



Australian Government

**Australian Institute of
Health and Welfare**



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Family, Domestic and Sexual Violence

Types of violence



Types of violence

These topic pages provide information to enhance understanding about the people who experience and/or use violence and the types of violence experienced.

- Family and domestic violence
- Intimate partner violence
- Sexual violence
- Child sexual abuse
- Stalking and surveillance
- Modern slavery

Family and domestic violence

Based on the 2021–22 Personal Safety Survey:

- over 1 in 4 (27% or 2.7 million) women have experienced FDV since the age of 15
- around 1 in 16 (6.2% or 611,000) women have experienced violence since the age of 15 from a father, son, brother or other male relative or in-law
- 12% (2.2 million) of people witnessed partner violence against their mothers when they were children.

Family and domestic violence (FDV) is a major national health and welfare issue that can have lifelong impacts for victim-survivors and perpetrators. It occurs across all ages and backgrounds, but mainly affects women and children.

This page presents data related to FDV as a whole, which comprises intimate partner violence and violence by other family members. Information specific to intimate partner violence (IPV) can be found in **Intimate partner violence**.

What is family and domestic violence?

'Violence' refers to behaviours that cause, or intend to cause, fear or harm. Violence can occur in the form of threat, assault, abuse, neglect or harassment and is often used by a person or people, to intimidate, harm or control others. Not all forms of violence are physical.

The term FDV describes violence that occurs in 2 types of relationships – intimate partner relationships and family relationships. In some contexts, it is appropriate to look at FDV combined – this provides a better sense of the violence that occurs overall within personal relationships. However, the risk factors, types of violence experienced and impacts can differ between IPV and family violence (Box 1).

Box 1: How does IPV and family violence overlap?

Both IPV and family violence are forms of FDV that occur in the form of assault, threat, abuse, neglect or harassment. IPV and family violence can occur repeatedly, or as single incidents.

IPV describes violence that occurs between:

- partners who live together (or have lived together previously in a married or de facto relationship)
- boyfriends, girlfriends or dates (both current or previous).

IPV covers different levels of commitment and involvement. For example, boyfriends, girlfriends or dates can refer to those who have had one date only, regular dating with no sexual involvement, or a serious sexual or emotional relationship.

The term family violence describes violence that occurs within a domestic or familial context. Family members can be:

- partners who live together (or have lived together in a married or de facto relationship)
- parents (including step-parents)
- siblings (including step-siblings)
- other family members (including in-laws and extended family)
- kinship relationships.

Family members can also be carers, foster carers and co-residents (for example in group homes or boarding residences). Family violence is the preferred term for describing violence that occurs among Aboriginal and Torres Strait Islander (First Nations) people, noting the way that violence can occur across kinship relationships (for more information, see **Aboriginal and Torres Strait Islander people**).

FDV can also occur in the context of coercive control, where a person uses patterns of abusive behaviour over time to exert power and dominance in everyday life, to create fear, control or manipulate others, and deny liberty and autonomy. For more information on this, see **Coercive control**.

How is FDV used in AIHW reporting?

In the AIHW's reporting of Australian Bureau of Statistics' Personal Safety Survey (PSS) data, the term family and domestic violence is used for simplicity when referring to violence between all family members and intimate partners. Referring to the 2021–22 PSS categories 'family member' and 'intimate partner' as the combined 'family and domestic' allows the AIHW's reporting of violence to draw on the ABS' definitions of relationships (Box 1), while using a term that is recognisable to the public.

Family members who are not partners are referred to as 'other family members'. In the PSS, 'other family members' are parents/step-parents, children/step-children, siblings/step-siblings, and other relatives or in-laws.

A more detailed look at violence in intimate relationships can be found in **Intimate partner violence**.

What do we know?

Many factors can contribute to, and influence, the likelihood of a person experiencing family and domestic violence. These factors can be:

- individual level factors (personal history such as childhood abuse; alcohol or drug use; adherence to traditional gender roles; educational level)
- relationship level factors (interpersonal relationships with peers, intimate partners or family members such as social support networks; family conflict; or having violent peers)

- community level factors (experiences in schools, workplaces and neighbourhoods such as workplace policies on sexual harassment or accessibility of support services)
- societal level (structural and cultural influences such as government policies, religious or cultural beliefs, gender or other inequalities, or social and cultural norms) (Quadara and Wall 2012).

These factors, and their intersection with other forms of disadvantage and discrimination, are discussed in **Factors associated with FDSV**.

What data are available to report on family and domestic violence?

Data from national surveys can be used to show the prevalence of family and domestic violence in Australia.

Data sources for measuring family and domestic violence

- ABS Criminal Courts
- ABS Personal Safety Survey (PSS)
- ABS Recorded Crime – Victims
- ABS Recorded Crime – Offenders
- AIFS National Elder Abuse Prevalence Study

What do the data tell us?

Data from the 2021–22 PSS are available to report on FDV since the age of 15. In the PSS, violence refers to physical and/or sexual violence.

How common is family and domestic violence?

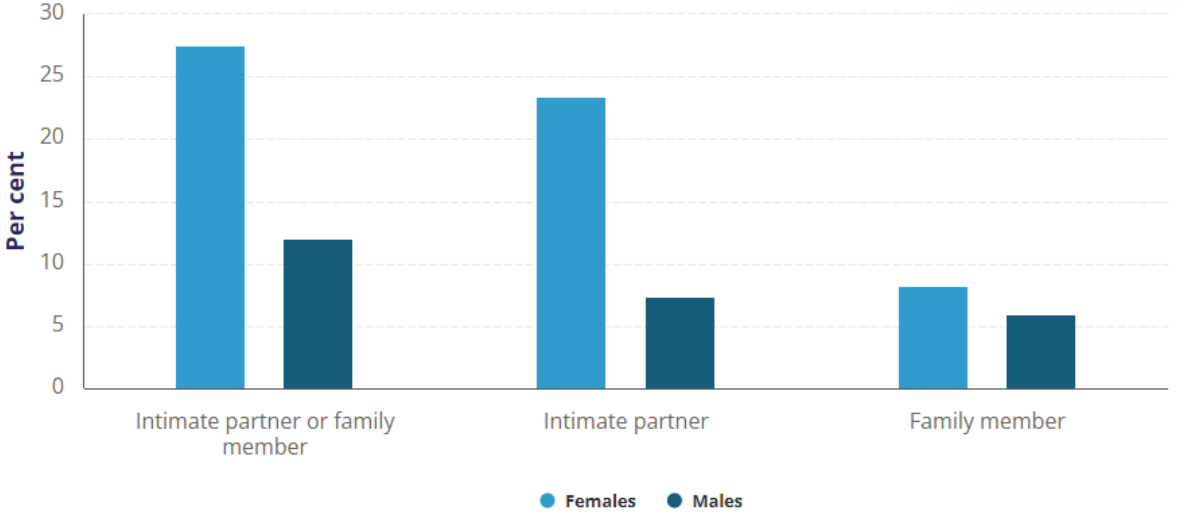


Based on the 2021–22 PSS, 1 in 5 (20%) adults have experienced FDV since the age of 15. FDV was more common among women than men:

- over 1 in 4 (27% or 2.7 million) women have experienced FDV since the age of 15
- over 1 in 8 (12% or 1.1 million) men have experienced FDV since the age of 15 (Figure 1) (ABS 2023).

In the PSS, some information about the FDV experienced by children is collected by asking men and women about experiences of abuse before the age of 15. These data are one part of the picture and do not fully capture the prevalence of FDV among children. Data from other sources can be brought together to look at experiences of FDV among children and young people, these are discussed further in **Children and young people**.

Figure 1: Proportion of people aged 18 years and over who have experienced FDV since the age of 15, by sex and relationship to perpetrator, 2021–22



Source: ABS PSS 2021-22 | [Data source overview](#)

Both women and men were more likely to have experienced FDV by an intimate partner than other family members:

- 23% (2.3 million) of women had experienced FDV by an intimate partner compared with 8.1% (806,000) who experienced FDV by other family members
- 7.3% (693,000) of men had experienced FDV by an intimate partner compared with 5.9% (561,000) who experienced FDV by other family members.

More detailed reporting on IPV, including data from the 2021–22 PSS about the types of violence experienced, is reported in **Intimate partner violence**.

How many children witness FDV?



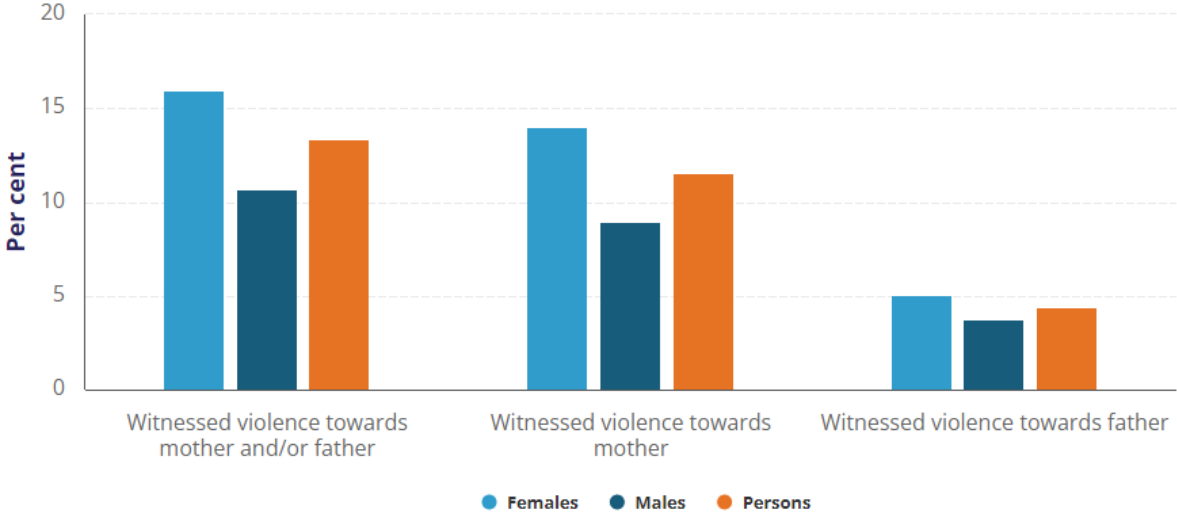
Exposing children to violence can be considered a form of FDV. There are many ways that children can be exposed to FDV, for example through seeing or hearing acts of violence or its effects, or by witnessing patterns of non-physical controlling behaviours. These experiences among children and young people are discussed in **Children and young people**.

The PSS asks respondents about whether they had witnessed violence towards their own parents when they were children. These data are collected from adults 18 years and over about the violence they witnessed before the age of 15.

According to the 2021-22 PSS, an estimated 2.6 million (13%) people aged 18 years and over witnessed partner violence towards a parent. More women than men had witnessed partner violence towards one of their parents – 16% of women compared with 11% of men (ABS 2023).

A higher proportion of people had witnessed partner violence against their mothers than their fathers – 12% (2.2 million) of people witnessed violence against their mothers, 4.3% (837,000) witnessed violence against their fathers (Figure 2) (ABS 2023).

Figure 2: Proportion of people who witnessed partner violence against their parents, women and men aged 18 years and over, 2021–22



Source: ABS PSS 2021-22 | [Data source overview](#)

Who uses FDV?

Data on the people who use FDV against others are limited, as most national reporting to date has focussed on victim-survivors and people who experience violence (Flood et al. 2023). For women, the 2021–22 PSS captured some detailed information about violence in family relationships, however these data are limited to:

- physical and/or sexual violence by male FDV perpetrators
- physical violence by female FDV perpetrators.

Table 1 shows the different types of FDV experienced by women by relationship to perpetrator, where the perpetrator was male.

Table 1: Proportion of women who have experienced FDV by a male perpetrator, by type of perpetrator, 2021–22

| Types of male FDV perpetrators | Total (%) |
|--------------------------------|-----------|
| Cohabiting partner (a) | 17 |
| Boyfriend or date (b) | 9.1 |
| Father | 3.3 |
| Son | 0.5 |
| Brother | 1.3 |
| Other relative or in-law | 1.8 |

Notes

(a) Includes previous cohabiting partners.

(b) Includes previous boyfriends or dates.

Source: ABS 2023.

These data show that since the age of 15:

- 6.2% (611,000) of women have experienced violence from a male family member who was not a partner (such as fathers, brothers and other relatives)
- 3.3% (326,000) of women have experienced violence from a father
- 1.3% (126,000) of women have experienced violence from a brother (ABS 2023).

Data from the 2021–22 PSS also show that 1.9% (192,000) of women have experienced physical violence by a mother since the age of 15.

More information about perpetrators is discussed in **Who uses violence?**

Children and young people who use FDSV

Adolescent family violence (AFV) refers to the use of violence by children and young people against family members, including physical, emotional, financial, and sexual abuse. It includes a range of behaviours used to control, coerce and threaten family members.

Although there are no nationally-representative data on the prevalence of adolescent family violence, existing research and administrative data suggest that adolescent males are more likely to use any AFV and more severe forms and that mothers are most frequently the victims (Box 2) (Fitz-Gibbon et al. 2018, 2022a; RCFV 2016). Existing research shows that young people who use AFV are more likely to have also experienced abuse and maltreatment themselves. AFV is generally more reactive and retaliatory and less frequently controlling and manipulative than intimate partner violence (Fitz-Gibbon et al. 2022a).

Box 2: Key findings from one study on AFV

In 2022, Australia's National Research Organisation for Women's Safety (ANROWS) published findings from a national study of AFV. The aim of the study was to look at the nature of AFV, including the patterns in AFV use, and the support needs among young people (Fitz-Gibbon et al. 2022a).

The study involved an online survey of 5,000 people aged 16–20, completed during September and October 2021. The sample was not recruited to reflect the spread of young people in Australia. Due to the non-representative nature of the sample, findings cannot be generalised to the wider Australian population.

How many respondents reported using AFV?

Among the young people aged 16–20 who participated in the study, 1 in 5 (20%) reported that they had used a form of violence against a family member. Violence includes physical, emotional, psychological, verbal, financial and/or sexual abuse.

Among all surveyed young people:

- about 1 in 7 (15%) used verbal abuse
- 1 in 10 (10%) physical violence
- 1 in 20 (5%) emotional/psychological abuse.

Note that multiple forms could be recorded per person.

Patterns in AFV use

Among surveyed young people who were able to say when they started using AFV (600 people) the average age of onset was 11 years old, with 42% saying they started at 10 years old or younger.

Among surveyed young people who used AFV (1,006 people):

- about half (51%) used only non-physical forms of abuse
- under half (45%) used violence on at least a monthly basis, with verbal forms generally more frequent than physical forms
- about 2 in 3 (68%) used violence against siblings, half against their mother (51%) and over 1 in 3 (37%) against their father. Violence against step-parents and foster carers was less common (8%).

Most young people who used AFV reported using retaliatory violence after they experienced violence from siblings (93% or 280), their mothers (68% or 300) and their fathers (54% or 230). These differences in AFV may reflect differences in opportunity (as some family members are less present) or who is perceived as easier targets of aggression.

Effects of witnessing and experiencing violence

Young people who both witnessed violence between family members and experienced targeted abuse were 9.2 times as likely to use AFV than those who had not experienced child abuse (Fitz-Gibbon et al. 2022a).

Services and support needs for young people who use AFV

It was not common for young people to disclose their AFV, with at most 1 in 3 (34%) disclosing to a family member, 18% to a friend, 7% to a formal service and 1% to someone else in their community. Some young people reported that:

- they needed more support from family, school and formal services, a safe place and more education on abuse
- their disclosures of AFV were ignored and of not knowing what would or could have helped them (Fitz-Gibbon et al. 2022b).

For further insights about AFV, including information about how AFV differs across groups of young people, such as gender-diverse young people, young people with disability and First Nations young people, see [the full report on the ANROWS website](#).

What are the responses to family and domestic violence?

People respond to family and domestic violence in many ways. Many people do not disclose their experiences, or when they do, they choose to disclose them to informal sources of support such as friends and family. There are number of reasons why people may choose not to or seek help from formal services. Some of the barriers are discussed in more detail in **How do people respond to FDSV?**

What are some barriers to seeking help?



'Asking for help is hard enough but the constant re-telling of your story, and not being able to give a clear timeline due to trauma and post-traumatic stress is particularly challenging.'

Kelly

[WEAVERs Expert by Experience](#)

People who do seek help from formal services may access a range of different supports. These supports span across multiple sectors and have varying levels of involvement with victim-survivors and people who use violence. The support can also vary depending on the type of FDV experienced. For example, some services may provide support specifically for those who have experienced intimate partner violence or sexual violence.

Child protection services

In Australia, states and territories are responsible for providing child protection services to anyone aged under 18 who has been, or is at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care and protection. Data are available to report on the number of people receiving child protection services who have had a substantiated case of abuse. These data can be used to show:

- the primary abuse types (physical abuse, sexual abuse, emotional abuse or neglect)
- characteristics of children with substantiated abuse or neglect
- changes over time.

Further information can be found in **Child protection**.

Health services

People who experience FDV may seek assistance from health services. Health services that respond to FDSV include:

- primary care, including general practitioners (GPs) and community health services
- mental health services
- ambulance or emergency services

- alcohol and other drug treatment services
- hospitals (admitted patient care; emergency care; and outpatient care).

While each health service response has an important and different role to play, national service-level data on responses to FDV are limited. Hospital records related to episodes of admitted care (hospitalisations) are the main nationally comparable data available, although some data related to FDSV responses in other health services are available in some states and territories.

Data from the AIHW National Hospital Morbidity Database are available to report on the number of people admitted to hospital for FDV-related assault injuries. These data are reported in **Health services**.

Police and legal responses

For an incident of FDV, victim-survivors, witnesses or other people may contact police. Incidents that are considered a criminal offence are recorded by police as crimes. Data from police are available to report on victims of FDV-related offences. These are discussed in more detail in **FDV reported to police**.

Legal responses to FDV can also involve civil and criminal proceedings in state and territory courts. Civil proceedings can result in domestic violence orders (DVOs) that aim to protect victim-survivors of FDV from future violence. Criminal proceedings can punish offenders for criminal conduct related FDV and sexual violence. There are also national legal responses to FDV. Australia's federal family law courts have the power to make civil personal protection injunctions for the protection of a child or party to family law proceedings. FDV is considered as a priority in child-related proceedings and in financial proceedings. Further information about criminal and civil proceedings are discussed in more detail in **Legal systems**.

Specialist perpetrator interventions

Some responses to FDV are designed to work with perpetrators to hold them to account and support them to change their behaviour. The majority of perpetrator interventions fall into 2 categories: police and legal interventions, and behaviour change interventions.

National data on behaviour change interventions are limited. However, some data are available from the Men's Referral Service, and a growing body of research is available to discuss what currently works to reduce and respond to violence. These are discussed in more detail in **Specialist perpetrator interventions**.

Specialist homelessness services

When FDV occurs within the home, it can create an unsafe and unstable environment, leading some individuals and families to leave for their safety. Specialist homelessness services (SHS) provide services to people who are homeless or at risk of homelessness.

Data from SHS are available to look at the number of clients of SHS who had experienced FDV, including data about client characteristics, service use patterns, and housing situations and outcomes. These are discussed in further detail in **Housing**.

Other responses

There are a range of other responses to FDV where some data or information are available:

- **Financial support and workplace responses** (these include crisis payments; workplace responses such as internal workplace investigations, or access to leave entitlements)
- **Helplines and related support services** (including information, referral, counselling and advocacy).

What are the impacts of family and domestic violence?

FDV can have long-lasting impacts on an individual's physical and mental health as well as their economic and social wellbeing. In some cases, FDV can be fatal. Data are available across a number of areas to look at the longer-term impacts and outcomes of FDV on individuals and the community.

Economic and financial impacts

There are a number of direct and indirect economic and financial impacts of FDV. For example, people who experience FDV may incur the costs associated with separation such as moving and legal costs or healthcare costs for treatment and/or recovery from harm. The costs of FDV can also be indirect, or be seen longer-term, particularly when they limit a person's education, and employment outcomes.

Some of the impacts of FDV can also be economy-wide, and these can be seen through impacts to the health system, community services, as well as through lost wages, lower productivity. Estimating the cost of violence to the economy can provide an overview of the scale of the problem and how wide-ranging it is. These are discussed in more detail in **Economic and financial impacts**.

Health impacts

The health outcomes of FDV can be serious and long-lasting. Some data are available to report on:

- the burden of disease due to IPV (refers to the quantified impact of living with and dying prematurely from a disease or injury)
- the relationship between violence and poor mental health outcomes
- the long-term impact of injuries related to FDV

- sexual and reproductive health outcomes
- FDV-related suicides.

These are discussed in more detail in **Health outcomes**.

Homicide

Some family and domestic violence incidents are fatal. Domestic homicide is the term used to refer to the unlawful killing of a person in an incident involving the death of a family member or other person in a domestic relationship, including people who have a current or former intimate relationship.

Data from a number of sources are available to report on the number of domestic homicides. These are reported in **Domestic homicide**.

Intergenerational impacts

Children who experience or are exposed to FDV can experience adverse developmental outcomes, which are associated with an increased likelihood of violence perpetration. This process is sometimes referred to as intergenerational transmission of violence (Eriksson and Mazerolle 2015; Fitz-Gibbon et al. 2022a; Meyer et al 2021; Tzoumakis et al. 2019; Webster 2016).

Box 3: Disrupting intergenerational violence and trauma

Research suggests that addressing intergenerational violence and trauma requires early interventions to disrupt transmission and ongoing support for people impacted by violence and trauma (DSS 2022; Fitz-Gibbon et al. 2022a). Early detection and targeted interventions and responses that are tailored to the child or young person can also help to reduce the likelihood of AFV and harmful sexual behaviours continuing or escalating (DPMC 2021; El-Murr 2017; Fitz-Gibbon et al. 2022b; Paton and Bromfield 2022; RCIRCSA 2017).

