# 1 Introduction

## 1.1 Background

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

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

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

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

## 1.2 Family violence: why the interest?

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

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

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

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

Some findings from the Personal Safety Survey:

- An estimated 73,800 women were physically assaulted by their current and/or previous male partner in the most recent incident; this equates to 31% of all women who were physically assaulted in the twelve months prior to the survey period (ABS 2006b:9).
- Seventy-eight per cent of women, and 34% of men who were physically assaulted in the last 12 months were assaulted by someone known to them (ABS 2006b:30).
- Nearly half of the women experiencing violence by their current partner had experienced more than one incident of violence since the age of 15 years (ABS 2006b:37).
- An estimated 27% of men and women who experienced violence by a current partner said that children in their care had witnessed the violence (ABS 2006b:11).
- Of the women who had experienced sexual assault in the last 12 months, 21% had experienced sexual assault by a previous partner in the most recent incident, 39% by a family member or friend, and 32% by another known person (ABS 2006b33).
- Of the men who had experienced sexual assault, 44% had experienced sexual assault by a family member or friend, and 35% by another known person (ABS 2006b:33).

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

## 1.3 Violence in Australia's Indigenous population

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

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

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

## Causal factors of violence

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

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

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

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

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

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

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

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

## 1.4 Violence in non-Australian indigenous populations

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

### United States of America

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

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

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

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

## Canada

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

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

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

## New Zealand

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

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

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

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

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

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

# 1.5 Intervention and prevention strategies

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

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

## National initiatives

### The Women's Safety Agenda

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

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

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

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

**The Family Violence Program**

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

*Family Violence Partnership Program*

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

*Family Violence Regional Activities Program (FVRAP)*

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

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

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

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

**National Initiative to Combat Sexual Assault**

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

Some of the major projects funded under NICSA include:

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

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

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

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

**The Family Law Violence Strategy**

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

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

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

**Family Violence Strategy**

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

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

## State and territory initiatives

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

**New South Wales**

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

**Victoria**

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

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

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

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

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

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

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

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

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

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

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

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

**Queensland**

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

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

**Western Australia**

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

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

**South Australia**

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

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

**Tasmania**

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

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

**Australian Capital Territory**

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

**Northern Territory**

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

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

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

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

## Intervention and prevention programs

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

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

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

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

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

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

### Some examples of intervention and prevention projects

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

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

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

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

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

*This project has a strong violence prevention theme.*

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

***Kyabram Indigenous Needs (KIN) network—prison project (Victoria)***

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

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

*Source:* AIC 2006.

