

**Family violence among
Aboriginal and Torres Strait
Islander peoples**

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Family violence among Aboriginal and Torres Strait Islander peoples

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and Michelle Wallis**

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Contents

Acknowledgments	viii
Executive summary	ix
1 Introduction	1
1.1 Background.....	1
1.2 Family violence: why the interest?	1
1.3 Violence in Australia’s Indigenous population.....	2
Causal factors of violence	3
1.4 Violence in non-Australian indigenous populations.....	4
1.5 Intervention and prevention strategies.....	6
National initiatives	6
State and territory initiatives.....	9
Intervention and prevention programs	13
2 Information development	15
2.1 Defining violence/family violence.....	15
2.2 Barriers to capturing information about violence	16
Under-reporting of family violence	17
2.3 National information and initiatives on family violence	19
National information development plans.....	19
National information frameworks.....	21
Health, community and criminal justice sectors	23
2.4 About this report.....	25
Purpose and scope	25
Report structure	25
3 Prevalence of violence	27
3.1 Crime and safety surveys.....	27
National Crime and Safety Survey.....	27
Women’s/Personal Safety Survey.....	28
International Violence Against Women Survey	30
3.2 Health and lifestyle surveys	32
Australian Longitudinal Study on Women’s Health.....	32

	National Drug Strategy Household Survey	33
	Western Australian Aboriginal Child Health Survey (WAACHS)	36
3.3	Indigenous-specific surveys	36
	National Aboriginal and Torres Strait Islander Social Survey	37
	National Aboriginal and Torres Strait Islander Health Survey	50
3.4	Summary	50
4	Associated harm/outcomes data.....	52
4.1	Morbidity data.....	52
	National Hospital Morbidity Database	52
4.2	Mortality data.....	65
	National Mortality Database	65
	National Homicide Monitoring Program Data	69
	National Coroners Information System.....	70
4.3	Summary	71
5	Victim support/counselling.....	72
5.1	National data collections.....	72
	SAAP National Data Collection.....	72
	National Child Protection Data Collection.....	84
5.2	State and territory data collections	91
	Queensland Centre for Domestic and Family Violence Research Database	91
	NSW Health Sexual Assault Services Data Collection	95
5.3	Summary	96
6	Criminal justice data	98
6.1	National data collections.....	98
	Recorded Crime – Victims	98
	National Criminal Courts Collection	98
	National Corrective Services Collection	99
	National Prisoner Census	99
6.2	State and territory data collections	100
	NSW Bureau of Crime Statistics and Research.....	100
	Victoria Police.....	102
	Queensland Police	104
	University of Western Australia Crime Research Centre	104
	South Australia Office of Crime Statistics and Research	106

Legal aid	107
6.3 Summary	108
7 Multi-service data collections.....	110
7.1 Case management systems	110
Tasmanian Safe at Home Data Collection	110
7.2 Other data collections	111
Victorian Family Violence Database	111
Queensland Department of Communities Database	111
Western Australia Across Government Data Collection Project	111
Northern Territory	112
7.3 Summary	113
8 Assessment outcomes and recommendations	114
8.1 Assessment of data sources	114
8.2 Information gaps and data quality issues	118
Main gaps and data quality issues	119
8.3 Recommendations.....	123
Surveys	123
Administrative data collections	125
Appendix A.....	127
Appendix B	128
Appendix C.....	131
Methodology.....	131
Indirect age standardisation.....	131
Age-specific rates	131
List of abbreviations	132
Symbols used in the tables	134
List of tables	135
List of figures	139
References	140

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Executive summary

Family violence is acknowledged as an issue of national importance, both generally and among Aboriginal and Torres Strait Islander peoples. There are many barriers to assessing its true extent but this report presents information currently available in relation to Indigenous Australians. The report draws on a number of surveys and administrative data sets and also discusses gaps in existing information and strategies for improvements.

What do the data tell us about family violence?

Self report

Data on the prevalence of violence come from the 2002 National Aboriginal and Torres Strait Islander Social Survey.

About one in four Aboriginal or Torres Strait Islander people aged 15 years or over reported being a victim of physical or threatened violence in the twelve months before the survey (24%). The rate was higher among those who:

- were aged 15–24 years
- had been removed from their natural families (38% compared with 23% among those not removed)
- had a disability (29% compared with 22% among those without a disability)
- had experienced a high number of stressors (50% of those with 11 or more stressors compared to 8% among those with none)
- lived in low income households (27% compared with 19% among those in high income households)
- were unemployed (38% compared with 21% among the employed).

The age-standardised rate for being a victim of physical or threatened violence among the Indigenous population was over twice the rate of the non-Indigenous population.

Although the rates were similar among those living in major cities (25%) and in remote areas (23%), people in remote areas were much more likely to report that family violence was a neighbourhood problem (41% compared with 14% in non-remote areas).

Support services (Supported Accommodation Assistance Program)

People who experience family violence may seek refuge, especially women. In 2003–04, 7,950 Indigenous females sought refuge to escape family violence.

Indigenous females and males were 13 and 7 times more likely to seek this assistance as non-Indigenous females and males, respectively.

The rate was highest for females aged 25–34 years.

Hospitalisations

In 2003–04, there were 4,500 hospitalisations of Aboriginal and Torres Strait Islander persons due to assault in Queensland, Western Australia, South Australia and the Northern Territory combined.

Indigenous females and males were 35 and 22 times as likely to be hospitalised due to family violence-related assaults as other Australian females and males, respectively.

Indigenous hospitalisation rates for family violence-related assault were highest among:

- females
- people aged 25–34 years.

For Indigenous females, about one in two hospitalisations for assault (50%) were related to family violence compared to one in five for males. Most hospitalisations for family violence-related assault for females were a result of spouse or partner violence (82%) compared to 38% among males.

Mortality

Between 2000 and 2004, there were 150 deaths due to assault among Indigenous Australians in the four jurisdictions.

Indigenous females and males were nearly ten and nine times more likely to die due to assault as non-Indigenous females and males, respectively.

The death rate was highest among people aged 35–44 years.

Data problems and suggested improvements

The true extent of family violence is difficult to determine due to under-reporting by victims, lack of appropriate screening by service providers, incomplete identification of Indigenous people in many data sets and problems of quality and comparability of existing data.

The existing data sets differed in their ability to distinguish between family violence, partner violence and other violence, and between different types of violence such as physical violence, sexual violence, and threatened violence. The feasibility should be explored of developing a module of a minimum set of national standardised data items that allows reporting on the perpetrators of violence and the different types of violence, along with contextual information.

Improving the quality of Indigenous identification across all relevant data sets continues to be of paramount importance in providing more complete information on the extent of violence among Indigenous Australians.

1 Introduction

1.1 Background

Family violence is a problem in Australia. The Australian Government and the state and territory governments recognise it as an issue of national importance. The Family Violence among Aboriginal and Torres Strait Islander Peoples project is part of the work program of the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), and has been funded by the Australian Health Ministers' Advisory Council (AHMAC). It builds on past and current initiatives to address the issues of family and domestic violence in Australia as a whole, and in the Indigenous population in particular.

An important goal of AHMAC is to improve the availability and quality of information on Aboriginal and Torres Strait Islander peoples by addressing the gaps in current knowledge and by improving the identification of Indigenous Australians in administrative data sets. Better identification will provide a better basis on which to design and evaluate policies aimed at improving the health and welfare of Aboriginal and Torres Strait Islander peoples.

This report provides information on national data and some state-based data collections on violence in Australia. These collections contain information on the extent of violence, the underlying factors associated with it, the harm caused by it, services used by victims of violence, and whether the police and the courts are involved. Some of these data collections cover the Australian population in general, while others are restricted to the Indigenous population.

This report focuses on information about family violence, with the overall aim to increase knowledge and to better understand the issues facing Aboriginal and Torres Strait Islander peoples. The ultimate goal is for this knowledge and understanding to be used to improve the health and wellbeing outcomes of Indigenous Australians.

1.2 Family violence: why the interest?

Family violence has been acknowledged as a public health issue only in the last 25 years (Laing 2000; cited by Victorian Law Reform Commission 2004:20). 'Before this time family violence was considered a private matter with which the State should not interfere' (Victorian Law Reform Commission 2004:20). It is now widely acknowledged as a prominent social issue, even though 'it is often "hidden" due to the lack of appropriate data' (Dal Grande et al. 2003:543).

A study by Access Economics, commissioned by the Office for the Status of Women, estimated the annual cost of domestic violence in 2002–03 at \$8.1 billion, with the largest cost factor being pain, suffering and premature mortality at \$3.5 billion (Access Economics 2004). Other major contributors to the cost of domestic violence were permanent loss of labour capacity, lost production due to absenteeism, property replacement, and altered household circumstances. Domestic violence in this study was limited to violence between adult partners living in intimate relationships, though the effect of that violence on children was

also taken into account. The costs were based on an estimated 408,100 victims of domestic violence, of which 87% were women. It was also estimated that 263,800 children lived with victims of domestic violence, and 181,200 witnessed the violence. The cost category 'Second generational' was costed at \$220 million, the lowest of the seven cost categories. As emphasised by the authors, this figure is high, considering that it does not include the cost of direct child abuse. It reflects the negative and profound impact on children of witnessing partner abuse.

The 1996 Women's Safety Survey (ABS 1996) produced the first national data on the incidence and prevalence of family violence. Data were collected from 6,300 Australian women through face-to-face interviews. Prior to this survey, data were only available from self-selected samples such as phone surveys or service usage (Mulroney 2003:1). The Women's Safety Survey was later replaced by the Personal Safety Survey, which was conducted in 2005 and involved approximately 11,800 female and 4,500 male participants. The survey included questions about participants' experiences of physical and sexual violence.

Some findings from the Personal Safety Survey:

- An estimated 73,800 women were physically assaulted by their current and/or previous male partner in the most recent incident; this equates to 31% of all women who were physically assaulted in the twelve months prior to the survey period (ABS 2006b:9).
- Seventy-eight per cent of women, and 34% of men who were physically assaulted in the last 12 months were assaulted by someone known to them (ABS 2006b:30).
- Nearly half of the women experiencing violence by their current partner had experienced more than one incident of violence since the age of 15 years (ABS 2006b:37).
- An estimated 27% of men and women who experienced violence by a current partner said that children in their care had witnessed the violence (ABS 2006b:11).
- Of the women who had experienced sexual assault in the last 12 months, 21% had experienced sexual assault by a previous partner in the most recent incident, 39% by a family member or friend, and 32% by another known person (ABS 2006b:33).
- Of the men who had experienced sexual assault, 44% had experienced sexual assault by a family member or friend, and 35% by another known person (ABS 2006b:33).

Although these statistics did not specifically cover Aboriginal and Torres Strait Islander people, it is apparent that family violence is an issue in Australia. Improving the ability to inform on extent of violence through a coordinated national approach is needed to reduce the prevalence and impact of family violence on all Australians.

1.3 Violence in Australia's Indigenous population

Family violence is a serious issue for Aboriginal and Torres Strait Islander peoples in Australia. Violence in the Indigenous population is a 'multi-dimensional problem that manifests itself in a range of health and related social outcomes' (Anderson 2002:409). 'Violence is perceived by many people, both Indigenous and non-Indigenous, as a major problem in Indigenous communities'. In addition, 'the incidence of violence in Indigenous communities is disproportionately higher in comparison to the same types of violence in the Australian community as a whole' (Memmott et al. 2001:6). Violence is a significant cause of

morbidity and mortality in Australia's Indigenous population, with women predominantly being the victims. According to Oberin (2001:25), 'domestic and family violence has an even more major impact on Aboriginal and Torres Strait Islander women than it does on other groups of Australian women'. In addition, Bagshaw et al. (2000:123; cited in Women's Services Network 2000:8) state that 'considerable evidence exists which suggests that Indigenous women are far more likely to be victims of domestic violence than non-Indigenous women and they sustain more injuries'.

The context in which violence in the Indigenous population occurs differs from that of the non-Indigenous population. According to Mow (1992) domestic violence in Indigenous communities can only be understood in the context of the historical, political, social and cultural environments in which it occurs (cited by Astbury et al. 2000:429). Historically, the poor treatment of Aboriginal and Torres Strait Islander people in Australia is considered an underlying factor in the extent to which violence occurs in this population today. This is supported by Oberin who states that 'the high rates of domestic and family violence in Indigenous communities must be seen in the context of colonisation, disadvantage, oppression and marginalisation' (2001:26).

Causal factors of violence

There are different theoretical perspectives on the causes of family violence and these include individual pathology theory, family systems theory, feminist theory, and intersectional or multicultural theory (Gordon et al. 2002; Sokoloff 2004;). The theories reflect the complexity of family and domestic violence, and acknowledge not only a wide range of causal factors but also the range of factors required to achieve solutions.

The framework presented in *Violence in Indigenous communities* (Memmott et al. 2001) divides the causes of violence in Indigenous communities into the following three broad categories:

1. Precipitating causes – particular events that precede and trigger a violent episode by a perpetrator.
2. Situational factors – circumstances in the social environment of the antagonists.
3. Underlying factors – the historical circumstances of Aboriginal and Torres Strait Islander people, which make them vulnerable to enacting, or becoming a victim of violent behaviour.

Memmott et al. (2001) argue that the violent dispossession of land and continuing cultural dispossession of the past 200 years have resulted in particular social, economic, physical, psychological and emotional problems for Indigenous people, which is reflected in the high level of violence in their communities. This view is supported by Gordon et al. (2002) in *Putting the picture together: inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities*. This report finds that colonisation has resulted in an 'unresolved grief that is associated with multiple layers of trauma spanning many generations'. Some of these 'layers of trauma' include: colonial aggression; genocide; racism; alienation from tribal lands; breakdown of social structure; loss of spirituality and languages; removal of rights and responsibilities; labour exploitation; and large-scale removal of Aboriginal children from their families ('stolen generations'). These and other factors have contributed to the erosion of social structures and traditional values, and a range of social problems in current Aboriginal communities (Memmott et al. 2001).

While these social problems have their roots in the physical trauma and violence that were inflicted on Aboriginal people, they are themselves also a cause of violence. High

unemployment, low socioeconomic status, poor housing and overcrowding, poor health, high mortality, poor governance in local communities, and a lack of support services are all likely to contribute to the higher levels of conflict and violence.

In her article *Domestic violence at the crossroads: violence against poor women and women of color*, Sokoloff (2004) argues that, although gender inequality is one of the factors explaining the domestic violence affecting marginalised women in the United States, other structural inequalities such as race and class cannot be ignored. She reports on studies that found that, after controlling for socioeconomic factors, differences in domestic violence levels between white and African Americans mostly disappear, indicating that the high levels of poverty in black American communities are significantly associated with higher levels of domestic violence. Sokoloff further points out that, while poor white people tend to live in neighbourhoods with a mix of working-class and middle-class white residents, poor black people are more likely to live in predominantly poor communities with less resources available to them. While these studies relate to black communities in the United States, their results are relevant to an understanding of violence in Indigenous Australian communities.

A number of studies suggest that reporting on high levels of family violence in particular communities (e.g. Indigenous) results in those communities being stereotyped as violent. The brief outline of underlying factors presented above, as well as further discussion included in the section on international indigenous communities (see later), will help in counteracting such stereotyping, and reinforce the need for a holistic and varied approach to solving the range of difficulties faced by Indigenous communities in Australia.

1.4 Violence in non-Australian indigenous populations

A review of research into violence in non-Australian indigenous communities can gauge similarities and differences between the circumstances of Australian Indigenous people and those in other countries. The countries included in this literature review include the United States of America, Canada and New Zealand. All of these countries have a broadly similar background to the Australian Indigenous population in regards to the effects of colonisation on indigenous populations.

United States of America

Few studies have explored violence within Native American communities. Two studies from the United States of America have been included in this literature review: Fairchild et al. (1998) and Bubar & Jumper Thurman (2004).

Fairchild et al. (1998) conducted a survey at an Indian Health Service in an attempt to measure the prevalence of domestic violence among women in a Native American Health Care facility. They found that domestic violence in their Navajo sample was as prevalent as in other US communities. Approximately 52% of women surveyed reported some history of domestic violence. These ranged from 41% reporting verbal abuse, 42% reporting physical abuse and 12% reporting sexual abuse.

Bubar & Jumper Thurman (2004) also studied violence in the Native American population. They concluded that Native Americans were more likely to be victims of crime than any other ethnic group in the United States of America. They also argue that the effects of colonisation have contributed to the high levels of violence against Native American women.

Specifically, they stated that 'the removal, relocation and assimilative federal policies resulted in loss of traditional homelands and lifestyles, creation of dependency on the federal government, loss of identity and traditional cultural knowledge, the placement of Native women at greater risk of violence, disruption in family life and parenting, and loss of familiar and communal support systems' (Bubar & Jumper Thurman 2004:73). The effects of colonisation on traditional and cultural aspects of life are commonly identified as an underlying cause of violence. Bubar & Jumper Thurman (2004) also acknowledge the distrust Native American people have of federal agencies, programs and policies, as a barrier to receiving assistance for domestic violence.

Canada

Two studies from Canada were included in the review: LaRocque (1994) and Brown & Languedoc (2004).

LaRocque's study concentrated on the northern Ontario region of Canada, and is said to be representative of other communities across the country. LaRocque states that domestic violence in First Nations communities is one which demands urgent attention. LaRocque discusses the impact that colonisation has had on Aboriginal communities in Canada and how this relates to violence in these communities. In regards to colonisation, LaRocque defines it as the 'encroachment and subsequent subjugation of Aboriginal peoples since the arrival of Europeans'. From the perspective of Aboriginal people, it refers to the 'loss of lands, resources and self-direction and to the severe disturbance of cultural ways and values' (LaRocque 1994:72, 73). While the impact of colonisation cannot be completely overcome, the effects today may be minimised with increased education and awareness. Further, investigation of domestic violence statistics is necessary in order to obtain a more accurate picture of the current environment and facilitate planning for the future.

Brown & Languedoc (2004) studied components of an Aboriginal-based family violence intervention program. They also discuss the effect of colonisation on violence in indigenous families. They report that when Europeans first arrived in Canada, family violence in Canadian Aboriginal communities was rare (Brown & Languedoc 2004:477). The arrival of Europeans put undue stress on several cultural aspects of Aboriginal life. Further, recent data suggest that family violence affects Aboriginal families in Canada to a greater extent than non-Aboriginal families. Statistics Canada information shows that Aboriginal people are almost three times more likely than non-Aboriginal people to report being assaulted by a spouse, and more often by an ex-spouse than by a current one. Also, Aboriginal Canadian women are twice as likely as Aboriginal Canadian men to report being a victim of spousal assault.

New Zealand

Three sources of literature were included in the New Zealand section of this review: Ministry of Social Development (2002), Ministry of Social Development (2004) and Te Whaiti & Roguski (1998).

The Te Rito New Zealand Family Violence Prevention Strategy 2002 (known hereafter as 'the Strategy') was developed by the Family Violence Focus Group, which comprises several different New Zealand groups from across government sectors. The Strategy recognises that methodological and data limitations inhibit the ability to form an accurate impression of the level and nature of family violence in New Zealand (Ministry of Social Development 2002:8). The method used by the Strategy was to compare information from various sources,

including official New Zealand records, New Zealand studies of the prevalence and incidence of violence, and literature on the nature and effects of family violence. It was found, firstly, that family violence affects different sorts of people, different cultures, classes and backgrounds. Secondly, males are predominantly the perpetrators and females and children are predominantly the victims. Finally, New Zealand Maori people are significantly over-represented as both victims and perpetrators of family violence in the existing records. The Strategy recognises colonisation as a contributing factor to current levels of family violence; it also acknowledges that no single cause can explain all types and forms of violence within families. Family violence is therefore multi-faceted, with several factors interacting in a complex manner.

The Ministry of Social Development (2004) reported that Maoris are more likely to be subject to family violence than either Pacific Islanders or Europeans. In addition, Maori women are more likely to be victims of violence perpetrated by an intimate partner than Pacific Islander and European women.

Te Whaiti & Roguski (1998) reported on the perceptions of police by Maori women who have been victims of domestic violence. They found that these women perceive police to be unhelpful and disinterested in their complaints.

In summary, similarities exist between indigenous populations in the four countries: indigenous people are over-represented in the family violence records compared with non-indigenous people as both victims and perpetrators. In addition, in each country colonisation is recognised as having a severe negative impact on indigenous people and is thought to be a major underlying cause of the high rates of violence in these communities.

1.5 Intervention and prevention strategies

Over the past 30 years, and since family violence was recognised as a major public health issue, the Australian Government and state and territory governments have provided resources to support services to deal with the impact of violence, and to develop programs aimed at preventing family violence. This section outlines some of the national and state/territory strategies and initiatives to address and prevent family violence and other violence. While many of these strategies and programs are aimed at the Australian population as a whole, some aim to reduce the levels of violence among Aboriginal and Torres Strait Islander peoples specifically.

Some examples of projects designed to respond to or prevent family violence or general violence among Indigenous Australians, are also presented at the end of this Chapter.

National initiatives

The Women's Safety Agenda

In 2005, the Australian Government launched the Women's Safety Agenda, an initiative that aims to eliminate domestic violence and sexual assault in the Australian population (FaCSIA 2006c). It is administered by the Department of Families, Community Services and Indigenous Affairs. The Women's Safety Agenda addresses four broad themes – prevention, health, justice and services. It builds on the achievements of the Partnerships Against Domestic Violence (PADV) initiative, by focusing on prevention and early intervention in addition to support for those affected by violence. PADV was also an Australian

Government initiative, working with state and territory governments, the community and business to find better ways to prevent and respond to domestic violence.

The Women's Safety Agenda provides financial support for activities in the following areas:

- re-running the successful national 'Violence Against Women. Australia Says No' campaign (consisting of national advertisements and a help line)
- continued funding for the Australian Domestic and Family Violence Clearinghouse (University of New South Wales) and the Australian Centre for the Study of Sexual Assault (Australian Institute of Family Studies); these two centres provide central points for the collection and dissemination of Australian domestic and family violence and sexual assault policy, practice and research
- research projects on domestic violence and sexual assault
- training for nurses in regional and rural areas
- training for the criminal justice sector on sexual assault
- a dedicated research position within the Australian Institute of Criminology (AIC) to carry out its research program on a range of aspects of sexual assault
- continued funding for a Mensline, which provides telephone counselling for men who are seeking to manage their relationships with partners, ex-partners and children (FaCSIA 2006d).

The Family Violence Program

The Family Violence Program was specifically developed to address issues of family violence and child abuse in Indigenous families. It consists of two parts, the Family Violence Partnership Program and the Family Violence Regional Activities Program (FaCSIA 2006a).

Family Violence Partnership Program

Through this program, \$37.3 million in funding over four years (2005–2008) is provided by the Australian Government through the Department of Families, Community Services and Indigenous Affairs. The program supports projects and initiatives that aim to bring about a sustainable reduction in, and prevention of, Indigenous family violence and child abuse through the enhancement of existing, or the establishment of new, services/initiatives in partnership with states and territories throughout Australia (FaCSIA 2006a).

Family Violence Regional Activities Program (FVRAP)

This program supports projects that have been identified by Indigenous communities as a local priority to address family violence, sexual assault, child abuse and/or child protection. It aims to provide practical and flexible support, and has a focus on projects that reflect the importance of protecting women and children, and breaking the cycle of violence, including initiatives to address causal issues, such as recognition/healing/grieving projects, or perpetrator programs (FaCSIA 2006a).

To trial new/innovative approaches to reduce family violence in Indigenous communities, the FVRAP will:

- promote and support community-based organisations to develop community-based ways to reduce and prevent family violence in Indigenous communities
- support projects with a holistic approach, which address the social, emotional and cultural wellbeing of the whole community and include, where appropriate, traditional approaches to family relationships

- support effective solutions which involve all elements of the community, and reflect the important roles of men, women, children, elders, and community leaders
- increase the skills of communities to understand, prevent and respond to family violence, leading to stronger communities which are able to respond effectively to family violence beyond the life of the project
- foster collaboration between local agencies and community-based organisations to prevent family violence, including through mentoring and evaluation
- develop, support and/or maintain community capacity and social capital building initiatives
- gather information on a range of innovative and culturally appropriate responses to family violence that can inform government policy and other community organisations working to reduce family violence (FaCSIA 2006a).

National Initiative to Combat Sexual Assault

The National Initiative to Combat Sexual Assault (NICSA) was announced in the 2001-02 budget, and is funded by the Australian Government through the Office for Women in the Department of Families, Community Services and Indigenous Affairs (FaCSIA 2006b). The program aims to reduce and prevent sexual assault. One of its strategies is to develop an evidence base to inform policy and service delivery through: making better use of existing sexual assault data; collecting new national data; and establishing a research body to explore issues relating to sexual assault.

Some of the major projects funded under NICSA include:

- the development and publication of a Sexual Assault Information Development Framework (ABS 2003b)
- the publication of a sexual assault statistical overview in 2004 (ABS 2004c)
- Australia's participation in the International Violence Against Women Survey, run by the United Nations Interregional Crime and Justice Research Institute, and conducted in Australia by the AIC (Mouzos & Makkai 2004).

Council of Australian Governments – Package to Address Family Violence and Child Abuse in Indigenous Communities

In July 2006, the meeting of the Council of Australian Governments (COAG), agreed to build on the outcomes of the Intergovernmental Summit on Family Violence and Child Abuse. COAG agreed that all governments will work together to make Indigenous communities safer by addressing policing, justice, community support and governance.

The Australian Government's contribution to this will be a \$130 million package of measures to improve law and order and to increase Indigenous people's confidence in the justice system. The Australian Government will also be seeking support from state and territory governments for these initiatives (COAG 2006).

The Family Law Violence Strategy

The Family Law Violence Strategy, launched in February 2006, forms part of the Australian Government's family law reform agenda and aims to ensure that allegations of family violence and child abuse arising in family law proceedings are dealt with quickly, fairly and properly (Australian Government Attorney-General's Department 2006).

Measures aimed at achieving improvements in the functioning of the family law system include working with courts to improve processes surrounding allegations of family

violence and child abuse, and identifying the areas in which the Shared Parenting Bill and Family Relationship Centres may complement improvements to, and address family violence and child abuse issues in, family law proceedings.

Family Violence Strategy

The Family Violence Strategy, launched by the Family Court of Australia in March 2004, is based on five key recommendations on which to improve the management and provision of court services in relation to family violence, with the expected outcome of ensuring the protection from harm of the court's clients, their children and court staff (Family Court of Australia 2005).

The five recommendations cover the following activities: increase levels of awareness; review safety and security; train court staff; review dispute resolution and mediation services; and develop decision-making procedures responsive to clients' needs.

State and territory initiatives

A range of strategies have also been developed at the state/territory level to address family violence and general violence, and these are outlined below.

New South Wales

The NSW Government Action Plan for Women 2003–2005 includes a chapter dedicated to violence and safety. This chapter outlines the 'NSW Strategy to Reduce Violence Against Women', as well as many current and planned programs and strategies aimed at improving women's safety. The categories listed are: crisis responses; legal responses; the criminal justice system; health, housing and support services; multi-agency responses (including the NSW Aboriginal Family Health Strategy, designed to reduce family violence and sexual assault through a holistic approach); information and referrals; and prevention programs (NSW Government 2003).

Victoria

In April 2005, the Victorian Government launched its social policy action plan – A fairer Victoria: Creating opportunity and addressing disadvantage – which outlines 14 major strategies to address disadvantage in that state (State Government Victoria 2006). The third of these, Responding to Family Violence More Effectively, is a new approach to family violence involving a whole-of-government response, supported by \$35.1 million over four years.

This innovative Victorian strategy aims to take a consistent approach in the provision of services, irrespective of the agency with which an individual first makes contact or which agencies deliver services. This integrated response involves cooperation between four departments – the Department of Victorian Communities, the Department of Human Services, the Department of Justice, and Victoria Police. Some of the important features of the new approach are outlined in Box 1.

Within the Family Violence Strategy, seven actions have been set out, reflecting new initiatives and reforms to the way services are delivered. One of these involves establishing more Indigenous family violence programs, including a fourth 'Holistic Family Healing Service' and four 'Time Out Services'. Holistic Healing Services work with all parties to deal with the causes of family violence, and particularly aim to support children and the healing

of the community. Time Out Services support perpetrators in re-thinking their behaviour, and provide them with ways to avoid violence.

In addition, a critical element of the provision of services for Indigenous Victorians is the link between Indigenous communities and organisations and mainstream family violence services. A key feature of the new approach to family violence currently being implemented in Victoria is the development of meaningful partnerships between the Indigenous Family Violence Regional Action Groups, Indigenous organisations and mainstream family violence service providers to ensure that Indigenous men, women and children have access to a broad range of culturally sensitive services.

Box 1: A whole-of-government response to family violence – features of the Victorian approach

- *More consistent incident management across all relevant entry points, including:*
 - *a common risk assessment framework to assist in accurately assessing the current and ongoing risk to women and children*
 - *a 24-hour, 7-day a week response through enhanced state-wide and local after hours support services.*
- *New and improved case management, including:*
 - *a consistent approach to case planning and coordination*
 - *the use of new specialist service models for targeting support to women and children identified as most at risk.*
- *Expanded accommodation options including:*
 - *support for women and children in own home, other public and community housing, and access to the private rental market*
 - *new emergency housing options for re-housing men who use violence.*
- *Counselling support and recovery services, including:*
 - *increased availability and quality of counselling, recovery and group programs for women and children*
 - *increased access to men's behaviour change programs.*
- *More accountability of perpetrators through new justice reforms such as the Police Code of Practice for the Investigation of Family Violence (under the Code action must be taken if an offence is committed), the specialist Family Violence Division of the Magistrates' Court and a new family violence specialist service at three Magistrates Courts.*
- *Indigenous Time Out services and an additional Indigenous Healing service*
 - *a violence prevention program, providing early intervention programs to adolescent males who come to the attention of the justice system as a result of exhibiting aggressive or violent behaviours.*

The Women's Safety Strategy in Victoria also takes a whole-of-government approach, covering five years from 2002 to 2007. There are three components (DVC 2002):

- **Women's Safety Strategy:** – Policy Framework sets the principles and policy directions for addressing violence against women in Victoria over the five years.
- **Acting on the Women's Safety Strategy:** – outlines specific initiatives the Government is undertaking to reduce violence against women.

- Women's Safety, Women's Voices – presents personal experiences of violence in women's own words. This recognises that it is critical for the actions of Government to be informed by women's experiences. Many women have generously shared their experiences to educate others about violence.

In 2001 the Women's Safety Strategy identified the development of an Indigenous Family Violence Strategy as a priority area for whole of government action.

The Indigenous Family Violence Strategy takes a partnership approach between the Indigenous communities and the Victorian Government, carried out in three stages. The first two stages involved an Indigenous-led Task Force to provide the government with advice about how to effectively address family violence within Indigenous communities, and the government response to these recommendations. Stage three involves the development and implementation of a ten year Indigenous Family Violence Plan and Partnership Agreement (DHS 2004).

Queensland

In Queensland, the Department of Communities is responding to the issue of family violence using a range of strategies. In 2004–05, \$26 million in funding was provided for support services such as refuges, counselling and referral services, court support, and male perpetrator services (Department of Communities 2005). As part of the whole-of-government initiative – Meeting Challenges, Making Choices – a number of family violence healing services have been established. These services provide contemporary and traditional healing models to help Indigenous people recover from the effects of domestic and family violence.

Queensland's 'Smart State, Safe State' partnership agreement between the business sector and the community is a program to respond to the issue of domestic and family violence. Other current or recent initiatives by the Department of Communities include an evaluation of the *Domestic and Family Violence Protection Act 1989*; community education during the Domestic and Family Violence Prevention Month; and the development of an Indigenous family violence statement in partnership with the Department of Aboriginal and Torres Strait Islander Policy and the Office for Women to provide a coordinated whole-of-government response to family violence in Indigenous communities.

Western Australia

The Western Australian Family and Domestic Violence State Strategic Plan 2004–2008 is aimed at preventing and reducing family and domestic violence. It provides guidance for government departments to plan and implement policies and programs intended to improve the safety of women and children (DCD 2004b).

A requirement of the State Strategic Plan is that an action plan is developed every year. The WA Family and Domestic Violence Plan 2004–2005 is the first of these annual plans. It relates to ten focus areas of the Strategic Plan, and links to three key themes of that plan: prevention; protection; and provision of services (DCD 2004a).

South Australia

The South Australian Domestic Violence Prevention Plan 2001–2006 is a state-wide plan aimed at preventing domestic violence, initiated by the South Australian Government. It is part of a continuing collaborative policy and planning process in South Australia, and builds on the momentum of the 'State Collaborative Approach' (AGD 2001).

The State Collaborative Approach for the Prevention of Domestic Violence is the strategic policy framework, aimed at encouraging collaboration and coordination of both government and non-government agencies to develop ways to prevent domestic violence (AGD 2001).

Tasmania

Safe at Home is a program set up by the Tasmanian Government in response to family violence, and consists of initiatives and new services aimed at protecting and supporting the victims, including children. It also includes programs for offenders.

Some of the elements of the Safe at Home program include: specific family violence legislation; family violence response line; victim safety response teams; police prosecutions; additional court activity; extension of legal aid; Aboriginal family violence working group (implementing culturally appropriate responses for Aboriginal people); court support and victim liaison service; child witness program; adult victim support service; children's counselling and support service; accommodation brokerage for offenders; and an offender assessment and intervention program (Department of Justice 2004).

Australian Capital Territory

The Australian Capital Territory (ACT) Women's Plan 2004–2008, an initiative of the ACT Government, is an across-agency approach, aimed at improving the status of all women and girls (ACT Office for Women 2004). It outlines areas for action in relation to six objectives, one of which is 'Safe, inclusive communities', which covers 'Freedom from violence and the fear of violence'. The intention is that Annual Action Plans will be developed for each of the six objectives.

Northern Territory

The NT Domestic Violence Strategy is a whole-of-government and whole-of-community approach to addressing domestic violence and its prevention. The focus is on the following areas: interventions for victims and survivors; the protection of children; working with young people affected or at risk of being affected by domestic violence; and bringing about a change in the violent and abusive behaviours of offenders (DCM 2002b).

The Aboriginal Family Violence Strategy focuses on the issues of Aboriginal people, especially those living in remote and isolated areas, taking a community-led approach (DCM 2002a). It emphasises that solutions to family violence must:

- Come from within each community.
- Build on customary and contemporary structures and practices.
- Further strengthen the skills and competence of individuals/families, and the capacity of communities to respond to this and other issues.
- Adopt whole-of-community planning and integrate women's and men's voices in decision making.
- Integrate concepts of social, emotional, physical, cultural and spiritual wellbeing.

A major initiative under this strategy is the Strong Family, Strong Community, Strong Future project (2003–2005). The project's objective is 'To create new processes that allow Aboriginal community knowledge and capacity to be mobilised to address endemic social and family violence issues, and to deal with particular community crises' (DCM 2003).