Recent key findings from research on intergenerational transmission of violence among non-representative cohorts in Australia include:

- children had higher odds of emotional/behavioural difficulties at age four associated with maternal violence exposures (maternal childhood abuse or intimate partner violence) and poor maternal physical or mental health (Gartland et al. 2019)
- about 9 in 10 (89%) young people aged 16 to 20 who had used violence against a family member in their lifetime had witnessed FDV or been targeted by child abuse (Fitz-Gibbon et al. 2022a)
- children that were exposed to intimate partner violence directed at their mothers developed violent behaviours towards others and their mothers, with sons more likely to become violent, based on narrative interviews with mothers (Meyer et al. 2015).

A related process, intergenerational trauma, occurs when people who have experienced trauma (which can include violence and abuse) pass their trauma to further generations. This can be related to a lack of opportunity to heal and a lack of support for those who

have experienced trauma. In Australia, intergenerational trauma particularly affects First Nations people (see **Aboriginal and Torres Strait Islander people**), especially the children, grandchildren and future generations of the Stolen Generations (AIHW 2018; DSS 2022; Healing Foundation 2022).

Has it changed over time?

Typically, data on the 12-month prevalence of FDV can be used to see whether violence has changed over time. However, comparable national 12-month prevalence data about FDV combined are not available prior to 2021–22. Data on the 12-month prevalence of IPV are available, and changes over time are reported in **Intimate partner violence**.

According to the 2021–22 PSS:

- 1.9% of women aged 18 years and over experienced FDV in the 12 months prior to the survey
- 0.7% of men aged 18 years and over experienced FDV in the 12 months prior to the survey (this estimate has a relative standard error of 25–50% and should be used with caution) (ABS 2023).

Some data are available from other sources to look at changes in FDV-related service use over time. Changes in service use over time can be for a number of reasons, such as greater awareness, increased reporting, increase in actual prevalence, or a combination of these reasons.

Some time series data are available on:

- FDV-related offences recorded by police (see **FDV reported to police**)
- rates of domestic homicide (see **Domestic homicide**)
- rates of FDV-related assault injury hospitalisations (see **Health services**)
- rates of people seeking assistance from SHS due to FDV (see **Housing**).

Is it the same for everyone?

While some data are available to show how the experiences of FDV can differ across population groups, comparable data on the prevalence of violence are limited.

Aboriginal and Torres Strait Islander people

‘Family violence’ is the preferred term for violence within Aboriginal and Torres Strait Islander (First Nations) communities, as it covers the extended families, kinship networks and community relationships in which violence can occur (Cripps and Davis 2012).

The factors contributing to family violence, the actions taken when violence occurs and the longer-term impacts can be different for First Nations people compared with non-Indigenous people. Further, family violence among First Nations people should be

understood in the context of intergenerational trauma and the ongoing impacts of colonisation.

The latest National Aboriginal and Torres Strait Islander Health Survey (NATSIHS, 2018–19) showed that 2 in 3 (67% or 20,800) First Nations people aged 15 and over who had experienced physical harm in the 12 months before the survey reported the perpetrator was a family member (a former or current intimate partner or other family member) (ABS 2019).

More information about family violence, including data from police, criminal courts and hospitals can be found in **Aboriginal and Torres Strait Islander people**.

Children and young people

Children are victims of FDV in their own right, both when they experience violence directly, and when they are exposed to, or witness violence or abuse between others. It is difficult to obtain robust data on children's experiences of FDV. Due to the sensitive nature of this subject, most large-scale population surveys focus on adults. However, estimates of adults from surveys are likely to underestimate the true extent of FDSV due to some people's reluctance to disclose information and reliance on participant's recollections of events, which may have changed over time.

The 2021 Australian Child Maltreatment Study (ACMS) was a cross-sectional survey of people aged 16 and over that estimated the experiences of child sexual abuse and child maltreatment from a parent or caregiver. It also assessed some other childhood adversities and associations with aspects of health and wellbeing later in life (Mathews et al 2023).

Findings from the ACMS, including data on physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence are discussed in more detail at **Children and young people**.

Older people

In Australia, 'older people' are generally defined as those aged 65 and over. However, First Nations people are often included among 'older people' from the age of 50 (Kaspiew et al. 2015).

Elder abuse is another term often used to describe violence experienced by older Australians when there is a relationship of trust between the older person and the perpetrator. Some forms of elder abuse can be perpetrated by family members, such as partners, children or other relatives.

The 2021 AIFS National Elder Abuse Prevalence Study collected information about elder abuse experienced by older people who live in the community. These data can be used to report on the prevalence of abuse, the type of abuse experience, and the relationship to the perpetrator of abuse. Findings from this study are discussed in more detail in **Older people**.

Other population groups

Comparable national data are not available to compare the prevalence of FDV among different population groups. However, data from other sources, can be used to illustrate some of the unique experiences of violence for:

- **people with disability**
- **pregnant people**
- **mothers and their children**
- **young women**
- **people from culturally and linguistically diverse backgrounds**
- **LGBTIQA+ people**
- **veteran families.**

Related material

- What is FDSV?
- Intimate partner violence
- Sexual violence
- Children and young people

More information

- [Specialist Homelessness Services, annual report.](#)
- [Child protection.](#)

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Intimate partner violence

Key findings

- 1 in 4 (23% or 2.3 million) women and 1 in 14 (7.3% or 693,000) men have experienced physical and/or sexual violence from an intimate partner since the age of 15.
- 23% (2.3 million) of women and 14% (1.3 million) of men have experienced emotional abuse by a current or previous partner.
- 16% (1.6 million) of women and 7.8% (745,000) of men have experienced economic abuse from a current or previous partner.

Intimate partner violence (IPV) is a major health and welfare issue in Australia and around the world. It occurs in all socioeconomic, religious and cultural groups and can have wide-ranging consequences for physical and psychological health, economic security and social wellbeing (WHO 2012). IPV takes many forms and is a subset of family and domestic violence.

In 2018, the World Health Organisation (WHO) estimated that globally, 26–28% (641 to 753 million) of ever-partnered women (those who had been in an intimate relationship) aged 15 years and older had experienced physical and/or sexual IPV in their lifetime (WHO 2021). Rates of IPV vary by global region and by development, with the highest rates occurring in the least developed countries (37%) and the lowest rates occurring in the subregions of Europe (16–23%), Central, Eastern and South-Eastern Asia (18–21%) and in Australia and New Zealand (23%) (WHO 2021).

This page presents the available data (at the time of writing) on IPV in Australia, including data on emotional abuse, economic abuse, and trends over time.

What is intimate partner violence?

IPV can be defined in different ways. Broadly, IPV refers to any behaviour within an intimate relationship (current or previous) that causes physical, sexual or psychological harm (DSS 2022). Intimate relationships involve varying levels of commitment, and include marriages, couples who live together, and dating relationships. Some relationships such as boy/girlfriend and dating relationships are particularly relevant to younger people who are less likely to be in formal living arrangements with their intimate partners.

In the AIHW's reporting, definitions are mostly drawn from the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS). These definitions look at specific behaviours and harms – physical violence, sexual violence, emotional abuse and economic abuse – across a range of intimate relationships (Box 1).

Box 1: Measuring intimate partner violence in the PSS

The 2021–22 ABS Personal Safety Survey surveyed people in Australia from March 2021 to May 2022 about the nature and extent of violence experienced since the age of 15. Information is collected about the relationship between the respondent and the perpetrator of violence.

An **intimate partner** is a current partner (a person the respondent is living with), a previous partner (a person the respondent has lived with previously) or a boyfriend, girlfriend or date (a person the respondent has never lived with).

A **partner**, sometimes referred to as a **cohabiting partner**, is someone the respondent lives with, or has lived with at some point in a married or de facto relationship. The PSS collects information about economic abuse and emotional abuse between partners, but these are reported separately and are not included in the totals for 'violence'.

A **boyfriend, girlfriend or date** describes a person with whom the respondent has, or previously had, a relationship, if that relationship did not involve living together. This term covers varying levels of commitment and involvement. For example, this will include persons who have had one date only, regular dating with no sexual involvement, or a serious sexual or emotional relationship. In the PSS, this can refer to a current relationship or a previous relationship. Data about emotional abuse or economic abuse are not collected for people who did not live with their partners at any stage during the relationship.

In the PSS, **physical violence** is the occurrence, attempt or threat of physical assault. Physical assault is any incident that involves the use of physical force, with the intent to harm or frighten a person.

Sexual violence is the occurrence, attempt or threat of sexual assault. Sexual assault is an act of a sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, including any attempts to do this.

Incidents that occurred before the age of 15, are not counted within the totals for 'violence', but are counted separately as **physical abuse** or **sexual abuse** (ABS 2023a).

The term 'violence' in the PSS refers to physical and/or sexual violence.

Other data sources may draw on different definitions of IPV. While these may not be comparable to the PSS, they can be used to complement key findings.

A more detailed discussion about how different definitions are used in the AIHW's reporting can be found in **What is FDSV?**

How does IPV relate to coercive control?

Coercive control is almost always an underlying dynamic of FDV and IPV. Coercive control is often defined as a pattern of behaviour, used by a perpetrator to establish and maintain control over another person and deprive them of autonomy. While some of the behaviours that contribute to coercive control are acts of violence themselves – and may be recognisable as physical assault, sexual assault, emotional abuse, harassment,

financial abuse, stalking or technology-facilitated abuse – some behaviours are subtle and targeted, and may appear innocuous in isolation.

In IPV, it is important to consider the overall pattern of abusive behaviours used by a perpetrator, the ongoing and repetitive nature of these behaviours, and their cumulative negative effects (ANROWS 2021). However, it can be difficult to measure and report on these overall patterns of behaviour beyond specific incidents of violence and abuse. On this topic page, data are reported about specific incidents to identify patterns and build a national understanding of the prevalence of IPV. For more information about coercive control as a contextual part of FDV and IPV, see **Coercive control**.

What is emotional abuse?

Emotional abuse can occur in intimate relationships when a person is subjected to certain behaviours or actions that are aimed at preventing or controlling their behaviour, or causing them emotional harm or fear (ABS 2023a). Emotional abuse may be measured in different ways depending on the data source. The main data source used to report on the prevalence of emotional abuse is the 2021–22 PSS (Box 2).

Box 2: Measuring emotional abuse in the PSS

The 2021–22 PSS collected data on emotional abuse by current or previous partners. Respondents were asked if their current or previous partners had done any of the following, with the intention to prevent or control their behaviour, or cause them emotional harm or fear:

- controlled or tried to control them from contacting family, friends or community
- controlled or tried to control them from using the telephone, internet or family car
- controlled or tried to control where they went or who they saw
- kept track of where they were and who they were with (e.g. constant phone calls, GPS tracking, monitoring through social media)
- controlled or tried to control them from knowing, accessing or deciding about household money
- controlled or tried to control them from working or earning money
- controlled or tried to control their income or assets
- controlled or tried to control them from studying
- deprived them of basic needs such as food, shelter, sleep or assistive aids
- damaged, destroyed or stole any of their property
- constantly insulted them to make them feel ashamed, belittled or humiliated (e.g. put-downs)
- shouted, yelled or verbally abused them to intimidate them
- lied to their child/ren with the intent of turning their children against them
- lied to other family members or friends with the intent of turning them against them

- threatened to take their child/ren away from them
- threatened to harm their child/ren
- threatened to harm their other family members or friends
- threatened to harm any of their pets
- harmed any of their pets
- threatened or attempted suicide.

If the respondent answered 'yes' to any of the behaviours, then they were considered to have experienced emotional abuse.

The PSS definition of emotional abuse excluded cases of nagging (e.g. about spending too much money, or going out with friends) unless this nagging caused emotional harm or fear; and cases where a partner had restricted the person's access to money, the car, or the internet as a result of the person's substance abuse, gambling, or compulsive shopping issues, unless the person perceived that these restrictions cause them emotional harm or fear (ABS 2023a).

What is economic abuse?

Economic abuse, sometimes referred to as financial abuse, involves a pattern of control, exploitation or sabotage of money and finances and economic resources, which affects a person's ability to obtain, use or maintain economic resources, threatening their economic security and potential for self-sufficiency and independence (DSS 2022).

Some behaviours that are considered economic abuse can also be counted as examples of emotional abuse. The main data source used to report on the prevalence of economic abuse by partners is the 2021–22 PSS (Box 3).

Box 3: Measuring economic abuse in the PSS

The 2021–22 PSS collected data on economic abuse by asking respondents if their current or previous partners had done any of the following:

- controlled or tried to control them from knowing about, having access to, or making decisions about household money
- controlled or tried to control them from working or earning money
- controlled or tried to control their income or assets
- controlled or tried to control them from studying
- deprived them of basic needs (e.g. food, shelter, sleep, assistive aids)
- damaged, destroyed or stole any of their property
- forced them to deposit income into their partner's bank account
- prevented them from opening or having their own bank account
- manipulated or forced them to cash in, sell or sign over any financial assets they own

- pressured or forced them to sign financial documents
- accrued significant debt on shared accounts, joint credit cards, or in their name
- refused to contribute financially to them or the family, or would not provide enough money to cover living expenses
- refused to pay child support payments when required to (previous partner only)
- deliberately delayed property settlement after the relationship ended (previous partner only) (ABS 2023a).

If the respondent answered 'yes' to any of the behaviours, then they were considered to have experienced economic abuse.

Data from the PSS were only available to report on economic abuse that occurs between current or previous partners. Economic abuse can occur within a relationship, or after a relationship has ended. However, economic abuse can also occur in the context of family and domestic violence, coercive control and elder abuse.

What is technology-facilitated abuse?

Technology-facilitated abuse (TFA) is a broad term encompassing any form of abuse or harm that uses mobile and digital technologies. TFA can include a wide range of behaviours such as:

- monitoring and stalking the whereabouts and movements of the victim in real time
- monitoring the victim's internet use
- remotely accessing and controlling contents on the victim's digital device
- repeatedly sending abusive or threatening messages to the victim or the victim's friends and family
- image-based abuse (non-consensual sharing of intimate images of the victim)
- publishing private and identifying information of the victim (AIJA 2022; Powell et al. 2022; Woodlock 2015).

Data on some forms of TFA can be found in **Sexual violence** and **Stalking and surveillance**.

What do the data tell us?

Prevalence data on IPV, including emotional abuse and economic abuse are drawn from 2 national surveys: the ABS Personal Safety Survey and the AIFS National Elder Abuse Prevalence Study. For information about these data sources, please see **Data sources and technical notes**.

How common is IPV?

1 in 4 women

1 in 14 men

in 2021–22 had experienced violence from an intimate partner since the age of 15

According to the 2021–22 PSS:

- 1 in 4 (23% or 2.3 million) women have experienced violence from an intimate partner since the age of 15
- 1 in 14 (7.3% or 693,000) men have experienced violence from an intimate partner since the age of 15 (ABS 2023a).

Intimate partners can be current or previous partners, boyfriends, girlfriends or dates. Violence can be of a physical or sexual nature. Across types of intimate partner, a higher proportion of people (11%) had experienced violence from a partner compared with a boyfriend, girlfriend or date (5.9%) (ABS 2023a).

Partner violence

Partner violence is a subset of IPV and covers violence that occurs between people who either live together or have previously lived together (sometimes referred to as a cohabiting partner). Data about violence in these relationships can help build an understanding of the nature of IPV in a domestic context. They can also be used to understand how people's living circumstances relate to their experiences of violence.

The 2021–22 PSS provides national estimates of partner violence. Some estimates for the experiences of men are not sufficiently statistically reliable for reporting.

According to the 2021–22 PSS, almost 1 in 5 (17% or 1.7 million) women and about 1 in 18 (5.5% or 527,000) men have experienced physical and/or sexual violence from a current or previous partner since the age of 15 (ABS 2023b).

The characteristics of partner violence are somewhat different for women reporting partner violence from a current versus previous partner:

- 2 in 5 (40%) women who experienced violence by a previous partner and 1 in 4 (24%) women who experienced violence by a current partner experienced their first incident within 2 years of the relationship.
- Most of the 1.5 million women estimated to have experienced violence by a previous partner experienced more than one incident (67%), with violence occurring: all the time for 3.8%, most of the time for 17%, some of the time for 28%, and a little of the time for 18%.
- Among the estimated 173,000 women who experienced violence by a current partner, 2 in 5 (41%) experienced more than one incident (ABS 2023a, 2023b).

- Among the estimated 425,000 men who experienced violence by a previous partner, most (52%) experienced more than one incident and most (71%) experienced their first incident during the first 10 years of their relationship (ABS 2023a).

Characteristics of partner violence

Many women stay in violent relationships.

About 70% of women in 2021–22 who experienced violence by their current partner while living together had never separated (an estimated 122,000 women). About 1 in 2 (46%) of these women did not want to leave their current partner (ABS 2023a).

When women temporarily separate from a violent partner, violence often begins, continues or increases.

About 2 in 5 (43% or 584,000) women had, at least once, temporarily separated from a violent previous partner. Temporary separation includes breaking up and starting the relationship again at a later time. Of the estimated 369,000 women who moved away during a temporary separation:

- 1 in 13 (7.9%) experienced violence for the first time
- 1 in 4 (25%) continued to experience violence
- 1 in 7 (14%) experienced increased violence (ABS 2023a).

Women temporarily separating from violent partners are likely to stay with a friend or relative.

Almost 2 in 3 (63%, or 369,000) women who temporarily separated from a violent previous partner moved out of home, and of those women, about 4 in 5 (78%, or 286,000) stayed at a friend or relative's house (ABS 2023a).

The main reason women returned to violent partners was that they 'wanted to try and work things out'.

Of women who temporarily separated from a violent current or previous partner, the most common reasons for returning were similar. These reasons included:

- they wanted to try and work things out or they had resolved the problems with their partner (91% who separated from a current partner and 57% from a previous partner)
- they still loved the partner (55% who separated from a current partner and 45% from a previous partner)
- their partner promised to stop assaults and/or threats (26%* who separated from a current partner and 51% who separated from a previous partner) (ABS 2023a).

Note that more than one reason could be provided and that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50%.

Many women move away from home when their relationship with a violent partner ends, leaving behind property or assets.

About 2 in 3 (64% or 867,000) women moved away from home when their relationship with a violent previous partner that they lived with, ended. Of those that moved away, 7 in 10 (69% or 597,000) left property or assets behind (ABS 2023a).

Estimates for 2021–22 for men are not sufficiently statistically reliable for reporting. Findings from the 2016 PSS were previously reported in [Family, domestic and sexual violence in Australia, 2019: continuing the national story](#).

Emotional abuse

23% of women

14% of men

in 2021–22 had experienced **emotional abuse** by a partner since the age of 15

The 2021–22 PSS also collected information about emotional abuse between partners and estimates that almost 1 in 5 (23% or 2.3 million) women and 1 in 7 (14% or 1.3 million) men have experienced emotional abuse by a current or previous partner.

Among those who had experienced emotional abuse:

- threatening or degrading behaviours were the most common (85% of women who experienced abuse by their current partner, and 90% of women and 87% of men who experienced abuse by a previous partner)
- the majority experienced more than one incident (90% of women who experienced abuse by their current partner, and 94% of women and 96% of men who experienced abuse by a previous partner)
- at least 1 in 4 also experienced violence (24% of women who experienced abuse by their current partner, and 47% of women and 25% of men who experienced abuse by a previous partner) (ABS 2023a, 2023b).

Economic abuse



16% of women and 7.8% of men in 2021–22 had experienced **economic abuse** from a partner since the age of 15

Based on the 2021–22 PSS, 16% (1.6 million) of women and 7.8% (745,000) of men have experienced economic abuse from a current or previous partner since the age of 15. The most common economic abuse behaviours varied by whether the violence was by a current or previous partner:

- Women who experienced current partner economic abuse most commonly experienced economic restriction behaviours, for example, by controlling or trying to control their knowledge of, access to, or decisions about household money (62%).

- Women and men who experienced previous partner economic abuse most commonly experienced economic sabotage behaviours, for example, damaging, destroying or stealing any of their property (44% and 50%, respectively) (ABS 2023a, 2023b).

Data were not sufficiently statistically reliable to report on men’s experiences of violent current partners.

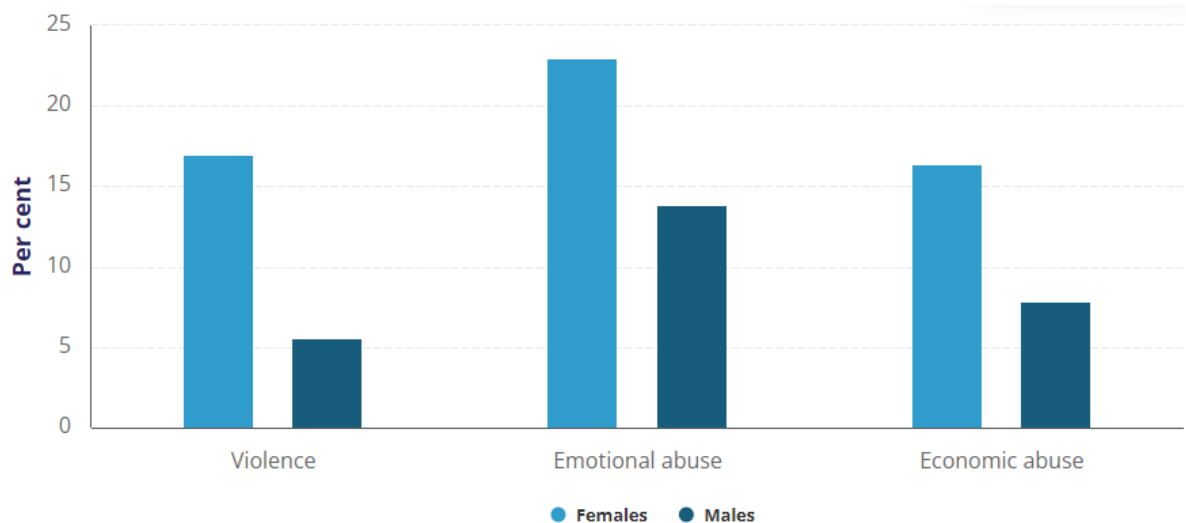
How do physical and sexual violence overlap with other forms of abuse?

