



Addressing systemic and structural discrimination for primary prevention of family violence in the context of COVID-19: A resource for advocacy

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Background

Respect Victoria has convened a forum of primary prevention of family violence and violence against women agencies throughout the COVID-19 pandemic. The purpose of the forum is to share information about the impact of the pandemic on the drivers of violence. The forum has concerned itself with how primary prevention can be incorporated into the disaster management cycle.

This approach has been captured in a set of [guiding principles](#) to maintain and support primary prevention effort under COVID-19. These principles incorporate the way in which **systemic and structural discrimination increase the risks of family violence and violence against women** in disaster contexts. This intersectional approach has now been developed into opportunities for policy advocacy on systemic and structural discrimination and violence prevention in a disaster context, from the pandemic, to bushfire seas and beyond. Advocacy relating to systemic and structural discrimination is critical to address the drivers of family violence and violence against women in all stages of the disaster cycle.

Purpose of this resource

This resource has been developed to support advocacy related to systemic and structural discrimination in the COVID-19 context and other disasters.

Primary prevention of family violence must be addressed by the whole community. In addition to family violence practitioners, this means that health services, justice, police, emergency services, community services, education and other sectors all have a role to play in preventing family violence and violence against women under the pandemic. A key task of those working in prevention is to draw the attention of these sectors to the ways in which they can help avoid or reduce the impact of discrimination exacerbated by the pandemic that in turn drives family violence.

Who this resource is for

These advocacy statements have been developed for use by organisations representing those likely to experience systemic and structural discrimination, as well as those responsible for policy and planning for disaster recovery including:

- Family violence prevention and response organisations
- Organisations and peak bodies representing communities with unique experiences of family violence, including: Aboriginal people, children and young people, culturally and linguistically diverse communities, LGBTIQ people, older people, people with disabilities, and people living in rural and regional areas
- Welfare and social justice organisations
- Academic and research organisations
- Emergency management sector
- Government agencies responsible for social policy and planning, including for women and diverse communities.

How to use this resource

This resource should be read in conjunction with the [Guiding principles for primary prevention in the context of COVID-19](#) available on the Respect Victoria website www.respectvictoria.vic.gov.au.

Advocacy messaging may speak to issues at all points of the disaster management cycle: Response, Recovery, Mitigation and Preparedness. This resource is predominantly concerned with the Response phase, where Victoria currently sits in the COVID-19 pandemic. Many of these issues will continue into the Recovery phase and will be relevant to consider in Mitigation and Preparedness for future disasters.

The advocacy statements in this resource are organised by type of discrimination as a way to focus attention on specific issues. In practice, advocacy might cut across several of these types and draw attention to the way the multiple issues combine to affect particular individuals and communities.

Advocacy may be taken on an individual agency or collective basis. It may be focused singularly on family violence or may address this issue as part of a broader range of concerns facing different communities.

Cross-cutting themes

Advocacy efforts should build on the following themes:

- COVID-19, in common with disasters generally, will exacerbate structural inequalities unless specific actions are taken that are relevant to individuals' needs
- Without intervention, violence is likely to increase not just in the immediate context of COVID-19, but over the medium to longer term
- Intersectionality is key to understanding how multiple overlapping forms of power and privilege create systemic and structural discriminations that underpin coercion and control
- Other forms of discriminatory attitudes tend to be held in conjunction with those that support gender inequality and violence. This means there is a heightened risk of family violence and violence against women if discriminatory attitudes are on this rise
- Disasters provide an opportunity to “build back better.” Disaster recovery and mitigation strategies should address discrimination and disadvantage as entrenched long-term issues as well as in the immediate context of the disaster

- Social, cultural and economic strategies are required to help prevent family violence and violence against women in populations experiencing systemic and structural discrimination and marginalisation.