Intervention and prevention programs

There are many intervention and prevention programs aimed at dealing with or preventing family violence in Indigenous communities. Some are designed to provide support and advice to victims of violence, such as counselling, legal aid or protection programs. Others are aimed at the perpetrators of violence, for example programs that involve community policing, justice or behavioural reform. Programs aimed at preventing violence often involve components such as education, training and strengthening identity (Memmott et al. 2001).

In their report *Violence in Indigenous communities*, Memmott et al. (2001) describe 54 Indigenous-specific violence programs that were current in 1998. On examining the profiles of these programs, the authors defined nine types of violence programs, as outlined below. They point out that these categories are not mutually exclusive, and that some programs fit into several categories:

1. Support programs (counselling, advocacy)
2. Strengthening identity programs (sport, education, arts, cultural activities, group therapy)
3. Behavioural reform programs (men's and women's groups)
4. Community policing and monitoring programs (night patrols, wardens)
5. Shelter/protection programs (refuges, sobering-up shelters)
6. Justice programs (community justice groups)
7. Mediation programs (dispute resolution)
8. Education programs (tertiary courses, miscellaneous courses, media)
9. Composite programs (draw upon many of the above areas).

Memmott et al. (2001) propose another way of classifying violence programs, based on the timing of intervention. They suggest the following four categories:

1. Early reactive programs – during or straight after a violent event, for example night patrols, women's refuges, sobering-up shelters.
2. Late reactive programs – after a violent event, with a focus on dealing with the negative outcomes, for example conflict resolution ('trouble meetings'), counselling, prison-based programs.
3. Early proactive programs – early prevention programs, for example diversionary activities, education, communal agreement on acceptable and non-acceptable behaviours.
4. Late proactive programs – prior to an imminent violent event, for example mediation, counselling, night patrols, suicide prevention.

Proactive programs are targeted at those 'at-risk', while reactive programs under (1) and (2) are targeted at offenders and victims.

Some examples of intervention and prevention projects

Each year, the AIC conducts the Australian Crime and Violence Prevention Awards (ACVPA). They are a joint Commonwealth, state and territory initiative, sponsored by the heads of Australian governments and the members of the Australian and New Zealand Crime Prevention Ministerial Forum. They include monetary awards totaling \$130,000 (AIC 2006). Many of the projects are designed to prevent crime and/or violence in the

general population, while some are specifically designed for and by Indigenous communities.

Box 2 shows two examples of innovative projects relevant to family violence that received an award in 2005. Further information about these awards can be found at <http://www.aic.gov.au/acvpa>.

Box 2: Examples of an early proactive and a late reactive program

Koora the kangaroo: violence prevention at Woorabindi State School (Queensland)

This project has a strong violence prevention theme.

'A kangaroo mascot called "Koora" was developed to raise awareness of domestic violence and challenge children's attitudes towards violence. School visits use traditional story-telling to promote cooperation, forgiveness, sharing, respect for culture, self and elders as well as respect for land and nature. The project also developed a teachers' resource package, which was designed to complement existing school strategies to consolidate a school culture of non-violence.'

Kyabram Indigenous Needs (KIN) network – prison project (Victoria)

One of the aims of this prison-based program is to prevent re-offending through music and song.

'The project runs full-day workshops in the prisons to address family violence issues. Aboriginal inmates run music workshops with Elders, where violence issues are addressed through the inmates' words/songs/music. Music and songs are recorded for the inmates' enjoyment and reflection and often these are shared with family. The project aims to raise awareness of the effects of family violence on the community, and to encourage inmates to acknowledge the effect that their actions have had on their family and help them start their own process of healing. A compilation CD featuring 22 original songs is currently being recorded for distribution to Indigenous radio stations, organisations and individuals.'

Source: AIC 2006.

2 Information development

This chapter explores some of the difficulties in capturing accurate national information about family violence among Aboriginal and Torres Strait Islander peoples, and outlines the information development plans and frameworks that have been developed to improve national data in the relevant sectors. Section 2.3 provides information about the content of this report and a list of the data sources that are examined.

2.1 Defining violence/family violence

Violence and forms of violence have become increasingly difficult to define. However, 'any comprehensive analysis of violence should begin by defining the various forms of violence in such a way as to facilitate their scientific measurement' (Krug et al. 2002a:30).

Firstly, the term 'violence' may encompass many different forms of violence. For example, domestic violence may be known as intimate partner violence, spousal violence, spousal abuse, wife abuse and personal violence or battering. It could also be included in the definition of family violence. Because one term may encompass several other terms, accurately reporting and comparing data on violence is difficult.

Secondly, definitions vary between countries, jurisdictions, studies, organisations and cultures. Krug et al. (2002b) suggest that defining violence is a matter of judgment; it is subject to cultural influence and social norms. Similarly, Astbury et al. (2000:427) state that the definition of domestic violence will be 'strongly mediated by cultural beliefs, values and previous experience of abuse and may not coincide with standard clinical or research definitions'. 'Violence' is a sensitive issue to address on a global scale because of diverse cultural and societal understandings of what is meant by the term.

Thirdly, the issue exists of what types of abuse to include or exclude in the definition of a particular term. According to Mulroney (2003), if the definition excludes certain types of abuse such as emotional or financial abuse, and only includes physical and sexual abuse, the data may not accurately reflect the current family violence environment. Standardised national definitions for domestic violence and family violence, and national standard definitions for the relevant variables, are needed for meaningful reporting on these issues. Dal Grande et al. (2003:547) report that the need for a national and international standardised definition of family violence is crucial in order to produce more accurate comparisons over time and between different population groups. They argue that this would allow for an increased accuracy in monitoring family violence that would lead to effective identification of potential interventions.

'Family violence' is the term preferred by Aboriginal and Torres Strait Islander people to describe many different forms of violence that occur within families. Macdonald (2001) states that Aboriginal women prefer the term 'family violence' because it includes the broad range of marital and kin relationships in which violence may occur. Indigenous people may view family violence as occurring between members of their larger family network including aunts, uncles, grandparents, cousins and others in the wider community, whereas non-Indigenous people may view family violence as only that which occurs within the nuclear family.

Atkinson (1996) reports that using the term 'family' creates a better understanding of the interlinking and intergenerational impacts of violence within Aboriginal and Torres Strait Islander families. The Victorian Indigenous and Family Violence Task Force defines violence as 'an issue focussed around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities (Aboriginal Family Violence Prevention and Legal Service 2004). It extends to 'one-on-one fighting, abuse of Indigenous community workers and self harm, injury and suicide'. The Domestic Violence and Incest Resource Centre (1998:13) explains that the term 'family violence' is not dependent, to the same extent as 'domestic violence' is, on a clear definition between private and public spheres, which are more often blurred for Indigenous than non-Indigenous people.

Because there are extensive family kinship relationships in Indigenous communities, this may make it difficult to distinguish between family and general violence. Zubrick et al. (2005) gives one example of an Indigenous family:

A child is born into a group; they would immediately be part of a tribe; there would be many carers with differing roles and many responsibilities. There would also be one, two or three mothers and fathers.

With much more extended family there is a blurring between community expressions of violence and what would otherwise be considered domestic violence. This is particularly important in remote communities where all relationships are kin relationships. This difference in the meaning and use of the term 'family' may affect the comparability of data on family violence in Indigenous and non-Indigenous populations, and may have implications for how to collect the information.

Internationally the term 'family violence' has been adopted by the indigenous peoples of other post-colonial countries, including Canada, the United States of America and New Zealand (Blagg 2000).

2.2 Barriers to capturing information about violence

Many barriers exist to assessing the true extent of family violence in general and among Aboriginal and Torres Strait Islander peoples in particular. These include under-reporting by victims of violence, and lack of appropriate screening by service providers, the lack of identification of Indigenous people in the different data sets, and issues surrounding the availability, comparability and accuracy of collected data.

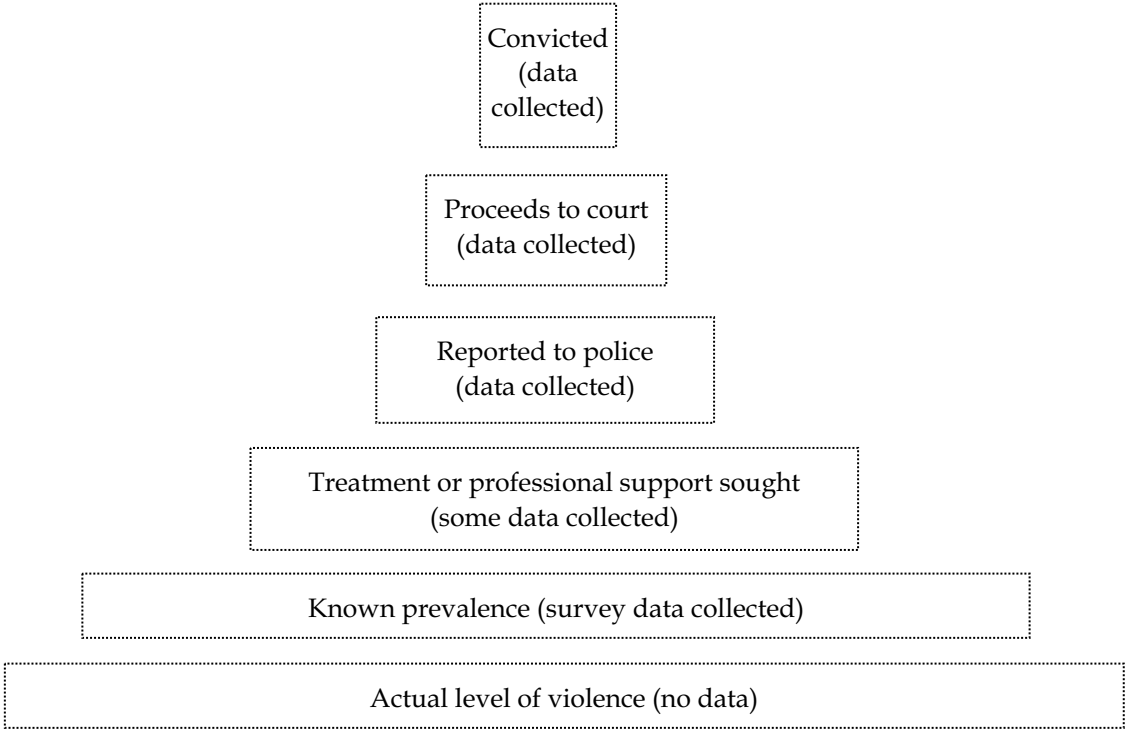
The World Health Organization's report on violence and health recommends that the capacity for collecting data on violence should be enhanced: having 'national capacity to collect and analyse data on violence is necessary in order to set priorities, guide program design and to monitor progress'. However, on a global scale, 'the world currently lacks accepted standards for data collection on violence to enhance the comparison of data across nations' (Krug et al. 2002a:247). Partnerships Against Domestic Violence (1999) explains that a commonly recognised barrier to reducing the extent of domestic violence in the community and to improving infrastructure for responding to violence has been the absence of a coordinated national data collection system.

A major objective of the Family Violence among Aboriginal and Torres Strait Islander Peoples project is to assess and evaluate data sets in order to improve their capacity to reflect

more accurately the current family violence environment. This includes the ability to improve Indigenous identification in administrative data sets where improvement is needed.

Under-reporting of family violence

The extent of family violence in the different data collections is likely to be underestimated. The actual level of family violence and what can be captured in the different data collections can be depicted as a pyramid (Figure 2.1). This figure provides a broad conceptual picture of why violence/family violence is likely to be under-reported. It does not depict population numbers or track a particular population through the different reporting systems. For example, a victim of violence (bottom level) may tell family members or friends only but not disclose it when asked in a survey. Some may seek professional help but not disclose the reason. And only serious incidents are likely to be reported to the police. Of those reported to the police only a proportion will proceed to court. At all levels depicted in the pyramid, there is the potential for under-reporting.



Source: Modified from a presentation by Dr Kylie Cripps, Capacity Building in Indigenous Policy-relevant Health Research, 2005.

Figure 2.1: A depiction of the prevalence of family violence, the levels of reporting and the probability of the offender being convicted

Under-reporting by victims

‘Women experiencing domestic violence are more likely to deal with the issues themselves or talk to family and friends rather than seek outside support due to barriers such as fear,

isolation, lack of support and shame' (Mulroney 2003:4). In addition, 'approximately 40% of women subjected to violence by their current partner do not disclose their experience to anyone' (ABS 1996; cited by Victorian Law Reform Commission 2004:19). As a result many cases of domestic violence go unreported, resulting in underestimation of the true problem.

Women with special needs—for example, those living in rural and remote communities; Aboriginal and Torres Strait Islander women; women from different cultural backgrounds; and women with disabilities—are more likely to encounter barriers to reporting family violence, and escaping from it, than other women. These barriers include distance to travel to report, access to a phone, distance to other services including temporary accommodation and also to police, hospitals and counselling services. Further barriers may include the physical inability to get to a service, inability to communicate once they arrive at the service and the lack of a culturally appropriate service and health professional to seek assistance from.

Victims of violence are also often reluctant to report violence to the police. Under-reporting by victims of violence is one of the main issues surrounding police data on family violence. Several studies report that police data do not accurately report prevalence rates of family violence. A reluctance to report violence may be a result of fear both of the police and the perpetrator. As a result, police statistics only show the offences known to police and will always underestimate the extent of violence. The past personal or cultural experiences of Aboriginal and Torres Strait Islander people with the criminal justice system may also result in under-reporting. They may be reluctant to report violence, for example, because of their knowledge of Aboriginal deaths in custody.

Under-reporting by service providers

Violence is a major cause of injury and the frequency of physical violence may be assessable to some extent from health records. The reporting and recording of accurate and consistent information in hospitals is therefore important. Larkin et al. (2000) examined the effect of an administrative intervention on rates of screening for domestic violence in an urban emergency department. They found that 'through administrative support, mild coercion and encouragement' (Larkin et al. 2000:1447), a greater number of nursing staff would routinely screen for domestic violence in the emergency department.

Staff in hospitals and other health or community services agencies may not screen for family violence due to internal or external barriers. 'Internal barriers—such as fear of offending the patient, powerlessness, loss of control and time pressures' (Larkin et al. 2000:1447), required further study to assess whether or not they restricted accurate reporting. It is also possible that these barriers exist at other agencies. Putt & Higgins (1997) state that 'the main concern of service providers is to provide safety and support to victims of violence'. As a result, 'it is often the case that the collection and analysis of statistical information is a low priority task' (Putt & Higgins 1997:34, 35).

Under-reporting due to data issues

Data not collected or collected data not relevant or appropriate

Some agencies may not collect information at all, because their focus is on service delivery or because of limited resources to collect or report data. Many programs and services collect information that is specific to their needs but which may not be relevant in the assessment of the extent of family violence.

Data collected but variable in comparability and quality

A problem more commonly encountered is lack of comparability between data. This applies to definitions, counting rules (encompassing inclusions and exclusions) and differences in the data over time and between jurisdictions. This may result in the building of data 'silos', with each data collection using definitions and variables that are inconsistent with those used in other data sets. In addition, some variables can be collected in some data collections but not others (e.g. the relationship of the offender to the victim), which may hinder and interfere with the ability to report national data.

Reporting of family violence may also be affected by the lack of quality of Indigenous identification in many data sets, including incomplete identification of Aboriginal and Torres Strait Islander people.

Identification of Indigenous people in data

Accurate and complete identification of Indigenous people in data sets relevant to violence is critical for assessing the extent of family violence among Aboriginal and Torres Strait Islander peoples. The ABS has developed a standard for identifying Indigenous people in data collections: the ABS Standard for Indigenous Status (ABS 2003a). Its recommended question allows for a person to identify as being of Aboriginal origin; Torres Strait Islander origin; both Aboriginal and Torres Strait Islander origin; or neither.

To improve the availability of comparable information about family violence, a high level of commitment is required within a range of areas, including health, community services, policing and criminal justice. The use of consistent definitions, national data standards and standard questions across data collections in these areas would greatly improve the ability to report on and assess the level of violence in the Australian population in general and among Indigenous Australians in particular.

2.3 National information and initiatives on family violence

There are several national information plans that have relevance to family violence in the health, community services and criminal justice sectors. In addition, a number of national reporting frameworks attempt to report on violence. This section describes national information plans, reporting frameworks and the interrelationship between the three sectors in relation to family violence.

National information development plans

The past decade has seen the development of a number of plans that contain national priorities for information in the health, community services and criminal justice sectors:

- National Health Information Development Plan (1995)
- National Aboriginal and Torres Strait Islander Health Information Plan – This time, let's make it happen (1997)
- National Community Services Information Development Plan (1999)
- National Community Services Information Strategic Plan 2005–2009 (2005)

- National Aboriginal and Torres Strait Islander Community Services Information Plan (2002)
- National Information Development Plan for Crime and Justice Statistics (2005)
- Sexual Assault Information Development Framework (2003).

Health information

The National Health Information Development Plan, published in 1995, identified the need to improve the quality of Indigenous health information as a national priority. As a result, the *National Aboriginal and Torres Strait Islander Health Information Plan – This time, let’s make it happen* was developed and published in 1997 (ATSIHWIU 1997). It provides an administrative framework for achieving this improvement.

The implementation of the plan is overseen by the National Health Information Group (NHIG). The NHIG receives advice on data development issues from NAGATSIHID. NAGATSIHID also provides advice to the ABS and the Australian Institute of Health and Welfare (AIHW) on information priorities, and is responsible for continuing the implementation for the above-mentioned health information plan.

NAGATSIHID has recently reviewed its work plan and set new priorities where gaps have been identified. Information on family violence is recognised as a high priority area in the 2005–2008 NAGATSIHID work plan. This has led to the development of this report on family violence among Aboriginal and Torres Strait Islander peoples.

Community services information

In 1999, the Community Services Ministers’ Advisory Council (CSMAC) endorsed the *National Community Services Information Development Plan* (AIHW 1999). This plan identified information development priorities in the community services sector. The need for high quality data on Indigenous people was identified as one of the highest priorities. In 2002, the *National Aboriginal and Torres Strait Islander Community Services Information Plan* was produced (ATSIHWIU 2002). It had three parts: a draft Aboriginal and Torres Strait Islander Community Services Information Plan; proposed principles and standards for community services Indigenous client data; and reviews of collection protocols of Indigenous status in three community services programs/areas (ATSIHWIU 2002).

The latest plan, the *National Community Services Information Strategic Plan 2005–2009*, was developed by the National Community Services Information Management Group (NCSIMG), and published in 2005 (AIHW 2005e). One major purpose of this plan is to identify priorities for action for the NCSIMG for the years 2005–2009. Under the heading ‘Cross-sectoral priorities’, it specifically outlines the following two areas (AIHW 2005e:37):

- Domestic violence – aims to meet various requirements for information related to domestic violence to support policy.
- Indigenous issues – lists six priorities for action aimed at improving the information base for policy design and evaluation.

Crime and justice information

The *National Information Development Plan for Crime and Justice Statistics* was developed by the National Centre for Crime and Justice Statistics (NCCJS) at the ABS in 2005, in collaboration

with stakeholders. The plan outlines a work program for the years 2005–2008, and indicates which lead agency will progress specific activities within each priority area (ABS 2005b).

The aim of the plan is to promote improved understanding of trends and patterns of crime in Australia and the operation of the criminal justice system. Twelve priority areas are identified for improving the quality, coverage and use of crime and justice information. There are two priorities relevant to the current report:

- **Priority 4: Improve crime and justice statistics about Aboriginal and Torres Strait Islander people**

The outcome sought for this priority area is ‘an improved evidence base to inform Aboriginal and Torres Strait Islander (Indigenous) policy development and research in crime and justice’ (ABS 2005b:35).

- **Priority 7: Develop statistics on family violence**

The outcome sought for this priority area is ‘an evidence base that will assist the criminal justice system to respond more effectively to victims and offenders involved in domestic/family violence; and inform intervention strategies to decrease the incidence and prevalence of family violence’ (ABS 2005b:38).

National information frameworks

Below is a description of some national frameworks relevant to the family violence project.

National Aboriginal and Torres Strait Islander Health Performance Framework

The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) is a policy-based framework developed by the Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH), which is a subcommittee of AHMAC (AIHW & ABS 2006).

The HPF provides the basis for quantitative measurement of the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health, a policy framework. It also provides an opportunity to streamline reporting on Aboriginal and Torres Strait Islander health and health care delivery.

The HPF adapts the National Health Performance Committee’s framework as a model to the Aboriginal and Torres Strait Islander health context, and poses policy questions relevant to that context. It covers the entire health system, including Indigenous-specific services and programs and mainstream services across the continuum of care. An effective, efficient and equitable health system is an essential component for any whole-of-government effort that seeks to overcome Indigenous disadvantage.

In addition, the HPF includes measures of health outcomes and determinants of health that are outside the health system, such as education, employment, transport and nutrition. This is consistent with the whole-of-government approach recommended by the Council of Australian Governments (COAG).

A number of HPF domains and performance measures are relevant to the area of violence and/or family violence, including:

- health conditions: standardised hospitalisation ratios for injury and poisoning
- deaths: standardised mortality ratios for injury and poisoning
- community capacity: community safety; people in prison custody; and substantiated notifications of child abuse

- environmental factors
- socioeconomic factors.

Overcoming Indigenous Disadvantage Reporting Framework

The COAG Indigenous Trials initiative involves governments working together with Indigenous communities to get better results for people on the ground through more effective use of government expenditure. For this to be successful, governments have put, or are putting, in place special arrangements so they can work together at all levels across agencies and jurisdictions (Commonwealth of Australia 2005).

In 2000, COAG agreed on three priority areas for government action:

- investing in community leadership initiatives
- reviewing and revising programs and services to ensure they deliver practical measures that support families, children and young people. COAG also agreed that governments should look at ways of addressing family violence, drug and alcohol dependency and symptoms of community dysfunction
- developing greater links between the business sector and Indigenous communities to help promote economic independence.

COAG has established 'seven strategic areas for action':

- early childhood development and growth (prenatal to age 3)
- early school engagement and performance (preschool to Year 3)
- positive childhood and transition to adulthood
- substance use and misuse
- functional and resilient families and communities
- effective environmental health systems
- economic participation and development.

Indicators have been developed for each strategic area to measure progress.

Sexual Assault Information Development Framework

This is a conceptual framework, developed by the ABS to support information development in the area of sexual assault (ABS 2003b). It aims to identify demand for sexual assault data; to enable those needs to be assessed and priorities to be agreed; to identify relevant data sources; and to form a basis on which to develop strategies for improving data consistency and for determining data priorities.

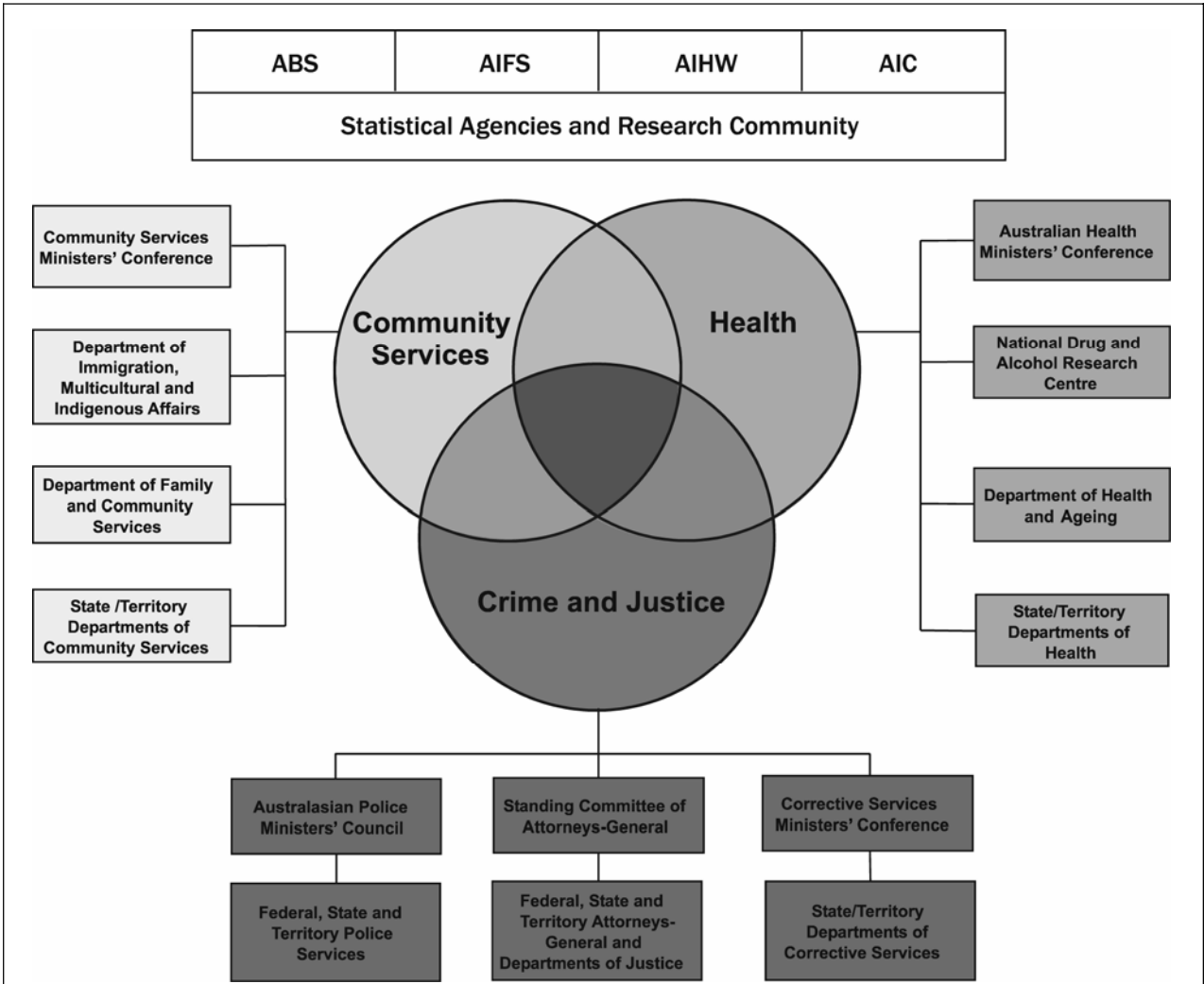
The six framework elements are mapped below to the family violence domains used in this report (Table 2.1). Three of the six elements correspond to the four family violence domains. Two other elements, 'context' and 'incident', are explored in this report as part of each family violence domain.

Table 2.1: Relationship between the six *Sexual Assault Information Development Framework* elements and the four family violence domains

Framework elements		Family violence report domains
Context	—	(Considered across all domains)
Risk	—	Incidence/prevalence
Incident	—	(Considered across all domains)
Responses	—	Victim support/counselling
	—	Criminal justice contact
Impacts/outcomes	—	Associated harm/outcomes
Education & prevention programs	—	(Discussed in Chapter 1, Section 1.5)

Health, community and criminal justice sectors

National information on family violence is collected in different contexts, particularly in the crime and justice, health and community services sectors. Figure 2.2 is a variation on a diagram presented in the *National Information Development Plan for Crime and Justice Statistics*, and provides a visual representation of these three fields, their overlap in terms of family violence, and the relevant organisational structures (ABS 2005b:8).



Source: ABS (2005b).

Figure 2.2: Three contexts in which national information about family violence is sourced, and relevant agencies

2.4 About this report

This report explores, through data analysis and assessment, the national data sources that can potentially provide information about general violence, family violence, and/or partner violence, in particular among Aboriginal and Torres Strait Islander peoples. This section presents information about the report structure and a list of the data sources that are examined.

Purpose and scope

The objectives of this project are to:

1. explore and assess all existing national data sets and some state-based data that could indicate the extent of domestic violence/family violence in Aboriginal and Torres Strait Islander families
2. assess the extent to which Aboriginal and Torres Strait Islander people are identified in existing data sets
3. identify other variables relevant to family violence in each collection
4. provide some recommendations on how the data could be improved to better capture information on family violence among Aboriginal and Torres Strait Islander peoples.

The report presents an assessment of a range of data sets. Each data set is assessed on whether the data provide information about family violence, whether Aboriginal and Torres Strait Islander people can be identified and whether other variables relevant to family violence are collected.

Report structure

A framework was developed to facilitate the assessment of all existing national data sets that could be used to indicate the extent of violence in Aboriginal and Torres Strait Islander families. The framework consists of four domains: incidence and prevalence, associated harm, services for victims of violence, and contacts with the criminal justice system. Table 2.2 shows the four domains of the framework, the types of variables against which the data sets were assessed and the national data sources included in this report.

Table 2.2: Framework for the assessment of data on family violence and the data sources used

Type of variable in data source	Data sources			
	Incidence & prevalence data (Chapter 3)	Data on associated harm (Chapter 4)	Data on services for victims of violence (Chapter 5)	Crime and justice data (Chapter 6)
Variables that help distinguish family or partner violence and general violence (relationship of victim to perpetrator, reason for seeking help, etc)	ABS National Crime and Safety Survey ABS Women's Safety Survey / ABS Personal Safety Survey	AIHW National Hospital Morbidity Database AIHW National Mortality Database	Supported Accommodation Assistance Program Database National Child Protection Data Collection	ABS Recorded Crime—Victims ABS National Criminal Courts Collection ABS National Corrective Services Collection
Indigenous status	International Violence Against Women Survey	AIC National Homicide Monitoring Program		ABS National Prisoner Census
Other important variables (date of birth, sex, geographic location, whether reported to police, type of offence, type of police action taken, socioeconomic indicators such as employment status, socioeconomic status, primary income source, etc)	Australian Longitudinal Study on Women's Health ABS National Aboriginal and Torres Strait Islander Social Survey National Drug Strategy Household Survey ABS National Aboriginal and Torres Strait Islander Health Survey			Legal Aid

Chapters 3 to 6 present data from the four domains shown in Table 2.1. Chapter 3 explores prevalence or the extent of violence, Chapter 4 investigates associated harm, Chapter 5 covers victim support services and Chapter 6 investigates police and courts data. Chapter 7 covers multi-services data collections and Chapter 8 provides an overall summary and outlines a number of areas in which to improve the availability and quality of data, along with specific recommendations on how to achieve these improvements.

The appendices include details about each national data source and a description of the methodologies applied in this report.

3 Prevalence of violence

The best estimates of the prevalence of violence come from survey data. However, under-reporting of violence can be a problem in surveys because of feelings of shame, embarrassment or fear that the information may be used against the perpetrator. There are a number of national surveys that collect some information on Aboriginal and Torres Strait Islander family violence, including crime and safety surveys; health and lifestyle surveys; and Indigenous-specific surveys. These surveys are discussed together with some relevant data on violence.

3.1 Crime and safety surveys

Crime and safety surveys include the ABS National Crime and Safety Survey, ABS Personal Safety Survey, International Violence Against Women Survey and the ABS Women's Safety Survey. The latter two focus on violence against women.

National Crime and Safety Survey

This survey was conducted by the ABS in 1975, 1983, 1993, 1998, 2002 and 2005. Additional state/territory surveys have also been done. A current review will decide the timing and content of future national surveys.

The 2005 survey was conducted as part of the Monthly Population Survey as a supplement to the April Labour Force Survey. Approximately 46,100 people, aged 15 years and over, were asked to participate in the 2005 mail-back survey, of which 36,500 (79%) responded (ABS 2005a). Data were sought from 23,200 households and were obtained from 18,600 (80%). The survey collected demographic details as well as information on a range of reported and unreported crimes, including break-ins, motor vehicle theft, assault and sexual assault. For assault and sexual assault, details of the most recent incident were obtained, including the location of the incident, day of week, time of day, nature of assault, whether a weapon was used, whether the victim was physically injured, the number of offenders, the emotional impact, whether support services were accessed, whether the incident was reported to the police and, if not, the main reason for not telling the police.

In this survey, family and partner violence can be distinguished from other assaults by a question on the relationship of the offender to the victim in the last incident of assault. However, sample sizes did not permit the release of Indigenous status information.

The survey estimated that 4.8% of Australians surveyed were victims of at least one assault in the 12 months prior to the survey (ABS 2005a). During this time, 0.3% of persons aged 18 years and over reported being sexually assaulted. Only 31% of assault victims had reported the most recent incident to the police.

Women's/Personal Safety Survey

The Personal Safety Survey was conducted nationally by the ABS in 2005 and approximately 11,800 females and 4,500 males participated (ABS 2006b). All interviews were conducted alone to ensure confidentiality of the information collected. Respondents were asked questions about their experiences of physical violence (physical assault and physical threat) and sexual violence (sexual assault and sexual threat). The questions covered experiences of violence which had occurred in the last 12 months, since the age of 15, and physical or sexual abuse before the age of 15. More detailed information was asked about the most recent incident of violence. This included information on when the incident occurred, the relationship to the perpetrator, the type of violence, whether injuries were sustained, whether actions were taken as a result of a violent incident (for example contacting police or service providers, seeking professional help or talking to others), the reasons for not contacting police or service providers, the effects on life (change in day-to-day activities and time off work), fear for personal safety as a result of the incident, and involvement of alcohol. For women who had experienced violence by a partner (current or previous) during the relationship, details of the frequency of violence, whether children witnessed the violence, whether violence occurred during pregnancy or separation, the patterns of separation and whether the respondent was living in fear were collected. A range of sociodemographic information was also obtained, but not Indigenous status.

The Personal Safety Survey replaced the Women's Safety Survey, which was carried out by the ABS in 1996. The content was kept largely consistent between the surveys; however, the Women's Safety Survey sample included females only. There was a 78% response rate, with approximately 6,300 women aged 18 and over completing the survey (ABS 1996). Although Indigenous Status was recorded, the sample had not been designed specifically to enumerate Indigenous populations, and the resulting number of Indigenous women in the survey was too small to produce reliable estimates for this group.

The Personal Safety Survey found that approximately one in 10 (10.8%) Australian men had experienced violence in the last 12 months (10.4% physical violence and 0.6% sexual violence) (ABS 2006b); and 5.8% of Australian women had experienced violence in the last 12 months, compared with 7.1% in 1996. It was estimated that in 2005, 4.7% of women had experienced physical violence in the last 12 months and 1.6% had been sexually assaulted. Of the women who were pregnant during the relationship with a violent partner, 36% reported that violence occurred during the pregnancy. Just over one-third (36%) of the persons who experienced previous partner violence reported that children had witnessed the violence (ABS 2006b).

The number and proportion of women who reported physical assault by a man to the police is shown in Table 3.1. The table shows that the majority of women in 1996 (79%) and in 2005 (69%) did not report the latest incidence of violence to the police.

Table 3.1: Number and proportion of women who reported the last incident of physical assault by a man since the age of 15 to the police, by relationship of perpetrator to victim, 1996, 2005

	Stranger	Boyfriend/date	Current partner	Previous partner	Other known man	Total
Total no. who told police						
1996	59,700	14,700*	12,900*	163,900	51,100	302,300
2005	90,400	63,500	18,900	224,400	80,500	477,700
Total no. assaulted						
1996	172,000	155,200	251,900	677,000	239,700	1,495,800
2005	195,100	286,900	103,700	629,300	315,300	1,530,300
Per cent of women who reported the most recent incident to police						
1996	34.7	9.5*	5.1*	24.2	21.3	20.2
2005	46.3	22.1	18.2	35.7	25.5	31.2

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

Notes

1. Includes any assault since the age of 15 years, but excludes women whose last incident occurred more than 20 years ago.
2. Numbers are weighted to reflect the female Australian population.