Based on the 2021–22 PSS, 1 in 5 (21% or 4.2 million) people aged 18 years and over have experienced violence, emotional abuse or economic abuse by a partner since the age of 15.

The prevalence of violence and abuse by partners was higher for women than men:

- 27% (2.7 million) of women aged 18 years and over have experienced violence or emotional/economic abuse by a partner.
- 15% (1.5 million) of men have experienced violence or emotional/economic abuse by a partner (Figure 1).

Figure 1: Prevalence of partner violence, emotional abuse, and economic abuse since the age of 15, 2021–22



Source: ABS PSS 2021–22 | [Data source overview](#)

Further information about economic abuse in Australia, such as the perceptions and experience, are available from a study conducted by the Centre for Women’s Economic Safety (CWES) in 2021 (Box 4).

Box 4: Perceptions and experience of economic abuse in Australia

The CWES conducted a national survey of adults in Australia to better understand the experiences of economic abuse in intimate partner relationships. The aim was to better understand how to improve people's understanding of economic abuse and the responses to it. CWES investigated:

- perceptions of behaviours known to be indicators of economic abuse
- confidence in explaining economic abuse and other forms of intimate partner violence
- the experience of behaviours known to be indicators of economic abuse
- where people would seek support for economic abuse and other forms of intimate partner violence (Glenn and Kutin 2021).

The survey comprised 2 subscales of economic abuse – economic restriction and economic exploitation. There were 14 indicators of economic abuse, including 2 items that measured coerced debt. The survey was conducted using an online panel that was likely to under-represent people experiencing digital exclusion, and potentially over-represent people experiencing financial hardship (as panel members receive payments or benefits for completing surveys). The final sample was around 960 people. Due to the small sample size, estimates should be regarded with caution.

Based on data collected by the CWES:

- 14% of respondents said they didn't think any of the indicators were ever considered economic abuse
- 31% of respondents said they couldn't explain economic abuse very well, compared with 11% who said they couldn't explain physical abuse very well
- 29% of respondents said they wouldn't know where to turn for support (Glenn and Kutin 2021).

More findings from this study can be found on [the CWES website](#).

How does technology-facilitated abuse occur in the context of IPV?

With the integration of technology in modern living and the move to hybrid working models, the risk of TFA has heightened and become more widespread. TFA often takes the form of stalking, surveillance, tracking, threats, harassment and the non-consensual sharing of intimate images. Perpetrators may misuse devices, accounts, software or platforms to control, abuse and track victim-survivors. *The National Plan to End Violence against Women and Children 2022–2032* has called for increased attention and support on the disproportionate impact of TFA on women and their children (DSS 2022).

TFA is not a separate form of violence from IPV, but a set of tools that can be used to control and intimidate a person, and enable violence to occur and continue.

Data from the PSS show that technology plays a role in facilitating forms of economic and emotional abuse between intimate partners, however, these data do not necessarily provide an overall estimate of TFA prevalence. In 2022, ANROWS published findings from a national study which focused on examining the extent and nature of, and responses to TFA within the Australian community. The findings from this research provide additional context about how IPV and TFA overlap (Box 5).

Box 5: National survey of adults' experiences of TFA in Australia

A study undertaken by Powell et al. (2022) used a nationally representative survey of people aged 18 years and over in Australia with a final sample of 4,500 people (2,500 women and 2,000 men).

The study found that TFA victimisation is very common among adults, with 1 in 2 adults surveyed having experienced at least one TFA behaviour at some point in their life. The study also found:

- Women were more likely to experience TFA perpetrated by a current or former intimate partner than men. In their most recent incidence of TFA, 2 in 5 (40%) female respondents reported the perpetrator was an intimate partner at the time or former intimate partner, compared with almost 1 in 3 (32%) for male respondents (Powell et al. 2022).
- Men were more likely to experience TFA perpetrated by a stranger than women. In their most recent incidence of TFA, 1 in 4 (25%) male respondents reported the perpetrator was a stranger, compared with almost 1 in 6 (16%) female respondents (Powell et al. 2022).

The study also highlighted that many victims and survivors are likely to experience multiple forms of abuse and ongoing or escalating abuse alongside their TFA experiences, particularly in the context of intimate partner relationships (Powell et al. 2022).

What are the risk factors for perpetrators of IPV?

While any individual can perpetrate IPV, there are a range of risk and protective factors that may contribute to it. These may be individual, family, community and broader social-level factors. For an overview of these factors and how they overlap, see **Factors associated with FDSV**.

Children who experience family and domestic violence, and/or those who are exposed to IPV directed at their parents, can also experience adverse developmental outcomes, which can then be associated with an increased likelihood of violence perpetration. This process is sometimes referred to as intergenerational transmission of violence and is discussed in more detail in the context of **Family and domestic violence**. More information about violence and children can be found in **Children and young people** and **Child sexual abuse**.

What are the responses to IPV?

People respond to IPV in many ways. Many people do not disclose their experiences, or when they do, they choose to disclose them to informal sources of support such as friends and family. There are a number of factors that influence whether people seek help from formal services. Some of the barriers are discussed in more detail in **How do people respond to FDSV?**

People who do seek help from formal services may access a range of different supports. There are multiple entry points for victim-survivors to access formal support services, both at a point of crisis and afterwards. These supports span across multiple sectors and have varying levels of involvement with victim-survivors and perpetrators. The support can also vary depending on the type of violence experienced. Many supports are intended to respond to broader family and domestic violence, which can cover violence in a wide range of relationships.

A comprehensive and person-centred response system is essential for holding perpetrators to account and keeping people safe. The National Plan identifies multiple objectives to improve responses, and these were used to inform some of the actions under the [First Action Plan 2023–2027](#).

Health services

People who experience IPV may seek assistance from health services. Health services that respond to IPV include:

- primary care, including general practitioners (GPs) and community health services
- mental health services
- ambulance or emergency services
- alcohol and other drug treatment services
- hospitals (admitted patient care; emergency care; and outpatient care).

While each health service response has an important and different role to play, national service-level data on responses to IPV are limited. Hospital records related to episodes of admitted care (hospitalisations) are the main nationally comparable data available, although some data related to IPV responses in other health services are available in some states and territories.

Data from the AIHW National Hospital Morbidity Database are available to report on the number of people admitted to hospital for assault injuries, where the perpetrator has been identified as a spouse or domestic partner. These data are reported in **Health services**.

Police and legal responses

Following an incident of IPV, victim-survivors, witnesses or other people may contact police. Incidents that are considered a criminal offence are recorded by police as crimes.

Data from police are available to report on victims of FDV-related offences. These are discussed in more detail in **FDV reported to police**.

Legal responses to FDV can also involve civil and criminal proceedings in state and territory courts. Civil proceedings can result in domestic violence orders (DVOs) that aim to protect victim-survivors of FDV from future violence. Criminal proceedings can punish offenders for criminal conduct related FDV and sexual violence. These are discussed in more detail in **Legal systems**.

Specialist homelessness services

When IPV occurs within the home, it can create an unsafe and unstable environment, leading some individuals and families to leave for their safety. Specialist homelessness services (SHS) provide services to people who are homeless or at risk of homelessness.

Data from SHS are available to look at the number of clients of SHS who had experienced FDV, including data about client characteristics, service use patterns and housing situations and outcomes. These are discussed in further detail in **Housing**.

Specialist perpetrator interventions

Some responses to IPV are designed to work with perpetrators to hold them to account and support them to change their behaviour. The majority of perpetrator interventions fall into 2 categories: police and legal responses, and behaviour change interventions.

National data on behaviour change interventions are limited. However, some data are available from the Men's Referral Service, and a growing body of research is available to discuss what currently works to reduce and respond to violence. These are discussed in more detail in **Specialist perpetrator interventions**.

Other responses

There are a range of other responses to FDV where some data or information are available:

- **Financial and workplace responses** (these include crisis payments; workplace responses such as internal workplace investigations, or access to leave entitlements)
- **Helplines and related support services** (including information, referral, counselling and advocacy).

What are the impacts of IPV?

IPV can have long-lasting impacts on an individual's physical and mental health as well as their economic and social wellbeing. In some cases, IPV can be fatal. Data are available across a number of areas to look at the longer-term impacts and outcomes of FDV on individuals and the community.

Economic and financial impacts

There are a number of direct and indirect economic and financial impacts of IPV. For example, people who experience IPV may incur the costs associated with separation such as moving and legal costs or healthcare costs for treatment and/or recovery from harm. The costs of IPV can also be indirect, or be seen longer-term, particular when they limit a person's education, and employment outcomes.

Some of the impacts of IPV can also be economy-wide, and these can be seen through impacts to the health system, community services, as well as through lost wages, lower productivity. Estimating the cost of violence to the economy can provide an overview of the scale of the problem and how wide-ranging it is. These are discussed in more detail in **Economic and financial impacts**.

Health impacts

The health outcomes of IPV can be serious and long-lasting. Some data are available to report on:

- the burden of disease due to IPV (refers to the quantified impact of living with and dying prematurely from a disease or injury)
- the relationship between violence and poor mental health outcomes
- injuries related to FDV
- sexual and reproductive health outcomes
- FDV-related suicides.

These are discussed in more detail in **Health outcomes**.

Homicide

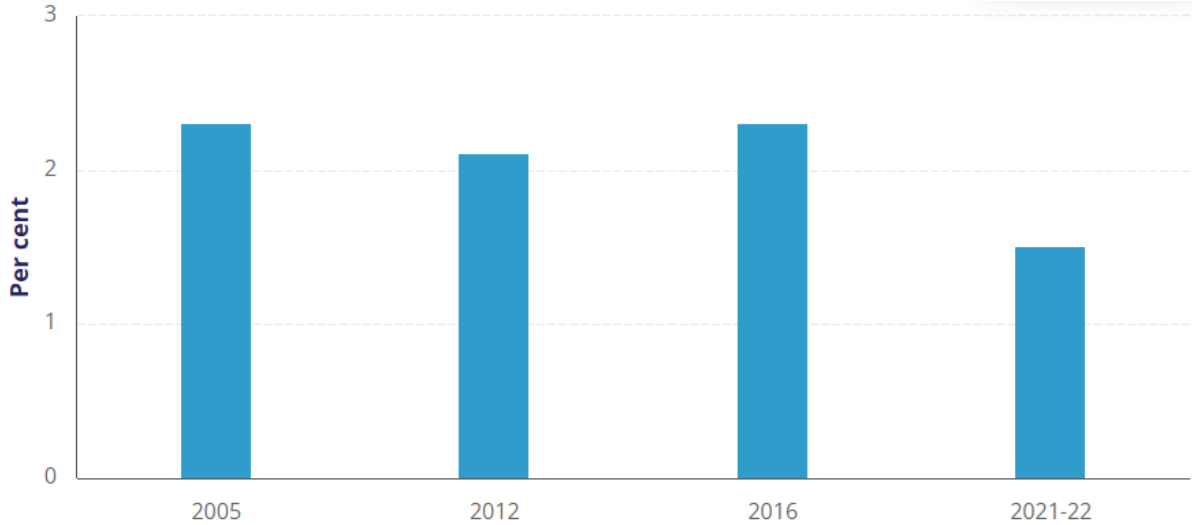
Some family and domestic violence incidents are fatal. Domestic homicide is the term used to refer to the unlawful killing of a person in an incident involving the death of a family member or other person in a domestic relationship, including people who have a current or former intimate relationship.

Data from a number of sources are available to report on the number of domestic homicides. These are reported in **Domestic homicide**.

Has it changed over time?

Data from the 2021–22 PSS are available to show changes over time for some forms of violence. For women, the 12-month prevalence rate of intimate partner violence decreased from 2.3% in 2016 to 1.5% in 2021–22 (Figure 2) (ABS 2023a).

Figure 2: Proportion of women who experienced IPV in the last 12 months, 2005 to 2021-22

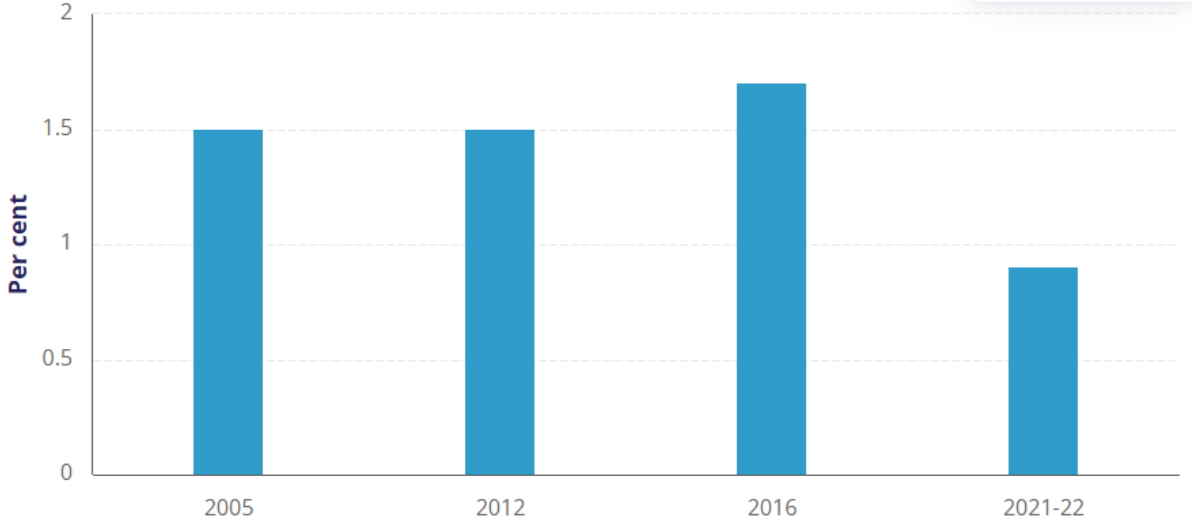


^: statistically significant difference to the 2021-22 rate.

Source: ABS PSS | [Data source overview](#)

Data from the 2021-22 PSS are also available to show changes over time for partner violence. A partner is someone who the respondent lives with, or lived with, in a married or de facto relationship. For women, the prevalence of partner violence has fallen from 1.7% in 2016 to 0.9% in 2021-22 (Figure 3) (ABS 2023a).

Figure 3: Proportion of women who experienced partner violence in the last 12 months, 2005 to 2021-22

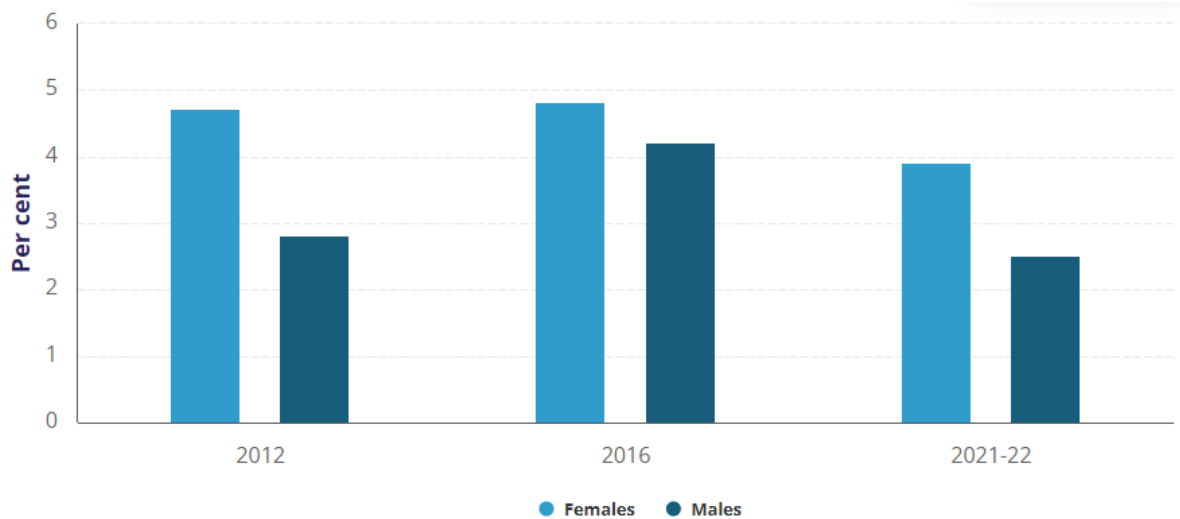


^: statistically significant difference to the 2021-22 rate.

Source: ABS PSS | [Data source overview](#)

Data from the 2021–22 PSS also show that the prevalence of emotional abuse by a partner decreased between 2016 and 2021–22 for both women and men. For women, this went from 4.8% in 2016 to 3.9% in 2021–22. For men, the 12-month prevalence rate of partner emotional abuse decreased from 4.2% in 2016 to 2.5% in 2021–22 (Figure 4) (ABS 2023a).

Figure 4: Proportion of people aged 18 years and over who experienced emotional abuse from a partner in the last 12 months, by sex, 2012 to 2021–22



^: statistically significant difference to the 2021–22 rate.

Source: ABS PSS | [Data source overview](#)

These changes over time may be due to a number of reasons. The most recent PSS was conducted between March 2021 and May 2022, during the COVID-19 pandemic. We are continuing to learn about the effects of the COVID-19 pandemic on FDSV, which first occurred in Australia between March to April 2020. The 2-year period following the onset of the pandemic involved many changes to people’s living circumstances. These changes, and the potential flow-on effects to a person’s likelihood of experiencing violence, are discussed in more detail in **FDSV and COVID-19**.

Is it the same for everyone?

Some population groups are at increased risk of intimate partner violence, or may experience this violence differently. For more information about some of these groups, see **Population groups**.

Related material

- Stalking and surveillance

- Coercive control

More information

- [Specialist Homelessness Services, annual report.](#)
- [Child Protection, Australia.](#)

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Sexual violence

Key findings

- 14% (2.8 million) of people aged 18 years and over have experienced sexual violence since the age of 15.
- 1 in 9 women (11% or 1.1 million) have experienced sexual violence by a male intimate partner since the age of 15.
- 1 in 20 (4.9% or 489,000) women have experienced sexual violence by a male friend or housemate.

Sexual violence can take many forms, including assault, abuse and harassment. Experiences vary across population groups and in different settings, and there can be long-term physical, psychological, financial, legal, and spiritual consequences for individuals and communities.

One way to understand sexual violence is as an abuse of power, most often perpetrated by men against women, children, young people and other men. The impact of sexual violence can be compounded by negative attitudes pertaining to sex, race, age, culture and religion, as well as by inequalities stemming from class, geographic location, language or ability. Attitudes, beliefs, laws and social structures that allow or support inequalities contribute to the ongoing problem of sexual violence in society (NASASV 2021).

This page discusses what is currently known about sexual violence in Australia, the contexts in which it occurs and how it varies across population groups.

What is sexual violence?

Sexual violence is a broad term, often used to encompass a wide range of behaviours. The [National Plan to End Violence against Women and Children 2022–2032](#) defines sexual violence as sexual activity that happens where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. Sexual violence occurs any time a person is forced, coerced or manipulated into any sexual activity. Such activity can be sexualised touching, sexual abuse, sexual assault, rape, sexual harassment and intimidation, and forced or coerced watching or engaging in pornography. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions or harassment of a sexual nature. Forms of modern slavery, such as forced marriage, servitude or trafficking in persons may involve sexual violence (DSS 2022).

Definitions of sexual violence vary according to different legislation and practices. Operational definitions used in a service context may differ from those used for research or data collection.

The AIHW's reporting uses several terms based on known definitions and available data with key definitions drawn from the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) (Box 1).

Box 1: Definitions and types of sexual violence in the ABS PSS

According to the ABS PSS, **sexual violence** refers to any occurrence, attempt or threat of **sexual assault** experienced by a person since the age of 15 (ABS 2023b).

Sexual assault refers to an act of a sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, and including any attempts to do this. This includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity. Such incidents are an offence under state and territory criminal law (ABS 2023b).

Sexual threat refers to the threat of acts of a sexual nature that were made face to face, and where the person believed the threat could be – and was likely to be – carried out.

In the PSS, sexual assault excludes incidents of violence that occurred before the age of 15. These are defined as **sexual abuse**, which constitutes any act by an adult involving a child (under the age of 15) in sexual activity beyond their understanding or contrary to accepted community standards.

The PSS definition of sexual assault also excludes unwanted sexual touching. Unwanted sexual touching is defined as **sexual harassment** instead. Sexual harassment is considered to have occurred when a person has experienced or was subjected to behaviours that made them feel uncomfortable and/or were offensive due to their sexual nature (ABS 2023b).

The definitions above are used wherever PSS data are reported.

Sexual violence can occur in a family and domestic violence context, when it is perpetrated by a current or previous partner, boyfriend, girlfriend or other dating relationships, a parent, sibling or other family member. Sexual violence can occur as part of coercive control, where perpetrators exert power and dominance over others using patterns of abusive behaviours over time, to create fear and deny liberty and autonomy. Sexual violence can also be perpetrated by strangers, acquaintances, neighbours, friends or housemates, and it can occur in isolation or repeatedly.

Consent

How we define consent affects how we define sexual violence. Consent can be broadly defined as a person freely and voluntarily agreeing to participate in an interaction. Consent must be 'informed', this refers to the need for a person to understand what they are consenting to, with nothing preventing them from providing their consent or

changing their mind. See **Consent** for more information about current attitudes towards consent and the work underway to provide education about consent in Australia.

What do we know?

Sexual violence can occur within intimate partner relationships and outside of these relationships. The consequences of sexual violence are wide ranging. Victim-survivors can experience immediate or long-term physical and mental health problems, which can negatively impact employment, economic wellbeing, ability to return to school, coping, personal relationships and sense of normalcy (CDC 2022). For more information about the long-term impacts, see **Health outcomes** and **Domestic homicide**.

While any individual can perpetrate sexual violence, there are some factors associated with a greater likelihood of perpetration. These include individual factors (such as alcohol and drug use), relationship factors (such as family history of violence), community factors (such as socioeconomic disadvantage) and society factors (such as attitudes that support or minimise sexual violence) (CDC 2022). Factors associated with violence perpetration do not necessarily cause violence. These are discussed further in **Factors associated with FDSV**.