Forms of discrimination

The following forms of systemic and structural discrimination have exacerbated risk associated with COVID-19:

- Gender inequality
- Ageism
- Racism, ongoing impact of colonisation, dispossession and discrimination against Aboriginal people
- Ableism
- Ethnocentrism, xenophobia and racism
- Homophobia, biphobia, transphobia

Diverse voices and participation

The broadest diversity of Victorians – including Indigenous women, migrant and refugee women, LGBTIQ+ people, older people, people with disabilities, children and youth – need to be actively involved in leadership on COVID-19 response and recovery. This is critical to addressing the specific needs of impacted communities and to “build back better” for Victoria.

The success of advocacy on primary prevention is dependent on representation of diverse voices and lived experience. Community leaders who work in support of these groups should be represented in the development and prosecution of advocacy messaging and decision-making.

The statements in this resource are a starting point only. While a range of organisations representing the views and interests of affected communities have been consulted in the development of this resource, policy advocacy should always consider the potential risks in representing the interests of others.

Advocacy channels

The following avenues may be used for advocacy on systemic and structural discrimination as it relates to COVID-19:

- COVID-19 specific response and recovery planning across government, industry, organisations and communities
- Broader emergency and disaster management and preparedness planning
- Inquiries, commissions and reviews that address social and economic inequality and family violence
- Peak bodies, commissions and human rights-based agency advocacy
- Business and union advocacy
- Media.

Sources and further information

This resource draws on a range of policy advocacy documents developed by primary prevention agencies. While supporting many of the themes and issues raised, the statements in this resource do not quote other documents directly and Respect Victoria does not necessarily endorse these documents in their entirety. A small selection of relevant documents is referenced here:

For advocacy to employers and organisations: <https://www.ourwatch.org.au/resource/promoting-gender-equality-as-you-respond-to-the-coronavirus-pandemic/>

For advocacy to governments on gender equality issues: <https://www.genvic.org.au/focus-areas/advocacy/gen-vic-campaigns/gender-equity-womens-organisations-unite-on-covid19-disaster/>

For advocacy on women on temporary visas experiencing family violence: https://intouch.org.au/wp-content/uploads/2020/03/inTouchPositionPaper_WomenOnTemporaryVisasExperiencingViolenceInAustralia_March2020_website.pdf

For advocacy on women with disabilities: <https://wwda.org.au/wp-content/uploads/2020/08/Submission-to-the-House-Standing-Committee-on-Social-Policy-and-legal-Affairs-Inquiry-into-family-domestic-and-sexual-violence2.pdf>

Advocacy statements

Form of discrimination	Exacerbated risk associated with COVID-19	Advocacy statements
Gender inequality	<ul style="list-style-type: none"> • Home based lockdown has increased the opportunities for expression of power and coercion, and the risk of family violence being triggered. • The fear of COVID-19 is itself being used as the basis for coercive control against women in particular. • Increased burden for women at home including stress for mothers supervising home-based learning, contribute to sense of exploitation and reduce women’s sense of agency. This day to day impacts on women’s mental wellbeing; and serious mental health impacts can also occur, which further undermine independence and control. • Female dominated workforces are among hardest hit (e.g. tourism, retail, casual workers) and job loss has been significant which compromises women’s economic and social power and agency, putting them at increased risk of abuse. • Women predominate frontline workers in sometimes tense environments (e.g. in nursing, aged care, supermarkets) which can expose them to gender based abuse and violence. In some cases, such as sex workers, women are stigmatised as perceived irresponsible carriers of infection, leading to particular forms of abuse. • The situation increases the difficulty in managing parenting orders and creates added stress over co-parenting arrangements, exposing mothers and children to increased opportunity for ex-partners to exert further control. 	<ul style="list-style-type: none"> • We urge government and business leaders to publicly raise public awareness of the entrenchment of gendered inequality during the crisis, including the impact of long-term unemployment, financial hardship and social isolation, and advocate for policy and program change to ameliorate the gendered impacts for those affected. Redressing these economic inequalities to promote women’s financial security during and emerging from the pandemic is critical to addressing the risk of increased violence against women in the home. • We call for women’s access to COVID-19 crisis support mechanisms that meet their specific needs (economic, social, legal, health services) and for these to incorporate social, psychological and clinical mental health supports that help maintain women’s independence, self-efficacy and sense of control. • We advocate that public health information and advice provided to communities make it clear that the pandemic poses equal risk to men and women and that there should be zero tolerance for using the virus as an excuse for imposing greater constraints on women. • We encourage employers and unions to pay attention to the ways in which female workers are being increasingly exposed to sexist or gender-based harassment as a result of the pandemic situation, including through online channels. These issues should be incorporated in the way we implement recommendations from the Australian Human Rights Commission’s Respect@Work: Sexual Harassment National Inquiry Report, and state level work in this area. • We also encourage employers and unions to pay attention to the way in which workplace adaptations to the pandemic (such as working from home, carers leave, flexible roles) can help maintain and further empower women, support shared domestic and child caring duties, and generally promote gender equality and respect. This may take the form of uptake of programs (such as the Workplace Equality and Respect program) as well as building relevant practices and policies into pandemic recovery planning. • We also urge commitment to support women’s continued engagement in public life of paid work through practical recognition and provision for exacerbated demands of