Sources: ABS 1996, 2006b.

- The 2005 Personal Safety Survey estimated that 1,530,300 women had been physically assaulted by a man since the age of 15. Around half (50.7%) of these were assaults by a partner (current, previous, boyfriend/date).
- The proportion of physical assaults that were said to have been reported to the police increased between the two surveys. In 1996, 20% of women who were physically assaulted by a man had reported the last incident to the police, compared with 31% in 2005.
- According to the 2005 survey, women were less likely to report an incident of physical assault to the police if the perpetrator was a current partner (18%) or boyfriend/date (22%).

Both the Women's Safety Survey and the Personal Safety Survey collected details on service use and professional help sought after violence. However, since these results were not published at the time of writing, results from the Women's Safety Survey are reported here. Only 16% of women who had been physically or sexually assaulted by a man since the age of 15 used services after the last incident. The most common type of services used following physical assault were legal services (11%), followed by crisis services (6%) and financial services (3%). Of those women who were sexually assaulted, 11% used a crisis service and 7% and 2% used legal and financial services respectively.

It was estimated that 20% of women who were physically assaulted by a man sought professional help. Twelve per cent sought help from a doctor and 12% sought help from a counsellor. Of the women who had been sexually assaulted, 19% sought professional help, 9% visited a doctor and 13% saw a counsellor.

International Violence Against Women Survey

The International Violence Against Women Survey (IVAWS) is coordinated by the European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI). It is an international survey that assesses women's experiences of violence, in particular partner violence and sexual assault. A number of countries participate on a self-funded basis. Data from the 2002 Australian component of the survey were published by the AIC (Mouzos & Makkai 2004). The Australian component surveyed 6,677 women aged between 18 and 69 years by telephone interview.

The survey collected a wide range of information on the prevalence and severity of violence, partner and non-partner violence, childhood victimisation and women's perceptions and reactions to violence. The survey asked about violence in the last 12 months and over the respondent's lifetime. Details of the type of violence, type of injuries sustained, location of the most recent incident, controlling behaviours by an intimate partner, alcohol use by a partner, respondent's perceptions of the seriousness of the most recent incident, whether the respondent contacted a specialised agency or reported the incident to the police and reasons for not reporting to the police were all collected. The survey also collected a range of demographic variables.

In this survey, family and partner violence can be distinguished from other violence. Indigenous status was determined; however, because the sample of Aboriginal and Torres Strait Islander women was small (n=92), only limited analysis can be done with this variable.

The survey found that 57% of all Australian women surveyed had experienced violence in their lifetime (Mouzos & Makkai 2004). Almost half the women surveyed had experienced physical violence in their lifetime (48%) and just over one-third (34%) had experienced sexual violence. Of women who had current or former intimate partners, 34% had experienced intimate partner violence in their lifetime. One in 10 women (10%) had experienced violence in the past 12 months.

While the sample numbers were not large enough to report information on whether Indigenous women who had experienced violence had contacted a specialised agency or reported the incident to the police, the data for all Australian women do provide an indication of the extent of under-reporting of violence and intimate partner violence. This is an important point to consider when interpreting data from specialised agencies or police.

Table 3.2 shows the percentage of women who reported the most recent violent incident to the police.

Table 3.2: Women who experienced intimate partner violence, by whether they reported the most recent incident to police, 2002–03 (per cent)

	Current husband/partner	Previous husband/partner	Current boyfriend	Previous boyfriend	Any intimate partner
Reported to police/judicial authorities	8	24	18	8	14
Did not report incident	92	76	82	92	86

Note: Data are weighted to represent all females aged between 18 and 69 in the population by age and geographic area.

Source: Mouzos & Makkai 2004.

- The IVAWS found that only 14% of women who had experienced any intimate partner violence reported the last incident to the police.
- Women were most likely to have reported an incident to the police if the incident involved a previous husband/partner (24%) or current boyfriend (18%).

Women who had experienced intimate partner violence were also unlikely to have contacted a specialised agency (Table 3.3).

Table 3.3: Women who experienced intimate partner and non-partner violence, by whether contacted a specialised agency, 2002–03 (per cent)

	Any intimate partner violence (n=2,214)	Any non-partner violence (n=2,778)
Did not contact a specialised agency	84	91
Contacted a:		
Shelter or transition house	2	—
Crisis centre or crisis line	3	1
Another counsellor	9	5
Women's centre or women's health centre	2	1
Community/family centre	1	—
Other agency	3	2
<i>Total contacted a specialised agency</i>	<i>16</i>	<i>9</i>

Notes

1. Data are weighted to represent all females aged between 18 and 69 in the population by age and geographic area.
2. Data do not add to 100% due to multiple responses.

Source: Mouzos & Makkai 2004.

- Of the 2,214 women who reported that they had experienced intimate partner violence, only 16% contacted a specialised agency.
- Only 9% of the 2,778 women who had experienced non-partner violence contacted a specialised agency.

- Women who had experienced intimate partner violence were more likely to contact ‘another counsellor’ (9%), than a ‘crisis centre or crisis line’ or ‘other agency’ (3%) or a ‘shelter or transition house’ or ‘women’s centre’ (2%).

The Australian component of the IVAWS was able to compare the proportions of Indigenous and non-Indigenous women who had experienced violence (Table 3.4).

Table 3.4: Proportion of women who have experienced violence, by Indigenous status, by type of violence, 2002–03 (per cent)

	Physical violence	Sexual violence	Any violence
Experienced violence in the previous 12 months			
Indigenous	20**	12**	25**
Non-Indigenous	7	4	10
Experienced violence in lifetime			
Indigenous	66**	32	71*
Non-Indigenous	48	34	57

Chi-square test of significance: *p<0.01 **p<0.001

Note: Data are weighted to represent all females aged between 18 and 69 in the population by age and geographic area.

Source: Mouzos & Makkai 2004.

- Significantly more Aboriginal and Torres Strait Islander women (71%) had experienced some form of violence in their lifetime than non-Indigenous women (57%). This was also true for violence experienced in the past 12 months (25% of Indigenous women compared with 10% of non-Indigenous women).
- Women were more frequently a victim of physical violence than sexual violence.
- A higher proportion of Indigenous women had experienced physical (20%) or sexual (12%) violence in the previous 12 months than non-Indigenous women (7% physical violence, 4% sexual violence).

3.2 Health and lifestyle surveys

Some health surveys, such as the Australian Longitudinal Study on Women’s Health, contain some questions on violence, as exposure to violence is an important health risk factor. The National Drug Strategy Household Survey collects some information on violence associated with alcohol and illicit drug use.

Australian Longitudinal Study on Women’s Health

This study, also known as Women’s Health Australia, is a national longitudinal survey involving 40,000 women. It is managed by a research team at the University of Newcastle and by the University of Queensland. Women in three age groups – 18–23 years, 45–50 years and 70–75 years – are surveyed every three years. The initial surveys were conducted in 1996 and will be continued over a 20-year period. The survey examines a wide range of factors that influence health. It collects information on physical and emotional health; use of health services; health behaviours and risk factors; time use; sociodemographic factors; and life stages and key events. Also, there are questions on whether the respondent has ever been in

a violent relationship with a partner/spouse and whether the respondent has experienced physical abuse, severe physical violence, emotional abuse, sexual abuse or harassment in the last three years.

The standard ABS question on Indigenous status is asked. However, as with most of the surveys explored in this chapter, the survey was not specifically designed to provide estimates for Aboriginal and Torres Strait Islander women.

Results from the total population of women sampled in the younger and middle age groups show that 10–15% of women have, at some time, lived in a violent relationship. These women were more likely than other women to experience financial difficulty, have low levels of education, have unpaid work status or be unable to work because of a disability, live in remote communities and be separated or divorced (Australian Longitudinal Study on Women's Health 2005).

National Drug Strategy Household Survey

The National Drug Strategy Household Survey (NDSHS) was conducted between June and November in 2004. It was the eighth and largest survey in a series which began in 1985. Almost 30,000 Australians aged 12 years and over provided information on their drug use patterns, attitudes and behaviours. The 2004 survey used the drop and collect method and the computer-assisted telephone interview (CATI) method to collect information from respondents.

As the sample was based on households living in private dwellings, homeless and institutionalised persons were not included in the survey. Illicit drug users, by definition, are committing illegal acts. They are, in part, marginalised and difficult to reach. Accordingly, estimates of illicit drug use and related behaviours are likely to be underestimates of the actual prevalence.

In relation to violence, the survey asked participants whether, in the last 12 months, they had been verbally abused, physically abused or put in fear by any person affected by alcohol. The same question was asked in relation to persons affected by illicit drugs. Details of the relationship of the offender to the victim, as well as the location of the incident, the most serious physical injury sustained, whether the respondent had also been consuming alcohol or drugs, whether the incident was reported to the police and reasons why the incident was not reported to the police, were all obtained.

Other questions were also asked on whether the respondent had verbally or physically abused someone while under the influence of drugs or alcohol in the past 12 months.

The survey asked respondents whether they were Aboriginal, Torres Strait Islander or both. The number of people who identified as Aboriginal and/or Torres Strait Islander in the 2004 NDSHS was 463. As this is a relatively small sample and because the estimates for Indigenous people may not be representative of the total Indigenous population, the following results should be interpreted with caution.

The proportion of Indigenous people who were the victim of alcohol or illicit drug-related incidents in the past 12 months is shown in Table 3.5.

Table 3.5: Proportion of Indigenous people^(a) who reported that they had been victims of alcohol- or illicit drug-related incidents in the past 12 months, by type of incident, 2004 (per cent)

	Verbal abuse	Physical abuse	Put in fear	Any activity ^(b)
Alcohol-related incident	37.7	13.1	20.6	42.0
Drug-related incident	17.1	5.8	11.9	21.3

(a) Aged 14 years and over.

(b) Includes verbal abuse and/or physical abuse and/or put in fear.

Notes

1. Respondents were able to select more than one response.
2. Data are weighted to reflect the total population.

Source: National Drug Strategy Household Survey 2004.

- It was estimated that 42% of Indigenous people had experienced verbal and/or physical abuse and/or were put in fear by someone under the influence of alcohol in the past 12 months.
- Just over one in five (21%) Indigenous people reported that they had experienced verbal and/or physical abuse and/or were put in fear by someone under the influence of illicit drugs in the past 12 months.
- Indigenous Australians were more likely to report that they had experienced verbal abuse than physical abuse from someone under the influence of either alcohol or illicit drugs.
- Indigenous people were more likely to report that they had been verbally abused by someone under the influence of alcohol (38%) than under the influence of illicit drugs (17%).

The proportion of Aboriginal and Torres Strait Islander people who reported that they had been victims of alcohol- and/or illicit drug-related incidents is shown by the relationship of the perpetrator to the victim (Table 3.6).

Table 3.6: Relationship of perpetrators to victims of alcohol- and/or illicit drug-related incidents in the past 12 months for Indigenous victims^(a), 2004 (per cent)

	Verbal abuse	Physical abuse	Put in fear
Current or ex-spouse or partner	30.2	26.4	22.9
Relative	40.8	18.8	38.2
Friend	9.7	20.2	13.5
Other person known to me	28.6	28.8	38.0
Someone not known to me	32.1	18.0	29.5

(a) Aged 14 years and over.

Notes

1. Base is those who reported being a victim of alcohol- and/or illicit drug-related incidents in the past 12 months.
2. Respondents were able to select more than one response.
3. Data are weighted to reflect the total population.

Source: National Drug Strategy Household Survey 2004.

- Almost one-third (30%) of the Indigenous people who reported that they had experienced alcohol- and/or illicit drug-related verbal abuse in the past 12 months, stated that they were abused by a current or ex-spouse or partner.
- Just over one-quarter (26%) of the Indigenous people who reported that they had experienced alcohol- and/or illicit drug-related physical abuse in the past 12 months, reported that they were abused by a current or ex spouse or partner.
- Of the Indigenous people who reported that they had been put in fear by an alcohol- and/or illicit drug-related incident in the past 12 months, 23% reported that they were put in fear by a current or ex spouse or partner.
- A high proportion of alcohol- and/or illicit drug-related incidents were carried out by relatives of the victim. Approximately 41% of alcohol- and/or illicit drug-related verbal abuse of Indigenous people was reported as being by relatives. Similarly, relatives were reported as being responsible for 38% of the incidents where Indigenous people were put in fear.

The proportion of Indigenous and other Australians who reported that they had abused someone while under the influence of alcohol in the past 12 months is shown in Table 3.7.

Table 3.7: Proportion of people^(a) who reported that they had abused someone while under the influence of alcohol in the past 12 months, by type of abuse, by Indigenous status, 2004 (per cent)

	Verbal abuse	Physical abuse	Any abuse ^(b)
Indigenous	17.8	5.3	18.5
Other Australian	5.9	1.0	6.1

(a) Aged 14 years and over.

(b) Includes verbal and/or physical abuse.

Note: Data are weighted to reflect the total population.

Source: National Drug Strategy Household Survey 2004.

- Approximately 19% of Indigenous Australians reported having abused someone while under the influence of alcohol in the past 12 months.
- Indigenous and other Australians were more likely to report having verbally abused someone (18% of Indigenous Australians, 6% of other Australians) while under the influence of alcohol than to report having physically abused someone (5% of Indigenous Australians, 1% of other Australians).

Western Australian Aboriginal Child Health Survey (WAACHS)

The WAACHS was a large-scale investigation into the health of 5,289 Western Australian Aboriginal and Torres Strait Islander children aged 0-17 years (Zubrick et al. 2005). It was undertaken in 2001 and 2002 by the Telethon Institute for Child Health Research in conjunction with the Kulunga Research Network. The survey was the first to gather comprehensive health, educational and developmental information on a population-based sample of Aboriginal and Torres Strait Islander children in their families and communities across the state. Current work is underway to assess the applicability of the results of this survey in other jurisdictions.

Information was collected from the carer who was the main person looking after the child; another carer; a teacher; a school principal; and from youth aged 12–17 years. Carers were asked about family stress from violence and the presence of neighbourhood problems which included family violence. The youth questionnaire also asked questions about exposure to family violence (including parents yelling and shouting; parents hitting their kids too hard; people fighting when they were drunk; and family fights where people get pushed around or hit).

3.3 Indigenous-specific surveys

The ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) are currently the main national Indigenous-specific surveys.

National Aboriginal and Torres Strait Islander Social Survey

The ABS conducted the National Aboriginal and Torres Strait Islander Survey (NATSIS) in 1994 and the NATSISS in 2002. The survey will be conducted every six years. Approximately 9,400 Indigenous Australians aged 15 years and over participated in the 2002 survey. The sample was composed of people from discrete Indigenous communities (30%) and from other parts of Australia (70%). Interviews were conducted in person, and in discrete Indigenous communities, wherever possible, local Indigenous facilitators accompanied the interviewer to explain the purpose of the survey and to assist respondents in understanding questions.

Information was collected on family and culture, health, housing, education, employment, income, information technology, transport, crime and justice. There were three questions about violence. Assault, sexual assault and family violence were included in a list of response options as part of the question on neighbourhood/community problems.

Respondents were also asked a question about stressors in their lives. The question asked whether any of the following had been a problem for the respondent, their family or close friends in the last 12 months: divorce or separation; death of family member or close friend; serious illness or disability; serious accident; alcohol- or drug-related problems; mental illness (non-remote areas only); not able to get a job; lost job, made redundant, sacked; witness to violence; abuse or violent crime; trouble with the police; gambling problem; member of family sent to jail/currently in jail; overcrowding at home; pressure to fulfil cultural responsibilities (non-remote areas only); or discrimination/ racism. Respondents could answer yes to one or more of these stressors.

Another question asked was whether the person had been a victim of physical violence in the last 12 months. People who responded 'no' to this question were asked if they had been a victim of threatened violence. The combined responses to these questions show the number of people who were a victim of physical or threatened violence, and it is not possible to accurately distinguish between actual or threatened violence. While these questions give a picture of the total reported actual and threatened violence, they don't allow a distinction between family violence, partner violence and general violence to be made.

Prevalence

The number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the past 12 months is shown by sex in Table 3.8.

Table 3.8: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by sex, 2002

	Males	Females	Persons
No. who reported being a victim of violence	34,700	34,000	68,700
Total no. of Indigenous people	135,200	147,000	282,200
Per cent	25.7	23.1	24.3

(a) Aged 15 years and over.

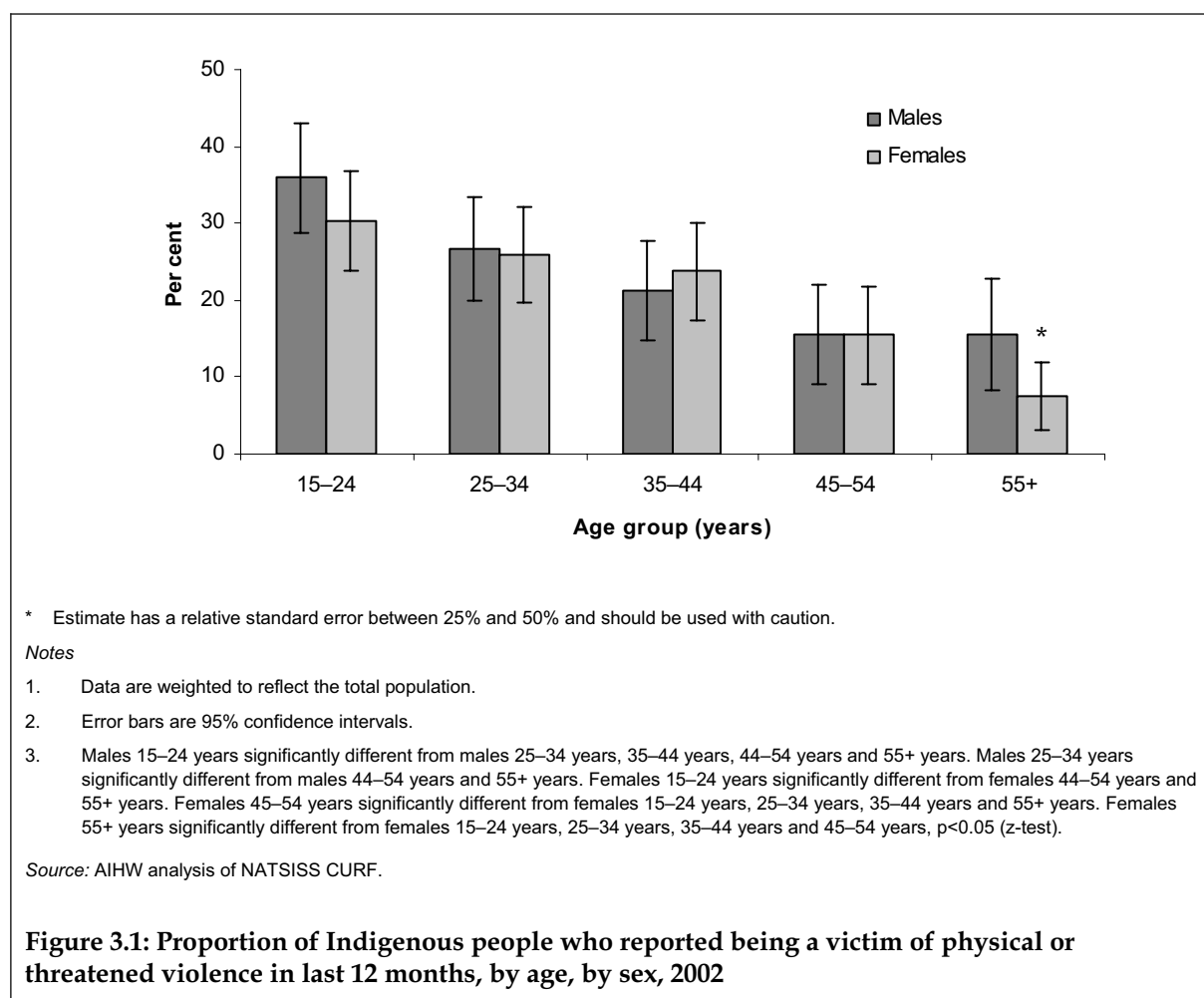
Notes

1. Data are weighted to reflect the total population.
2. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.

Source: AIHW analysis of NATSISS Confidentialised Unit Record File (CURF).

- Almost one in four Indigenous Australians (24%) reported being a victim of physical or threatened violence.
- The proportion was similar for Indigenous males and females, 26% and 23% respectively.

The age and sex of Indigenous people who reported being a victim of physical or threatened violence is shown in Figure 3.1.



- The proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months was highest for people aged 15-24 (36% males, 30% females) and decreased with age.

The number and proportion of Aboriginal and Torres Strait Islander people who reported being a victim of physical or threatened violence varied by jurisdiction (Table 3.9).

Table 3.9: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by state and territory, 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
No. who reported being a victim of violence	18,800	5,300	20,100	10,300	4,700	2,400	900	6,300	68,700
Total no. of Indigenous people	83,800	17,400	76,000	39,600	15,800	10,900	2,600	36,200	282,200
Per cent	22.4	30.3	26.5	26.0	29.6	22.1	33.3	17.4	24.3

(a) Aged 15 years and over.

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Data are weighted to reflect the total population.

Source: ABS 2004b.

- The number of Indigenous people who reported being a victim of violence was highest in Queensland (20,100), followed by New South Wales (18,800).
- In the Australian Capital Territory 33% of Indigenous people reported being a victim of physical or threatened violence, followed by Victoria (30%) and South Australia (30%).

The number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months varied by remoteness (Table 3.10).

Table 3.10: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by Accessibility/Remoteness Index of Australia (ASGC remoteness), 2002

	Major cities	Inner regional	Outer regional	Remote and very remote	Aust
No. who reported being a victim of violence	21,800	13,800	15,600	17,500	68,700
Total no. of Indigenous people ^(a)	86,400	55,100	63,500	77,100	282,200
Per cent	25.2	25.1	24.5	22.7	24.3

(a) Aged 15 years and over.

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Data are weighted to reflect the total population.

Source: AIHW analysis of NATSISS CURF.

- The estimated number of Indigenous people aged 15 and over who reported being a victim of physical or threatened violence was highest in major cities (21,800).
- The proportion of people who reported being a victim of violence did not vary with remoteness. The slight difference between major cities (25%) and remote and very remote areas (23%) was not statistically significant.

Data from the two surveys (1994 NATSIS and 2002 NATSISS) can be used to give a comparison of the number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the 12 months prior to the interview. There are some differences in the wording of the question which must be taken into account when comparing results from the two surveys. In 1994, respondents were asked: 'In the last year has anyone attacked or verbally threatened you?' In the 2002 NATSISS, respondents in non-remote areas were asked: 'In the last 12 months, did anyone, including people you know, use physical force or violence against you?' If respondents answered 'no', the following question was asked: 'In the last 12 months, did anyone, including people you know, try to use or threaten to use physical force or violence against you?' Respondents who answered 'yes' to this second question were asked: 'Were any of those threats made in person?'

In discrete Indigenous communities, respondents were asked: 'In the last year, did anybody start a fight with you or beat you up?' If respondents answered 'no', the following question was asked: 'In the last year, did anybody try to or say they were going to hit you or fight with you?' The combined responses to these questions are shown for Indigenous people aged 18 years and over in Table 3.11.

Table 3.11: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, 1994, 2002

	1994 ^(b)	2002 ^(c)
No. who reported being a victim of violence	24,600	58,600
Total no. of Indigenous people	190,800	251,400
Per cent	12.9	23.3 ^(d)

- (a) Aged 18 years and over.
- (b) Attacked or verbally threatened.
- (c) Victim of physical or threatened violence.
- (d) Significantly different from 1994, $p < 0.05$ (z-test).

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Data are weighted to reflect the total population.

Source: SCRGSP 2005.

- The proportion of Indigenous people aged 18 years and over who reported being a victim of physical or threatened violence in the previous 12 months almost doubled between 1994 (13%) and 2002 (23%).

As a similar question was asked in the 2002 General Social Survey (GSS), the Indigenous and non-Indigenous Australian populations can be compared, using data on the Indigenous population from the NATSISS and on the non-Indigenous population from the GSS (Table 3.12). The data are for people aged 18 years and over and are age-standardised to allow comparison between the two groups.

Table 3.12: Proportion of people^{(a)(b)} who reported being a victim of physical or threatened violence in the last 12 months, by state and territory, by Indigenous status, by sex, 2002 (per cent)^(c)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Indigenous									
Males	16.6	25.1	24.6	21.7	27.1	17.4	29.1	17.3	20.9
Females	16.3	25.9	20.3	20.5	22.9	17.1	22.0	10.5	18.3
Persons	16.5	25.5	22.3	21.0	24.9	17.3	25.4	13.7	19.5
Non-Indigenous									
Males	11.5	9.5	12.4	10.3	8.7	10.2	8.1	16.2	10.8
Females	5.7	6.9	9.0	8.6	6.5	6.1	6.3	13.1	7.0
Persons	8.5	8.2	10.7	9.5	7.6	8.1	7.2	14.8	8.9
Rate ratio									
Males	1.4	2.6	2.0	2.1	3.1	1.7	3.6	1.1	1.9
Females	2.9	3.8	2.3	2.4	3.5	2.8	3.5	0.8	2.6
Persons	1.9	3.1	2.1	2.2	3.3	2.1	3.5	0.9	2.2

(a) Aged 18 years and over.

(b) Data are age-standardised.

(c) In the GSS and non-remote areas of the NATSISS in order for a person to be a victim of physical or threatened violence, the threat must have been made 'in person'. This concept is not overt in the question used in remote areas of the NATSISS.

Note: Data are weighted to reflect the total population.

Source: SCRGSP 2005.

- Based on the NATSISS and the GSS, Indigenous Australians reported being a victim of physical or threatened violence at twice the rate of non-Indigenous Australians.
- In seven of the eight jurisdictions, Indigenous people reported being a victim of violence at a higher rate than non-Indigenous people. This pattern is different in the Northern Territory, where there was a lower than average reporting of victimisation by Indigenous people. It is not clear whether the lower than average Indigenous rates in the Northern Territory reflect lower levels of violence or higher levels of under-reporting, although information from other sources suggests that the violence may be under-reported.
- Indigenous males reported being a victim of violent crime at twice the rate of non-Indigenous males, while Indigenous females reported victimisation at more than twice the rate of non-Indigenous females.

The NATSISS also included a question on neighbourhood/community problems. These data show a strong correlation between neighbourhood/community problems and victimisation. Although 24% of the Indigenous population reported that they had been a victim of physical or threatened violence, 38% of those who reported family violence and/or sexual assault as a neighbourhood/community problem reported that they had been a victim of physical or

threatened violence. Similarly, 35% of those who reported assault as a neighbourhood/community problem reported that they had been a victim of physical or threatened violence.

Similar proportions of males and females reported that assault, sexual assault or family violence were a problem in their neighbourhood/community. Violence was more often reported as a community problem in remote areas than in non-remote areas (Table 3.13).

Table 3.13: Number and proportion of Indigenous people^(a) who reported that assault, sexual assault or family violence were neighbourhood/community problems, by remoteness, 2002

	Non-remote	Remote	Total
	Number		
Assault	24,300	31,700	56,000
Sexual assault	9,900	12,900	22,800
Family violence	28,200	31,500	59,700
Total no. of Indigenous persons^(a)	205,100	77,100	282,200
	Per cent		
Assault	11.9	41.1 ^(b)	19.9
Sexual assault	4.8	16.7 ^(b)	8.1
Family violence	13.8	40.9 ^(b)	21.2

(a) Aged 15 years and over.

(b) Significantly different from 'non-remote', $p < 0.05$ (z-test).

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Data are weighted to reflect the total population.
3. Respondents were able to provide more than one response.

Sources: ABS 2004b; AIHW analysis of NATSISS CURF.

- Overall, 21% of Aboriginal and Torres Strait Islander people reported family violence, 20% reported assault and 8% reported sexual assault as neighbourhood/community problems.
- In remote areas, the proportion of Indigenous people who reported family violence as a neighbourhood/community problem was almost three times as high as in non-remote areas. Similarly, in remote areas Indigenous people were over three times more likely to report assault and/or sexual assault as neighbourhood/community problems.
- In remote areas, 41% of Indigenous people reported assault and family violence to be a neighbourhood/community problem, while 17% reported sexual assault.

As part of the multiple response question on stressors, the NATSISS asked respondents whether the following had been a problem for them, their family or friends in the past 12 months:

- witness to violence
- abuse or violent crime.

Although this question does not distinguish between experiences of the respondent or their family and friends, it nevertheless shows a strong correlation between victimisation and stressors. For example, while 24% of the Indigenous population reported that they had been a victim of physical or threatened violence, 57% of those who reported abuse or violent crime as a stressor reported that they had been a victim of physical or threatened violence. Similarly, 45% of those who reported 'witness to violence' as a stressor, reported that they had been a victim of physical or threatened violence.

Approximately 16% of Indigenous people reported that they, their family or friends had witnessed violence in the past 12 months. Just over one in ten (11%) Indigenous people reported they, their family or friends had experienced abuse or a violent crime in the past 12 months. There were no significant differences between males and females in the rates of reporting for either of these variables. However, significantly more Indigenous people reported these problems in remote areas than in non-remote areas (Table 3.14).

Table 3.14: Number and proportion of Indigenous people^(a) who reported witnessing and/or experiencing violence in the last 12 months, by remoteness, 2002

Type of stressor	Non-remote	Remote	Total
	Number		
Witness to violence	21,100	23,100	44,200
Abuse or violent crime	18,300	13,300	31,600
Total no. of Indigenous persons^(a)	205,100	77,100	282,200
	Per cent		
Witness to violence	10.3	30.0 ^(b)	15.7
Abuse or violent crime	8.9	17.2 ^(b)	11.2

(a) Aged 15 years and over.

(b) Significantly different from 'non-remote', $p < 0.05$ (z-test).

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Data are weighted to reflect the total population.
3. Respondents were able to provide more than one response.

Sources: ABS 2004b; AIHW analysis of NATSISS CURF.

- The proportion of Aboriginal and Torres Strait Islander people in remote areas who reported that they, their family or friends had witnessed violence (30%) was three times as high as for Indigenous people in non-remote areas (10%).
- In remote areas, 17% of Indigenous people reported that abuse or violent crime was a problem for them, their family or close friends in the past 12 months, compared with 9% of Indigenous people in non-remote areas.

Violence and socioeconomic status

The NATSISS also collects a range of socioeconomic, health and background information on Indigenous people that can be used to examine who is most likely to report being a victim of violence and the possible underlying factors. The number and proportion of Indigenous people who were a victim of violence varied by income level and labour force status (Table 3.15).

Table 3.15: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by selected socioeconomic characteristics, 2002

	No. who reported being a victim of violence	Total no. Indigenous people	Per cent
Highest year of school completed			
Never attended school	1,000	6,200	15.6
Year 9 or below	25,000	111,500	22.4 ^(b)
Year 10 or above	42,800	164,500	26.0 ^(b)
Total	68,700	282,200	24.3
Equivalised gross household income			
Low ^(c)	44,900	168,500	26.7 ^(d)
High ^(e)	12,900	69,300	18.6
Total^(f)	57,800	237,800	24.3
Labour force status			
Not in the labour force	27,100	113,000	24.0
Unemployed	14,700	38,800	37.9 ^(g)
Employed	26,900	130,400	20.6
Total	68,700	282,200	24.3

(a) Aged 15 years and over.

(b) Significantly different from 'never attended school', $p < 0.05$ (z-test).

(c) Low income includes deciles 1–4 of equivalised gross household income.

(d) Significantly different from 'high income', $p < 0.05$ (z-test).

(e) High income includes deciles 5–10 of equivalised gross household income.

(f) Excludes not stated income. Therefore these totals are lower than those presented for the analysis of other variables.

(g) Significantly different from 'not in labour force' and 'employed', $p < 0.05$ (z-test).

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Data are weighted to reflect the total population.
3. The equivalised gross household income takes into account the size and composition of the households to enable the relative wellbeing of people living in different households to be compared. Deciles of equivalised gross household income are based on national quintile boundaries from the 2002 GSS.

Source: AIHW analysis of NATSISS CURF.

- Indigenous people who had never attended school were less likely to report being a victim of violence (16%) than those who had completed Year 9 or below (22%), or Year 10 or above (26%).

- Approximately 27% of Indigenous people in the bottom four deciles of equivalised gross household income reported being a victim of violence, compared with 19% of those in the top six income deciles.
- Indigenous people who were unemployed were more likely to report being a victim of violence (38%) than those who were not in the labour force (24%) or those who were employed (21%).

Violence and other factors

The number and proportion of Indigenous people who reported being a victim of violence is shown by whether they had difficulty communicating with service providers at services or offices where English was spoken (Table 3.16).

Table 3.16: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by whether has difficulty communicating with service providers, 2002

Difficulty communicating with service providers	No. who reported being a victim of violence	Total no. Indigenous people	Per cent
Has difficulty ^(b)	9,400	29,100	32.2 ^(c)
Does not have difficulty ^(d)	59,300	252,800	23.5
Total	68,700	282,200	24.3

(a) Aged 15 years and over.

(b) Includes those who have difficulty understanding service providers and/or had difficulty being understood by service providers.

(c) Significantly different from 'does not have difficulty', $p < 0.05$ (z-test).

(d) Includes those who have no difficulty with English but are assisted by others and those who have no difficulty with English and are not assisted by others.

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.

2. Data are weighted to reflect the total population.

Source: AIHW analysis of NATSISS CURF.

- Almost one-third (32%) of Indigenous people who had difficulty communicating with service providers reported being a victim of violence compared with 24% of those who did not have difficulty communicating with service providers.

The number and proportion of Aboriginal and Torres Strait Islander people who reported being a victim of physical or threatened violence is shown by self-assessed health status (Table 3.17).

Table 3.17: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by self-assessed health status, 2002

Self-assessed health status	No. who reported being a victim of violence	Total no. Indigenous people	Per cent
Fair/poor	19,000	65,800	28.9 ^(b)
Good	23,200	91,600	25.3
Excellent/very good	26,400	124,400	21.2
Total^(c)	68,700	282,200	24.3

(a) Aged 15 years and over.

(b) Significantly different from 'excellent/very good' health, $p < 0.05$ (z-test).

(c) Includes not stated response to self-assessed health status.

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.

2. Data are weighted to reflect the total population.

Source: AIHW analysis of NATSISS CURF.

- Twenty-nine per cent of Indigenous people who assessed their health as fair or poor reported being a victim of physical or threatened violence, compared with 21% of Indigenous people who reported excellent or very good health.

The number and proportion of Indigenous people who reported being a victim of physical or threatened violence is shown by disability status (Table 3.18).

Table 3.18: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by disability status, 2002

Disability status	No. who reported being a victim of violence	Total no. Indigenous people	Per cent
Has disability or long-term health condition	29,700	102,900	28.8 ^(b)
No disability or long-term health condition	39,000	179,300	21.8
Total	68,700	282,200	24.3

(a) Aged 15 years and over.