What data are available to report on sexual violence?

Data about the prevalence of sexual violence come primarily from national surveys. Some administrative data are available to report on the responses to sexual violence, however, these data are likely to underrepresent the problem as the majority of victim-survivors do not report their experiences of sexual violence to services providers.

Data sources for understanding the prevalence of sexual violence

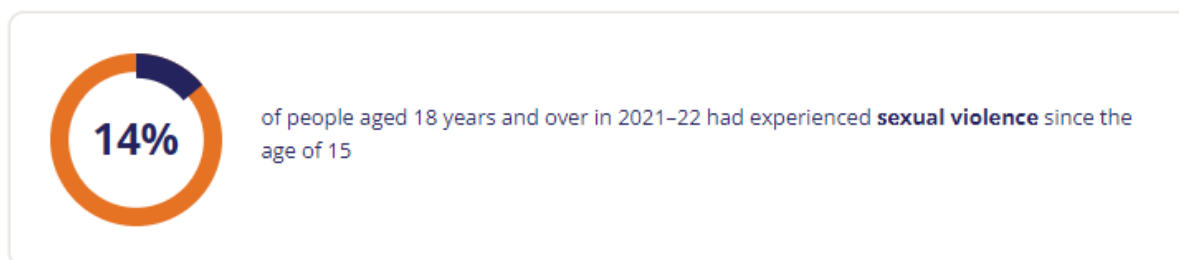
- ABS Criminal Courts
- ABS Personal Safety Survey
- ABS Recorded Crime, Victims
- ABS Recorded Crime, Offenders
- Australian Human Rights Commission (AHRC) National Survey on Workplace Sexual Harassment
- eSafety Commission's Image-based Abuse National Survey
- Longitudinal Study of Australian Children
- National Student Safety Survey

For more information about these data sources, please see **Data sources and technical notes**.

What do the data tell us?

Data from the 2021–22 PSS can be used to report on the number of people who have experienced sexual violence since the age of 15. Sexual violence in the PSS includes sexual assault or threat.

How many people have experienced sexual violence?



Based on the 2021–22 PSS, 14% (2.8 million) of people aged 18 years and over have experienced sexual violence since the age of 15. A higher proportion of women have experienced sexual violence compared with men:

- over 1 in 5 (22% or 2.2 million) women have experienced sexual violence since the age of 15
- 1 in 16 (6.1% or 582,400) men have experienced sexual violence since the age of 15 (ABS 2023a).

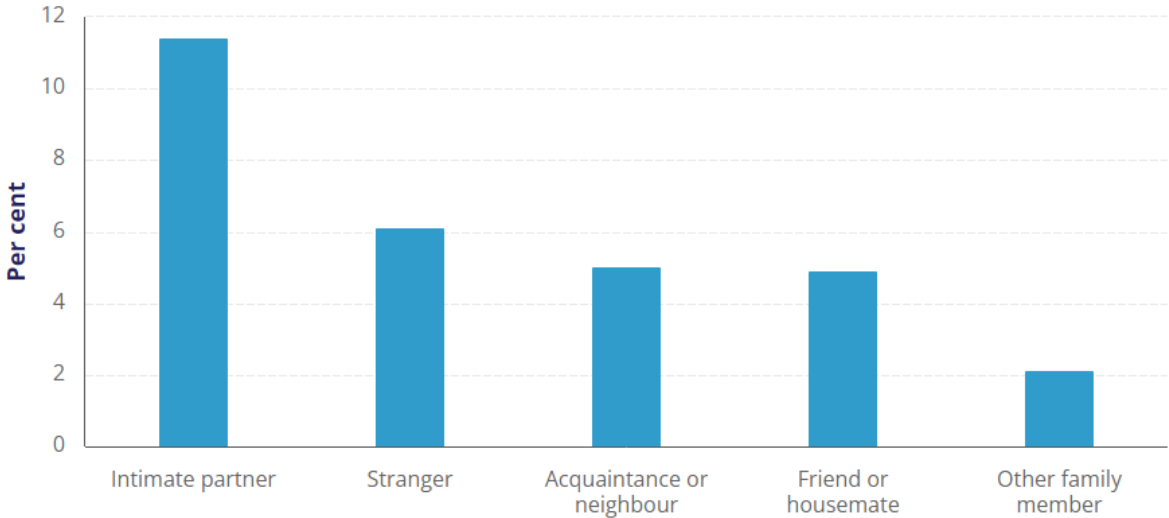
Who are the perpetrators of sexual violence?

For people who had experienced sexual violence since the age of 15, the perpetrator was more commonly male than female – 13% (2.5 million) of people had experienced violence by a male perpetrator, 1.8% (353,000) by a female perpetrator.

Women were 31 times as likely to experience sexual violence by a male than a female (22% of women experienced sexual violence by a male perpetrator compared with 0.7% by a female perpetrator) (ABS 2023a).

For women, the male perpetrators were more likely to be known persons than strangers – 20% (2.0 million) of women aged 18 years and over have experienced sexual violence by a male perpetrator who was a known person, compared with 6.1% (605,000) who experienced sexual violence by a stranger (Figure 1).

Figure 1: Proportion of women who have experienced sexual violence by relationship to male perpetrator, 2021–22



Source: ABS PSS 2021-22 | [Data source overview](#)

Known persons cover a range of relationships:

- 11% (1.1 million) of women have experienced sexual violence by a male intimate partner (6.1% from a cohabiting partner, 6.3% from a boyfriend or date)
- 5.0% (497,000) of women have experienced sexual violence by a male acquaintance or neighbour
- 4.9% (489,000) of women have experienced sexual violence by a male friend or housemate (ABS 2023a).

Around 203,000 (2.1%) women have experienced sexual violence by a male family member who was either a father, a son, a brother, other relative or in-law (ABS 2023a). For more information about family violence, see **Family and domestic violence**.

Data for men about the relationship to perpetrators of sexual violence are not available.

Child sexual abuse

Child sexual abuse can occur anywhere, including within families, by other people the child or young person knows or does not know, in organisations and online. The risk factors, responses and long-term impacts can be different to those commonly reported for sexual violence. Information about child sexual abuse is reported separately in **Child sexual abuse**.

Concerning and harmful sexual behaviours displayed by children and young people

Some children and young people display concerning sexual behaviours (CSBs) or harmful sexual behaviours (HSBs). CSBs and HSBs involve sexual behaviours displayed by children and young people that fall outside what may be considered developmentally expected or socially appropriate. CSBs and HSBs can occur in any setting, including in person and online.

There are some differences between CSBs and HSBs and how they are identified, and work is currently underway to define these terms and develop a consistent understanding. Enhancing national approaches to HSBs is a key theme under the First National Action Plan of the [National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030](#).

As with Adolescent Family Violence (see **Family and domestic violence**), adverse experiences in childhood have been identified in cohorts of children and young people who have displayed HSBs, with associations between displays of HSBs and trauma, prior experiences of abuse, and exposure to FDV and pornography. More information is reported separately in **Child sexual abuse**.

Sexual harassment

Sexual harassment occurs when a person has experienced or been subjected to behaviours that make them feel uncomfortable and were offensive due to their sexual nature (ABS 2023b). It includes a range of behaviours aimed at demeaning an individual and exercising power and control over them. Sexual harassment can be seen as part of the continuum of sexual violence, underpinned by the same social and cultural attitudes. Interventions that challenge these cultural and social norms may help to reduce and prevent violent behaviours (WHO 2010).

Data on sexual harassment are available from the 2016 PSS, the Australian Human Rights Commission's (AHRC) National Workplace Sexual Harassment Survey, and the 2021 National Student Safety Survey (Box 3).

Box 3: What is sexual harassment?

The definitions for sexual harassment vary slightly between different survey data sources.

ABS 2016 and 2021–22 Personal Safety Survey

In the PSS, 'sexual harassment' involves indecent phone calls; indecent texts, emails or posts; indecent exposure; inappropriate comments about body or sex life; unwanted touching, grabbing, kissing or fondling; distributing or posting pictures or videos of the person, that were sexual in nature, without their consent; and being exposed to pictures, videos, or materials which were sexual in nature and that the person did not wish to see (ABS 2023b).

Data from the 2021–22 PSS are available to look at the 12 month prevalence of sexual harassment, and how this has changed over time.

Data about lifetime prevalence of sexual harassment (since the age of 15) are only available in the 2016 PSS.

AHRC 2022 National Survey on Sexual Harassment in Australian Workplaces

In the 2022 AHRC survey, sexual harassment was measured by:

- providing a simplified legal definition of sexual harassment and asking respondents whether they have ever been sexually harassed
- providing a list of behaviours likely to constitute sexual harassment and asking respondents whether they had experienced any of the behaviours.

The simplified legal definition of sexual harassment describes it as an unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature which, in the circumstances, a reasonable person, aware of those circumstances, would anticipate the possibility that the person would feel offended, humiliated or intimidated. The list of behaviours likely to constitute sexual harassment, which was provided in the survey, ranged from inappropriate staring and leering to actual or attempted rape or sexual assault (AHRC 2022).

2021 National Student Safety Survey (NSS)

The NSSS gathers prevalence data on university students' lifetime experience of any sexual harassment and/or sexual assault, as well as their lifetime and 12-month experiences in an Australian university context.

In the NSSS, sexual harassment is defined as an unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated. The definition includes behaviours such as unwelcome touching, staring, following, sexually explicit communications (whether in-person or via technologies), as well as nude or sexual images taken or shared with others without permission (Heywood et al 2022).

How many people have experienced sexual harassment?

Based on the 2016 PSS, 1 in 2 (53% or 5 million) women and 1 in 4 (25% or 2.2 million) men have experienced sexual harassment since the age of 15.

Of those who have experienced sexual harassment:

- about 3 in 5 (62%, or over 3 million) women and 1 in 2 (46%, or over 1 million) men had been subjected to inappropriate comments about their body or sex life
- more than half of women (57%, or 2.8 million) and men (51%, or 1.1 million) experienced unwanted touching, grabbing, kissing or fondling (ABS 2017c).

Data on sexual harassment since the age of 15 is from the 2016 PSS. The 2021–22 PSS only collected data for experiences of sexual harassment in the last 12 months.

Sexual harassment in the workplace

Sexual harassment in the workplace is associated with a range of negative outcomes, including lower job satisfaction, lower organisational commitment, and poorer physical and mental health (Willness et al. 2007).

Data from the AHRC National Survey on Sexual Harassment in Australian Workplaces are available to report on the prevalence of workplace sexual harassment. The survey has a sample size of 10,200 people aged 15 and over and is representative of the Australian population in terms of age, sex and where they lived.

The survey found that:

- 1 in 5 (19%) people were sexually harassed at work in the 12 months prior to the survey
- 1 in 3 (33%) people had experienced sexual harassment at work in the 5 years prior to the survey (41% of women and 26% of men) (AHRC 2022).

The majority (77%) of workplace sexual harassment was perpetrated by men. Of those who experienced workplace sexual harassment in the last 5 years:

- 91% of women and 55% of men were harassed by men
- 9% of women and 44% of men were harassed by women (AHRC 2022).

For both women and men, the perpetrator was most likely to be a co-worker at the same level (23% and 27% respectively). Sexually suggestive comments or jokes were the most common form of sexual harassment – 2 in 5 (40%) women and more than 1 in 10 (14%) men experienced these behaviours in the 5 years preceding the survey.

Overall, 50% of people harassed said that the most recent incident of workplace sexual harassment was a one-off experience. However, the other 50% said the same form of sexual harassment had occurred on more than one occasion. Fewer than 1 in 5 (18%) people made a formal report or complaint about sexual harassment at work (AHRC 2022).

More information about specific incidents, including the actions taken by victim-survivors or workplaces following the harassment can be found in [*Time for respect: Fifth national survey on sexual harassment in Australian workplaces.*](#)

Sexual violence in Australian universities

Data about sexual harassment and sexual assault at Australian Universities are available from the National Student Safety Survey. The NSSS was undertaken online from 6 September 2021 to 3 October 2021 with students from 38 Universities Australia member institutions. The in-scope population for the survey was students studying at Australian universities aged 18 years and over. A total of 43,800 students participated voluntarily in the survey for a completion rate of 12%. Due to the low response rate, estimates from the survey should be interpreted with caution.

The survey asked students about sexual assault and harassment that occurred in a university context. The survey found that:

- 1 in 6 (16%) students had been sexually harassed since starting university
- 1 in 20 (4.5%) students had been sexually assaulted since starting university
- 1 in 12 (8.1%) students had been sexually harassed in the 12 months prior to the survey
- 1 in 90 (1.1%) had been sexually assaulted in the 12 months prior to the survey (Heywood et al. 2022).

The majority of students (84%) who had been sexually harassed in a university context reported that their most impactful incident involved a man or male(s). Most people who had been sexually harassed or assaulted knew the perpetrators of the most impactful incident – 51% of students knew some or all of the perpetrators involved in the sexual harassment, and 66% knew some or all the perpetrators involved in the assault (Heywood et al. 2022).

More information about the characteristics of sexual harassment and assault in the university context, such as the actions taken, can be found at [National Student Safety Survey](#). More information about the experiences of young people can also be found in **Children and young people**.

Image-based abuse

Sexual violence can take the form of image-based abuse. Image-based abuse happens when someone shares, or threatens to share, an intimate image or video without the consent of the person pictured (Office of the eSafety Commissioner 2022). Data about the extent of image-based abuse are available from a 2017 Image-based Abuse National Survey. Just over 4,100 people participated in the survey – about 2,400 women aged 15–45, 1,500 women aged 46 and over and men, together with a boost sample of 200 women aged 15–45 who had experienced image-based abuse. Respondents were surveyed using an online self-completion questionnaire via 2 sample frames – the Social Research Centre’s Life in Australia probability-based online panel and a non-probability online panel (Office of the eSafety Commissioner 2017).

According to the 2017 Image-based Abuse National Survey, 1 in 10 (11%) respondents have had a nude or sexual photo or video of them posted online or sent on without their consent. The study also found that:

- women and younger adults were more likely to have experienced image-based abuse. Of all respondents aged 18 and over, 15% of women and 7% of men had experienced image-based abuse. The largest difference in prevalence between women and men was among young adults aged 18–24 (24% of women and 16% of men).
- perpetrators of image-based abuse are typically someone whom the victim knew – 29% said it was a friend they knew face-to-face and 13% said it was an ex-partner (Office of the eSafety Commissioner 2017).

The study found that certain population groups – younger adults, women, Aboriginal and Torres Strait Islander (First Nations) people and those who identify as LGBTI were more likely to be targets of image-based abuse.

Dating app facilitated sexual violence

The use of dating apps and websites have increased substantially in the past decade. While they improve opportunities for seeking social, romantic and/or sexual relationships, they can also be used to perpetrate sexual violence and harassment online and offline. This is known as dating app facilitated sexual violence (DAFSV), which includes any form of sexual violence and harassment facilitated by mobile dating apps and websites (Wolbers et al. 2022).

The Australian Institute of Criminology conducted a nationally representative study on almost 10,000 dating app or website users in Australia to examine the prevalence and nature of DAFSV. The study found that sexual harassment was the most common form of DAFSV victimisation reported (69%), including being contacted again by someone after the respondent said they were not interested (47%) and being sent unwanted sexually explicit messages (47%) (Wolbers et al. 2022).

More than 1 in 4 (28%) respondents reported being stalked online by someone they met through dating apps or websites, with 25% reporting being pressured to give the perpetrator information about their location or schedule. One in 7 (14%) respondents reported experiencing in-person stalking by someone they met through dating apps or websites, which involves the perpetrator loitering around, following the respondent or showing up inappropriately at their home, school or workplace (Wolbers et al. 2022).

Other forms of sexual violence

There are other forms of sexual violence that may not be captured in existing measures of sexual assault, harassment or abuse. Limited data are available for these forms of violence, however, they remain a key focus in a growing body of research and are considered in scope for the *National Plan to End Violence against Women and Children 2022–2032*:

- sexual coercion, including reproductive coercion (see **Pregnant people**)
- indecent exposure (flashing) either in person, online or via other electronic means
- female genital mutilation/cutting, which refers to all procedures involving partial or total removal of the external female genitalia, or other injury to female genital organs for non-medical reasons (WHO 2022a)
- persistent sexual abuse of a family member. There have been reports of such cases in Australia, however, there is a lack of more detailed data. Literature sources note that it is difficult to detect, substantiate and prosecute these forms of sexual abuse, and they are often under-represented in forensic samples and studies (Goodman-Delahunty 2014; Middleton 2012; Salter 2013).
- forms of modern slavery such as sexual exploitation and servitude (see **Modern slavery**)

- forced sterilisation
- forms of sexual assault experienced by sex workers.

A more general discussion about data gaps can be found in **Key information gaps and development activities**.

What are the responses to sexual violence?

Sexual violence responses comprise a mix of informal responses (such as contact with friends and family) and formal responses (such as assistance from police, legal services, specialist crisis services, child protection services or health professionals). Responses can be initiated by victim-survivors, by another person, or sometimes by the perpetrator. Sexual violence is under-reported and most sexual violence does not come to the attention of services.

Where do people seek help?

The 2021–22 PSS collected detailed data from women about the most recent incident of sexual assault by a male that occurred in the last 10 years. This included data on support-seeking and police contact. Of the estimated 737,200 women who had experienced sexual assault by a male in the last 10 years:

- 57% (417,000) sought advice or support after the most recent incident.
- 27% (198,000) sought formal support (for example, from health professionals, police, legal services, counsellors, support workers, helplines or other service providers)
- 46% (337,000) sought informal support (including from friends, family members, colleagues, bosses or a priest/minister/rabbi or other spiritual advisor) (ABS 2023d).

People may seek advice or support from more than once source following the most recent incident of sexual assault. The most common source of support was a friend or family member – 45% (331,000) of women (ABS 2023d).

More information about the actions taken can be found in **How do people respond?**.

Police and justice responses

Police and justice responses are a key part of the formal response to sexual violence, and can be used to keep perpetrators of violence accountable for their actions. Data from the ABS Recorded Crime collections are available to report on:

- the number of sexual assault victims recorded by police, including information about age, sex and changes over time
- the number of offenders proceeded against by police for sexual assault and related offences, including information about age, sex and changes over time.

These data about police responses are reported in **Sexual assault reported to police**.

Data from the ABS Criminal Courts, Australia collection are available to report on the number of defendants finalised in the criminal courts for sexual assault and related

offences. More detailed information about criminal court proceedings can be found in **Legal systems**.

Health services

Data from the AIHW National Hospital Morbidity Database are available to report on the number of people admitted to hospital for sexual assault related injuries, including data on:

- sex of victim-survivor
- relationship to perpetrator
- changes over time.

These data are reported in **Health services**.

Other responses

Other responses to sexual violence come from different parts of the health and community service systems. Some data are available to report on:

- the number of children receiving child protection services who have had a substantiated case of sexual abuse (see **Child protection**)
- the number of children and young people seeking assistance from helplines due to sexual violence (see **Helplines and related support services**)
- responses to sexual assault in specific settings (such as in the Australian Defence Force) (see **Financial support and workplace responses**).

No single data source can describe the range of formal responses to sexual violence across Australia. Data improvements are underway in several areas to build the evidence base and enhance our understanding of sexual violence responses.

A summary of some data improvement work currently underway can be found in **Key information gaps and development activities**.

What are the impacts of sexual violence?

The impacts of sexual violence can be serious and long-lasting, affecting an individual's, wellbeing, education, relationships, and housing outcomes. Longitudinal data, such as the data collected by the Australian Longitudinal Study on Women's Health (ALSWH), can provide useful insights into these impacts (Box 4).

Box 4: The Australian Longitudinal Study on Women's Health

The ALSWH is a national longitudinal study of more than 57,000 women which began in 1996. It involves 3 cohorts of women born in 1973–1978, 1946–1951 and 1921–1926. In 2012 a fourth cohort of women born in 1989–1995 was added.

Participants are randomly selected from the Medicare database, with oversampling of women from rural and remote areas to ensure sufficient sample sizes for analysis. Surveys

are generally conducted every three years, but more frequently for the eldest cohort from November 2011, and for the 1989–1995 cohort from 2013–2018.

The survey explores factors which influence health over the life course among women who are broadly representative of the Australian population. Data collected in the ALSWH can be used to look at education, employment, and health among women who have experienced sexual violence.

Further information about the ALSWH can be found at the [ALSWH website](#).

Long-term health impacts for women

Data from the ALSWH are available to look at the relationship between lifetime experiences of sexual violence and health. Data are available about three cohorts of women, those born 1989–1995, 1973–1978 and 1946–1951.

Compared with those who had not experienced sexual violence, women who had experienced sexual violence were:

- 23–67% more likely to report high levels of bodily pain
- 42–84% more likely to report a recent sexually transmitted infection
- 39–62% more likely to report a recent diagnosis of and/or treatment for depression
- around 50% more likely to report a recent diagnosis of and/or treatment for anxiety (Townsend et al. 2022).

The ALSWH also collects data about health behaviours, for example, on smoking, alcohol consumption and health screening. The relationship between sexual violence and certain health behaviours varied across cohorts.

Compared with women who had not experienced sexual violence, women who had experienced sexual violence were:

- more likely to be current smokers (60% more for women aged 24–30 in 2019, 26% more likely for women aged 40–45)
- more likely to have recently used illicit drugs (around 30% for women aged 24–30 or 40–45) (Townsend et al. 2022).

Data from the ALSWH show that across all cohorts, women who had experienced sexual violence had higher average annual costs for non-referred health services than women who had not experienced sexual violence. Non-referred services include those such as consultation with a general practitioner or registered doctor (Townsend et al. 2022).

This difference in annual cost also increased over time. There was higher uptake of at least one mental health consultation for women who had experienced sexual violence compared with those who had not experienced sexual violence. However, for women who had at least one mental health consultation, the total number of consultations and government-subsidised costs for mental health services were similar between women who had and had not experienced sexual violence (Townsend et al. 2022).

Research using data from the ALSWH also show that sexual violence in childhood is a risk factor for other violence. More information about this relationship is reported in **Child sexual abuse**.

