent were in a current relationship;
- 2.8 percent were pregnant;
- 84.6 percent had cohabited with their partner at least some of the time in the 12 months prior to the survey; and
- 47.3 percent had at least one child with their partner (average 1.3 children).

Table 2: Relationship characteristics of women who had been in a relationship in the 12 months prior to the survey (n=9,284)

	<i>n</i>	%
Relationship status		
Current	8,391	90.4
Former	893	9.6
Pregnant	259	2.8
Cohabiting	7,855	84.6
Number of children with their partner		
None	4,896	52.7
1–2	3,238	34.9
3 or more	1,150	12.4
Mean number of children (SD) ^a	1.3 (0.4)	

a: Limited to respondents who said they had at least 1 child with their partner

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Results

Sociodemographic characteristics of women

After controlling for a range of other individual-level risk factors associated with experiencing domestic violence (see above), a number of factors were associated with an increased likelihood of experiencing any physical or sexual violence or coercive control in the three months prior to the survey.

Aboriginal and Torres Strait Islander status

The odds of experiencing domestic violence in the three months prior to the survey were higher for Aboriginal and Torres Strait Islander women than non-Indigenous women, across all three assessed outcomes. More specifically:

- the odds of experiencing physical/sexual violence were four times higher for Aboriginal and Torres Strait Islander women than for non-Indigenous women (AOR=4.0, $p<0.001$, 95% CI=3.0–5.2); and
- the odds of experiencing coercive control were five times higher for Aboriginal and Torres Strait Islander women than for non-Indigenous women (AOR=5.5, $p<0.001$, 95% CI=4.2–7.1).

Further, when the sample was limited to the women who had reported experiencing any form of domestic violence in the three months prior to the survey, the odds of experiencing both physical/sexual violence and coercive control were 2.2 times higher for Aboriginal and Torres Strait Islander women than for non-Indigenous women (AOR=2.2, $p<0.001$, 95% CI=1.4–3.3).

Health status

Women with a long-term restrictive health condition were more likely than other women to have experienced physical/sexual violence or coercive control in the three months prior to the survey. This was again consistent across all three outcomes:

- the odds of experiencing physical/sexual violence were three times higher for women with a restrictive long-term health condition than for women who did not have a health condition (AOR=2.8, $p<0.001$, 95% CI=2.3–3.4);
- the odds of experiencing coercive control were three times higher for women with a restrictive long-term health condition violence than for women who did not have a health condition (AOR=2.6, $p<0.001$, 95% CI=2.1–3.1); and
- among women who had experienced any form of domestic violence in the three months prior to the survey, the odds of experiencing both physical/sexual violence and coercive control were 2.2 times higher for women with a restrictive long-term health condition than for women who did not have a health condition (AOR=2.2, $p<0.001$, 95% CI=1.6–3.0).

Language spoken most of the time at home

The analysis found that women from non-English-speaking backgrounds were more likely than women from English-speaking backgrounds to report experiencing specific forms of domestic violence, but not others:

- the odds of experiencing physical/sexual violence in the three months prior to the survey were 1.3 times higher for women from non-English-speaking backgrounds than for women from English-speaking backgrounds (AOR=1.3, $p<0.05$, 95% CI=1.0–1.5); and
- the odds of experiencing coercive control in the three months prior to the survey were 1.4 times higher for women from non-English-speaking backgrounds than for women from English-speaking backgrounds (AOR=1.4, $p<0.001$, 95% CI=1.2–1.7).

However, language spoken most of the time at home was not associated with the co-occurrence of both physical/sexual violence and coercive control (AOR=1.0, $p=0.853$, 95% CI=0.8–1.4).