(b) Significantly different from 'no disability or long-term health condition', $p < 0.05$ (z-test).

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.

2. Data are weighted to reflect the total population.

Source: AIHW analysis of NATSISS CURF.

- Approximately 29% of Indigenous people with a disability or long-term health condition reported being a victim of physical or threatened violence, compared with 22% of Indigenous people with no disability or long-term health condition.

The number and proportion of Indigenous people who reported being a victim of violence is shown by whether they or their relatives had been removed from their natural family (Table 3.19).

Table 3.19: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by whether they or their relatives had been removed from their natural family, 2002

	No. who reported being a victim of violence	Total no. Indigenous people	Per cent
Removed from natural family	9,100	23,800	38.2 ^(b)
Not removed from natural family	56,300	246,000	22.9
Total^(c)	68,700	282,200	24.3
Relatives removed from natural family	30,800	100,600	30.6 ^(d)
Relatives not removed from natural family	24,500	125,200	19.6
Total^(c)	68,700	282,200	24.3

(a) Aged 15 years and over.

(b) Significantly different from 'not removed from natural family', $p < 0.05$ (z-test).

(c) Includes not stated response to whether removed from natural family.

(d) Significantly different from 'relatives not removed from natural family', $p < 0.05$ (z-test).

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.

2. Data are weighted to reflect the total population.

Source: AIHW analysis of NATSISS CURF.

- Indigenous people who had been removed from their natural family were more likely to be a victim of physical or threatened violence (38%) than those who had not been removed from their natural family (23%).
- Approximately 31% of Indigenous people whose relatives had been removed from their natural family reported being a victim of violence compared with 20% of those whose relatives had not been removed from their natural family.

The association between alcohol consumption and reporting being a victim of physical or threatened violence is shown in Table 3.20.

Table 3.20: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by level of alcohol consumption in the past 12 months, 2002

Alcohol consumption	No. who reported being a victim of violence	Total no. Indigenous people	Per cent
High risk	6,700	15,700	42.3 ^(b)
Medium risk	8,600	27,000	31.8 ^(c)
Low risk	31,200	130,000	24.0
Did not drink alcohol in the last 12 months	21,600	107,300	20.1
Total^(d)	68,700	282,200	24.3

(a) Aged 15 years and over.

(b) Significantly different from 'medium risk', 'low risk' and 'did not drink alcohol in the last 12 months', $p < 0.05$ (z-test).

(c) Significantly different from 'high risk', 'low risk' and 'did not drink alcohol in the last 12 months', $p < 0.05$ (z-test).

(d) Includes not stated response.

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Data are weighted to reflect the total population.
3. Level of alcohol consumption was based on the respondent's reported usual daily consumption of alcohol and the frequency of consumption in the past 12 months. Alcohol risk levels are based on the 1992 National Health and Medical Research Council guidelines and are defined as: low risk (males)—50ml or less; low risk (females)—25ml or less; medium risk (males)—50–75ml; medium risk (females)—25–50ml; high risk (males)—more than 75ml; high risk (females)—more than 50ml.

Source: AIHW analysis of NATSISS CURF.

- Indigenous people who reported alcohol consumption at a high risk level were more likely to also report having been a victim of physical or threatened violence (42%) than those who drank at a medium risk level (32%), at a low risk level (24%) or had not drunk alcohol in the last 12 months (20%).

The number of stressors reported by victims of physical or threatened violence is shown in Table 3.21.

Table 3.21: Number and proportion of Indigenous people^(a) who reported being a victim of physical or threatened violence in the last 12 months, by number of stressors reported, 2002

Stressors	No. who reported being a victim of violence	Total no. Indigenous people	Per cent
No stressors	4,200	50,100	8.4
1–5 stressors	41,500	184,300	22.5 ^(b)
6–10 stressors	19,200	40,400	47.6 ^(c)
11–16 stressors	3,700	7,400	50.2 ^(c)
Total	68,700	282,200	24.3

(a) Aged 15 years and over.

(b) Significantly different from 'no stressors', '6–10 stressors' and '11–16 stressors', $p < 0.05$ (z-test).

(c) Significantly different from 'no stressors' and '1–5 stressors', $p < 0.05$ (z-test).

Notes

1. Numbers are rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Data are weighted to reflect the total population.
3. Stressors included: divorce or separation; death of family member or close friend; serious illness or disability; serious accident; alcohol- or drug-related problems; mental illness; not able to get a job; lost job, made redundant, sacked; witness to violence; abuse or violent crime; trouble with the police; gambling problem; member of family sent to jail/currently in jail; overcrowding at home; pressure to fulfil cultural responsibilities; and discrimination/racism.
4. Respondents were able to provide more than one response.

Source: AIHW analysis of NATSISS CURF.

- Indigenous people who reported 11–16 stressors were more likely to report being a victim of physical or threatened violence (50%) than those who reported no stressors (8%) or 1–5 stressors (23%).

The association between whether Aboriginal and Torres Strait Islander people reported being a victim of physical or threatened violence in the last 12 months and other sociodemographic variables was examined. However, there were no significant differences – based on z-tests – in the proportion of Indigenous people who reported being a victim of violence in relation to the following variables:

- whether identifies with a clan, tribe or language group
- whether recognises homelands
- whether has support in a time of crisis
- whether living in overcrowded conditions.

As the witnessing of violence by children is of particular concern (Rogers 2003), analyses were carried out on the presence of dependants in the household. Two-thirds (67%) of victims of physical or threatened violence had dependants in their household and one-third (34%) of victims had dependants aged 0–4 years. However, as the location of the violence and relationship of the perpetrator to the victim are not known, it cannot be determined whether the dependants were likely to have witnessed the violence.

National Aboriginal and Torres Strait Islander Health Survey

National Health Surveys were conducted by the ABS in 1977–78, 1983, 1989–90, 1995, 2001 and 2004–05. In 1995 and 2001 the Indigenous population was over-sampled, and results were presented as an Indigenous supplement to the surveys in those years. In 2004–05 the NATSIHS was conducted. It is a stand-alone survey; however, it is designed to support comparisons between Indigenous and non-Indigenous Australians. It will be conducted every six years.

The 2004–05 NATSIHS surveyed 10,044 Aboriginal and Torres Strait Islander adults and children in remote and non-remote areas (ABS 2006a). In addition, 395 Indigenous Australians were surveyed in the 2004–05 National Health Survey. These are combined to give a total sample of 10,439 Indigenous Australians. The 2004–05 NATSIHS collected information on health status, health service use, health risk factors and women's health characteristics, as well as sociodemographic details.

There was one question in the NATSIHS on stressors. Abuse or violent crime, and witness to violence were included in a list of response options as part of the question on whether any of the items were a problem for the respondent, their family or friends in the past 12 months. The results of this question were published by type of long-term condition (ABS 2006a). Indigenous adults with a long-term condition were more likely to have reported at least one stressor than those who did not have a long-term condition (73% compared with 65%). This pattern was evident for the stressors 'abuse or violent crime' (12% compared with 7%) and 'witness to violence' (15% compared with 13%).

The NATSIHS also asked participants whether they had experienced an event in the last four weeks for which action was taken. One of the events was 'attack by another person'. The possible actions taken included: consultation with a health professional, medical advice, medical treatment, reducing usual activities or self help. Consistent with results from the 2001 Survey, 1% of those surveyed reported having been attacked by another person in the four weeks prior to interview.

3.4 Summary

Some national surveys do not include a question on the Indigenous status of the respondent. Many do not sample a group of Aboriginal and Torres Strait Islander people that is sufficiently representative to accurately estimate the level of violence or family violence in the Indigenous population.

The NATSISS provides the most current estimates of violence (actual and threatened) in the Indigenous population. While it gives an indication of the level of violence, no question in the NATSISS collects information about the individual's experience of family violence specifically. This is because:

- One question collects information about the respondent's personal experience of violence, but it is not possible to distinguish between actual violence and threatened violence; neither is it possible to distinguish between family violence, partner violence and other violence.
- The one question that does specifically ask about family violence is reported at the neighbourhood/community level only, not at the individual level. However, there is a correlation between victimisation and reporting of violence at the neighbourhood/community level.

- One other NATSISS question deals with whether the respondent felt that abuse or violent crime or witnessing violence was a problem for them, their family or friends, but is also not necessarily specific to the individual's experience.

A variety of socioeconomic and demographic variables are collected in the NATSISS. These can be used to give a more complete understanding of the factors associated with violence.

The NATSIHS also provides an indication of the level of violence experienced by Indigenous people, though this is limited to those who took a health-related action as a result of an attack. No information is collected on the relationship of the offender to the victim.

Summary of results

Based on the 2002 NATSISS, around one in four Aboriginal and Torres Strait Islander people aged 15 and over reported being a victim of physical or threatened violence in the 12 months before the survey. Indigenous people aged 18 years and over were twice as likely to report being a victim of physical or threatened violence as non-Indigenous Australians (2002 GSS). In the same survey, 41% of Indigenous people aged 15 and over living in remote areas reported that family violence was a neighbourhood/community problem. This was substantially higher than in non-remote areas.

Indigenous people who were unemployed were more likely to report being a victim of physical or threatened violence than those who were employed or not in the labour force. Indigenous people who were removed from their natural family were more likely to report being a victim of violence than those who were not removed.

Information on violence available from the IVAWS showed that Indigenous women more frequently reported being a victim of physical and sexual violence than non-Indigenous women, both in their lifetime and during the 12 months before the survey.

4 Associated harm/outcomes data

Harm that results from violence, in particular physical harm, can be assessed from hospital and deaths data. However, data on hospital separations and deaths are likely to underestimate the actual number of people affected by family violence because not all instances of family violence will result in hospitalisation or death and not all hospitalisations resulting from family violence will be recorded as such.

4.1 Morbidity data

National data on hospitalisations are available from the National Hospital Morbidity Database. Hospitalisation statistics are not a measure of prevalence of disease or injury, but can provide insights into the health of the population who use hospitals. Hospital data are affected by the level of access to services. This is particularly important for people living in remote and very remote areas where the distance to the nearest hospital may limit their use of the hospital system. Hospitalisation data are episode-based, not person-based. Therefore patients who were admitted more than once in a given year will have more than one record in the database.

National Hospital Morbidity Database

The National Hospital Morbidity Database is a national administrative data collection managed by the AIHW. Information for each hospital separation is collected from public and private hospitals across Australia. A large number of variables is collected including Indigenous status and the reason for hospitalisation (external cause).

The reason for each hospitalisation is classified according to the International Statistical Classification of Diseases and Related Health Problems (ICD). In the third edition of the ICD-10-AM, under external causes, assault is classified according to the type of assault (e.g. assault by handgun discharge, assault by sharp object, assault by blunt object). For each type of assault, the relationship of the perpetrator to the victim is collected using the following categories:

- by spouse or domestic partner
- by parent
- by other family member
- by carer
- by acquaintance or friend
- by official authorities
- by other specified person
- by person unknown to the victim
- by multiple persons unknown to the victim
- by unspecified person.

Therefore family violence by 'spouse or domestic partner,' 'parent' or 'other family member' can be determined. However, as there is also a category for 'unspecified person', the relationship of the perpetrator to the victim is not always known.

In relation to the category 'other family member', it is important to be aware that the term 'family' tends to be used more broadly by Aboriginal and Torres Strait Islander people than by non-Indigenous people. This may affect the comparability between hospitalisation rates for Indigenous and non-Indigenous people.

Estimate of the number of hospitalisations for assault

To allow comparison of the levels of violence for Indigenous and other Australians, the data have been indirectly age-standardised to adjust for the different age structure of the two populations. Data are presented for only Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only). Hospitalisation data in these four jurisdictions – which represent approximately 60% of the Indigenous population of Australia – are considered to have adequate identification of Indigenous people. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

The number of hospitalisations by relationship of the offender to the victim is shown for males and females in Table 4.1.

Table 4.1: Hospitalisations of Indigenous people for assaults, by sex, by relationship of victim to perpetrator, in Qld, WA, SA and NT^(a), 2003–04

	Observed	Expected	Ratio ^(b)	Excess ^(c)
Males				
Family violence assaults				
Spouse/domestic partner	143	5	26.6	138
Parent	71	6	12.7	65
Other family member	167	7	25.5	160
<i>Total family violence assaults</i>	<i>381</i>	<i>18</i>	<i>21.8</i>	<i>363</i>
Other assaults ^(d)	1,633	205	8.0	1,428
Total assaults	2,014	223	9.0	1,791
Females				
Family violence assaults				
Spouse/domestic partner	1,029	27	38.1	1,002
Parent	62	6	11.2	56
Other family member	160	3	50.2	157
<i>Total family violence assaults</i>	<i>1,249</i>	<i>36</i>	<i>35.1</i>	<i>1,213</i>
Other assaults ^(d)	1,264	31	41.0	1,233
Total assaults	2,513	66	37.8	2,447

(a) These four jurisdictions are considered to have the highest level of accuracy of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(b) Ratio is the observed hospitalisations divided by the expected hospitalisations. Expected hospitalisations are based on the age, sex and assault type specific rates for other Australian males or females in Queensland, Western Australia, South Australia and the Northern Territory combined.

(c) Excess hospitalisations are the observed number of hospitalisations minus the expected number of hospitalisations.

(d) 'Other assaults' includes assault by a carer, acquaintance or friend, official authorities, other specified person, person unknown to the victim, multiple persons unknown to the victim or an unspecified person.

Notes

1. Excludes private hospitals in the Northern Territory.
2. The rate ratios for males and females cannot be directly compared because male and female standard populations were used for indirect standardisation, respectively.
3. ICD-10-AM codes for assault X85–Y09. The fifth digit details the relationship of the perpetrator to the victim: spouse/domestic partner, 0; parent, 1; other family member 2; other assaults 3–9.

Source: AIHW, National Hospital Morbidity Database.

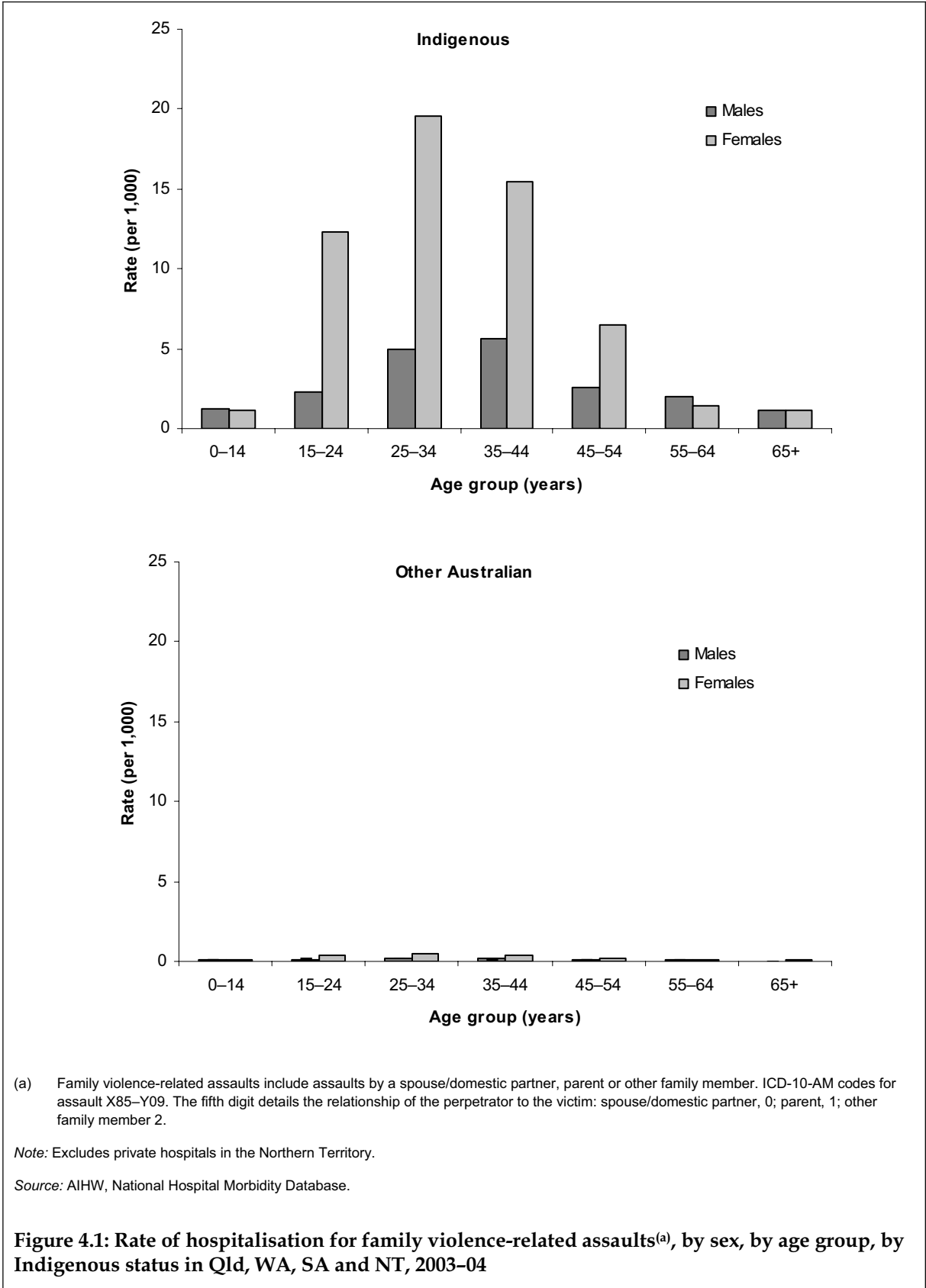
- A slightly higher number Indigenous females (2,513) than males (2,014) were hospitalised for assaults. For females, 41% of these hospitalisations were a result of spouse/domestic partner violence, compared with only 7% for males.
- One-half (50%) of the hospitalisations for females for assaults were as a consequence of family violence, whereas the corresponding proportion for males was 19%.

- Indigenous males were hospitalised for assaults and spouse/ domestic partner inflicted assaults at nine and 27 times the rate of other males, respectively, while Indigenous females experienced 38 times the rate of hospitalisation of other females.
- The person responsible for the violence was unspecified for a large proportion of the assaults classified as 'other assaults' (89%). It is likely that a number of these would have been acts of family violence. Therefore specific estimates for family violence-related assaults are likely to be underestimated.

An examination of the data by remoteness revealed a higher proportion of Indigenous hospitalisations for family violence-related assault in very remote areas in the four jurisdictions, but differences in Indigenous identification between urban and remote areas impact on the observed hospitalisation rates. Therefore data are not presented by remoteness in the report. This is currently an area of work in the Aboriginal and Torres Strait Islander Health and Welfare Unit at the AIHW.

As the focus of this report is on family violence, the following hospital data are presented specifically for family violence. This includes hospitalisations for assaults by a spouse/ domestic partner, parent or other family member.

The age-specific rates of hospitalisations for family violence-related assaults of males and females are shown by Indigenous status in Figure 4.1.



- The rate of hospitalisation for family violence-related assaults for Indigenous Australians was considerably higher than for other Australians.
- For Indigenous males, the rate of hospitalisations for family violence-related assaults was highest for those aged 35–44 years (5.6 per 1,000). For Indigenous females, the highest rate was among those aged 25–34 years (19.6 hospitalisations per 1,000).
- The rate of hospitalisation of other Australian males and females was highest among those aged 25–34 (0.2 per 1,000 for males and 0.4 per 1,000 for females).
- The rate ratio of female to male hospitalisations for family violence-related assault was highest for those aged 15–24, for both Indigenous (6:1) and other Australians (3:1).
- Between the ages 15–54 the rate of hospitalisations for family violence-related assaults was higher for Indigenous females than males.
- The rate ratio of Indigenous to other Australian hospitalisations for family violence-related assault for males was highest for those aged 65 years and over (69:1). For females the rate ratio was highest for those aged 45–54 years (43:1).

Information on the type of assault is also collected in the National Hospital Morbidity Database. The most common types of family violence-related assaults on Aboriginal and Torres Strait Islander males and females are shown in Table 4.2.

Table 4.2: Number and proportion of hospitalisations of Indigenous Australians for family violence-related assault^(a), by sex, by most common type of assault, in Qld, WA, SA and NT^(b), 2003–04

	Males	Females	Persons
Number			
Assault by bodily force (Y04)	113	601	714
Assault by blunt object (Y00)	94	350	444
Assault by sharp object (X99)	114	146	260
Assault by unspecified means (Y09)	10	68	78
Neglect and abandonment (Y06)	31	34	65
Other maltreatment syndromes (Y07)	16	46	62
Assault by other specified means (Y08)	8	25	33
Total separations for family violence-related assault^(c) (X85–Y09)	381	1,249	1,630
Per cent			
Assault by bodily force (Y04)	29.7	48.1	43.8
Assault by blunt object (Y00)	24.7	28.0	27.2
Assault by sharp object (X99)	29.9	11.7	16.0
Assault by unspecified means (Y09)	2.6	5.4	4.8
Neglect and abandonment (Y06)	8.1	2.7	4.0
Other maltreatment syndromes (Y07)	4.2	3.7	3.8
Assault by other specified means (Y08)	2.1	2.0	2.0

(a) Family violence-related assaults include assaults by a spouse/domestic partner, parent or other family member. ICD-10-AM codes for assault X85–Y09. The fifth digit details the relationship of the perpetrator to the victim: spouse/domestic partner, 0; parent, 1; other family member 2.

(b) These four jurisdictions are considered to have the highest level of accuracy of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Includes other less frequent types of assault not listed.

Notes

1. Numbers and proportions do not add to the total as multiple assaults can be recorded for each hospitalisation.
2. Excludes private hospitals in the Northern Territory.

Source: AIHW, National Hospital Morbidity Database.

- Assault by bodily force was the most frequent type of assault (44%), followed by assault by a blunt object (27%) and assault by a sharp object (16%).
- For females, almost 50% of assaults were assault by bodily force compared to approximately 30% for males. In contrast, assault by a sharp object accounted for 30% of hospitalisations of males for assault compared with 12% for females.

Multiple diagnoses can be recorded for each hospital stay. Table 4.3 shows the number and proportion of diagnoses for hospitalisations of Indigenous people with family violence-related assaults as an external cause.

Table 4.3: Most common diagnoses^(a) for hospitalisations of Indigenous Australians with family violence-related assault^(b) as an external cause, by sex, Qld, WA, SA and NT^(c), 2003–04

	Males	Females	Persons
	Number		
<i>Injury and poisoning (S00–T98)</i>	376	1,208	1,584
Injuries to the head (S00–S09)	177	731	908
Injuries to the thorax (S20–S29)	43	160	203
Injuries to the elbow and forearm (S50–S59)	31	157	188
Injuries to the knee and lower leg (S80–S89)	37	147	184
Injuries to the abdomen, lower back, lumbar spine and pelvis (S30–S39)	26	143	169
Injuries to the wrist and hand (S60–S69)	40	129	169
<i>Factors influencing health status and contact with health services (Z00–Z99)</i>	146	477	623
Problems related to lifestyle (Z72)	96	234	330
Personal history of risk factors, not elsewhere classified (Z91)	14	49	63
Problems related to medical facilities and other health care (Z75)	15	47	62
Pregnant state, incidental (Z33)	—	52	52
Other problems related to primary support group, including family circumstances (Z63)	10	40	50
Problems related to housing and economic circumstances (Z59)	10	33	43
<i>Mental disorders (F00–F99)</i>	131	370	501
Mental and behavioural disorders due to psychoactive substance use (F10–F19)	129	337	466
Mood (affective) disorders (F30–F39)	—	22	22
Total hospitalisations for family violence-related assault	381	1,249	1,630
	Per cent		
<i>Injury and poisoning (S00–T98)</i>	98.7	96.7	97.2
Injuries to the head (S00–S09)	46.5	58.5	55.7
Injuries to the thorax (S20–S29)	11.3	12.8	12.5
Injuries to the elbow and forearm (S50–S59)	8.1	12.6	11.5
Injuries to the knee and lower leg (S80–S89)	9.7	11.8	11.3
Injuries to the abdomen, lower back, lumbar spine and pelvis (S30–S39)	6.8	11.4	10.4
Injuries to the wrist and hand (S60–S69)	10.5	10.3	10.4
<i>Factors influencing health status and contact with health services (Z00–Z99)</i>	38.3	38.2	38.2
Problems related to lifestyle (Z72)	25.2	18.7	20.2
Personal history of risk factors, not elsewhere classified (Z91)	3.7	3.9	3.9
Problems related to medical facilities and other health care (Z75)	3.9	3.8	3.8
Pregnant state, incidental (Z33)	0.0	4.2	3.2
Other problems related to primary support group, including family circumstances (Z63)	2.6	3.2	3.1
Problems related to housing and economic circumstances (Z59)	2.6	2.6	2.6

(continued)

Table 4.3 (continued): Most common diagnoses^(a) for hospitalisations of Indigenous Australians with family violence-related assault^(b) as an external cause, by sex, Qld, WA, SA and NT^(c), 2003–04

	Males	Females	Persons
	Per cent		
<i>Mental disorders (F00–F99)</i>	34.4	29.6	30.7
Mental and behavioural disorders due to psychoactive substance use (F10–F19)	33.9	27.0	28.6
Mood (affective) disorders (F30–F39)	—	1.8	1.3

(a) Includes both principal and additional diagnoses.

(b) Family violence-related assaults include assaults by a spouse/domestic partner, parent or other family member. ICD-10-AM codes for assault X85–Y09. The fifth digit details the relationship of the perpetrator to the victim: spouse/domestic partner, 0; parent, 1; other family member 2.

(c) These four jurisdictions are considered to have the highest level of accuracy of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

Notes

1. Numbers and proportions do not add to the total as multiple diagnoses can be recorded for each hospital separation.

2. Excludes private hospitals in the Northern Territory.

Source: AIHW, National Hospital Morbidity Database.

- The majority of hospitalisations of Indigenous people with family violence-related assault as an external cause had a diagnosis of injury and poisoning (97%).
- The most common type of injury was to the head (56%), followed by injury to the thorax (13%).
- Factors influencing health status and contact with health services (38%) were also frequently associated with family violence-related assaults. This group includes contact with health services for examination, investigation and specific procedures, as well as circumstances or problems which influence the person's health status but are not a current illness or injury.
- The most common factors influencing health status and contact with health services were problems related to lifestyle (20%).
- Almost one-third of hospitalisations of Indigenous people for family violence-related assaults had an additional diagnosis of mental disorders (31%).
- The most common type of mental disorder for Indigenous Australians hospitalised for family violence-related assaults was associated with psychoactive substance use (29%).

When only principal diagnosis is considered, 86% of the 1,630 hospitalisations of Indigenous people for family violence-related assault had a principal diagnosis of injury and poisoning, followed by 3% for pregnancy, childbirth and the puerperium and 2% for factors influencing health status and contact with health services.

Of the 1,249 Indigenous women hospitalised for family violence-related assaults, 8% had a diagnosis relating to pregnancy (ICD-10-AM codes O00–O99, Z33, Z34, Z35 and Z36).

Information on where the violence occurred is also collected in the National Hospital Morbidity Database (Table 4.4).

Table 4.4: Most common place of occurrence for family violence-related assault^(a) of Indigenous Australians, by sex, Qld, WA, SA and NT^(b), 2003–04

	Males	Females	Persons
	Number		
Unspecified place (Y92.9)	248	758	1,006
Home (Y92.0)	113	449	562
Other specified place of occurrence (Y92.8) ^(c)	9	15	24
Street and highway (Y92.4)	7	9	16
Other (Y92.1–Y92.3, Y92.5–Y92.7) ^(d)	5	20	25
Total hospitalisations for family violence-related assault	381	1,249	1,630
	Per cent		
Unspecified place (Y92.9)	65.1	60.7	61.7
Home (Y92.0)	29.7	35.9	34.5
Other specified place of occurrence (Y92.8) ^(c)	2.4	1.2	1.5
Street and highway (Y92.4)	1.8	0.7	1.0
Other (Y92.1–Y92.3, Y92.5–Y92.7) ^(d)	1.3	1.6	1.5

- (a) Family violence-related assaults include assaults by a spouse/domestic partner, parent or other family member. ICD-10-AM codes for assault X85–Y09. The fifth digit details the relationship of the perpetrator to the victim: spouse/domestic partner, 0; parent, 1; other family member 2.
- (b) These four jurisdictions are considered to have the highest level of accuracy of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.
- (c) Other specified place of occurrence includes area of still water, stream of water, large area of water, beach, forest, desert, other specified countryside, parking lot and other specified place of occurrence.
- (d) Other includes residential institution; school, other institution and public administrative area; sports and athletics area; trade and service area; and industrial and construction area.

Notes

1. Numbers and proportions do not add to the total as multiple places of occurrence can be recorded for each hospital separation. Only the most common places of occurrence are shown.
2. Excludes private hospitals in the Northern Territory.

Source: AIHW, National Hospital Morbidity Database.

- Assaults in the home accounted for over one-third (35%) of all hospitalisations for family violence-related assaults.
- In the majority (62%) of cases involving hospitalisation of Indigenous Australians for family violence-related assault, the place where the assault occurred was not specified.

Some information about the severity of the violence can be obtained from the average length of stay in hospital (Table 4.5).

Table 4.5: Total bed days and average length of stay for hospitalisations with family violence-related assault^(a) as an external cause, by sex, by Indigenous status, Qld, WA, SA and NT^(b), 2003–04

	Males	Females	Persons
Total bed days			
Indigenous	1,321	3,662	4,983
Other	1,515	2,411	3,926
Total	2,836	6,073	8,909
Average length of stay (days)			
Indigenous	3.5	2.9	3.1
Other	3.7	3.0	3.2
Total	3.6	2.9	3.1

(a) Family violence-related assaults include assaults by a spouse/domestic partner, parent or other family member. ICD-10-AM codes for assault X85–Y09. The fifth digit details the relationship of the perpetrator to the victim: spouse/domestic partner, 0; parent, 1; other family member 2.

(b) These four jurisdictions are considered to have the highest level of accuracy of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

Note: Excludes private hospitals in the Northern Territory.

Source: AIHW, National Hospital Morbidity Database.

- In the four jurisdictions for which data are reported, there were 8,909 bed days for hospitalisations for family violence-related assault, of which 4,983 (56%) were for Indigenous patients.
- The average length of stay for Indigenous Australians was 3.1 days. This was similar to other Australians, who had an average stay of 3.2 days.
- Indigenous females had a shorter average length of stay (2.9 days) than Indigenous males (3.5 days).

Quality of Indigenous identification in hospital data

The standard ABS question on Indigenous status is used by most, but not all, hospitals. In particular, some private hospitals do not use the standard question. In some hospitals the category 'not stated/inadequately described' is not included in the electronic data systems. As a result, all instances of 'not stated/inadequately described' Indigenous status default to the 'neither Aboriginal nor Torres Strait Islander' category. This results in a significant under-identification of Indigenous people and the false impression that the proportion of not stated responses is low.

A number of studies have been undertaken to examine the extent to which Indigenous status is unreported or misclassified in hospital separation data. These studies include face-to-face patient interviews after admission, to assess the accuracy of Indigenous status information in the hospital records; assessments using external data (from population estimates or surveys); and assessments via the comparison of separations data for multiple admissions. Studies based on patient interviews found the proportion of Indigenous patients who were correctly identified as Indigenous in hospital records varied from 74% to 93% (AIHW 2005d).

The quality of Indigenous identification in hospital separations data in 2003–04 is:

- reliable for Northern Territory public hospitals but underestimated for Northern Territory private hospitals;
- acceptable for the public and private hospitals in Western Australia;
- acceptable for public hospitals in South Australia but not acceptable for private hospitals;
- underestimated for all hospitals in New South Wales, Victoria and Queensland; and
- substantially underestimated for the Australian Capital Territory and Tasmania (AIHW 2005d).

In this report the quality of Indigenous data specifically for hospital separations for assault and family violence-related assault has been assessed. In order to examine the quality of Indigenous data, numbers have been presented for the categories 'Indigenous', 'non-Indigenous' and 'not stated' (Table 4.6).

Table 4.6: Number and proportion of hospitalisations for assaults, by relationship of victim to perpetrator, by Indigenous status, in Qld, WA, SA and NT^(a), 2003–04

	Indigenous	Non-Indigenous	Not stated ^(b)	Total
	Number			
Family violence assaults				
Spouse/domestic partner	1,172	776	22	1,970
Parent	133	149	4	286
Other family member	327	262	11	600
<i>Total family violence assaults</i>	<i>1,630</i>	<i>1,184</i>	<i>37</i>	<i>2,851</i>
Other assaults				
Acquaintance/friend	83	432	12	527
Person unknown to the victim	39	439	17	495
Multiple persons unknown to the victim	52	379	11	442
Other specified person ^(c)	145	377	14	536
Unspecified person	2,588	3,798	123	6,509
<i>Total other assaults</i>	<i>2,897</i>	<i>5,414</i>	<i>177</i>	<i>8,488</i>
Total assaults	4,527	6,598	214	11,339
	Per cent			
Family violence assaults				
Spouse/domestic partner	59.5	39.4	1.1	100.0
Parent	46.5	52.1	1.4	100.0
Other family member	54.5	43.7	1.8	100.0
<i>Total family violence assaults</i>	<i>57.2</i>	<i>41.5</i>	<i>1.3</i>	<i>100.0</i>
Other assaults				
Acquaintance/friend	15.7	82.0	2.3	100.0
Person unknown to the victim	7.9	88.7	3.4	100.0
Multiple persons unknown to the victim	11.8	85.7	2.5	100.0
Other specified person ^(c)	27.1	70.3	2.6	100.0
Unspecified person	39.8	58.3	1.9	100.0
<i>Total other assaults</i>	<i>34.1</i>	<i>63.8</i>	<i>2.1</i>	<i>100.0</i>
Total assaults	39.9	58.2	1.9	100.0

(a) These four jurisdictions are considered to have the highest level of accuracy of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(b) The category not stated Indigenous status is currently not permitted in records for public and private hospitals in Western Australia.

(c) Includes categories 'other specified person', 'carer' and 'official authorities'.

Notes

1. The number of hospitalisations for assault by each type of perpetrator may not add to the total, because multiple assaults (and therefore perpetrators) can be recorded for each hospitalisation.

2. Excludes private hospitals in the Northern Territory.

Source: AIHW National Hospital Morbidity Database.

- In the four jurisdictions for which data are presented, Indigenous status was not stated for 214 (1.9%) hospitalisations for assault.
- The proportion of hospitalisations for which Indigenous status was not stated varied from 1.1% for assaults by a spouse/domestic partner to 3.4% for assaults by a person unknown to the victim.

4.2 Mortality data

There are two separate collections with information on deaths: the AIHW National Mortality Database has coded mortality data from the Registrars of Births, Deaths and Marriages and the AIC administers the National Homicide Monitoring Program which combines information from police records and coronial records such as toxicology and post-mortem reports on homicide victims.