# 2 Information development

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

## 2.1 Defining violence/family violence

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

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

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

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

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

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

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

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

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

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

## 2.2 Barriers to capturing information about violence

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

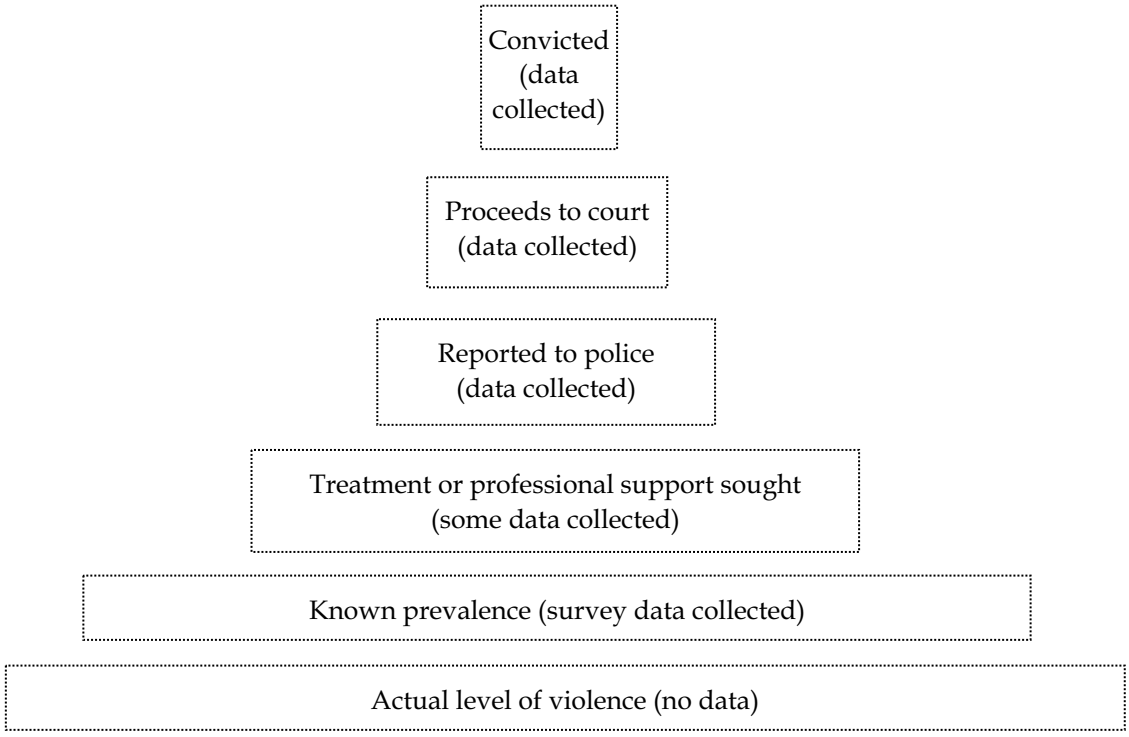
The World Health Organization's report on violence and health recommends that the capacity for collecting data on violence should be enhanced: having 'national capacity to collect and analyse data on violence is necessary in order to set priorities, guide program design and to monitor progress'. However,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

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

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

## Under-reporting of family violence

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




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

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

### Under-reporting by victims

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

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

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

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

## Under-reporting by service providers

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

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

## Under-reporting due to data issues

### Data not collected or collected data not relevant or appropriate

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

**Data collected but variable in comparability and quality**

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

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

*Identification of Indigenous people in data*

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

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

# 2.3 National information and initiatives on family violence

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

## National information development plans

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

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

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

### Health information

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

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

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

### Community services information

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

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

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

### Crime and justice information

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

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

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

- **Priority 4: Improve crime and justice statistics about Aboriginal and Torres Strait Islander people**
  The outcome sought for this priority area is 'an improved evidence base to inform Aboriginal and Torres Strait Islander (Indigenous) policy development and research in crime and justice' (ABS 2005b:35).
- **Priority 7: Develop statistics on family violence**
  The outcome sought for this priority area is 'an evidence base that will assist the criminal justice system to respond more effectively to victims and offenders involved in domestic/family violence; and inform intervention strategies to decrease the incidence and prevalence of family violence' (ABS 2005b:38).

## National information frameworks

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

### National Aboriginal and Torres Strait Islander Health Performance Framework

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

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

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

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

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

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

- environmental factors
- socioeconomic factors.

### Overcoming Indigenous Disadvantage Reporting Framework

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

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

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

COAG has established 'seven strategic areas for action':