Economic and financial impacts

Sexual violence can have long-term impacts on a person's education, employment and financial security. A study conducted by Townsend et al. (2022) adopted a life course approach to determining the prevalence and impact of sexual violence among women.

The data show that women aged 24–30 in 2019 who had experienced sexual violence were:

- 34% less likely to have obtained a qualification beyond year 12 than those who had not experienced violence
- 7% less likely to be in full-time employment compared with those who had not experienced violence (Townsend et al. 2022).

This pattern was not the same across all cohorts. Women who were aged 68–73 in 2019, who had experienced violence, were 33% more likely to have obtained a qualification beyond year 12 compared with those who had not experienced violence (Townsend et al. 2022).

Financial stress

Financial stress was measured in the ALSWH by asking respondents whether they had felt stressed about money in the 12 months prior to the survey. If a respondent answered that they were 'very stressed' or 'extremely stressed', they were identified as experiencing financial stress.

Women who had experienced sexual violence were more likely to experience high financial stress compared with women in the same cohort who had not experienced violence – 43% higher for women aged 24–30 in 2019, 30% higher for those aged 40–45 and 45% higher for those aged 68–73 (Townsend et al. 2022).

More information about the economic and financial impacts of family and domestic violence, see **Economic and financial impacts**.

How many homicides involve sexual assault?

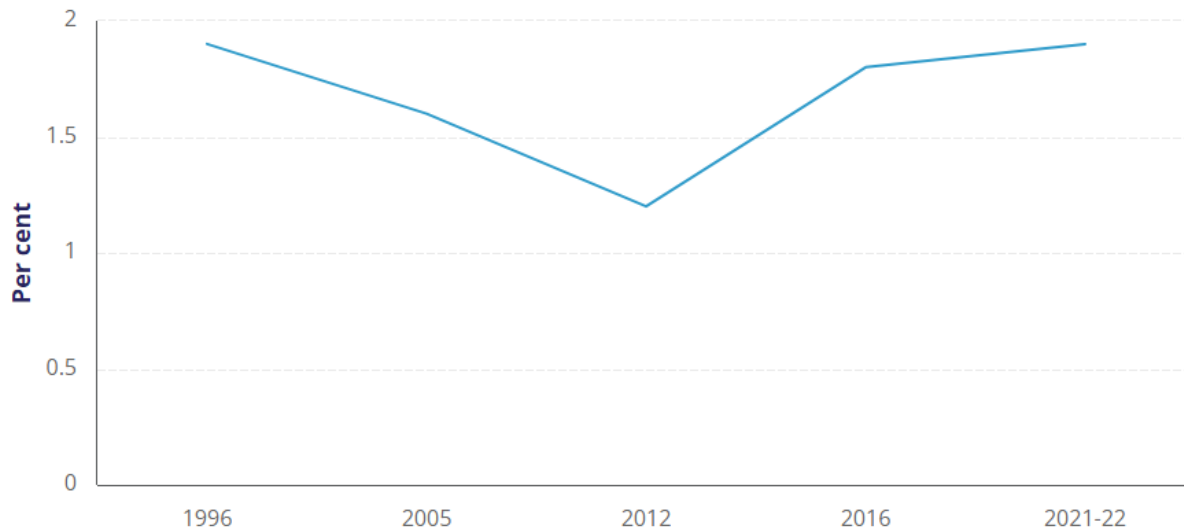
According to the Australian Institute of Criminology's (AIC's) National Homicide Monitoring Program, in the 6 years to 30 June 2018, 17 (1.2%) of 1,370 homicide incidents were preceded by a sexual assault (Bricknell 2019a, 2019b, 2020a, 2020b; Bryant and Bricknell 2017). These data cannot distinguish whether death occurred as a direct result of physical injuries sustained during the sexual assault or additional injuries sustained directly after the sexual assault.

More information can be found in **Domestic homicide**.

Has sexual violence changed over time?

Data on the 12-month prevalence rate of sexual violence and harassment are available in the 2021–22 PSS to report on changes over time. For women, the 12-month prevalence rate of sexual violence remained stable between 2016 (1.8%) and 2021–22 (1.9%). Sexual violence statistics for men have a high relative standard error and are considered too unreliable to measure changes over time (Figure 2) (ABS 2023a).

Figure 2: Proportion of women who experienced sexual violence in the 12 months before the survey, 1996 to 2021–22



^: statistically significant difference to the 2021-22 rate.

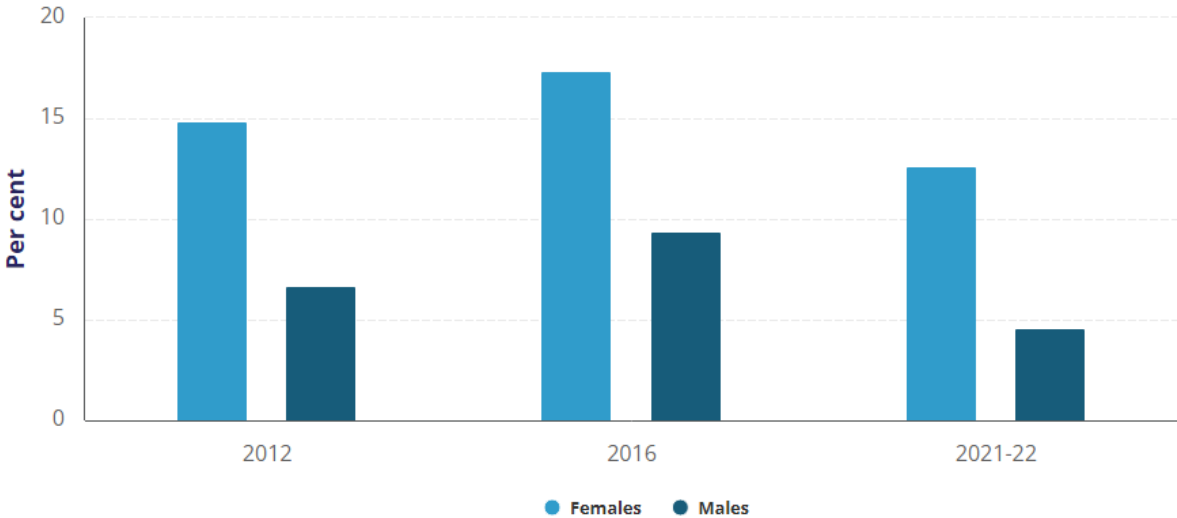
Source: ABS PSS | [Data source overview](#)

Data from ABS Recorded Crime – Victims show a different pattern. In 2022, police recorded 32,100 victims of sexual assault in Australia. This was an increase of 3% (1,072 victims) from 2021 (ABS 2023b). Police recorded sexual assaults have increased over time since 2010. This may reflect changes in reporting behaviour or variances in the police detection that have occurred over the same time period. There are a number of reasons why the patterns over time can differ across data sources. For example, more information on sexual violence during the COVID-19 pandemic can be found in **FDSV and COVID-19**.

Data are available from the PSS to report on the proportion of people who experienced sexual harassment in the 12 months prior to the survey between 2005 and 2021–22. The data show that:

- for women, the 12-month prevalence rate of sexual harassment fell from 17% in 2016 to 13% in 2021–22
- for men, the 12-month prevalence rate of sexual harassment decreased from 9.3% in 2016 to 4.5% in 2021–22 (Figure 3) (ABS 2023a).

Figure 3: Proportion of people aged 18 years and over who experienced sexual harassment, by sex, 2012 to 2021-22



^: statistically significant difference to the 2021-22 rate.

Source: ABS PSS | [Data source overview](#)

Is it the same for everyone?

Sexual violence occurs across all ages and demographics, however, some groups of people may be more at risk or more affected. Data about how different groups across the population experience sexual violence can be used to inform more targeted programs and services for victim-survivors and perpetrators of sexual violence.

The National Plan to End Violence against Women and Children 2022–2023 identified some groups of people who may be more affected by gender-based violence (which includes sexual violence) than others:

- First Nations women and children
- women with disability
- women and children from culturally diverse, migrant and refugee backgrounds
- LGBTIQ+ people
- sex workers.

Data are not always available to report on the experiences of violence for these groups, and many of these areas are currently **Key information gaps and development activities**.

Children and young people

The risk factors, responses and impacts of sexual violence (or abuse) committed against children and young people can differ to those associated with sexual violence against

adults. Some data are available to report on child sexual abuse and the specific responses, including data from police, hospitals and child protection services. More information can be found in **Children and young people, Child sexual abuse** and **Young women**.

Aboriginal and Torres Strait Islander people

For Aboriginal and Torres Strait Islander (First Nations) women, family violence, sexual assault and abuse is a major cause of personal harm, family and community breakdown, and social fragmentation (AHRC 2020; DSS 2022). This violence is compounded by the ongoing effects of colonisation and racism. Some data are available to report on sexual violence against First Nations people, including data from police and hospitals. For more information, see **Aboriginal and Torres Strait Islander people**.

Older people

Sexual violence experienced by older people is often referred to as sexual abuse, and is a form of elder abuse. Some data are available to report on sexual abuse among older people, including data from the Australian Institute of Family Studies' National Elder Abuse Prevalence Study. Data are also available from the Department of Health and Aged Care's Operation of the Aged Care Act report to report on sexual assault in residential aged care. For more information, see **Older people**.

LGBTIQA+

LGBTIQA+ people may have different risk factors and experiences of sexual violence and these can be compounded by the effects of discrimination. National reporting on the health and wellbeing of LGBTIQA+ people is often limited by a lack of data on [gender, sexual orientation and innate variations of sex characteristics in data collections](#). However, some data are available to report on the experiences of sexual violence among LGBTIQA+ people, including data on sexual assault, dating app facilitated sexual violence and identity-based abuse. For more information, see **LGBTIQA+**.

Mothers and pregnant people

Mothers with children and pregnant people may experience different risk factors and consequences related to sexual violence. For example, there are associations between unintended pregnancy, intimate partner and sexual violence, reproductive control and abuse, and forced termination of pregnancy (Campo 2015; Grace and Anderson 2018; Tarzia and Hegarty 2021).

For more information, see **Mothers and their children** and **Pregnant people**.

People with disability

People with disability may be at higher risk for some forms of sexual violence, particularly in institutional settings due to the nature of their disability. People with

disability also experience discrimination to their disability which can increase risk or compound the effects of violence and abuse. Some data are available to report on the experiences of sexual violence among people with disability, including data about sexual violence, sexual harassment and technology facilitated abuse. For information, see **People with disability**.

Related material

- What is FDSV?
- Family and domestic violence
- Modern slavery
- Stalking and surveillance
- Coercive control

More information

- [Family, Domestic and Sexual Violence](#)
- [Child Protection, Australia](#).

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Child sexual abuse

Key findings

- In 2021–22, 11% of women and 3.6% of men had experienced sexual abuse perpetrated by an adult before the age of 15.
- Most recorded sexual assault victims (59%, or about 18,900 victims) in 2022 had an age at incident of under 18 years.
- Child sexual abuse is associated with diagnoses of lifetime major depressive disorder, alcohol use disorder, generalised anxiety disorder and post-traumatic stress disorder.

Most children and young people in Australia grow up in an environment where they feel safe and do not experience sexual abuse, however, this is not the case for all children. Experiences of childhood sexual abuse can cause immediate, short- and long-term harm to a child's health and wellbeing. These harms can lead to developmental, mental, physical and social problems and potentially impact other aspects of life such as education and employment (Cashmore and Shackel 2013; RCIRCSA 2017c).

This topic page covers the extent, nature and impacts of child sexual abuse. For broader information about the experiences of, and responses to, family, domestic and sexual violence for children and young people, see **Children and young people**.

What is child sexual abuse?

The [National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030](#) (The National Strategy) defines child sexual abuse as any act that exposes a person aged under 18 to, or involves them in, sexual activities that:

- they do not understand
- they do not or cannot consent to
- are not accepted by the community
- are unlawful (NOCS n.d.).

The National Strategy's definition includes child sexual abuse in all settings, including within families, by other people the child or young person knows or does not know, in organisations and online, see Box 1 (NOCS n.d.).

The definition of child sexual abuse can vary between data sources, legal frameworks, policy responses and organisations (Mathews and Collin-Vézina 2019). Unless otherwise stated, this page uses the terms children and young people for people aged under 18 years.

Box 1: The National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030

The [National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030](#) (the National Strategy) is a nationally agreed policy approach that seeks to reduce the risk, extent and impact of child sexual abuse and related harms (NOCS n.d.).

The National Strategy focuses on 5 themes:

- awareness raising, education and building child safe cultures
- supporting and empowering victims and survivors
- enhancing national approaches to children and young people who have displayed harmful sexual behaviours
- offender prevention and intervention
- improving the evidence base (NOCS n.d.).

Under the National Strategy's First National Action Plan there are a range of data initiatives underway to improve the evidence base. The agreed measures are:

- develop and deliver a Strategic Child Safety Research Agenda
- complete a baseline analysis of specialist and community support services for victims and survivors of child sexual abuse. This will be led by the National Office for Child Safety and the AIHW, along with the University of South Australia Australian Centre for Child Protection. This work includes a stocktake of existing services and an assessment of the feasibility of developing a nationally consistent minimum data collection for in-scope services (AIHW 2022).
- set up a monitoring and evaluation framework under the National Strategy
- complete a monitoring and evaluation data feasibility assessment study
- develop an evaluation framework on the implementation and effectiveness of the National Principles for Child Safe Organisations
- conduct a second wave of the Australian Child Maltreatment Study
- develop a scoping study for, and establish, an Australian Child Wellbeing Data Asset (NOCS n.d.).

What do we know about child sexual abuse?

While child sexual abuse can be perpetrated by anyone, most child sexual abuse is perpetrated by someone known to the child or young person, including other children and young people and family members (NOCS n.d.). With the increased availability and ease of access to the internet, online forms of child sexual abuse are an increasing risk for children (ACCE 2022; NOCS n.d.).

Child sexual abuse can occur anywhere, however, children can be at greater risk in institutional settings, such as those attended for educational, recreational, sporting, religious or cultural activities (RCIRCSA 2017e).

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) investigated institutional child sexual abuse in Australia, see Box 2. While the findings and recommendations of the Royal Commission focussed on the extent, nature and impacts of institutional child sexual abuse, many also related to and could help responses to child sexual abuse more broadly (RCIRCSA 2017e).

Box 2: The Royal Commission into Institutional Responses to Child Sexual Abuse

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) was established in 2013 following increasing awareness in Australia of the problem of child sexual abuse in institutional contexts (RCIRCSA 2017e).

Over 16,000 individuals contacted the Royal Commission, over 8,000 personal stories were told in private sessions and over 1,000 survivors provided a written account of their experiences (RCIRCSA 2017f). Consultations included governments, advocacy groups, support organisations and institutions. The findings from these consultations and additional research were presented in the Royal Commission's reports.

The final report, released in 2017, provides insights into the nature and impacts of child sexual abuse in institutional settings as well as recommendations to address institutional child sexual abuse and support victims and survivors. While this inquiry did not include child sexual abuse outside institutional contexts, specifically excluding child sexual abuse within families, the Royal Commission suggests that the recommendations are likely to improve the response to all forms of child sexual abuse in all contexts (RCIRCSA 2017e).

The [National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030](#) (NOCS n.d.) and the [National Redress Scheme \(NRS\)](#), were made in response to the Royal Commission. The NRS provides support to people who have experienced institutional child sexual abuse to gain access to counselling, a direct personal response from institutions and Redress payments (NRS 2022).

Risk and protective factors

Factors that may be associated with an increased likelihood of a child or young person experiencing sexual abuse (risk factors) include:

- gender, with girls generally more likely
- sexuality, with an increased risk for children with diverse sexual orientations
- age and developmental stage, with the risk for sexual abuse increasing with age
- past experience of maltreatment
- family characteristics, such as unstable living arrangements, and a history of FDV

- parental characteristics, such as lower levels of parent education and employment, drug use, mental health
- experiences of disability (Esposito and Field 2016; Haslam et al. 2023; Quadara et al. 2015; RCIRCSA 2017d).

Factors that may be associated with a decreased likelihood (protective factors) include:

- supportive and trustworthy adults
- supportive peers
- an adequate understanding of appropriate and inappropriate sexual behaviour
- the ability to assert themselves verbally or physically to reject the abuse
- strong community or cultural connections (Esposito and Field 2016; RCIRCSA 2017d).

For risk factors for experiences of FDSV that relate to the general population, see **Factors associated with FDSV**.

Disclosure of child sexual abuse

Many people do not disclose child sexual abuse until adulthood and some choose to never disclose to anyone. The Royal Commission into Institutional Responses to Child Sexual Abuse (2017) found that of the people who provided information about disclosure, 57% first disclosed as adults with 43% disclosing during childhood. On average, it took victims and survivors of child sexual abuse 23.9 years to disclose the abuse to anyone (RCIRCSA 2017b).

Younger children may be more likely to disclose sexual abuse to parents, particularly their mothers, while young people may be more likely to disclose to their friends than to adults (Esposito 2014). Some of the challenges to disclosure for children are similar to those for other victims and survivors of family domestic and sexual violence. For example, feelings of fear, shame, embarrassment, concerns about not being believed and not recognising the behaviours as abusive (see also **How do people respond to FDSV?**).

However, there are some specific challenges for children and young people when disclosing abuse. This includes not having the language skills to communicate the abuse, fear of upsetting their parents, lack of parental support and lack of confidence in adults and their ability to help (Alaggia et al. 2019; Esposito 2014). Findings from the Royal Commission indicated that victims and survivors were more likely to disclose to someone they had a trusting relationship with and that children might not disclose sexual abuse if they feel there is no one they can tell (RCIRCSA 2017b).

Additional barriers to disclosing sexual abuse have been identified for First Nations (Aboriginal and Torres Strait Islander) children and children from culturally and linguistically diverse (CALD) backgrounds. For First Nations children these barriers include fears related to authorities and the potential removal of children from their family and previous negative experiences with justice systems and service providers. For children from CALD backgrounds, different views about what constitutes child abuse

and neglect, fears related to visa status and patriarchal cultures that value men's views over women and children can affect disclosure and responses to child sexual abuse (DCYJMA 2022).

Impacts

The experiences and impacts of child sexual abuse are affected by many factors including the type, duration and frequency of the abuse, individual child characteristics (such as age and gender) and the relationship of the child to the perpetrator. As such, the impacts of child sexual abuse are different for each victim and survivor (RCIRCSA 2017c).

Of victims and survivors who reported the impacts of child sexual abuse to the Royal Commission, 95% reported mental health-related issues, including depression, anxiety and post-traumatic stress disorder (PTSD). Other impacts reported were related to relationships, physical health, sexual identity, gender identity and sexual behaviour, connection to culture and education, employment and economic security (RCIRCSA 2017c).

The Royal Commission noted that the impacts of institutional child sexual abuse are similar to those of child sexual abuse in other settings. However, some specific effects were identified for children sexually abused in an institution including distrust and fear of institutions and authority and impacts on spirituality and religious involvement (for children sexually abused in a religious institution setting) (RCIRCSA 2017c).

The impacts of child sexual abuse can also extend to secondary victims, such as family, carers and friends. Intergenerational impacts can also be experienced by the children of some victims and survivors (RCIRCSA 2017c).

The lack of services designed specifically for children and young people who experience family and sexual violence has been identified as a key issue in Australia (ANROWS 2016, FVRIM 2022, Royal Commission 2017).

Measuring the extent of child sexual abuse

It is difficult to obtain robust data on experiences of child sexual abuse. Due to the sensitive nature of this subject, most large-scale population surveys focus on adults. However, estimates of adults from surveys are likely to underestimate the true extent of child sexual abuse due to some people's reluctance to disclose information and reliance on participant's recollections of events, which may have changed over time.

Data sources for measuring child sexual abuse

- ABS Personal Safety Survey
- ABS Recorded Crime – Offenders
- ABS Recorded Crime – Victims
- Australian Child Maltreatment Study
- Australian Longitudinal Study on Women's Health

For more information about these data sources, please see **Data sources and technical notes**.

How many people have experienced child sexual abuse?

There are 2 sources that can be used to examine the extent of child sexual abuse in Australia – the ABS Personal Safety Survey (see Box 3) and the Australian Child Maltreatment Study (see Box 4). Due to differences in the methods used, findings from these sources are not comparable.



The 2021-22 PSS estimated that about 1.1 million women (11%) and 343,500 men (3.6%) had experienced sexual abuse perpetrated by an adult before the age of 15. Of people who had experienced childhood sexual abuse, many women (69%) and men (52%) had experienced more than one incident (ABS 2023a).

Box 3: Personal Safety Survey measurement of child sexual abuse

In the ABS Personal Safety Survey (PSS), the experience of sexual abuse before the age of 15 involves any sexual activity beyond the understanding of the child or contrary to accepted community standards. For example, forcing a child to watch or hear sexual acts, taking sexualised photos of a child, and sexually explicit talk, are all forms of sexual abuse.

The PSS only collects data on abuse perpetrated by an adult – ‘child-on-child’ abuse is outside the scope of the survey.

Source: ABS (2023a).

Due to differences in the methods used, findings from the PSS are not comparable to those from the ACMS.

The 2021-22 PSS collected information about the first incident of childhood sexual abuse that occurred before the age of 15. Some data, such as detailed data about the experiences of men, are not sufficiently statistically reliable for reporting.

Most commonly, the first incident of childhood sexual abuse experienced by women:

- occurred when they were aged between 5 to 9 years old (49% or 547,000)
- involved one perpetrator (85% or 953,000)
- was never reported to police (84% or 935,000) (ABS 2023a).

For women, the perpetrator was most likely to be known to them (88% or 986,000), and was commonly a family member (47%) including non-immediate adult male relatives (25%), their father or step-father (16%) or their brother or step-brother (5.6%) (ABS 2023a).

Most commonly, the first incident of childhood sexual abuse experienced by men:

- occurred when they were aged between 10 to 14 years old (51% or 175,000)
- involved one perpetrator (94% or 324,000)
- was never reported to the police (99% or 340,000) (ABS 2023a).