National Mortality Database

Administrative data collected by the states and territories' Registrars of Births, Deaths and Marriages from 1964 onwards are held in the National Mortality Database at the AIHW. Indigenous status is recorded using the standard ABS question; however, the quality of the data is variable. Information on the cause of death has been classified according to the International Classification of Diseases, using version 10 since 1997 (ICD-10). Under the chapter 'external causes' there is a category 'assault'. This category is further broken down based on the type of assault (e.g. assault by handgun discharge, assault by sharp object, assault by blunt object, sexual assault by bodily force, neglect and abandonment, other maltreatment syndromes). 'Other maltreatment syndromes' includes mental cruelty, physical abuse, sexual abuse and torture. The categories 'neglect and abandonment' and 'other maltreatment syndromes' further distinguish the relationship of the perpetrator to the victim:

- by spouse or domestic partner
- by parent
- by acquaintance or friend
- by official authorities (for 'other maltreatment syndromes' only)
- by other specified person
- by unspecified person.

However, the other categories of assault do not have this information and therefore family violence cannot be distinguished from non-family violence.

Multiple causes of death can be recorded for each death. The cause that initiated the train of events that led to death is recorded as the underlying cause of death. Associated causes are the other conditions listed on the death certificate.

As in the analysis of the hospital data, raw numbers have been presented to examine the quality of Indigenous data; however, to allow comparison of the levels of violence for Indigenous and non-Indigenous people, the numbers have been indirectly age-standardised. Data are reported for Queensland, Western Australia, South Australia and the Northern Territory only. Mortality data in these four jurisdictions – which represent approximately

60% of the Indigenous population of Australia – are considered to have adequate identification of Indigenous people. They do not represent a quasi-Australian figure.

In Queensland, Western Australia, South Australia and the Northern Territory in the period 2000 and 2004, there were 150 Indigenous deaths for which assault was the underlying cause of death. There was one additional death for which assault was an associated cause of death.

Estimate of the number of deaths due to assault

Data are presented for a five-year period to give a more reliable estimate.

Indigenous Australians were more likely than non-Indigenous Australians to die from assaults (Table 4.7).

Table 4.7: Deaths of Indigenous people due to assault^(a), by sex, in Qld, WA, SA and NT, 2000–2004^(b)

	Observed	Expected	Ratio ^(c)	Excess ^(d)
Males	85	9	9.1	76
Females	65	7	9.7	58

(a) Includes deaths for which assault was the underlying cause of death.

(b) Data are reported for Queensland, Western Australia, South Australia and the Northern Territory only. These four states/territories are considered to have the highest level of accuracy of Indigenous identification in mortality data. They do not represent a quasi-Australian figure. Deaths are based on year of registration of death.

(c) Ratio is the observed deaths divided by the expected deaths. Expected deaths are based on the age- and sex-specific rates for non-Indigenous males or females in Queensland, Western Australia, South Australia and the Northern Territory combined.

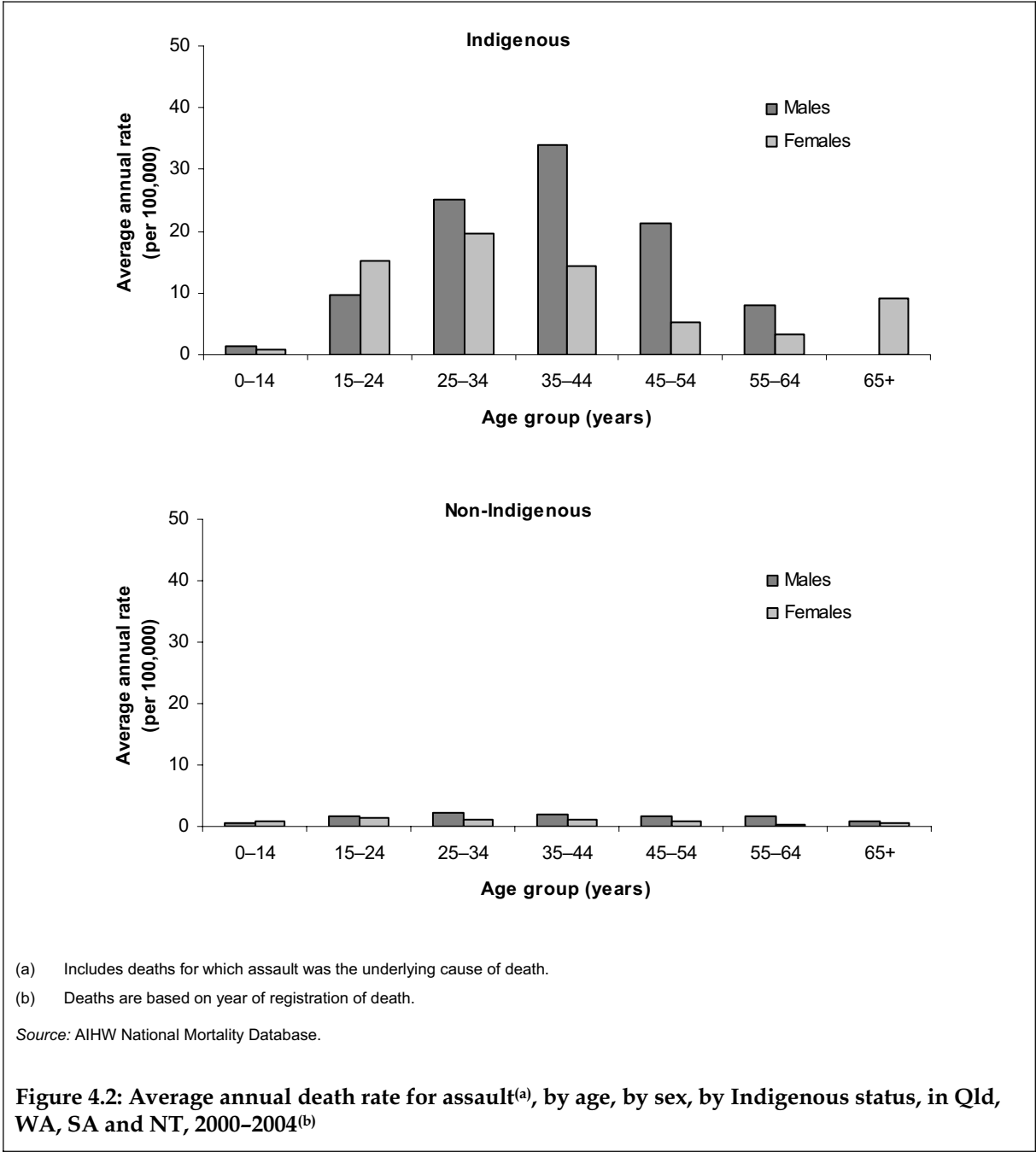
(d) Excess deaths are the observed deaths minus the expected deaths.

Note: The rate ratios for males and females cannot be directly compared because male and female standard populations were used for indirect standardisation, respectively.

Source: AIHW National Mortality Database.

- Over the five years from 2000 to 2004, for the four jurisdictions for which data are presented, there were 150 deaths of Indigenous people due to assault; 85 male and 65 female.
- Aboriginal and Torres Strait Islander males and females were nine and 10 times more likely to die from assault than non-Indigenous males and females, respectively.

The age-specific rates of deaths due to assault are shown by Indigenous status in Figure 4.2.



- The average annual death rate due to assault was considerably higher for Indigenous Australians than non-Indigenous Australians.
- For Indigenous males the age-specific death rate was highest for those aged 35-44 years (34 deaths per 100,000), while for Indigenous females it was highest for those aged 25-34 years (20 deaths per 100,000).

An examination of the data by remoteness revealed a higher proportion of Indigenous deaths due to assault in very remote areas in the four jurisdictions, but differences in Indigenous identification between urban and remote areas impact on the observed mortality rates. Therefore data are not presented by remoteness in the report. This is currently an area of work in the Aboriginal and Torres Strait Islander Health and Welfare Unit at the AIHW.

Multiple causes of death can be recorded for each death. For 12 (8%) Indigenous deaths due to assaults, mental disorders were an associated cause of death. All of these were associated with psychoactive substance use.

Table 4.8 shows the types of injuries most frequently associated with deaths due to assault.

Table 4.8: Most common injuries associated with deaths of Indigenous Australians due to assault^(a), in Qld, WA, SA and NT, 2000–2004^(b) (per cent)

	Per cent
<i>Injury and poisoning (S00–T98)</i>	98.7
Injuries to the thorax (S20–S29)	30.7
Injuries to the head (S00–S09)	30.0
injuries to the abdomen, lower back, lumbar spine and pelvis (S30–S39)	13.3
Injuries to unspecified part of trunk, limb or body region (T08–T14)	12.0
Injuries to the neck (S10–S19)	10.7
Total deaths due to assault (no.)	150

(a) Includes deaths for which assault was the underlying cause of death.

(b) Data are reported for Queensland, Western Australia, South Australia and the Northern Territory only. These four states/territories are considered to have the highest level of accuracy of Indigenous identification in mortality data. They do not represent a quasi-Australian figure. Deaths are based on year of registration of death.

Note: Proportions do not add to the total as multiple causes of death can be recorded for each death.

Source: AIHW National Mortality Database.

- The most common types of injuries associated with deaths due to assault were to the thorax (31%) and head (30%).

Quality of Indigenous identification

The number of deaths due to assault where Indigenous status was not stated is shown by state and territory in Table 4.9.

Table 4.9: Number and proportion of deaths due to assault^(a), by Indigenous status, in Qld, WA, SA and NT, 2000–2004^(b)

	Indigenous	Non-Indigenous	Not stated	Total ^(c)
Number	150	409	19	578
Per cent	26.0	70.8	3.3	100.0

(a) Includes deaths for which assault was the underlying cause of death.

(b) Data are reported for Queensland, Western Australia, South Australia and the Northern Territory only. These four states/territories are considered to have the highest level of accuracy of Indigenous identification in mortality data. They do not represent a quasi-Australian figure. Deaths are based on year of registration of death.

Source: AIHW National Mortality Database.

- For 3% of deaths due to assault in the four jurisdictions for which data are presented, Indigenous status was not stated.

National Homicide Monitoring Program Data

The National Homicide Monitoring Program is administered by the AIC and has been gathering data for 14 years. Information is collected from police and coronial records on the incident, the victim and the offender. Information is also obtained on the relationship of the offender to the victim, so that deaths resulting from family and intimate partner violence can be distinguished from other homicides (Table 4.10). The identification of Indigenous people is sourced from police records and may have been determined by asking the person (offender/victim), or may be based on physical appearance.

In relation to homicides perpetrated by 'family', it is important to be aware that the term 'family' tends to be used more broadly by Aboriginal and Torres Strait Islander people than by non-Indigenous people. This may affect the comparability between homicide rates for Indigenous and non-Indigenous people.

Table 4.10: Number and proportion of homicides^(a), by Indigenous status of victim and offender, by relationship of offender to victim, 2002–03

	Indigenous ^(b)	Non-Indigenous ^(c)	Total ^(d)
	Number		
Intimate partner	16	53	71
Other family	13	56	69
Friends and acquaintances	5	87	102
Strangers	—	41	53
Other relationship	—	25	28
Unknown	—	6	7
Total	34	268	330
	Per cent		
Intimate partner	47.1	19.8	21.5
Other family	38.2	20.9	20.9
Friends and acquaintances	14.7	32.5	30.9
Strangers	—	15.3	16.1
Other relationship	—	9.3	8.5
Unknown	—	2.2	2.1
Total	100.0	100.0	100.0

(a) Includes homicides for which an offender has been identified.

(b) Includes homicides for which both the victim and offender are Indigenous.

(c) Includes homicides for which both the victim and offender are non-Indigenous.

(d) Total includes homicides for which the victim is Indigenous and offender is non-Indigenous or the victim is non-Indigenous and offender is Indigenous.

Source: SCRGSP 2005.

- Of the homicides for which both the victim and the offender were Indigenous, 47% involved intimate partners. This compares with 20% of homicides for which both the victim and the offender were non-Indigenous.
- A higher proportion of homicides for which both the victim and the offender were Indigenous were carried out by other family members (38%), compared with 21% of homicides for which both the victim and the offender were non-Indigenous.
- In 2002–03 there were no homicides for which the Indigenous status of the victim or offender was not stated.

National Coroners Information System

The National Coroners Information System is a national collection of information about deaths reported to Australian coroners since July 2000. All deaths where the person died in a violent or unnatural manner must be reported to the Coroner and therefore all cases of general and family violence which resulted in death should be captured in this data set. The collection contains information on the Indigenous status of the deceased person; however, the quality of these data is not yet reliable. Information about the deceased's indigenous status is sourced from the police report of death submitted to the coroner. In most cases it is believed police ask the next of kin to determine the Indigenous status of the deceased. In

addition, sociodemographic information including employment status, usual occupation, time/location of incident, activity at time of incident, intent (both suspected at time death reported and final), mechanism of injury (primary, secondary and tertiary), object or substance involved (primary, secondary and tertiary) and medical cause of death is also collected. Although there is no information to distinguish general violence from family violence in the data set, some cases include a police narrative of the circumstances which may provide these details.

4.3 Summary

Some harm associated with violence may be measured through hospital, mortality and homicide data.

National information on hospitalisations due to family violence is available, as recent changes to the ICD-10-AM coding mean that partner violence and family violence can be captured separately and distinguished from general violence. However, the quality of Indigenous identification in the National Hospital Morbidity Database in 2003–04 is considered to be in need of improvement; the data are currently considered suitable for analysis for only Queensland, Western Australia, South Australia, and the Northern Territory. Across Australia, the percentage of hospitalisations for assault for which the Indigenous status of the person was not stated was low (1.9%) in these four jurisdictions, but the proportion of hospitalisations for which Indigenous status was incorrectly reported is unknown. Therefore, information on the hospitalisation of Aboriginal and Torres Strait Islander people due to family violence can only be reported for these four jurisdictions and national information is not available.

The National Mortality Database holds information on deaths due to assault, but information on the relationship of the perpetrator to the victim is not available for most categories of assault. Therefore most general assaults cannot be distinguished from partner and family violence-related assaults. Mortality data on Indigenous people are considered complete for only Queensland, Western Australia, South Australia and the Northern Territory, so no national information on the mortality of Aboriginal and Torres Strait Islander people is currently reported.

The National Homicide Monitoring Program does collect information on the relationship of the perpetrator to the victim, as well as information on the Indigenous status of the perpetrator. However, the identification of Indigenous people is sourced from police records and may have been determined by asking the offender/victim, or may be based on physical appearance. This means that, while this data source gives a comprehensive picture of deaths due to partner and family violence as well as general violence, the quality of information on violence according to Indigenous status is of some concern.

Summary of results

Indigenous females were 35 times as likely to be hospitalised due to family violence-related assaults as non-Indigenous females, while Indigenous males were 22 times as likely as non-Indigenous males to be hospitalised for family violence-related assaults.

Across Australia, Indigenous females were nearly 11 times more likely to die due to assault than non-Indigenous females, and Indigenous males were 9 times more likely to die due to assault than non-Indigenous males.

In almost half of Indigenous homicides, the victim was killed by an intimate partner; this compares with one in five non-Indigenous homicides.

5 Victim support/counselling

Administrative data from victim support services provide information on what assistance is offered to the victims of violence, who receives the assistance, how often and the length of their support. Support services include: accommodation assistance, counselling, helplines, housing assistance and child protection services. Data from these services will underestimate the true level of violence, as not all victims of violence access all or any of these services and on some occasions victims are turned away because the support required is not available. Often victims may seek accommodation or counselling from friends and relatives.

5.1 National data collections

There are national data collections for the Supported Accommodation Assistance Program (SAAP) and for child protection.

SAAP National Data Collection

The SAAP National Data Collection is managed by the AIHW. It collects information from agencies funded under the SAAP which is Australia's major program to provide temporary accommodation and support services to homeless people or people at risk of homelessness. The collection reports on people who seek homeless services for many reasons. Family violence is one of them. The collection is currently made up of three components:

- client collection
- demand for accommodation collection
- administrative data collection.

The client collection is the main component, and contains information on all clients seeking assistance throughout the year. The Demand for Accommodation Collection only collects data for a two-week period in each year and measures levels of met and unmet demand for SAAP accommodation by collecting information from both clients who received assistance and also those who were turned away. The administrative data collection contains information on the SAAP agencies.

The client collection is the most useful source of data on Indigenous people escaping violence. The standard ABS question on Indigenous status is asked:

Does the client identify as being of Aboriginal or Torres Strait Islander origin?

1. no
2. yes, Aboriginal
3. yes, Torres Strait Islander
4. yes, both.

The most recent Collectors Manual, which provides information on data collection for SAAP employees, states that this question must always be asked regardless of the worker's perception, based on appearance or other factors (AIHW 2005f:5-15). This statement was not included in the previous Collectors Manual (AIHW 2001) which was used for the collection of the 2003-04 data presented in this report.

There is no single data item which identifies people escaping family violence, but information can be obtained from a number of data items. Information is collected on the reasons for seeking assistance. While multiple responses can be given for this question, another question asks: what is the main presenting reason for seeking assistance? Answers which specifically relate to violence include: physical/emotional abuse; domestic violence; and sexual abuse. The category 'physical/emotional abuse' refers only to abuse by a non-relative, whereas 'domestic violence'¹ refers to abuse by a family member and therefore for the purposes of this report the SAAP term 'domestic violence' is considered to be family violence. The category 'sexual abuse' includes sexual abuse by either a family member or a non-relative and no distinction can be made between the two.

The support provided to clients is also recorded. There are two categories which relate to violence: incest/sexual assault counselling and support; and domestic violence counselling and support. Some SAAP agencies are specifically for women escaping domestic violence. To fully capture the number of clients escaping violence or family violence, the following definitions were used in this report.

Clients escaping violence include males and females:

- who stated either 'physical/emotional abuse', 'domestic violence' or 'sexual abuse' as a reason for seeking assistance; and/or
- who needed, were provided with, or were referred on for 'domestic violence counselling or support' or 'incest/sexual assault counselling and support'; and/or
- who approached a SAAP agency for women escaping domestic violence.

Clients escaping family violence include males and females:

- who stated 'domestic violence' as a reason for seeking assistance; and/or
- who needed, were provided with, or were referred on for domestic violence counselling or support; and/or
- who approached a SAAP agency targeted at women escaping domestic violence.

Under the Client Collection protocols, agencies must inform clients about how their data will be used and clients must give consent for their personal details to be included in the data collection; however, details about the type of support received do not require informed consent. Therefore, data quality is affected by the levels of consent to the data collection as well as by errors and omissions. The AIHW has, however, developed a weighting system to adjust for agency non-participation and client non-consent but no adjustments are possible for unknown errors and omissions. In 2003–04, 93% of agencies in Australia provided data to the SAAP National Data Collection. The proportion of SAAP clients who consented to the provision of their personal data to the National Data Collection agency rose from 88% in 2002–03 to 90% for the 2003–04 collection (AIHW 2005c). Both the question on Indigenous status and reason for seeking assistance are subject to informed consent. Therefore the information collected in this data set is subject to client willingness to disclose such information. This is a noted issue in relation to family violence victims who may face several barriers to disclosure, although the service providers who collect the data are generally extremely adept at collecting information from clients. In 2003–04 agencies for single women

¹ Data are presented for 2003–04 in this report. The term 'domestic violence' was used in the Collectors Manual for 2003–04 data; however, in the 2004–05 manual the term 'domestic/family violence' is used.

and agencies for women escaping domestic violence had consent rates of 88% and 85% respectively (AIHW 2005c).

Estimate of number of clients escaping violence

To present an overall estimate of the number of clients seeking SAAP assistance, numbers have been weighted to adjust for agency non-participation and client non-consent, and indirectly age-standardised where appropriate.

Prevalence

Indirectly age-standardised data on the number of Aboriginal and Torres Strait Islander clients escaping violence and family violence are shown for males and females in Table 5.1.

Table 5.1: Number of Indigenous clients escaping violence or family violence compared with non-Indigenous clients, by sex, 2003–04

	Observed	Expected	Ratio ^(a)	Excess ^(b)
Males				
Escaping violence	550	100	5.3	450
Escaping family violence	350	50	6.6	300
Females				
Escaping violence	8,400	700	11.9	7,650
Escaping family violence	7,950	600	13.0	7,300

(a) Ratio is the observed number of clients divided by the expected number of clients. Expected numbers of clients are based on the age- and sex-specific rates for non-Indigenous Australians.

(b) Excess clients are the observed number of clients minus the expected number of clients.

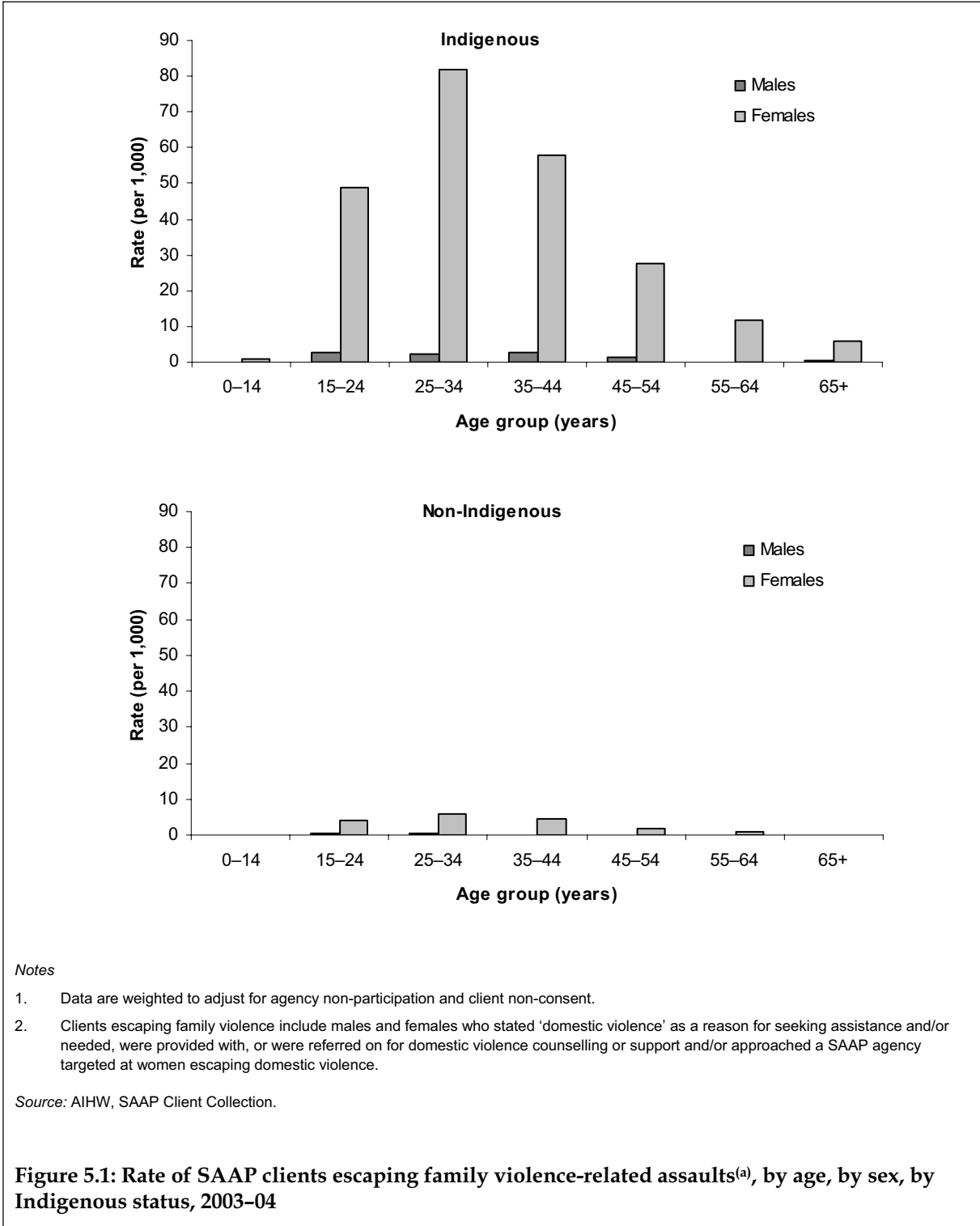
Notes

- Figures have been weighted to adjust for agency non-participation and client non-consent, and numbers have been rounded to the nearest 50. Excess may not equal observed minus expected due to rounding.
- Clients escaping violence include males and females who stated either 'physical/emotional abuse', 'domestic violence' or 'sexual abuse' as a reason for seeking assistance and/or needed, were provided with, or were referred on for 'domestic violence counselling or support' or 'incest/sexual assault counselling and support' and/or approached a SAAP agency targeted at women escaping domestic violence.
Clients escaping family violence include males and females who stated 'domestic violence' as a reason for seeking assistance and/or needed, were provided with, or were referred on for domestic violence counselling or support and/or approached a SAAP agency targeted at women escaping domestic violence.
- The rate ratios for males and females cannot be directly compared because male and female standard populations were used for indirect standardisation, respectively.

Source: AIHW, SAAP Client Collection.

- In 2003–04, 8,400 Indigenous females and 550 Indigenous males sought SAAP assistance to escape violence. The rates for Indigenous females and males were 12 and five times the rates for non-Indigenous females and males, respectively.
- Of those who sought SAAP assistance to escape violence in 2003–04, a majority of Indigenous females (95%) and males (64%) were escaping family violence.
- Indigenous female and male SAAP clients were escaping family violence at 13 and 7 times the rates of non-Indigenous females and males, respectively.

The variation by age and sex in the rate of clients escaping family violence is shown by Indigenous status in Figure 5.1.



- In 2003-04, the overall rate of Indigenous females escaping family violence was 35 per 1,000 population, while for Indigenous males it was 2 per 1,000.

- For all age groups, the rate of Indigenous males escaping family violence was less than 3 per 1,000 of the population, while for females, the rate was highest for those aged 25–34 years (82 per 1,000) and decreased to 6 per 1,000 for those aged over 65 years.
- The age-specific rates for clients escaping family violence were higher for Indigenous Australians than for non-Indigenous Australians.

Weighted data on the number of Indigenous SAAP clients escaping family violence are shown by remoteness in Table 5.2.

Table 5.2: Number and rate of Indigenous clients escaping family violence, by ASGC remoteness, by sex, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Aust
Number						
Males	100	100	100	100	—	400
Females	1,800	1,400	2,100	1,700	1,500	8,000
Total	1,900	1,400	2,200	1,700	1,600	8,300
Rate (per 1,000)^(a)						
Males	1.6	1.2	2.1	3.4	0.2	1.5
Females	25.9	29.1	38.5	78.7	39.4	34.5
Total	13.9	15.2	20.5	40.7	19.7	18.1

(a) The rate is based on the 2001 Indigenous Australian population by ASGC remoteness.

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent, and numbers have been rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Clients escaping family violence include males and females who stated 'domestic violence' as a reason for seeking assistance and/or needed, were provided with, or were referred on for domestic violence counselling or support and/or approached a SAAP agency targeted at women escaping domestic violence.
3. Numbers may not add to totals because a client can receive assistance in more than one ASGC remoteness region.

Source: AIHW, SAAP Client Collection.

- The rate of Indigenous females escaping family violence was highest (79 per 1,000) in remote areas, followed by very remote areas (39 per 1,000).
- For Indigenous males, the rate of SAAP clients escaping family violence was highest in remote areas (3 per 1,000), followed by outer regional areas (2 per 1,000).

Clients may access SAAP services more than once. Weighted data are also presented on the number of support periods for Indigenous clients, by remoteness (Table 5.3). This gives an indication of the total use of SAAP services by Indigenous people.

Table 5.3: Number of support periods and average support periods per client for Indigenous clients escaping family violence, by ASGC remoteness, by sex, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Aust
Number of support periods						
Males	100	100	200	200	—	600
Females	2,600	1,800	3,000	3,000	3,200	13,600
Total	2,700	1,900	3,200	3,200	3,200	14,200
Average number of support periods per client						
Males	1.2	1.1	1.8	2.2	1.2	1.6
Females	1.4	1.3	1.4	1.8	2.1	1.7
Total	1.4	1.3	1.4	1.8	2.1	1.7

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent, and numbers have been rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Clients escaping family violence include males and females who stated 'domestic violence' as a reason for seeking assistance and/or needed, were provided with, or were referred on for domestic violence counselling or support and/or approached a SAAP agency targeted at women escaping domestic violence.

Source: AIHW, SAAP Client Collection.

- Across Australia there were 14,200 support periods for the 8,300 Aboriginal and Torres Strait Islander clients escaping family violence. This is an average of 1.7 support periods per client. The average length of support for Indigenous females escaping family violence was 26 days.
- The highest number of support periods for Indigenous clients escaping family violence was in outer regional, remote and very remote areas, all with approximately 3,200 support periods.
- For Indigenous women escaping family violence, the average number of support periods per client increased with remoteness, from 1.4 support periods per client in major cities to 2.1 in very remote areas.

Family violence and socioeconomic status

Weighted data on the number of closed support periods for Indigenous SAAP clients escaping family violence by employment status are shown in Table 5.4.

Table 5.4: Number and proportion of closed support periods for Indigenous SAAP clients escaping family violence, by employment status before support, by sex, 2003–04

	Males	Females	Persons
Number			
Employed full-time	—	300	300
Employed part-time	—	400	400
Employed casual	—	200	200
Unemployed (looking for work)	200	2,500	2,700
Not in labour force	200	8,000	8,200
Total	500	11,300	11,800
Per cent			
Employed full-time	4.5	2.7	2.8
Employed part-time	3.2	3.6	3.6
Employed casual	3.2	1.6	1.7
Unemployed (looking for work)	39.2	21.8	22.5
Not in labour force	49.9	70.2	69.4
Total	100.0	100.0	100.0

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent, and numbers have been rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Clients escaping family violence include males and females who stated 'domestic violence' as a reason for seeking assistance and/or needed, were provided with, or were referred on for domestic violence counselling or support and/or approached a SAAP agency targeted at women escaping domestic violence.
3. Excludes high-volume records because not all items were included on the high-volume form.
4. Number excluded due to errors and omissions: 1,111.

Source: AIHW, SAAP Client Collection.

- For 69% of the 11,800 closed support periods for Indigenous Australians escaping family violence, the client was not in the labour force, for 23% the client was unemployed but looking for work, and for 8% the client was in some form of employment.
- For approximately 22% of support periods for Indigenous females escaping family violence, the client was unemployed. In comparison, the proportion of support periods for Australian-born non-Indigenous females escaping family violence for which the client was unemployed was 15% (AIHW 2005b).

A critical factor in women being able to leave a violent partner or family situation is that they have their own source of income. The source of income before support, for closed support periods for Indigenous clients escaping family violence is shown in Table 5.5.

Table 5.5: Number and proportion of closed support periods for Indigenous SAAP clients escaping family violence, by source of income before support, by sex, 2003–04

	Males	Females	Persons
	Number		
Parenting payment (single)—formerly sole parent pension	—	5,400	5,400
Newstart allowance	200	2,000	2,300
Parenting payment (partnered)	—	1,200	1,300
Disability support pension	100	900	900
Community Development Employment Program (CDEP)	—	600	700
Youth allowance	100	300	400
Wages/salary/own business	—	300	400
No income	—	300	300
Other government pension/benefit	—	600	600
Other	—	100	200
Total	500	11,900	12,400
	Per cent		
Parenting payment (single)—formerly sole parent pension	4.8	45.5	43.9
Newstart allowance	41.7	17.2	18.2
Parenting payment (partnered)	2.2	10.5	10.2
Disability support pension	11.1	7.2	7.4
Community Development Employment Program (CDEP)	6.7	5.4	5.5
Youth allowance	10.1	2.9	3.2
Wages/salary/own business	3.9	2.9	2.9
No income	8.5	2.2	2.5
Other government pension/benefit	7.6	4.9	5.2
Other	3.4	1.1	1.2
Total	100.0	100.0	100.0

Notes

1. Figures have been weighted to adjust for agency non-participation and client non-consent, and numbers have been rounded to the nearest 100. Numbers may not add to totals due to rounding.
2. Clients escaping family violence include males and females who stated 'domestic violence' as a reason for seeking assistance and/or needed, were provided with, or were referred on for domestic violence counselling or support and/or approached a SAAP agency targeted at women escaping domestic violence.
3. Number excluded due to errors and omissions: 1,054.

Source: AIHW, SAAP Client Collection.

- The most common source of income before SAAP support was a parenting payment for single parents (44%), followed by Newstart allowance (18%) and a parenting payment for couples (10%).

Indigenous women and other female clients

The AIHW report *Female SAAP clients and children escaping domestic and family violence 2003–04* compared Indigenous women escaping family violence with Australian-born non-Indigenous women escaping family violence and overseas-born Australian women escaping family violence (AIHW 2005b). The length of support provided to Indigenous women was much shorter than for women from other cultural groups. Sixty-nine per cent of support periods for Indigenous women were for seven days or less, compared to 44% or less for the other cultural groups. The average length of support was significantly lower for Indigenous women than for women in the other cultural groups (26 days compared to between 58 days and 79 days). Female Indigenous clients had an average of 1.8 support periods each, compared to an average of 1.5 support periods for other cultural groups. Indigenous women tended to have shorter and more frequent support periods than women from other cultural groups. Previous consultations held in Indigenous communities revealed that Indigenous women use SAAP services to escape family violence when it actually erupts, as well as to escape anticipated violence (Keys Young 1998). Other factors could include strong ties and commitments to their families and communities and the lack of alternative accommodation available.

Indigenous women escaping family violence in remote and other rural areas were more likely to have shorter periods of support than Indigenous women in capital cities, metropolitan and large rural centres. Indigenous women in capital cities were most likely to have periods of support greater than six months, whereas Indigenous women in remote areas were most likely to have periods of support of between two and seven days.

Indigenous women escaping family violence were more likely than other cultural groups to be living with relatives or friends either short-term or long-term, both before and after support, although across all groups, women escaping family violence were most commonly living with a spouse or partner and children before seeking support from a SAAP agency (AIHW 2005b). After receiving support, the proportion of women in all groups living with a spouse or partner with children approximately halved. This trend was also apparent for Indigenous women. The proportion of Indigenous females living with a spouse or partner with children fell significantly from 26% to 15% after receiving support. This corresponds to an increase in the proportion of Indigenous women who reported that they were living alone with children (from 14% to 25%) after receiving support. These data suggest that SAAP services are able to assist these women, and their accompanying children, in leaving a violent partner or other family member. However, it is not possible to determine from the data whether these women were still subjected to violence after exiting SAAP services.

Accompanying children

Family violence affects a large proportion of children in SAAP and is of particular concern. Children who witness or experience domestic violence may suffer severe psychological trauma and have very specific needs. They typically display high levels of distress, low self-esteem and, in many cases, behavioural problems such as depression (Rogers 2003; Stone 2003).

In 2003–04, 2% of Australian children aged four years and under had used the SAAP system (AIHW 2005c). In addition, 66% (34,700) of the 52,700 accompanying children in SAAP were children who accompanied a female parent or guardian escaping family violence (AIHW 2005b). For all female clients escaping family violence, the majority of accompanying children were aged 12 years and under (89%), with 45% aged four years and under.