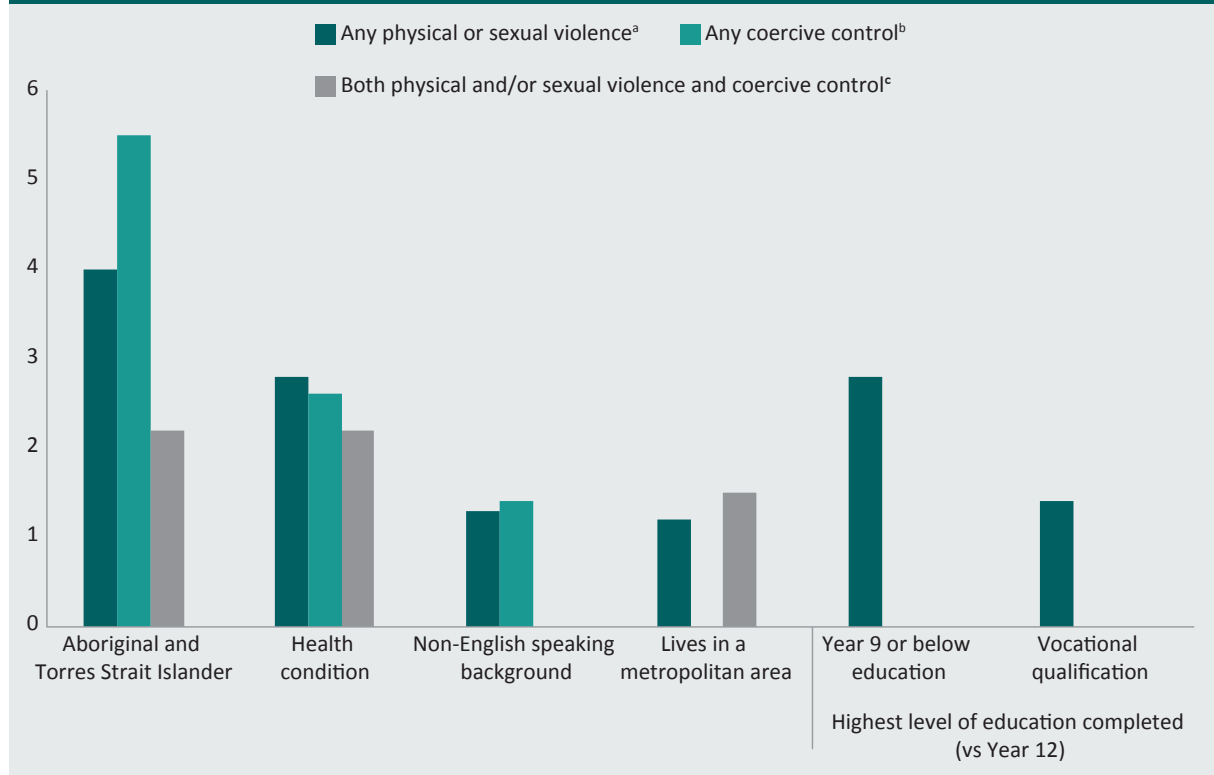
Highest level of education completed

Women whose highest level of education was Year 9 or below were more likely to experience physical/sexual violence than women whose highest level of education was Year 12 (AOR=2.8, $p<0.01$, 95% CI=1.5–5.2). Women who had completed a vocational qualification (eg a TAFE certificate) were also more likely than those who had completed Year 12 to experience physical/sexual violence (AOR=1.4, $p<0.05$, 95% CI=1.0–1.9). However, level of education was not associated with experiencing coercive control in the three months prior to the survey, or with the co-occurrence of physical/sexual violence and coercive control.

Usual place of residence

The odds of experiencing physical/sexual violence in the three months prior to the survey were 1.2 times higher for women living in metropolitan areas than for women living in regional or remote areas (AOR=1.2, $p<0.05$, 95% CI=1.0–1.5). Further, among women who had experienced any domestic violence, the odds of experiencing both physical/sexual violence and coercive control were 1.5 times higher for women living in metropolitan areas compared to women living in regional/remote areas (AOR=1.5, $p<0.05$, 95% CI=1.1–2.0). However, usual place of residence was not associated with experiencing coercive control (AOR=0.9, $p=0.393$, 95% CI=0.8–1.1).

Figure 1: Likelihood of experiencing physical/sexual violence or coercive control in the three months prior to the survey, by sociodemographic characteristics (AOR)



a: $\chi^2(22)=1043.05$, $R^2=0.26$, $p<0.05$, $AUC=0.84$, $n=9,284$

b: $\chi^2(22)=1203.82$, $R^2=0.25$, $p<0.05$, $AUC=0.84$, $n=9,284$

c: $\chi^2(22)=280.04$, $R^2=0.16$, $p<0.05$, $AUC=0.75$, $n=1,217$

Note: Excluded variables were not significant predictors of domestic violence. AOR=adjusted odds ratios; AUC=area under the curve