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

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

### Sexual Assault Information Development Framework

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

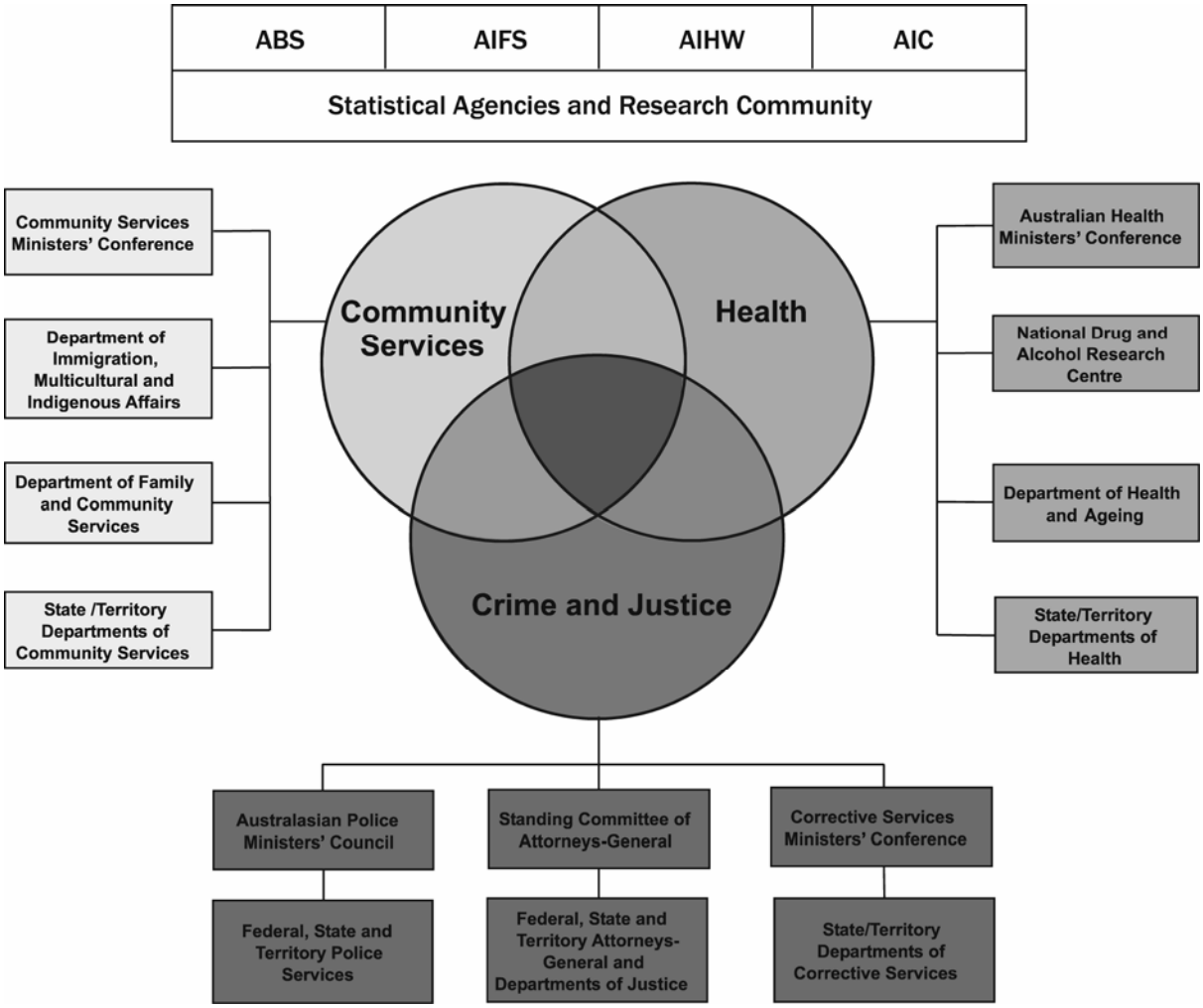
The six framework elements are mapped below to the family violence domains used in this report (Table 2.1). Three of the six elements correspond to the four family violence domains. Two other elements, 'context' and 'incident', are explored in this report as part of each family violence domain.

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

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

## Health, community and criminal justice sectors

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




*Source*: ABS (2005b).

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

## 2.4 About this report

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

### Purpose and scope

The objectives of this project are to:

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

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

### Report structure

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

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

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

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

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

# 3 Prevalence of violence

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

## 3.1 Crime and safety surveys

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

### National Crime and Safety Survey

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

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

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

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

## Women's/Personal Safety Survey

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

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

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

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

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

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

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

*Notes*

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

*Sources:* ABS 1996, 2006b.

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

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

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

## International Violence Against Women Survey

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

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

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

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

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

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

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

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

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

*Source:* Mouzos & Makkai 2004.

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

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

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

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

*Notes*

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

*Source:* Mouzos & Makkai 2004.

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

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

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

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

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

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

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

*Source:* Mouzos & Makkai 2004.

