



Australian Government

**Australian Institute of
Health and Welfare**



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Family, Domestic and Sexual Violence

Understanding FDSV



Understanding FDSV

These topic pages provide information to support an understanding of family, domestic and sexual violence (FDSV).

- What is FDSV?
- How are national data used to answer questions about FDSV?
- Policy and international context
- Factors associated with FDSV
- Community understanding of FDSV
- Community attitudes
- Consent
- Coercive control
- Who uses violence?

What is FDSV?

A wide range of definitions are currently used for concepts relating to family, domestic and sexual violence (FDSV). There is no single definition of FDSV in Australia and the term FDSV encompasses a wide range of behaviours and harms that can occur in both family and non-family settings.

In the AIHW's FDSV reporting:

- Family and domestic violence (FDV), sometimes referred to only as family violence, is a term used for violence that occurs within family or intimate relationships.
- Sexual violence encompasses a wide range of behaviours that are sexual in nature. Sexual violence can be perpetrated by anyone, but can also occur in an FDV context.

There has been a growing interest among advocates, policymakers and practitioners to establish consistent definitions for FDSV. On this topic page we look at terms and definitions currently in use and the reasons why they differ, and we explain how these terms are used in AIHW reporting.

Definitions used in the AIHW's FDSV reporting

In the AIHW's reporting, both broad and specific definitions of FDSV are used, to ensure the reporting is inclusive and can draw on all relevant data sources:

- **Broad definitions** help define the scope of reporting and are useful for identifying FDSV where data are emerging or limited. Broad definitions are also useful to inform public messaging, as they include a wide range of experiences.
- **Specific definitions** are used when we look at violence in particular contexts or draw from particular data sources. Specific definitions complement a broad approach and allow for more targeted reporting, which can deepen our understanding of FDSV.

Broad definitions of FDSV

In the AIHW's FDSV reporting:

- violence refers to behaviours (or patterns of behaviour) that cause harm
- violence can occur in the form of assault, threat, abuse, neglect or harassment and is often used by a person, or people, to intimidate, harm or control others.

This definition of violence recognises that people may define their experiences of violence differently to one another. It also highlights that 'violence' and harm can be sexual, physical or non-physical; comprise individual events, or patterns of behaviour; and occur in both family and non-family contexts.

Box 1 contains a list of definitions used across the AIHW's FDSV reporting, which expand on this definition of 'violence'.

Box 1: Broad definitions across FDSV

FDSV is an umbrella term used to describe any violence that occurs in family and intimate relationships, or sexual violence that occurs in any context. FDSV can include, or overlap with, the following behaviours or harms.

Family and domestic violence

Family and domestic violence (FDV), sometimes referred to only as family violence, is a term used for violence that occurs within family relationships. Family relationships are those between family members, including partners (or previous partners), parents, siblings and other family members or kinship relationships. Family relationships can include carers, foster carers and co-residents (for example in group homes or boarding residences). Family violence is the term preferred by Aboriginal and Torres Strait Islander people, noting the ways violence can manifest across extended family networks.

Intimate partner violence

Violence between partners is sometimes referred to as partner violence, domestic violence or intimate partner violence (IPV) and this can cover cohabiting partners, boyfriends, girlfriends and dates.

Coercive control

The AIHW's FDSV reporting recognises that FDV and IPV can occur in the context of coercive control. Coercive control is sometimes referred to as the overarching context for family and domestic violence and intimate partner violence. Some of the behaviours that contribute to coercive control can be considered acts of violence themselves – and may be recognisable as emotional abuse, harassment, financial abuse, stalking or technology-facilitated abuse – but it is important to see coercive control as the overall pattern within a relationship that is ongoing, repetitive and cumulative in nature.

Technology-facilitated abuse

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

- monitoring and stalking the whereabouts and movements of the victim in real time
- monitoring the victim's internet use
- remotely accessing and controlling contents on the victim's digital device
- repeatedly sending abusive or threatening messages to the victim or the victim's friends and family
- image-based abuse (non-consensual sharing of intimate images of the victim)
- publishing private and identifying information of the victim (Powell et al. 2022; AIJA 2024; Woodlock 2015).

TFA can be used in the context of coercive control and can be seen as a part of the harmful behaviours that contribute to stalking and surveillance, intimate partner violence, family and domestic violence and sexual violence.

Sexual violence

Sexual violence (SV) encompasses a wide range of behaviours that are sexual in nature. Sexual violence can be perpetrated by anyone, but can also occur in an FDV context, including by intimate partners or former partners. Sexual violence can include sexual assault, sexual abuse, sexual harassment, technology-facilitated abuse, child sexual exploitation, institutional sexual abuse and sex trafficking.

The broad definitions move away from seeing violence in hierarchical terms and recognise that violence can include more than physical and/or sexual violence. Adopting the broad definitions in Box 1 also allows for some flexibility as we build the evidence base and recognises that our understanding of violence may continue to expand.

Specific definitions of FDSV

In some instances, broad definitions of FDSV may not be applicable or appropriate. A more specific definition may be used when:

- citing from a particular data source (for example, in national surveys such as the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) where violence is measured using a specific survey instrument)
- data are collected in a specific service setting (for example, in police data, where violence is understood in relation to specific legislation or practices).

Specific definitions supplement a broader understanding of FDSV, help deepen our understanding, and allow consistent national reporting on a topic over time. Box 2 highlights some key definitions currently used in the AIHW's reporting.

The definitions in Box 2 are examples only and highlight how definitions are specified differently when they serve different purposes. They do not provide a comprehensive list of how terms are used throughout the AIHW's FDSV reporting. For more detail, please see **Glossary**.

Box 2: Specific definitions of FDSV

When reporting findings using ABS PSS data, the following definitions are used:

- **Family and domestic violence** refers to the occurrence of physical and/or sexual violence from a family member since the age of 15. In the PSS, **physical violence** is the occurrence, attempt or threat of physical assault. **Sexual violence** is the occurrence, attempt or threat of sexual assault. Incidents that occurred before the age of 15, are not counted within the totals for 'violence', but are counted separately as **physical or sexual abuse** (ABS 2023a).
- **Partner violence** is physical and/or sexual violence perpetrated by a cohabiting partner, while **intimate partner violence** covers both partner violence and dating violence, which is violence perpetrated by a boyfriend/girlfriend or date or ex-boyfriend/ex-girlfriend (ABS 2023a).

- **Emotional abuse** refers to a set of behaviours used to control, manipulate, isolate and intimidate another person with the intent of causing harm or fear. In the PSS, data on emotional abuse are not collected for all relationships and can only be used to measure emotional abuse between partners in cohabiting relationships (ABS 2023a).

Elsewhere in the AIHW's FDSV reporting, similar terms are used to refer to different types of violence and settings, as defined in the original data source. Family relationships can also be defined differently depending on the data collection. The following are examples of definitions for data collected in service settings:

- In the ABS *Recorded Crime – Victims* data, **family and domestic violence** is defined as 'an offence involving at least 2 persons who were in a specified family or domestic relationship at the time of the offence; or where the offence was determined by a police officer to be family and/or domestic violence-related as part of their investigation'. FDV-related offences are limited to certain ANZSOC sub-division offences such as murder, attempted murder, manslaughter, assault, sexual assault, kidnapping/abduction. A specified FDV relationship covers a partner (spouse, husband, wife, boyfriend and girlfriend), ex-partner (ex-spouse, ex-husband, ex-wife, ex-boyfriend, ex-girlfriend), parent (this includes step-parents), other family member (including child, sibling, grandparent, aunt, uncle, cousin, niece, nephew), or other non-family member (carer, guardian, kinship relationships) (ABS 2023b).
- In the AIHW Specialist Homelessness Services Collection, a client is reported as experiencing **family and domestic violence** if, in any support period during the reporting period, the client sought assistance as a result of physical or emotional abuse inflicted on the client by a family member, or if as part of any support period a person required family or domestic violence assistance (AIHW 2022).

Information in this report is drawn from a number of sources – population-level survey data, administrative data sources and people with lived experience. Where definitions are known, they will be included alongside any data that are reported. The way different types of data are used for reporting is discussed further in **How are national data used to answer questions about FDSV?**

Why are definitions important?

Having clear national definitions of FDSV helps governments, service providers, practitioners and workplaces establish a common understanding of violence, so that they can respond appropriately and consistently. Clear definitions can also help raise awareness in the community of what constitutes FDSV and help individuals identify and respond to violence when it occurs.

Why are clear definitions important?



'The power of clear definitions has facilitated the increased awareness of the different types of abuse, for example, coercive control. It is likely that clearer use of terms, such as 'family violence' can facilitate greater awareness for both survivors and individuals involved with policy and practice.'

Heshani

[WEAVERs Expert by Experience](#)



'Clear definitions of family, domestic & sexual violence (FDSV) are needed to ensure consistency in the responses to violence. Unclear or inconsistent definitions can result in some legal and support services providing better and more helpful responses than others.'

Lily

[WEAVERs Expert by Experience](#)

Clear and consistent definitions allow us to collect vital information and strengthen the evidence base. This allows national data collection and reporting and supports making comparisons over time and across population groups.

Why do definitions vary?

The definitions relating to FDSV differ across legal, policy, research and service delivery settings because they serve different purposes. FDSV covers a multitude of behaviours and harms in multiple settings and some population groups experiences violence in different ways to others. Definitions can vary depending on:

- who experiences the violence or harm and their relationship to the person using violence
- the context in which the violence or harm occurs
- the nature of the system creating the definition, for example, the justice system or specialist FDSV services.

In general, definitions of FDSV can be broad or specific and there are instances where it is appropriate to make use of both.

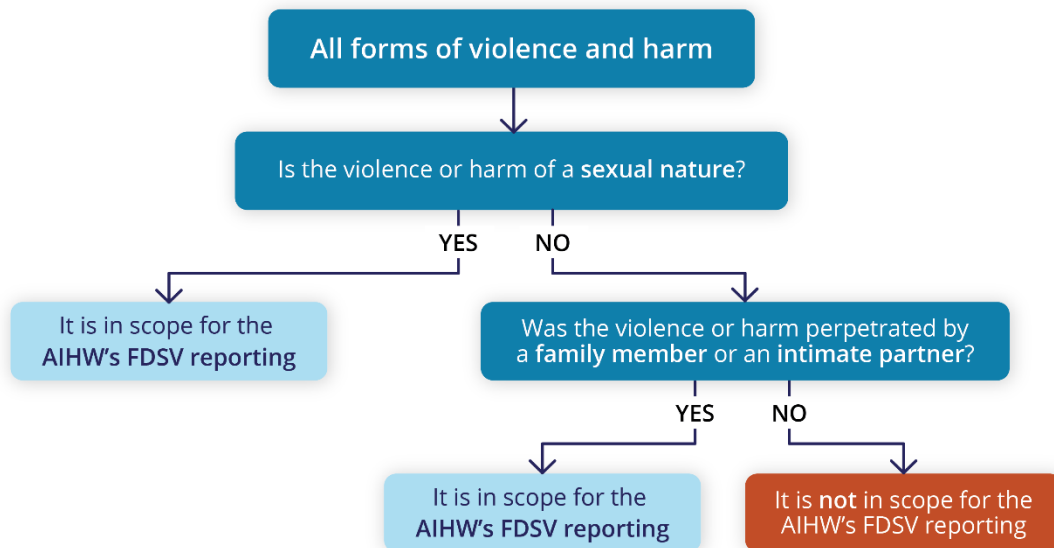
Defining the scope

Using the broad definitions outlined in Box 1, the following are considered in scope for the AIHW's FDSV reporting:

- all forms of violence that occur in a FDV context, regardless of the type of harm or behaviour

- all forms of sexual violence and harm, regardless of the relationship between victim and perpetrator (Figure 1).

Figure 1: What is in scope for the AIHW's FDSV reporting?



The AIHW's FDSV reporting covers violence and harm that occurs in a range of settings – such as the home, institutions, workplaces, in public and online. Violence or harm is considered in scope if it is either of a sexual nature, or perpetrated by family members or intimate partners.

How does the AIHW's scope compare with the *National Plan to End Violence Against Women and Children 2022–2032*?

The scope of the National Plan is gender-based violence, which refers to violence that is used against someone because of their gender. Gender-based violence, sometimes referred to as 'violence against women' is rooted in gender-based power inequalities, rigid gender norms and gender-based discrimination. The National Plan also includes broad definitions of intimate partner violence, family violence, coercive control and sexual violence, which are broader than violence against women (DSS 2022).

While there is substantial overlap between gender-based violence and FDSV, some aspects of gender-based violence are not included in the AIHW's scope. The AIHW's scope of reporting includes aspects of gender-based violence, where they are sexual in nature, or where they are perpetrated by family members or intimate partners (see Figure 1 above). The AIHW's reporting also includes data about FDSV among all people. Where data are available, the AIHW FDSV reporting highlights key findings for women

and children specifically and these findings can be used to support policy and decision-making under the National Plan.

How do we write about people?

As we build our understanding of FDSV, the way we write about the people most affected by violence will evolve. There are currently many different terms for people who experience, witness or use violence. No one term captures the myriad experiences of FDSV.

What terms do you use to identify yourself and what do these words mean to you?



'I use terms like 'DV Survivor Advocate', sometimes 'Victim-Survivor Advocate'. These phrases broadly summarise my experience. The most important 'part' is 'Survivor Advocate'. These two words send the message that I survived and now advocate for change. I hope this sends a message to other victims, wherever they are in their journey, that they can survive too. It also sends a message to the perpetrator that he did not succeed in completely destroying me like he intended to.'

Lily

[WEAVERs Expert by Experience](#)



'The terminology used to describe me and women like me, should be up to us. We need to be asked what we identify as – it's incredibly important, especially coming from abusive relationships where we had little to no say on anything at all, even the simplest thing. So, yes you need to ask us! For me, yes I was a "victim", I progressed to survivor and now I'm a DV Advocate using my 28 years of lived experience.'

Maggie

[WEAVERs Expert by Experience](#)

In our reporting, how we write about people in the context of FDSV will vary depending on where the information is drawn from. However, some broad terms, such as 'victim-survivor' and 'perpetrator' are adopted to simplify reporting where appropriate (Box 3).

Box 3: Victim-survivors and people who use violence

In the AIHW's FDSV reporting, the term **victim-survivor** is generally used to refer to people who have experienced FDSV. In most instances, 'people who have experienced FDSV' are those who have had violence used against them. However, this information may not always be known in the data source, and this may be used to refer to people who use and/or experience violence. The term **perpetrator** is used to describe adults (aged 18 years and over) who use violence, while '**people who use violence**' is a broader, more inclusive term that extends to children and young people who use violence.

This aligns with the language of the *National Plan to End Violence Against Women and Children 2022–2032*. However, different terms may be used when reporting data from specific sources. Some examples are as follows:

- Data from the ABS PSS refer to **people who have experienced violence** and **perpetrators of violence**. Those who experienced violence before the age of 15, are referred to as **people who have experienced abuse**.
- Data recorded by police – such as those reported in the ABS *Recorded Crime – Victims* and *Recorded Crime – Offenders* releases – use the terms **victims** and **offenders**. Similarly, data from the Australian Institute of Criminology’s National Homicide Monitoring Program uses victims and offenders when reporting on FDV-related homicide.

There are many situations where individuals may not identify as victims, or where it may not be appropriate to assume the term ‘victims’ is appropriate. Where explanations are available for the particular terms used, these will be included alongside reporting.

There are also many different ways that sex and gender can be reported. This is important to keep in mind when reporting on FDSV, as sex and gender can play a role in how FDSV is experienced. Terms like ‘male’ and ‘female’ may refer to sex or gender depending on where they are drawn from and how they are recorded. In general, the terms used in the AIHW’s reporting will be consistent with the original data sources. However, there are circumstances where a different approach has been adopted for clarity (Box 4).

Box 4: Sex and gender

The mechanisms for collecting data on sex and/or gender vary across the data collections. When presenting statistics, the AIHW uses the term most appropriate for the data source.

In most cases, ‘male’ and ‘female’ are used, however it is not always known whether the data refer to sex at birth or to current gender and it should be noted that some people may not identify with these terms. Specific information about how sex and/or gender are collected in each data source, is included in the **Data sources and technical notes**, where available.

At times, the terms ‘men’ and ‘women’, and ‘boys’ and ‘girls’ are also used in high-level text to improve readability. This binary language is used to simplify descriptions using existing data sources. However, the AIHW recognises that some people, particularly gender diverse people, may not identify with these terms.

The term ‘persons’ is used throughout to refer to all/total people irrespective of sex or gender. Further discussion about how language is used to discuss diversity in gender and sexuality is included in **LGBTIQA+ people**.

Guidelines for reporting on violence against women

Where possible, the AIHW aims to align reporting with the Our Watch [guidelines for reporting violence against women](#). The guidelines were developed to provide

information and tips to support media organisations across Australia in reporting on violence against women.

Additional information can be found at [Media Making Change – Our Watch](#).

Guidelines for reporting on child sexual abuse

The AIHW's FDSV reporting also aims to align reporting with the National Office for Child Safety's guidelines for reporting on child sexual abuse. The guidelines were developed to encourage responsible reporting on child sexual abuse and support victims and survivors engaging with the media. The key aim for the guidelines is to promote reporting that raises community awareness of child sexual abuse, reduces stigma, and empowers victims and survivors when they share their personal experiences with the media.

Additional information, including guidance for victims and survivors engaging with the media can be found at [Reporting on child sexual abuse – National Office for Child Safety](#).

Related material

- How are national data used to answer questions about FDSV?
- Data sources and technical notes

References

ABS (Australian Bureau of Statistics) (2023a) *Personal Safety, Australia methodology*, ABS website, accessed 9 August 2023.

ABS (2023b) *Recorded Crime – Victims methodology*, ABS website, accessed 9 August 2023.

Australian Institute of Health and Welfare (2022) *Specialist homelessness services annual report 2021–22*, AIHW, Australian Government, accessed 09 August 2023.

AIJA (Australasian Institute of Judicial Administration) (2024) 'Following, harassing and monitoring', *National Domestic and Family Violence Bench Book*, AIJA website, accessed 7 November 2024.

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Powell A, Flynn A and Hinds S (2022) *Technology-facilitated abuse: national survey of Australian adults' experiences*, ANROWS, accessed 28 April 2023.

Woodlock D (2015) *ReCharge: Women's technology safety, legal resources, research & training*, Women's Legal Service NSW, Domestic Violence Resource Centre Victoria and WESNET, accessed 16 June 2023.

How are national data used to answer questions about FDSV?

National data can be used in many ways to strengthen our understanding of family, domestic and sexual violence (FDSV) in Australia. High quality national data are an essential basis of the FDSV evidence base. National data are often used to inform decision making to improve outcomes for people who are, or may be, affected by violence.

There are many different sources of FDSV data, and the way these data are used and reported will depend on the questions they are trying to answer. This topic page discusses the different types of FDSV data available, and how they are used in the AIHW's FDSV reporting.

How are data on FDSV collected?

Accurate and timely data are essential to understanding the extent, nature and impact of FDSV. FDSV data are collected from a range of sources to gain a comprehensive understanding of the issues at the population level. However, these sources often vary in their quality and coverage and the methods used for data collection and reporting. This variability poses a challenge to developing a consistent FDSV evidence base.

Quantitative data

Quantitative data comprises the vast majority of the AIHW's FDSV data reporting. Quantitative data refers to information that can be counted. Quantitative data can be collected from surveys or administrative sources:

- **Surveys** involve collecting information from a selected sample of people using a set of questions. In the context of FDSV, surveys may be used to gain insights into the forms of violence experienced, community attitudes towards violence and the prevalence of FDSV incidents in the overall population. Some national surveys relevant to FDSV include the ABS [Personal Safety Survey \(PSS\)](#) and the [National Community Attitudes towards Violence against Women Survey \(NCAS\)](#).
- **Administrative data** are collected as a by-product of management and operational processes, often by service providers and government agencies. For example, cases of FDSV may be identified and recorded by police, courts, social support and FDSV service providers, child protection and health services. For use in analyses, administrative data are extracted from an organisation's administrative records in a way that maintains client confidentiality (ABS 2013b). Some national administrative data collections relevant to FDSV include the ABS Recorded Crime – [Victims](#) and [Offenders](#) collections, AIHW [National Hospital Morbidity Database](#) and AIHW [Child Protection National Minimum Data Set](#).

Both survey data and administrative data can be cross-sectional or longitudinal:

- A **cross-sectional data** source represents a particular population at a specific point in time. The data can be used to describe the prevalence of a characteristic in a group of people and, while it cannot identify causality, it can indicate where relationships might exist between certain variables (AIHW 2017). For example, these types of data could be used to indicate the prevalence of FDSV by sex or gender and age group. Most survey data relating to FDSV are cross-sectional.
- A **longitudinal data** source collects data on the same people repeatedly over time (AIHW 2017). This type of data can help us understand how and why people's circumstances change, identify common pathways through service systems and show how experiences over time can lead to different outcomes. Longitudinal data can also be used to see the effects of policy changes (DSS 2022). Longitudinal FDSV data may be collected through administrative data (for example, AIHW Specialist Homelessness Services Collection ([SHSC](#))) or surveys (for example, [Australian Longitudinal Study on Women's Health](#) and [The Longitudinal Study of Australian Children](#)).

There are many ways to measure violence using quantitative data, and measures will vary according to the purpose and scope of the data source (Box 1).

Box 1: Measuring violence using quantitative data

The AIHW's FDSV reporting draws on a wide range of data sources. These data sources may differ in how they define violence and the variables they use to record it.

In **surveys**, violence is often recorded using survey instruments that ask respondents to identify whether they have experienced certain behaviours or harms. The specific behaviours or harms will vary depending on the survey and some include a smaller subset of violent behaviours than others. Knowing which particular survey instruments were utilised is useful for interpreting data from surveys.

In **administrative data**, the way violence is recorded depends on the context. For example, services that work with victim-survivors of FDSV will collect information differently depending on the type of service they provide. For example, in hospitals data, violence can be measured from information collected on assault injuries, whereas in police data, violence may be measured using information collected on certain offences.

The diversity of ways in which violence is captured in survey and administrative data sources means that measures of violence are not always comparable. However, when these data are brought together it builds a more comprehensive understanding of FDSV. For more information about the purpose and scope of each data source, and the relevant measures of violence, see **Data sources and technical notes**.

Limitations of measuring violence in quantitative data

Information on violence recorded using the methods outlined in Box 1 often relates to discrete episodes of violence. This means that violence is only recorded when it meets the threshold for violence in a single incident. As a result, some of the more subtle and

ongoing behaviours and harms in abusive relationships, which are often used in the context of coercive control, may not be captured.

For more information about these challenges in the context of coercive control, see **Coercive control**.

Data linkage

While single data sources can provide insights on their own, quantitative data sources can also be brought together through data linkage to answer questions about FDSV. Data linkage, sometimes referred to as data integration, can be used to explore the pathways through service systems of a particular person who has experienced FDSV, their longer-term outcomes and patterns of FDSV over time.

For more information about data linkage, see [Family, domestic and sexual violence: National data landscape 2022](#).