For men, the perpetrator was most likely to be known to them (82%, or 281,000), and was commonly a family member (32%) or known through an institutional setting (33%*). Note that estimates marked with an asterisk (*) should be used with caution as they have a relative standard error between 25% and 50% (ABS 2023a).

The first Australian Child Maltreatment Study (ACMS, see Box 3) indicated for surveyed people aged 16 years and over in 2021:

- 3 in 10 (29%) had experienced child sexual abuse
- females (37%) were twice as likely as males (19%) to have experienced child sexual abuse
- of those who had experienced child sexual abuse, most (78%) had experienced it more than once; the median number of incidents of child sexual abuse was 3.5 (Haslam et al. 2023).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Box 4: The Australian Child Maltreatment Study

The Australian Child Maltreatment Study (ACMS) was a cross-sectional survey of just over 8,500 participants aged 16 years or more between 9 April and 11 October 2021. People were considered to be eligible for participation if they were aged 16 years or more, in an age group for which participants were required when contacted and had sufficient English language proficiency for participation. The final response rate was 4.0% when based on the estimated number of eligible participants (about 210,370 people) and 14% when based on eligible participants contacted (about 60,800 people) (Haslam et al. 2023).

Mobile telephone interviews using computer-generated random digit dialling were conducted to obtain retrospective self-report data using the Juvenile Victimization Questionnaire-R2 Adapted Version.

Sexual abuse includes any sexual act inflicted on a child by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present. True consent will not be present where the child either lacks capacity to give consent, or has capacity but does not give full, free, and voluntary

consent. The ACMS asked four questions about different sexual abuse experiences; three related to contact sexual abuse, and one related to non-contact sexual abuse.

Contact sexual abuse includes forced intercourse, attempted forced intercourse, other acts of contact sexual abuse (for example, touching, fondling).

Non-contact sexual abuse includes voyeurism, exhibitionism.

Sexual harassment was excluded from estimates of sexual abuse.

Source: Haslam et al. (2023); Mathews et al. (2023).

Due to differences in the methods used, findings from the ACMS are not comparable to those from the ABS PSS. For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Figures presented from the ACMS have been rounded. For exact figures, please see the cited primary source.

Contact sexual abuse (24%) by any person was more commonly reported than non-contact sexual abuse (18%). Sexual touching (19%) was the most common type of contact sexual abuse by any person, followed by attempted forced intercourse (14%) and forced intercourse (rape) (8.7%) (Mathews et al. 2023).

An ACMS analysis examined child sexual abuse by relational classes and types of perpetrators. It found that almost 1 in 5 (19%) participants had experienced child sexual abuse by an adult perpetrator and 1 in 7 (14%) by an adolescent perpetrator. However, among participants aged 16-24, offending by adolescents (18%) was more common than by adults (12%) (Mathews et al. 2024).

There was no single perpetrator class that contained the majority of cases. The most common classes of perpetrator were:

- other known adolescents in non-romantic relationships (10%)
- parents or caregivers in the home (7.8%)
- other known adults (7.5%) (Mathews et al. 2024).

Among participants aged 16-24, the most common perpetrators were other known adolescents in non-romantic relationships (13%) and adolescents in current or former romantic relationships (5.7%) (Mathews et al. 2024).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Institutional child sexual abuse

Institutional child sexual abuse is where child sexual abuse occurs:

- on the premises of an institution, such as a school, church, club, orphanage or children's home

- where activities of an institution take place, such as a camp or sporting facility
- by an official of an institution, such as a teacher, religious figure, coach or camp leader (National Redress Scheme n.d.).

Box 5: Institutional child sexual abuse

The [Royal Commission into Institutional Responses to Child Sexual Abuse](#) (the Royal Commission) showed that child sexual abuse has been occurring for generations in many institutions in Australia (RCIRCSA 2017f).

As at May 2017, 6,875 victim-survivors of child sexual abuse in institutional contexts told their stories to the Royal Commission in private sessions. These private sessions revealed broad patterns in the institutional sexual abuse that had occurred among this group:

- most victims and survivors who told their stories in private sessions were men (64%)
- about 1 in 7 (14%) were Aboriginal and Torres Strait Islander people
- 4.3% shared that they had a disability at the time of abuse, noting that many people with disability face extra barriers to telling people about abuse, which would affect their representation among people who attended private sessions
- more than half were between 10 and 14 years when they were first abused, with females generally reporting being younger when first abused than males
- the average duration of child sexual abuse experienced in the institutions was 2.2 years
- almost all were abused by men (94%)
- 84% were sexually abused by an adult
- the most common roles of adult perpetrators in institutions were teachers and people in religious ministries (RCIRCSA 2017f).

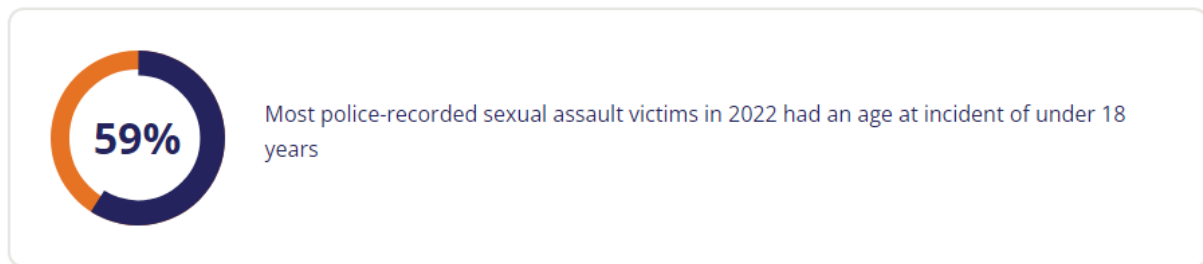
It is likely that many people who have experienced institutional child sexual abuse did not or were unable to attend a private session (RCIRCSA 2017f).

The Royal Commission found that institutions can have cultural, procedural and structural flaws that enable child sexual abuse to happen and for it to not be detected and/or be responded to, such as:

- a culture of secrecy, power and control
- a lack of sufficient organisation governance, education and screening of employees (RCIRCSA 2017f).

A key recommendation of the Royal Commission was the establishment of a [National Redress Scheme](#), which was established in 2019. The scheme acknowledges that many children were sexually abused in Australian institutions, including orphanages, children's homes, schools, churches and other religious organisations, sports clubs, hospitals, foster care and other institutions. The scheme provides support to people who have experienced institutional child sexual abuse through access to counselling, direct personal responses from institutions and Redress payments (NRS 2022). See also **Financial support and workplace responses** and **Helplines and other support services**.

Child sexual abuse reported to police



The ABS Recorded Crime – Victims data allows for reporting of sexual assault by age at incident. Based on national data on crimes reported to police, most recorded sexual assault victims (59%, or about 18,900 victims) in 2022 had an age at incident of under 18 years. Of these victims:

- 71% (or about 13,400) were aged 10–17 years
- about 5 in 6 were female (79%, or about 15,000) (ABS 2023b).

For each year between 2014 and 2022, the most common age at incident for victims of sexual assault was 10–17 years (ABS 2023b).

See **Children and young people** for more information.

Online child sexual exploitation

Online child sexual exploitation is the use of technology or the internet to facilitate the sexual abuse of a child. This includes the production and sharing of child abuse material online, grooming and blackmailing children for sexual purposes. Children sharing self-generated sexual content and ‘sexting’ (requesting, capturing and sharing of explicit material) is an increasing concern (ACCE 2023a, b). See Box 6 for common terminology and definitions of online child sexual exploitation.

Box 6: Terminology and definitions of online child sexual exploitation

Child sexual abuse material: Material that depicts or describes:

- a person who is, appears to be or is implied to be, a child as a victim of sexual abuse
- a person who is, appears to be or is implied to be, a child engaged in or apparently engaged in a sexual pose or sexual activity (whether or not in the presence of other persons)
- a person who is, appears to be or is implied to be, a child in the presence of another person who is engaged or apparently engaged in a sexual pose or sexual activity
- the private parts of a person who is, appears to be or is implied to be, a child.

Online grooming: When an adult makes online contact with someone under the age of 16 with the intention of developing a relationship to enable their sexual abuse.

Image based abuse: When intimate, nude, or sexual images/videos are shared without consent.

Self-generated child sexual exploitation material: Content created knowingly by someone under the age of 16 that is nude, semi-nude, or sexual in nature.

Live online child sexual abuse: The use of the internet by a person to view, pay to view, or to provide instructions and view in real time, online child sexual exploitation material.

Sexual extortion: A form of online blackmail where an offender threatens to reveal a person's personal sexual images, unless they give into their demands.

Source: ACCCE 2023.

The Australian Institute of Criminology published a report on the occurrence of viewing online child sexual abuse material (CSAM) among Australian adults. Using a non-random sample selected through online panel membership, the study found that of 13,300 respondents, 0.8% reported intentionally viewing CSAM in the year before the survey. There were statistically significant differences in the intentional viewing of CSAM between:

- respondents aged 18-34 (1.3%) and those aged 35 and over (0.6%)
- respondents who most often spoke a language other than English at home (1.9%) and those who most often spoke English at home (0.7%)
- respondents with disability (1.7%) and those with no disability (0.7%)
- respondents who were currently serving, or had previously served, in the military (2.8%) and those who had never served in the military (0.6%) (Brown 2023).

With increases in the global availability of the internet, the possession, production and distribution of pictures and video that capture CSAM has continued to grow as a global issue. The study found that 4.7% of respondents encountered CSAM, but almost 4 in 5 (78%) reported encountering it by mistake (Brown 2023). However, there is limited information on its effects on children and young people in Australia (see Box 7).

Box 7: Child sexual abuse material

The possession, distribution and production of CSAM is a criminal offence in Australia, and is likely to occur in the context of other forms of child abuse and maltreatment (CDPP 2022). The availability of the internet worldwide has facilitated connections between children and abusers, the grooming of children and the distribution and live streaming of CSAM. Trafficking children to create CSAM is a growing form of global modern slavery (for information on trafficking in general, see **Modern slavery**) (IJM 2020).

In 2021–22, the Australian Centre to Counter Child Exploitation received more than 36,000 reports of online child sexual abuse, each of which can include many images and videos and may also relate to the same child. The Australian Federal Police charged a total of 221 people with 1,746 child abuse-related offences in 2021–22 (ACCCE 2022).

Existing research shows some CSAM cases involve parents and parental figures producing and distributing CSAM. An analysis of 82 CSAM cases involving parental figures in Australia

between 2009 and 2019 found that perpetrators most often included male parental figures (90% of cases) and that victims were predominantly girls (84%). In 28% of cases the victim's biological mother was involved (Salter et al. 2021).

Mobile dating apps and/or dating websites may also facilitate the production and distribution of CSAM, however, there is limited research exploring this issue. In 2022, a survey of 9,987 people who used mobile dating apps and/or dating websites in the previous five years, found about 1 in 8 (12%) had received requests to facilitate the sexual abuse of their own children or children they had access to (facilitation requests) (Teunissen et al 2022).

Children and young people who have displayed concerning and harmful sexual behaviours

Some children and young people display concerning sexual behaviours (CSBs) or harmful sexual behaviours (HSBs). CSBs and HSBs involve sexual behaviours displayed by children and young people that fall outside what may be considered developmentally expected or socially appropriate.

There are some differences between CSBs and HSBs and how they are identified, and work is currently underway to define these terms and develop a consistent understanding. Enhancing national approaches to HSBs is a key theme under the First National Action Plan of the [National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030](#).

Adverse experiences in childhood have been identified in cohorts of children and young people who have displayed HSBs, with associations between displays of HSB and trauma, prior experiences of abuse, and exposure to FDV and pornography. Some groups are also more at risk of developing HSBs such as: children with learning disabilities, impulsivity and social difficulties; male children; and children living in out of home care (El-Murr 2017; Fitz-Gibbon et al. 2022a; Paton and Bromfield 2022; RCIRCSA 2017a).

It is worth noting that children and young people without adverse experiences or risk factors for developing HSBs can also go on to use FDSV. Conversely, many people with risk factors for developing these behaviours do not go on to develop HSBs (El-Murr 2017; Fitz-Gibbon et al. 2022a; Paton and Bromfield 2022; RCIRCSA 2017a).

Children and young people who experience HSBs displayed by other children and young people, can be affected by diverse and complex immediate and long-term negative outcomes as with other forms of abuse and maltreatment. Children and young people who have displayed HSBs may experience negative effects from their behaviour, including experiences of marginalisation, isolation or stigmatisation, which without help, can result in or exacerbate mental health and social difficulties, and further prevent them receiving intervention support (El-Murr 2017; Paton and Bromfield 2022; RCIRCSA 2017a). Early detection and targeted interventions and responses that are tailored to the child or young person can help to reduce the likelihood of HSBs continuing or escalating

(El-Murr 2017; Fitz-Gibbon et al. 2022b; NOCS n.d.; Paton and Bromfield 2022; RCIRCSA 2017a).

There are no national data related to the prevalence of HSBs among Australian children and young people and knowledge and education among the broader community is limited. This is in part due to varying definitions of HSBs, difficulties in data collection and socio-cultural factors, including people disregarding children's capacity for such behaviours (El-Murr 2017; Paton and Bromfield 2022).

A recent review of available Australian research found that between 30–60% of all experiences of childhood sexual abuse are carried out by children and young people who have displayed HSBs (El-Murr 2017).

Box 8 provides data about offenders of sexual assault and related offences who were aged 10–17 and accounts of child sexual abuse perpetrated by another child/ren in institutions, as told to the Royal Commission.

Box 8: Child and youth offenders

ABS Recorded Crime – Offenders

In 2022–23, 15% (or about 1,400 of 9,500) of recorded offenders of sexual assault and related offences were aged 10–17. Among these offenders:

- there were about 700 sexual assault offences and 700 non-assaultive sexual offences
- about 4 in 5 (76%, or 1,100) offenders were male
- 3 in 5 (60%, or 640) offenders were aged 15–17 (ABS 2024).

From 2008–09 to 2022–23, the rate of offenders of sexual assault and related offences aged 10–17 varied for:

- male offenders – between 77 per 100,000 in 2011–12 and 112 per 100,000 in 2014–15, with 80 per 100,000 in 2022–23
- female offenders – between 9.2 per 100,000 in 2010–11 and 40 per 100,000 in 2015–16, with 26 per 100,000 in 2022–23 (ABS 2024).

Recorded crime offender data underestimate the true extent of sexual offences by children in Australia as the data only relate to cases reported to police and are limited to children aged 10 to 17 years. Sexual assault and related offences only represent a small proportion of the behaviours considered HSBs (Paton and Bromfield 2022).

Royal Commission into Institutional Responses to Child Sexual Abuse

Among the 6,875 private sessions in which victims and survivors of institutional child sexual abuse told their stories to [the Royal Commission](#) about 1 in 6 (16%) involved experiences of sexual abuse perpetrated by another child/ren in institutions. Among victims and survivors of child sexual abuse by children who attended private sessions:

- about 62% were males and 38% were females
- 86% said they were abused by a boy (RCIRCSA 2017a).

The Royal Commission heard accounts of adults in institutions insufficiently responding to instances of HSBs by children and aspects of institutional cultures that likely contributed to the occurrence of such behaviours, including: normalised violence, encouragement of sexual behaviours, hierarchical structures among children, and a lack of supervision and education (RCIRCSA 2017a).

What are the impacts of child maltreatment, including child sexual abuse?

Mental health

The ACMS examined the associations between experiences of child maltreatment and diagnoses of lifetime major depressive disorder, current alcohol use disorder, current generalised anxiety disorder and current post-traumatic stress disorder. For more information about the ACMS, including the types of maltreatment, see Box 3 in Children and young people.

All forms of child maltreatment were associated with a significant increase in the likelihood of experiencing these disorders when compared with people who had no experience of maltreatment. However, the association was strongest for people who had experienced childhood sexual abuse, emotional abuse or multiple types of maltreatment. Child sexual abuse was the only form of maltreatment associated with all severity levels of alcohol use disorders (Scott et al. 2023).

Child sexual abuse

is associated with diagnoses of lifetime major depressive disorder, alcohol use disorder, generalised anxiety disorder and post-traumatic stress disorder

When compared with people who had no experience of maltreatment, and adjusting for other forms of maltreatment experienced, those who had experienced childhood sexual abuse were:

- twice as likely to have severe alcohol use disorder
- almost twice as likely to have post-traumatic stress disorder
- around 1.6 times as likely to have generalised anxiety disorder, major depressive disorder or moderate alcohol use disorder.
- around 1.3 times as likely to have mild alcohol use disorder (Scott et al. 2023).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Health risk behaviours

The ACMS included measures for 6 health risk factors: smoking, binge drinking, cannabis dependence, obesity, self-harm, and suicide attempts (see Box 9). All of the 6 health risk factors were more common in people who had experienced child maltreatment when compared with those who had not experience of maltreatment (Lawrence et al. 2023).

Box 9: Assessing health risk factors in the Australian Child Maltreatment Study

The following health risk behaviours and conditions were assessed in the Australian Child Maltreatment Study:

- current smoker: cigarette smoking in the past 12 months
- binge drinking: having six or more drinks for men or five or more drinks for women in a single session at least weekly over the past 12 months
- cannabis dependence: Cannabis Severity of Dependence Scale score of 3 or more
- obesity: body mass index > 30 kg/m² based on self-reported height and weight
- non-suicidal self-injury: answering yes to the question “during the past 12 months have you deliberately harmed or injured yourself, without intending to end your own life?”
- suicide attempt: answering yes to the question “during the past 12 months, have you attempted suicide?”.

Source: Lawrence et al. (2023).

Sexual abuse was independently associated with an increased likelihood of all six health risks, even after adjusting for other forms of maltreatment experienced. When compared with people who had no experience of maltreatment, those who had experienced childhood sexual abuse were:

- almost 3 times as likely to report self-harming behaviour
- more than twice as likely to report suicide attempts
- twice as likely to have cannabis dependence
- 1.6 times as likely to be a current smoker
- almost 1.4 times as likely to binge drink
- almost 1.2 times as likely to be obese (Lawrence et al. 2023).

For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

Long-term impacts for women

The Australian Longitudinal Study of Women's Health surveyed 7,700 women born in 1973-78 when aged 28-33 years in 2006. Relative to those with no abuse, these data demonstrated that, at age 28-33 years women who had experienced childhood sexual abuse were:

- 1.4 times more likely to experience bodily pain
- 1.3 times more likely to have poorer general health
- 1.4 times more likely to have experienced depression in the 3 years prior to the survey (Coles et al 2015).

In addition, those who had experienced both childhood sexual abuse and adult violence were, at age 28-33:

- 2.4 times more likely to experience poor general health
- 2.8 times more likely to suffer from depression
- 3.1 times more likely to suffer from anxiety

compared with women with no abuse (Coles et al 2015).

Further information on health impacts is presented in **Health outcomes**.

Women who had experienced childhood sexual violence were more likely than those who had not, to have experienced any sexual or physical violence or domestic violence in the last 12 months:

- 23% compared with 15% among women aged 24 to 30 in 2019
- 19% compared with 13% among women aged 40 to 45 in 2018 (Townsend et al. 2022).

Related material

- Children and young people
- Sexual violence
- Stalking and surveillance

More information

- [Child protection](#)

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Stalking and surveillance

Key findings

- 1 in 5 women and over 1 in 15 men have experienced stalking since the age of 15.
- Half (51%) of the adult population has experienced technology-facilitated abuse.

Violence encompasses a wide range of behaviours and harms, including stalking, surveillance, and other harassing and abusive behaviours. These behaviours can occur in both family and non-family settings.

The widespread availability of technology and the ease of maintaining anonymity online has increased the opportunity for stalking and surveillance in recent years. Perpetrators may misuse devices, accounts, software or platforms to control, abuse and track victim-survivors (DSS 2022). Irrespective of whether these behaviours are experienced in-person or online, they can have significant implications for personal safety, productivity and mental wellbeing.

This topic page discusses the prevalence and characteristics of stalking and surveillance, particularly with the FDV context. It also explores how technology has been misused to support the perpetration of these behaviours.

What is stalking and surveillance?

Stalking is a pattern of unwanted behaviours aimed at causing fear or distress and reducing the victim's autonomy and sense of security, which is often considered a form of emotional abuse (NSW Police Force 2023; SPARC 2023; ABS 2023). It can involve a range of different behaviours and is a crime in all states and territories of Australia (see Box 1). Stalking often includes surveillance behaviours that provide information on the victim's movements and activities to perpetrators (Maher et al. 2017).

Box 1: Stalking is a criminal offence

In Australia, State and Territory governments are responsible for making and enforcing criminal laws related to stalking. As such the definition of stalking can vary slightly across states and territories. However, in most states, a person has perpetrated stalking if, on at least 2 occasions, they conduct one or more of the following actions with the intent to cause harm or apprehension:

- follow or approach the other person
- loiter near, watch, approach or enter a place where the other person resides, works or visits
- keep the other person under surveillance
- interfere with property in the possession of the other person

- give or send offensive material to the other person or leaves offensive material where it is likely to be found by, given to or brought to the attention of the other person
- telephone or otherwise contact the other person
- act covertly in a manner that could reasonably be expected to arouse apprehension or fear in the other person
- engage in conduct amounting to intimidation, harassment or molestation of the other person.

For information on legal and police responses to family, domestic and sexual violence, please refer to the **Legal systems, FDV reported to police** and **Sexual assault reported to police** topic pages.

Source: AustLII 2023a, 2023b, 2023c, 2023d, 2023e, 2023f, 2023g; Department of Justice 2017

Increasingly, mobile and digital technologies are utilised to conduct stalking and associated surveillance behaviours. When stalking and surveillance are conducted via technology, they are considered technology-facilitated abuse (TFA) (see Box 2).

Box 2: What is technology-facilitated abuse?

Technology-facilitated abuse (TFA) is a broad term encompassing any form of abuse that utilises mobile and digital technologies, which can include a wide range of behaviours such as:

- Monitoring and stalking the whereabouts and movements of the victim in real time.
- Monitoring the victim's internet use.
- Remotely accessing and controlling contents on the victim's digital device.
- Repeatedly sending abusive or threatening messages to the victim or the victim's friends and family.
- Image-based abuse (non-consensual sharing of intimate images of the victim).
- Publishing private and identifying information of the victim.