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

# 3.2 Health and lifestyle surveys

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

## Australian Longitudinal Study on Women's Health

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

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

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

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

## National Drug Strategy Household Survey

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

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

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

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

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

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

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

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

(a) Aged 14 years and over.

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

*Notes*

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

*Source:* National Drug Strategy Household Survey 2004.

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

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

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

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

(a) Aged 14 years and over.

*Notes*

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

*Source:* National Drug Strategy Household Survey 2004.

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

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

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

| | Verbal abuse | Physical abuse | Any abuse[(b)] |
|---|---|---|---|
| Indigenous | 17.8 | 5.3 | 18.5 |
| Other Australian | 5.9 | 1.0 | 6.1 |

(a) Aged 14 years and over.

(b) Includes verbal and/or physical abuse.

*Note:* Data are weighted to reflect the total population.

*Source:* National Drug Strategy Household Survey 2004.

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

### Western Australian Aboriginal Child Health Survey (WAACHS)

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

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

## 3.3 Indigenous-specific surveys

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

## National Aboriginal and Torres Strait Islander Social Survey

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

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

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

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

### Prevalence

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

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

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

(a) Aged 15 years and over.

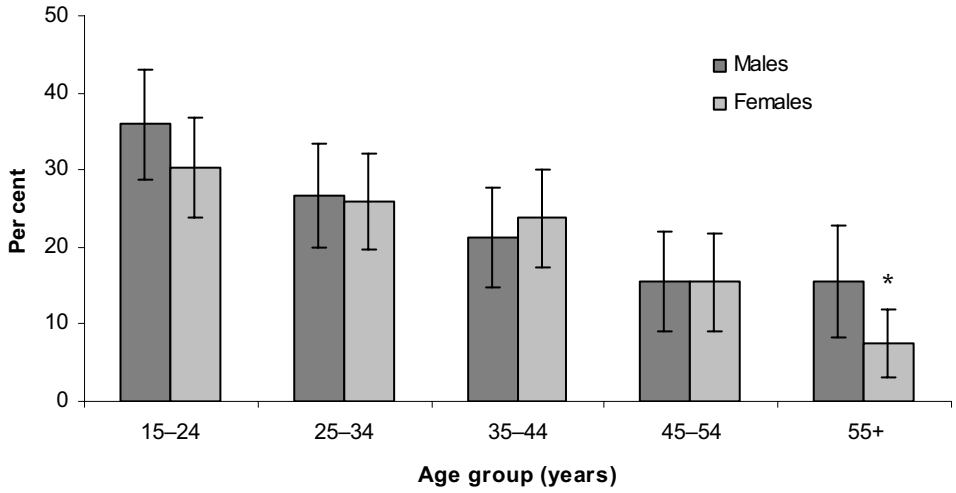
*Notes*

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

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

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

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




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

*Notes*

1. Data are weighted to reflect the total population.
2. Error bars are 95% confidence intervals.
3. Males 15–24 years significantly different from males 25–34 years, 35–44 years, 44–54 years and 55+ years. Males 25–34 years significantly different from males 44–54 years and 55+ years. Females 15–24 years significantly different from females 44–54 years and 55+ years. Females 45–54 years significantly different from females 15–24 years, 25–34 years, 35–44 years and 55+ years. Females 55+ years significantly different from females 15–24 years, 25–34 years, 35–44 years and 45–54 years, $p<0.05$ (z-test).

*Source:* AIHW analysis of NATSISS CURF.

**Figure 3.1: Proportion of Indigenous people who reported being a victim of physical or threatened violence in last 12 months, by age, by sex, 2002**

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

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

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

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

(a) Aged 15 years and over.

*Notes*

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

*Source:* ABS 2004b.

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

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

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

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

(a) Aged 15 years and over.

*Notes*

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

*Source:* AIHW analysis of NATSISS CURF.

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

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

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

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

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

(a) Aged 18 years and over.

(b) Attacked or verbally threatened.

(c) Victim of physical or threatened violence.

(d) Significantly different from 1994, $p<0.05$ (z-test).

*Notes*

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

*Source:* SCRGSP 2005.

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

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

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

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

(a) Aged 18 years and over.

