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Abstract | Perpetrators of domestic and family violence are increasingly using advancements in communication and surveillance technologies to extend the tactics of their abuse. Concern is growing, particularly about how technologies enable and amplify coercive controlling behaviours of abusive partners.

This paper examines the experiences of victim-survivors, and the challenges support services face, responding to these harms in the context of the COVID-19 pandemic and the subsequent lockdown restrictions. The implications of these findings are discussed with respect to ongoing gaps in responses to victim-survivors of technology-facilitated coercive control.

Understanding the impact of COVID-19 on responses to technology-facilitated coercive control

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Domestic and family violence (DFV) is among the most prevalent manifestations of violence against women. In Australia, one in four women and one in 14 men have experienced violence from an intimate partner since the age of 15 (Australian Bureau of Statistics 2023). DFV is widely understood as encompassing physical, sexual, psychological, emotional and/or financial abuse, as well as behaviours of stalking and coercive control often perpetrated by a current or former intimate partner or other family members (Department of Social Services 2022). Advancements in communication and surveillance technologies have, unsurprisingly, been harnessed as tools by those perpetrating DFV. Indeed, in recent years, there has been a growing focus on addressing technology-facilitated forms of DFV (TFDFV) through policy, programs and research efforts. The *National plan to end violence against women and children 2022–2032* (Department of Social Services 2022) includes technology-facilitated abuse in the context of DFV as a key priority area. Programs such as Technology Safety Australia, administered by the Women's Services Network, provide training, resources and advice for practitioners responding to TFDFV.

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Australian research has increasingly identified the extent, nature and impacts of various forms of technology-facilitated abuse, including in the context of DFV (see Dragiewicz et al. 2019, 2018; Harris & Woodlock 2019; Powell & Flynn 2023; Woodlock et al. 2020b) and image-based abuse, or the non-consensual creation, distribution or threats to distribute intimate images (Flynn 2023; Flynn, Clough & Cooke 2021; Flynn, Hindes & Powell 2022; Henry et al. 2020; Powell, Henry & Flynn 2018; Powell et al. 2022, 2019).

When Australian governments implemented a series of lockdown measures in response to the global COVID-19 pandemic, these had the inadvertent effect of amplifying technology-facilitated abuse. They also presented barriers to victim-survivors accessing support (Flynn, Powell & Hindes 2021; Powell et al. 2022). An emerging body of research has since suggested that there were also increases in the prevalence of TFDFV (Boxall & Morgan 2021; Pfitzner, Fitz-Gibbon & Meyer 2022; Powell, Flynn & Hindes 2022), including technology-facilitated coercive control (TFCC). Coercive control is not a new phenomenon (Stark 2012, 2007), nor are technology-facilitated forms of coercive control. Instead, TFCC is a term that captures some of the patterns of controlling, monitoring, stalking and emotionally abusive behaviours in intimate partner DFV contexts, when technology is used to enable or facilitate that abuse (Dragiewicz et al. 2019, 2018; Harris & Woodlock 2019; Woodlock et al. 2020b). Examples include monitoring communications, using geolocation tracking tools and controlling passwords and access to digital technologies.

This paper examines the experiences of TFCC victim-survivors and the challenges faced by support services responding to these harms in the context of COVID-19 restrictions. The implications of these findings are discussed with respect to ongoing gaps in responses to victim-survivors of TFCC. The following section provides some brief background literature on DFV, TFCC and technology-facilitated abuse in the context of COVID-19. We then detail our study methodology, including our sample and analytical approach. Next, we present and discuss our key findings with respect to four main themes:

- the nature of TFCC;
- barriers to support seeking;
- pressures on practitioners; and
- enabling safety and support.

Finally, we conclude by considering the implications of this study for service responses and future research.

Background literature

As technologies have become more readily available, so too have they become ubiquitous in women's experiences of DFV. Yet the range of technology-facilitated abuse varies from what can be described as relatively unsophisticated or 'low tech', such as abusive or threatening messages, through to more sophisticated or 'high-tech' behaviours, such as surreptitiously installing malicious software on a victim-survivor's mobile device to monitor their communications with others, or secretly installing hidden wireless cameras throughout the victim-survivor's home (Flynn, Powell & Hindes 2023a, 2021). Concern is growing, particularly regarding how technologies enable and amplify abusive partners' coercive controlling behaviours.