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

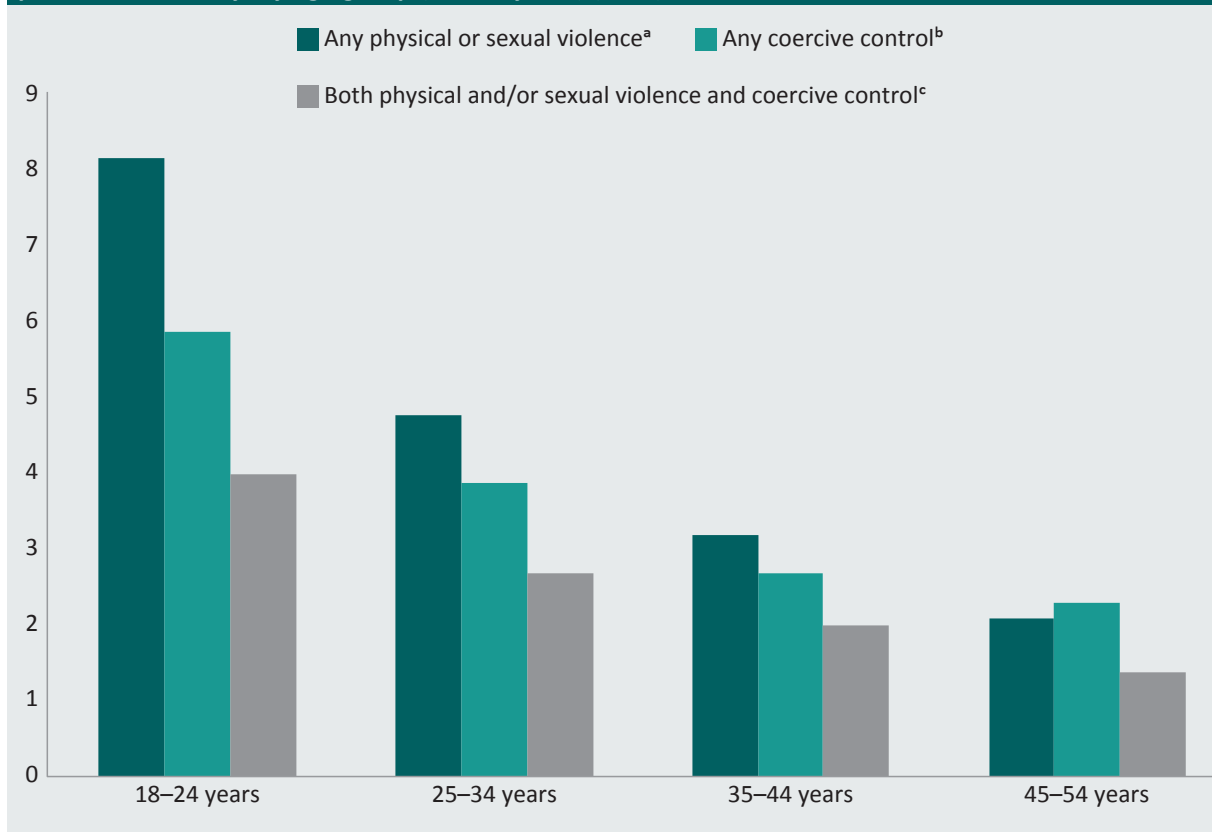
Age

Age was positively associated with experiencing domestic violence during the initial stages of the COVID-19 pandemic. As shown in Figure 2, compared to women who were 55 years and over, younger women had higher odds of experiencing physical/sexual violence and coercive control in the three months prior to the survey. In particular:

- the odds of experiencing physical/sexual violence were eight times higher for women aged 18–24 years than for women aged 55 years and over (AOR=8.2, $p<0.001$, 95% CI=5.6–11.9);
- the odds of experiencing coercive control were six times higher for women aged 18–24 years than for women aged 55 years and over (AOR=5.9, $p<0.001$, 95% CI=4.3–8.2); and
- among women who reported any domestic violence in the three months prior to the survey, the odds of experiencing both physical/sexual violence and coercive control were four times higher for women aged 18–24 years than for women aged 55 years and over (AOR=4.0, $p<0.001$, 95% CI=2.3–7.0).

Overall, there was a linear relationship between age and risk of experiencing domestic violence, with younger women having higher odds of experiencing physical/sexual violence and/or coercive control than older women.