(b) Data are age-standardised.

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

*Note:* Data are weighted to reflect the total population.

*Source:* SCRGSP 2005.

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

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

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

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

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

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

(a) Aged 15 years and over.

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

*Notes*

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

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

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

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

- witness to violence
- abuse or violent crime.

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

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

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

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

(a) Aged 15 years and over.

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

*Notes*

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

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

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

## Violence and socioeconomic status

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

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

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

(a) Aged 15 years and over.

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

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

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

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

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

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

*Notes*

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

*Source:* AIHW analysis of NATSISS CURF.

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

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

## Violence and other factors

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

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

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

(a) Aged 15 years and over.

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

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

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

*Notes*

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

*Source:* AIHW analysis of NATSISS CURF.

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

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

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

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

(a) Aged 15 years and over.

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

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

*Notes*

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

*Source:* AIHW analysis of NATSISS CURF.

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

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

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

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

(a) Aged 15 years and over.

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

*Notes*

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

*Source:* AIHW analysis of NATSISS CURF.

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

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

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

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

(a) Aged 15 years and over.

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

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

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

*Notes*

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

*Source:* AIHW analysis of NATSISS CURF.

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

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

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

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

(a) Aged 15 years and over.

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

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

(d) Includes not stated response.

*Notes*

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

*Source:* AIHW analysis of NATSISS CURF.

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

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

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

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

(a) Aged 15 years and over.

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

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

*Notes*

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

*Source:* AIHW analysis of NATSISS CURF.

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

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

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

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

### National Aboriginal and Torres Strait Islander Health Survey

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

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

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

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

## 3.4 Summary

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

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

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

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

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

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

**Summary of results**

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

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

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

# 4 Associated harm/outcomes data

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

## 4.1 Morbidity data

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

### National Hospital Morbidity Database

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

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

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

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

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

### Estimate of the number of hospitalisations for assault

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

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

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

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

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

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

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

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

*Notes*

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

*Source:* AIHW, National Hospital Morbidity Database.