Qualitative data

In addition to quantitative data, qualitative data on FDSV are collected and reported to enhance our understanding of key issues. Qualitative data are often used to describe qualities, perspectives or characteristics, and are collected using questionnaires, interviews, or observation. Qualitative data are sometimes collected where quantitative data are not available and can be used to highlight a range of experiences. Qualitative data are not intended to replace the insights that are gained using high quality quantitative data from surveys or administrative sources. The 2 types of data are complementary.

Lived experience expertise

While the AIHW's FDSV reporting focuses on national quantitative data, some contributions from people with lived experience are used to deepen our understanding of certain topics and complement the quantitative data. This lived experience expertise is obtained through the University of Melbourne's WEAVERs (Women and their children who have Experienced Abuse and Violence: Researchers and advisors) project (Box 2).

Box 2: The WEAVERs project

The WEAVERs group was established in 2016 and comprises a diverse group of women who play a role in 'weaving' lived experience into research and training at the University of Melbourne.

The WEAVERs are considered 'experts by experience' and participate in the research process by taking roles as research assistants. The WEAVERs work to:

- provide input into research and research design, which may include co-design of a whole project
- assist with communicating research findings, as 'translators' of academic knowledge in the media or through training

- advocate for women and their children’s safety and wellbeing to empower those who are experiencing, or have experienced, violence
- speak out to assist in making a difference in community attitudes to violence against women and children.

WEAVERS members are never obligated to share their stories with the University research team or other WEAVERS but may choose to do so at times at their own discretion if topics are raised where their own experience relates.

More information about the WEAVERS can be found on the [Safer Families website](#).

The contributions from the WEAVERS were developed for the AIHW with support from the University of Melbourne. The content was drafted in response to a series of prompts or questions, which were developed by the AIHW in collaboration with the WEAVERS themselves.

The WEAVERS’ contributions are used alongside the AIHW’s data reporting, to enrich the public understanding of how violence and its consequences can look and feel for some people in a real-world context. It is important to note that the material provided by the WEAVERS reflects the views and experiences of a select group of individuals and are not intended to be representative of all people who have experienced violence. The names published have been changed except in instances where an individual has expressed a preference for their actual name to be used.

The WEAVERS’ contributions are valuable because they provide a platform for voices that are not often heard in national reporting.

What does sharing your story mean to you?



‘As time passed, I began to realise I wanted to share my story, to raise awareness and help other women who might find themselves in an abusive relationship. I joined an advocacy group and undertook their training, which was really helpful for me to write my story and get it out there and reflect on what my son and I had been through.’

Martina

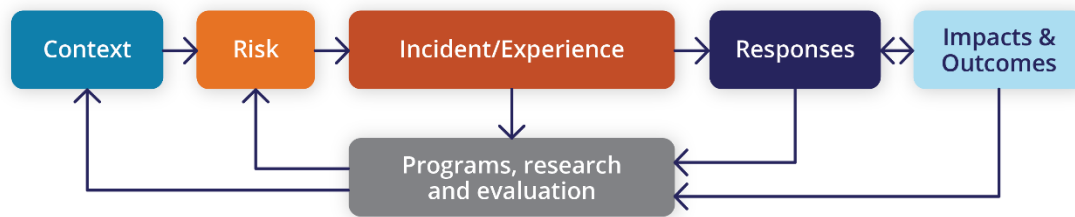
[WEAVERS Expert by Experience](#)

Understanding the challenges

The national data landscape for FDSV is diverse. Data sources come from a range of areas and vary in quality and consistency. In 2013, the ABS developed a framework to support the understanding and use of FDSV data (ABS 2009; ABS 2013a). This framework uses six elements as central organising principles for information relating to FDSV and shows the key relationships that exist between the elements (Figure 1).

This framework provides the foundations for improving FDSV data collection and reporting across the Commonwealth, state and territory governments and non-government sectors.

Figure 1: Overview of the framework



Source: adapted from ABS 2013.

- **Context:** the environmental and psychosocial factors that influence community and individual attitudes, and otherwise provide context for the occurrence and experience of FDSV.
- **Risk:** the actual and perceived risk factors that can increase or decrease the likelihood of experiencing or using FDSV.
- **Incident/Experience:** the characteristics of FDSV incidents and the experiences of victim-survivors and people who use violence (perpetrators).
- **Responses:** the actions that are taken after violence. Responses may be formal or informal, and may be taken by victim-survivors, people who use violence, family and friends of the victim-survivor, witnesses, service providers, workplaces, institutions and the civil or criminal justice system.
- **Impacts and outcomes:** the wide-ranging consequences of FDSV for victim-survivors, people who use violence, families, workplaces, institutions, the community and the economy.
- **Programs, research and evaluation:** the development of FDSV education and prevention programs is informed by data relating to incident/experience, responses, and impacts & outcomes. Research and evaluation of interventions help to build an evidence base to inform further research, policies and programming.

The ABS framework provides a blueprint for conceptualising how national data can be used to answer key questions. The framework also provides an adaptable structure for organising reporting of FDSV.

Further details about how national data sources can be mapped against the framework can be found in the AIHW report [Family, domestic and sexual violence: National data landscape 2022](#).

Note that the AIHW's FDSV reporting focusses on using national data. Currently, there is a range of data collected by state and territory governments for analysis and reporting within that jurisdiction. While these data sources are not included in the AIHW's reporting, they form a key part of the evidence base and could be used to strengthen the understanding of FDSV.

Monitoring changes

Data collected about FDSV can be used to monitor changes over time. Multiple types of indicators can be used to measure progress against a defined objective. These are outcome indicators, output indicators and input indicators.

In August 2023, the government released the Outcomes Framework 2023–2032, under the *National Plan to End Violence against Women and Children 2022–2032* (the National Plan). The Outcomes Framework links actions and activities being undertaken by the Australian, state and territory governments with the aim to end gender-based violence in one generation.

The 6 long-term outcomes drawn from the National Plan are:

1. Systems and institutions effectively support and protect people impacted by violence.
2. Services and prevention programs are effective, culturally responsive, intersectional and accessible.
3. Community attitudes and beliefs embrace gender equality and condemn all forms of gendered violence without exception.
4. People who choose to use violence are accountable for their actions and stop their violent, coercive and abusive behaviours.
5. Children and young people are safe in all settings and are effectively supported by systems and services.
6. Women are safe and respected in all settings and experience economic, political, cultural and social equality.

The Performance Measurement Plan (PMP) links outcomes and sub-outcomes to indicators, measures and data sources. It also identifies data gaps that will inform the evaluation methodology and data development plan.

The PMP is a living document that will be regularly reviewed and updated as the data landscape changes over the life of the National Plan.

The **National Plan Outcomes** pages in this site allow people to explore the headline and sub-outcome measures with an available data source, including a baseline. Measures for which there is currently no available data source to measure progress are outlined in the future development work for the Performance Measurement Plan.

For more information, see the [Department of Social Services website](#).

How is the AIHW's FDSV reporting structured?

Data in the AIHW's FDSV reporting are organised into the structure shown in Table 1. This structure helps facilitate a person-centred understanding of FDSV and allows for the different data sources to be brought together to enhance our understanding.

The structure of the AIHW's reporting focuses primarily on victim-survivors of FDSV. Information about perpetrators is included where available.

Table 1: The AIHW's FDSV reporting structure

Section	Example questions
Understanding family, domestic and sexual violence	<ul style="list-style-type: none">• What are the community attitudes to FDSV?• What do people know about FDSV?• How do community attitudes towards gender equality relate to FDSV?
Types of violence	<ul style="list-style-type: none">• Who experiences FDSV?• What types of FDSV are most common?• What are some of the common characteristics of incidents of FDSV?
Responses to family, domestic and sexual violence	<ul style="list-style-type: none">• How many FDSV incidents are recorded by police?• How many people come into contact with specialist homelessness services because of FDSV?• How many hospitalisations involve treatment for FDSV assault?
Outcomes of family, domestic and sexual violence	<ul style="list-style-type: none">• What are the long-term health consequences of FDSV?• How many people are killed through FDSV?• What are the financial costs of FDSV for the individual and broader society?
Population groups	<ul style="list-style-type: none">• How is FDSV different for older people?• How many children and young people experience FDSV?

Related material

- What is FDSV?
- Key information gaps and development activities

More information

[Family, domestic and sexual violence: National data landscape 2022](#)

References

ABS (Australian Bureau of Statistics) (2013), [Defining the data challenge for family, domestic and sexual violence](#), ABS website, accessed 24 August 2022.

Policy and international context

Key findings

- Australian, state and territory governments have a range of initiatives to prevent and respond to family, domestic and sexual violence (FDSV).
- The 'National Plan to End Violence against Women and Children 2022–2032' and the 'Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036' are the key national policies in relation to FDSV. State and territory governments also have jurisdiction-specific initiatives that align with the National Plan.
- Australia also has a range of international commitments and engagements to promote gender equality and the human rights of women and girls, which includes the elimination of sexual and gender-based violence.

Australian, state and territory governments have a range of initiatives to prevent and respond to family, domestic and sexual violence (FDSV). Policy plays an essential role in defining the overarching vision, priorities and course of action for ending violence. Policy also informs which data are important for monitoring progress and expanding the evidence base. This topic page provides an overview of Australia's policy and international context in relation to FDSV.

Policy context in Australia

National Plan to End Violence Against Women and Children

The [National Plan to Reduce Violence against Women and their Children 2010–2022](#) (the 2010–2022 National Plan) was the first plan to coordinate Australian, state and territory government action in this area. It focused on the 2 main types of violence experienced by women – domestic/family violence and sexual assault – and aimed to achieve a 'significant and sustained reduction in violence against women and their children'. Since the release of the 2010–2022 National Plan, the awareness of family, domestic and sexual violence has grown, along with the evidence base. Key national initiatives during this time include the establishment of [Our Watch](#), [Australia's National Research Organisation for Women's Safety \(ANROWS\)](#), the [1800RESPECT](#) service, and the [Stop it at the Start](#) campaign.

The second plan – the [National Plan to End Violence against Women and Children 2022–2032](#) (the National Plan) – was released in October 2022, with a vision to end gender-based violence in one generation. The scope is broader than the 2010–2022 National Plan, reflecting the evolving understanding and language around gender-based violence. In particular:

- While still focused on violence against women, children are recognised as experiencing violence in their own right (including exposure to violence), and gender-based violence against LGBTIQ+ people is also included.
- ‘Gender-based violence’ encompasses a broader range of violence than the term ‘family, domestic and sexual violence’ – it includes all violence, abuse and harassment in all settings (at home, work, school, in the community and online). Coercive control is also acknowledged as a significant part of the experience of violence.

The key objectives under each of the four domains of the National Plan – prevention, early intervention, response, and recovery and healing – will be implemented through 2 5-year Action Plans. The [First Action Plan 2023-2027](#) outlines the initial scope of activities, areas for action and responsibility with respect to outcomes. The [Outcomes Framework 2023-2032](#) will support monitoring and reporting over the life of the National Plan. For more information and related measures, see **National Plan Outcomes**.

Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence

In recognition of the high rates of violence Aboriginal and Torres Strait Islander (First Nations) women and children experience, a dedicated [Aboriginal and Torres Strait Islander Action Plan 2023-2025](#) was developed under the *National Plan to End Violence against Women and Children 2022-2032*. This aligned with the [National Agreement on Closing the Gap](#).

A standalone First Nations National Plan [Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036](#) was released in February 2026. This national plan will guide actions towards ending violence against First Nations women and children and will be underpinned by a Monitoring and Evaluation Framework to measure progress toward agreed outcomes.

Other national plans, agreements, strategies and frameworks

The National Plan is complemented by a range of other national initiatives of relevance to family, domestic and sexual violence:

- Target 13 of the [National Agreement on Closing the Gap](#) aims to reduce all forms of family violence and abuse against First Nations women and children by at least 50 per cent by 2031, as progress towards zero.
- The [National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030](#) seeks to reduce the risk, extent and impact of child sexual abuse and related harms. It focuses on child sexual abuse in all settings, including in organisations, online, within families, and by other people known and unknown to the child.
- [Safe and Supported: the National Framework for Protecting Australia’s Children 2021-2031](#) aims to reduce child abuse and neglect, and its intergenerational impacts. It supports the National Agreement on Closing the Gap, in particular, Target 12 which

aims to reduce over-representation of First Nations children in out-of-home care by 45% by 2031.

- [Working for women: A strategy for gender equality](#) outlines the Australian Government's vision for gender equality – an Australia where people are safe, treated with respect, have choices, and have access to resources and equal outcomes no matter their gender.
- The [National Plan to Respond to the Abuse of Older Australians \(Elder Abuse\) 2019–2023](#) provides a framework for action to respond to abuse of older people. Its first priority area for action is to 'build our understanding of abuse of older people, so we can better target our responses'. Consultation has been undertaken on the [draft National Plan to End the Abuse and Mistreatment of Older People 2024-2034](#).
- [Australia's Disability Strategy 2021–2031](#) is Australia's national disability policy framework and sets out a plan for continuing to improve the lives of people with disability in Australia. It includes a Safety Targeted Action Plan, and its Outcomes Framework includes measures to decrease violence, abuse and neglect of women and children with disability.
- The [National Women's Health Strategy 2020–2030](#) outlines Australia's national approach to improving the health of women and girls. 'Health impacts of violence against women and girls' is one of the five priority areas for action.
- The [National Action Plan to Combat Modern Slavery 2020–25](#) provides the strategic framework for Australia's response to modern slavery. Forms of modern slavery, such as forced marriage or servitude, may involve family or sexual violence.
- The national [Work Plan to Strengthen Criminal Justice Responses to Sexual Assault 2022–27](#) aims to improve the experiences of victim-survivors of sexual assault in the criminal justice system.
- A key aim of the national [eSafety Strategy 2022–25](#) is to reduce online harm, including technology-assisted abuse.
- The [Defence Strategy for Preventing and Responding to Family and Domestic Violence 2023–2028](#) and [Department of Veterans' Affairs Family and Domestic Violence Strategy 2020–25](#) aim to improve awareness and support for veterans and their families affected by family and domestic violence.
- A key goal of the [National Aboriginal and Torres Strait Islander Early Childhood Strategy](#) is to support children to grow up in safe homes. This strategy supports a range of outcomes under the National Agreement on Closing the Gap.
- The [National Action Plan for the Health of Children and Young People 2020–2030](#) identifies children and young people who experience violence and/or abuse as a priority group.
- The [National Children's Mental Health and Wellbeing Strategy](#) acknowledges the impact of family, domestic and sexual violence on mental health.
- The [National Preventive Health Strategy 2021–2030](#) and the [National Aboriginal and Torres Strait Islander Health Plan 2013–2023](#) acknowledge violence and abuse as a social determinant of health outcomes.

- The [National Drug Strategy 2017-2026](#) and the [National Alcohol Strategy 2019-2028](#) acknowledge that drug and alcohol use contributes to domestic and family violence.

State and territory government initiatives

State and territory governments have a range of jurisdiction-specific initiatives to prevent and respond to family, domestic and sexual violence that operate across a number of sectors, including health, justice and community services. This work aligns with the National Plan and includes:

New South Wales	NSW Domestic and Family Violence Plan 2022-2027 NSW Sexual Violence Plan 2022-2027
Victoria	Ending Family Violence: Victoria's Plan for Change
Queensland	Domestic and Family Violence Prevention Strategy 2016-2026 Prevent. Support. Believe. Queensland's framework to address sexual violence
Western Australia	Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020-2030
South Australia	Committed to Safety: A framework for addressing domestic, family and sexual violence in South Australia (ended June 2022). A new strategy is in development.
Tasmania	Tasmania's Third Family and Sexual Violence Action Plan 2022-2027: Survivors at the Centre
Australian Capital Territory	ACT Domestic and Family Violence Risk Assessment Framework
Northern Territory	Domestic, Family and Sexual Violence Reduction Framework 2018-2028 Northern Territory Sexual Violence Prevention and Response Framework 2020-2028

International context

Australia has a range of international commitments and engagements to promote gender equality and the human rights of women and girls, which includes the elimination of sexual and gender-based violence. Examples include:

- Australia is a party to 7 core [international human rights treaties](#), including the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of the Child.
- The elimination of violence against women and girls is part of Australia's commitment to the global [2030 Agenda for Sustainable Development](#).
- Australia engages in a range of international forums through the United Nations:

- [UN Women](#)
- Commission on the Status of Women
- Group of Friends on the Elimination of Violence Against Women
- Gender-Based Violence Action Coalition established by the Generation Equity Forum.
- Australia also supports the United Nations Security Council's Women, Peace and Security agenda. The [Second Australian National Action Plan on Women, Peace and Security 2021–2031](#) sets out Australia's strategy to support gender equality and human rights of women and girls in fragile and conflict-affected contexts. 'Reduce sexual and gender-based violence' is one of the four key outcomes for action.
- The [International Engagement Strategy on Human Trafficking and Modern Slavery: Delivering in Partnership \(2022\)](#) provides a framework for Australia's international efforts, with a focus on the Indo-Pacific region. Key priorities include ending forced marriage and ending forced labour (including sexual exploitation).
- Australia is a founding member of the [Global Partnership for Action on Gender-based Online Harassment and Abuse](#).
- The [Ambassador for Gender Equality](#) engages in international advocacy, public diplomacy, and outreach in support of Australian Government policies and programs on gender equality and the human rights of women and girls.

Related material

- What is FDSV?
- How are national data used to answer questions about FDSV?

Factors associated with family, domestic and sexual violence

Key findings

- In 2021–22, almost half (47%) of the women who had experienced male perpetrated sexual assault in the past 10 years believed alcohol or another substance contributed to the most recent incident.
- In 2021, almost half (48%) of respondents who had experienced child maltreatment met the criteria for a mental health disorder.
- The rate of FDV hospitalisations in 2023–24 was highest for people living in *Very remote* areas.

Family, domestic and sexual violence (FDSV) can affect any individual, family or community in Australia. The majority of people who experience these forms of violence are women, and gender inequality is considered to be an underlying driver of FDSV (DSS 2022; Phillips and Vandebroek 2014; Our Watch 2021; WHO 2010). However, the context in which violence occurs varies and there are many factors that can combine to create a risk and experience of violence that is unique to each person. There are also many factors and intersecting forms of disadvantage or discrimination that can increase the likelihood of a person becoming a perpetrator of FDSV. Protective factors that may provide a buffer against the risk and effects of violence also need to be considered (Flood et al. 2022; WHO 2010).

This topic page provides an overview of factors that may be associated with FDSV and the intersections between them.

What do we know?

In Australia, the conceptual understanding of FDSV emphasises the role of gender inequality. However, some forms of violence may be better understood as exploiting a power imbalance within a relationship of trust. For example, elder abuse that is often perpetrated by adult children against their parent with age-related dependencies (Qu et al. 2021).

What are the gendered drivers of FDSV?

Gender inequality is “A social condition characterised by unequal value afforded to men and women and an unequal distribution of power, resources and opportunity between them” (DSS 2022 pp.128). Drivers of violence are factors that create the conditions for violence to occur. The following distinct gendered drivers of violence have been identified:

- condoning of violence against women

- men's control of decision-making and limits to women's independence in public and private life
- rigid gender stereotyping and dominant forms of masculinity
- male peer relations and cultures of masculinity that emphasise aggression, dominance and control (Our Watch 2021).

Addressing the gendered drivers of violence and understanding how they intersect with other forms of disadvantage and discrimination is central to reducing the prevalence of, and preventing, violence against women (Our Watch 2021).

The National Community Attitudes towards Violence against Women Survey (NCAS) is a national survey that measures community knowledge of, and attitudes towards, violence against women and gender inequality. For results from the 2021 NCAS, please see **Community attitudes**.

What other factors contribute to the risk of FDSV?

Risk factors increase the likelihood of a person becoming a victim and/or perpetrator of violence and can exist at the individual, relationship/family, community and broader social level. Risk factors are not deterministic – the presence of one or more risk factors does not mean that a person will become a victim or perpetrator of FDSV.

Risk factors for the experience and/or use of violence can include age, gender, sexual orientation, race, culture, history of child maltreatment (including exposure to violence as a child), alcohol and other drug use, mental health issues, lower levels of educational attainment, employment (including job loss), financial or personal stress (including poverty) and lack of social support (DSS 2022; WHO 2010). These factors may be static (for example, the history of child maltreatment) or dynamic (for example, alcohol and other drug use) (Backhouse and Toivonen 2018; DSS 2022; Phillips and Vandenbroek 2014; WHO 2010).

Risk factors associated with a higher likelihood of violence reoccurring or resulting in serious injury or death, include history of family and domestic violence (FDV), intimate partner sexual violence, non-lethal strangulation (choking), stalking, threats to kill, perpetrator's access to weapons, escalation in terms of frequency and/or severity of abuse, and coercive control. Specific times of heightened risk can include during periods of separation (actual or pending), parenting proceedings and pregnancy and new birth (AIJA 2024; Backhouse and Toivonen 2018).

Times of stress, including health and economic crises (such as the COVID-19 pandemic) and natural disasters (such as bushfires) may also increase the likelihood of violence occurring, disrupt support networks and exacerbate existing inequalities (DSS 2022). Warmer temperatures are also associated with increased interpersonal violence, including homicide and assault (Mahendran et al. 2021). In Australia, climate change is expected to intensify many types of weather events, including increases in the number, intensity or geographic spread of heatwaves, bushfires and other natural disasters (Bureau of Meteorology and CSIRO 2024; Metcalfe and Costello 2021). These climate-related changes may affect a range of factors that are associated with experiences of

violence. For more information see: [Natural environment and health](#) and [Climate change and environmental health indicators: reporting framework](#).

There are also links between incarceration and the experience of FDSV for women. Studies have indicated that the majority (70–90%) of women in prison have experienced FDSV. Incarceration may be related to factors associated with the experience of FDSV, including attempts to protect themselves (violent offences) and substance use (where criminalised). Women who have been incarcerated are more likely to experience violence after they are released and are also more likely to return to prison (ANROWS 2020a).

Understanding the nature of risk factors and appropriate interventions can assist in changing perpetrator behaviours and strengthen protective strategies for victim-survivors (Backhouse and Toivonen 2018).

Intersecting risk factors and other forms of disadvantage

Known risk factors for FDSV can intersect with gender inequality and other forms of disadvantage and discrimination, including racism, ableism, cisgenderism, heteronormativity, culturally specific norms about relationships, systemic barriers and social and economic disadvantage (Backhouse and Toivonen 2018; DSS 2022).

Intersecting risk factors can increase the likelihood, frequency or severity of violence and combine to create distinct types of violence and/or unique barriers to seeking support for specific groups of people in Australia. These groups include:

- Aboriginal and Torres Strait Islander (First Nations) women and families
- women from culturally and linguistically diverse backgrounds
- people with disability
- lesbian, gay, bisexual, transgender, intersex, queer, asexual people, or people otherwise diverse in gender, sex or sexual orientation (LGBTIQ+ people)
- people in regional, rural and remote areas (AIHW 2019b; Backhouse and Toivonen 2018; DSS 2022; Phillips and Vandenbroek 2014).

The AIHW's national routine reporting on FDSV includes data for specific population groups, wherever possible. While this reporting provides useful high-level insights, it is based on a single characteristic and conceals diversity within the group. More detailed analysis is required to understand the impact of the combination or intersection of multiple characteristics. The available research regarding the prevalence and impact of FDSV for specific population groups varies and is particularly limited where there are intersections across groups (DSS 2022).