Impacts of TFCC on victim-survivors

Research has begun to show that, when perpetrators of DFV are cut off from some means of access and control for abuse of a former partner, they will turn towards other methods to continue their abuse. Banks and women's services have both described abusive ex-partners using the descriptions on small bank transfers to send threatening messages (Flynn, Hindes & Powell 2022; Flynn, Powell & Hindes 2023b). Children's toys have been used to hide tracking devices, listening devices and even video recording devices (Flynn, Hindes & Powell 2022; Flynn, Powell & Hindes 2023b). Software applications, or apps, which are used to monitor a person's communications and location have also been installed, either surreptitiously or through coercion, on victim-survivors' devices (Harkin & Molnar 2021). Technologies are implicated in workplace disruption through communications used for pestering and harassment, as well as various means of sabotaging a victim-survivor's employment (Flynn, Hindes & Powell 2022; Flynn, Powell & Hindes 2023a; Showalter 2016). Some researchers have further noted that 'switching off' the technology and blocking abusers' access may inadvertently lead a perpetrator to escalate and seek other avenues to abuse (Flynn, Powell & Hindes 2023b). It cannot be assumed that removing access to technology will make women safer (Woodlock et al. 2020a).

The impact on a victim-survivor's sense of autonomy and mental wellbeing is well documented in the international literature (Harris & Woodlock 2019; McGlynn et al. 2021; Woodlock 2017). Indeed, several studies report that women experience significant psychological and emotional distress, with associated impacts on their mental wellbeing, including anxiety and depression (Bates 2017; McGlynn et al. 2021; Patel & Roesch 2022; Powell et al. 2022; Snaychuk & O'Neill 2020). Harris and Woodlock (2019) describe the 'spacelessness' that characterises the impacts of TFCC, such that perpetrators achieve an omnipresence for victim-survivors: the abuse extends into every aspect of their lives at any time. Further, research into image-based abuse has suggested that, for women victim-survivors in particular, the abuse is more likely to co-occur with other abusive behaviours and to cause the victim-survivor to feel fearful for their safety (Henry et al. 2020). These studies also suggest that there are often overlaps in abusive tactics experienced, effectively exacerbating the impacts of each abusive incident.

Increases in TFCC during COVID-19

Emerging research has suggested that there was an increase in the rates and harms of DFV during the peak of the COVID-19 pandemic (Boxall & Morgan 2021; Pfitzner, Fitz-Gibbon & Meyer 2022), including specifically through the use of digital technologies (Flynn, Powell & Hindes 2021; Powell, Flynn & Hindes 2022). Boxall and Morgan (2021) conducted an online survey of 15,000 Australian women. They found that, while one in three respondents (32%) had ever experienced emotionally abusive, harassing and controlling behaviours, there was clear evidence that the pandemic was associated with either escalation or new patterns of abuse for many women; 18 percent of respondents who had been in a relationship longer than 12 months experienced emotionally abusive, harassing and controlling behaviours for the first time after the onset of the pandemic. A further 40 percent of respondents said that these behaviours had increased in frequency or severity since February 2020—the start of the Australian lockdown period (Boxall & Morgan 2021). Notably, the same study also found similar patterns for the onset and escalation of physical intimate partner violence, with three percent of respondents saying that it happened for the first time and 42 percent saying that physical violence from their current or former partner had increased in frequency or severity since February 2020 (Boxall & Morgan 2021). Overall, one in 10 survey respondents (12%) had experienced TFDFV from their current or most recent partner in the 12 months before the survey (Boxall & Morgan 2021).