Figure 2: Likelihood of experiencing physical/sexual violence or coercive control in the three months prior to the survey, by age group (vs 55+ years) (AOR)



a: $\chi^2(22)=1043.05$, $R^2=0.26$, $p<0.05$, AUC=0.84, $n=9,284$

b: $\chi^2(22)=1203.82$, $R^2=0.25$, $p<0.05$, AUC=0.84, $n=9,284$

c: $\chi^2(22)=280.04$, $R^2=0.16$, $p<0.05$, AUC=0.75, $n=1,217$

AOR=adjusted odds ratios; AUC=area under the curve

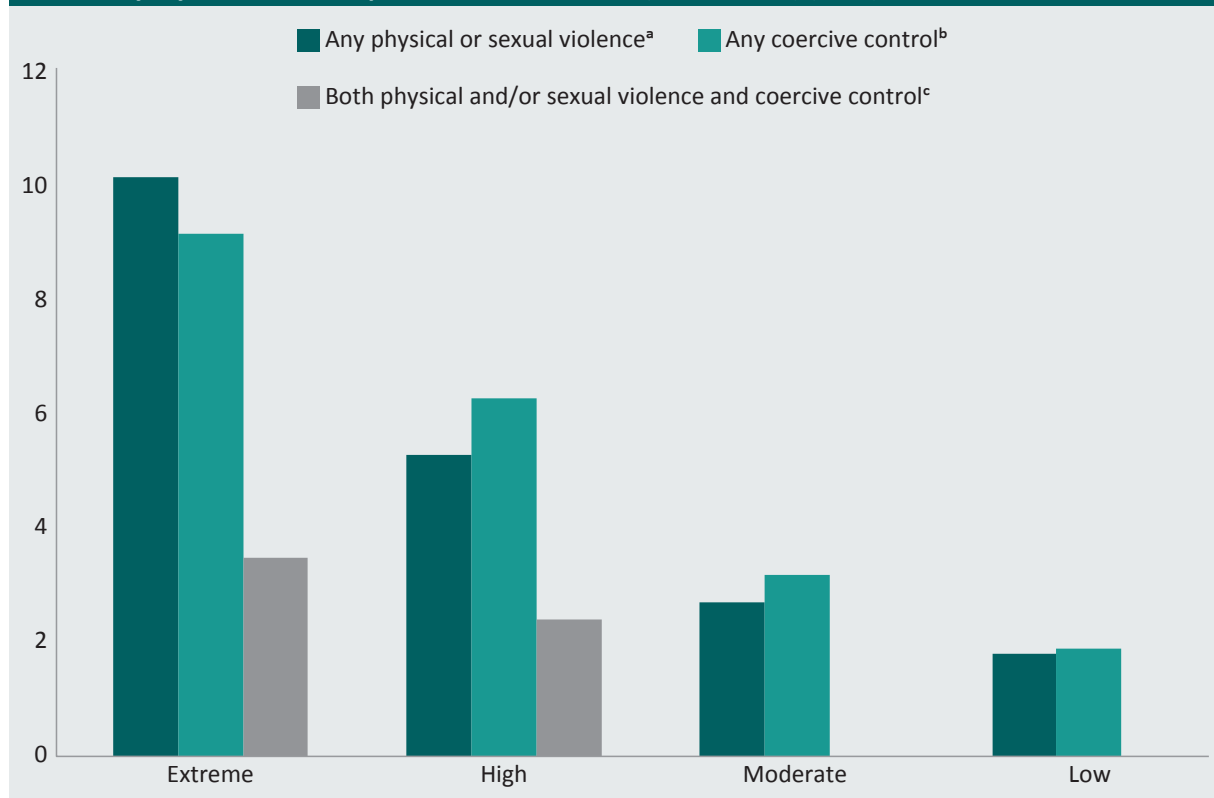
Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Financial stress

There was also a linear relationship between women’s likelihood of experiencing domestic violence in the three months prior the survey and their self-reported level of financial stress (see Figure 3). For example, compared to women who reported no financial stress, those experiencing extreme financial stress had 10 times the odds of reporting physical/sexual violence (AOR=10.2, $p<0.001$, 95% CI=7.1–14.7) and nine times the odds of experiencing coercive control (AOR=9.2, $p<0.001$, 95% CI=6.6–13.0).