For more information, see **Population groups** and **How do people respond to FDSV?**.

What protective factors can moderate the risk of FDSV?

While risk factors can combine to increase the risk and severity of violence, protective factors may reduce the likelihood of perpetration and/or victimisation, and moderate

the effects of, violence. For example, a higher level of education may act as a protective factor and reduce some of the barriers to seeking support and achieving ongoing safety. Conversely, women who have a lower level of education may have reduced awareness of, and access to resources (WHO 2010) which can limit their capacity to seek support and leave a violent relationship. Other protective factors can include the experience of healthy parenting as a child, having supportive family and/or living with extended family, culture, social support and the ability to recognise risk (Backhouse and Toivonen 2018; WHO 2010).

What do the data tell us about risk factors and the intersections between them?

There are limited national data on the risk factors of FDSV perpetration in Australia (Flood et al. 2022) and in most cases, the data available can only be used to show associations between risk factors and FDSV. Available data cannot show that a specific risk factor caused the FDSV to occur. For example, although research shows an association between alcohol use and violence against women, there is little evidence that alcohol use is a primary cause of violence (Noonan et al. 2017).

National data for reporting on factors associated with FDSV

- ABS Personal Safety Survey
- AIHW National Drug Strategy Household Survey
- AIHW National Hospital Morbidity Database
- AIHW Specialist Homelessness Services collection
- Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project

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

Some of the factors below can be both risk factors for, and outcomes of, FDSV. For further information on outcomes, see **Health outcomes** and **Behavioural outcomes**.

Associations between alcohol and other drug use and FDSV

Alcohol and other drug (AOD) use can be a risk factor or coping mechanism for FDSV, has been associated with both perpetration and victimisation and may precede or follow violence (Coomber et al. 2019; Noonan et al. 2017). Both misuse and cessation of use (particularly in the context of dependence) of AOD can be considered a risk factor for FDSV (Backhouse and Toivonen 2018).

In 2021, people who self-reported experiences of child maltreatment were 6.2 times more likely to have cannabis dependence than people who had not experienced child maltreatment

The 2021 Australian Child Maltreatment Study (ACMS) found associations between adults with self-reported experiences of child maltreatment and cannabis dependence, smoking and binge drinking. One of the strongest associations was for current cannabis dependence – people who had experienced child maltreatment were 6.2 times more likely to have cannabis dependence when compared with people who had not experienced child maltreatment (Haslam et al. 2023). For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**.

According to the Australian Longitudinal Study of Women's Health (ALSWH), women who have experienced sexual violence may be more likely to engage in smoking, high-risk alcohol consumption and illicit drug use, than women who have not experienced sexual violence (Townsend et al. 2022). For more information see **Behavioural outcomes** and **Data sources and technical notes**.



In 2021–22, almost half (47%) of the women who had experienced male perpetrated sexual assault in the past 10 years believed alcohol or another substance contributed to the most recent incident

Estimates of incidents of FDSV involving alcohol or other drugs are available from 2 routine national surveys:

- The 2021–22 Personal Safety Survey (PSS) showed that almost half (47%, or an estimated 348,300) of the women who had experienced male perpetrated sexual assault in the past 10 years, reported that they believed alcohol or another substance contributed to the most recent incident (ABS 2023, Table 4.1). PSS reporting is based on respondents' perception that the respondent, perpetrator or both may have been affected (ABS 2017).
- The 2022–2023 National Drug Strategy Household Survey showed that 21% of respondents aged 14 and over (an estimated 4.6 million people) had been verbally or physically abused, or put in fear by someone under the influence of alcohol in the previous 12 months. Of these, the perpetrator was a current or ex-spouse or partner for:
 - 1 in 4 (25%) of those who had been physically abused
 - 18% of those who had been verbally abused
 - 15% of those who had been put in fear (AIHW 2024, Table 4.61).

The proportion of females who reported their perpetrator as being a current or ex-spouse or partner was higher than for males across all types of alcohol-related harms (AIHW 2024, Table 4.61).

Data from the Drug Use Monitoring in Australia (DUMA) Program found that men detained by police for sexual assault felt their use of illicit drugs and/or alcohol contributed to the offence for which they were detained. Of the 125 males detained by police for sexual assault who were interviewed as part of the DUMA Program throughout 2017 and 2018:

- 2 in 7 (28%) believed alcohol contributed to the offence
- 2 in 25 (8.0%) believed drug use contributed to the offence
- 1 in 25 (4.0%) believed both drugs and alcohol contributed (AIC 2020).



Intimate partner violence incidents involving alcohol or drug use were more likely to result in physical injury than incidents that did not involve alcohol or drug use

The Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project (see Box 1) surveyed around 5,100 Australian residents aged 18 years and older and found:

- alcohol was involved (consumed by the respondent and/or other person) in around 1 in 3 (34%) incidents of intimate partner violence and 29% of family violence incidents
- drugs were consumed by someone involved in the incident in 1 in 8 (13%) incidents of intimate partner violence and 12% of family violence incidents
- intimate partner violence incidents involving alcohol or drug use were more likely to result in a physical injury than incidents that did not involve alcohol or drug use:
 - 34% of alcohol-related intimate partner violence incidents resulted in physical injury, compared with 20% of incidents that were not alcohol-related
 - 43% of drug-related intimate partner violence incidents resulted in physical injury, compared with 22% of incidents that were not drug-related (Miller et al. 2016)

Drug involvement was significantly more likely (1.65 times more likely) in family and domestic violence incidents than other violent incidents and was associated with significantly greater self-reported negative life impact (Coomber et al. 2019).

Box 1: The Alcohol/Drug Involved Family Violence in Australia (ADIVA) project

The Alcohol/Drug Involved Family Violence in Australia (ADIVA) project was funded for 2 years in 2014, with findings released in 2016. The aim of the project was to examine family violence in Australia, with a focus on alcohol and other drug related violence. The project

included an Australia-wide survey, focussing on AOD use (by the respondent and/or other person) and retrospective studies of police offence data.

The sample for the online panel comprised Australian residents aged 18 years and older and was based on a stratified random sampling design to obtain a proportionally representative sample of the population in each Australian state and territory. The final sample of around 5,100 respondents, was comprised of around 2,450 males (48%) and 2,650 (52%) females.

The online panel survey consisted of 98 questions with information collected primarily about the respondent. Where applicable, respondents provided information about their current or most recent partner. The survey questions covered demographics and the experience of controlling behaviour, aggression, or violence across the respondent's lifetime and in the past 12 months, substance use at the most recent incident, usual substance use and general feelings of personal safety and wellbeing.

The ADIVA project also examined police offence data with findings discussed separately for each state and territory due to differences in the definition of FDV between jurisdictions, time periods of available data and how it was determined whether incidents were alcohol-related or drug-related (for example, attending police judgement, self-reported use, seizure of drugs at the incident).

Source: Miller et al. 2016

The analysis of police offence data showed that across jurisdictions, 24% to 54% of FDV incidents were recorded as alcohol-related and 1.1% to 8.9% were drug-related (Miller et al. 2016).

The New South Wales Bureau of Crime Statistics and Research (BOCSAR) and the Victorian Crime Statistics Agency monitor the presence of alcohol and other illicit drugs flagged by police who responded to FDV-related incidents in New South Wales and Victoria (see Box 2).

Box 2: Alcohol and illicit drug use in FDV-related incidents in New South Wales and Victoria

In 2024–25, New South Wales police flagged incidents of FDV as alcohol-related in:

- Around 1 in 4 (24% or 9,100) involving assault.
- 1 in 12 (8.6% or 425) involving sexual assault.
- Around 1 in 4 (23% or 2,600) involving malicious damage to property (BOCSAR 2025).

The available data do not indicate whether it was the perpetrator, victim or both the perpetrator and victim who had consumed alcohol.

In Victoria, incidents are flagged as involving possible or definite alcohol or illicit drug use around the time of the incident. Of the 98,800 family violence incidents attended by police in 2023–24:

- 1 in 8 (12%) involved alcohol use by the perpetrator and 6.7% involved alcohol use by both the victim and the perpetrator.

- 1 in 10 (10%) involved illicit drug use by the perpetrator and 3.2% involved illicit drug use by both the victim and the perpetrator (Crime Statistics Agency 2024).

Dependence on illicit drugs may be more likely than drug use itself to contribute to the risk of domestic violence perpetration

People who are dependent on illicit drugs use them more frequently, possibly in higher doses, and are more likely to experience withdrawal symptoms than people who use illicit drugs. As such, dependence on illicit drugs may be more likely than drug use itself, to contribute to the risk of domestic violence perpetration (Morgan and Gannoni 2020). Data from the DUMA program showed that detainees who reported dependence on methamphetamine or cannabis reported higher rates of domestic violence (Morgan and Gannoni 2020). In 2012, recent violence towards a current or former intimate partner was self-reported by:

- 61% of detainees who reported being dependent on methamphetamine. This is substantially higher than the 37% of detainees who said they had used methamphetamine but were not dependent and 32% of detainees who said they had not used methamphetamine
- 58% of detainees who reported being dependent on cannabis, compared with 41% for detainees who had used cannabis but were not dependent and 25% for detainees who had not used cannabis (Morgan and Gannoni 2020).

Over 1 in 5 (22%) hospitalisations due to assault by a spouse, domestic partner or family member in 2019–20 involved consumption of alcohol by the person who was hospitalised

Analysis of the National Hospital Morbidity Database found that in 2019–20, where the perpetrator relationship was specified:

- 3 in 5 (60% or 1,700) alcohol-related hospitalisations for assault were due to assault by a family member, including a spouse or domestic partner, parent or other family member.
- Over 1 in 5 (22%) hospitalisations due to assault by a family member involved consumption of alcohol by the person who was hospitalised (AIHW 2023).

These data do not include whether the perpetrator also consumed alcohol (AIHW 2023).



Many **domestic homicides** involve alcohol or illicit drug use

The National Homicide Monitoring Program reported that in 2020-21:

- 20% of victims of domestic homicide had consumed alcohol and 12% had illicit drugs or non-therapeutic levels of pharmaceutical drugs in their system (based on toxicology results)
- domestic homicide offenders had consumed alcohol in 12% of incidents where an offender had been identified and used illicit drugs and/or prescription drugs at non-therapeutic levels in 9.2% of incidents. Findings are based on police observation and there was a large proportion of not/stated unknown responses (35% for alcohol use and 38% for drug use) – as such, the findings may be an underestimate (Bricknell 2023).

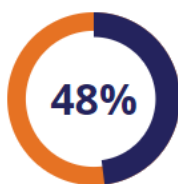
Victim and offender alcohol and drug use has not been reported more recently due to the high proportion of cases that did not have toxicology reports available or for which police reports did not state whether the victim and/or offender used alcohol or drugs (Miles and Bricknell 2024).

Other risk factors for intimate partner homicide include offender experiences of childhood trauma, including experiencing family and domestic violence, and offender mental health (Boxall et al. 2022).

Associations between mental health and FDSV

Mental health issues (including mental illness and other manifestations, such as high psychological distress due to a stressor) can be a risk factor for the perpetration and/or victimisation of FDSV and an outcome of FDSV.

Perpetrators may use a victim-survivor's mental health issues to control them and prevent them from seeking help. For example, a perpetrator may dismiss a victim-survivor's reports of violence as being related to the victim-survivor having a mental health episode (ANROWS 2020b) and victim-survivors may be led to believe their mental health issues caused or provoked the violence (Backhouse and Toivonen 2018).



In 2021, almost half of respondents who had experienced child maltreatment met the criteria for a mental health disorder

Victim-survivors of FDSV may experience short and/or long-term mental health outcomes and impacts on parenting and mother–child relationships (see also **Health outcomes** and **Mothers and their children**).

The 2021 Australian Child Maltreatment Study (ACMS) found associations between child maltreatment and 4 mental health disorders – lifetime major depressive disorder (MDD), current generalised anxiety disorder (GAD), current severe alcohol use disorder (SAUD) and current post-traumatic stress disorder (PTSD). Almost half (48%) of respondents who had experienced child maltreatment met the criteria for 1 of the 4 mental health

disorders. This compares with 22% for people who had not experienced maltreatment (Haslam et al. 2023). For more information about this study, see **Children and young people: Measuring the extent of violence against children and young people** and **Data sources and technical notes**,

PTSD, depression, suicidal ideation and personality disorders have been associated with family violence perpetrators

Mental health issues that have been associated with family violence perpetrators include PTSD, depression, suicidal ideation and personality disorders (Boxall et al. 2022; Flood et al. 2022; Guedes et al. 2016; Lawler et al. 2023; Thomas 2019).

A mixed-model study involving online surveys and qualitative interviews with around 560 people (mostly males) who had used intimate partner and/or sexual violence against women found that:

- more than 1 in 2 (51%) screened positive for PTSD
- just under 1 in 3 met the core criteria for anxiety (30%) or depression (29%) (Hegarty et al. 2022).

People with depression are over-represented among perpetrators of intimate partner homicide. However, Lawler et al. (2023) found that depression should be considered in the context of co-occurring risk factors for intimate partner homicide (see also **Domestic homicide**).

Limited data are available for reporting on the association between mental health and police-recorded FDV events (see Box 3).

Box 3: Identification of mental health issues in FDV incidents recorded by police

Police data from Victoria indicates that in the around 98,800 family violence incidents recorded by police in 2023–24:

- perpetrator mental health issues was a risk factor in 1 in 5 (20%)
- both victim and perpetrator mental health issues was a risk factor in more than 1 in 7 (15%)
- victim mental health issues was a risk factor in around 1 in 15 (6.7%) (Crime Statistics Agency 2024).

Researchers from the University of New South Wales developed an automated text mining method to identify mental illness mentions in the narrative descriptions (unstructured free text) in New South Wales police-recorded domestic violence (DV) events. Almost 500,000 DV records in New South Wales covering a 12-year period (from January 2005 to December 2016), were analysed:

- 16% of DV events mentioned a mental illness for either the perpetrator (person of interest) or the victim. More than 3 in 4 (76%) of these events mentioned mental illness

for the perpetrator only, 17% for the victim only and 7% for both the victim and the perpetrator.

- Depression was the most common condition mentioned for both victims (22%) and perpetrators (19%) (Karystianis et al. 2020).

Findings are based on police-recorded assessments regarding mental illness which may be supported by information provided by the victims/perpetrators, witnesses of the event or based on evidence at the scene (for example the presence of medication prescriptions). The involvement of mental illness in police-recorded DV events is likely to be underestimated as police do not systematically record mental health conditions as part of DV events (Karystianis et al. 2020).

Mental health issues and problematic drug and/or alcohol use among SHS clients who have experienced FDV



More than 2 in 5

clients of specialist homelessness services who have experienced FDV have a mental health issue and/or problematic drug and/or alcohol use

Data for specialist homelessness services (SHS) clients who have additional vulnerabilities (mental health issues or problematic drug and/or alcohol use) are only reported for people aged 10 and over. For information about defining clients with a mental health issue or clients with problematic drug and/or alcohol use in the Specialist Homelessness Services data, see:

- [Clients with a current mental health issue](#)
- [Clients with problematic drug and/or alcohol use.](#)

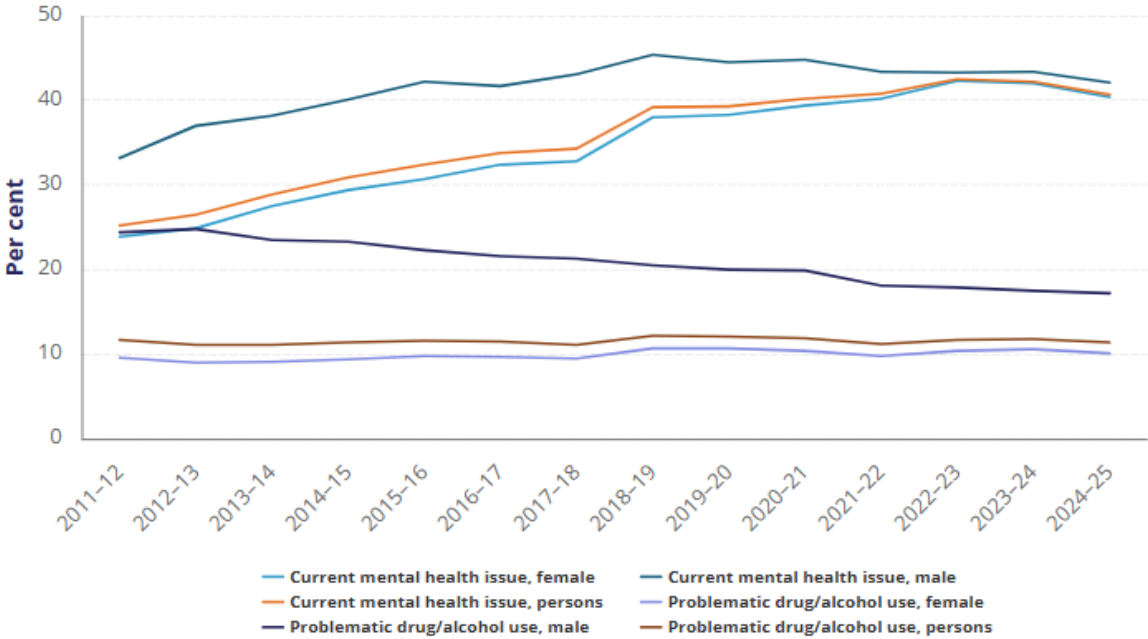
In 2024–25, of the more than 90,300 SHS clients aged 10 and over who have experienced FDV, almost 3 in 5 (57%) did not have a mental health condition or problematic drug and/or alcohol use. However:

- about 2 in 5 (41%) had a current mental health issue
- 1 in 9 (11%) had problematic drug and/or alcohol use (AIHW 2025a).

Around 1 in 11 (8.9%) SHS clients aged 10 and over who have experienced FDV had both of the additional vulnerabilities (AIHW 2025a).

Between 2011–12 and 2024–25, the proportion of specialist homelessness services clients who have experienced FDV and had a current **mental health issue** increased for both females and males. Over the same period, the proportion of specialist homelessness services clients who have experienced FDV and **problematic drug/alcohol use** decreased for males and was relatively stable for females (AIHW 2025b; Figure 1).

Figure 1: Specialist homelessness services clients aged 10 and over who have experienced family and domestic violence, by select vulnerabilities, 2011–12 to 2024–25



Note: Clients who had a mental health issue and problematic drug/alcohol use are represented in the relevant categories for mental health issue and problematic drug/alcohol use.

Source: AIHW SHSC | [Data source overview](#)

These changes over time are consistent with changes observed for all SHS clients:

- the number of clients with a current mental health issue has grown, increasing on average by 6.3% per year for women and 4.1% for men since 2011–12
- the rate of clients with problematic drug and/or alcohol use has decreased from 11.8 clients per 10,000 people in 2011–12 to 10.2 in 2024–25 (AIHW 2025a).

Violence-related ambulance attendances commonly involve alcohol and other drug use, mental health symptoms and/or self-harm

Violence is a complex and significant public health issue. Understanding violence at the public health level in Australia has typically relied on disparate data sources, including jurisdictional police data and population level surveys (Scott et al, 2020). However, each of these data sources have limitations including sampling issues and recall biases which make it difficult to assess the interrelationship among AOD use, mental health symptoms and violence.

Data from the National Ambulance Surveillance System (see Box 4 and **Data sources and technical notes**) demonstrate that violence-related ambulance attendances across Victoria and Tasmania often involve alcohol and other drug (AOD) use, most commonly

alcohol. Mental health symptoms and self-harm are also factors that may be involved in these attendances (Scott et al. 2020).

Box 4: FDV-related ambulance attendances in Victoria in 2016–17

The National Ambulance Surveillance System developed by Turning Point and Monash University in collaboration with jurisdictional ambulance services, collects data on attendances related to mental health, alcohol and other drugs and self-harm (see **Data sources and technical notes**). A pilot project using NASS data captured violence-related attendances in Victoria and Tasmania in 2016–17, including those classified as intimate partner violence (IPV) and other family violence (OFV, violence against other family members). Data presented here are for Victoria only due to the small number of intimate partner and family violence-related attendances in Tasmania. The patterns for the ambulance attendances related to AOD, mental health or self-harm in Tasmania were similar to those for Victoria (Scott et al. 2020).

AOD involvement

AOD-related attendances are those involving the over or inappropriate use of a substance. Attendances involving any alcohol were classified as 'alcohol-involved'. Attendances involving illicit drugs related to any consumption of the drug. For more information, please see **Data sources and technical notes**.

- Alcohol was involved in 39% of attendances for victims of IPV, 26% of attendances for perpetrators of IPV, 33% of attendances for victims of OFV and 14% of attendances for perpetrators of OFV.
- For victims of IPV, a significantly higher proportion were transported to hospital when alcohol was involved (77%), compared with attendances where alcohol was not involved (62%).
- Higher proportions of attendances for perpetrators involved illicit drugs – 8.6% of attendances for perpetrators of IPV and 7.4% of attendances for perpetrators of OFV, compared with 6.9% of attendances for victims of IPV and 3.1% of attendances for victims of OFV. Cannabis was the most common illicit drug reported for victims and perpetrators.

Mental health symptoms

Mental health-related attendances involve current, identifiable mental health symptoms. For more information, please see **Data sources and technical notes**.

Almost half (46%) of attendances for perpetrators of IPV and 44% of attendances for perpetrators of OFV involved mental health symptoms, most commonly unspecified symptoms or symptoms of psychosis. This is substantially higher than the proportions reported for victims – 15% of attendances for victims of IPV and 14% for victims of OFV, with anxiety most commonly reported.

Self-harm

Self-harm-related ambulance attendances can include self-injurious thoughts and behaviours. For more information, please see **Data sources and technical notes**.

- More than 1 in 3 attendances for perpetrators involved self-harm (35% for perpetrators of IPV and 38% for perpetrators of OFV) while less than 1 in 5 attendances for victims involved self-harm (15% of attendances for victims of IPV and 19% of attendances for victims of OFV).
- Suicidal ideation was the most common type of self-harm behaviour reported by both victims and perpetrators.

Co-occurring issues

Around 60% of attendances had co-occurring issues for the victim. AOD involvement only (no mental health symptoms or self-harm) was the most common co-occurring issue for victims. In contrast, attendances to treat perpetrators were more likely to involve multiple co-occurring issues – around 80% of attendances had co-occurring issues for the perpetrator, most commonly mental health involvement only (no AOD involvement or self-harm).

Source: Scott et al. 2020.

Financial and economic hardship

Although family, domestic and sexual violence can occur across all socioeconomic groups, studies consistently show that the risk of these forms of violence increases as financial stress and economic hardship increases. For example, a study by Morgan and Boxall (2020) found that women in households with an increase in financial stress during the COVID-19 pandemic were 1.8 times as likely to experience violence for the first time (see also **FDSV and COVID-19**).

This may be because of low income alone and/or other factors that combine to increase the risk, such as overcrowding (WHO 2010). The consequences of FDV can also produce financial hardships for victim-survivors, particularly if there is loss of income and/or housing (Renzetti and Larkin 2009; Weatherburn 2011). See also **Economic and financial impacts**.