Other Australian studies have further indicated that the pandemic and its associated measures impacted the experience of DFV for women and their capacity for help-seeking and support (Pfitzner, Fitz-Gibbon & Meyer 2022; Powell, Flynn & Hindes 2022). In a representative national survey of 4,562 Australian adults, Powell, Flynn and Hindes (2022) found that almost one in five (18%, *n*=421) respondents had experienced at least one technology-facilitated abuse behaviour in the year since March 2020 (females: 19%, *n*=239; males: 17%, *n*=182). Of these, one in 10 (12%) either 'agreed' or 'strongly agreed' that the pandemic was associated with the onset of the abuse; one in five (21%) said that the pandemic was associated with increases in frequency of abuse; almost one in five (18%) said that the pandemic was associated with increases in the severity of abuse; one in five (21%) said that the pandemic was associated with difficulty seeking help for abuse; and one in five (21%) said that the pandemic had made it harder for services to respond.

Methodology

Study aims

This paper presents the findings of a subset of a larger study into pathways for victim-survivor support after experiencing TFCC. The broader study had four primary aims:

1. identify what pathways to justice and safety exist for women who experience TFCC at the hands of an abusive intimate partner;
2. document the pathways and navigation journeys of those using and providing support services and justice provisions;
3. identify barriers and gaps in response pathways towards justice and safety in cases of TFCC, including in the context of COVID-19; and
4. develop recommendations to improve women's journeys towards safety and justice.

In this paper, we discuss key findings addressing the third research aim. Specifically, we consider the impacts, challenges and working conditions of responding to TFCC in the context of the COVID-19 pandemic. The broader findings of the research are detailed in Flynn et al. (2024).

Sample, procedures and analysis

This paper uses qualitative data from from 25 interviews with 15 victim-survivors and 10 DFV support workers about the specific impacts, challenges and working conditions in responding to TFCC in the context of the COVID-19 pandemic. All interviews were conducted online via Zoom between June and August 2022, and each lasted approximately 60 minutes. The interviews were audio recorded and transcribed verbatim by an external transcription service. Identifying information (eg real names, specific locations, businesses) was removed to maintain participant anonymity. Participants are referred to throughout this paper by a pseudonym, age and as either a DFV support worker or victim-survivor. For example, Greta (42 years, victim-survivor) and Frida (47 years, DFV worker). The interview data were thematically analysed using NVivo. Two team members were engaged in the analysis process, which involved developing a set of codes relevant to the research questions and aims and analysing data according to these codes. Key trends were then identified. Further details of the research methodology are detailed in Flynn et al. (2024).

Findings and discussion

Nature of TFCC

In the interviews, victim-survivors described a range of harassing, stalking and threatening behaviours and image-based abuse in their overall experiences of TFCC. Sarina (55 years, victim-survivor), for example, described her former partner's stalking and monitoring behaviours:

> He was intrusive. He needed to know what I was doing all the time. He would also tell me that he knew that I'd rung people by looking at the phone account … [He] put spyware on the home computer … He would quote things that I had said to people online in chats.

Similarly, Riana (47 years, victim-survivor) became aware that her ex-partner had information that he could only know if he was monitoring her communications:

> I realised that he somehow knew things, so he was obviously in my emails … He had access to my Find Your iPhone, so he knew where I was.

Maya's (51 years, victim-survivor) experience of her intimate partner's stalking and monitoring behaviours left her feeling constantly on edge and needing to respond to his requests immediately:

> He was very big on monitoring and stalking … the bombardment of messaging and phone calls and … there was this expectation then that I was to respond within a certain timeframe … And then you'd get the interrogation of 'What were you doing? Why couldn't you [respond]' … And over time, that wears you down. Over time, hearing my phone message or a call will just immediately, you're just hypervigilant and stressed.

Sarina (55 years, victim-survivor) described similar feelings in the face of persistent harassment and monitoring behaviours:

> It created, for me—I have a massive phobia about using computers—even my phone. If something goes wrong on my phone, I'm still terrified that he's somehow managed to put something on it.

Maya and Sarina's experiences are reminiscent of what Harris and Woodlock (2019) identify as the spacelessness and omnipresence that characterise the impacts of TFCC in the lives of victim-survivors. The abuse can transcend time, space and place, invading every aspect of a victim-survivor's life through various channels and at any time (see also, Flynn, Hindes & Powell 2022). Though an abuser may or may not be monitoring a victim-survivor 24/7, the knowledge that an abuser *could* be monitoring through various means and avenues at any given time can cause victim-survivors to adjust their behaviours accordingly and feel constantly scrutinised or under threat (see also Flynn, Hindes & Powell 2022; Flynn, Powell & Hindes 2021; Woodlock 2017; Woodlock et al. 2020a).