Further, among women who reported experiencing any form of domestic violence in the three months prior to the survey, the odds of experiencing both physical/sexual violence and coercive control were 3.5 times higher for extremely financially stressed women than for women reporting no financial stress (AOR=3.5, $p<0.001$, 95% CI=1.9–6.3). The higher the level of stress reported, the higher the odds of experiencing domestic violence.

Figure 3: Likelihood of physical/sexual violence or coercive control in the three months prior to the survey, by level of self-reported financial stress (vs no stress) (AOR)



a: $\chi^2(22)=1043.05$, $R^2=0.26$, $p<0.05$, AUC=0.84, $n=9,284$

b: $\chi^2(22)=1203.82$, $R^2=0.25$, $p<0.05$, AUC=0.84, $n=9,284$

c: $\chi^2(22)=280.04$, $R^2=0.16$, $p<0.05$, AUC=0.75, $n=1,217$

Note: Excluded variables were not significant predictors of domestic violence. AOR=adjusted odds ratios; AUC=area under the curve

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Relationship characteristics

As shown in Figure 4, the characteristics of respondents' relationships were associated with experiences of both physical/sexual violence and coercive control.

Pregnancy

Pregnant women were more likely than other women to have experienced physical/sexual violence and/or coercive control in the three months prior to the survey:

- the odds of experiencing physical/sexual violence were three times higher for pregnant women than for women who were not pregnant (AOR=3.4, $p<0.001$, 95% CI=2.6–4.6);
- the odds of experiencing coercive control were 2.5 times higher for pregnant women than for women who were not pregnant (AOR=2.5, $p<0.001$, 95% CI=1.9–3.5);
- among women who had experienced any domestic violence in the three months prior to the survey, the odds of experiencing both physical/sexual violence and coercive control were four times higher for pregnant women than for women who were not pregnant (AOR=3.9, $p<0.001$, 95% CI=2.1–7.2).

Relationship status

The odds of experiencing physical/sexual violence were nearly three times higher for women who were no longer in a relationship than for women who were still partnered (AOR=2.7, $p<0.001$, 95% CI=2.1–3.5). Meanwhile, women who were no longer in a relationship were significantly more likely than partnered women to experience coercive control (AOR=5.0, $p<0.001$, 95% CI=4.0–6.4). However, relationship status was not associated with the co-occurrence of physical/sexual violence and coercive control (AOR=1.1, $p=0.605$, 95% CI=0.8–1.5).

Cohabitation

Women who had lived with their partner were more likely than those who had not to have experienced physical/sexual violence (AOR=1.9, $p<0.01$, 95% CI=1.4–2.5) or coercive control (AOR=2.3, $p<0.01$, 95% CI=1.8–3.0). However, cohabitation was not associated with experiencing both physical/sexual violence and coercive control (AOR=1.0, $p=0.852$, 95% CI=0.7–1.5).