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		<p>unpaid labour at this current time. This requires increased workplace flexibility and gender equality measures, and encouragement of men to also take up these provisions to support women and ensure that the imbalance in men’s control in households is not exacerbated.</p> <ul style="list-style-type: none"> • We call for increased involvement of women’s and specialist violence against women organisations, including organisations working with women affected by multiple kinds of discrimination and disadvantage, in decision-making, is critical, in line with recommendations internationally from the United Nations and from the National Women’s Alliances. • We call for the maintenance and strengthening of primary prevention efforts to reduce all forms of violence against women in the wake of the pandemic, with capacity to tailor programs to communities and settings most affected by the pandemic. These efforts should not be forced to compete for resources with response services but seen as complementary and essential to prevent current conditions leading to longer term sustained increases in the incidence of violence. • We highlight the need to embed explicit attention to issues relating to women’s roles and status in crisis recovery planning as a key way to ensure women’s safety in the long-term. These issues should be incorporated in a wide range of emergency management policies, guidelines and planning and budgeting tools. This should also be an important objective in the development of the Second National Plan to Reduce Against Women and Their Children. • We encourage emergency management authorities to take specific action to increase the representation of women in disaster and emergency management leadership roles, and to train all emergency workers in gender responsiveness and the ways to support the avoidance of unhealthy exercise of power and coercion in the wake of disasters. • We call for collection and transparent sharing of disaggregated data, to provide a gendered analysis of the impacts of the crisis (along with other demographic factors) with emphasis on economic and social burden, loss of opportunities, and other matters that may place women at increased risk of coercive control and violence.