Victim-survivors also described various forms of emotional abuse and threatening behaviours perpetrated by former intimate partners. Lexie (40 years, victim-survivor) and Riana (47 years, victim-survivor) describe it:

> He continued to call my phone, but it was no caller ID, and if I answered it, he would not speak— just heavy breathing … He would text as well, and sometimes they're really abusive, and other times they were begging for forgiveness. (Lexie)

> Then he started doing things like sending me text messages from public phones. He was sending me five cents in my bank account with messages … It made it all worse, and the fact that he'd got into every single part of my life meant that I didn't have any channel of communication that I could trust. (Riana)

The further key experience or tactic of TFCC that victim-survivors described from a current or former partner was image-based abuse, where either a nude or intimate image was distributed, or threats were made to distribute it, online and without consent. Lexie (40 years, victim-survivor) described it:

> He told me that he was going to publish intimate photos and videos of me on the internet.

For Maya (51 years, victim-survivor), the image-based abuse included her partner at the time (now former partner) creating and maintaining a fake profile of her on a pornography website:

> The most shocking abuse was the image-based abuse … He secretly created a fake profile on an adult website of me, and he was pretending to be me and … I found out eventually he was doing that for well over two years … interacting with people on that site.

Much previous research has further identified the extent, nature and impacts of different forms of image-based abuse in Australia (Flynn 2023; Flynn et al. 2022; Powell, Henry & Flynn 2018). Henry and colleagues (2020) specifically describe the persistent trauma that can be associated with image-based abuse, primarily when it occurs within a context of women's experiences of other forms of partner or sexual violence (see also McGlynn et al. 2021; Rackley et al. 2021). This resonated with our participant cohort as well, with most of the victim-survivors reporting having experienced multiple forms of abusive tactics from the same partner. In other words, it was not image-based abuse, monitoring or threats in isolation but rather a combination of various forms of TFCC repeated over time and through multiple channels of communication.

Significantly, in the context of this paper, the impacts of TFCC were heightened during the COVID-19 pandemic, when lockdowns and other restrictions trapped many victim-survivors in situations with their perpetrator, with little opportunity for support (see also Boxall & Morgan 2021; Flynn, Powell & Hindes 2021). The following sections explore the barriers to support seeking during the COVID-19 pandemic, before considering implications and conclusions.

Barriers to support seeking during the COVID-19 pandemic

Interviews with practitioners working in DFV support services identified a range of barriers to women's support seeking that were associated with the onset of the pandemic, particularly the stay-at-home orders. Barriers included that it was unsafe for many women to contact services when they were in lockdown with a violent or abusive partner, that there was a substantial increase in client waitlists and service responses, and delays in legal cases caused by court lockdowns.

Unsafe to contact services

Most DFV and other support workers whom we interviewed commented that, for women who were in lockdown with a violent or abusive partner during the pandemic, it was not a safe time to contact support services. Sometimes, this was because there was just no privacy at home; a woman would be overheard if she called a service.

> I have definitely noticed that, in terms of workflow, when there was a lockdown, we'd have much less contact from women, and that would just be because they would be in close proximity to the perpetrator and it wouldn't be safe … So I think the pandemic just made phones less of a safe option because you couldn't be on your own. (Donna, 35 years, DFV worker)

> The ability to have really safe, constructive, private conversations was really limited. Most people I was contacting through lockdown were like, 'No, not interested,' and hang up. Because there was no privacy. And no way to get out of that very controlled, restricted environment. (Elise, 29 years, DFV worker)

Some workers further described a concern that abuse was escalating under lockdown conditions with victim-survivors trapped with perpetrators:

> Unfortunately, COVID-19 has had a big impact on the experiences of the victim-survivor … They were also trapped with their abusers who weren't going to work and so things would have escalated; they didn't have that breathing space. (Odette, 30 years, DFV worker)

Others described concerns that their attempts to support women might inadvertently escalate the abuse if communications were intercepted:

> We couldn't go in homes, and they weren't quite at the pointy end of wanting police to turn up— it would escalate things. So it was even more limited and you can't leave text messages. You can't leave voice messages. (Frida, 47 years, DFV worker)

Grace (28 years, DFV worker) similarly described this concern as resulting in support services having to run sessions 'in code for 80 percent of our treatment over nine months'. Grace further described not being able to arrange a safe place to meet and undertake a risk assessment (eg in Victoria, the Family Violence Multi-Agency Risk Assessment and Management framework, or MARAM); such assessments were conducted over the phone where a perpetrator may be present:

> We were not able to see clients face-to-face. So it was very interesting where you would have a client that needed a MARAM, but you weren't allowed to see them face-to-face, so you had to do a MARAM over the phone, where the perpetrator may or may not be coming in and out of a room. That was really, really challenging.

Increased waitlists and delays

DFV and other support workers further observed that there were impacts associated with the COVID-19 pandemic that placed some victim-survivors at greater risk. There were longer waitlists for DFV services, and this meant that victim-survivors who were deemed at medium risk were waiting longer to get access to a caseworker:

> COVID-19 probably did impact the waiting lists to an extent because obviously, family violence increased. So the challenge with that as well was there was not de-sensitisation, but in my particular case, she was deemed like a medium risk, yet she had four or five red flags of being killed. But at that stage, there would have been even more serious high-risk clients that were happening, so she got bumped down on the waiting list. But from our perspective, we were like, well, we need to get her out of that house. (Grace, 28 years, DFV worker)

Victim-survivors themselves also reported delays in service responses because of the COVID-19 pandemic. Alice (40 years, victim-survivor) and Brook (45 years, victim-survivor) note that this was particularly evident in relation to delayed court processes:

> Because of COVID, it's [the court process] all just … delayed. They're still catching up through COVID. (Alice)

> He was in custody. Bail refused for a couple of years before it went through the court process due to COVID and their delays. (Brook)

These experiences are consistent with the themes of recent Australian research, which has indicated that DFV systems were under increased pressure and responses were delayed during the peaks of the COVID-19 pandemic. For example, in an online survey of 166 Victorian DFV support workers between April and May 2020, Pfitzner, Fitz-Gibbon and Meyer (2022) found that practitioners faced increasing demand for services along with workload and safety challenges in providing them. Similarly, research by Powell, Flynn and Hindes (2022) found that, of the 4,562 Australian adults surveyed who reported experiencing technology-facilitated abuse, one in five (21%) said that the pandemic was associated with difficulty seeking help for abuse. A further one in five (21%) said that it had made it harder for services to respond (Powell, Flynn & Hindes 2022).

Pressures on practitioners

Support workers also reflected on the pressures of working under pandemic measures created for their practice and overall workloads. As for many workers generally, the shift away from face-to-face and to entirely online and telephone services was challenging in practical and technological ways:

> Initially, it was that all of the face-to-face services closed. They couldn't open their doors. They didn't have any systems set up. They didn't have any Facebook groups or Zoom meetings or Teams meetings or anything like that set up. Everything they did was done by phone. They would have been absolutely overwhelmed. (Alison, 54 years, DFV worker)

> During the lockdowns, it was a bit challenging because a lot of people were not working at full capacity, and there was a lot of uncertainty. (Chanda, 39 years, DFV worker)

However, responding to TFCC placed additional pressures on practitioners. They faced managing these changes in remote work, while also balancing safety considerations and knowing that many of their clients were at heightened risk:

> We were managing our caseloads, and we were also looking at our most recently closed cases at that point and trying to contact people to ensure that they are okay and make sure that everything's okay, but also trying to ensure that we're contacting them safely given that we were knowing that many people were potentially home with their partners as well. (Brenda, 42 years, DFV worker)

> I think just on a personal level, sitting with that risk and managing those emotions, and allowing that process to occur and speaking with my team, that was also just a challenge for me as a clinician through COVID. (Grace, 28 years, DFV worker)

The increased demand and reduced capacity of services also created pressures for practitioners, including fewer options for referral of clients to allied support services:

> They wouldn't even leave their abusive relationship knowing that there are limited support services out there for them. That's why they [would] rather resist the violence compared to becoming homeless, and there were no refuge accommodations available due to [the] housing crisis that we experienced … So, unfortunately, COVID-19 had a big impact on the services. (Odette, 30 years, DFV worker)

These findings reflect those reported by Pfitzner, Fitz-Gibbon and True (2022) in their survey of 283 Queensland and Victorian DFV practitioners and those reported by Clarke and colleagues (2023) in their survey of 362 Australian practitioners. Both surveys found that many practitioners reported negative impacts on their wellbeing from the combination of safety risks for their clients, increased workloads and disruption of the usual workplace supports (Clarke et al. 2023; Pfitzner, Fitz-Gibbon & True 2022).

Enabling safety and support

Though the pandemic measures have been associated, both in this study and in previous research, with a range of challenges and barriers to services responding to TFCC, practitioners we interviewed also spoke about some positive examples of enabling safety and support. One worker explained that, for some clients, the move to remote work during the pandemic created greater opportunities for others to observe or become aware of the abuse that was happening within the home and to make third-party referrals to specialist services. She explained:

> What started to happen in COVID, especially for the people in the workforce, was that people were seeing into people's houses for the first time … There was a doctor I was speaking to where he had a consultation and two minutes into the consult, the person using violence in the home just lost the plot—started screaming, throwing things around, damaging property. He put a massive hole in the wall as the doctor was watching. So that layer of 'it's at home, it's private,' got stripped back a little bit for certain people. (Elise, 29 years, DFV worker)

There were also potentially positive outcomes for some victim-survivors who felt uncomfortable or not ready to present in person at specialist services but were able to seek support via online response methods:

> In many ways, a lot of women were very comfortable—more comfortable to come onto Zoom, especially when these were women we'd never met before, and they felt a bit more at ease because they were sitting at home and talking on the computer, rather than going somewhere. It's probably a less intimidating experience for them, generally speaking. (Chanda, 39 years, DFV worker)

Other studies in Australia (Cortis et al. 2021; Pfitzner, Fitz-Gibbon & Meyer 2022) have also noted the potential positive role of increased options for victim-survivors to engage with services remotely. Indeed, as Cortis and colleagues (2021) suggest, such findings indicate a need to support good practice in combining face-to-face and remote service options in the long term.

Implications and conclusion

This paper has presented qualitative findings from 25 interviews with both victim-survivors and DFV practitioners about the specific impacts, challenges and working conditions of responding to TFCC in the context of the COVID-19 pandemic. The findings support previous research (Clarke et al. 2023; Cortis et al. 2021; Flynn, Powell & Hindes 2021; Pfitzner, Fitz-Gibbon & Meyer 2022; Pfitzner, Fitz-Gibbon & True 2022; Powell, Flynn & Hindes 2022), which highlights the challenges created by the pandemic, such as an increase in reported TFCC behaviours and difficulties for victim-survivors in accessing support. Further, the data confirmed the increased workload and working condition pressures on DFV and other support workers. Indeed, the workload pressures consistently referred to by practitioners in this and other Australian studies highlight how difficult it is for services to adapt to sudden changes in demand and working conditions when they are already stretched to capacity. Some clear positives also emerged from the shift to remote service support: it provided an avenue for victim-survivors to reach out online rather than in person, when this might be a more comfortable approach for them. The shift to online work and interactions also facilitated an increase in referrals where service providers could witness abusive behaviours in the homes of others.

The findings suggest consideration of additional funding and training to support practitioners in developing good practices in hybrid service delivery to improve accessibility for victim-survivors. Future resourcing also needs to factor in the cost and time needed to undertake due diligence in the safety, privacy and security of using new technologies and platforms, including data storage—a key challenge for both victim-survivors and workers during the pandemic. This should be supported with further research into what constitutes good practice in hybrid service delivery in DFV response services, particularly about how this can operate effectively for first response services—including for intake and risk assessment—and how to ensure safe and secure communication between victim-survivors and support workers online.

Though the COVID-19 pandemic response measures were unique to the period, the learnings from this time of rapid adaptation are worth documenting and reflecting on. They will help us prepare for repeated public health (and other) crises in the future and drive the closure of practice gaps that became more visible throughout the pandemic.

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