The 2021–22 PSS showed that the rate of experiences of sexual violence (that is, the occurrence, attempt or threat of sexual assault) in the last 2 years was higher for women living in households that experienced financial stress:

- 8.1% for women living in households that experienced one or more cash flow problems in the last 12 months, compared with 2.2% for those living in households that did not experience cash flow problems
- 6.6% for women living in households that were unable to raise \$2,000 within a week for something important, compared with 2.4% for those in households that could raise the money (ABS 2023).

Gambling is associated with financial stress and the perpetration and victimisation of IPV (Tillman et al. 2025). However, the intersections between these factors requires further exploration. The National Gambling Prevalence Study pilot was conducted between August and October 2024. The survey asked around 3,900 adults about their gambling habits (for example, frequency and type of gambling), their current partners' gambling

habits and their experiences of IPV using the Composite Abuse Scale (Revised) – Short Form (Tillman et al. 2025).

Findings from the pilot indicated an association between frequency of current partner gambling in the past 12 months and experiences of IPV over the past 12 months. Of respondents whose current partner:

- gambled weekly or more (around 165 respondents), 1 in 5 (19%) had experienced IPV from their current partner
- gambled less than weekly (around 600 respondents), 1 in 10 (9%) had experienced IPV from their current partner
- had not gambled in the last 12 months (just over 1,600 respondents), 1 in 15 (6.8%) had experienced IPV from their current partner (Tillman et al. 2025; G. Tillman, personal communication, 10 November 2025).

People living in regional and remote areas

The Australian Statistical Geography Standard is used to classify areas of Australia as *Major cities, Inner regional, Outer regional, Remote* or *Very remote* (see **Methods**). People living in Australian regional and remote communities have higher rates of alcohol consumption and greater access to firearms, both of which increase the risk of partner violence (AIHW 2019a; Campo and Tayton 2015; Noonan et al. 2017; Wendt et al. 2015).

People living in regional and remote areas experience the same gendered drivers of violence as those living in other areas. However, some studies have indicated that people living in regional and remote areas may have more rigid values and beliefs about traditional gender roles and may be less likely to disclose or ask for help about FDV (Wendt et al. 2015).

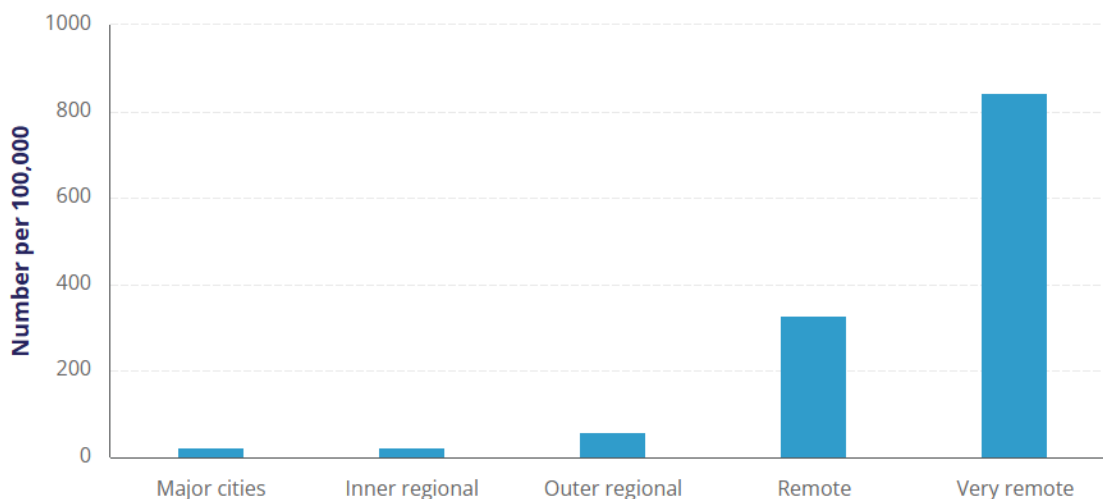
People living in regional and remote areas may experience geographical and social isolation from support and have limited access to services, particularly specialist services and crisis and long-term accommodation. Some may have fewer employment opportunities and limited access to cash or assets due to financial dependency on their partner or their extended family (Backhouse and Toivonen 2018; Wendt et al. 2015). These factors can restrict a victim-survivor's ability to receive support, and this may be heightened for people who live in regional and remote areas and have intersecting risk factors. For example, some First Nations women may experience community pressure not to disclose violence or leave a violent relationship. Those living in remote communities may have increased concerns about confidentiality within tight family and community networks and they may need to travel long distances to seek support or rely on phone support (Backhouse and Toivonen 2018).

Services in these areas may also be limited in their ability to provide specialist support for perpetrators to address behaviour change (Wendt et al. 2015).

The rate of FDV hospitalisations in 2023–24 was highest for people living in *Very remote* areas.

In 2023–24, the rate of FDV hospitalisations for people living in *Very remote* areas was 41 times as high as people living in *Major cities* (841 per 100,000 hospitalisations compared with 21 per 100,000) (Figure 2).

Figure 2: FDV hospitalisations by remoteness of usual place of residence, 2023–24



Source: AIHW NHMD | [Data source overview](#)

The 2021–22 PSS showed that the rate of experiences of sexual violence (that is, the occurrence, attempt or threat of sexual assault) in the last 2 years was higher for women living in a capital city than for women living outside of a capital city (3.4% compared with 2.3%, respectively) (ABS 2023).

Related material

- Aboriginal and Torres Strait Islander people
- Children and young people
- People with disability
- People from culturally and linguistically diverse backgrounds
- LGBTIQ+ people
- FDSV and COVID-19

More information

- [Alcohol, tobacco & other drugs in Australia](#)

- [Specialist Homelessness Services](#)
- [Injury](#)

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Community understanding of FDSV

Key findings

- Between 2009 and 2021, there was an improvement in community understanding of violence against women.
- More than 2 in 5 (43%) 2021 NCAS respondents did not recognise that men are the most common perpetrators of domestic violence
- 2 in 5 (41%) 2021 NCAS respondents did not know where to access help for a domestic violence issue.
- Recognition that controlling a partner by denying them money is always or usually a form of domestic violence increased by 53% between the 2009 and 2021 NCAS.

Community understanding of family, domestic and sexual violence (FDSV) can shape attitudes and social norms towards violence and/or experiences of and responses to violence (Coumarelos et al. 2023b; Our Watch 2021). As such, community understanding of FDSV is regarded as critical for primary prevention, early intervention and promoting greater workforce support for individuals experiencing violence across the community (Coumarelos et al. 2023b; Our Watch 2021; PoA 2021). This section sets out findings on the social context for FDSV in Australia, with a focus on recognition of violent behaviours. These insights provide a basis for understanding the wider social setting for FDSV in Australia, including community attitudes and the role they play in influencing the prevalence of FDSV in the Australian community.

What is community understanding?

Community understanding of FDSV is a broad concept and can include: recognition of problematic violent behaviours; the drivers of, and societal context (including gender and other intersecting forms of inequality) in which violence exists; the awareness of available support services, individual rights and laws relating to violence; and knowledge of the gendered nature and prevalence of FDSV in the community (Coumarelos et al. 2023b; Our Watch 2021).

A large component of community understanding of FDSV is the recognition that violence can include certain physical and non-physical behaviours. Despite there being some variation in how terms such as family violence, domestic violence, and sexual violence are defined, it is now generally understood that these, and other related terms, include a broad range of behaviours that involve more than physical harm (Coumarelos et al. 2023b; DSS 2022). Recognition and knowledge that violence can also include emotional abuse, economic and financial abuse, stalking and surveillance and other controlling behaviours is important. Many of these behaviours have high prevalence rates and significant impacts on the wellbeing of victim-survivors and the community more broadly (see also **Coercive control**) (ABS 2023; Coumarelos et al. 2023b). While it is unclear how significant the link is between community recognition of certain behaviours

as violence, and prevalence of violence in the community, recognition of violent behaviours is one factor that can influence attitudes towards violence (see **Community attitudes**) (Coumarelos et al. 2023b, Webster et al. 2018).

Is the way we talk about FDSV changing?



'I would like to say the way we talk about domestic violence (DV) and sexual abuse is changing; it's definitely a conversation. But in the general community, I have found that the lack of understanding about DV is frightening. The myth that DV can only be physical violence is still commonly believed by people I have spoken to, and they have no idea about the many other forms of DV, especially coercive control and sexual abuse. This needs to change.'

Maggie

[WEAVERs Expert by Experience](#)

The *National Plan to End Violence against Women and Children 2022-2032* highlights that violence, and understanding of what constitutes violence, continues to evolve (DSS 2022). Some of this evolution can be attributed to changes in how violence is perpetrated, for example, through the increased use of technology in everyday life (see **Stalking and surveillance**), while other contributing factors include ongoing efforts to increase awareness of what constitutes violence and increased readiness to talk about it (DSS 2022).

Despite increased awareness of a wider range of problematic behaviours (particularly non-physical behaviours), there are a range of behaviours and practices that continue to exist outside common understanding of violence (PoA 2021). Ongoing efforts are required to enhance understanding of the behaviours that can be part of FDSV, including forced marriage, trafficking of women and children for sexual exploitation, female genital mutilation/cutting, incest, dowry abuse and dowry-related violence (PoA 2021). See also **Modern slavery** and **People from culturally and linguistically diverse backgrounds**.

In addition to awareness of different types of violent behaviours, and their illegality in many cases, community understanding of other aspects, such as the prevalence of violence, and availability of relevant support services, are also important.

Much of what is known about the level of community understanding of FDSV in Australia and how this has changed over time comes from the National Community Attitudes Survey towards Violence against Women Survey (NCAS) (see Box 1). The most recent NCAS was conducted in 2021.

Box 1: What does the NCAS tell us about community understanding?

The NCAS is a national survey that measures community knowledge of, and attitudes towards, violence against women. In 2021 a representative sample of 19,100 people aged 16 and over in Australia responded to the survey. The 2021 NCAS includes questions which provide insight into community knowledge and understanding of:

1. the problematic behaviours that constitute violence against women (four items form the Recognise Violence Against Women (VAW) Subscale)
2. the problematic behaviours that constitute domestic violence (12 items form the Recognise Domestic Violence (DV) Subscale)
3. the gendered nature of domestic violence (three items form the Understand Gendered Domestic Violence (DV) Subscale)
4. relevant law
5. violence against women as a problem in the community
6. domestic violence support services
7. sexual assault.

The Understanding of Violence Against Women Scale (UVAWS) is one of several composite measures in the NCAS and comprises three subscales (listed in points 1–3 above). Data collected in the survey are presented in several ways.

Results of each question related to understanding are reported individually as a proportion of responses at a particular point on agreement/disagreement scale to highlight specific areas where gaps in understanding exist. UVAWS and its subscales are reported as an average (mean) score from 0 to 100 (where higher scores indicate higher understanding and are more desirable) as well as a proportion of respondents who have an “advanced” understanding of violence against women. Scores on the UVAWS allow for the assessment of community understanding of violence more broadly and whether there have been improvements over time.

The NCAS also reports community attitudes towards gender equality and violence against women, see **Community attitudes**.

Data sources for measuring community understanding of FDSV

- National Community Attitudes towards Violence against Women Survey
- ABS Personal Safety Survey
- AIFS National Elder Abuse Prevalence Study – Survey of Older People (SOP) and Survey of the General Community (SGC)
- Community knowledge and attitudes about child abuse and child protection in Australia

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

What do the data tell us?

Overall, results from the 2021 NCAS indicate that community understanding of violence against women still has some room for improvement (Coumarelos et al. 2023b). Specifically,

- the mean score for respondents on the UVAWS was 69, where 100 equates to the highest possible level of understanding
- the Understand Gendered DV had the lowest mean score (65 out of 100) of the 3 UVAWS subscales
- less than 9 in 20 (44%) respondents had an advanced understanding of violence, according to the UVAWS (Coumarelos et al. 2023b).

However, these results alone do not highlight specific areas where understanding is good, or where improvement is needed, nor do they show the improvements that have occurred over time (see 'Has it changed?' below).

Most people recognise violence against women is a problem, but it is still misunderstood

The 2021 NCAS found that while most respondents recognised that violence against women is a problem in Australia, many didn't recognise the full extent and gendered nature of violence:

- Over 9 in 10 (91%) respondents strongly or somewhat agreed that violence against women is a problem in Australia.
- Less than 1 in 2 (47%) respondents strongly or somewhat agreed that violence against women is a problem in the suburb or town where they live.
- More than 2 in 5 (43%) respondents did not recognise that men are the most common perpetrators of domestic violence.
- Almost 1 in 4 (24%) respondents did not recognise that women are more likely than men to suffer physical harm from domestic violence (Coumarelos et al. 2023b).

Further, many had misconceptions about the victim-survivor relationships with perpetrators of sexual violence – almost 1 in 3 (31%) people in Australia did not know that women are more likely to be raped by a known person than a stranger (Coumarelos et al. 2023b).

Some problematic behaviours are not well recognised as always being violence

Results from the 2021 NCAS indicate that while most people in Australia have a good understanding of what constitutes violence, some problematic behaviours were more

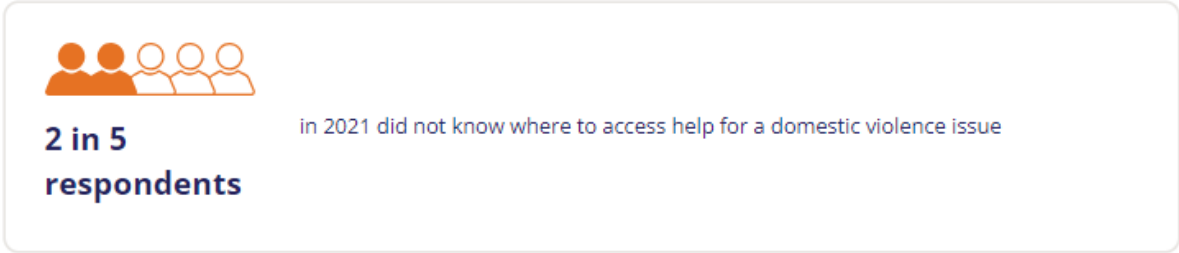
readily recognised as always being a form of violence compared to others. Different types of harassment were often not recognised as violence against women:

- almost 1 in 3 (32%) respondents did not recognise that a man sending an unwanted picture of his genitals to a woman is always a form of violence
- almost 1 in 3 (32%) respondents did not recognise that harassment via repeated emails, text messages or similar is always a form of violence
- almost 1 in 3 (32%) respondents did not recognise that abusive messages or comments targeted at women on social media is always a form of violence (Coumarelos et al. 2023b).

Coercive behaviours were also poorly recognised as always constituting violence, for example:

- 1 in 4 (25%) respondents did not recognise that controlling a partner’s social life by preventing them seeing family and friends is always domestic violence
- almost 1 in 3 (31%) respondents did not recognise that controlling a partner with disability by threatening to put them into care or a home is always domestic violence
- more than 1 in 3 (34%) respondents did not recognise that repeatedly criticising a partner to make them feel bad or useless is always domestic violence
- more than 1 in 3 (34%) respondents did not recognise that controlling a partner by forcing them to hide that they are transgender is always domestic violence (Coumarelos et al. 2023b).

Many people don’t know where to get help for someone experiencing domestic violence



It is important that victim-survivors and other people who might be aware of violence occurring know where and how to access support services. The 2021 NCAS found that 2 in 5 (41%) respondents indicated they wouldn’t know where to access help for someone experiencing domestic violence (Coumarelos et al. 2023b). Related data are included in the National Plan Outcomes measure **People who would know where to go if they needed support for someone experiencing violence.**

Knowledge of available services for victim-survivors of violence can influence help-seeking behaviours. The 2016 Personal Safety Survey (PSS) found that 7.1% of women and 3.5% of men who did not seek advice or support about violence by a previous partner did so because they did not know of any services (ABS 2017).

The 2021 NCAS also found that a large portion of respondents failed to recognise two behaviours related to consent as criminal offences:

- 1 in 5 (20%) of respondents did not know that it is a criminal offence for a man to have sex with his wife without her consent
- 1 in 10 (11%) of respondents did not know that it is a criminal offence to post or share a sexual picture of an ex-partner on social media without their consent (Coumarelos et al. 2023b).

Has it changed over time?

Examining changes over time in the level of community understanding can help to identify shifts in knowledge, and evaluate primary prevention policies and programs.



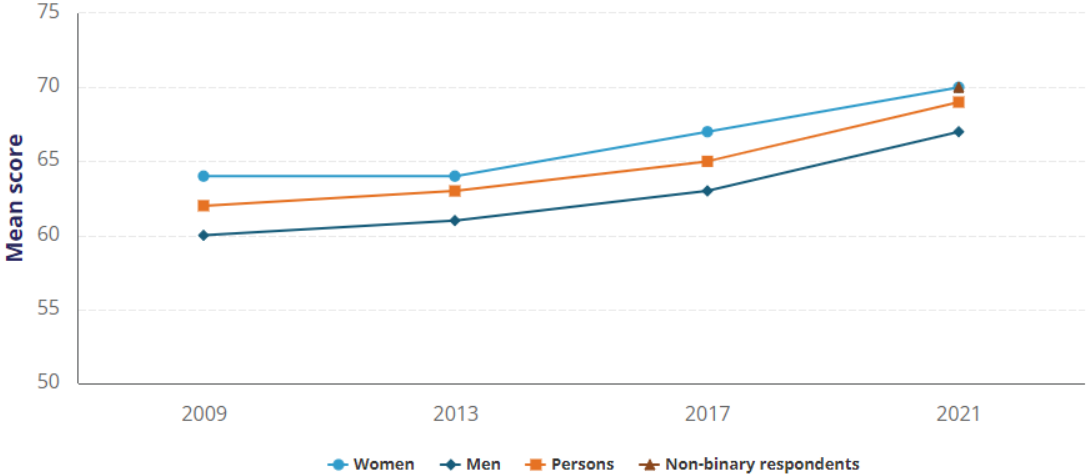
Between 2009 and 2021, there was an improvement in **community understanding** of violence against women

Community understanding has improved over time

Figure 1 indicates that over time there has been a positive change overall in community understanding:

- The 2021 result represented the highest level of understanding across previous survey years (2009, 2013 and 2017).
- Between 2009 and 2021 the mean score on the UVAWS increased for both men and women, however gender differences indicate that men on average have a lower level of understanding of violence against women (Coumarelos et al. 2023b). Similar trends can be seen for community attitudes of violence.

Figure 1: Mean score on the Understanding of Violence against women (UVAWS) over time by gender, 2009 to 2021



^: statistically significant difference to the 2021 mean score.
 ~: statistically significant difference to the 2021 mean score for men.
 n.a.: not available.


Source: NCAS 2021 | [Data source overview](#)

For information about how data related to sex and/or gender are presented in this report, see **Methods**.

Improved community understanding of violence against women as measured by scores on the UVAWS is an identified target in the **Outcomes Framework 2023-2032**. For this and other related data, see the **National Plan Outcomes** measures:

- **Community understanding of violence against women**
- **People who would intervene if they witnessed disrespect or abuse**
- **People who would be bothered by a friend telling a sexist joke**
- **People who would intervene if bothered by a friend telling a sexist joke**
- **Understanding of violence against women among young people.**

The 2021 NCAS results also suggest that there has been significant improvement in recognising non-physical forms of violence over time.



Between 2009 and 2021, the proportion of people who recognised that controlling a partner by denying them money is always or usually a form of domestic violence increased by 53%

From 2009 to 2021, there was a significant increase in the proportion of people who identified the following problematic behaviours as always or usually violence:

- repeatedly criticises to make partner feel bad or useless (from 70% to 83%)
- controls social life by preventing partner seeing family and friends (from 70% to 87%)
- controls partner by denying them money (from 53% to 81%)
- stalking by repeatedly following/watching at home/work (from 81% to 89%)
- harassment by repeated emails, text messages (from 73% to 84%) (Coumarelos et al. 2023b).

Despite these improvements, results from the 2021 NCAS identified that there have been some negative shifts in the perceptions of perpetration and impacts of domestic violence over time. While results of the PSS and data on recorded crimes and hospital admissions continue to indicate men are more likely to perpetrate domestic violence and less likely to experience violence and suffer physical harm compared with women, 2021 NCAS findings indicate understanding of this gendered nature of domestic violence has decreased. The proportion of people who indicated that they believed:

- mainly men commit acts of domestic violence decreased from 74% in 2009 to 57% in 2021
- women are more likely than men to suffer physical harm from domestic violence decreased from 89% in 2009 to 76% in 2021 (Coumarelos et al. 2023b).

It is unclear what is driving this negative change in understanding, but Coumarelos et al. (2023c) suggest that it may be a result of a misperception “that progress towards gender equality means men and women are also equally likely to both perpetrate and experience domestic violence”.

Is it the same for everyone?

The results of the 2021 NCAS found that some population groups had higher levels of understanding than others. The proportion of respondents with advanced understanding of violence against women was:

- higher for women and non-binary respondents (both 50%) than men (38%) (Coumarelos et al. 2023b)
- higher for those who spoke English at home (48%) than for those who spoke a language other than English at home, but had good English (31%), and those who spoke a language other than English at home with poor English (22%) (Coumarelos et al. 2023b)
- higher for those born in Australia (48%) than those born outside Australia in a non-mainly English speaking country and who had been in Australia for less than 6 years (21%) (Coumarelos et al. 2023b)
- higher for those aged 25 years or older (46%) than for those aged 16–24 years (34%) (Coumarelos et al. 2023a).

Understanding other types of abuse

Understanding violence or abuse that exists in specific population groups can also influence social norms and attitudes towards the treatment of those groups. Below, understanding of elder abuse and child abuse are discussed.

Elder abuse

Elder abuse can take many forms, including psychological or emotional abuse, financial abuse, physical abuse, sexual abuse, and neglect (ALRC 2017). The Australian Institute of Family Studies' National Elder Abuse Prevalence Study provides insight into community understanding of prevalence and recognition of this diverse set of abusive behaviours. This study, conducted in 2019–2020, involved 2 nationally representative surveys: one of older people living in the community (the 'Survey of Older People' (SOP)) and one of general community members aged 18 to 64 ('Survey of the General Community' (SGC)).

Many people don't understand how common elder abuse is

The SOP identified that despite around 1 in 7 (598,000) older people in Australia living in the community having experienced elder abuse in the past year, almost half (46%; SGC) of general community members and 57% of older people (SOP) did not agree that elder abuse is common. See **Older people** for more details on prevalence of elder abuse (Qu et al. 2021).