In 2003–04, there were 6,400 support periods for Indigenous women escaping family violence with accompanying children (AIHW 2005b). Fifteen per cent of Indigenous women escaping family violence had four or more accompanying children compared with nine to fourteen per cent of women from other cultural groups.

Quality of Indigenous identification

In order to examine the quality of information about Indigenous people, unweighted data have been presented for the categories: Indigenous, non-Indigenous and missing/not stated. A linkage key is created that allows data collected on separate occasions from the same client to be combined without identifying the client. This allows enumeration of actual clients in addition to occasions of support.

Analysis of the linkage key data suggests several potential scenarios:

- The client reported their Indigenous status consistently.
- The client reported varied responses to the Indigenous status question across multiple support periods (this may be unintentional, the client may consent on one occasion but not the next, or the client may consciously choose to report varying responses).
- The client may have given consent to record their alpha code but may not have given consent to the question on Indigenous status.
- The agency worker may not have asked the question of the client and therefore left the question blank, or they may have responded to the question by making an assumption about the Indigenous status of the client without asking.

It is also worth noting that recent analysis shows that as the client population increases so too does the rate of code duplication. Based on 1999–00 data the total number of clients is underestimated by approximately 3% because about 3% of clients have the same code as another client. A new linkage key has been introduced for 2005–06 which also includes date of birth. This will significantly decrease the rate of duplication of linkage keys.

The variation of reported Indigenous status in 2003–04 is shown in Table 5.6.

Table 5.6: Number and proportion of recorded Indigenous status for SAAP clients escaping family violence, by number of support periods, 2003–04

Support periods	Consistent (valid)	Consistent (missing/not stated)	Indigenous & missing/not stated	Non-Indigenous & missing/not stated	Indigenous & non-Indigenous	Indigenous, non-Indigenous & missing/not stated	Total (%)	Total (no.)
One	97.3	2.7	—	—	—	—	100.0	23,600
Two	90.6	2.4	0.7	1.9	4.4	—	100.0	4,000
Three	87.7	2.5	1.2	2.9	5.6	0.2	100.0	1,400
Four or more	80.7	2.6	1.6	4.9	9.2	0.9	100.0	1,200
Total (%)	95.3	2.7	0.2	0.6	1.2	—	100.0	..
Total (no.)	28,800	800	100	200	400	—	..	30,200

Notes

1. Data are unweighted.
2. Clients escaping family violence include males and females who stated 'domestic violence' as a reason for seeking assistance and/or needed, were provided with, or were referred on for domestic violence counselling or support and/or approached a SAAP agency targeted at women escaping domestic violence.
3. Numbers have been rounded to the nearest 100. Numbers may not add to totals due to rounding.

Source: AIHW, SAAP Client Collection.

- The overall rate of consistent and valid Indigenous identification was 95%.
- The rate of consistent and valid reporting for clients declined as the number of support periods increased; from 97% of clients with one support period to 81% of those with four or more support periods.
- Of clients who had four or more support periods, 9% were recorded as being Indigenous and non-Indigenous on different occasions. Some of these may be valid, as they may have been for two different people (one Indigenous and one non-Indigenous) with the same linkage key.

Unweighted data on the number of clients escaping violence and family violence are shown in Table 5.7 to examine the proportion of clients for whom Indigenous status was not stated.

Table 5.7: Number and proportion of clients escaping violence and family violence, by Indigenous status, 2003–04

	Indigenous	Non-Indigenous	Not stated	Total
Number				
Escaping violence	7,500	26,400	900	34,800
Escaping family violence	7,000	22,400	800	30,200
Per cent				
Escaping violence	21.6	75.7	2.6	100.0
Escaping family violence	23.2	74.0	2.8	100.0

Notes

1. Data are unweighted.
2. Clients escaping violence include males and females who stated either 'physical/emotional abuse', 'domestic violence' or 'sexual abuse' as a reason for seeking assistance and/or needed, were provided with, or were referred on for 'domestic violence counselling or support' or 'incest/sexual assault counselling and support' and/or approached a SAAP agency targeted at women escaping domestic violence.
Clients escaping family violence include males and females who stated 'domestic violence' as a reason for seeking assistance and/or needed, were provided with, or were referred on for domestic violence counselling or support and/or approached a SAAP agency targeted at women escaping domestic violence.
3. Numbers have been rounded to the nearest 100. Numbers may not add to totals due to rounding.

Source: AIHW, SAAP Client Collection.

- Of the 34,800 clients escaping violence, 2.6% had not stated Indigenous status.
- Among the 30,200 clients escaping family violence, Indigenous status was not stated for 2.8%.

The variation in Indigenous identification, by remoteness, in the SAAP database is shown for unweighted data in Table 5.8.

Table 5.8: Number and proportion of clients escaping family violence, by Indigenous status, by ASGC remoteness, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Aust
Number						
Indigenous	1,600	1,200	1,900	1,500	1,300	7,000
Non-Indigenous	13,700	6,200	2,900	500	100	22,400
Not stated	500	200	100	—	—	800
Total	15,800	7,600	4,900	2,000	1,400	30,200
Per cent						
Indigenous	10.3	15.5	38.2	75.3	93.1	23.2
Non-Indigenous	86.5	81.3	60.2	23.4	5.7	74.0
Not stated	3.2	3.2	1.7	1.3	1.2	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Notes

1. Data are unweighted.
2. Clients escaping family violence include males and females who stated 'domestic violence' as a reason for seeking assistance and/or needed, were provided with, or were referred on for domestic violence counselling or support and/or approached a SAAP agency targeted at women escaping domestic violence.
3. Numbers have been rounded to the nearest 100. Numbers may not add to totals due to rounding.
4. Numbers may not add to totals because a client can receive assistance in more than one ASGC remoteness region.

Source: AIHW, SAAP Client Collection.

- The proportion of clients with Indigenous status recorded as 'not stated' decreased with increasing remoteness from 3.2% in major cities and inner regional areas to 1.2% in very remote areas.
- This is consistent with data from the *Data quality of Aboriginal and Torres Strait Islander identification* report which indicated that it is more likely that a disproportionate number of non-Indigenous people are not reporting Indigenous status (AIHW 2004).

National Child Protection Data Collection

The National Child Protection Data Collection includes three collections:

- child protection notifications, investigations and substantiations
- children on care and protection orders
- children in out-of-home care.

Although child protection notifications, investigations and substantiations cannot by themselves be described as 'victim support', they often lead to support for the parents and the child, and for that reason the data from this collection are included in this chapter. This support may occur through the provision of family support services aimed at improving families' ability to care for children and to strengthen family relationships or, in more serious cases, through care and protection orders and out-of-home care (AIHW 2006).

The child protection data are collected each year by the AIHW from the community services departments in each state and territory. Data on children under care and protection orders have been collected by the AIHW since 1991–1992 and national data on children in out-of-home care have been collected since 1995–96. Children who come into contact with these departments for protective reasons include those:

- who are suspected of being, have been or are being abused, neglected or otherwise harmed
- whose parents cannot or are unable to provide adequate care or protection.

Information on the Indigenous status of the child is collected. Caution should be taken when interpreting these data, as a significant proportion of Indigenous children were the subject of a substantiation of neglect, as opposed to abuse. Many of these children should not be counted as being victims of family violence, but it should be noted that it is not possible to tell from the data how many of them have been exposed to violence as well.

Estimate of number of children in child protection

As each state and territory has its own legislation, policies and practices in relation to child protection, the data provided by the jurisdictions are not strictly comparable. This is particularly the case with the data on substantiations, where jurisdictions use different definitions, policies and practices.

The practices used to identify and record the Indigenous status of children also vary across states and territories, with some jurisdictions recording large numbers of children for whom Indigenous status is not recorded. No state or territory can validate the data on Aboriginal or Torres Strait Islander children by other means; therefore the quality of the data is unknown. The data on Aboriginal and Torres Strait Islander children should therefore be interpreted with care.

Children whose Indigenous status is recorded as ‘unknown’ are usually included in the category ‘other children’ in the annual national publication on child protection. The counts for Indigenous children are therefore likely to be an underestimate of the actual number of Indigenous children in the child protection system.

The number of children who were the subjects of a substantiation in 2003–04 is shown by Indigenous status in Table 5.9. A substantiation is a child protection notification made to relevant authorities which was investigated and it was concluded that there was reasonable cause to believe that the child had been, was being or was likely to be abused or neglected or otherwise harmed. It should be noted that these data only report on matters brought to the attention of child welfare services and do not reflect the full extent of harm that is experienced by children.

Table 5.9: Number and rate of children aged 0–16 years who were the subjects of substantiations, by Indigenous status, by state and territory, 2003–04

	Number of children			Rate (per 1,000 children)		
	Indigenous	Other	Total	Indigenous	Other	Total
New South Wales	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Victoria	700	6,323	7,023	57.7	5.9	6.4
Queensland	1,192	11,481	12,673	20.8	13.6	14.0
Western Australia	322	599	921	11.2	1.4	2.0
South Australia	441	1,499	1,940	39.9	4.7	5.9
Tasmania	12	317	329	1.6	3.1	3.0
Australian Capital Territory	44	441	485	25.3	6.2	6.7
Northern Territory	375	116	491	16.2	3.5	8.7

Notes

1. Children aged 17 years were not included in this table. Substantiation rate for 17 year olds is, compared to the rate for younger children, very low. Including 17 year olds would decrease the average substantiation rate for all age groups in an unrepresentative way.
2. New South Wales was unable to provide these data due to the ongoing implementation of the data system, therefore national totals are not provided.
3. Data from Tasmania should be interpreted carefully due to the low incidence of workers recording Indigenous status at the time of the substantiation.

Source: AIHW Child Protection Data Collection (AIHW 2005a).

- The highest rate of Indigenous children in substantiations was in Victoria (58 per 1,000), followed by South Australia (40 per 1,000) and the Australian Capital Territory (25 per 1,000).

The age of Indigenous children in substantiations is shown in Table 5.10.

Table 5.10: Number and proportion of Indigenous children aged 0–17 years in substantiations, by age, by state and territory, 2003–04

	<1	1–4	5–9	10–14	15–17	Unknown	Total ^(a)
Number of children							
New South Wales ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Victoria	125	226	162	156	31	—	700
Queensland	84	214	397	425	75	—	1,195
Western Australia	61	83	94	76	11	—	325
South Australia	43	132	145	110	10	2	442
Tasmania	—	3	5	3	1	—	12
Australian Capital Territory	5	14	9	12	4	—	44
Northern Territory	75	154	76	61	8	2	376
Per cent							
New South Wales ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Victoria	17.9	32.3	23.1	22.3	4.4	—	100.0
Queensland	7.0	17.9	33.2	35.6	6.3	—	100.0
Western Australia	18.8	25.5	28.9	23.4	3.4	—	100.0
South Australia	9.7	29.9	32.8	24.9	2.3	0.5	100.0
Tasmania	—	25.0	41.7	25.0	8.3	—	100.0
Australian Capital Territory	11.4	31.8	20.5	27.3	9.1	—	100.0
Northern Territory	19.9	41.0	20.2	16.2	2.1	0.5	100.0

(a) Totals differ slightly from those provided in table 5.9, because 17 year olds are included. In contrast to table 5.9, inclusion of this age group does not skew results, because no average substantiation rate for all children (in relation to all children in the state) is calculated.

(b) New South Wales was unable to provide these data due to the ongoing implementation of the data system, therefore national totals are not provided.

Note: Where the child was the subject of more than one substantiation in the year, the age of the child was counted at the time of the first substantiation.

Source: AIHW Child Protection Data Collection (AIHW 2005a).

- In Victoria (32%), the Australian Capital Territory (32%) and the Northern Territory (41%), the highest proportions of children in substantiations were aged 1–4 years.
- In Western Australia (29%), South Australia (33%) and Tasmania (42%), the highest proportions of children in substantiations were aged 5–9 years.
- In Queensland 36% of children in substantiations were aged 10–14 years.

Substantiations are classified into four categories: physical abuse, sexual abuse, emotional abuse and neglect. Where more than one type of abuse or neglect has occurred, the substantiation is classified to the type most likely to be the most severe in the short term or most likely to place the child at risk in the short term, or if such an assessment is not possible, to the most obvious form of abuse or neglect. Therefore the data presented on the type of abuse suffered by Indigenous children who were the subject of substantiations can not be considered to be the total number of cases for each type of abuse (Table 5.11).

Table 5.11: Number and proportion of Indigenous children aged 0–17 years who were the subject of substantiations, by type of abuse or neglect, by state and territory, 2003–04

	Physical	Sexual	Emotional	Neglect	Total
Number of children					
New South Wales ^(a)	n.a.	n.a.	n.a.	n.a.	n.a.
Victoria	169	38	321	172	700
Queensland	308	47	315	525	1,195
Western Australia	104	55	25	141	325
South Australia	75	21	149	197	442
Tasmania	5	—	1	6	12
Australian Capital Territory	7	4	22	11	44
Northern Territory	136	39	50	151	376
Per cent					
New South Wales ^(a)	n.a.	n.a.	n.a.	n.a.	n.a.
Victoria	24.1	5.4	45.9	24.6	100.0
Queensland	25.8	3.9	26.4	43.9	100.0
Western Australia	32.0	16.9	7.7	43.4	100.0
South Australia	17.0	4.8	33.7	44.6	100.0
Tasmania	41.7	—	8.3	50.0	100.0
Australian Capital Territory	15.9	9.1	50.0	25.0	100.0
Northern Territory	35.2	10.4	13.3	40.2	100.0

(a) Totals differ slightly from those provided in table 5.9, because 17 year olds are included. In contrast to table 5.9, inclusion of this age group does not skew results, because no average substantiation rate for all children (in relation to all children in the state) is calculated.

(b) New South Wales was unable to provide these data due to the ongoing implementation of the data system, therefore national totals are not provided.

Note: If a child was the subject of a substantiation for more than one type of abuse or neglect, then type of abuse and /or neglect is assigned to the most serious form of abuse/neglect/harm that occurred to the child.

Source: AIHW Child Protection Data Collection (AIHW 2005a).

- In Victoria and the Australian Capital Territory, 46% and 50% of Indigenous children in substantiations were the subject of a substantiation of emotional abuse, respectively.
- Of the Indigenous children in substantiations in Queensland, 44% were the subject of a substantiation of neglect. The corresponding percentages were 43% in Western Australia, 45% in South Australia, 50% in Tasmania and 40% in the Northern Territory.

At any point in the substantiation process, the community services department has the authority to apply to the relevant court to place the child on a care and protection order. Recourse to the court is usually a last resort and is used in situations where supervision and counselling are resisted by the family, where other avenues for the resolution of the situation have been exhausted, or where removal of a child from home into out-of-home care requires legal authorisation. In some jurisdictions, for example, all children who are placed in out-of-home care must be on an order of some kind.

Children can also be placed on a care and protection order and/or in out-of-home care for reasons other than child abuse and neglect; for example, in situations where family conflict is such that 'time out' is needed, or a child is a danger to himself or herself, or where the parents are deceased, ill or otherwise unable to care for the child.

A comparison of the number of Indigenous and other children on care and protection orders in 2004 is shown in Table 5.12.

Table 5.12: Number and rate of children aged 0–17 years on care and protection orders, by Indigenous status, by state and territory, at 30 June 2004

	Number of children			Rate (per 1,000 children)		
	Indigenous	Other	Total	Indigenous	Other	Total
New South Wales	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Victoria	574	4,677	5,251	44.7	4.1	4.5
Queensland	1,146	3,804	4,950	18.9	4.2	5.2
Western Australia	583	1,056	1,639	19.2	2.3	3.4
South Australia	275	1,180	1,455	23.5	3.5	4.2
Tasmania	83	551	634	10.2	5.0	5.4
Australian Capital Territory	53	300	353	28.7	4.0	4.6
Northern Territory	230	115	345	9.4	2.2	5.8

Note: New South Wales was unable to provide these data due to the ongoing implementation of the data system, therefore national totals are not provided.

Source: AIHW Child Protection Data Collection (AIHW 2005a).

- In Victoria, 45 Indigenous children per 1,000 children were on care and protection orders, followed by the Australian Capital Territory (29 per 1,000) and South Australia (24 per 1,000).

Quality of Indigenous identification

While only some states and territories currently use the standard ABS Indigenous status question, other jurisdictions are in the process of introducing the ABS standard into their data collections. In Western Australia and South Australia, if the Indigenous status of the child is not known, a 'pop-up' message on the substantiation screen automatically reminds the case workers to review the Indigenous status. In New South Wales and the Australian Capital Territory, workers are also asked to review the cultural status of clients at the substantiation stage. Victoria requires Indigenous status to be reviewed at case closure. Other jurisdictions are in the process of introducing a reminder system.

The nature of child protection services, which are fairly intrusive interventions into family life and in which many families are not involved voluntarily, means that there are particular issues in relation to establishing the Indigenous status of children and young people. In some

situations workers may not feel that it is appropriate to ask about a child or young person's Indigenous status. This could include situations where parents are not happy about their involvement with the child protection system. Parents may also be reluctant to identify as Indigenous in certain situations, particularly given the long and fraught relationship between Indigenous people and child welfare services. These factors are likely to impact on both the validity and the reliability of the data on Indigenous status.

An additional complication is that child protection often deals with very young children. It is not clear at what age a child is considered old enough to be asked to self-identify. It is also not clear how to record the status when the views of the parents conflict – one parent identifies the child as Indigenous while the other does not.

Data are presented on substantiations, including those for which Indigenous status was unknown/not stated, for the most recent year available, 2004–05 (Table 5.13).

Table 5.13: Number and proportion of substantiations, by Indigenous status of child, by state and territory, 2004–05

	Number of substantiations				Per cent			
	Indigenous	Non-Indigenous	Unknown/not stated	Total	Indigenous	Non-Indigenous	Unknown/not stated	Total ^(a)
New South Wales	3,140	11,713	640	15,493	20.3	75.6	4.1	100.0
Victoria ^(b)	816	6,577	—	7,393	11.0	88.9	—	100.0
Queensland	1,707	14,048	1,552	17,307	9.9	81.2	9.0	100.0
Western Australia	385	677	42	1,104	34.9	61.3	3.8	100.0
South Australia	736	1,581	67	2,384	30.9	66.3	2.8	100.0
Tasmania	43	201	538	782	5.5	25.7	68.8	100.0
Australian Capital Territory	136	610	467	1,213	11.2	50.3	38.5	100.0
Northern Territory	337	131	5	473	71.2	27.7	1.1	100.0
Australia	7,300	35,538	3,311	46,149	15.8	77.0	7.2	100.0

(a) Totals may not add to sum of components due to rounding.

(b) Excludes 5 cases without Indigenous status due to a data system error.

Source: AIHW Child Protection Data Collection (unpublished).

- In 2004–05, the overall proportion of substantiations with an unknown/not stated Indigenous status was 7.2%.
- The proportion of substantiations with an unknown/not stated Indigenous status was highest in Tasmania (69%), followed by the Australian Capital Territory (39%).
- In the remaining jurisdictions, the proportion of substantiations where Indigenous status was an unknown/not stated was less than 10%.

The data on Indigenous status for children on care and protection orders may be more reliable than data for children in substantiations as there is a higher level of involvement with the families of children on care and protection orders through the provision of support services. The number and percentage of an unknown/not stated responses for the care and protection data at 30 June 2005 are shown in Table 5.14.

Table 5.14: Number and proportion of children on care and protection orders, by Indigenous status, by state and territory, at 30 June 2005

	Number of children				Per cent			Total ^(a)
	Indigenous	Other	Unknown/ not stated	Total	Indigenous	Other	Unknown/ not stated	
New South Wales	2,113	6,455	52	8,620	24.5	74.9	0.6	100.0
Victoria	682	4,973	—	5,655	12.1	87.9	—	100.0
Queensland	1342	4,515	—	5,857	22.9	77.1	—	100.0
Western Australia	660	1,122	1	1,783	37.0	62.9	0.1	100.0
South Australia	322	1,147	84	1,553	20.7	73.9	5.4	100.0
Tasmania	94	536	86	716	13.1	74.9	12.0	100.0
Australian Capital Territory	70	314	80	464	15.1	67.7	17.2	100.0
Northern Territory	281	130	3	414	67.9	31.4	0.7	100.0
Australia	5,564	19,192	306	25,062	22.2	76.6	1.2	100.0

(a) Totals may not add to sum of components due to rounding.

(b) Excludes 3 cases without Indigenous status due to a data system error.

Source: AIHW Child Protection Data Collection (unpublished).

- Across Australia in 2005, there were 25,062 children on care and protection orders. Of these, 22% were Indigenous, and Indigenous status was not recorded for a further 1.2% of children.
- The Australian Capital Territory reported the highest proportion of children on care and protection orders for whom Indigenous status was unknown/not stated (17%), followed by Tasmania (12%) and South Australia (5%).

5.2 State and territory data collections

Most states and territories did not collect data from family violence support services. However, data are collected from some family violence prevention and support services in Queensland. In New South Wales, data are collected from sexual assault services. Also, the New South Wales Department of Community Services collects information from its domestic violence helpline. These collections are discussed.

Queensland Centre for Domestic and Family Violence Research Database

The Queensland Centre for Domestic and Family Violence Research collects information from domestic and family violence prevention and support services. It is a joint initiative of

the Queensland Department of Communities and Central Queensland University, Mackay Campus. The data collection was established to contribute to an impact evaluation of changes to legislation in 2003. Before March 2003, legislation covered protection for 'spousal' relationships (whether the couple were of the same or opposite sex and including de facto relationships and biological parents of a child). In 2003, the legislation was broadened to cover other family relationships, informal care and intimate personal relationships (couples engaged to be married; couples promised or betrothed under customary law or cultural practice; and people in enmeshed dating relationships). Data are only collected from agencies which receive funding from the Department of Communities to provide services under the new legislation, and are required to collect data to contribute to the impact evaluation of the changed legislation. Therefore, there are other agencies in Queensland which provide domestic violence services, but are not included in the data collection. Also some services in the data collection provide more than just domestic violence support.

Data are collected for new client matters. If a client approaches an agency and has not done so before, they are counted as a new client. A client may have a number of visits for the same matter and then the case may be closed if the matter is considered to be resolved. If a client does not visit for six months, the matter is considered to be closed. If the client has been before and their case is closed, they will be counted as a new client. Also clients may be counted more than once if they return for different matters (e.g. once for spousal abuse and then for sibling abuse). The support services are available for victims and offenders, as well as men and women, therefore the collection includes all these groups. Some services provide support to men and women; some to men only; and some to women only. Indigenous services tend to support women only less often than mainstream services.

Data are submitted electronically to the Queensland Centre for Domestic and Family Violence Research and are stored in unit record form.

A range of information is collected, including Indigenous status and the relationship of the victim to the offender. The question on Indigenous status is based on self-identification. It asks:

What cultural or ethnic group does the client usually identify with? (Tick one only)

- a. Australian
- b. Australian Aboriginal
- c. Australian Torres Strait Islander
- d. Australian South Sea Islander
- e. Combination of b and c
- f. Combination of b, c and /or d
- g. Unknown
- f. Other (please specify).

The number and proportion of new client matters for domestic and family violence support services are shown in Table 5.15.

Table 5.15: Number and proportion of new client matters for Queensland domestic and family violence support services, by Indigenous status, 2004–05

	Indigenous	Non-Indigenous	Unknown	Total
Number	1,457	20,051	415	21,923
Per cent	6.6	91.5	1.9	100.0

Notes

1. Does not include all domestic and family violence support services in Queensland.
2. Includes both victims and perpetrators.
3. Victims and perpetrators include males and females.

Source: Queensland Centre for Domestic and Family Violence Research 2006.

- Aboriginal and Torres Strait Islander people were over-represented in the domestic and family violence support services, with 1,457 or 7% of the 21,923 new client matters being for Indigenous people. In comparison, it was estimated that in 2005, 3.4% of the Queensland population was Indigenous (ABS 2004a).
- Indigenous status was unknown for 415 or 2% of new client matters.

A comparison of the relationship between the victim and the perpetrator for Indigenous and non-Indigenous Australians is shown for new client matters at Queensland domestic and family violence support services (Table 5.16).

Table 5.16: Number and proportion of new client matters for Queensland domestic and family violence support services, by relationship between victim and perpetrator, by Indigenous status, 2004–05

	Indigenous	Non-Indigenous
	Number	
Spouse	1,078	15,279
Intimate personal ^(a)	156	1,795
Family parent/step-parent/child	87	1,882
Family sibling	71	445
Family grandparent/grandchild	n.p.	65
Family other	71	445
Informal care	n.p.	71
Total new client matters	1,457	20,051
	Per cent	
Spouse	74.0	76.2
Intimate personal ^(a)	10.7	9.0
Family parent/step-parent/child	6.0	9.4
Family sibling	4.9	2.2
Family grandparent/grandchild	n.p.	0.3
Family other	4.9	2.2
Informal care	n.p.	0.4

n.p. Not published for confidentiality reasons, but included in total.

(a) 'Intimate personal' relationships include couples who are engaged to be married, promised or betrothed under customary law or cultural practice, and people in enmeshed dating relationships.

Notes

1. Does not include all domestic and family violence support services in Queensland.
2. Includes both victims and perpetrators.
3. Victims and perpetrators include males and females.
4. Excludes new client matters for which relationship between victim and perpetrator was not stated.
5. Numbers and proportions may not add to total as clients could give multiple responses to the relationship between victim and perpetrator.

Source: Queensland Centre for Domestic and Family Violence Research (unpublished).

- Among Indigenous clients, almost three-quarters (74%) of new client matters were for spousal abuse, a further 11% involved intimate personal abuse.
- Six per cent of new client matters for Indigenous clients were for abuse with a parent/step-parent/child relationship. This figure was 9% for new client matters in which the client was non-Indigenous.
- The proportion of new client matters related to sibling abuse was 5% for Indigenous Australians and 2% for non-Indigenous Australians.

- One in twenty (5%) new client matters for Indigenous clients were for abuse between other family members, compared with one in 50 (2%) new client matters in which the client was non-Indigenous.

NSW Health Sexual Assault Services Data Collection

NSW Health Sexual Assault Services Data Collection contains information on people who use sexual assault services in New South Wales. These services provide crisis counselling, medical care, information, court reports, court preparation, and support to victims of sexual assault. Data are collected at initial presentation to the service, but not on subsequent visits. There are currently 50 sexual assault services across New South Wales, of which 38 are in rural areas. All services participate in data collection. This is an ongoing collection which began collecting data on child victims in 1985 and on adult victims in 1989.

Along with a number of other data items, both Aboriginal status and the relationship of the perpetrator to the victim are collected. Therefore the extent of Aboriginal family violence can be determined, but it is not reported in published data. The question on Aboriginal status does not explicitly include Torres Strait Islanders.

Any information that is not provided by a client in initial contact is not sought later. Therefore there are a large number of not stated responses for some data items. The most recent published data are for 1994–95 to 1997–98. Table 5.17 shows the total number of adults seeking assistance at a sexual assault service in New South Wales. The data do not relate specifically to sexual assault within the family.

Table 5.17: Number and proportion of adults seeking assistance at a sexual assault service, by Aboriginal status^(a), by year, New South Wales, 1994–95 to 1997–98

	1994–95	1995–96	1996–97	1997–98
	Number			
Aboriginal	89	112	107	114
Non-Aboriginal	1,489	1,640	1,754	1,739
Not stated	200	221	224	191
Total	1,778	1,973	2,085	2,044
	Per cent			
Aboriginal	5.0	5.7	5.1	5.6
Non-Aboriginal	83.7	83.1	84.1	85.1
Not stated	11.2	11.2	10.7	9.3
Total	100.0	100.0	100.0	100.0

(a) The question on Aboriginal status did not include Torres Strait Islanders.

Source: NSW Health Sexual Assault Services Data Collection (NSW Health 1999).

- Between 1994–95 and 1997–98 the number of adults seeking assistance from sexual assault services increased from 1,778 to 2,044.
- Over this time the proportion of Aboriginal people seeking assistance ranged from 5% to 6%.

- For a relatively large proportion of sexual assault services clients, Aboriginal status was not stated; however, this proportion decreased from 11% in 1994–95 to 9% in 1997–98.

The number of children aged under 16 years who sought assistance at sexual assault services in New South Wales in 1997–98 is shown in Table 5.18.

Table 5.18: Number and proportion of children^(a) seeking assistance at a sexual assault service, by Aboriginal status^(b), New South Wales, 1997–98

	Males	Females	Unknown	Total
Number				
Aboriginal	32	117	1	150
Non-Aboriginal	293	981	29	1,303
Total	325	1,098	30	1,453
Per cent				
Aboriginal	21.3	78.0	0.7	100.0
Non-Aboriginal	22.5	75.3	2.2	100.0
Total	22.4	75.6	2.1	100.0

(a) Aged under 16 years.

(b) The question on Aboriginal status did not include Torres Strait Islanders.

Note: Excludes 228 presentations where the Aboriginality of the victim was unknown.

Source: NSW Health Sexual Assault Services Data Collection (NSW Health 1999).

- In 1997–98, 1,453 children in New South Wales used sexual assault services. Of these, 150 were Aboriginal.
- Approximately four out of every five (78%) Aboriginal children who sought assistance at sexual assault services were female.

5.3 Summary

A number of different administrative data collections exist in the area of victim support and counselling; however, at present the only national collections are the SAAP data collection and the National Child Protection Data Collection.

The SAAP data collection provides information on the number of SAAP clients escaping violence. It is possible to report on the number of clients escaping family violence, as defined within the collection, but it is not possible to differentiate between partner and family violence. The variable 'relationship of offender to victim' is not collected. The collection contains relatively good quality data on Indigenous status, with Indigenous status not stated for only 2.8% of clients escaping violence. This makes it possible to report on the number and proportion of Aboriginal and Torres Strait Islander clients escaping family violence.

The National Child Protection Data Collection provides information on child protection notifications, investigations and substantiations, children on care and protection orders and children in out-of-home care. A number of issues affect the quality of the data on Indigenous status. Data on Indigenous status for children on care and protection orders are likely to be more reliable than those in substantiated notification. In terms of distinguishing family violence from other violence, there are issues around collecting information on the

relationship of the person believed responsible for violence to the child, and it is currently not possible to distinguish between abuse by family members and others.

Summary of results

Indigenous females were 13 times, and Indigenous males 7 times, more likely to seek assistance from a SAAP agency to escape family violence than non-Indigenous females and males, respectively.

Across the states and territories, Aboriginal and Torres Strait Islander children were between 1.5 (Queensland) and 10 (Victoria) times as likely to be the subject of a substantiated notification as other Australian children, and between 2 (Tasmania) and 11 (Victoria) times as likely to be on care and protection orders as other Australian children.

6 Criminal justice data

Criminal justice data indicate how frequently the police or courts are involved with cases of violence and what the outcomes are for the perpetrator. Data are potentially available on violent incidents recorded by police, charges in courts, applications for domestic violence orders and sentenced prisoners. As with other administrative data collections, these data will underestimate the extent of violence, as a large number of incidents are not reported to the police and therefore do not proceed through the justice system. In addition, the level of under-reporting by Indigenous Australians is thought to be greater than for non-Indigenous Australians because of past experiences with the criminal justice system. It is acknowledged that there are cultural barriers to Indigenous people accessing assistance from the police and criminal justice system (Australian Law Reform Commission 1994; Braaf & Ganguly 2002). Also, the lack of access to services in remote areas can lead to an under-reporting of violence, as some remote communities may not have police or legal aid services nearby.

6.1 National data collections

Police, courts and correctional services data are collected by all states and territories. Data from these areas are collated into national collections by the ABS. Below is a discussion of the national data sets in relation to the data items collected, including Indigenous status and the quality of the data.

Recorded Crime—Victims

The ABS Recorded Crime – Victims collection is a national administrative data collection. Information is provided to the ABS from each state and territory police agency on a range of recorded crimes, including homicide, robbery, blackmail/extortion and unlawful entry. Information is also collected on assaults and sexual assaults; however, national data are not published. Data are published for individual jurisdictions but the data cannot be compared because each jurisdiction has its own recording system and different procedures for when an incident is recorded on the system. For example, some jurisdictions always record an incident, whereas in other jurisdictions an incident is only recorded if the victim wishes to proceed against the offender or is dependent on the seriousness of the incident. The National Crime Statistics Unit (NCSU) Board of Management has agreed for a National Crime Recording Standard to be developed to address this issue. Information on the relationship of the offender to the victim is collected; however, due to quality concerns it is not made available. Indigenous status is not currently collected in this data set.

National Criminal Courts Collection

The ABS National Criminal Courts Collection is an administrative data collection which contains information from the Higher (Supreme and Intermediate) and Magistrates' Courts in each jurisdiction. Information is collected on the characteristics of the defendants, the offences committed and sentences received. Offences are classified according to the Australian Standard Offence Classification, which includes categories of homicide and related offences; acts intended to cause injury; and sexual assault and related offences.

Information is also collected on breaches of domestic violence and restraining orders. However, no information is collected on the relationship of the offender to the victim or on Indigenous status.

National Corrective Services Collection

The ABS collects administrative data from the corrective services agencies in each jurisdiction and from the Australian Government Attorney-General's Department for details on federal prisoners. Information is collected on the number of people in custody, the type of custody, legal status and Indigenous status. However, there is no detail on the type of offence committed and therefore the information cannot be used to examine levels of violence or family violence.

National Prisoner Census

The ABS National Prisoner Census collects data annually from administrative records held by the corrective services agencies in each jurisdiction. It includes all prisoners in adult corrective services, but not persons in juvenile institutions, psychiatric custody or police custody. Information is collected on the demographic details, legal status and sentence details of prisoners. Data are collected on Indigenous status and the most serious offence committed, but not on the relationship of offender to victim.

The number and proportion of prisoners for homicide, assaults and sexual assaults for 2005 by Indigenous status are shown in Table 6.1.

Table 6.1: Number and proportion of prisoners sentenced for violent crimes, by most serious offence^(a), by Indigenous status, 30 June 2005

	Homicide and related offences	Acts intended to cause injury	Sexual assault and related offences	Total ^(b)
	Number			
Indigenous	371	1,809	551	2,731
Non-Indigenous	2,108	2,449	2,111	6,668
Not stated	86	76	54	216
Total	2,565	4,334	2,716	9,615
	Per cent			
Indigenous	14.5	41.7	20.3	28.4
Non-Indigenous	82.2	56.5	77.7	69.3
Not stated	3.4	1.8	2.0	2.2
Total	100.0	100.0	100.0	100.0

(a) Refers to most serious offence.

(b) Total for homicide and related offences; acts intended to cause injury; and sexual assault and related offences.

Source: ABS, National Prisoner Census 2005 (ABS 2005c).

- Across Australia, there were 9,615 Aboriginal and Torres Strait Islander adults in prison for violent crimes in 2005.
- There were 1,809 Indigenous people in prison for assault, 551 for sexual assault and 371 for homicide.