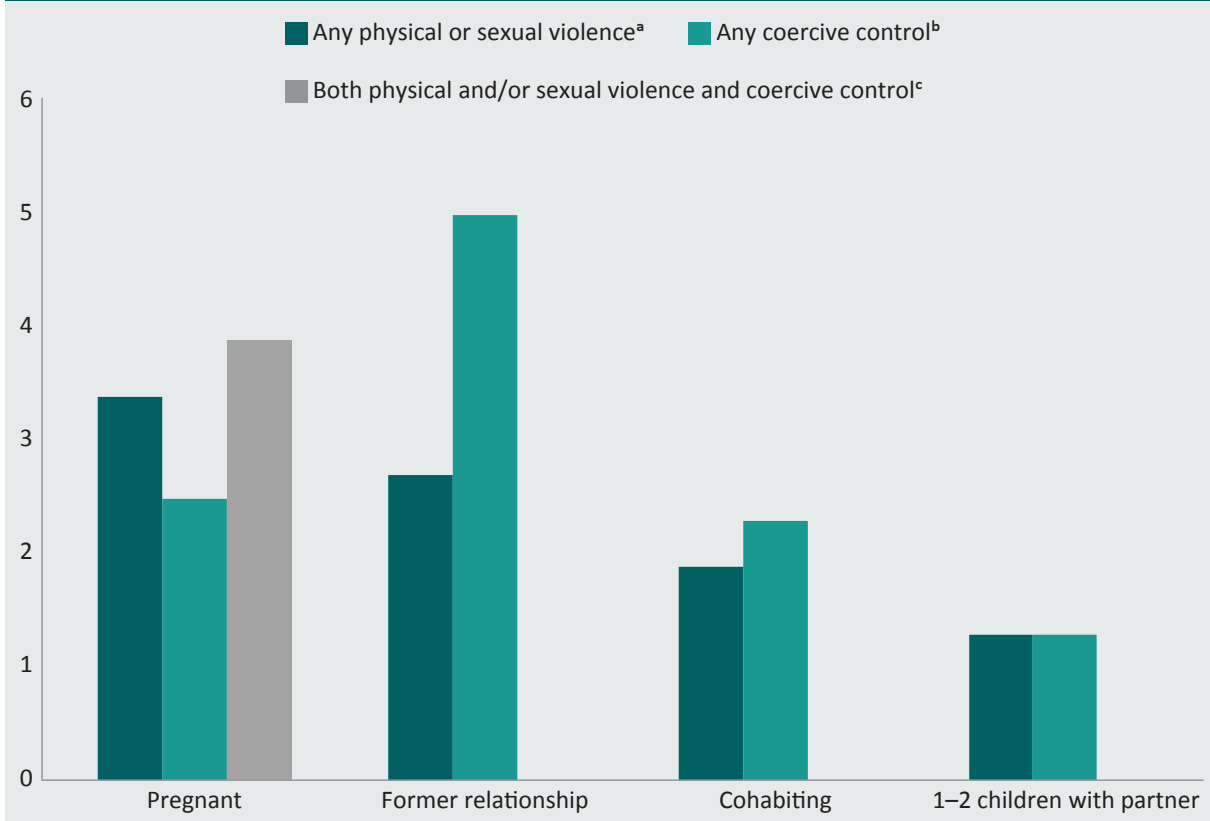
Number of children with partner

The number of children a women had with her partner was associated with having experienced physical/sexual violence or coercive control in the three months prior to the survey:

- the odds of experiencing physical or sexual violence were 1.3 times higher for women who had 1–2 children with their partner than for women who had no children with them (AOR=1.3, $p<0.01$, 95% CI=1.1–1.6); and
- the odds of experiencing coercive control were 1.3 times higher for women who had 1–2 children with their partner than for women who had no children with their partner (AOR=1.3, $p<0.05$, 95% CI=1.1–1.5).

However, having 1–2 children with their partner was not associated with the co-occurrence of both physical/sexual violence and coercive control (AOR=1.3, $p=0.113$, 95% CI=0.9–1.7).

Figure 4: Likelihood of physical/sexual violence or coercive control in the three months prior to the survey, by relationship characteristics (AOR)



a: $\chi^2(22)=1043.05, R^2=0.26, p<0.05, AUC=0.84, n=9,284$

b: $\chi^2(22)=1203.82, R^2=0.25, p<0.05, AUC=0.84, n=9,284$

c: $\chi^2(22)=280.04, R^2=0.16, p<0.05, AUC=0.75, n=1,217$

Note: Excluded variables were not significant predictors of domestic violence. AOR=adjusted odds ratios; AUC=area under the curve

Source: Impact of COVID-19 on domestic violence survey, AIC [COMPUTER file]

Discussion

This study showed that, consistent with what we know about patterns of domestic violence more generally, some Australian women were much more likely than others to have experienced physical or sexual violence and/or coercive control during the initial stages of the COVID-19 pandemic. In particular, women with a restrictive long-term health condition, pregnant women, Aboriginal and Torres Strait Islander women, women from non-English-speaking backgrounds and women with children with their partner were all more likely to have experienced domestic violence. Further, younger women were more likely than older women to experience domestic violence, with the analysis identifying a linear relationship between domestic violence victimisation and age. The same trend was identified in relation to financial stress; the more financial stress respondents were under, the more likely they were to report experiencing domestic violence.