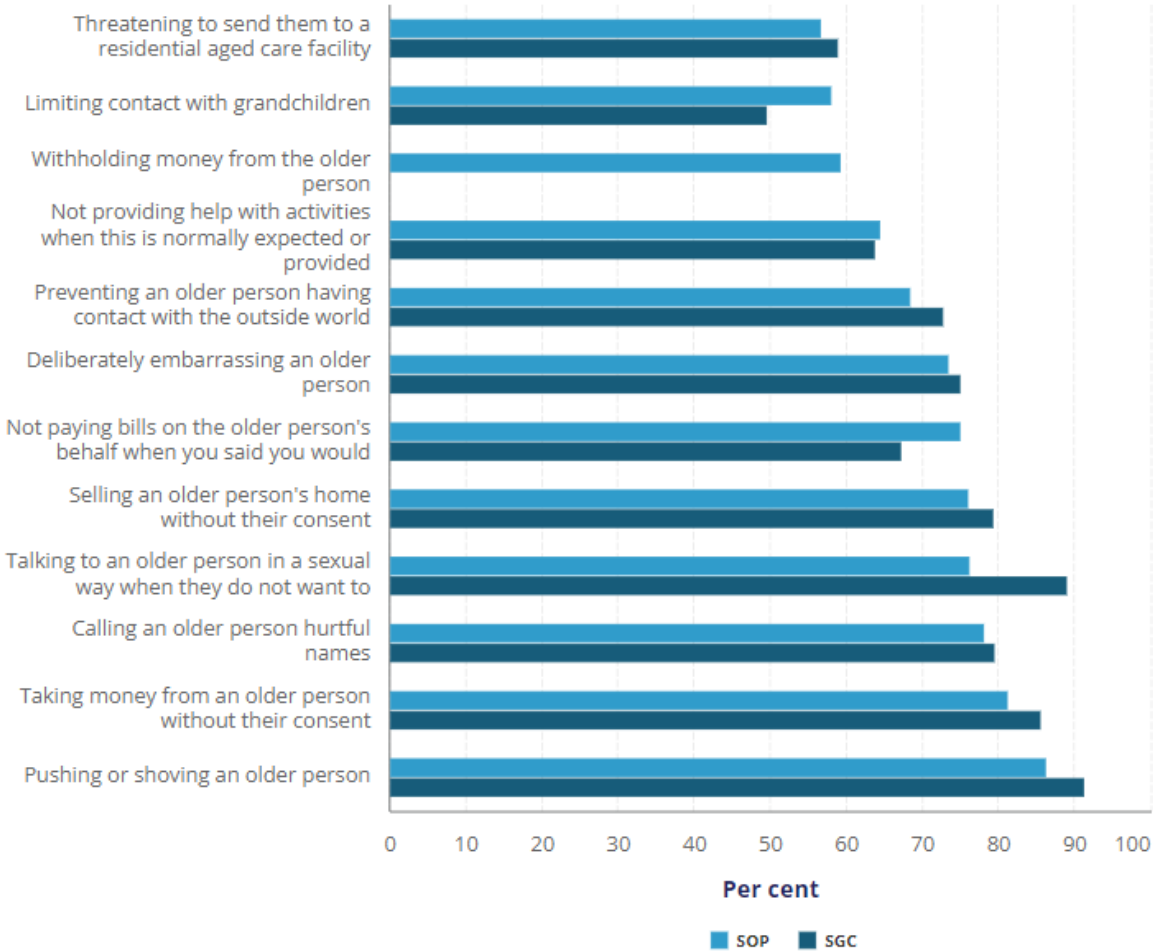
Physical abuse is the most recognised form of elder abuse

In both the SOP and the SGC, the physically abusive behaviours of 'pushing or shoving' were the most commonly recognised form of elder abuse (86% and 91% respectively) (Figure 2; Qu et al. 2021).

Compared with the general community, a lower proportion of SOP participants recognised 'talking to an older person in a sexual way when they do not want to' as a form of elder abuse (89% and 76%, respectively) (Qu et al. 2021).

Indicators of psychological abuse were consistently recognised as elder abuse in both groups. The highest recognition was for name calling, deliberately embarrassing an older person and preventing an older person from having contact with the outside world. Lower recognition was evident for limiting contact with grandchildren and threatening to send them to a residential aged care facility (Qu et al. 2021).

Figure 2: Recognition of abusive actions as elder abuse



n.a.: Not available

Source: AIFS National Elder Abuse Prevalence Study | [Data source overview](#)

Child abuse

Community understanding of the physical and non-physical behaviours that constitute child abuse and neglect is integral for protecting children at risk of harm. The Community Knowledge and Attitudes about Child Abuse and Child Protection in Australia survey examined community engagement with the issue of child abuse, including understanding and knowledge of child abuse. Similarly, the 2023 Australian Child Sexual Abuse Attitudes, Knowledge and Response Study measured community understanding of childhood sexual abuse (see Box 2).

For more information on child abuse, see **Children and young people** and **Child sexual abuse**.

Box 2: Understanding child abuse

The Community Knowledge and Attitudes about Child Abuse and Child Protection in Australia survey was first conducted in 2003 and has since been repeated in 2006, 2010 and 2021 (Tucci and Mitchell 2021). In 2021, a nationally representative sample of about 1,000 people aged 18 years and over in Australia was surveyed on levels of engagement with the issue of child abuse. The survey measures the knowledge, perceptions and biases of respondents in relation to child abuse.

The survey highlighted that many people do not understand the extent of child abuse in the community. The majority (97%) of respondents were either unable to provide an estimate of, or provided an estimate representing one third or less of the actual number of child protection notifications in the previous 12 months (Tucci and Mitchell 2021).

The findings also suggest that while there is some consensus on behaviours that constitute abuse or neglect, for some respondents, there was a lack of understanding of some behaviours as child abuse and neglect. Between 10-28% of respondents were uncertain or did not believe that:

- a 14-year-old child having sex with a 25-year-old adult is sexual abuse (12%)
- a 15-year-old child having sex with an 18-year-old adult is sexual abuse (28%)
- a child or teenager who is manipulated into sending a naked or semi-naked photo of themselves to an adult is being subject to grooming or sexual abuse/exploitation (10%)
- a parent who downloads photos and videos of children being sexually abused is a form of child abuse or exploitation (12%)
- a public transport employee who secretly records or photographs up children and teenagers' dresses was a form of sexual abuse (11%)
- a 4-year-old child wandering the streets unsupervised is a form of neglect (19%) (Tucci and Mitchell 2021).

In 2023, the National Centre for Action on Child Sexual Abuse (2024) conducted a survey for the Australian child sexual abuse attitudes, knowledge and response study. The study measured knowledge and understanding of responses to child sexual abuse, disclosures of child sexual abuse, and identifying harmful sexual behaviours among children and young people. Participants were informed about the nature of the study before consenting to participate, so there is a risk of selection bias. Over 4,000 respondents aged 18 and over were included.

Most participants from the study:

- Agreed/strongly agreed that there are many more victims and survivors in the community than people realise (89%).
- Did not agree that child sexual abuse happens in the area where they live (56%).
- Agreed that victims can experience ongoing impacts of childhood sexual abuse (91%). However, there was less agreement among less well-known impacts, for example, disruptions to cultural connections (68% agreed), poor physical health (65% agreed)

financial insecurity (56% agreed) (National Centre for Action on Child Sexual Abuse 2024).

Survey participants were also asked about whether they had received a disclosure of child sexual abuse perpetrated by an adult. Some key findings were:

- The majority of participants had never discovered or received a child's disclosure about child sexual abuse (80%) or harmful sexual behaviours (86%). Of those who had, less than half had a supportive conversation with the child (between 30–42%) and/or reported it to the police or child protection authorities (between 22–35%).
- Participants were more likely to have received an adult's disclosure of child sexual abuse (35%), than a child's (9%).
- Fewer than half (48%) agreed/strongly agreed that they knew what to do to help keep children known to them safe from child sexual abuse (National Centre for Action on Child Sexual Abuse 2024).

For more information, see **Children and young people**.

Related material

- What is FDSV?
- Community attitudes
- Stalking and surveillance
- Sexual violence
- Coercive control
- Older people

More information

- [Family, domestic and sexual violence: National data landscape 2022](#)
- [National sexual violence responses](#)
- [Sexual assault in Australia](#)
- [Older Australians, Summary – Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

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Community attitudes

Key findings

- Between 2009 and 2021 there was a positive shift in the community's rejection of gendered violence and inequality.
- 23% of 2021 NCAS respondents agreed that much of what is called domestic violence is a normal reaction to day-to-day stress and frustration.
- Around half of 2021 National Elder Abuse Prevalence Study respondents agreed that most people ignore or turn a blind eye to elder abuse.

Community attitudes relating to family, domestic and sexual violence (FDSV) shape the social context in which violence takes place. For example, attitudes that are disrespectful towards women, undermine gender equality, or are supportive of violence in general can provide the social conditions in which FDSV is more likely to occur (Coumarelos et al. 2023b, Webster et al. 2018). Understanding community attitudes towards FDSV is important because they play a role in the prevention of violence, as well as the likelihood of reporting, public and professional responses, and a victim-survivor's own responses and help-seeking behaviours (Ferrer-Perez et al. 2020, Flood and Pease 2009, Gracia and Tomás 2014).

Community understanding of FDSV has a considerable influence on attitudes towards FDSV. For more information, see **Community understanding of FDSV**.

What are community attitudes?

Community attitudes refer to the thoughts and feelings of a group of people. Community attitudes can be positive, negative or neutral and tend to reflect the attitudes of the individuals that make up that group (Thompson et al. 2011).

Community attitudes relevant to FDSV may include attitudes towards violence against women, gender roles and relationships, and responses to violence. These attitudes can influence and reflect the social norms regarding behaviours that are considered acceptable within the community (Coumarelos et al. 2023b, Webster et al. 2018).

What do we know?

Community attitudes are one of many factors that contribute to FDSV. Attitudes toward violence can be shaped by a range of individual characteristics, personal experiences, interactions with family, peer-groups and networks, culture and religion, social media and education campaigns, criminal justice policies and social movements (Flood and Pease 2009, Gracia et al. 2020).

Research in this area has predominantly focused on attitudes towards intimate partner violence against women. Many studies have found that, at the individual level, attitudes

that tolerate, accept or justify intimate partner violence are associated with perpetration of this type of violence (Gracia et al. 2020). The *National Plan to End Violence against Women and Children 2022-2032* (National Plan) recognises this relationship, stating that to prevent FDSV the underlying drivers of violence must be addressed (DSS 2022). A national framework for the primary prevention of violence against women in Australia highlights several drivers that must be shifted, including attitudes and behaviours that condone violence against women, rigid gender roles, and stereotypes of masculinity and femininity (Our Watch 2017, Our Watch 2021).

In addition to being associated with the perpetration of violence, attitudes towards violence can also have an important influence on victim-survivors. For example, attitudes in the community that condone violence or blame victim-survivors can have an impact on how a victim-survivor perceives the violence and whether a victim-survivor reports or seeks help following an incident of violence (Gracia et al. 2020).

Much of what is known about community attitudes towards FDSV in Australia comes from the National Community Attitudes towards Violence against Women Survey (NCAS) (see Box 1). Equivalent data on attitudes towards violence against men and other victims are not available at a national level.

Box 1: What does the National Community Attitudes towards Violence against Women Survey (NCAS) tell us about community attitudes?

The NCAS is a national survey that measures community knowledge of, and attitudes towards, violence against women. The 2021 NCAS collected information from a representative sample of 19,100 people aged 16 and over. The survey has 2 scales that collect information on community attitudes:

- Attitudes towards Gender Inequality Scale (AGIS): this scale has 17 items and includes subscales related to undermining women's autonomy; reinforcing rigid gender roles and expectations; normalising sexism; and denying that gender inequality is experienced by women
- Attitudes towards Violence against Women Scale (AVAWS): this scale has 43 items and includes subscales related to minimising the seriousness of violence and shifting blame; mistrusting women's reports of violence; and objectifying women and disregarding the need to gain their consent.

Data sources for measuring community attitudes towards FDSV

- National Community Attitudes towards Violence against Women Survey
- AIFS National Elder Abuse Prevalence Study – Survey of Older People (SOP) and Survey of the General Community (SGC)
- Community knowledge and attitudes about child abuse and child protection in Australia

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

What do the data tell us?

Attitudes towards gender inequality

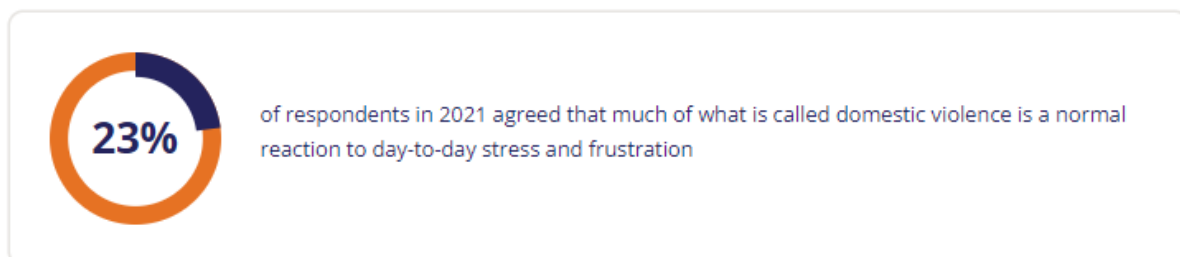
Gender inequality creates a social context in which violence against women occurs (Our Watch 2021) and has been associated with attitudes that condone violence against women (Coumarelos et al. 2023b).

Results of the 2021 NCAS show that most people in Australia hold attitudes that reject gender inequality, however some attitudes remain a concern:

- 10% agree that men generally make more capable bosses
- 19% agree that women prefer a man to be in charge of relationships
- 15% agree that there is no harm in sexist jokes
- 6% agree that women should not initiate sex when a couple starts dating
- 41% agree that many women mistakenly interpret innocent remarks as sexist (Coumarelos et al. 2023b).

Attitudes towards violence against women

People who hold attitudes excusing the perpetrator and holding women responsible for FDSV are not necessarily prone to violence, or more likely to openly condone violence. These attitudes however, when expressed, can contribute to a culture that excuses perpetrators, disregards consent, minimises the impact of violence against women and mistrusts women's reports of violence (Webster et al. 2018).



Results of the 2021 NCAS show that some people in Australia hold attitudes that minimise violence against women and shift blame:

- 19% believe that sometimes a woman can make a man so angry that he hits her when he didn't mean to
- 23% agree that much of what is called domestic violence is a normal reaction to day-to-day stress and frustration (Coumarelos et al. 2023b).

A considerable proportion also hold attitudes that mistrust women's reports of violence:

- 34% agree it is common for sexual assault accusations to be used as a way of getting back at men

- 37% agree that women going through custody battles often make up or exaggerate claims of domestic violence to gain tactical advantage in their case
- 24% agree that a lot of time, women who say they were raped had led the man on and had regrets (Coumarelos et al. 2023b).

A concerning minority also hold attitudes that objectify women and disregard their consent:

- 25% agree that when a man is very sexually aroused he may not even realise that the woman doesn't want to have sex
- 13% agree that women should be flattered if they get wolf-whistles or catcalls when walking past a group of men in public
- 10% agree that women often say "no" when they mean "yes" (Coumarelos et al. 2023b).

Box 2: Attitudes towards technology-facilitated abuse

Technology-facilitated abuse refers to a range of violent and abusive behaviours utilising mobile, online and other digital technologies (DSS 2022). The main forms of technology-facilitated abuse are: harassment, stalking, impersonations and threats (eSafety 2023). While data on technology-facilitated abuse in the Australian context are limited, it is a growing concern.

The 2021 NCAS included items addressing technology-facilitated abuse, 2 of which addressed attitudes towards this type of abuse. Results indicated that most people are aware of the impact of violence that is perpetrated online, however a proportion of the community held the following beliefs:


- 21% of respondents agreed that if a woman sends a naked picture to her partner, then she is partly responsible if he shares it without her permission
- 7% of respondents agreed that if a woman meets up with a man she met on a mobile dating app, she's partly responsible if he forces sex on her (Coumarelos et al. 2023b).

For more information, see **Community understanding of FDSV** and **Stalking and surveillance**.

Has it changed over time?

Exploring community attitudes associated with FDSV over time can help to identify societal shifts and evaluate primary prevention policies and programs. However, it is important to bear in mind that changes in community attitudes take time. National time series data on community attitudes towards violence against women are available from the NCAS.

Changes in attitudes towards gendered violence and inequality



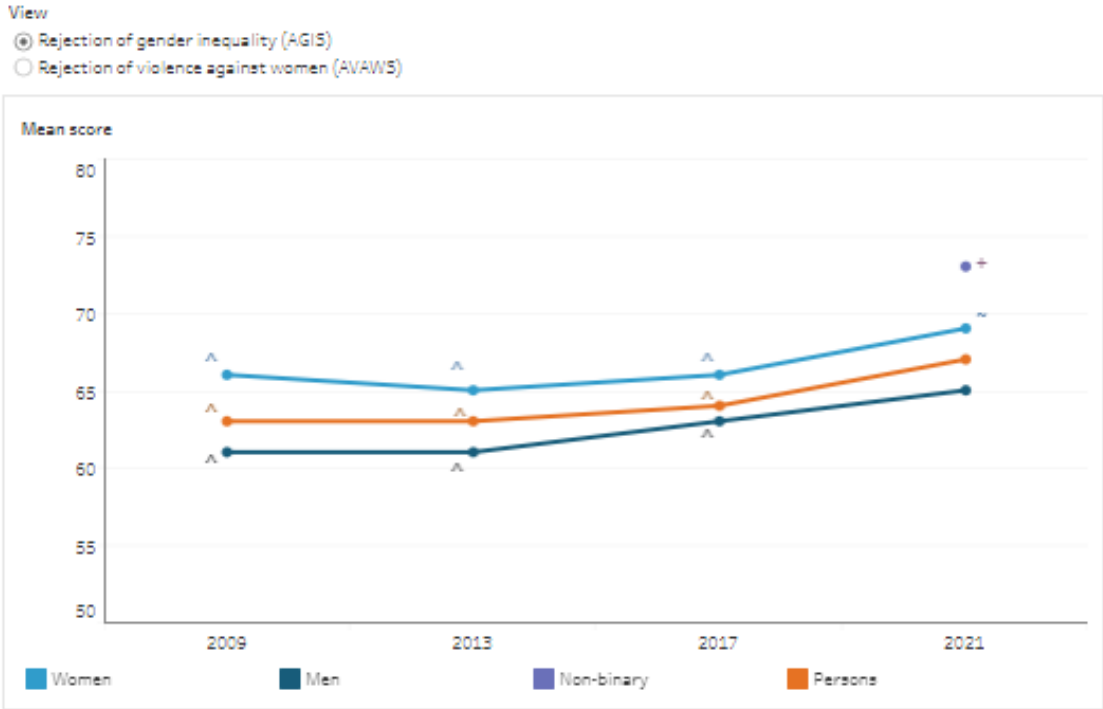
Between 2009 and 2021, there was a positive shift in the community's rejection of gendered violence and inequality

As shown in Figure 1, in Australia, between 2009 and 2021 there was a positive shift in attitudes that reject gender inequality and in attitudes that reject violence against women.

However, attitudes that reject violence against women improved more slowly, with no significant change between 2017 and 2021. This plateau largely reflected a lack of significant improvement in attitudes towards domestic violence between 2017 and 2021 (Coumarelos et al. 2023b).

These attitudes are measured by the Attitudes towards Gender Inequality Scale (AGIS) and the Attitudes towards Violence Against Women Scale (AVAWS) of the NCAS (see Box 1). On these scales a higher score is seen as desirable because it reflects higher rejection of problematic attitudes. Scores on the AGIS and AVAWS over time are shown in Figure 1.

Figure 1: Mean score on the Attitudes towards Gender Inequality Scale and the Attitudes towards Violence against Women Scale, 2009, 2013, 2017 and 2021



^: statistically significant difference to the 2021 mean score. ~: statistically significant difference to the 2021 mean score for men. +: statistically significant difference to the 2021 mean scores for women and men. Source: NCAS 2021. <https://www.aihw.gov.au>

Improved community attitudes towards violence against women as measured by scores on the AGIS, AVAWS, and the Sexual Violence Scale of the NCAS, are identified as targets in the [Outcomes Framework 2023-2032](#). For this and other related data, see the **National Plan Outcomes** measures:

- **Community attitudes towards violence against women**
- **People who would intervene if they witnessed disrespect or abuse**
- **People who would be bothered by a friend telling a sexist joke**
- **People who would intervene if bothered by a friend telling a sexist joke**
- **Understanding of violence against women among young people.**

Is it the same for everyone?

Looking at community attitudes across different population groups can help to identify which groups are more likely to hold attitudes associated with increased tolerance of FDSV. This information can point to areas where programs targeting FDSV may be beneficial.

Findings from the NCAS 2021 survey showed that the impact of demographic factors on attitudes was modest, but that in Australia:

- Women were significantly more likely than men to demonstrate stronger rejection of gender inequality and stronger rejection of violence against women. Non-binary respondents were significantly more likely to demonstrate stronger rejection of gender inequality and sexual violence compared with men and women, and stronger rejection of domestic violence compared with men (Coumarelos et al. 2023b). For details on how data related to sex and/or gender are presented in this report, see **Methods**.
- Respondents aged 25–34 years demonstrated significantly higher rejection of violence against women compared with all other ages on average, while older respondents (75 years or over) demonstrated significantly lower rejection of gender inequality and violence against women (Coumarelos et al. 2023b).
- Younger respondents (aged 16-24 years) were significantly less likely than respondents aged 25 years and older to reject some gender norms that limit women’s autonomy in relationships and were also less likely to reject attitudes that excuse and minimise violence. While younger people were more likely to be bothered by sexist jokes in the workplace, they were less likely to intervene if the joke was told by a boss (Coumarelos et al. 2023a).
- Respondents living in the lowest socioeconomic areas were significantly less likely to reject gender inequality and violence against women, compared with respondents living in the highest socioeconomic areas (Coumarelos et al. 2023b).
- Respondents with university qualifications were significantly more likely than those with lower levels of education to demonstrate stronger rejection of gender inequality, rejection of violence against women, and prosocial bystander responses

(for example, when a bystander intervenes in response to witnessing disrespect or abuse) (Coumarelos et al. 2023b).

Victim-blaming attitudes differ across population groups

In a review of 40 survey-based studies across 19 European countries, Gracia and Lila (2015) identified that attitudes supportive of gender stereotypes were more common in men, older people, those with lower levels of education, and people living in rural areas. Similarly, with regard to violence against women, victim-blaming attitudes were also more common among men, older people, those with lower levels of education, and minority groups.

Attitudes towards other types of abuse

Attitudes towards types of violence or abuse that exist within specific population groups can influence social norms regarding the treatment of those groups. In this section, attitudes towards elder abuse and child abuse are discussed.

Elder abuse

Elder abuse can take many forms, including psychological or emotional abuse, financial abuse, physical abuse, sexual abuse, and neglect (ALRC 2017). The 2021 Australian Institute of Family Studies (AIFS) Elder Abuse Prevalence Study is a national study that measures prevalence of attitudes towards elder abuse. It consists of 2 nationally representative surveys. The Survey of the General Community (SGC) sampled 3400 general community members aged 18-64 years. The Survey of Older People (SOP) sampled 7,000 people aged 65 years and older in Australia.

Most people do not accept elder abuse



1 in 2

respondents in 2021 agreed that most people ignore or turn a blind eye to **elder abuse**

For the most part, the AIFS Elder Abuse Prevalence study showed that general community members and older people do not hold accepting or condoning views about elder abuse. A minority of each group agreed that abuse of older people is a private matter that should be handled in the family (SGC 9.3%; SOP 15%), is understandable if the person committing the abuse is under a lot of stress in their lives (SGC 7.2%; SOP 20%), or is understandable if the older person is difficult to deal with (SGC 6.9%; SOP 25%) (Qu et al. 2021).