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Ageism	<ul style="list-style-type: none"> Older people are particularly vulnerable to COVID-19 and while society has shown it is making every effort to ensure proper care for all, this can lead to increased ageism, including voices claiming that the economic cost of the lockdown is not worth the lives of the predominantly older people being saved. Ageism exhibited in this context impacts on society's acceptance of violence, mistreatment and neglect of older people. Women make up most people in older age brackets and they experience the combined impact of ageism and sexism which puts them at greatest risk of abuse. The particularly challenging situation of infections in aged care homes creates huge tensions for families and carers. Moreover, the situation further exposes the underlying prevalence of abuse and neglect within these aged care settings which comes under the formal definition of family violence as they are the person's home. Further isolation, lack of decision making, and lack of autonomy can be exacerbated in these carer and familial relationships in this context. Older people who have lost their jobs may find employers unwilling to take them on once lockdown has finished, and workplace ageism is less checked. Increased financial and housing pressures can lead to dependence on family members, as risk factor for abuse. Older people often find themselves in the position of supporting adult children who are facing difficulties, as well as being themselves more reliant 	<ul style="list-style-type: none"> We urge that government, community and media messaging around the pandemic avoids presenting older people as passive victims or that their illness is a burden for which the rest of society is suffering. While being transparent about real risks, messaging should avoid undue emphasis on older people's vulnerability in a way that undermines their sense of control and generates discrimination. Rather, messaging should highlight the burden that older people are unfairly suffering and the sacrifice that older people are making for the benefit of all. We further urge that public health messaging in the context of the pandemic incorporates awareness of the increased risks of elder abuse emerging from changed family situations. Social and psychological supports should be extended to older Victorians and include a focus on helping older people to recognise signs of ageism, maintain positive outlook and seek support where needed to counter risks of abuse. We call on the Federal Government to urgently address staff/patient ratios for older people in aged care facilities to ensure adequate care and support is provided, to mitigate widespread examples of neglect and abuse, particularly in this context. We call on employers, unions and governments to maintain efforts to stamp out ageism in the workplace in the wake of the crisis. Difficult economic circumstances cannot be an excuse for discrimination against older workers. Loss of job for an older person can lead to premature permanent exit from the workforce, diminished independence and a range of financial and social pressures that expose them to abuse. We ask services and governments to acknowledge and resource the increased pressures on many older people in their role as carers for partners, adult children with disabilities and friends. Providing this care under crisis conditions exposes older carers to greater potential exploitation and abuse. At the same time, family and community carers supporting older people under difficult circumstances may require additional support or training to help protect the older person from potential abuse, identify early risk factors for elder abuse and to raise the alert where required. We call on the aged care industry, funders and regulators to use the spotlight created by the pandemic as an opportunity to transparently re-examine the prevalence of coercive, disrespectful and discriminatory behaviours that unfortunately occurs in some aged care homes. Noting that the carer relationships involved here fall under the definition of

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	<p>on their children for support. Both aspects create increased tension and may drive abuse.</p> <ul style="list-style-type: none"> Children and young people remain largely invisible in the home-based environment, leaving the subject to greater vulnerabilities above and beyond that usually associated with their age. Young people are predominantly having to access their superannuation payments early, impacting on their lifelong earnings, impacting on long term-economic security and autonomy. 	<p>family violence, they should be subject to primary prevention approaches well before the risk of abuse emerges.</p> <ul style="list-style-type: none"> We encourage emergency management authorities to take specific action to increase the representation of older people in disaster and emergency management leadership roles, and to train all emergency and recovery workers in the drivers and early warning signs of age discrimination and elder abuse, and in ways to support the avoidance of unhealthy exercise of power and coercion against older people in the wake of disasters. We encourage governments and organisations to remain vigilant in their focus on children and young people in a disaster context. This includes the need to continue driving respectful relationships education in an offline learning environment, and continuing to drive cultures of respect and safety, in any context.
<p>Racism, ongoing impact of colonisation, dispossession and discrimination against Aboriginal people</p>	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islanders are generally at greater risk of COVID-19 compared to non-Aboriginal Australians due to pre-existing health issues. This risk is often further exacerbated by overcrowded housing and homelessness. Pressures within Aboriginal families are also subject to the high impact of job loss, which is likely to hit harder in Aboriginal communities already experiencing lower levels of employment and other forms of disadvantage. All these issues expose Aboriginal Victorians, particularly Aboriginal women, to potential heightened family violence as isolation requirements cut against the operation of normal kinship relationships. Discrimination against Aboriginal Victorians can arise when community services are stretched and efforts to ensure culturally safe service provision are not given priority. This discrimination results in 	<ul style="list-style-type: none"> We call on governments to resource Aboriginal Community Controlled organisations to provide holistic responses to the risks to Aboriginal health and well-being arising from the pandemic situation, including both primary prevention and early intervention approaches to the risk of family violence. These responses must be underpinned by the principles of self-determination and respect for Aboriginal concepts of family and kinship. We call on governments and mainstream service providers to address systemic barriers to equal access to the services and supports for Aboriginal women that continue to be crucial for their safety in the context of the pandemic, including housing, health and employment support. This means embedding both cultural safety and gender equality in service delivery. We urge disaster management authorities at national, state and local levels to create more culturally safe and responsive approach to disaster planning that incorporate Aboriginal family violence prevention, drawing on the Dhelk Dja family violence framework. Indigenous women leaders and family violence primary prevention specialists must be engaged in key planning and decision-making roles at all points in the disaster cycle. A strong emphasis on gender equality, respectful relationships and avoiding family violence from emerging must be a key part of this work and cannot be separate from ongoing efforts to address historical and intergenerational harm.