Many of the mechanisms that may explain the vulnerability of some groups to domestic violence are likely to have persisted and been exacerbated during the initial stages of the COVID-19 pandemic (Morgan & Boxall 2020). For example, during different stages of the COVID-19 pandemic, including 'lockdown' and quarantine periods, increased social isolation among vulnerable women may have impeded active help-seeking attempts (Boxall, Morgan & Brown 2020). Further, the barriers to stable and well-paid employment experienced by many of these women are likely to have persisted and worsened during the COVID-19 pandemic (Morgan & Boxall 2020). Certainly, research and statistics have shown that the impact of the COVID-19 pandemic has disproportionately affected female-dominated industries such as retail and hospitality (ABS 2020). Further, during periods of financial stress and employment instability, vulnerable women may be less likely to disclose the abuse they are experiencing to the police if they are financially dependent on their partner.

However, as summarised in Figure 5, certain factors were independently associated with some domestic violence outcomes but not others. For example, although women living in metropolitan areas were more likely to experience physical or sexual violence, they were as likely as women from regional/remote communities to experience coercive control. Further, although women with low levels of education completion were more likely than women who completed Year 12 to experience physical or sexual violence in the three months prior to the survey, they were as likely to report coercive control.

The reasons for this are unclear, but it may be that risk factors associated with physical or sexual violence and coercive control differ across communities. Certainly, some research has found that while physical violence is more frequently reported in communities with high levels of unemployment and poverty, coercive controlling behaviours are more likely to be reported in affluent households and communities (Hulme, Morgan & Boxall 2019). This highlights the different dynamics associated with various forms of domestic violence and reaffirms the need to avoid broad generalisations about the nature of domestic violence, or the responses needed.

Taken together, these results illustrate that the risk of domestic violence is not evenly distributed across the Australian community, and this holds true even during the pandemic. Instead, different groups of women are more likely to experience domestic violence at particular places and times. Relatedly, the impact of the COVID-19 pandemic on situational stressors and relationship dynamics may not be evenly distributed across the community.

Figure 5: Risk matrix, by group and domestic violence outcome

Group	Odds of experiencing domestic violence outcomes		
	Any physical/ sexual violence	Any coercive control	Physical/sexual violence and coercive control
Women with a restrictive health condition	↑	↑	↑
Pregnant women	↑	↑	↑
Aboriginal and Torres Strait Islander women	↑	↑	↑
Young women (18–24 years)	↑	↑	↑
Women in financial stress	↑	↑	↑
Women in a cohabiting relationship	↑	↑	–
Women with 1–2 children with their partner	↑	↑	–
Women from non-English-speaking backgrounds	↑	↑	–
Women with low levels of education completion	↑	–	–
Women in regional/remote areas	↓	–	↓

Note: ↑=higher odds; ↓=lower odds; – = no difference in odds

References

URLs are correct as at December 2020

- Australian Bureau of Statistics (ABS) 2020. *Business impacts of COVID-19, September 2020*. ABS cat. no. 5676.0.55.003. Canberra: ABS. <https://www.abs.gov.au/statistics/economy/business-indicators/business-indicators-business-impacts-covid-19>
- Australian Bureau of Statistics (ABS) 2019. *Australian demographic statistics, Jun 2019*. ABS cat. no. 3101.0. Canberra: ABS
- Australian Bureau of Statistics (ABS) 2018. *Australian Statistical Geography Standard (ASGS): Volume 3 - non ABS structures, July 2018*. ABS cat. no. 1270.0.55.003. Canberra: ABS. <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1270.0.55.003>
- Australian Bureau of Statistics (ABS) 2017. *Personal safety, Australia*. ABS cat. no. 4906.0. Canberra: ABS. <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>
- Boxall H, Dowling C & Morgan A 2020. Female perpetrated domestic violence: Prevalence of self-defensive and retaliatory violence. *Trends & issues in crime and criminal justice* no. 584. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi584>
- Boxall H, Morgan A & Brown R 2020. *The prevalence of domestic violence among women during the COVID-19 pandemic*. Statistical Bulletin no. 28. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/sb/sb28>
- Brownridge D 2006. Partner violence against women with disabilities: Prevalence, risk, and explanations. *Violence Against Women* 12(9): 805–822. DOI: 10.1177/1077801206292681
- Cunneen C 2008. *Policing in Indigenous communities*. UNSW Faculty of Law Research Series 25. <https://www.austlii.edu.au/au/journals/UNSWLRS/2008/25.html>
- Cunneen C 2006. Racism, discrimination and the over-representation of Indigenous people in the criminal justice system: Some conceptual and explanatory issues. *Current Issues in Criminal Justice* 3: 329–346
- Douglas H & Fitzgerald R 2018. The domestic violence protection order system as entry to the criminal justice system for Aboriginal and Torres Strait Islander people. *International Journal for Crime, Justice and Social Democracy* 7(3): 41–57
- Finnbogadóttir H, Dykes A & Wann-Hansson C 2014. Prevalence of domestic violence during pregnancy and related risk factors: A cross-sectional study in southern Sweden. *BMC Women's Health* 1(14): 63. DOI: 10.1186/1472-6874-14-63
- Glass N et al. 2008. Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine* 35(3): 329–335
- Hulme S, Morgan A & Boxall H 2019. Domestic violence offenders, prior offending and reoffending in Australia. *Trends & issues in crime and criminal justice* no. 580. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi580>
- Krnjacki L, Emerson E, Llewellyn G & Kavanagh A 2016. Prevalence and risk of violence against people with and without disabilities: Findings from an Australian population-based study. *Australian and New Zealand Journal of Public Health* 40(1): 16–21. DOI: 10.1111/1753-6405.12498
- Kulwicki A, Aswad B, Carmona T & Ballout S 2010. Barriers in the utilization of domestic violence services among Arab immigrant women: Perceptions of professionals, service providers & community leaders. *Journal of Family Violence* 25(8): 727–735. DOI: 10.1007/s10896-010-9330-8
- Maher JM & Segrave M 2018. Family violence risk, migration status and 'vulnerability': Hearing the voices of immigrant women. *Journal of Gender-Based Violence* 2(3): 503–518