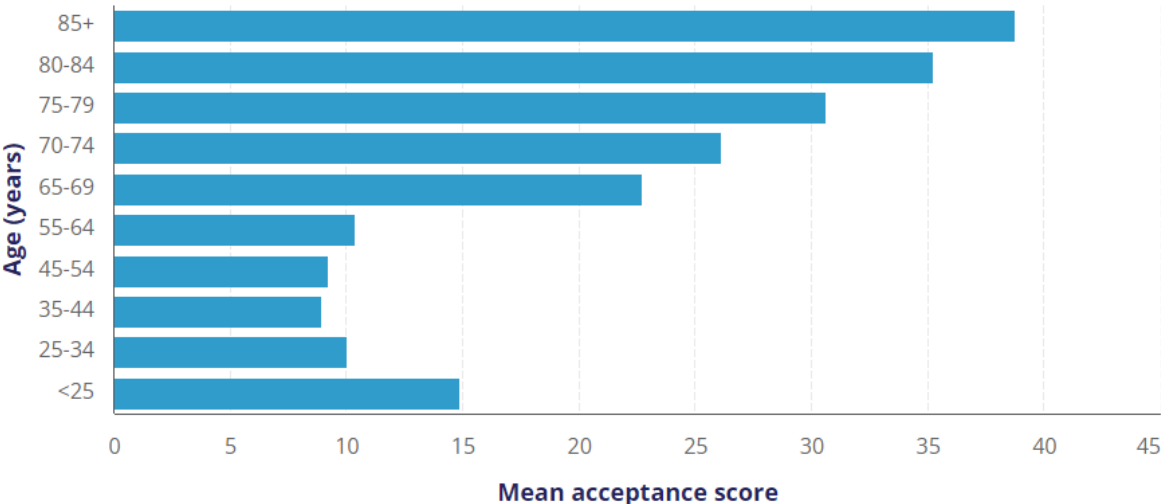
There were mixed views about community willingness to recognise elder abuse as a form of abuse with around half of SGC respondents agreeing that most people ignore or turn a blind eye to elder abuse (SGC 52%; SOP 41%) (Qu et al. 2021).

For more information, see **Older people**.

Older people are more accepting of elder abuse than younger people

Older people were generally more accepting of elder abuse than younger people. However, in the SGC, the youngest people (aged 24 years or less) held more accepting views toward elder abuse than those aged 25–64 years. In the SOP sample, there was a clear age-related pattern whereby people aged 65 years and older had higher levels of accepting or condoning attitudes towards elder abuse as their age increased. This pattern may be due to differences in other socio-demographic characteristics which were associated with acceptance of elder abuse such as gender, country of birth, marital status, identification with religion, education, income and social isolation (Qu et al. 2021).

Figure 2: Mean score of acceptance of elder abuse, by age



^: statistically significant difference to the mean score for people aged <25 years.
~: statistically significant difference to the mean score for people aged 65-69 years.

Source: AIFS National Elder Abuse Prevalence Study | [Data source overview](#)

Child abuse

Community attitudes towards child abuse can influence social norms around how children are treated and the likelihood of maltreatment being reported.

The 2021 Community Knowledge and Attitudes about Child Abuse and Child Protection in Australia survey examined community engagement with the issue of child abuse, including attitudes towards children who disclose abuse and adults who perpetrate abuse. Similarly, the 2023 Australian Child Sexual Abuse Attitudes, Knowledge and Response Study measured community attitudes towards childhood sexual abuse (see Box 3).

For more information on child abuse, see **Children and young people** and **Child sexual abuse**.

Box 3: Attitudes towards child abuse

The Community Knowledge and Attitudes about Child Abuse and Child Protection in Australia survey was first conducted in 2003 and has since been repeated in 2006, 2010 and 2021 (Tucci and Mitchell 2021). In 2021, a nationally representative sample of about 1,000 adults aged 18 years and over in Australia was surveyed on levels of engagement with the issue of child abuse. The survey measures the knowledge, perceptions and biases of respondents in relation to child abuse.

The survey found that 2 in 3 (67%) survey respondents believed that children make up stories about being abused or are uncertain whether to believe children when they disclose being abused.

A minority of respondents shifted blame for the abusive behaviour of adults:

- 1 in 6 respondents believed that sometimes children are responsible for the abuse they receive from others.
- 1 in 6 respondents believed that adults should not be blamed for abusing a child if they get so angry that they lose control.
- 1 in 7 respondents were uncertain or did not believe that parents who have physically abused and caused injuries to their child should be charged by the police (Tucci and Mitchell 2021).

In 2023, the National Centre for Action on Child Sexual Abuse (2024) conducted a nationally representative survey for the Australian Child Sexual Abuse Attitudes, Knowledge and Response study. One aim was to understand community attitudes towards child sexual abuse, disclosures of child sexual abuse, and identifying harmful behaviours among children and young people. The study included over 4,000 respondents aged 18 and over.

Some key findings from the study were:

- 4 in 10 (40%) respondents agreed/strongly agreed that older children have a responsibility to actively resist adults' sexual advances.
- 1 in 5 (22%) were neutral that children should always be believed if they disclose sexual abuse, indicating that some community members do not believe or are uncertain they would believe children who disclose sexual abuse.
- About 1 in 8 (12%) respondents agreed/strongly agreed that adolescent girls who wear very revealing clothing are 'asking' to be sexually abused (National Centre for Action on Child Sexual Abuse 2024).

For more information, see **Children and young people** and **Child sexual abuse**.

Related material

- Community understanding of FDSV

- Intimate partner violence
- Who uses violence?
- Older people
- Stalking and surveillance
- Children and young people

More information

- [Older people](#)
- [Sexual assault in Australia](#)
- [Family, domestic and sexual violence: National data landscape 2022](#)
- [Child protection](#)

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Consent

Key findings

- 1 in 10 (10%) people had the false belief in 2021 that ‘If a woman is raped while she is drunk or affected by drugs she is at least partly responsible’.
- More people disagreed that ‘since some women are so sexual in public, it’s not surprising that some men think they can touch women without permission’ in 2021 (89%) than in 2017 (76%).
- 1 in 4 (25%) secondary school students surveyed in 2021 reported that their sexuality/relationship education was very or extremely relevant.

How we define consent affects how we define and understand family, domestic and sexual violence. Consent can be broadly defined as a person freely and voluntarily agreeing to participate in an interaction. While consent can apply to a broad range of issues, in this topic page the term refers to sexual consent. Over time both community perceptions and legal definitions of consent have changed. These changes are a critical part of improving how Australia’s legal system responds to the complex circumstances in which sexual violence can occur and ensuring that everyone can feel safe and respected in their relationships.

What is consent?

Consent can be broadly defined as a person freely and voluntarily agreeing to participate in an interaction. Consent can relate to a wide range of issues including medical procedures, the use of personal information and images, and physical and sexual interactions. In this topic page, consent is discussed in terms of sexual interactions. Sexual violence occurs when a person is involved in sexual interactions without consent. For further discussion of sexual violence, see **Sexual violence**. For a discussion of data related to other forms of consent, such as in technology-facilitated abuse, see **Stalking and surveillance**, and in forced marriage, see **Modern slavery**.

Consent requires ongoing mutual communication and decision-making and can be withdrawn at any point through verbal and non-verbal communication and cues. A lack of physical or verbal resistance (for example, where a person has a freeze response) does not indicate consent (NSW LRC 2018). A freeze response is an involuntary, reflexive fear response characterised by a person being unable to move or give physical or verbal resistance in a situation involving extreme fear.

In Australia’s legal system, consent is defined by relevant laws of all state and territories, which vary between jurisdictions (AIFS 2021). There are ongoing reforms in a number of states and territories to amend the legal definition of sexual consent to an affirmative model of consent that requires a person to take active steps to say or do something to find out whether the other person consents to the sexual activity (Australian Government 2022; DSS 2022).

Consent must be 'informed', this refers to the need for a person to understand what they are consenting to, with nothing preventing them from providing their consent or changing their mind. Informed consent cannot be given in many circumstances including if someone is:

- under the age of consent (see Box 1)
- unclear about the sexual behaviour being asked of them at the time
- unable to understand the sexual behaviour being asked of them, for example due to cognitive impairment
- passed out, unconscious or asleep
- heavily affected by alcohol or other drugs
- misled about what the sexual activity involves or its purpose, including the identity of the other person
- forced or pressured into the sexual interaction (Australian Government 2022; DSS 2022).

A pattern of controlling and abusive behaviour in relationships may make a person unable or reluctant to express or withdraw consent due to factors including fear of the perpetrator:

- harming them or their family
- taking away their access to money, medical treatment, support and so on
- spreading damaging information or misinformation about the person (Australian Government 2022).

For a further discussion of patterns of controlling and abusive behaviour, refer to **Coercive control**.

Consent is needed no matter a person's relationship with another. In relationships where a person is in a position of authority over the other person it is never acceptable for them to do sexual things together, even with consent. This includes relationships between:

- anyone and a child, as children under the age of consent cannot consent to sex or sexual acts (see Box 1)
- teachers and school students
- employers and employees
- professional health workers and their patients
- professional carers or support workers and their clients (Australian Government 2022).

Box 1: Legal age of consent in Australia

The legal age for consensual sexual interactions varies between 16 and 17 years across Australian state and territory jurisdictions (Table 1).

Table 1: Legal age of consent for each jurisdiction and the relevant legislation

Jurisdiction	Legislation	Age of consent
Australian Capital Territory	<i>Crimes Act 1900 (Section 55)</i>	16 years
New South Wales	<i>Crimes Act 1900 (Section 66C)</i>	16 years
Northern Territory	<i>Criminal Code Act 1983 (Section 127)</i>	16 years
Queensland	<i>Criminal Code Act 1899 (Section 215)</i>	16 years
South Australia	<i>Criminal Law Consolidation Act 1935 (Section 49)</i>	17 years
Tasmania	<i>Criminal Code Act 1924 (Schedule 1, Section 124)</i>	17 years
Victoria	<i>Crimes Act 1958 (Section 49B)</i>	16 years
Western Australia	<i>Criminal Code Act Compilation Act 1913 (Section 321)</i>	16 years

Source: AIFS 2021.

A number of jurisdictions provide a legal defence for sexual interactions between mutually consenting young people who are close in age (the Australian Capital Territory, New South Wales, South Australia, Tasmania, Victoria and Western Australia) (AIFS 2021).

What do we know about attitudes relating to consent?

A survey of about 2,000 adults in Australia in 2021 showed 7 in 10 (70%) believe the way people broadly think and talk about sexual consent is different now compared to a few years ago (Kantar Public 2022). However, when asked for how it was different, there was little consistency in responses, with many unable to describe specific changes. About half (48%) of respondents were conflicted in their understanding of consent, uncertain of their own ability to define it and/or found it difficult to talk about (Kantar Public 2022).

Some people still hold **negative beliefs and attitudes** about consent and sexual violence including views that:

- sexual violence can't happen within an intimate relationship
- the victim of sexual violence is fully or partly responsible for 'inviting' or not preventing violence

- the damage that can be caused by sexual violence is not as serious as it really is (DSS 2022; Coumarelos et al. 2023b).

Many people desire clarity and leadership on providing education around consent to the broader community (Kantar Public 2022). Over 1 in 5 (22%) university students suggested universities need to educate students about sexual harassment and consent to reduce incidents of sexual violence (Heywood et al. 2022). The *National Plan to End Violence against Women and Children 2022–2032* also emphasises the need for increased consent education across the community to promote positive, equal and respectful relationships between people of all genders and in all contexts (DSS 2022). The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* focuses future activity towards raising child sexual abuse awareness and better and more targeted education about child sexual abuse and healthy relationships (NOCS 2021).

Recently there has been progress towards more widespread education and awareness of issues around consent. These include the implementation of respectful relationships education in schools, recent campaigns on consent and the #metoo movement (DSS 2022). Education ministers around Australia agreed to mandate consent education in schools from 2023 (Woodley et al. 2022). All Australian schools are now required to teach age-appropriate consent education from the first year of compulsory schooling to Year 10 and in 2022, a new Australian Curriculum was released with updated content and guidance for teaching about consent (ACARA 2022).

Box 2: What national data are available to report on attitudes relating to consent and consent education?

In Australia, data on attitudes towards consent are limited and data are not currently collected nationally on people's understanding of consent.

The National Community Attitudes towards Violence against Women Survey (NCAS) collects data that shows if respondents hold attitudes that disregard the need for sexual interactions to be based on the presence of, and ongoing negotiation of, consent. These attitudes are supportive of violence against women and should be rejected (Coumarelos et al. 2023b). For a broader discussion of community attitudes and understanding of violence against women, see **Community attitudes**.

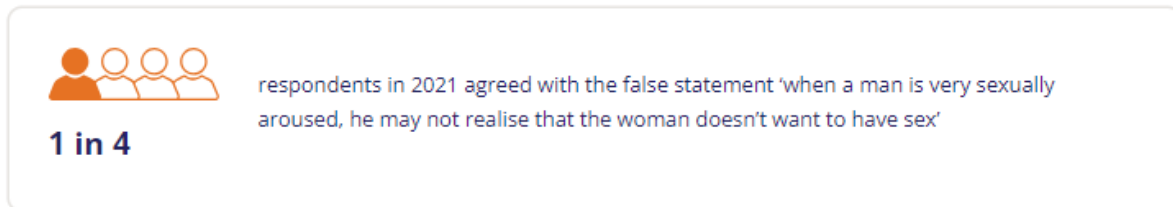
The National Survey of Australian Secondary Students and Sexual Health (SSASH) explores adolescent students' understanding of sexual health and infections, and their sexual behaviour. While this survey emphasises understanding of sexual health, it also asks about sexuality/relationships education in general. The 7th Survey was released in 2022. The term LGBTQ+ used in the study refers to people who identified their sexual orientation as lesbian, gay, bisexual, unsure, or a different term (other than heterosexual). Trans and non-binary is used as an umbrella term to refer to people who identified their gender as transgender, non-binary or a different term to describe non-cisgender identity.

The Australian Human Rights Commission is currently doing a national survey on the extent of secondary students' consent education and the understanding, experience, nature and reporting of sexual harassment among these students (AHRC 2022). Unlike the SSASH, this will focus on the understanding and education of consent rather than sexual health.

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

What do the data show?

Negative attitudes about consent



The 2021 NCAS asked questions related to attitudes that disregard the need for sexual interactions to be based on the presence of and ongoing negotiation of consent. Many of these attitudes reflect stereotyped beliefs about the roles of men and women in sexual relationships. This included:

- **Attitudes that mistrust women's reports of violence** – about 1 in 3 (34%) believed it is common for sexual assault accusations to be used as a way of getting back at men, contrary to the evidence
- **Attitudes that minimise violence against women and shift blame** – about 1 in 5 (19%) agreed that 'sometimes a woman can make a man so angry that he hits her when he didn't mean to'
- **Attitudes that objectify women** – 1 in 10 (10%) agreed that 'since some women are so sexual in public, it's not surprising that some men think they can touch women without permission'
- **Attitudes that promote disregard for consent** – 1 in 4 (25%) agreed that 'when a man is very sexually aroused, he may not realise that the woman doesn't want to have sex'
- **Attitudes that justify forced sex** – about 1 in 13 (8%) believed that a man would be justified in forcing sex with a woman in a situation where they had just met at a party, got on well, gone to the woman's home and the woman had initiated intimacy before pushing him away (Coumarelos et al. 2023b).

For a more detailed discussion of community attitudes and understanding of violence against women, see **Community attitudes**.

Attitudes about coerced sex in marriage

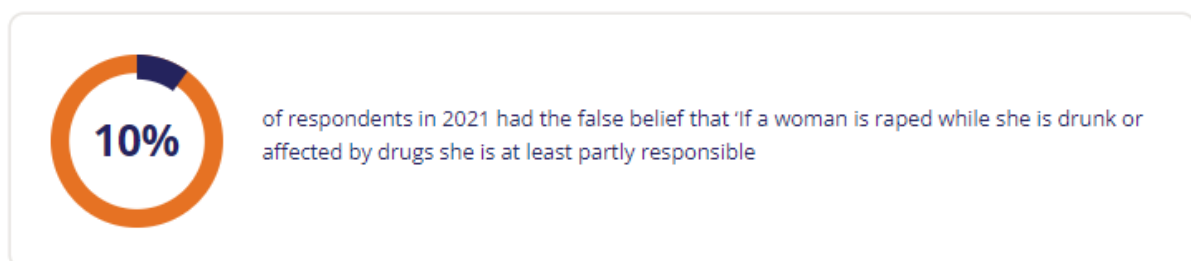
About 1 in 9 (11%) people in 2021 thought that a married man was justified in insisting on or forcing sex on their wife if intimacy was started by the woman then the woman pushed him away.

About 1 in 5 (20%) people in 2021 did not know that it is a criminal offence for a man to have sex with his wife without her consent, reporting that they were either unsure (9%) or thought it was not a criminal offence (11%). Historically, sexual assault in marriage was not explicitly criminalised in many countries. In Australia, from 1976 into the 1980s, legislation was enacted to make it clear that sexual assault in marriage is against the law (Coumarelos et al. 2023b; Larcombe and Heath 2012).

The 2021 NCAS asked whether, contrary to law, people agreed that a married man was justified in insisting on or forcing sex on his wife in certain situations:

- very few (3%) supported the husband if intimacy was started by the man but the woman pushed him away
- about 1 in 9 (11%) supported the husband if intimacy was started by the woman then the woman pushed him away (Coumarelos et al. 2023b).

Attitudes about alcohol use and consent



According to the 2021 NCAS, some people hold attitudes that violence can be excused if alcohol is involved:

- 1 in 10 (10%) agreed that 'If a woman is raped while she is drunk or affected by drugs she is at least partly responsible'
- about 1 in 20 (6%) agreed that 'a man is less responsible for rape if he is drunk or affected by drugs at the time' (Coumarelos et al. 2023b).

The NCAS found that some people hold attitudes around alcohol and consent in relationships that are inconsistent with laws related to consent – 1 in 17 (6%) agreed that 'if a woman is drunk and starts having sex with a man, but then falls asleep, it is understandable if he continues having sex with her anyway' (Coumarelos et al. 2023b). Compared with respondents aged 25 years and older, younger people (16–24 years) were more likely to excuse the perpetrator if he was drunk or affected by drugs and less likely to excuse the perpetrator if the victim was drunk and fell asleep (Coumarelos et al. 2023a).

Consent education in Australia



1 in 4 secondary school students

surveyed in 2021 said their sexuality/relationship education was very or extremely relevant

The 2021 7th National Survey of Secondary Students and Sexual Health asked students aged 14 to 18 years about sexuality/relationship education (SRE) and found that 93% reported receiving SRE at school, most commonly in Years 8 and 9. A smaller proportion of those who were homeschooled (80%) or from Catholic schools (89%) reported receiving SRE than those from independent (93%) or government schools (95%) (Power et al. 2022).

Most (96%) students reported that they thought SRE was an important part of the school curriculum. However, only 1 in 4 (25%) participants reported that their SRE was very or extremely relevant, with higher proportions for:

- males (29%) than females (23%) or trans and non-binary people (20%)
- heterosexual young people (28%) than LGBTQ+ young people (21%)
- students from government (26%) and independent (24%) schools than students from catholic schools (21%) or that were homeschooled (19%) (Power et al. 2022).

When asked about the range of topics covered in SRE, most students reported that safe sex in same sex relationships, anal sex and issues of sex for people with disabilities were not covered at all (Power et al. 2022).

Based on student comments on SRE:

- many described it as largely inadequate to their needs and overall, not supporting their development of sexual relationships or health
- some students described a lack or absence of detail on topics they wanted and expected, such as consent, anatomy, reproductive processes, sexuality, sexual communication and relationships
- the capacity, attitude and comfort of teachers in delivering SRE was central to students' experience of SRE (Power et al. 2022).

See [The 7th National survey of Australian secondary students and sexual health 2021](#) for further information.

Has it changed over time?

Negative attitudes about consent over time

More people disagreed that 'Women often say 'no' when they mean 'yes' in 2021 (86%) than in 2013 (74%).

Some questions related to attitudes that disregard the need for an ongoing negotiation of consent have been asked in more than one iteration of the NCAS. For some attitudes, improvements are evident over time:

- **Attitudes that objectify women** – more people disagreed that ‘since some women are so sexual in public, it’s not surprising that some men think they can touch women without permission’ in 2021 (89%) than in 2017 (76%).
- **Attitudes that promote disregard for consent** – more people disagreed that ‘Women often say ‘no’ when they mean ‘yes’ ’ in 2021 (86%) than in earlier years (78% in 2009 and 74% in 2013)
- **Attitudes that excuse violence if alcohol is involved** – more people disagreed that ‘If a woman is raped while she is drunk or affected by drugs she is at least partly responsible’ in 2021 (88%) than in earlier years (80% in 2009, 78% in 2013) (Coumarelos et al. 2023b).

Consent education over time

Based on data from the National Survey of Secondary Students and Sexual Health:

- more Year 10, 11 and 12 students reported receiving SRE in 2021 (94%) than in 2018 (84%) or 2013 (86%)
- fewer Year 10, 11 and 12 students reported finding RSE ‘very’ or ‘extremely’ relevant in 2021 (24%) than in 2018 (38%) or 2013 (48%) (Power et al. 2022).

Related material

- Community understanding of FDSV
- Community attitudes
- Stalking and surveillance
- Sexual violence
- Modern slavery
- Coercive control

More information

- [Family, domestic and sexual violence: National data landscape 2022](#)
- [National sexual violence responses](#)
- [Sexual assault in Australia](#)

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Coercive control

Key findings

- 23% (2.3 million) of women and 14% (1.3 million) of men have experienced emotional abuse by a current or previous partner
- 16% (1.6 million) of women and 7.8% (745,000) of men have experienced economic abuse from a current or previous partner

The work of survivor-advocates and researchers has led to a growing public awareness in recent years of coercive control in the context of family and intimate partner relationships. Historically, family and domestic violence (FDV) was understood as physical and/or sexual violence, with a focus on single or episodic acts of violence. It is now seen to cover a wider range of behaviours and harms, including emotional abuse, harassment, stalking and controlling behaviours. Coercive control is a commonly occurring foundation for FDV (ANROWS 2021; Boxall et al. 2020; Hardesty et al. 2015) and is recognised in legal definitions of FDV (see Box 4).

The *National Plan to End Violence against Women and Children 2022–2032* recognises coercive control as a key area of focus for addressing gender-based violence in Australia. However, widespread national reporting on coercive control is currently limited and this has been highlighted as a critical information gap (Standing Committee for Social Policy and Legal Affairs 2021).

This page discusses what is currently known about coercive control, the work being done to identify and respond to it, and how it is discussed in the AIHW FDSV reporting. While the AIHW's FDSV reporting focuses on national quantitative data, some contributions from people with lived experience are included on this page to deepen our understanding of coercive control.

What is coercive control?

Coercive control is often defined as a pattern of controlling behaviour, used by a perpetrator to establish and maintain control over another person. Coercive control is almost always an underlying dynamic of FDV and intimate partner violence (McLindon et al. 2025). Perpetrators use coercive control to deprive another person of liberty, autonomy and agency (Cortis and Bullen 2015; ANROWS 2021).