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	<p>reduced access to supports that help prevent potentially violent situations.</p>	
<p>Ableism</p>	<ul style="list-style-type: none"> • It is more difficult for people with disabilities to access support services under COVID conditions. The gaps in support created can leave individuals with reduced independence, mobility and control, hence more open to coercion and abuse in their own homes. This may be by families, co-residents or informal carers. Women and girls with a disability are at particular increased risk of violence in the home due to the overlay of sexism. • Increased rates of physical and sexual violence have been documented in this context, in a context of already overwhelming rates of violence, in particular sexual violence, experienced by women and girls with a disability. • This can also take the form of “microaggressions” or covert forms of violence that can be unintentionally conveyed by individuals, processes and systems, including by disability and mental health support workers, carers, medical and disability professionals, policy makers and service provider policies and practices. • The very challenging situation in disability group homes exacerbates this situation and creates huge tensions for families and carers of people with a disability who, despite best intentions, may add to the risk of abuse and neglect. • People with a disability are often immuno-compromised, creating increased stress and anxiety 	<ul style="list-style-type: none"> • We ask that the NDIA and providers of disability support services pay increased attention at this time to the potential risks of violence and abuse in the home faced by NDIS participants in the crisis context and take this into consideration in adapting support plans and service provision arrangements. • We urge all organisations that provide support services for people with a disability to guard against intentional or unintentional use of the particular risk the virus poses to people with a disability as an excuse to exercise heightened levels of control and coercion. • We urge all government agencies, organisations and businesses – including retailers - that interact with people with a disability to exercise zero tolerance for discriminatory actions that might reduce the dignity and independence of these individuals as a result of the pandemic situation. This may require positive action to increase access to the social security safety net, health and human services, accessible information and assistive technologies that facilitate participation in the community. • We call on employers, unions and governments to maintain efforts to stamp out disability discrimination in the workplace in the wake of the crisis. Difficult economic circumstances cannot be an excuse for discrimination against workers with a disability. Loss of job for a person with a disability can lead to permanent exit from the workforce, diminished independence and a range of financial and social pressures that expose them to abuse. • We encourage emergency management authorities to take specific action to increase the representation of people with a disability in disaster and emergency management leadership roles, and to train all emergency and recovery workers in the drivers and early warning signs of disability discrimination, and in ways to support the avoidance of unhealthy exercise of control and coercion against people with a disability in the wake of disasters.