- In 2005, Aboriginal and Torres Strait Islander prisoners comprised 42% of those sentenced for acts intended to cause injury, 20% of those sentenced for sexual assault and 15% of those sentenced for homicide.
- The proportions of prisoners for whom Indigenous status was not stated were 3.4% for homicide, 2.0% for sexual assault and 1.8% for acts intended to cause injury.

6.2 State and territory data collections

Some states and territories have research centres which collate police and courts data for their own jurisdiction. These collections may contain more information than is supplied to the ABS for the national collections discussed previously in Section 6.1. The following section presents state and territory police and courts data by Indigenous status which have been published or were easily available by request. Data to assess the extent of violence and the quality of Indigenous identification are presented together.

NSW Bureau of Crime Statistics and Research

The NSW Bureau of Crime Statistics and Research was established in 1969 within the Attorney General's Department. It collects data on crimes reported to the police and on criminal court appearances in New South Wales.

The police data contain information on the Indigenous status of the victim and the offender, as well as the relationship of the offender to the victim. The police ask whether the person identifies as Aboriginal or Torres Strait Islander.

The courts data contain information on the Indigenous status of the offender, but not the victim nor any details of the relationship between victim and offender, so family violence cannot be distinguished from other violence. However, there are also data on personal and domestic apprehended violence orders which include information on Indigenous status. The courts ask the question on Indigenous status and they distinguish between Aboriginal and Torres Strait Islander people. The courts data from 1999 onwards have new counting rules regarding Indigenous status. A person is considered to be Indigenous if they have ever identified as Indigenous at a previous court appearance (since 1994).

The number and proportion of victims of violent crime recorded by New South Wales Police are shown in Table 6.2.

Table 6.2: Number and proportion of victims recorded by New South Wales Police, by offence type, by Indigenous status, 2004

	Indigenous	Non-Indigenous	Unknown	Total
	Number			
Murder	n.p.	61	n.p.	68
Assault	5,281	61,932	3,671	70,884
Domestic violence assault ^(a)	2,981	22,433	1,466	26,880
Sexual assault	230	3,310	534	4,074
	Per cent			
Murder	n.p.	89.7	n.p.	100.0
Assault	7.5	87.4	5.2	100.0
Domestic violence assault ^(a)	11.1	83.5	5.5	100.0
Sexual assault	5.6	81.2	13.1	100.0

(a) The category 'domestic violence assault' is a subcategory of 'assault'.

Source: AIHW analysis of New South Wales Bureau of Crime Statistics and Research data.

- Of the 70,884 victims of assault recorded by New South Wales Police in 2004, Indigenous status was unknown for 5%.
- Among the 4,074 recorded victims of sexual assault, Indigenous status was unknown for 534 (13%).

In 2004 there were 3,435 Indigenous female victims of assault recorded by New South Wales Police. Of these, 68% were victims of domestic violence-related assault. Indigenous females were victims of domestic violence assault and sexual assault at seven and two times the rate of non-Indigenous females, respectively.

Of the 1,795 Indigenous male victims of assault recorded by New South Wales Police, 614 (34%) were victims of domestic violence-related assault. This was four times the rate expected based on the non-Indigenous population. New South Wales Police also recorded 28 Indigenous male victims of sexual assault in 2004.

Data are also collected on the victims protected by domestic apprehended violence orders granted by New South Wales Local Criminal Courts (Table 6.3).

Table 6.3: Number and proportion of victims protected by domestic apprehended violence orders granted by New South Wales Local Criminal Courts, by Indigenous status, 2004

	Indigenous	Non-Indigenous	Unknown	Total
Number	1,368	8,037	16,876	26,281
Per cent	5.2	30.6	64.2	100.0

Source: AIHW analysis of New South Wales Bureau of Crime Statistics and Research data.

- Of the 26,281 victims protected by domestic apprehension orders, 5% were recorded as Indigenous and Indigenous status was unknown for 64%.

The number and proportion of charges in New South Wales higher and lower courts by Indigenous status of offender are shown in Table 6.4.

Table 6.4: Number and proportion of charges for violent crimes in New South Wales higher and lower courts, by offence type, by Indigenous status of offender, 2004

	Indigenous	Non-Indigenous	Unknown	Total
Number of charges				
Assault	7,363	22,254	1,168	30,785
Sexual assault	243	1,498	142	1,883
Per cent				
Assault	23.9	72.3	3.8	100.0
Sexual assault	12.9	79.6	7.5	100.0

Source: AIHW analysis of New South Wales Bureau of Crime Statistics and Research data.

- Of the 30,785 charges for assault, the Indigenous status of the defendant was unknown for 4%.
- Indigenous status of the defendant was unknown for 8% of the 1,883 charges for sexual assault.

In New South Wales in 2004, there were 5,860 assault charges brought against Indigenous males. Charges for assault were brought against Indigenous males at 15 times the rate for non-Indigenous males. There were 237 charges for sexual assault brought against Indigenous males. This was 10 times the rate for non-Indigenous males.

There were 1,503 charges for assault brought against Indigenous females in New South Wales. Charges for assault were brought against Indigenous females at 24 times the rate of non-Indigenous females.

Victoria Police

Information from Victoria Police is published on homicides, assaults, domestic violence assaults and sexual assaults by Indigenous status (SCRGSP 2005). Information is also collected on the relationship of the offender to the victim for all victim-based crimes. However, these data are not published by Indigenous status. In 2004, Victoria Police introduced the system of asking both the offender and the victim the standard ABS question on Indigenous status. Prior to this, Indigenous status was derived from the subjective assessment of the police officer based on physical appearance. More information is collected on the offender than the victim, as this is the focus of police investigations.

Data from Victoria Police were reported in the *Overcoming Indigenous disadvantage* (SCRGSP 2005) report (Table 6.5). These data were collected before the changes were made to the collection of data on Indigenous status.

Table 6.5: Number and proportion of victims of violent crime recorded by Victoria Police, by offence type, by Indigenous status^(a), 2003–04^(b)

	Indigenous	Non-Indigenous	Not stated	Total
	Number			
Homicide	1	151	28	180
Assault	279	18,739	3,491	22,509
Domestic violence assault ^(c)	101	3,027	460	3,588
Sexual assault ^(d)	43	3,279	1,026	4,348
	Per cent			
Homicide	0.6	83.9	15.6	100.0
Assault	1.2	83.3	15.5	100.0
Domestic violence assault ^(c)	2.8	84.4	12.8	100.0
Sexual assault ^(d)	1.0	75.4	23.6	100.0

(a) Indigenous status is derived from the physical appearance of the victim, which is a subjective assessment of the police officer.

(b) These data include only those incidents where the police officer has made sufficient inquiries to satisfy themselves that a crime has been committed.

(c) Defined as a family violence report and an assault occurring in the same incident. A family violence incident may involve any family members.

(d) Combination of Victoria Police offences 'rape' and 'sex (non-rape)'.

Source: Victoria Police (SCRGSP 2005).

- The proportions of Indigenous victims of domestic violence assault (2.8%), assault (1.2%), sexual assault (1.0%) and homicide (0.6%) were all equal to or higher than the proportion of Indigenous people in the Victorian population (0.6%).
- There were relatively high proportions of victims of violent crimes in Victoria for whom Indigenous status was not stated. This ranged from 13% for domestic violence assaults to 24% for sexual assaults.

Queensland Police

In 2005 the Crime and Misconduct Commission (CMC) in Queensland published the report, *Policing domestic violence in Queensland: meeting the challenges*. In this report domestic violence is defined as physical, emotional or psychological abuse that occurs between people who are in a spousal, family, intimate or informal care relationship (CMC 2005). Data from this report are presented below. Queensland Police collect information on callouts to domestic violence incidents. This is shown by Indigenous status of the victim and offender (Table 6.6).

Table 6.6: Number and proportion of domestic violence incidents attended by police involving Indigenous people, by victim or offender, Queensland, April–September 2003

	Indigenous victim	Indigenous offender
Number	3,805	3,888
Per cent	22.7	23.2

Note: Incidents for which both the offender and the victim were Indigenous are included in both the 'Indigenous victim' and 'Indigenous offender' groups.

Source: Queensland Police Service DV Index data (CMC 2005).

- During the six-month period, Queensland Police attended 3,805 domestic violence incidents in which the victim was Indigenous (23%).
- The offender was Indigenous in 3,888 (23%) of domestic violence incidents attended by police.

University of Western Australia Crime Research Centre

The Crime Research Centre was established in 1989 to collect and analyse statistical data on crime in Western Australia. Data are collected from police; higher, lower and children's courts; and prisons. The Crime Research Centre has developed the integrated Numerical Offender Identification System (INOIS) which links data from the various agencies to enable tracking of offenders through the criminal justice system. This type of data linkage can decrease the proportion of records with unknown Indigenous status, because the Indigenous status of an offender with missing Indigenous status in one data source may be determined from another data source.

The Centre annually publishes data on a range of crime and justice statistics in Western Australia. Data are published according to the Australian National Classification of Offences which does not distinguish family violence from all violence.

Table 6.7 shows the number and proportion of persons arrested by Western Australia Police for violent crimes, by Indigenous status of the offender.

Table 6.7: Number and proportion of distinct persons^(a) arrested by Western Australia Police for violent crimes, by Indigenous status, 2004

	Indigenous	Non-Indigenous	Not stated	Total
	Number			
Homicide	20	66	2	88
Assault	2,351	3,164	34	5,549
Sexual offences	151	429	10	590
	Per cent			
Homicide	22.7	75.0	2.3	100.0
Assault	42.4	57.0	0.6	100.0
Sexual offences	25.6	72.7	1.7	100.0

(a) Individuals are counted only once within the period.

Source: Ferrante et al. 2005.

- Aboriginal and Torres Strait Islander people were over-represented among those arrested for violent crimes in Western Australia in 2004; comprising 42% of those arrested for assault, 26% of those arrested for sexual offences and 23% of those arrested for homicide.
- The proportions of people arrested for homicide, sexual offences or assault for whom Indigenous status was not stated were 2.3%, 1.7% and 0.6% respectively.

The number and proportion of final court appearances for violent crimes in the Western Australian higher courts are shown by Indigenous status in Table 6.8.

Table 6.8: Number and proportion of final appearances for violent crimes in the Western Australian higher courts, by offence type, by Indigenous status of offender, 2004^(a)

	Indigenous	Non-Indigenous	Unknown	Total
	Number of final appearances			
Homicide	16	40	2	58
Assault	81	205	12	298
Sexual offences	90	310	9	409
	Per cent			
Homicide	27.6	69.0	3.4	100.0
Assault	27.2	68.8	4.0	100.0
Sexual offences	22.0	75.8	2.2	100.0

(a) A final appearance is where a group of related offence counts per defendant are finalised at an appearance. Includes acquittals, convictions and sentences.

Source: Ferrante et al. 2005.

- In Western Australia, 28%, 27% and 22% of the final higher court appearances for homicide, assault and sexual offences, respectively, involved Indigenous offenders.
- The proportion of final higher court appearances where the Indigenous status of the offender was unknown varied from 2% for sexual offences to 4% for assaults.

The number and proportion of people entering prisons for violent crimes in Western Australia in 2004 are shown by Indigenous status in Table 6.9.

Table 6.9: Number and proportion of distinct prisoners^(a) received in Western Australia for violent crimes, by offence type, by Indigenous status of the offender, 2004

	Indigenous	Non-Indigenous	Total
		Number	
Homicide	13	15	28
Assault	360	120	480
Sexual offences	37	79	116
		Per cent	
Homicide	46.4	53.6	100.0
Assault	75.0	25.0	100.0
Sexual offences	31.9	68.1	100.0

(a) Individuals are counted only once within the period.

Source: Ferrante et al. 2005.

- Indigenous adults were over-represented in Western Australian prisons, accounting for 75% of prisoners received for assault, 46% of those received for homicide, and 32% of prisoners received for sexual offences.

South Australia Office of Crime Statistics and Research

The Office of Crime Statistics and Research collects data from police, courts and correctional services in South Australia. It regularly publishes a variety of crime statistics which includes police incident reports, offences recorded by police, victims of offences recorded by police and offences cleared by way of an apprehension. The information on offences cleared by way of apprehension is presented by the Aboriginal status of the offender.

Information on Indigenous family violence is not routinely published. Nevertheless, data could be obtained on this topic, subject to approval by the agency which owns the data. Obtaining police data on family violence would involve combining information from the police incident report and the apprehension report (if the perpetrator was apprehended). The incident report has details of the age, sex and relationship of the offender to the victim, but not Aboriginal status. The apprehension report has Aboriginal status of the offender, but no information on the relationship of the offender to the victim.

The Aboriginal status in the police data is not based on self-identification, but on the arresting officer's assessment of the physical appearance of the offender. The category 'unknown Aboriginal status' is recorded.

The courts administrative data contain limited information on Aboriginal status, but this is generally derived from data provided by South Australia Police to courts. Courts data include details on the offence; however, there is no information on the relationship of the perpetrator to the victim.

The number of alleged offences for violent crimes in South Australia is shown by Aboriginal status (Table 6.10).

Table 6.10: Number and proportion of violent offences cleared by way of an apprehension order, by offence type, by Aboriginal status of alleged offender^(a), South Australia, 2004

	Aboriginal	Non-Aboriginal	Not stated	Total
Number of offences				
Murder	5	26	—	31
Attempted murder	10	31	—	41
Assault occasioning				
grievous bodily harm	31	99	2	132
actual bodily harm	208	663	24	895
<i>Total assault occasioning</i>	239	762	26	1,027
Other assault	1,093	3,905	187	5,185
Sexual offences	57	810	74	941
Per cent				
Murder	16.1	83.9	—	100.0
Attempted murder	24.4	75.6	—	100.0
Assault occasioning				
grievous bodily harm	23.5	75.0	1.5	100.0
actual bodily harm	23.2	74.1	2.7	100.0
<i>Total assault occasioning</i>	23.3	74.2	2.5	100.0
Other assault	21.1	75.3	3.6	100.0
Sexual offences	6.1	86.1	7.9	100.0

(a) Aboriginal status is derived from the apprehending police officer's opinion as to the racial appearance of the offender.

Note: Multiple counts of the same offence have been omitted.

Source: Office of Crime Statistics and Research 2005.

- The Aboriginal status of the offender was 'Aboriginal' in 24% of the 41 alleged attempted murders.
- In 21% of the 5,185 alleged other assaults, the Aboriginal status of the offender was 'Aboriginal'.
- For 3% of alleged assaults occasioning grievous/actual bodily harm, the Aboriginal status of the offender was not stated. Aboriginal status was not stated for 4% and 8% of alleged other assaults and alleged sexual offences, respectively.

Legal aid

Family Violence Prevention Legal Services

The Australian Government Attorney-General's Department funds Family Violence Prevention Legal Services targeted to Indigenous victims of family violence. These services were previously funded by Aboriginal and Torres Strait Islander Services (ATSIS) and in

2003–04 at least 7,100 people were assisted by the 13 services (ATSIS 2004). The number of funded services has now been increased to 26.

Legal Aid for Indigenous People

The Australian Government Attorney-General's Department funds a national program of Legal Aid for Indigenous People. The services provide high quality, culturally appropriate legal aid services for Indigenous Australians. One of the priority areas for assistance is 'where there is a real risk to the person's physical safety'. Under the heading of violence protection, Indigenous Legal Aid Services handled 2,666 matters in 2003–04.

Legal aid through legal aid commissions

Legal aid for both Commonwealth and state matters is primarily delivered through state and territory legal aid commissions (LACs), which are independent statutory agencies established under state and territory legislation. The Australian Government funds the provision of legal aid for Commonwealth family, civil and criminal law matters. State and territory governments fund matters arising under their own laws, including domestic violence matters.

The Australian Government Attorney-General's Department collected national statistical data in relation to legal aid services in the Legal Aid Statistical System Information Exchange (LASSIE) until 2002–03. LASSIE data show that 6,169 applications for grants of assistance for domestic violence orders were received by legal aid commissions in 2002–03. Of these applications, 4,952 were approved. LASSIE has been replaced by the Legal Aid Reporting Initiative, which collects information relating to the provision of legal aid services for matters arising under Commonwealth laws.

Community Legal Centres Program

The Australian Government Attorney-General's Department funds 127 community legal centres under the Community Legal Services Program (CLSP). Community legal centres are independent and community managed non-profit organisations which provide a range of assistance on legal and related matters to disadvantaged and marginalised people and communities.

The CLSP funds seven organisations across Australia to operate Indigenous Women's Projects (IWPs) that provide legal services for Indigenous women. IWPs provide assistance to Indigenous women to address their particular legal needs on issues including: domestic violence and family law, child support, child abuse, discrimination and harassment, financial matters, housing and tenancy, property and consumer credit. In 2004–05, 6,523 Indigenous clients were assisted.

6.3 Summary

Many gaps exist in criminal justice information on family violence and other violence among Aboriginal and Torres Strait Islander people.

While administrative data are collected by police and courts in each jurisdiction, only some jurisdictions have centres devoted to analysing and publishing these data. Some data are collated by the ABS; however, because of differences in practices for recording assaults and sexual assaults, data cannot be compared across the jurisdictions. In addition, Indigenous

status is not collected in the ABS Recorded Crime – Victims collection or the ABS Criminal Courts collection. Although police do have an Indigenous variable in their data systems, there is anecdotal evidence that Indigenous status is often not recorded or it may have been derived from the appearance of the person, which is a subjective assessment of the police officer. Both these issues leave a major gap in the data available on Indigenous family and general violence.

While Indigenous status is collected by the ABS for the Corrective Services Data Collection, there is no information on the offence and therefore the data cannot be used to measure violence or family violence.

The National Prisoner Census collects information on Indigenous status and on the most serious offence committed, making it possible to report on Indigenous violence where assault or sexual assault was the most serious offence. The relationship of offender to victim is not collected so family violence cannot be distinguished from general violence.

Summary of results

Across Australia, 42% of people imprisoned for acts intended to cause injury, 20% for sexual assault, and 15% for homicide were Indigenous.

As no national information on police and court activity in relation to family or other violence is available, some state-based information is presented below.

In New South Wales, Indigenous females were seven times as likely to be recorded by police as a victim of domestic violence compared to non-Indigenous females, while Indigenous males were four times as likely to be recorded by police as a victim of domestic violence compared to non-Indigenous males. Indigenous females were charged for assault at 24 times the rate of non-Indigenous females. Indigenous males were charged for assault at 15 times the rate of non-Indigenous males, and for sexual assault at 10 times the rate of non-Indigenous males.

In Queensland, approximately one in four (23%) domestic violence incidents attended by police involved an Indigenous victim; similarly, about one in four (23%) domestic violence incidents attended by police involved an Indigenous offender.

In Western Australia, 28% of final court appearances for homicide involved Indigenous offenders; for assault the percentage was 27%, and for sexual offences it was 22%.

7 Multi-service data collections

Many states and territories recognise the need to collect data related to family and partner violence in order to evaluate programs and to plan future service provision. Several states and territories have implemented or are at various stages of developing systems to collate state-level data on family violence. These databases have been categorised as either 'case management systems', where data are linked, or 'other data collections', where data from different sources are presented separately. This chapter gives an overview of the different approaches that each jurisdiction is taking and the stage they are at in developing their systems.

7.1 Case management systems

In Tasmania, there are plans to develop a system which links unit record data from different sources to better manage individual cases.

Tasmanian Safe at Home Data Collection

Safe at Home is the criminal justice framework for responding to family violence in Tasmania. As part of this, an integrated family violence management system is being developed. This will involve linking information systems across relevant government agencies. Four key agencies are involved: Tasmania Police; the Department of Justice; the Department of Health and Human Services; and the Department of Education.

Data will initially be entered into the database when police are called to a domestic violence incident. The incident report will be used to initiate a new case record or to be added to an existing case record depending on whether the victim and offender have previous case records. Other agencies, such as courts, counselling and support services, will input relevant data into the system. These agencies will also have their own systems for detailed record keeping, but will enter summary information into the shared database. Information in the database will be used for regular case management meetings to discuss the next course of action for individual cases.

Currently, basic data are extracted from the police incident reporting system and spreadsheets are used to distribute case and incident information for case coordination while the electronic system is being established. Because of the sensitive information held in the database, maintaining database security is being addressed.

It is expected that Indigenous people will be identified in the new system. The identification of the Indigenous status of the offender is likely to be less reliable than that of the victim. This is because the victim is eligible for Indigenous-specific services, so identification of the victim's Indigenous status may be recorded as a result of accessing these services. Indigenous status is recorded for prisoners. Therefore, this information will be captured if a prison sentence eventuates for the offender.

The database will be used to report on the demand for services to plan future funding allocation.

7.2 Other data collections

The majority of the state-wide data collections obtain information from sources which have been described in previous chapters and present the data separately to give an overall picture of family violence.

Victorian Family Violence Database

The Victorian Family Violence Database was established in 2000. It involves collaboration between the Victorian Community Council Against Violence, Victoria Police, the Magistrates' and Children's Courts, the family violence sector, the Department of Justice, the Department of Human Services and the National Data Collection Agency. Currently, data are collected from:

- Law Enforcement Assistance Program database (Victorian Police family violence incident reports)
- Courtlink database (official register of the Victorian courts. Includes finalised original intervention order applications registered by the Victorian Magistrates' and Children's Courts)
- SAAP National Data Collection.

The data are not linked, but provide information on family violence in Victoria from a range of sources. Data for 1999–2001 were published in the report, *Victorian family violence database: first report* (Victorian Community Council Against Violence 2002). Based on police, courts and SAAP data where available, the report showed the number of victims of violence; the age and gender of victims; the relationship between the offender and the victim; and details of the region where the violence occurred. The five-year comparative report of data from 1999–2004 is expected to be released in 2006.

Data on Indigenous status are collected from SAAP agencies and Victoria Police; however, the data from Victoria Police contain a high number of not stated responses. Data are not published on Indigenous status. There are plans to include additional data sources, such as acute health hospital admissions, in the future.

Queensland Department of Communities Database

The Queensland Department of Communities currently collects information from the Department of Justice and Attorney General on applications for domestic violence orders from all courts in Queensland and publishes these data on their website. Data are collected on the nature of the domestic violence order (protection order/temporary protection order), the outcome of the application (refused/withdrawn/revoked/varied) and the court processing the application. However, information on Indigenous status is not currently collected. The department is currently investigating ways of improving its data collection with respect to family violence.

Western Australia Across Government Data Collection Project

As part of the *Western Australian Family and Domestic Violence State Strategic Plan*, the Family and Domestic Violence Unit and the Office of Crime Prevention are currently working on an Across Government Data Collection Project. The project has three phases:

1. To identify and assess data sources from state government agencies
2. To develop a methodology to work with the identified data
3. To implement the methodology and collect baseline data.

The report on phase 1 reviewed the available data collections, giving details of the data collection methods, data items and definitions, quality and accessibility of the data. Data collections from Western Australia Police Service, Department of Health, Department for Community Development, Department of Housing and Works, Department of Justice and Legal Aid were examined. A list of 13 main indicators with 36 subcategories was developed to report on the level of family and partner violence. A number of these report on Indigenous family and partner violence. The main areas covered by the indicators are:

- family and partner violence incidents attended by police
- restraining orders
- perpetrators
- family and domestic violence homicides
- hospital admissions as a result of family and partner violence
- people seeking assistance for reasons to do with family and partner violence.

The main gaps identified in current data collections were the high level of incidents of family violence which are unreported and the lack of information on ethnic background, including Indigenous status.

The report recommended that agencies use definitions of domestic and family violence which are consistent with the *Acts Amendment (Family and Domestic Violence) Act 2004* and if possible distinguish between intimate partner and family violence. It also recommended that legislation be developed to enable agencies to share data, with the possibility of linking unit record level data.

Northern Territory

One of the priority actions of the Northern Territory Government's Domestic Violence Strategy is to strengthen and extend domestic violence statistical information collections. The Northern Territory Domestic Violence Data Collection Project has highlighted the gaps and data quality issues surrounding domestic violence data. These include difficulty in evaluating programs, as the data available do not describe the levels of violence before and after the program was implemented. Difficulties have arisen because of the relatively large proportion of the population who live in remote communities where the coordination of data collection is difficult.

The following data are currently collected: courts, police, screening in hospitals, sexual violence and child abuse data. Surveys have been used to collect the information, but were not effective because of the difficulties of comparing metropolitan areas with remote Indigenous communities. Also, there may still be considerable under-reporting of sexual violence and child abuse in surveys because of the associated shame.

The Northern Territory is developing a way for communities to describe themselves. The plan is to use the 'sticky wall' to describe 'where the community sits'. This involves some kind of indicator that can be stuck on the wall, with one end indicating high levels of violence in the community, and the other end indicating low levels of violence/a safe

community. The outcomes from this would then be combined with existing data to describe family violence.

To improve data on domestic violence, the Northern Territory's Department of the Chief Minister is in the early stages of creating a new system to collect and report data from a number of agencies. The key agencies are the Department of Health and Community Services (SAAP services) and the Department of Justice (Crime Prevention Unit). The issues of funding and comparability of the systems are currently being discussed. The priority data items for any new system are sex and Indigenous status.

7.3 Summary

A number of jurisdictions are beginning to develop across-service data collections. This is a step towards making better use of available data including record linkage, although at present only Tasmania has plans to link its data.

While many jurisdictions are including Indigenous status in their data collections, some are not, leaving a major gap in the data. As many of the collections are still in the developmental stage, it is not yet possible to assess the quality of the Indigenous data which will be collected.

8 Assessment outcomes and recommendations

In Chapters 2 to 5, relevant national data collections were explored in terms of whether family or domestic violence can be distinguished from general violence, whether and how information on the Indigenous status of the victim and/or offender is collected, and which other variables are included in these collections. The first section of this chapter (8.1) summarises the results of this exploration. Section 8.2 outlines the main gaps and data quality issues affecting the ability to report on Indigenous family violence. Section 8.3 presents a number of recommendations and strategies to improve reporting in this area.

8.1 Assessment of data sources

Family and other violence

Data sources differ in the ability to distinguish family violence, domestic violence and violence in general. In a number of data collections there is no information on the relationship of the victim to the perpetrator, and general assaults cannot be distinguished from assaults related to domestic and family violence. In some data sets, variables such as the 'reason for seeking help' or the 'type of assistance provided' give the information required to ascertain whether domestic violence was the reason for the person seeking help. Table 8.1 summarises the national data sources used in this report, classified by the type of violence that can be reported from each source.

No standard national definitions exist for some of the important concepts used here, in particular family violence and domestic violence. Each data source tends to have its own inclusions and exclusions. For example, some may include sexual and/or emotional violence and/or threatened violence, while others include physical violence only. In others it is not clear what is and is not included in the data, as may be the case when a client of a refuge presents as a victim of 'domestic violence'. There are also differences in the inclusions and exclusions in terms of what is counted as 'domestic' and 'family' violence. In some sources, domestic violence includes only partner violence, whereas in others, abuse from any family member is included. Sometimes abuse from a carer or flatmate is also included.

The national data sources were assessed according to whether family and/or partner violence can be distinguished from general violence based on definitions used and/or the inclusions and exclusions in the data source, irrespective of the term used (Table 8.1). In other words, if the term domestic violence is used, but the information covers violence perpetrated by any family member, it has been classified as family violence.

It is important to note that the term 'family' has different meaning in different cultural contexts. As mentioned earlier in Chapter 2, in the context of Indigenous communities, the term 'family violence' includes a broad range of marital and kin relationships in which violence may occur. Aboriginal people may view family violence as occurring between members of their larger family network including aunts, uncles, grandparents, cousins and others in the wider community, whereas non-Aboriginal people may view family violence as only that which occurs within the immediate family.

Table 8.1: National data sources, by type of violence

Data source	General violence	Family violence	Partner violence
Incidence			
ABS National Crime and Safety Survey	Y	Y	Y
ABS Women's Safety Survey and Personal Safety Survey	Y	Y	Y
International Violence Against Women Survey	Y	Y	Y
Australian Longitudinal Study on Women's Health	Y	N	Y
ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS)	Y	N ^(a)	N
General Social Survey (GSS)	Y	N	N
ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)	Y	N	N
National Drug Strategy Household Survey	Y	Y	Y
Associated harm/outcomes			
AIHW National Hospital Morbidity Database	Y	Y	Y
AIHW National Mortality Database	Y	N	N
AIC National Homicide Monitoring Program	Y	Y	Y
National Coroners Information System	Y	N	N
Victim support/counselling			
AIHW Supported Accommodation Assistance Program (SAAP) Database	Y	Y	N
AIHW National Child Protection Data Collection	Y	N	N
Police and criminal justice system			
ABS Recorded Crime—Victims	n.a. ^(b)	n.a. ^(b)	n.a. ^(b)
ABS National Criminal Courts Collection	Y	N	N ^(c)
ABS National Corrective Services Collection	N ^(d)	N ^(d)	N ^(d)
ABS National Prisoner Census	Y	N	N

(a) An exception is one question on whether family violence is a 'neighbourhood problem'.

(b) Data available by jurisdiction but not at the national level.

(c) An exception is the collection of data on the breach of domestic violence orders.

(d) No information available on the type of offence committed.

Y = yes, information collected.

N = no, information not collected.

For more detailed information about the violence-specific questions and variables included in the national data collections listed in Table 8.1, see Appendix B.

Indigenous status

National data sources range from those that collect *Indigenous status* according to the national data standard, through to those that include *Indigenous status* but don't comply with the standard, to those that do not include Indigenous identification at all. Table 8.2 summarises the national data sources included in this report.

Of those data sources that include information on Indigenous status, some were not designed to obtain estimates for the Indigenous population, and consequently do not have

an appropriate Indigenous sample to estimate the level of violence or family violence. Some sources have data quality issues such as unreliable identification of Aboriginal and Torres Strait Islander people, or high levels of 'not stated' for the Indigenous status variable.

Table 8.2: National data sources and their inclusion of the variable *Indigenous status*

Data source	Victim or offender	Indigenous status
Incidence		
ABS National Crime and Safety Survey	Victim	Not collected. Survey not designed to obtain estimates for the Indigenous population.
ABS Women's Safety Survey and Personal Safety Survey	Victim	Not collected. Survey not designed to obtain estimates for the Indigenous population.
International Violence Against Women Survey	Victim	Collected, but survey not designed to obtain estimates for the Indigenous population. Categories are Aboriginal or Torres Strait Islander: yes or no.
Australian Longitudinal Study on Women's Health	Victim	Collected, but survey not designed to obtain estimates for the Indigenous population. ABS standard question.
ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS)	Victim	Collected. ABS standard question.
General Social Survey (GSS)	Victim	Collected. ABS standard question.
ABS National Aboriginal and Torres Strait Islander Health Survey (NATSISHS)	Victim	Collected. ABS standard question.
National Drug Strategy Household Survey	Victim and offender	Collected, but survey not designed to obtain estimates for the Indigenous population. ABS standard question.
Associated harm/outcomes		
AIHW National Hospital Morbidity Database	Victim	Collected. ABS standard question. However, the data systems in some jurisdictions do not include the category not stated.
AIHW National Mortality Database	Victim	Collected. ABS standard question.
AIC National homicide monitoring program	Victim and offender	Collected. Categories are those of racial appearance: Caucasian, Aboriginal, Torres Strait Islander, Chinese, Indo-Chinese, Other Asian, Other. Categories may be based on the victim's or offender's racial appearance or, for the offender, may be determined by asking the person.
National Coroners Information System	Victim	Collected. ABS standard question.
Victim support/counselling		
AIHW Supported Accommodation Assistance Program (SAAP) Database	Victim	Collected. ABS standard question.
AIHW National Child Protection Data Collection	Victim	Collected. Some jurisdictions use the ABS standard question, some are in the process of introducing it.
Police and criminal justice system		
ABS Recorded Crime—Victims	Victim	Not collected.
ABS National Criminal Courts Collection	Offender	Not collected.
ABS National Corrective Services Collection	Offender	Collected for the offender, using the ABS standard question. Supplied to the ABS in aggregate format—detail not available.
ABS National Prisoner Census	Offender	Collected for the offender, using the ABS standard question.

Other relevant variables

All the data sources explored in this report include some sociodemographic variables, and almost all include at least some indicators of social context and social participation (Table 8.3). Some of these variables are important when analysing data on violence. Section 1.4 in the introductory chapter explains how situational factors such as high unemployment and low socioeconomic status are likely to contribute to higher levels of conflict and violence for both Indigenous and non-Indigenous people.

More detailed information about the variables included in each data source can be found in Appendix A.

Table 8.3: National data sources and their inclusion of other relevant information (sociodemographic information, and indicators of social context and social participation)

Data source	Socio-demographic ^(a)	Social context ^(b)	Social participation ^(c)
Incidence			
ABS National Crime and Safety Survey	Y	Y	Y
ABS Women's Safety Survey & Personal Safety Survey	Y	Y	Y
International Violence Against Women Survey	Y	Y	Y
Australian Longitudinal Study on Women's Health	Y	Y	Y
ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS)	Y	Y	Y
General Social Survey (GSS)	Y	Y	Y
ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)	Y	Y	Y
National Drug Strategy Household Survey	Y	Y	Y
Associated harm/outcomes			
AIHW National Hospital Morbidity Database	Y	Y ^(d)	Y ^(d)
AIHW National Mortality Database	Y	Y	Y
AIC National homicide monitoring program	Y	Y	Y
National Coroners Information System	Y	Y	Y
Victim support/counselling			
AIHW Supported Accommodation Assistance Program (SAAP) Database	Y	Y	Y
AIHW National Child Protection Data Collection	Y	Y	N

(continued)

Table 8.3 (continued): National data sources and their inclusion of other relevant information (sociodemographic information, and indicators of social context and social participation)

Data source	Socio-demographic ^(a)	Social context ^(b)	Social participation ^(c)
Police and criminal justice system			
ABS Recorded Crime—Victims	Y	N	N
ABS National Criminal Courts Collection	Y	N	N
ABS National Corrective Services Collection	Y	N	N
ABS National Prisoner Census	Y	N	Y ^(e)

(a) Sociodemographic variables may include state or territory, postcode, SLA and remoteness.

(b) Social context variables may include living arrangements, residential setting, marital status, household composition and income source.

(c) Social participation variables may include labour force status, education status and recreation.

(d) Only for admitted patients receiving care in psychiatric hospitals or in designated psychiatric units in acute hospitals.

(e) Level of education only.

Y = yes, information collected.

N = no, information not collected.

8.2 Information gaps and data quality issues

To provide comprehensive and reliable information about family violence affecting Aboriginal and Torres Strait Islander people, data need to:

- provide information on whether violence occurred, or was reported as having occurred
- provide information on the relationship of the offender to the victim (for family violence)
- include reliable information on the Indigenous status of the victim and/or offender
- be based on a large enough sample that is representative of the Indigenous population (for surveys)
- be comparable and consistent with information collected through other data sources (e.g. by using national standards)
- preferably provide contextual information relevant to the issue of violence.

This section outlines the major gaps and data quality issues in national information in the area of Indigenous family violence using the analysis framework used in this report, and organised under four questions:

1. Prevalence—what is the extent of family violence and who is affected?
2. Associated harm—what is the extent of the resulting harm and who is affected?
3. Victim support/counselling—what assistance is offered to the victims of violence and who receives the assistance?
4. Crime and justice—what is the extent of contact with the criminal justice system?