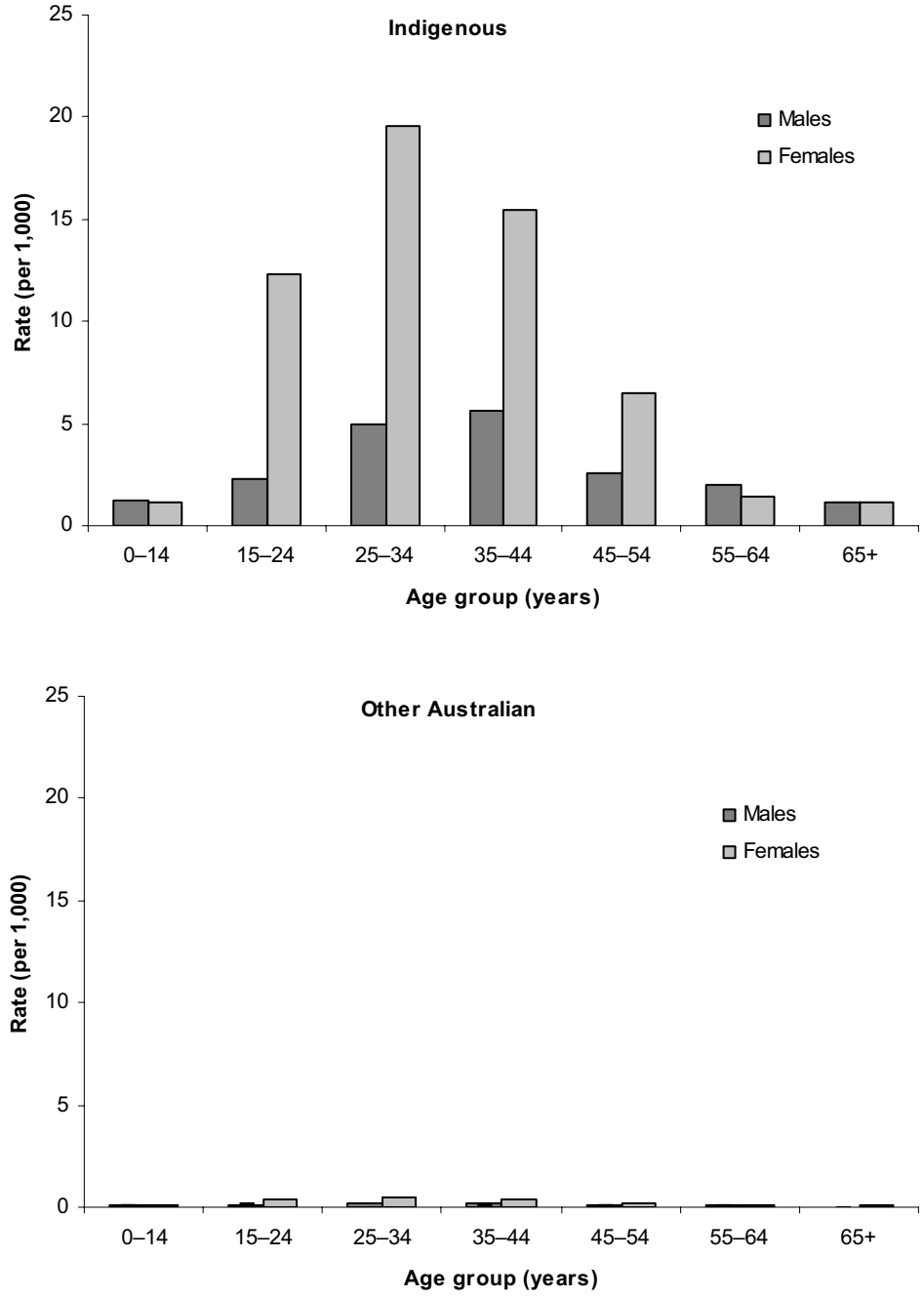
- A slightly higher number Indigenous females (2,513) than males (2,014) were hospitalised for assaults. For females, 41% of these hospitalisations were a result of spouse/domestic partner violence, compared with only 7% for males.
- One-half (50%) of the hospitalisations for females for assaults were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

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

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

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

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




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

*Note:* Excludes private hospitals in the Northern Territory.

*Source:* AIHW, National Hospital Morbidity Database.

**Figure 4.1: Rate of hospitalisation for family violence-related assaults[(a)], by sex, by age group, by Indigenous status in Qld, WA, SA and NT, 2003–04**

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

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

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

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

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

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

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

*Notes*

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

*Source:* AIHW, National Hospital Morbidity Database.

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

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

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

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

*(continued)*

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

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

(a) Includes both principal and additional diagnoses.

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

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

*Notes*

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

*Source:* AIHW, National Hospital Morbidity Database.

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

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

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

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

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

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

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

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

(c) Other specified place of occurrence includes area of still water, stream of water, large area of water, beach, forest, desert, other specified countryside, parking lot and other specified place of occurrence.

(d) Other includes residential institution; school, other institution and public administrative area; sports and athletics area; trade and service area; and industrial and construction area.

*Notes*

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

*Source:* AIHW, National Hospital Morbidity Database.

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

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

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

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

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

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

*Note:* Excludes private hospitals in the Northern Territory.

*Source:* AIHW, National Hospital Morbidity Database.

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

## Quality of Indigenous identification in hospital data

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

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

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

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

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

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

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

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

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

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

*Notes*

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

*Source:* AIHW National Hospital Morbidity Database.