What does coercive control mean to you?



'It's a pattern of behaviour by an abuser to control their partner/family member and create an uneven power dynamic in the abuser's favour.'

Sanda

[WEAVERs Expert by Experience](#)

While some of the behaviours that contribute to coercive control can be considered acts of violence themselves – and may be recognisable as emotional abuse, harassment, financial abuse, stalking or technology-facilitated abuse – it is important to see coercive control as the overall pattern within a relationship that is ongoing, repetitive and cumulative in nature (ANROWS 2021).

What did coercive control look like for you?



'My lived experience of coercive control involved isolation from family and friends, gaslighting, name-calling, financial control, restricted autonomy, jealousy and threats of violence for non-capitulation. These behaviours resulted in psychological harm, and escalation from threats of violence into inflicting actual violence as he wanted to enhance the threat's credibility.'

Sanda

[WEAVERs Expert by Experience](#)



'At the beginning of my abusive relationship, my partner put me on a pedestal and treated me like a queen – gifts, flowers; spoilt my son with gifts and treats. She took us on holidays, and we spent all our time together. After 3 months she moved into my home and slowly but surely started isolating me from my friends and family. She would send me messages when I was out with friends asking me when I would be home, or she would insist on coming everywhere with me because she "didn't want to be without me". As time went on, she had convinced me what I was experiencing was all in my head. She would lie to me all the time but had me convinced I was delusional. She told me if I went to the police, they would put me into a psychiatric institution and I would lose my son, our home and my family and friends.'

Martina

[WEAVERs Expert by Experience](#)



'I wasn't allowed to make any decisions without him. My texts were read, he answered my emails. He was in the background telling me what to say on any phone calls. I was not allowed to go to the doctors because he said there was nothing wrong with me. It was a living hell.'

Maggie

[WEAVERs Expert by Experience](#)

Coercive control is not defined by specific incidents

Perpetrators can use many different types of abusive behaviour to exert power and dominance, and can integrate coercive controlling behaviours into everyday life as a means to manipulate others.

Physical and/or sexual violence do not need to be present for coercive control to occur, or for it to have harmful or traumatic consequences. Coercive control can involve subtle or covert behaviours that would be perceived as innocuous to an external observer, but would be experienced as abusive or controlling by the victim-survivor (Boxall and Morgan 2021). The effects of coercive control are pervasive, and cumulative rather than incident-specific.

Coercive control can also involve, or occur alongside, behaviours and harms commonly referred to as technology-facilitated abuse (TFA). TFA can take the form of stalking, surveillance, tracking, threats, harassment and the non-consensual sharing of intimate images. Perpetrators may misuse devices, accounts, software or platforms to control, abuse and track victim-survivors. In intimate relationships, TFA can enable violence to occur or continue. The overlap between TFA and intimate partner violence is discussed further in **Intimate partner violence**.

What do people get wrong about coercive control?



'Because coercive control doesn't leave bruises, the seriousness of it continues to be minimised. Our society still prioritises physical and sexual violence. This is despite research into physical and sexual violence identifying that it is psychological harm that is the hardest and takes the longest to recover from. It's like we're screaming into a void.'

Lily

[WEAVERs Expert by Experience](#)

What do we know?

Given the complex nature of coercive control – the way it occurs repeatedly, subtly and sometimes over a long period of time – it can be difficult to measure the prevalence precisely. Coercive control can be experienced by anyone, but is entrenched in gender inequality, and predominantly perpetrated by men towards women (Buzawa et al 2017; ANROWS 2021). A growing body of international research highlights some of the key challenges with measuring coercive control (Box 1).

Box 1: Measuring coercive control – international examples

The measurement of coercive control currently relies on using survey instruments that capture non-physical forms of violent or controlling behaviour. While these survey data have limitations, they can be used to show the differences between prevalence rates for FDV when a broader range of behaviours – some of which may be used by a perpetrator to inflict coercive control – are taken into account or not.

National Violence Against Women Survey (United States)

In the United States, a study by Johnson et al. (2014) used data from the 1995–96 National Violence Against Women Survey to look at coercive control between previous partners. The aim of the study was to overcome the limitations of measuring coercive control between current partners, which may be underestimated because people are less likely to participate in surveys or disclose certain behaviours when they are currently experiencing coercive control. The survey was administered to a national random sample of 8,005 men and 8,000 women aged 18 years or older, and the Coercive Control Scale was constructed from a subset of twelve survey items that dealt with non-violent control tactics used by the respondent's partner. The 12 items asked if the respondent's partner:

- has a hard time seeing things from your point of view
- is jealous or possessive
- tries to provoke arguments
- tries to limit your contact with family and friends
- insists on knowing who you are with at all times
- calls you names or puts you down in front of others
- makes you feel inadequate
- shouts or swears at you
- frightens you
- prevents you from knowing about or having access to the family income even when you ask
- prevents you from working outside the home
- insists on changing residences even when you don't need or want to (Johnson et al. 2014).

The study found that abusive relationships involving coercive control involve a wider variety of acts of violence, more frequent acts of violence, and more injuries and psychological distress compared with abusive relationships with isolated situational (or incident-based) violence (Johnson et al 2014).

Crime Survey for England and Wales

The Crime Survey for England and Wales (CSEW) is an annual, representative victimisation survey of people aged 16 years and over in England and Wales. The survey interviews 46,000 people in a rolling annual program, and asks about crime victimisation in the 12 months

prior to the interview. A study conducted in 2015 re-analysed the CSEW data to provide a measure of severity and typology of coercive controlling violence by intimate partners.

Respondents were characterised as having experienced coercive control if they said their partner had both:

- 'Repeatedly belittled [you] to the extent that [you] felt worthless' and
- 'Frightened [you], by threatening to hurt [you] or someone close to [you]'.

These measures reflected that the abuse was ongoing, denigrating, perceived as threatening, and had caused a degree of fear (Stark and Hester 2019). By contrast, all other respondents who reported physical violence or acts of emotional or psychological abuse from an intimate partner were classified as only having experienced situational violence. The study found that abusive relationships involving coercive control had more severe and more frequent physical violence, that was more likely to persist over time, than those involving situational violence (Myhill 2015).

What national data are available to report on coercive control?

Data on coercive control in Australia are limited. Some existing data sources are available to report on specific (non-physical) harmful behaviours noting the limitations in using survey data to generate robust estimates for the prevalence of coercive control.

Data sources for measuring coercive control

- ABS Personal Safety Survey
- ABS Recorded Crime – Victims
- Australian Domestic and Family Violence Death Review Network (ADFVDRN)

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

Coercive control was criminalised in New South Wales on 1 July 2024. The NSW Bureau of Crime Statistics and Research (BOCSAR) release quarterly monitoring of incidents of coercive control recorded by NSW Police (see Box 3). For more information on the criminalisation of coercive control in Australia, see Box 4.

What do the data show?

Survey data available to date only show the prevalence of specific harmful behaviours, some of which may be used in the context of coercive control. The survey instruments used to collect these data are incident-based, so they are unable to capture the ongoing nature of, and more subtle forms of, coercive control in everyday life. Further, given the way coercive control can restrict a person's autonomy and deny their personhood, self-reports of controlling behaviour are likely to underestimate true prevalence.

The data presented in the following section should be interpreted alongside data about violence, abuse and harassment, and stories from people with lived experience.

Emotional abuse, economic abuse and coercive control

The 2021–22 PSS collects data about emotional abuse and economic abuse by current or previous partners. Partners are those that the respondent lives with, or has lived with at some stage. For a full list of behaviours that are considered economic abuse or emotional abuse, see **Intimate partner violence**.

Women are more likely than men to have experienced economic abuse and emotional abuse

Data from the 2021–22 PSS show that:

- 23% (2.3 million) of women and 14% (1.3 million) of men have experienced emotional abuse by a current or previous partner
- 16% (1.6 million) of women and 7.8% (745,000) of men have experienced economic abuse from a current or previous partner.

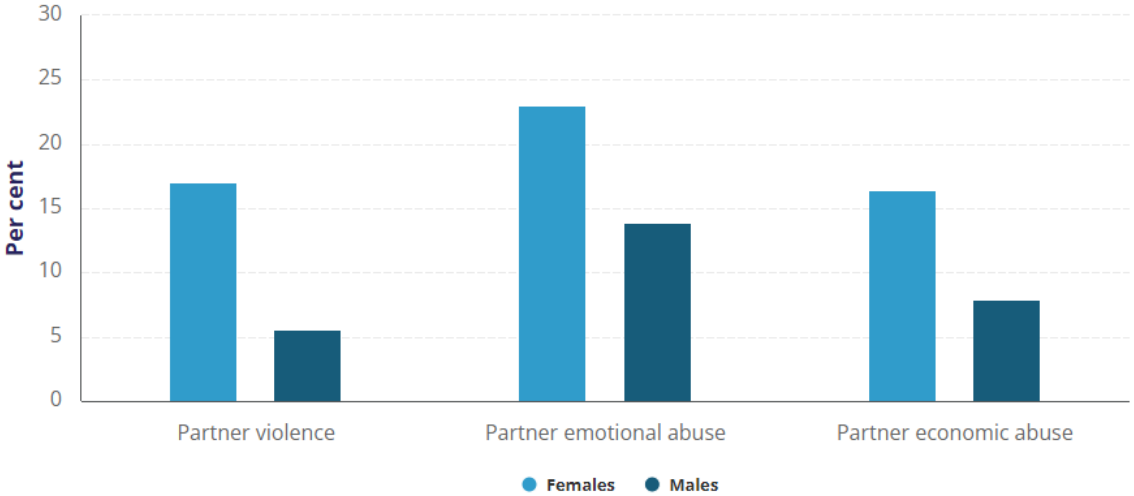
Emotional or economic abuse are characterised in nature by their intent to manipulate, control, isolate or intimidate the person they are aimed at, and are generally repeated (ABS 2023). They are also commonly used to control another person's behaviour and cause them emotional harm or fear. These data cannot be used to show the prevalence of coercive control, but they can be used to raise awareness of non-physical forms of abuse and lead to greater recognition of harm.

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

Based on the 2021–22 PSS, 1 in 5 (21% or 4.2 million) people aged 18 years and over have experienced violence, emotional abuse or economic abuse by a partner since the age of 15. The prevalence of violence and abuse by partners was higher for women than men:

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

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



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

Emotional abuse often occurs repeatedly and as a range of behaviours during the course of a relationship. These may fluctuate over time and can be made worse by factors that affect the dynamic within a relationship or household (Box 2).

Box 2: Early warning signs

A cross-sectional survey of adult women survivors of recent IPV asked participants to complete a timeline of behaviours and events in their most recent abusive relationship (McLindon et al. 2025). Around 820 women completed the timeline. From these timelines, a general pattern was found indicating that coercive controlling behaviours tend to escalate into physical abuse. The earliest indicators that something was wrong were most commonly ‘being isolated from others’ and ‘feeling controlled by their partner’. Women who reported physical and/or sexual abuse almost always (97%) indicated that psychological abuse started first. The most frequently mentioned abusive behaviours overall were:

- emotional abuse (gaslighting or withholding affection) (74%)
- verbal abuse (67%)
- isolation from others (58%) (McLindon et al. 2025).

Multiple forms of non-physical abuse were common among survey respondents during the COVID-19 pandemic

Data from the 2021 AIC survey summarised in Box 3 show that:

- 2 in 5 (42%) surveyed women who experienced any non-physical violence in the 12 months prior to the survey only experienced one category of abuse. The most

common form of abuse experienced by women in this group was financial abuse (35%) followed by verbally abusive and threatening behaviours (27%).

- 3 in 5 respondents experienced more than one category of non-physical abuse (22% experienced two categories of abuse, 16% experienced three; 14% experienced four; and 6.1% experienced five (Boxall and Morgan 2021).

Box 3: Coercive control during the COVID-19 pandemic

Between February and April 2021, the Australian Institute of Criminology (AIC) surveyed 10,000 women in Australia about their experiences of intimate partner violence since the start of the COVID-19 pandemic. The sample was limited to partnered women – that is, women who had been in a relationship at some point in the 12 months prior to completing the survey. The survey also used non-probability sampling and was conducted online (Boxall and Morgan 2021). This means that not everyone had an equal likelihood of being selected to participate in the research and results are specific to the women who participated in the survey and cannot be generalised to the wider population.

The survey asked women about their experiences of intimate partner violence (IPV) in the last 12 months, including physical violence, sexual violence and emotionally abusive, harassing and controlling behaviour. The presence of coercive control was measured in 2 ways:

- the co-occurrence of different categories of non-physical abusive behaviours
- the co-occurrence of physical or sexual violence and non-physical forms of abuse (Boxall and Morgan 2021).

By looking specifically at the co-occurrence of non-physical abusive behaviours, the survey recognised that IPV can include patterns of ongoing violence and abuse, particularly in the context of coercive control.

More information about the study can be found at [The impact of the COVID-19 pandemic on experiences of intimate partner violence among Australian women](#).

For more information about experiences of intimate partner violence during the COVID-19 pandemic, see **FDSV and COVID-19**.

What are the responses to coercive control?

Existing survey data indicate that non-physical forms of abuse are commonly and repeatedly used in abusive relationships, and often multiple forms are combined to inflict harm. It is not clear whether strategies designed to respond to physical and/or sexual forms of FDSV, can identify the presence of controlling behaviours or intervene to prevent these behaviours from recurring (Morgan et al. 2020).

Support services

Specialist services for victim-survivors of FDSV often use screening or risk assessment tools to identify and respond to FDSV. These tools are generally designed to gather

information to determine the level of risk, as well as the likelihood and severity of future violence (Toivonen and Backhouse 2018). The National Risk Assessment Principles for domestic and family violence, developed by ANROWS in 2018 (see Toivonen and Backhouse 2018), emphasise the importance of including coercive control in all assessments of FDV risk. While most states and territories adopt common risk assessment tools, and these tools often involve the assessment of risk from coercive control and non-physical forms of violence, no national risk assessment data are available. Data from specialist FDSV services is currently a national information gap. For more information, see **Key information gaps and development activities**.

Identification of coercive control in other service settings, particularly in mainstream health and welfare services, may involve a number of challenges. Screening processes do not always take place, and when they do – in settings such as health services – they may rely on the identification of physical and/or sexual violence, which can overlook coercive control. Further, people experiencing coercive control may not be inclined to report it, or may face barriers to accessing services due to the micro-regulation of their lives by their perpetrators (ANROWS 2021; Boxall and Morgan 2021).

Research has also shown that it is possible for the services and systems to be manipulated by perpetrators of FDSV to threaten, harass, and assert power and control over people (systems abuse).

More information about legal systems abuse can be found in **Legal systems**.

Criminalising coercive control

All states and territories have laws that respond to FDV. Recent discussion about ways to respond to coercive control has centred on the introduction of a specific criminal offence of coercive and controlling behaviour (Standing Committee for Social Policy and Legal Affairs 2021). There are wide ranging views about criminalising coercive control and a lack of consensus within the sector and broader community. Evidence on the success of criminal justice approaches to tackling coercive control is limited, both in Australia and internationally (Box 4) (ANROWS 2021). New South Wales was the first state in Australia to criminalise coercive control as a stand-alone offence. The NSW Bureau of Crime Research and Statistics (BOCSAR) have monitored and reported details of incidents of coercive control since it was outlawed in NSW (Box 5).

Box 4: Criminalising coercive control

The definition of FDV in each state and territory is used to determine who can apply for protection from FDV and under what circumstances. Including coercive control in the definition of FDV means that victims can apply for protection from perpetrators who use these behaviours against them. In most Australian states and territories FDV is not a direct offence. Rather, FDV is recorded using existing criminal offences, such as assault, indecent assault, rape, sexual assault, attempted murder, stalking or intent to do grievous bodily harm.

Criminalising coercive control involves broadening understanding of criminal behaviours from specific incidents or events to include subtle, ongoing and cumulative abusive

behaviour (ANROWS 2021). In New South Wales and Queensland, an adult (aged 18 and over) can be charged with the standalone offence of coercive control. In other jurisdictions, the definition of FDV includes coercive control, meaning that a person might be charged with FDV, rather than coercive control as a standalone offence.

Law reforms across Australia

Coercive control has been criminalised as a standalone offence in:

- **New South Wales** since 1 July 2024. Coercive control is a criminal offence when an adult uses abusive behaviours towards a current or former intimate partner with the intention to coerce or control them. For more information, see [Coercive control and the law](#).
- **Queensland** since 26 May 2025. Coercive control by an adult (aged 18 and over) towards a current or former intimate partner, family member or informal (unpaid) carer is a criminal offence in Queensland. For more information see [Coercive Control Laws](#).
- **South Australia**. In September 2025, the Government passed the *Criminal Law Consolidation (Coercive Control) Amendment Bill 2023*, which criminalises coercive control against a current or former intimate partner. The bill has not yet come into effect. For more information, see [Coercive control in South Australia](#).

Other legislative reforms occurred in:

- **Western Australia**: the [Government announced](#) a phased approach to the criminalisation of coercive control, commencing with legislative and systemic reform, and education and training, before a standalone offence for coercive control is introduced. In 2024, the *Restraining Orders Act 1997* was amended to broaden the definition of family violence to include coercive control against a family member and improve the application process for family violence restraining orders.
- **Tasmania**: the *Family Violence Act 2004* was passed in 2004 by the Tasmanian parliament and commenced in 2005. It included 2 criminal offences for some coercive controlling behaviours – economic abuse (Section 8) and emotional abuse (Section 9). For more information, see [Non-physical Violence](#). In 2024, the definition of family violence was broadened to include coercive control behaviours against a spouse or partner including threats and or causing injury or death to animals.
- the **Australian Capital Territory**: the *Crimes (Coercive Control) Amendment Bill 2024* was presented to the legislative assembly to criminalise coercive control against an intimate partner as a standalone offence in 2026. It has not yet passed. The ACT's *Family Violence Act 2016* includes coercive control against a family member (including current and former domestic partners) (for more information see [Family Violence Act 2016](#)).
- the **Northern Territory**: In 2023, coercive control became part of the definition of Domestic Violence under the *Domestic and Family Violence Act 2007*. It covers anyone in domestic relationship (includes carers and people who live together, as well as intimate partners, family members, and family members of intimate partners) with the perpetrator. This Act outlines how coercive acts must be considered as a pattern of behaviour and does not need to include physical abuse.

International examples

- In the United Kingdom, the *Serious Crimes Act 2015* introduced a new offence of ‘controlling or coercive behaviour in an intimate or family relationship’.
- In the Republic of Ireland, an offence to respond to coercive control was introduced to the *Domestic Violence Act 2018*. The Irish definition of coercive control closely resembles the English and Welsh and commenced in January 2019.
- In Scotland, legislation to address coercive control was added to the *Domestic Abuse (Scotland) Act 2018*. While it does not directly mention the words ‘coercive control’, the Domestic Abuse Act 2018 (Scotland) recognises the gendered pattern of abuse, and non-physical abuse.

For a summary of the measures in each jurisdiction, see ANROWS (2021).

Box 5: Coercive control monitoring in New South Wales

The NSW Bureau of Crime Statistics and Research (BOCSAR) release quarterly reports monitoring incidents of coercive control recorded by police (that is, incidents involving abusive behaviours towards a current or former intimate partner with the intention to coerce or control them). All incidents since coercive control was criminalised as a standalone offence in NSW on 1 July 2024 are reported (for further information on jurisdictional differences in coercive control laws, see Box 4).

In NSW, between 1 July 2024 and 30 June 2025, there were 297 coercive control incidents recorded by police, with the number of incidents ranging from 19 to 34 per month.

Of the victim-survivors of incidents of coercive control:

- More than 9 in 10 (94% or 280) were female.
- Around 2 in 5 (38% or 115) were aged 30–39.
- Almost 2 in 5 (38% or 115) were the current spouse of the alleged offender and more than 1 in 3 (35% or 105) were the ex-spouse of the alleged offender.
- More than half (53% or 155) had no prior history of FDV victimisation recorded by NSW police.
- Almost 1 in 4 (23% or 70) of victims had an apprehended domestic violence order in force against the person of interest at the time of the incident and almost 3 in 5 (57%) commenced after the incident.

Of the coercive control incidents:

- More than 9 in 10 (92% or 275) involved a male offending against a female.
- Around 3 in 5 (62% or 184) had at least one other offence recorded in addition to coercive control, most commonly intimidation/stalking (37%) and DV assault (35%).
- Coercive control charges were laid in 9 incidents, and charges other than coercive control were laid in 2 in 5 incidents (43% or 130). Of coercive control charges, 1 was proven and received an intensive correction order, 2 had the charges withdrawn by the

prosecution and 6 were pending before the courts. In most incidents (54% or 160), no charges were laid.

The most common types of controlling behaviours recorded by police were:

- Harassment, monitoring or tracking (59% or 175 incidents).
- Threats or intimidation (53% or 160 incidents).
- Financial abuse (48% or 145 incidents).

Physical violence was recorded in more than 1 in 4 incidents (29% or 86), sexual violence was recorded in more than 1 in 6 incidents (15% or 46) and harm to a child was recorded in 1 in 20 incidents (5% or 15).

Source: NSW BOCSAR (2025)

More work is needed to understand the effectiveness of criminalisation, and other responses, to coercive control, including unintended consequences (ANROWS 2021).

National Principles to Address Coercive Control

The Australian Government has collaborated with all state and territory governments to develop *the National Principles to Address Coercive Control in Family and Domestic Violence* (the National Principles). The National Principles create a shared national understanding of coercive control, which is important for improving the safety of Australians, particularly women and children.

The Standing Council of Attorneys-General released the National Principles in 2023. The 7 National Principles focus on:

- a shared understanding of the common features of coercive control
- understanding the traumatic and pervasive impacts of coercive control
- taking an intersectional approach to understanding features and impacts
- improving societal understanding of coercive control
- embedding lived experience
- coordinating and designing approaches across prevention, early intervention, response, and recovery and healing
- embedding the National Principles in legal responses to coercive control.

The National Principles are designed to be used by government and non-government organisations involved in addressing coercive control.

For more information, see [National Principles to Address Coercive Control in Family and Domestic Violence](#).

What is the impact of coercive control?

Coercive control diminishes a person's liberty and can have devastating impacts on a person's perception, personality, sense of self, sense of worth, autonomy and feeling of security (ANROWS 2021).

What does coercive control look like over time?



'Coercive control is particularly insidious as it's done slowly over years. All the qualities the perpetrator found so attractive in the beginning are used as weapons against you. Over time, due to the constant emotional abuse, you start questioning your own sanity. Your independence – physically, emotionally, financially, religiously, sexually, verbally, and psychologically – is slowly eroded.'

Maggie

[WEAVERs Expert by Experience](#)

Coercive control can also be a risk factor for homicide, even in relationships without a history of physical violence.

Many female homicide victims had experienced a history of abuse

The Australian Domestic and Family Violence Death Review Network reports on deaths that occur in an FDV context, including information on the history of abuse, and characteristics of offenders and victims.

Between 1 July 2010 and 30 June 2018, there were 311 IPV homicides across Australia. Over 3 in 4 (77% or 240) cases involved a male killing a current or former female partner, with the vast majority (95% or 212) of those male offenders identified as primary abusers of the woman they killed.