Main gaps and data quality issues

Definitions

Another overall data quality issue is the variability in the information collected. Major differences exist in how information on family violence and domestic violence is collected in national data sources. There is a need for data collections to include consistently defined variables that allow users of the data to undertake their preferred forms of analysis. For example, the use of standard variables may allow the reporting of violence by relationship of the offender to the victim, by whether it was threatened or actual violence, or by the type of violence, for example physical, sexual, emotional or financial.

One issue that may warrant further exploration is that of the severity of violence, and whether a standard variable for this information should be developed and collected across data sources. Some surveys include direct questions about this, for example the International Violence Against Women Survey asks the respondent about the perceived seriousness of the violence, as well as the type of violence. The Australian Longitudinal Study on Women's Health asks whether the respondent has experienced severe physical violence in the last three years. Some questions in other surveys are less direct, but may give an indication of severity, such as whether the person was physically injured and the emotional impact (ABS National Crime and Safety Survey); the effect on the person's life and fear for personal safety as a result of the incident (ABS Women's Safety Survey); or details of the most serious injury sustained (National Drug Strategy Household Survey). Many administrative data collections include one or more variables that can provide an indication, such as crime type (ABS Recorded Crime – Victims Collection); principal offence (ABS National Criminal Courts Collection); most serious offence committed (National Prisoner Census). The 'length of stay' variable in the National Hospital Morbidity Database can provide some indication of the severity of the injury, though length of stay is also likely to be dependent on other factors.

Incidence and prevalence of violence

A reasonable estimate of the incidence or prevalence of violence and family violence may be obtained through the use of surveys. While many of the national surveys described in this report are able to provide such estimates, some do not collect Indigenous status, and the majority do not sample a group of Aboriginal and Torres Strait Islander people that is sufficiently representative to accurately estimate the level of violence and family violence in the Indigenous population. The exceptions are the ABS NATSISS and the ABS NATSIHS, both of which use a sample that is representative of the Indigenous population and sufficiently large to provide robust estimates at national and state/territory level.

The NATSISS collects a range of information about violence. In addition to the victimisation module common to the NATSISS and GSS (also designed to align with the National Crime and Safety Survey), the 2002 NATSISS included information about a person's awareness of family violence, assault and sexual assault as a problem in their neighbourhood, and information on whether or not the person had witnessed violence. The current module on victimisation collects information on physical or threatened violence in general but does not specifically identify the sub-category of family violence.

The NATSIHS also provides an indication of the level of violence experienced by Aboriginal and Torres Strait Islander people through information on those who took a health-related action as a result of an attack. No information is collected on the relationship of the offender to a victim in this survey.

Summary of gaps and data quality issues

In general

1. Many national surveys relevant to violence are not designed to obtain estimates for the Indigenous population.
2. Two national surveys do not collect Indigenous status (*National Crime and Safety Survey* and the *Women's Safety Survey/Personal Safety Survey*).
3. It is not possible to distinguish between an individual's experience of family and general violence; the 'relationship of offender to victim' variable is not collected in some surveys (*Australian Longitudinal Study on Women's Health; National Aboriginal and Torres Strait Islander Social Survey; and National Aboriginal and Torres Strait Islander Health Survey*).

Where Indigenous populations can be reliably estimated

1. While there are standard measures of victimisation due to assault, it is not possible to distinguish between an individual's experience of actual violence and threatened violence (*National Aboriginal and Torres Strait Islander Social Survey*).
2. While there are standard measures of victimisation due to assault, it is not possible to distinguish between an individual's experience of family and general violence (*National Aboriginal and Torres Strait Islander Social Survey*).
3. Information on the relationship between attacks and resulting health-related actions does not include those people who were attacked but who did not take action as a result of the violent incident, and does not distinguish between family and general violence (*National Aboriginal and Torres Strait Islander Health Survey*).

Associated harm

Some violence, including family violence, results in serious physical injury, or death. This kind of associated harm may be measured through hospital, mortality and homicide data.

National information on hospitalisations due to family violence is available for the Australian population, because information on partner violence, family violence and general violence can be accurately captured and distinguished. However, the quality of the data provided for Indigenous status in the National Hospital Morbidity Database in 2003–04 is considered to be in need of improvement, being acceptable for only Queensland, Western Australia, South Australia, and the Northern Territory (AIHW 2005d). Also, no indicators of social context or social participation (such as social and registered marital status, employment status and type of accommodation) are collected for admitted patients, other than psychiatric patients.

National information on deaths due to violence is available for the Australian population. The National Mortality Database holds information on deaths due to assault, but no information on the relationship of the perpetrator to the victim is available, and therefore general assaults cannot be distinguished from partner or family violence-related assaults. Mortality data of Indigenous people are considered reliable only for Queensland, Western Australia, South Australia and the Northern Territory.

For the National Homicide Monitoring Program, information is collected on the relationship of the perpetrator to the victim and on the Indigenous status of the perpetrator. However, the identification of Aboriginal and Torres Strait Islander people is sourced from police records and may have been determined by asking the person (offender/victim), or may be based on physical appearance. This means that, while this data source gives a

comprehensive picture of deaths due to partner and family violence as well as general violence, the quality of information on violence by Indigenous status is of some concern.

Summary of gaps and data quality issues

1. Identification of Aboriginal and Torres Strait Islander people in hospitals data is not reliable for New South Wales, Victoria, Tasmania and the Australian Capital Territory (*National Hospital Morbidity Database*).
2. No indicators of social context or social participation are collected for admitted patients other than psychiatric patients (*National Hospital Morbidity Database*).
3. Identification of Aboriginal and Torres Strait Islander people in mortality data is not reliable for New South Wales, Victoria, Tasmania and the Australian Capital Territory (*National Mortality Database*).
4. It is not possible to distinguish between family and general violence in mortality data (*National Mortality Database*).
5. Identification of Aboriginal and Torres Strait Islander people in homicide data is not reliable as it is based on police and mortality data (*National Homicide Monitoring Program*).

Victim support/counselling

Only two collections relevant to this area exist at the national level. These are the SAAP National Data Collection and the National Child Protection Data Collection.

The SAAP data collection provides information that can be used to estimate the number of clients seeking support to escape general violence or family violence (including partner violence). Information on 'relationship of offender to victim' is not collected, but it is mostly possible to differentiate family violence from general violence for physical assault, but not for sexual assault.

The collection contains relatively good quality data on Indigenous status, making it possible to report on the number and proportion of Aboriginal and Torres Strait Islander clients escaping family violence.

In relation to national child protection data, there are issues around collecting information on the relationship of the person believed responsible for violence to the child, and it is currently not possible to distinguish between abuse by family members and others. In terms of the identification of Aboriginal and Torres Strait Islander children, a number of issues affect the quality of the data for substantiated notification of child abuse and neglect.

It is not possible to accurately estimate the number of children in the child protection system subject to each type of abuse. This is due to the fact that, where more than one type of abuse or neglect has occurred, the substantiation is classified to the type most likely to be the most severe in the short term or most likely to place the child at risk in the short term, or if such an assessment is not possible, to the most obvious form of abuse or neglect.

Summary of gaps and data quality issues

1. Family violence and general violence can be determined from the SAAP collection, but it is not possible to distinguish family violence from partner violence. Detailed information on the relationship of offender to victim is not collected (*Supported Accommodation Assistance Program Database*).

2. Identification of Aboriginal and Torres Strait Islander children in substantiated notification of child abuse and neglect is not currently reliable (*National Child Protection Data Collection*). However, this situation is likely to change with the work currently being undertaken by National Child Protection and Support Services to improve the quality of Indigenous identification in this data set.
3. The categories of abuse/neglect are classified according to the most serious form of abuse or neglect. As only one type of abuse is recorded for each child, the number of children in the child protection system who are the subject of abuse (physical, sexual or emotional) cannot be estimated accurately (*National Child Protection Data Collection*).

Crime and justice

There are major gaps in the national data available on family violence and general violence among Aboriginal and Torres Strait Islander people.

Although police include Indigenous identification in their data systems, there is evidence that Indigenous status is often not recorded or may be guessed from the physical appearance of the person, which is a subjective assessment by the police officer.

Administrative data are obtained from police in each jurisdiction by the ABS. Indigenous status is not currently collected in the ABS Recorded Crime Victims collection, and is collected for only some jurisdictions in the ABS Offender Based Statistics collection. All jurisdictions have committed to implementing the ABS standard Indigenous status question in their recording systems, and ABS plans in the longer term to include this information for all jurisdictions in both collections.

Whilst the ABS Recorded Crime – Victims collection collects information on assault and sexual assault, only matters that are reported to and consequently recorded by police are obtained. Differences in practices for recording assaults and sexual assaults mean that the assault and sexual assault data cannot currently be compared across the jurisdictions, but are available for use within jurisdictions. A project is underway to improve the national comparability of these data.

Indigenous status is not collected by the ABS Criminal Courts collections. Courts are recipients of information from police, and/or other enforcement agencies, and at this point Indigenous status information is not reliably available from courts systems. Additionally, the emergence of specialist courts which deal with family/domestic violence and Indigenous offenders are not included in the ABS courts collections.

While Indigenous status is collected by the ABS for the Corrective Services Data Collection, detail is not available nationally, and there is no information on the offence that caused the individual to be charged. As a result, these data cannot be used to measure violence or family violence.

The National Prisoner Census collects information on Indigenous status and on the most serious offence committed, so it is possible to report on Indigenous violence where the assault or sexual assault was the most serious offence. However, the relationship of the offender to the victim is not collected, hence family violence cannot be distinguished from general violence.

Summary of gaps and data quality issues

1. Assault-related police data are not comparable across the states and territories; as a result, data are not available at the national level (*ABS Recorded Crime – Victims*).

2. Identification of Indigenous people in police and court data is not reliable (*state and territory police and court data*).
3. Information on the Indigenous status of offenders is not collected (*National Criminal Courts Collection*).
4. No information is available in corrective services data on the type of offence committed, hence general violence or family violence and the relationship of offender to victim can not be ascertained (*National Corrective Services Data Collection*).
5. Information on the Indigenous status of offenders is collected, but detail is not available at the national level as data are supplied in aggregate format (*Corrective Services Data Collection*).
6. No indicators of social context or social participation are collected for offenders (*ABS Recorded Crime – Victims; National Criminal Courts Collection; National Corrective Services Data Collection*).
7. It is not possible to distinguish whether offences committed by prisoners are related to family violence or general violence (*National Prisoner Census*).

8.3 Recommendations

Surveys are valuable tools that can provide estimates of the prevalence and incidence of family violence, and changes over time, but the collected information cannot be disaggregated at the small area level. Administrative data collections (consisting of administrative by-product data) are useful because they can provide valuable information about the demand for services, the services provided, the characteristics of the people receiving services, and the outcomes.

This section outlines possible ways of improving the availability and quality of national information about family violence through changes to currently operating national surveys and administrative data collections.

Surveys

The previous section (8.2) suggested that the two data sources most suited to providing information on the prevalence of Indigenous family violence are the ABS NATSISS and the ABS NATSIHS. This is because both of them use a sample that is representative of the Indigenous population and are sufficiently large to provide robust national and state/territory estimates. These surveys have been specifically designed in consultation with Indigenous and other stakeholders to collect information about the Aboriginal and Torres Strait Islander population. As the NATSISS already contains a number of violence-related questions, it is probably the most appropriate source to consider here.

The most recent NATSISS (2002), in common with other ABS surveys such as the Crime and Safety Survey and the GSS, provides information about the respondent's individual experience of physical or threatened violence in the 12 months before the survey. These collections do not provide information on the relationship of the offender to the victim. One option for improving the availability of information about Indigenous family violence is to investigate the feasibility of modifying either the output or wording of the current victimisation module used in the NATSISS to provide estimates that specifically identify family violence and/or which separately measure actual and threatened violence. It is also

suggested that the need for, and feasibility of, collecting information on the severity of the violence be explored.

Because the GSS asks the same question as those included in the NATSISS, the changes/additions to this question recommended above are also suggested for inclusion in the GSS. This will enable consistent analysis of data on both Indigenous Australians and the Australian population in general.

The option outlined above would increase the amount of information available about Indigenous family violence and general violence through the NATSISS. However, it would refer to physical violence only. The Sexual Assault Information Development Framework states that sexual assault is one of the most under-reported crimes, and that both qualitative and quantitative data are required to inform decisions on where the focus of policy initiatives should be (ABS 2003b:3). The 2002 NATSISS and the 2002 GSS were not designed to collect information on an individual's experience of sexual assault and so this information cannot be obtained from these collections. However, information about a person's perception of sexual assault as a neighbourhood problem is available from the NATSISS.

There are considerable methodological challenges to be addressed in collecting reliable information on sexual assault from Indigenous-specific as well as general population household surveys. Nevertheless, the development phase for the 2008 NATSISS will provide an opportunity for these issues to be raised and considered.

Important information relevant to the issue of family violence is collected through the NDSHS. This data source allows for analyses of incidents of violence and alcohol or illicit drug use (see survey questions in Appendix B). However, the sample of Indigenous people may not be sufficiently representative of the total Indigenous population to accurately estimate the level of violence and family violence in the Indigenous population. If over-sampling of the Indigenous population were undertaken for that collection, it would provide information that is not captured in other existing national surveys.

Summary of recommendations

NATSISS and GSS

- Investigate the feasibility of modifying the current victimisation module to enable actual and threatened violence to be distinguished.
- Investigate the feasibility of collecting relationship of offender to victim.
- Investigate the feasibility of collecting information on an individual's experience of sexual assault.
- Investigate the need for, and feasibility of, collecting information on the severity of the violence.

NDSHS

- Design the sample to allow accurate estimation for the Indigenous population.

The amendments and additions to existing surveys suggested above could do much to improve the availability of information on the prevalence of Indigenous family violence in Australia. If these options were to be explored but could not be implemented, the possibility of initiating a new Aboriginal and Torres Strait Islander specific survey should be considered.

Administrative data collections

This report has outlined a number of administrative data collections that can potentially inform on Indigenous family violence, for example on the harm associated with family violence, the demand for services, the characteristics of the people receiving services, actions taken by the victim in response to violence, and the charges laid.

A number of improvements to data availability and quality that would support more comprehensive and consistent information on Indigenous family violence are suggested below. It should be noted that, for the majority of these data sources, work is already underway, particularly in terms of improving the collection and reporting of Indigenous status.

A minimum data set/module for family and domestic violence

- Develop a framework that includes standard data items that allow users to aggregate data according to their desired definitions of domestic and family violence (definitions, relations of victim and offender and a minimum set of contextual information). This can also be included in relevant surveys.
- Implement elements of the framework in relevant administrative data collections such as police, courts and other recording systems including the SAAP data collection.

Data quality improvement—Indigenous identification

- National Hospital Morbidity Database: improve the identification of Indigenous people in New South Wales, Victoria, Tasmania and the Australian Capital Territory (work already underway).
- National Mortality Database: improve the identification of Indigenous people in New South Wales, Victoria, Tasmania and the Australian Capital Territory (work already underway).
- National Child Protection Data Collection: improve the identification of Indigenous children (work already underway).
- Police and courts data: continue to work towards the improved identification of Indigenous people in police recording systems, and progress the transfer of this information through courts systems (work already underway).

Consistency and comparability of data

- Police data: improve consistency and comparability between the states and territories (work already underway).

Ideally the information across the data sources should be integrated. This could be achieved through data linkage. This involves linking up the data of two or more collections (e.g. over time, across jurisdictions or across sectors) through either a common person identifier or through the use of a statistical linkage key. This approach—depending on the type of linkage undertaken—can provide valuable information, for example on the movement of clients between sectors, or repeat usage of services over time. Much benefit for the individuals could be obtained through linking data from different sources by identifying vulnerable population groups/individuals and reducing the burden of new data collections. With the understanding that privacy issues would need to be addressed, this issue should be

considered together with developing and implementing a standard module/minimum data set to capture family violence.

Appendix A

For Appendix A, see the web-based document at
<<http://www.aihw.gov.au/publications/index.cfm>>.

Appendix B

Table B1: Questions and data elements included in key national data sources which provide information on the type of violence or the relationship of the perpetrator to the victim

Data source	Violence/family violence/partner violence
Incidence	
ABS National Crime and Safety Survey	<p>Whether a victim of assault in the last 12 months. How did you know the offender in the most recent incident (assault)—partner, parent of victim, sibling, child of victim, other family member, ex-partner, girlfriend or boyfriend, ex-girlfriend or boyfriend, other friend, neighbour, workmate, classmate or fellow student, other known person, recognised but not known, known by role or uniform, did not know offender.</p> <p>Whether a victim of sexual assault in the last 12 months. How did you know the offender in the most recent incident (sexual assault)—family member, ex-partner, friend, neighbour, work/study colleague, acquaintance, not personally known.</p> <p>Whether the person thinks sexual assault is a neighbourhood problem. Whether the person thinks other assault is a neighbourhood problem. Whether the person thinks problems with neighbours or domestic problems are a neighbourhood problem.</p>
ABS Personal/Women’s Safety Survey	<p>Whether experienced violence in the last 12 months—physical, sexual. Whether experienced violence since the age of 15—physical, sexual. Relationship to perpetrator—current partner, previous partner, boyfriend/girlfriend/date, family member, friend, boss/co-worker, other known man/woman, stranger.</p>
International Violence Against Women Survey	<p>Whether experienced violence in the last 12 months—physical, sexual. Whether experienced violence in the last 5 years—physical, sexual. Whether experienced violence in lifetime—physical, sexual. Whether experienced childhood abuse—sexual abuse by a non-parent, physical/sexual abuse by a parent, sexual abuse by a parent, physical abuse by a parent. Relationship of perpetrator to victim—current husband/partner, previous husband/partner, current boyfriend, previous boyfriend, other relative, friend/acquaintance, stranger.</p>
Australian Longitudinal Study on Women’s Health	<p>Whether ever been in a violent relationship with a partner/spouse. Whether experienced any of the following in the last 3 years—physical abuse, severe physical violence, emotional abuse, sexual abuse, harassment.</p>

(continued)

Table B1 (continued): Questions and data elements included in key national data sources which provide information on the type of violence or the relationship of the perpetrator to the victim

Data source	Violence/family violence/partner violence
Incidence	
National Drug Strategy Household Survey	<p>Whether verbally abused by a person affected by alcohol in the past 12 months.</p> <p>Whether physically abused by a person affected by alcohol in the past 12 months.</p> <p>Whether put in fear by a person affected by alcohol in the past 12 months.</p> <p>Whether verbally abused by a person affected by illicit drugs in the past 12 months.</p> <p>Whether physically abused by a person affected by illicit drugs in the past 12 months.</p> <p>Whether put in fear by a person affected by illicit drugs in the past 12 months.</p> <p>People responsible for verbal abuse—spouse or partner, parent, child, sibling, other relative, other house/flat resident, current boy/girl friend, former spouse/partner/boy/girl friend, work/school/university mate, friend, other person known to me, not asked.</p> <p>People responsible for physical abuse—spouse or partner, parent, child, sibling, other relative, other house/flat resident, current boy/girlfriend, former spouse/partner/boy/girlfriend, work/school/university mate, friend, other person known to me, not asked.</p> <p>People responsible for putting in fear—spouse or partner, parent, child, sibling, other relative, other house/flat resident, current boy/girlfriend, former spouse/partner/boy/girlfriend, work/school/university mate, friend, other person known to me, not asked.</p> <p>Whether incidents of physical abuse involved sexual abuse.</p> <p>Whether verbally abused someone whilst under the influence of alcohol in the past 12 months.</p> <p>Whether physically abused someone whilst under the influence of alcohol in the past 12 months.</p> <p>Whether verbally abused someone whilst under the influence of illegal drugs in the past 12 months.</p> <p>Whether physically abused someone whilst under the influence of illegal drugs in the past 12 months.</p>
ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS)	<p>Victim of physical or threatened violence in the last 12 months.</p> <p>Whether the person thinks assault is a neighbourhood/community problem.</p> <p>Whether the person thinks sexual assault is a neighbourhood/ community problem.</p> <p>Whether the person thinks family violence is a neighbourhood/ community problem.</p> <p>Whether abuse or violent crime was a problem for the respondent, their family or friends in the last 12 months.</p> <p>Whether witnessing violence was a problem for the respondent, their family or friends in the last 12 months.</p>
ABS National Aboriginal and Torres Strait Islander Health Survey	<p>Whether in the last 4 weeks the respondent was attacked by another person and this resulted in a health-related action being taken.</p>
Associated harm/outcomes	
AIHW National Hospital Morbidity Database	<p>External cause (using ICD-10-AM codes)—assault. Fifth digit of code specifies the relationship of perpetrator to victim—spouse/domestic partner, parent, other family member, carer, acquaintance/friend, official authorities, person unknown to the victim, multiple persons unknown to the victim, other specified person, unspecified person.</p>
AIHW National Mortality Database	<p>Cause of death (using ICD-10 codes)—assault.</p>
AIC National Homicide Monitoring Program	<p>Relationship between victim and offender—Intimates, family, friends/acquaintances, strangers, other.</p>
Victim support/counselling	
AIHW Supported Accommodation Assistance Program (SAAP) Database	<p>Reason for seeking assistance—physical/emotional abuse, domestic violence, sexual abuse.</p> <p>Support provided to client—incest/sexual assault counselling and support; domestic violence counselling and support.</p> <p>Women approaching a SAAP agency targeted at women escaping domestic violence.</p>

(continued)

Table B1 (continued): Questions and data elements included in key national data sources which provide information on the type of violence or the relationship of the perpetrator to the victim

Data source	Violence/family violence/partner violence
Victim support/counselling	
AIHW National Child Protection Data Collection	Children who were the subject of a notification. Children who were the subject of an investigation. Children who were the subject of a substantiation. Type of abuse (for a substantiation)—physical, sexual, emotional, neglect. Relationship of person believed responsible for the abuse to the child (for a substantiation) —natural parent, step-parent, de facto step-parent, sibling, other relative/kin, foster parent, residential-based carer, other person with duty-of-care responsibility, other child, friend/neighbour, stranger, other. Children on child care and protection orders.
Police and criminal justice system	
ABS Recorded Crime—Victims	Offence category (using Australian Standard Offence Classification)—homicide and related offences, acts intended to cause injury (not reported), sexual assault and related offences (not reported).
ABS National Criminal Courts Collection	Principal offence (using Australian Standard Offence Classification)—homicide and related offences, acts intended to cause injury, sexual assault and related offences. Final orders granted by the court. Breaches of protection orders—breach of domestic violence order, breach of restraining order, breach of justice order.
ABS National Corrective Services Collection	No information on offence.
ABS National Prisoner Census	Principal offence (using Australian Standard Offence Classification)—homicide and related offences, acts intended to cause injury, sexual assault and related offences.

Note: Data sets are listed in the order presented in this report.

Appendix C

Methodology

Indirect age standardisation

This is a method of removing the influence of age when comparing populations with different age structures. In situations where populations are small or where there is some uncertainty about the stability of age-specific rates, indirect standardisation is used. This effectively removes the influence of different age structures, but does not provide a measure of incidence or prevalence in terms of a rate. Rather, the summary measure is a ratio of the number of observed cases compared to the number that would be expected if the age-specific rates of the standard population applied in the population under study. Calculation of these ratios comprises the following steps:

Step 1: Calculate the age-specific rates for each age group in the standard population.

Step 2: Apply these age-specific rates to the number of people in each age group of the population under study, and sum these to derive the total expected number of cases in that population.

Step 3: Sum the observed cases in the population under study and divide this number by the expected number derived in step 2. This is the standardised mortality/morbidity ratio (SMR).

An SMR of one indicates the same number of observed cases as were expected, suggesting rates in the two populations are similar. An SMR greater than one indicates more cases observed than were expected, suggesting rates in the population under study are higher than in the standard population.

Age-specific rates

Age-specific rates were calculated by dividing the number of events (such as deaths or hospital separations) occurring in each specified age group by the estimated resident population for the corresponding age group. The rates are expressed as events per 1,000 or per 100,000 of the population.

List of abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AGD	Attorney-General's Department
AHMAC	Australian Health Ministers' Advisory Council
AIC	Australian Institute of Criminology
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ARIA	Accessibility/Remoteness Index of Australia
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
ATSIS	Aboriginal and Torres Strait Islander Services
ACVPA	Australian Crime and Violence Prevention Awards
CAI	computer-assisted interviewing
CATI	computer-assisted telephone interview
CIPHER	Capacity Building in Indigenous Policy-relevant Health Research
CLSP	Community Legal Services Program
CMC	Crime and Misconduct Commission
COAG	Council of Australian Governments
CSMAC	Community Services Ministers' Advisory Council
CURF	Confidentialised Unit Record File
DCD	Department for Community Development (Western Australia)
DCM	Department of the Chief Minister (Northern Territory)
DHS	Department of Human Services (Victoria)
DVC	Department of Victorian Communities (Victoria)
FaCSIA	Department of Families, Community Services and Indigenous Affairs
FVRAP	Family Violence Regional Activities Program
GSS	General Social Survey
HEUNI	European Institute for Crime Prevention and Control, affiliated with the United Nations
HPF	(Aboriginal and Torres Strait Islander) Health Performance Framework
ICD-10-AM	International Statistical Classification of Diseases and Related Problems, Tenth Edition, Australian Modification
INOIS	Integrated Numerical Offender Identification System
IVAWS	International Violence Against Women Survey
IWP	Indigenous Women's Project

LAC	Legal Aid Commission
LASSIE	Legal Aid Statistical System Information Exchange
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSIS	National Aboriginal and Torres Strait Islander Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCCJS	National Centre for Crime and Justice Statistics
NCSIMG	National Community Services Information Management Group
NCSU	National Crime Statistics Unit
NDSHS	National Drug Strategy Household Survey
NHIG	National Health Information Group
NICSA	National Initiative to Combat Sexual Assault
NSW	New South Wales
NT	Northern Territory
PADV	Partnerships Against Domestic Violence
PAPI	Pen-and-paper interviewing
Qld	Queensland
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
SCRGSP	Steering Committee for the Review of Government Service Provision
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols used in the tables

–	nil or rounded to zero
..	not applicable
n.a.	not available
n.p.	not published but included in totals where applicable
*	estimate has a relative standard error between 25% and 50% and should be used with caution

List of tables

Table 2.1:	Relationship between the six <i>Sexual Assault Information Development Framework</i> elements and the four family violence domains	23
Table 2.2:	Framework for the assessment of data on family violence and the data sources used.....	26
Table 3.1:	Number and proportion of women who reported the last incident of physical assault by a man since the age of 15 to the police, by relationship of perpetrator to victim, 1996, 2005.....	29
Table 3.2:	Women who experienced intimate partner violence, by whether they reported the most recent incident to police, 2002–03.....	31
Table 3.3:	Women who experienced intimate partner and non-partner violence, by whether contacted a specialised agency, 2002–03.....	31
Table 3.4:	Proportion of women who have experienced violence, by Indigenous status, by type of violence, 2002–03	32
Table 3.5:	Proportion of Indigenous people who reported that they had been victims of alcohol- or illicit drug-related incidents in the past 12 months, by type of incident, 2004	34
Table 3.6:	Relationship of perpetrators to victims of alcohol- and/or illicit drug-related incidents in the past 12 months for Indigenous victims, 2004.....	35
Table 3.7:	Proportion of people who reported that they had abused someone while under the influence of alcohol in the past 12 months, by type of abuse, by Indigenous status, 2004	36
Table 3.8:	Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by sex, 2002	37
Table 3.9:	Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by state and territory, 2002.....	39
Table 3.10:	Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by Accessibility/ Remoteness Index of Australia (ASGC remoteness), 2002.....	39
Table 3.11:	Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, 1994, 2002	40
Table 3.12:	Proportion of people who reported being a victim of physical or threatened violence in the last 12 months, by state and territory, by Indigenous status, by sex, 2002	41
Table 3.13:	Number and proportion of Indigenous people who reported that assault, sexual assault or family violence were neighbourhood/community problems, by remoteness, 2002	42
Table 3.14:	Number and proportion of Indigenous people who reported witnessing and/or experiencing violence in the last 12 months, by remoteness, 2002	43

Table 3.15: Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by selected socioeconomic characteristics, 2002.....	44
Table 3.16: Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by whether has difficulty communicating with service providers, 2002.....	45
Table 3.17: Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by self-assessed health status, 2002.....	46
Table 3.18: Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by disability status, 2002.....	46
Table 3.19: Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by whether they or their relatives had been removed from their natural family, 2002	47
Table 3.20: Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by level of alcohol consumption in the past 12 months, 2002	48
Table 3.21: Number and proportion of Indigenous people who reported being a victim of physical or threatened violence in the last 12 months, by number of stressors reported, 2002.....	49
Table 4.1: Hospitalisations of Indigenous people for assaults, by sex, by relationship of victim to perpetrator, in Qld, WA, SA and NT, 2003–04.....	54
Table 4.2: Number and proportion of hospitalisations of Indigenous Australians for family violence-related assault, by sex, by most common type of assault, in Qld, WA, SA and NT, 2003–04	58
Table 4.3: Most common diagnoses for hospitalisations of Indigenous Australians with family violence-related assault as an external cause, by sex, Qld, WA, SA and NT, 2003–04.....	59
Table 4.4: Most common place of occurrence for family violence-related assault of Indigenous Australians, by sex, Qld, WA, SA and NT, 2003–04	61
Table 4.5: Total bed days and average length of stay for hospitalisations with family violence-related assault as an external cause, by sex, by Indigenous status, Qld, WA, SA and NT, 2003–04.....	62
Table 4.6: Number and proportion of hospitalisations for assaults, by relationship of victim to perpetrator, by Indigenous status, in Qld, WA, SA and NT, 2003–04	64
Table 4.7: Deaths of Indigenous people due to assault, by sex, in Qld, WA, SA and NT, 2000–2004	66
Table 4.8: Most common injuries associated with deaths of Indigenous Australians due to assault, in Qld, WA, SA and NT, 2000–2004.....	68
Table 4.9: Number and proportion of deaths due to assault, by Indigenous status, in Qld, WA, SA and NT, 2000–2004	69

Table 4.10: Number and proportion of homicides, by Indigenous status of victim and offender, by relationship of offender to victim, 2002–03.....	70
Table 5.1: Number of Indigenous clients escaping violence or family violence compared with non-Indigenous clients, by sex, 2003–04	74
Table 5.2: Number and rate of Indigenous clients escaping family violence, by ASGC remoteness, by sex, 2003–04	76
Table 5.3: Number of support periods and average support periods per client for Indigenous clients escaping family violence, by ASGC remoteness, by sex, 2003–04	77
Table 5.4: Number and proportion of closed support periods for Indigenous SAAP clients escaping family violence, by employment status before support, by sex, 2003–04	78
Table 5.5: Number and proportion of closed support periods for Indigenous SAAP clients escaping family violence, by source of income before support, by sex, 2003–04	79
Table 5.6: Number and proportion of recorded Indigenous status for SAAP clients escaping family violence, by number of support periods, 2003–04.....	82
Table 5.7: Number and proportion of clients escaping violence and family violence, by Indigenous status, 2003–04.....	83
Table 5.8: Number and proportion of clients escaping family violence, by Indigenous status, by ASGC remoteness, 2003–04	84
Table 5.9: Number and rate of children aged 0–16 years who were the subjects of substantiations, by Indigenous status, by state and territory, 2003–04.....	86
Table 5.10: Number and proportion of Indigenous children aged 0–17 years in substantiations, by age, by state and territory, 2003–04	87
Table 5.11: Number and proportion of Indigenous children aged 0–17 years who were the subject of substantiations, by type of abuse or neglect, by state and territory, 2003–04.....	88
Table 5.12: Number and rate of children aged 0–17 years on care and protection orders, by Indigenous status, by state and territory, at 30 June 2004	89
Table 5.13: Number and proportion of substantiations, by Indigenous status of child, by state and territory, 2004–05	90
Table 5.14: Number and proportion of children on care and protection orders, by Indigenous status, by state and territory, at 30 June 2005	91
Table 5.15: Number and proportion of new client matters for Queensland domestic and family violence support services, by Indigenous status, 2004–05.....	93
Table 5.16: Number and proportion of new client matters for Queensland domestic and family violence support services, by relationship between victim and perpetrator, by Indigenous status, 2004–05	94
Table 5.17: Number and proportion of adults seeking assistance at a sexual assault service, by Aboriginal status, by year, New South Wales, 1994–95 to 1997–98.....	95

Table 5.18: Number and proportion of children seeking assistance at a sexual assault service, by Aboriginal status, New South Wales, 1997–98.....	96
Table 6.1: Number and proportion of prisoners sentenced for violent crimes, by most serious offence, by Indigenous status, 30 June 2005.....	99
Table 6.2: Number and proportion of victims recorded by New South Wales Police, by offence type, by Indigenous status, 2004.....	101
Table 6.3: Number and proportion of victims protected by domestic apprehended violence orders granted by New South Wales Local Criminal Courts, by Indigenous status, 2004.....	101
Table 6.4: Number and proportion of charges for violent crimes in New South Wales higher and lower courts, by offence type, by Indigenous status of offender, 2004	102
Table 6.5: Number and proportion of victims of violent crime recorded by Victoria Police, by offence type, by Indigenous status, 2003–04	103
Table 6.6: Number and proportion of domestic violence incidents attended by police involving Indigenous people, by victim or offender, Queensland, April–September 2003	104
Table 6.7: Number and proportion of distinct persons arrested by Western Australia Police for violent crimes, by Indigenous status, 2004	105
Table 6.8: Number and proportion of final appearances for violent crimes in the Western Australian higher courts, by offence type, by Indigenous status of offender, 2004	105
Table 6.9: Number and proportion of distinct prisoners received in Western Australia for violent crimes, by offence type, by Indigenous status of the offender, 2004	106
Table 6.10: Number and proportion of violent offences cleared by way of an apprehension order, by offence type, by Aboriginal status of alleged offender, South Australia, 2004.....	107
Table 8.1: National data sources, by type of violence.....	115
Table 8.2: National data sources and their inclusion of the variable <i>Indigenous status</i>	116
Table 8.3: National data sources and their inclusion of other relevant information (sociodemographic information, and indicators of social context and social participation)	117
Table B1: Questions and data elements included in key national data sources which provide information on the type of violence or the relationship of the perpetrator to the victim	128

List of figures

Figure 2.1: A depiction of the prevalence of family violence, the levels of reporting and the probability of the offender being convicted	17
Figure 2.2: Three contexts in which national information about family violence is sourced, and relevant agencies	24
Figure 3.1: Proportion of Indigenous people who reported being a victim of physical or threatened violence in last 12 months, by age, by sex, 2002	38
Figure 4.1: Rate of hospitalisation for family violence-related assaults, by sex, by age group, by Indigenous status in Qld, WA, SA and NT, 2003-04	56
Figure 4.2: Average annual death rate for assault, by age, by sex, by Indigenous status, in Qld, WA, SA and NT, 2000-2004	67
Figure 5.1: Rate of SAAP clients escaping family violence-related assaults, by age, by sex, by Indigenous status, 2003-04	75

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