Source: Powell et al. 2022; AIJA 2022; Woodlock 2015

Stalking can occur as part of family and domestic violence (FDV), with current and previous intimate partners often identified as some of the most common perpetrators (ABS 2017; Smith et al. 2022; Victoria State Government 2023). Stalking is also a risk factor for other forms of FDV, such as physical violence and intimate partner homicide (Mechanic et al. 2000; Spencer and Stith 2018).

Some perpetrators conduct stalking and surveillance repeatedly over time to establish and maintain control over the other person. These behaviours may be used as part of coercive control. Please refer to the **Coercive control** topic page for more information.

Some stalking and surveillance behaviours are forms of sexual harassment, such as repeatedly sending messages with sexual content. Please refer to the **Sexual violence** topic page for more information on sexual harassment.

What do we know?

As with other forms of gender-based violence, the majority of victims of stalking and surveillance, are women. This can partially be attributed to gender-based power inequalities, rigid gender norms and gender-based discrimination.

The National Community Attitudes towards Violence against Women Survey (NCAS) is a nationally representative survey that measures community understanding and attitudes towards violence against women and gender inequality. The 2021 NCAS found that most respondents (89%) recognised in-person stalking as always or usually violence against women, but less respondents (83%) recognised electronic stalking as always or usually a form of violence. Almost 9 in 10 (89%) respondents were aware it is a criminal offence to share an intimate picture of an ex-partner on social media without their consent (Coumarelos et al. 2023).

A study on community attitudes towards stalking in Victoria found that men were more likely to strongly endorse beliefs and attitudes that minimise the severity of stalking, normalise the behaviour as romantic and assign blame to the victim (McKeon and McEwan 2014).

Risk factors for stalking and surveillance

There is limited research on the risk factors for stalking and surveillance victimisation and perpetration. However, studies suggest common risk factors associated with stalking victimisation include having an ex-intimate relationship with the perpetrator, receiving explicit threats and property damage by the perpetrator (Thompson et al. 2013; McEwan et al. 2016). In cases of co-parenting, interactions relating to the child (such as handover) may provide opportunities for stalking and surveillance perpetration. This can involve installing or checking tracking and surveillance devices, or manipulating the child to facilitate abuse (such as sharing the victim's password) (Dragiewicz et al. 2022).

A study on 700 stalkers from Queensland identified sociocultural predispositions (such as violent family members and friends), psychological traits (such as need for control and narcissism), history of violence, revenge motives, triggering events, and illicit drug and alcohol use as risk factors for perpetrating severe stalking violence (Thompson et al. 2013).

Co-occurrence of stalking and surveillance with intimate partner violence

Stalking often co-occurs with intimate partner violence and can be used to exert power and control during and/or after an abusive relationship. Studies suggest that abusive

partners who stalk are more likely to physically injure, threaten, verbally abuse and sexually assault the victim, compared with abusive partners who do not stalk (SPARC 2018).

Intimate partner stalkers are more likely to use the widest range of stalking behaviours, contact and approach victims more frequently, escalate the frequency and severity of pursuit, and follow through on threats of violence, compared with stalkers who are not intimate partners (SPARC 2018).

Co-occurrence of stalking and surveillance with sexual violence

Sexual violence can be part of a stalker's pattern of behaviour. Sexually violent stalking behaviours commonly fall under four categories:

- Surveillance (e.g. following and monitoring a victim while planning or after committing sexual assault).
- Life invasion (e.g. repeated unwanted communication of a sexual nature, spreading sexual rumours or publicly humiliating with information about sexual activity).
- Intimidation (e.g. threatening sexual violence, blackmailing the victim in exchange for sexual activity, images or videos).
- Interference through sabotage or attack (e.g. sexual assault, in-person or image-based indecent exposure) (SPARC 2022).

What data are available to report on stalking and surveillance?

Data on the extent and nature of stalking come from national surveys, some of which focus specifically on TFA behaviours. The surveys used throughout this section include:

- **ABS Personal Safety Survey 2016 and 2021-22** – collected information on experiences of stalking since the age of 15 among 21,200 and 11,900 people aged 18 years and over in Australia, respectively (ABS 2023).
- **ANROWS Technology-facilitated abuse reports** – examined TFA victimisation and perpetration among 4,600 respondents aged 18 years and over in Australia, which included online harassing, monitoring and/or controlling behaviours. The survey used random probability-based sampling methods and weighting to allow results to be generalisable to the adult population in Australia (Powell et al. 2022).
- **eSafety Commissioner Negative online experiences 2022 findings** – examined adults' online experiences, including monitoring and harassment behaviours, among 4,800 respondents aged 18-65 in Australia. The survey used quota sampling and was weighted to ABS population data to allow results to be generalisable to the adult population in Australia (eSafety Commissioner 2023a).

Some administrative data from the ABS Recorded Crime – Offenders collection are available to report on the perpetrators of stalking and surveillance, which include statistics about offenders proceeded against by police (ABS 2024b).

For more information about these data sources, please see **Data sources and technical notes**.

What do the data tell us?

How many people have experienced stalking and surveillance?

Women are more likely to experience stalking than men



The 2021-22 PSS found that 2.7 million people aged 18 and over have experienced stalking since the age of 15. One in 5 (20% or 2.0 million) women and over 1 in 15 (6.8% or 653,000) men have experienced stalking since the age of 15 (ABS 2023).

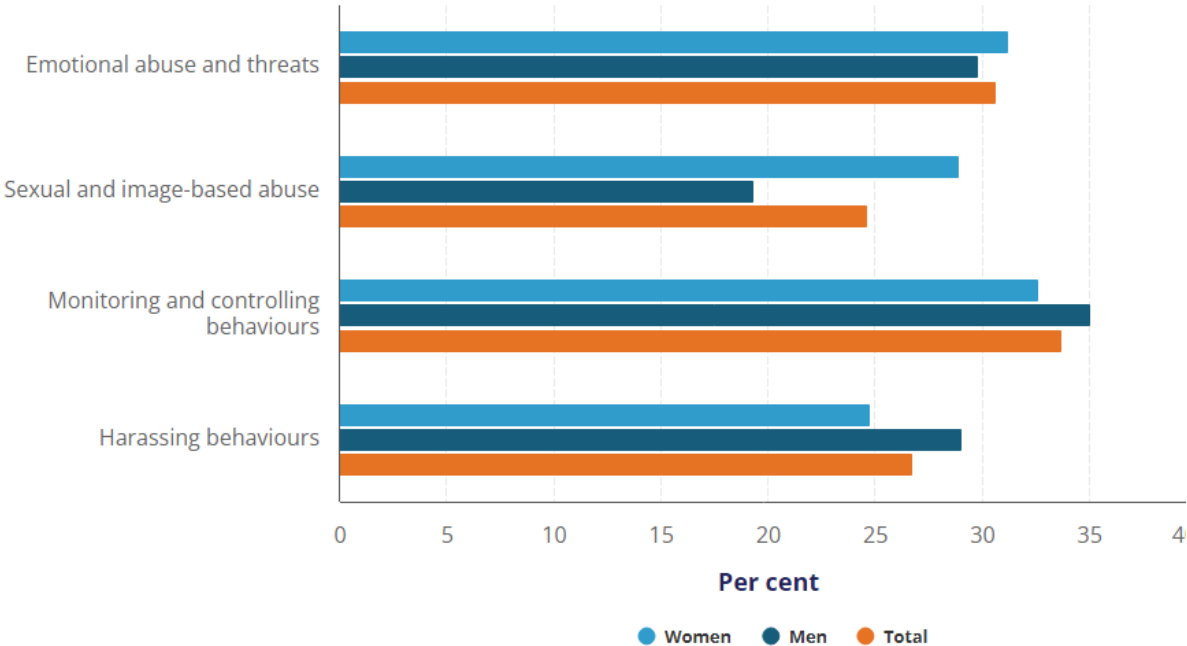
In the 12 months before the survey, 3.4% (or 338,000) of women and 0.6% (or 60,600) of men had experienced stalking. However, the 12-month data for men has a relative standard error between 25% and 50% and should be interpreted with caution (ABS 2023).

Monitoring and controlling behaviour is the most common type of TFA



The ANROWS 2022 study on TFA found that half (51%) of the respondents had experienced at least one TFA behaviour in their lifetime (see **Data sources and technical notes** for behaviours included in the study). The most common type of TFA experienced was monitoring and controlling behaviours, with around 1 in 3 (34%) respondents having experienced this type of TFA. This was true for both women and men (Figure 1).

Figure 1: Types of TFA ever experienced, by gender



Source: ANROWS Technology-Facilitated Abuse Survey | [Data source overview](#)

Preliminary findings from the Australian eSafety Commissioner’s 2022 survey on negative online experiences also highlight the use of technology in the perpetration of stalking and surveillance. Among the 4,800 respondents:

- 18% reported having their location tracked electronically without consent
- 16% reported receiving online threats of in-person harm or abuse (eSafety Commissioner 2023a).

Perpetrators of stalking and surveillance

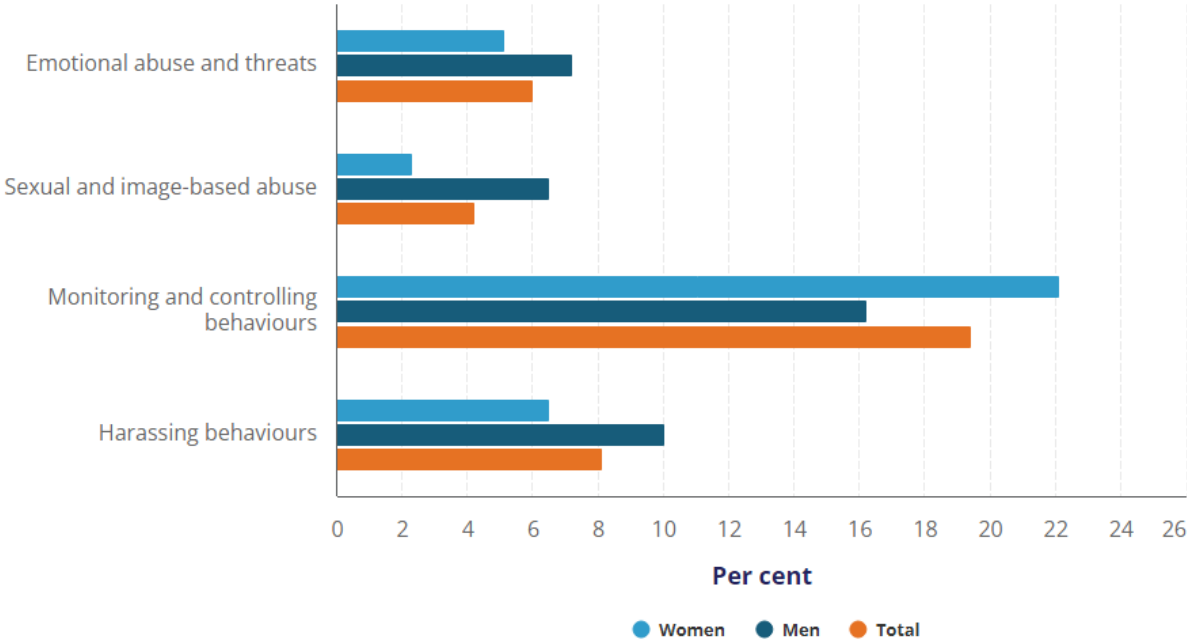
Women are more likely to be stalked by a man than a woman

The 2021-22 PSS showed that among adults that have experienced stalking since the age of 15:

- more than 9 in 10 (94% or 1.9 million) women were stalked by a male
- men were equally likely to be stalked by a male or by a female (ABS 2023).

The ANROWS study on TFA found that the most common type of TFA perpetrated was monitoring and controlling behaviours, with around 1 in 5 (19%) respondents having perpetrated this type of TFA. While more than 3 in 5 (62% or 1,400) victim-survivors of all TFA reported the most recent perpetrator was a man, more women (22%) than men (16%) overall reported that they were perpetrators of monitoring and controlling behaviours. For all other types of TFA, more men reported being perpetrators than women (Powell et al. 2022) (Figure 2).

Figure 2: Types of TFA ever perpetrated, by gender



Source: ANROWS Technology-Facilitated Abuse Survey | [Data source overview](#)

Women and men are more likely to experience stalking from someone they know

The latest available data for reporting on relationship to the perpetrator is from the 2016 PSS. The 2016 PSS found that, for women who had experienced stalking since the age of 15, the most recent stalking episode by a male was perpetrated by:

- a known person for 3 in 4 (75% or 1.1 million) women, with 3 in 10 (30% or 448,000) of these women stalked by a current or previous partner
- a stranger for 1 in 4 (25% or 365,000) women (ABS 2017).

For men who had experienced stalking since the age of 15, the most recent stalking episode by a female was perpetrated by a known person for more than 9 in 10 (95% or 286,000) men. The perpetrator was a current or previous partner for 2 in 5 (41% or 124,000) of these men; however the proportion should be interpreted with caution due to sampling errors (ABS 2017).

For men, the perpetrator of the most recent stalking episode by a male was about equally likely to be a stranger (151,000) as to be a known person (170,000) (ABS 2017).

Loitering or following is the most common stalking behaviour experienced by women from current or previous intimate partners

For women whose current or previous partner had recently stalked them:

- 2 in 3 (68% or 450,000) had experienced loitering by the perpetrator in locations such as the home, workplace, school, education facility, places of leisure or at social activities
- 3 in 5 (61% or 404,000) had experienced unwanted contact by phone, postal mail, email, text messages or social media
- 2 in 5 (44% or 290,000) were followed or watched, either in person or electronically (AIHW 2019; ABS 2018).

For men whose current or previous female partner had recently stalked them, about half (52% or 112,000) had experienced loitering and 4 in 10 (40% or 84,100) were followed or watched in person or electronically (AIHW 2019; ABS 2018).

What are the responses to stalking and surveillance?

Responses to abuse generally comprise a mix of formal responses and informal responses. Examples of formal responses include police, legal services, and other support services such as [1800RESPECT](#), [eSafety Commissioner](#) and [Lifeline](#); while informal responses can include support from family and friends (see **How do people respond to FDSV?**).

Although it is important to understand the usage and effectiveness of these services, there is currently limited national data on the responses to stalking and surveillance in Australia.

Police and justice system

Personal safety intervention order (PSIO) is a court order to protect a person, their children and their property from another person's behaviour. PSIOs are also known as restraining or apprehended violence orders in some states and territories.

Police and the justice system are a major part of the formal response to stalking and surveillance. The police can assist a stalking victim with applying for a personal safety intervention order, file criminal charges where appropriate and refer victims to support services (Victorian Law Reform Commission 2021).

Men are more likely to be offenders of FDV-related stalking than women

The ABS Recorded Crime – Offenders data collection recorded 6,800 offenders of family and domestic violence-related stalking in 2022–23. Among people aged 10 and over, males had a higher offending rate for FDV-related stalking (49 per 100,000 males, or 5,600), compared with 9.9 per 100,000 females (or 1,200) (ABS 2024a).

Numbers and rates for stalking may be overstated as New South Wales legislation does not contain discrete offences for stalking, intimidation and harassment – these offences

are all coded and reported as 'stalking'. See **Data sources and technical notes** for more information.

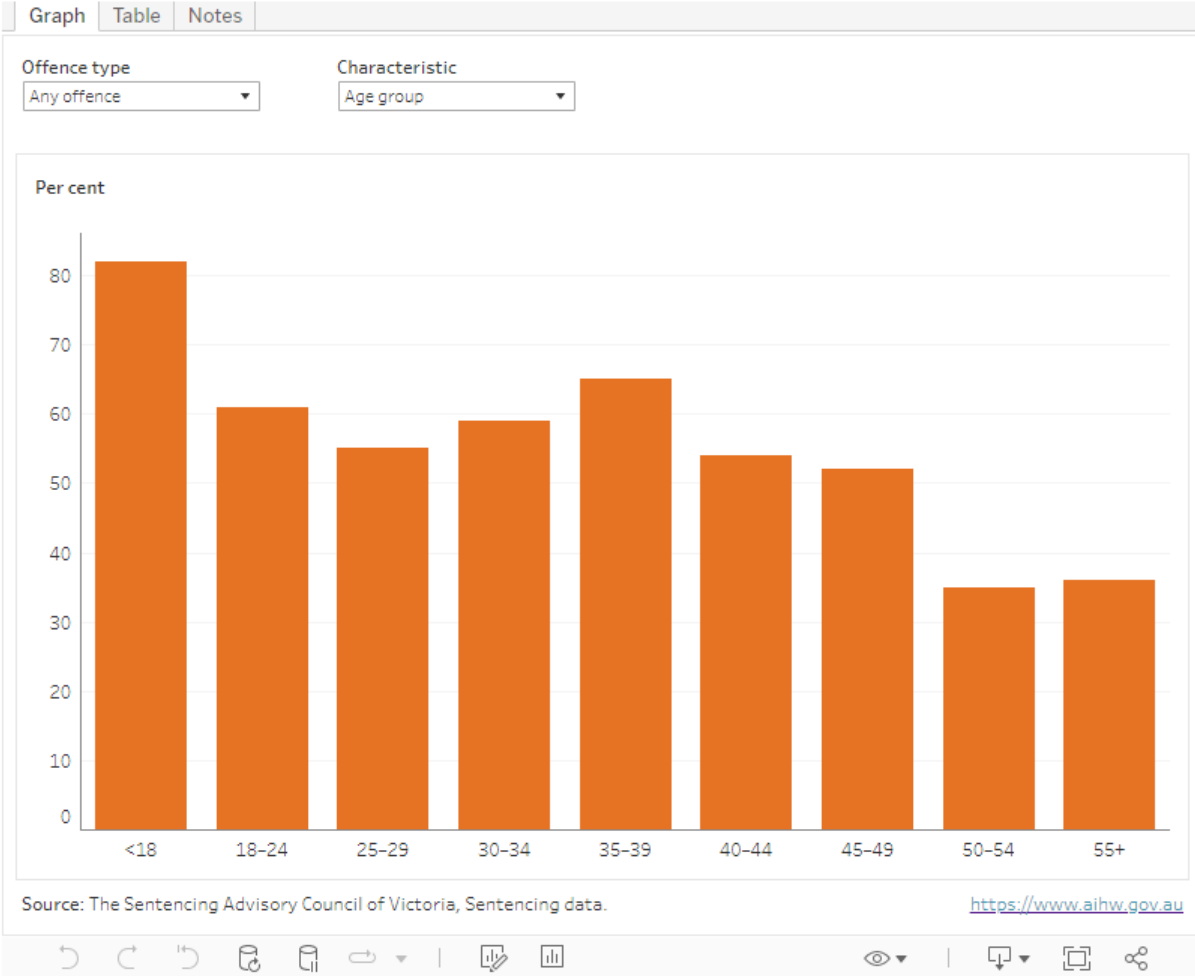
Reoffending among stalking offenders

The Sentencing Advisory Council of Victoria found that more than half (56%) of people sentenced for stalking offences in 2015 or 2016 had been sentenced again (for any offence) within four years. One in 4 (25%) were sentenced for breach of a family violence safety notice (FVSN) or intervention order (FVIO), and almost 1 in 5 (18%) had been sentenced for a violent offence (Chalton et al. 2022) (see the **Glossary** for definitions). The Council also found that:

- Family violence-related stalking offenders were more likely to reoffend within four years than non-family violence-related offenders, except in the case of reoffences involving breach of a personal safety intervention order (PSIO)
- Male stalking offenders were more likely to reoffend within four years than female stalking offenders, except in the case of reoffences involving breach of a PSIO (Chalton et al. 2022) (Figure 3).

Multiple behaviours can occur within one stalking episode and over an extended time period. It is unknown whether the subsequent offences occurred as part of a stalking episode for the same victim or if they were perpetrated against the same or different victim. Please see the **Glossary** for definitions of FVSN, FVIO and PSIO.

Figure 3: Proportion of stalking offenders sentenced at least once within four years of an initial stalking sentence, by offence type and offender characteristics, Victoria



Online safety grants program

The Office of the eSafety Commissioner is an independent government agency committed to safeguarding people at risk of online harms and promoting safe and positive online experiences. The agency leads various online safety grant programs in response to TFA, such as the Preventing Tech-based Abuse of Women Grants Program (2023-2028) that funds initiatives with the goal of preventing gender-based TFA (eSafety Commissioner 2023b).

What are the impacts of stalking?

There is a lack of national data on the impacts of stalking, but existing research suggests that stalking behaviours contribute to negative outcomes in physical health, mental health, social life, economic and financial circumstances, and even death. Please refer to the **Health outcomes, Economic and financial impacts** and **Domestic homicide** topic

pages for more information on impacts and outcomes of family, domestic and sexual violence.

Health impacts

Stalking is associated with harmful effects on the victim-survivor's physical health, such as escalating to physical and sexual violence, excessive fatigue, chronic sleep disturbance and disturbances to appetite (McEwan et al. 2007; Pathé and Mullen 1997; Dreßing et al. 2020).

Stalking can also contribute to a deterioration in the victim-survivor's mental health, and these impacts are often complex and long-lasting (Korkodeilou 2016). They can include increased levels of anxiety, overwhelming sense of powerlessness, depressive disorders, post-traumatic stress disorder, and suicidal ideation or attempted suicide (Pathé and Mullen 1997; Dreßing et al. 2020).

Disruptions to social life

Stalking can also lead to disruptions to the victim-survivor's social life. Victim-survivors may restrict social outings, avoid certain places or people, change contact details, change or cease employment, or even relocate to a new home, which commonly contribute to isolation from social circles (Pathé and Mullen 1997; McEwan et al. 2007; Korkodeilou 2016). Strains on interpersonal relationships can also occur when victim-survivors develop trust issues as a result of stalking or feel they are not taken seriously or supported by people around them (Korkodeilou 2016).