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	<p>about infection, which can in turn be used against them in the exercise of control and coercion.</p> <ul style="list-style-type: none"> • People with a disability who have lost their jobs may find employers unwilling to take them on once lockdown has finished, and workplace discrimination is less checked. Increased financial and housing pressures can lead to dependence on family members, as risk factor for abuse. • Isolation and remote learning for children with disabilities presents challenges for families and carers. In some cases, this can escalate tensions and increase risks of abuse and violence between family members. 	
<p>Ethnocentrism, xenophobia and racism</p>	<ul style="list-style-type: none"> • Expression of racist/xenophobic attitudes and behaviours have increased in a context of suspicion and monitoring of others, lockdown of borders and migration, combined with anger over perceived origins of COVID-19 pandemic. This has led to a greater likelihood of vulnerability to violence including against women. • Cultural norms and practices in relation to gender in some migrant communities increase the chance of COVID-19 being used to heighten coercive control against women. • Lower paid migrant women are particularly exposed to job loss in the pandemic context and this will reduce the independence and sense of control that is an important protection against the exertion of coercive control within some ethnic communities. • Language, cultural and literacy related barriers to some services (including those associated with use 	<ul style="list-style-type: none"> • We call on community and business leaders to reinforce zero tolerance for expressions of racism and xenophobia, with emphasis on the unacceptability of linking the pandemic with any specific ethnic community. Any tacit condoning of discrimination and violence perpetrated on this basis has dangerous flow-on impacts for violence against women more broadly. • We urge governments, welfare organisations and emergency management authorities to resource and draw on ethno-specific agencies and community groups to provide advice on and direct support to migrant communities most impacted by the pandemic. This should include seeking critical insights into the build-up of gender-based control and coercion that may be associated with certain communities as they experience isolation and financial hardship. • We call on the federal government to ensure adequate financial support and social support for women on temporary visas during the COVID-19 pandemic. This is especially critical for women who are unable to participate in paid work and who, without a capacity to support themselves, are likely to be forced into situations of coercion and control. Access to healthcare, especially preventive sexual and reproductive care and mental health care, is also crucial to maintain independence and avoid exploitation.

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	<p>of technology) have opened up in the pandemic context, making access difficult to supports that also help give migrant women independence and control.</p> <ul style="list-style-type: none"> • People living on temporary visas do not qualify for federal government support through Job seeker/keeper. This places women who are already marginalised and exposed to exploitation at even greater risk of abuse and violence, particularly as their movement between regions is restricted. 	<ul style="list-style-type: none"> • We encourage emergency management authorities to take specific action to include people from migrant communities in disaster and emergency management leadership and planning roles, and to ensure that all emergency and recovery workers understand the cultural and linguistic challenges facing people in this environment, including the potential for further marginalisation and discrimination.
<p>Homophobia, biphobia, transphobia</p>	<ul style="list-style-type: none"> • There is potential conflict in homes for families isolating with LGBTIQ members whose sexuality or gender identity is not supported by parents or other family members. • Individuals in same-sex domestic relationships subject to coercive and controlling behaviours may experience heightened anxiety and distress as these behaviours become more pronounced under the pressure of isolation and are less visible to external scrutiny. • Many older LGBTIQ people are especially sensitive to perceived over-policing associated with the pandemic, given histories of surveillance, stigma and criminalisation of their communities (including in association with the HIV epidemic). This concern also adds to anxiety about potential coercion and control within families. • LGBTIQ communities experience poorer mental health and higher rates of depression, suicide and self-harm and, as a result, could be at greater risk of 	<ul style="list-style-type: none"> • We call on government authorities, media and community agencies responsible for producing and promoting well-being advice and support for families in the context of isolation to incorporate recognition and positive validation of non-traditional families and family members of diverse sexuality and gender identity. • We call on governments and service providers to pay specific attention to the stresses and risks experienced by the diversity of LGBTIQ people in the wake of the pandemic, including the importance of support from specialist service providers who can help maintain a sense of connection to community and assist individuals to cope with difficult family relationships. • We urge law enforcement authorities enforcing pandemic related restrictions to be sensitive to the experiences of those in the LGBTIQ community who may have an historically based fear of over-policing, and to apply the good practice in LGBTIQ relationships established by Victoria Police and other bodies over many years. • We encourage emergency management authorities to take specific action to include people from LGBTIQ communities in disaster and emergency management leadership and planning roles, and to ensure that all emergency and recovery workers understand the specific issues facing LGBTIQ people in this environment, including the potential for conflict within families to escalate. We advocate use of the GAD Pod’s <i>Gender in Emergency Management Guidelines</i> which address LGBTIQ people.

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	<p>harm in relation to real and perceived discrimination during the crisis.</p> <ul style="list-style-type: none"> • Same-sex couples and families can experience a sense of exclusion and marginalisation if they do not see themselves reflected in pandemic support and promotional materials, despite often being positive role models for non-gender-rigid sharing of roles and equality within families at this difficult time. 	