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

## 4.2 Mortality data

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

### National Mortality Database

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

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

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

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

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

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

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

## Estimate of the number of deaths due to assault

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

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

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

| | Observed | Expected | Ratio[(c)] | Excess[(d)] |
|---|---|---|---|---|
| Males | 85 | 9 | 9.1 | 76 |
| Females | 65 | 7 | 9.7 | 58 |

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

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

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

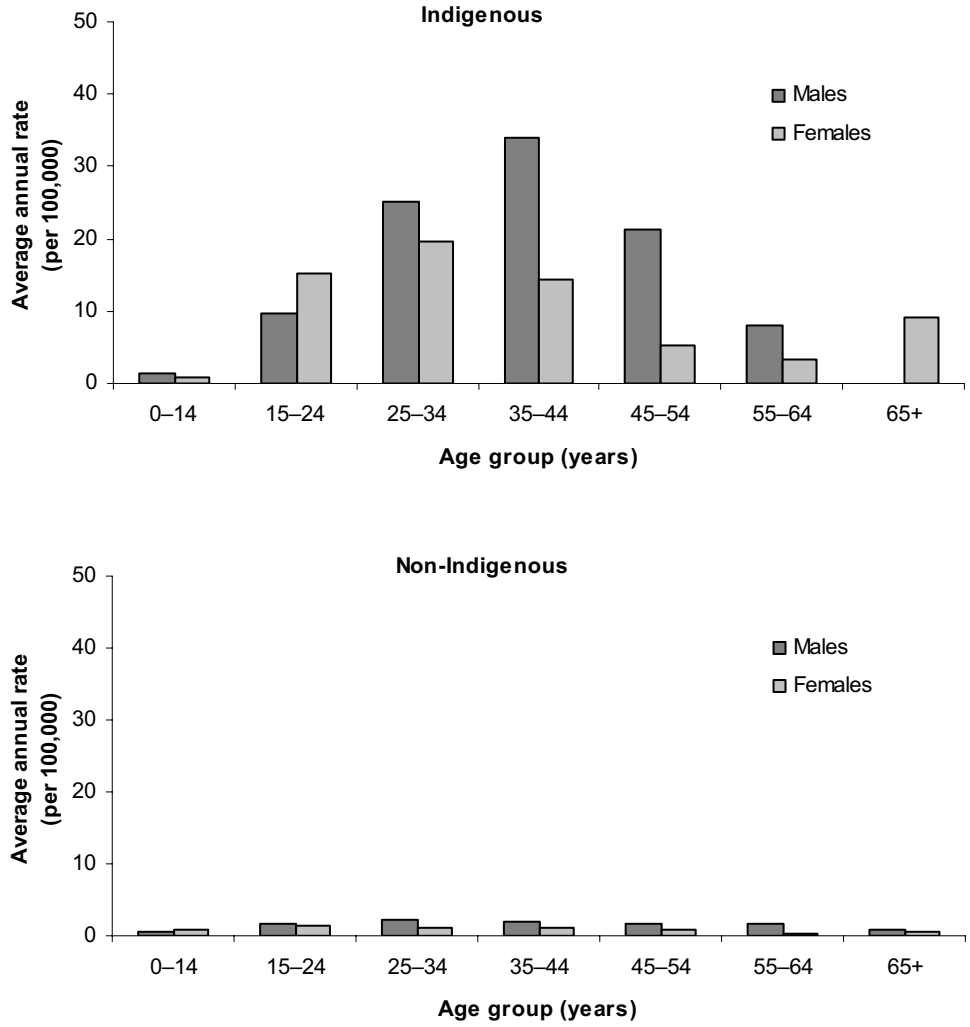
(d) Excess deaths are the observed deaths minus the expected deaths.

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

*Source:* AIHW National Mortality Database.

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

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




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

(b) Deaths are based on year of registration of death.

*Source:* AIHW National Mortality Database.

**Figure 4.2: Average annual death rate for assault[(a)], by age, by sex, by Indigenous status, in Qld, WA, SA and NT, 2000–2004[(b)]**

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

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

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

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

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

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

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

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

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

*Source:* AIHW National Mortality Database.

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

### Quality of Indigenous identification

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

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

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

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

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

*Source:* AIHW National Mortality Database.

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

## National Homicide Monitoring Program Data

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

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

**Table 4.10: Number and proportion of homicides[a], by Indigenous status of victim and offender, by relationship of offender to victim, 2002–03**

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

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

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

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

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

*Source:* SCRGSP 2005.

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

## National Coroners Information System

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

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

## 4.3 Summary

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

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

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

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

**Summary of results**

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

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

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