Economic and financial burden

Other than the cost of relocating and changing or ceasing employment, stalking can contribute to economic and financial burden through reducing the productivity of the victim-survivor and people known to the victim-survivor, legal costs, health treatment costs, and costs of security devices like CCTV cameras and panic alarms (Dreßing et al. 2020; Pathé and Mullen 1997; Korkodeilou 2016).

Homicide

A report on intimate partner violence homicides published by ANROWS found that 2 in 5 (42%) female victims in intimate partner homicide had been stalked by the male perpetrator (ADFVDRN and ANROWS 2022).

Has it changed over time?

The PSS shows that the 12-month prevalence rate of stalking for women was similar between 2021–22 (3.4% or 338,000) and 2016 (3.1% or 228,000) (ABS 2023; ABS 2017). Data on changes over time for men is excluded here due to sampling errors impacting data reliability (ABS 2017).

Offender rate for FDV-related stalking has increased for men and women

Meanwhile, the ABS Recorded Crime – Offenders data collection recorded an increase in the offender rate for FDV-related stalking:

- For men, the offender rate increased from 38 per 100,000 males in 2019–20 to 49 per 100,000 males in 2022–23.
- For women, the offender rate increased from 6.1 per 100,000 females in 2019–20 to 9.9 per 100,000 females in 2022–23 (ABS 2024a).

Impacts of COVID-19

There is limited national data on the impacts of COVID-19 on the extent and nature of stalking and surveillance; however, some data for Victoria are available. In Victoria, the number of police-recorded stalking offences increased by 17% from 2019 to 2020, with a noticeable shift from in-person to online stalking behaviours during COVID-19. The number of stalking offences sentenced in this period decreased, while the imprisonment rate for stalking charges almost doubled. This is largely due to courts prioritising cases where a defendant was either on remand or likely to receive imprisonment during the pandemic (Chalton et al. 2022).

Is it the same for everyone?

Some population groups may be more affected by stalking and surveillance due to unique, and in some cases, multiple forms of disadvantage and discrimination. There is currently a lack of data on how different population groups experience stalking and surveillance; however, these data are important for understanding how the extent and nature of abuse can vary, and strengthening responses for groups at higher risk.

For information on the experiences of FDSV among specific population groups more broadly, see **Population groups**.

Related material

- Coercive control
- Domestic homicide
- Intimate partner violence
- Sexual violence
- Who uses violence?

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Modern slavery

Key findings

- In 2022–23, the Australian Federal Police (AFP) received more reports of modern slavery (about 340) than in any other reporting period.
- For each recorded victim-survivor of modern slavery in Australia there are estimated to be 4 undetected victim-survivors.
- Forced marriage has been the most reported form of modern slavery to the AFP in every year since 2015–16, with 90 reports in 2022–23.

Family, domestic and sexual violence include many forms of violence that cause lasting harm to people, including some that are considered forms of modern slavery. Modern slavery can involve violence, abuse and/or exploitation in family and domestic settings, for example, in cases of forced marriage and domestic servitude. This topic page presents the available data on forms of modern slavery that may be considered in this context.

What is modern slavery?

Modern slavery involves serious exploitation of people for personal or commercial gain (ASA 2022a). Modern slavery is an umbrella term used to collectively refer to human trafficking, slavery and slavery-like practices (AGD 2020).

Modern slavery can include:

- slavery
- human trafficking
- forced labour
- servitude
- sexual exploitation
- debt bondage
- forced marriage
- deceptive recruitment
- the worst forms of child labour (see Box 1 for full definitions) (AGD n.d.b).

Each of these practices is distinct but similar in that they involve a person's personal freedom and autonomy being taken away and threatened through coercion, deception and/or force and are criminal offences in Australia. Many of these practices are also defined individually in international law (JSCFADT 2017).

Box 1: Definitions of modern slavery practices

Slavery – Situations where individuals are owned by another person. This includes when ownership arises because of a debt or a contract made by a person. Slavery may include circumstances where someone buys or sells another person, uses a person or their labour in a substantially unrestricted manner, controls a person’s movements, or makes a person work with little or no pay (AGD 2020).

Human trafficking – The physical movement of people across and within borders through coercion, deception and/or force for the purpose of exploiting them. In Australian law, any physical movement of a child for the purpose of exploitation is considered trafficking (AGD n.d.b).

Forced labour – Situations where a person is not free to stop working or not free to leave their place of work (AGD n.d.b).

Servitude – Forced labour in which a person’s personal freedom related to other aspects of their life are also significantly restricted (AGD 2020).

Sexual exploitation and servitude – A form of forced labour where a person is coerced, deceived or forced to engage in sex work and/or are being held in captivity and subject to physical and sexual violence (Fergus 2005). The creation of child sexual abuse material can also be considered sexual exploitation (see **Child sexual abuse**).

Debt bondage – Situations where a person is working to repay a real or perceived debt that is excessive or impossible to repay. Debt bondage can lead to other modern slavery practices (AGD 2020).

Forced marriage – Where a person is married without freely and fully consenting. This may involve a person being forced to marry through threats, deception and/or coercion including psychological and emotional pressure and/or abuse, such as being made to feel they would bring shame on their family if they do not get married. A marriage is also considered forced when a person is incapable of understanding the implications of marriage or a marriage ceremony for reasons including age or mental capacity. Arranged marriages, where both parties provide ongoing consent to their marriage being organised by a third party or family members, are not considered forced marriage (AGD n.d.a).

Deceptive recruitment – Situations where a person is deceived about the type of work they will be doing, the length of their employment, and/or their living or working conditions including how much they will earn (AGD 2020).

The worst forms of child labour – Situations where children work in dangerous or unhealthy conditions that could result in the child becoming sick or injured or dying (AGD n.d.b).

Harmful practices such as sub-standard working conditions or underpayment of workers are not included in the definition of modern slavery. However, they may also be present in situations that involve modern slavery (AGD n.d.b).

Some forms of modern slavery can occur in domestic and family settings and involve family members and/or intimate partners.

What do we know about modern slavery?

Modern slavery is not restricted by borders as it can involve the movement of people between countries or exploitation of people online. Combatting modern slavery requires international collaboration between Australia and other countries (AGD 2020). For this reason and due to limited national data, global statistics and trends are discussed in this section (see Box 2).

It is difficult to estimate the prevalence of all forms of modern slavery. Estimates rely on recorded cases from support services, law enforcement agencies and/or surveys. Recorded cases are thought to be reduced due to both the difficulty in escaping modern slavery and barriers to reporting, such as mistrust in authorities and fear of persecution or deportation (Lyneham et al. 2019).

Box 2: Global estimates of modern slavery

Global estimates of modern slavery and discussions of global trends presented on this page are sourced from the [Global estimates of modern slavery – Forced labour and forced marriage](#) report developed by the International Labour Organization, Walk Free and the International Organization for Migration. These estimates and the report's findings are based on calculations and results derived from multiple sources. The principal sources included:

- nationally representative household surveys – 68 forced labour surveys and 75 forced marriage surveys
- Counter Trafficking Data Collaborative anonymised data on victims of trafficking.

Source: ILO et al. 2022.

In 2021, global estimates suggest there were about 49.6 million people in modern slavery on any given day, with:

- about 27.6 million in **forced labour** (including commercial sexual exploitation)
- about 22.0 million in **forced marriage** (ILO et al. 2022).

Compared with 2016, there has been a global increase in estimates for both forced labour (of 2.7 million) and forced marriage (of 6.6 million). This increase is thought to be, in part, due to the widespread socio-economic instability caused by the COVID-19 pandemic including greater unemployment, debts and poverty (ILO et al. 2022).

It is possible for people to experience multiple overlapping forms of modern slavery. For example, someone may be trafficked, be forced to marry and be subjected to forced labour (ILO et al. 2022).

All forms of modern slavery involve the exploitation of people who are at risk of being disadvantaged for a range of reasons including:

- discrimination and marginalisation, including gender inequality
- poverty, underemployment and unemployment
- displacement, including through natural disasters or conflict

- migration status
- insufficient legal protections
- lack of education, opportunities and access to resources (AGD 2020).

Forced labour and sexual exploitation

Of the estimated 27.6 million people in forced labour worldwide in 2021, there were about 11.8 million females and 15.8 million males:

- Over 1 in 5 (about 6.3 million) victim-survivors of forced labour were in forced commercial sexual exploitation.
- About 3.3 million children were victim-survivors of forced labour, of whom over half (52% or 1.7 million) were in commercial sexual exploitation.
- Most victim-survivors of forced commercial sexual exploitation were girls or women (78% or 4.9 million) (ILO et al. 2022).

People in forced labour, who were not involved in commercial sexual exploitation, were in sectors such as manufacturing, construction, agriculture and domestic work (ILO et al. 2022). Victim-survivors in these sectors, particularly in domestic work, may also experience physical and sexual violence (Moore 2019).

In Australia, cases of forced labour occur in similar sectors to those identified worldwide, including domestic work, the sex industry, agriculture and construction. Many of these industries rely on migrant workers who enter Australia on temporary visas and are particularly at risk of exploitation in forced labour. Some known cases of sexual exploitation in Australia have involved women that migrated to Australia, mainly from Asia, and to a lesser extent Eastern Europe and Africa, that were forced into commercial sex, and may have been deceived about working arrangements and/or manipulated through illegal drugs and inflated or unexpected debts. Known cases of domestic servitude in Australia mainly involve women. These cases have involved false promises of legitimate work or marriage and coercion through used or threatened violence, stolen identity documents, and/or restricted access to information and communication (US Department of State 2021; Walk Free 2023).

Forced marriage

Of the estimated 22.0 million people in forced marriages worldwide in 2021, there were about 14.9 million females and 7.1 million males, with over half (52%) of the women and about 1 in 6 (17%) of the men forced into marriage before the age of 18. Globally, among people who reported on the circumstances of their forced marriage:

- parents (73%) and other relatives (16%) were responsible for the majority of forced marriages
- more than half (53%) experienced emotional threats or verbal abuse and around 1 in 5 (19%) experienced physical or sexual violence and threats of violence to force them into marriage (ILO et al. 2022).

Among all forms of modern slavery, forced marriage is the most commonly investigated form in Australia (Lyneham and Bricknell 2018).

Forced marriage in Australia has been associated with socially conservative communities that value traditional and strict gender and behavioural norms. In such communities, any perceived 'difference' such as aspirations for independent living, disability, suspected promiscuity, or homosexuality has been found to increase risk of forced marriage. However, the practice is not restricted to any one community and is not limited to any particular cultural group, religion or ethnicity. Anyone can be a victim regardless of age, gender or sexual orientation (Lyneham and Bricknell 2018; AGD n.d.a).

Forced marriage can involve expectations for dowry (transfer of assets such as money typically from a bride's family to the bridegroom or their family) or other kinds of asset exchange that can be arranged in or outside Australia (SLCARC 2019). For a discussion of dowry and dowry abuse, see **People from culturally and linguistically diverse backgrounds**.

People in forced marriages are particularly at risk of family, domestic and sexual violence including, but not limited to, physical, sexual, psychological and financial abuse; forced pregnancies and/or termination of pregnancies; domestic servitude; restricted autonomy and freedom of movement; and loss of access to education and employment (Lyneham and Bricknell 2018; ILO et al. 2022).

As with other forms of modern slavery, data are limited in Australia. Barriers to reporting that are specific to forced marriage can include:

- reluctance to incriminate family members or themselves
- fear of retribution, shame and ostracism from family and community when reporting a forced marriage
- a lack of awareness or understanding of the seriousness of the crime and what the legal system and support services can do to help (for example, due to a disability)
- language barriers (FECCA 2019; Lyneham and Bricknell 2018).

Human trafficking

The United Nations Office on Drugs and Crime analysed official global statistics on human trafficking cases between 2016–2018 to understand patterns in human trafficking. This research found that the majority of human trafficking victim-survivors were trafficked for sexual exploitation (50%) or other forms of forced labour (38%) (such as domestic work, construction, and agriculture):

- Most detected victim-survivors were women (46%) or girls (19%). About 1 in 5 (20%) victim-survivors were men and about 1 in 6 (15%) were boys.
- Most women (77%) and girls (72%) were trafficked for sexual exploitation and most men (67%) and boys (66%) for other forms of forced labour (UNODC 2021).

In Australia, recorded cases of human trafficking have involved both trafficking of people to Australia from overseas for exploitation in forced labour, including sexual exploitation, and trafficking within Australia between locations (IDC 2021; US

Department of State 2021). Sex trafficking of migrant women account for the majority of prosecutions in Australia (CDPP n.d.; The Salvation Army 2017).

Support services for victim-survivors of modern slavery in Australia

Since 2004, the Support for Trafficked People Program (Support Program) has provided tailored support in Australia to victim-survivors and people at risk of modern slavery. The Support Program is delivered by the Australian Red Cross and meets victim-survivors' basic needs, including food, safe accommodation, and support for mental and physical health and well-being. Additional support specific to people who are in, or at risk of, a forced marriage is available. People are referred to the Support Program by the Australian Federal Police (AFP) (DSS 2020).

Victim-survivors of modern slavery may also be supported by other non-government organisations, through a range of services, for example family violence services, emergency relief services and/or services specialising in support for modern slavery. Specialist services can provide various types of support for people experiencing or at risk of modern slavery including:

- free and confidential legal, migration and referral services and advice, for example, from [Anti-Slavery Australia](#) for modern slavery in general and from [My Blue Sky](#) for forced marriage specifically (ASA 2022a, 2022b)
- accommodation, outreach support, case management and assistance to client families in countries of origin, which can be provided by [The Salvation Army Safe House](#) (The Salvation Army 2014).

What do the data tell us?

The AFP responds to and investigates reports of modern slavery in Australia. In 2022–23, there were 340 reports of modern slavery in Australia (AFP 2023). The five most reported crime types were:

- forced marriage (90 reports)
- sexual servitude (73)
- forced labour (43)
- trafficking in persons (38)
- exit trafficking (a person coercing, forcing or threatening another to leave Australia against their will) (30) (AFP 2023).

In 2020–21, of the 79 reports of forced marriage, about half (51%) involved people under the age of 18 and 70% related to marriage overseas. In response to almost 50% of the reports, disruption or intervention strategies were used that stopped the offence from occurring (AFP 2021a). There has not been a conviction for forced marriage since it became a criminal offence in 2013 (Lyneham and Bricknell 2018; Hildebrandt 2022).

For each recorded victim-survivor of **modern slavery** in Australia there are estimated to be 4 undetected victim-survivors

Recorded cases of modern slavery are likely to be an underestimate of the true prevalence of modern slavery in Australia (Lyneham et al. 2019).

The Australian Institute of Criminology (AIC) and Walk Free used a statistical technique based on existing data to estimate how many cases might be going undetected. This estimate suggests that between July 2015 and June 2017 there were between 1,300 and 1,900 victim-survivors of modern slavery in Australia (on average, about 3.3 victim-survivors per 100,000 people per year). This suggests that for each recorded victim-survivor of modern slavery there are about 4 undetected victim-survivors (Lyneham et al. 2019).

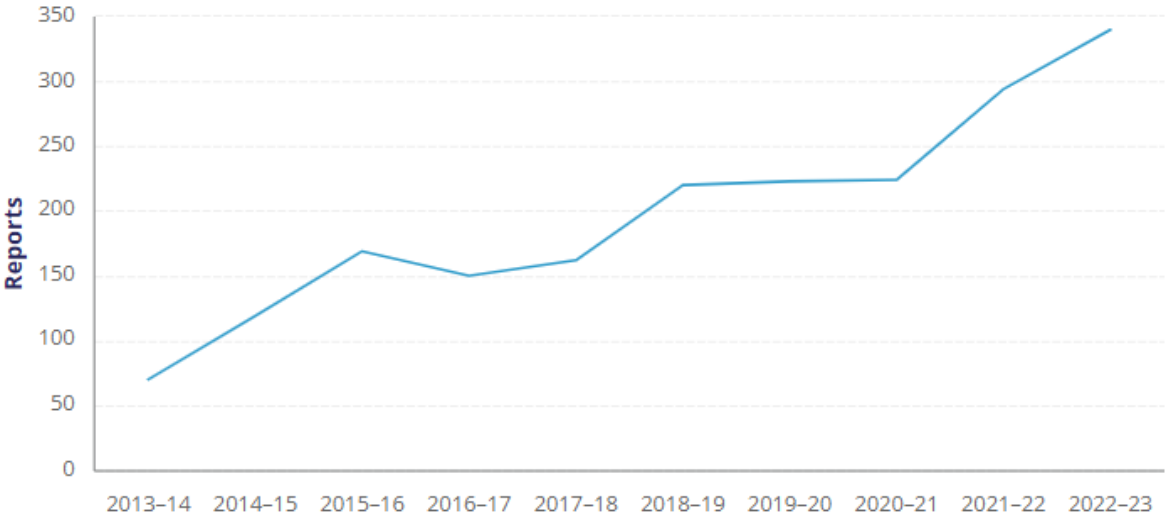
Has modern slavery in Australia changed over time?



In 2022–23, the Australian Federal Police (AFP) received more reports of **modern slavery** (about 340) than in any other financial year

The number of reports of modern slavery that the AFP has received each year has generally increased over time, ranging from 70 in 2013–14 to 340 in 2022–23 (Figure 1). Increases in reports may be related to an increase in awareness and/or ease of reporting rather than changes in the true number of modern slavery cases in Australia.

Figure 1: Reports of possible modern slavery made to the AFP, 2013–14 to 2022–23



Source: AFP reports of human trafficking and slavery data | [Data source overview](#)

Forced marriage
 has been the most reported form of **modern slavery** to the AFP in every year since 2015–16, with **90 reports** in 2022–23

Since forced marriage became a criminal offence in March 2013, reports to the AFP have generally increased, from 11 in 2013–14 to a high of 95 in 2018–19, with 90 in 2022–23. Since 2015–16, forced marriage has consistently been the most reported form of modern slavery in Australia (AFP 2021b, 2022b, 2023; IDC 2020, 2021).

Reports of other forms of modern slavery have varied year to year with the most reported types generally including sexual exploitation, labour exploitation and human trafficking (AFP 2021b, 2022b, 2023; IDC 2020, 2021).

What do data on support for victim-survivors of modern slavery show?

The majority of people who accessed the Support for Trafficked People Program between 2009 and 2019 identified as female (83% or 355)

Between 2009 and 2019, about 425 people were referred to the Support for Trafficked People Program (the Support Program) as victim-survivors of modern slavery and were provided with support, often over multiple calendar years. Among these people:

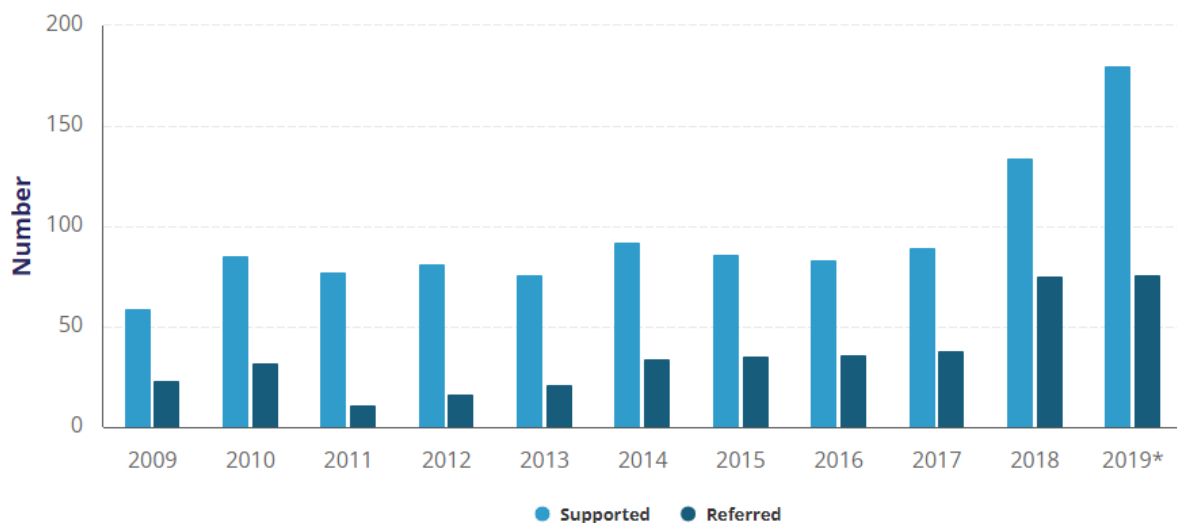
- about 4 in 5 (83% or 355) identified as female and about 1 in 5 (17% or 71) identified as male
- about 1 in 7 (14%) were under the age of 18
- there were individuals from 48 different countries, with the highest proportions identifying as Australian (14%), Thai (13%) or Malaysian (8.2%)
- the most common reasons for referral were sexual exploitation in commercial settings (30% or about 130), labour exploitation in commercial settings (27% or about 115) and forced marriage (25% or about 110) (Australian Red Cross 2019).

A higher proportion of people supported for forced marriage (about 110 people) compared with those supported for modern slavery (about 425) were:

- female (98% compared with 83%)
- from Australia (45% compared with 14%)
- under the age of 18 (44% compared with 14%) (Australian Red Cross 2019).

The number of people referred to, and supported by, the Support Program has generally increased over time, noting that a person is counted once in the calendar year they were referred and once in each year that they were supported. Since 2017, there has been a substantial increase in both people referred (from 38 people in 2017 to 75 in 2018 and 76 in 2019) and people supported (from 89 people in 2017 to about 135 in 2018 and 180 in 2019) (Figure 2).

Figure 2: People referred to and supported by the Support for Trafficked People Program, 2009–2019



*:Does not represent full calendar year

Source: Australian Red Cross Support for Trafficked People Program data | [Data source overview](#)

It is important to note that Support Program data only relate to people who have been able and willing to engage with the AFP, were referred to the Support Program by the AFP and consented to accessing support. It does not represent all individuals affected by modern slavery in Australia.

Help is available for any person experiencing, or at risk of, modern slavery, see **Find support**.

Related material

- Children and young people
- People from culturally and linguistically diverse backgrounds
- Sexual violence

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