Miller P et al. 2016. *Alcohol/drug-involved family violence in Australia (ADIVA): Final report*. NDLERF monograph no. 68. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/ndlerfmonograph/ndlerfmonograph68>

Monckton Smith J 2020. Intimate partner femicide: Using Foucauldian analysis to track an eight stage progression to homicide. *Violence Against Women* 26(11): 1267–85. <https://doi.org/10.1177/1077801219863876>

Morgan A & Boxall H 2020. Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic. *Trends & issues in crime and criminal justice* no. 609. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi609>

Nancarrow H 2019. *Unintended consequences of domestic violence law*. New York: Palgrave Macmillan

Pennay DW, Neiger D, Lavrakas PJ & Borg K 2018. *The online panels benchmarking study: A total survey error comparison of findings from probability-based surveys and nonprobability online panel surveys in Australia*. Canberra: Centre for Social Research and Methods, Australian National University. <https://csrcm.cass.anu.edu.au/research/publications/online-panels-benchmarking-study-total-survey-error-comparison-findings>

Sasseville N, Maurice P, Montminy L, Hassan G & St-Pierre É 2020. Cumulative contexts of vulnerability to intimate partner violence among women with disabilities, elderly women, and immigrant women: Prevalence, risk factors, explanatory theories, and prevention. *Trauma, Violence & Abuse*. Advance online publication. DOI: 10.1177/1524838020925773

Stark E 2007. *Coercive control: The entrapment of women in personal life*. Oxford: Oxford University Press

Tolman RM 1999. The validation of the Psychological Maltreatment of Women Inventory. *Violence and Victims* 14(1): 25–37

Women's Safety NSW 2020. *The impact of COVID-19 on migrant and refugee women experiencing domestic and family violence*. Sydney: Women's Safety NSW. <https://www.womenssafetyntsw.org.au/impact/publication/impact-of-covid-19-on-migrant-and-refugee-women-and-children-experiencing-dfv/>

Hayley Boxall is the Research Manager of the Australian Institute of Criminology's Violence against Women and Children Research Program.

Anthony Morgan is the Research Manager of the Institute's Serious and Organised Crime Research Laboratory.

General editor, *Trends & issues in crime and criminal justice* series: Dr Rick Brown, Deputy Director, Australian Institute of Criminology. Note: *Trends & issues in crime and criminal justice* papers are peer reviewed. For a complete list and the full text of the papers in the *Trends & issues in crime and criminal justice* series, visit the AIC website at: aic.gov.au

ISSN 1836-2206 (Online)

ISBN 978 1 922478 04 7 (Online)

©Australian Institute of Criminology 2021

GPO Box 1936
Canberra ACT 2601, Australia

Tel: 02 6268 7166

Disclaimer: This research paper does not necessarily reflect the policy position of the Australian Government

aic.gov.au