For more information about FDV-related homicides, see **Domestic homicide**.

Non-physical forms of violence were common in these relationships

Of the 212 male primary domestic violence abusers who killed their current or former female partner:

- 82% (173) exhibited emotionally and psychologically abusive behaviours against the female partners they killed – behaviours employed to frighten, belittle, humiliate, unsettle and undermine a victim's sense of self-worth.
- 63% (134) had perpetrated social abuse, which involves isolating the victim from support networks and controlling her movements.
- 42% (88) had stalked the woman they killed.
- 27% (58) used economically or financially abusive tactics to diminish the victim's ability to support themselves and force them to depend on the abuser financially (ADFVDRN 2022).

These findings highlight the need for services and first responders to recognise the pattern of coercive and controlling behaviours that can be precursors to homicide.

For detailed findings from the ADFVRN, see [Australian Domestic and Family Violence Death Review Network national data update](#).

Is coercive control the same for everyone?

No 2 people's experience of coercive control is the same, and the harmful behaviours inflicted by perpetrators can be experienced differently across population groups, including Aboriginal and Torres Strait Islander people, LGBTIQ+ people, refugee and migrant women, people with disability and younger women.

Additional research and improved data are required to address the information gaps. Expertise from people with lived experience is critical for informing our current understanding and for building the evidence base.

For more general information about data gaps, and work being done to address these gaps, please see **Key information gaps and development activities**.

Related material

- What is FDSV?
- Intimate partner violence
- Family and domestic violence
- Stalking and surveillance

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Who uses violence?

Key findings

- Based on the 2021–22 PSS, women were more likely to have experienced physical and/or sexual violence since the age of 15 by a known person (35% or 3.5 million) than a stranger (11% or 1.1 million)
- Based on the 2021–22 PSS, men were more likely to experience violence from a stranger (30% or 2.9 million) than from a known person (25% or 2.4 million)
- Based on the 2021–22 PSS, 20% (2 million) of women have experienced sexual violence by a male they know since the age of 15, while 6.1% have experienced it from a male stranger
- In 2023–24, around 4 in 5 (79%) FDV offenders proceeded against by police were male.

While experiences of family and domestic violence, intimate partner violence and sexual violence are diverse, these are forms of violence that are more commonly experienced by some people – such as women and children – than others. These are also forms of violence more likely to be perpetrated by men than by women.

Much of the focus of national reporting has been on victim-survivors. Building the evidence base about perpetrators and people who use violence can help ensure that policies and programs are better designed to prevent violence before it occurs, and stop it from reoccurring (see **Policy and international context**).

This page highlights what is known about those who use family, domestic and sexual violence (FDSV) and some of the challenges in identifying and reporting on this group.

What do we know?

Currently, national reporting focuses on the risk factors, experiences, responses, impacts and outcomes for people who have had violence used against them, either directly or indirectly. While there is a growing body of research that points to the typical risk factors for perpetration – the individual, interpersonal, community and societal factors that make perpetration more likely – data on the full extent of violence perpetration in Australia is limited (Flood and Dembele 2021; Costa et al. 2015; Jewkes, 2012; Tharp et al. 2012). For more information about risk factors, see **Factors associated with FDSV**.

In many instances, data about people who use violence are collected from victim-survivors. This occurs both in surveys (for example, the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS)) and in service contexts (for example, in hospitals). Because the information is collected from the victim-survivor, there can be challenges in using these data to both build a profile of those who use FDSV and understand the patterns of perpetration.

How do we write about people who use violence?

Violence is a broad term, often used to encompass a wide range of behaviours and definitions that vary according to different legislation and practices (see **What is FDSV?**). Different terms – such as perpetrators or offenders – may be used to describe people who use FDSV, depending on the context in which the violence occurs or how the information is collected (Box 1).

Box 1: Defining terms for people who use violence

People who use violence is an inclusive term, which encompasses all those who use violence against others. The term ‘people who use violence’ applies for all forms of family, domestic and sexual violence, and can be used to describe any person, regardless of their age, sex or other characteristics. ‘People who use violence’ is the preferred term for children and adolescents (aged 18 years and under) who use violence and people in some groups or communities, where other terms, such as ‘perpetrator’ may not always be appropriate.

Perpetrator is a term used to describe adults aged 18 years and over, who use violence. Perpetrators can use any form of violence, and this violence can occur within, or outside, a family and domestic context. Perpetrator is the most common term used by data sources throughout the AIHW FDSV reporting when referring to adults who use violence.

Offender is the term used when violence has been deemed to be a criminal offence. An offender is a person aged 10 years or over who is proceeded against and recorded by police for one or more criminal offences. A person who has been proceeded against by police for family and domestic violence related offences may be referred to as an ‘FDV offender’. People aged 10–17 may be referred to as ‘youth offenders’.

Defendant is a term used to describe someone who has been charged with a criminal offence. The term defendant is often used to describe a person within the criminal court systems.

In AIHW FDSV reporting, the term used to describe people who use violence will vary depending on the data source used. For more information about each specific data source, see **Data sources and technical notes**.

What data are available to report on people who use violence?

Data on people who use violence are often collected from those who have experienced violence, either through surveys, or as part of an interaction with a service provider. These data can be supplemented with police data, courts data, coronial data, or data from specialist perpetrator services, which work directly with those who use violence.

Data sources for reporting on people who use violence

- ABS Criminal Courts
- ABS Personal Safety Survey
- ABS Recorded Crime – Victims
- ABS Recorded Crime – Offenders

- AIC Australian Sexual Offence Statistical (ASOS) collection
- AIC National Homicide Monitoring Program
- AIHW National Hospital Morbidity Database
- [Ten to Men: The Australian Longitudinal Study on Male Health](#)

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

Reframing the narrative around violence perpetration

Most of the key statistics used to report on FDSV are derived from victim-survivor experiences. For example, the ABS PSS tells us the proportion of people in Australia who have experienced violence by a family member since the age of 15. With these data, we can say how many people have experienced violence by a certain type of person, however, we cannot generalise the findings to perpetrators more broadly. Data from the ABS PSS cannot show us how many people in Australia have used family, domestic or sexual violence. This means that the way we report on violence in Australia can sometimes be limited in how it portrays the people who use violence against others.

Shifting the focus onto perpetrators



'It is critical to realise from a policy and community attitude level that violence is a problem for victims, but it's not a victim's problem. We need to be talking about perpetration/perpetrators a lot more. They are still hidden in the narrative and understanding about where the responsibility lies to end all forms of family, domestic, and sexual violence.'

Lula

[WEAVERs Expert by Experience](#)

These challenges are ongoing, and data about people who use violence remains a key data gap (see **Key information gaps and development activities**). A growing body of research aims to address these information gaps. In 2022, a [State of Knowledge Report on Violence Perpetration](#) was published by the Queensland University of Technology. The report summarises key research on perpetration and identifies potential areas for data improvement (Flood et al. 2022).

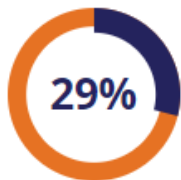
For more information about how the AIHW uses data in FDSV reporting, see **How are national data used to answer questions about FDSV?**

What do the data tell us?

The ABS PSS captures information about perpetrators from those who have experienced violence (Box 2).

Box 2: Reporting on perpetrators using the ABS PSS

The PSS defines a perpetrator as a person responsible for any acts of violence or abuse, as identified by the person who the acts were directed against. Relationship to perpetrator refers to the relationship of the perpetrator to the person at the time of the interview, as perceived by the person who the violence or abuse was directed against (ABS 2023).

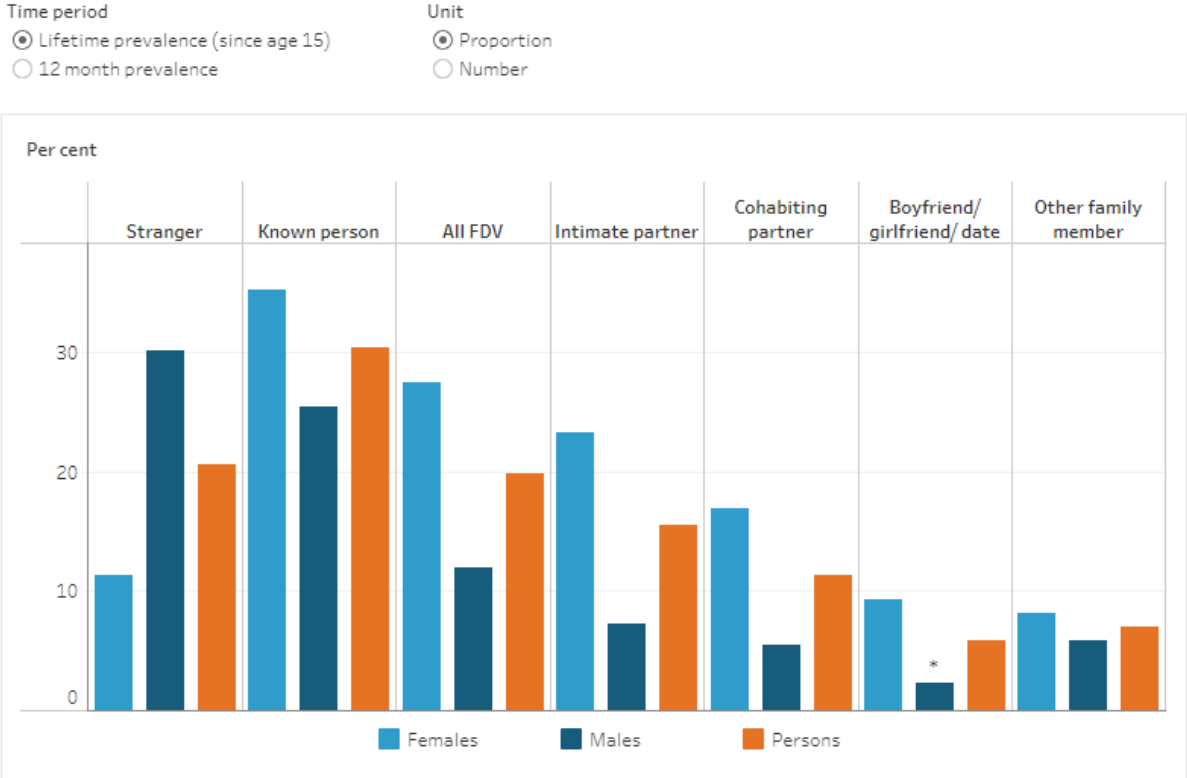


of people in 2021–22 had experienced violence from a known person, while 17% experienced violence from a stranger

In the 2021–22 PSS, some information about perpetrators was collected about physical and/or sexual violence experienced by women and men since the age of 15. Based on the 2021–22 PSS:

- more people have experienced violence by a male perpetrator (38% or 7.5 million people aged 18 years and over) than by a female perpetrator (11% or 2.2 million)
- women were more likely to have experienced physical and/or sexual violence since the age of 15 by a known person (35% or 3.5 million) than a stranger (11% or 1.1 million)
- men were more likely to experience violence from a stranger (30% or 2.9 million) than from a known person (25% or 2.4 million) (Figure 1; ABS 2023).

Figure 1: Prevalence of violence, by relationship with perpetrator and sex of victim, 2021–22



n.p.: not published due to reliability and/or confidentiality reasons. CI: confidence interval. *: estimate should be used with caution because Relative Standard Error (RSE) is between 25% and 50%. Source: ABS PSS 2021–22.

<https://www.aihw.gov.au>

For women, FDV was more common than violence from any other known person – more women had experienced violence from an intimate partner or family member (27% or 2.7 million women) than other known persons (17% or 1.7 million). Among men, a greater proportion had experienced violence since the age of 15 by other known persons (19% or 1.8 million) than by intimate partners or family members (12% or 1.1 million). Other known persons includes a wide range of people such as friends and acquaintances, employers, medical practitioners, or people who have not been specified (ABS 2023).

National data on the prevalence of FDV perpetration are limited, however, a 2024 study by the Australian Institute of Criminology (AIC) estimated the proportion of people in New South Wales who have been proceeded against for a FDV offence by their mid-30s (Box 3). While Recorded Crime data provide valuable insight into police involvement in FDV incidents, not all FDV crimes are reported to police and Recorded Crime data are an underestimate of FDV crimes and identified offenders. Further, not all FDV behaviours are considered criminal offences, and FDV offences will vary according to state and territory.

Box 3: Prevalence of recorded family and domestic violence offending: A birth cohort study

A 2024 study by the AIC estimated the prevalence of recorded FDV offending in a population sample in Australia. The study used an accelerated longitudinal design, joining data from 3 birth cohorts, to examine criminal history data in New South Wales.

Birth cohorts were identified from the NSW Registry of Births, Deaths and Marriages. These included:

- Around 83,300 persons born in NSW in 1984.
- Around 89,400 persons born in NSW in 1994.
- Around 86,200 persons born in NSW in 2004.

Each person in these cohorts was cross-matched with offences recorded by the NSW Police Force for individuals who were proceeded against by police by way of legal action (referral to court, criminal infringement notices, cautions and other infringement notices). It was not possible to observe any single cohort for the entire period of interest due to limitations with historical crime data and the timing of the implementation of the domestic violence flag. By joining data from multiple birth cohorts and limiting analysis to the youngest cohort with data for each year, offence counts could be generated for a wider age range than was possible with a single cohort. Offending data for ages 10–17 was based on the 2004 cohort, offending for ages 18–27 years was based on the 1994 cohort and offending for ages 28–37 was based on the 1984 cohort. As such, the prevalence of offending could only be estimated up to age 37.

The study estimated that:

- 6.3% of people born in NSW had been proceeded against by police for a FDV offence by age 37. The rate was higher for men (9.6%) than women (3.0%).
- 1.2% of people born in NSW were responsible for more than 50% of recorded FDV offences in the state, suggesting FDV offending is heavily concentrated among small groups of offenders.

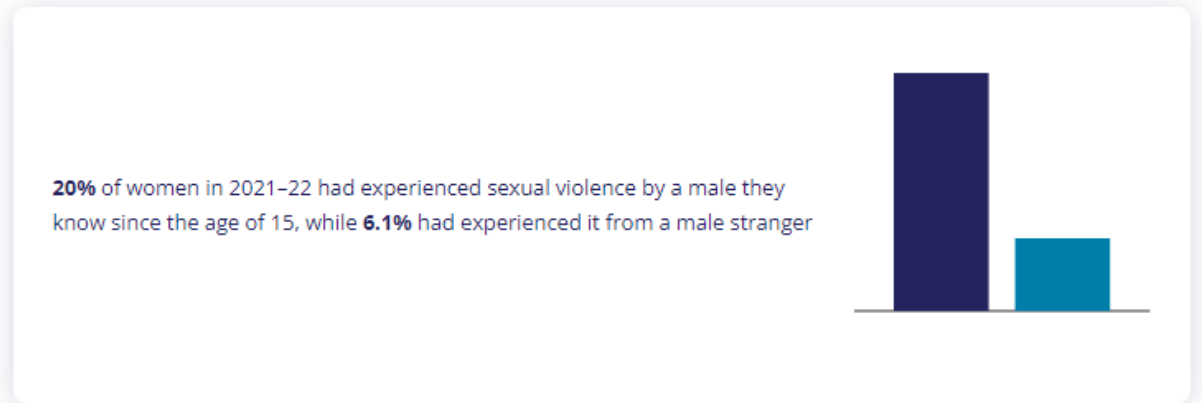
While the design of this study enables findings to be extrapolated to the entire NSW population, it is important to note that due to a number of limitations associated with FDV data and potential birth cohort effects, this study provides only an estimate of the prevalence of FDV offence perpetration. The actual rate of offending is likely to be higher than estimated in this study.

Source: Payne and Morgan 2024.

More information about the study can be found on the [AIC website](#).

For more information about the violence experienced in family and intimate relationships, see **Family and domestic violence** and **Intimate partner violence**.

Sexual violence against women is often perpetrated by someone they know

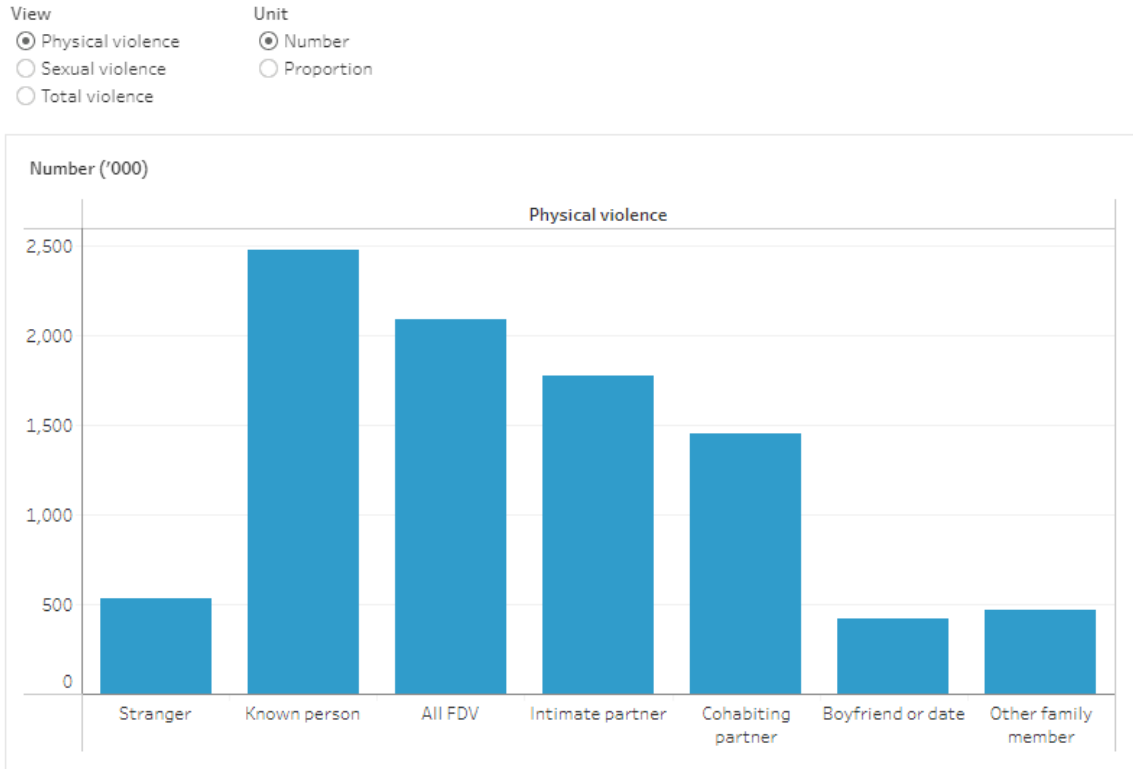


The 2021-22 PSS includes data about perpetrators of sexual violence among women, where the perpetrator was male. For women, the male perpetrators of sexual violence were more commonly a known person than a stranger:

- 20% (2 million) of women have experienced sexual violence by a male known person since the age of 15
- 6.1% (605,000) of women have experienced sexual violence from a male stranger (ABS 2023; Figure 2).

Around 1 in 9 (11% or 1.1 million) women have experienced sexual violence by a male intimate partner (ABS 2023; Figure 2).

Figure 2: Lifetime prevalence of violence against women, by relationship with male perpetrator, 2021–22



CI: confidence interval.
Source: ABS PSS 2021–22.

<https://www.aihw.gov.au>

While data collected about perpetration are limited, some recent work has been done to fill this information gap. A 2024 AIC study looked at rates of sexual violence perpetration in a community sample of adult Australians (Box 4).

Box 4: Perpetration of sexual violence in a community sample of adult Australians

A 2024 study by the AIC examined the rate of sexual violence perpetration in a community sample of adult Australians. Data were collected through a survey of a proportional quota-based sample of over 5,000 Australian residents aged 18–45, drawing from two panels consisting of people who have agreed to be approached to participate in research online.

The broader purpose of the survey was to understand the relationship between pornography use and sexual violence perpetration and victimisation. The raw completion rate for invitations sent to one panel was 2.2%; it was not possible to calculate a completion rate for the other panel (Doherty and Dowling 2024). Due to the survey methodology, these data provide information about those who responded to the survey and cannot be used to draw conclusions about the Australian population. However, the survey does provide important information about the survey respondents, which can inform the work of researchers, advocates, and policy makers.

Respondents were asked about a range of sexual violence behaviours across the categories of sexual harassment and coercion, sexual assault and image-based abuse.

The study found that:

- over 1 in 5 (22% or 1,100) respondents had perpetrated one or more of the forms of sexual violence examined since turning 18
- 1 in 10 (9.9% or just over 500) respondents had perpetrated one or more of the forms of sexual violence in the past 12 months.

Pressuring someone for dates or sexual activity was the most common form of sexual harassment or coercion perpetrated ever in adulthood (10% or about 520 respondents).

However, results should be interpreted with caution. A relatively large proportion of respondents (11% or just over 560) were unable or unwilling to disclose perpetration of sexual violence for one or more data items.

Source: Doherty and Dowling 2024.

More information about the study can be found on the [AIC website](#).

See **Sexual violence** for more information about the types of sexual violence experienced.

Men's use of intimate partner violence

Ten to Men: The Australian Longitudinal Study on Male Health is Australia's first national longitudinal study that focuses exclusively on male health and wellbeing. Analysis of the *Ten to Men* study can provide insights into experiences and/or perpetration of intimate partner violence (IPV) (see Box 5). For more information about the *Ten to Men* study, please see the **Data sources and technical notes**.

Box 5: The use of intimate partner violence (IPV) among Australian men

Data from Wave 1 (2013–14) and Wave 4 (2022) of the *Ten to Men* study were used to examine the use of IPV by men who were aged 18–57 at Wave 1 (2013–14). The sample for this study consists of men who responded to the IPV questions at both waves – the number of respondents for the 2013–14 data was around 4,200 and for the 2022 data it was just over 4,300. For information about the full sample for the *Ten to Men* study, see the **Data sources and technical notes**.

IPV questions in the study relate to whether men had 'ever' experienced or perpetrated specific behaviours in a relationship with a current or former spouse/partner, girlfriend/boyfriend.

These questions asked, as an adult, have you ever:

- felt frightened or anxious because of the behaviour of a partner?
- behaved in a manner that has made a partner feel frightened or anxious?

- been hit, slapped, kicked or otherwise physically hurt by a partner when they were angry?
- hit, slapped, kicked or otherwise physically hurt a partner when you were angry?

Sexual abuse was only measured in the 2013–14 survey and used the following questions:

- Have you ever forced a partner to have sex or made them engage in any sexual activity they did not want?
- Has a partner ever forced you to have sex or made you engage in any sexual activity you did not want?

Men were categorised as ever having used IPV if they had responded 'yes' to any of the types of IPV:

- at the 2013–14 survey ('by 2013–14')
- at either the 2013–14 survey or the 2022 survey ('by 2022')
- by 2022 but had responded 'no' to all types of IPV in 2013–14 (new incidence of IPV).

As the study only includes 3 specific behaviours, findings are not generalisable to all IPV experiences. Findings are based on men's self-reported use of IPV which may be subject to misreporting, for example due to recall bias.

Source: O'Donnell et al. 2025.

Of participants in the *Ten to Men* study who had responded to the IPV questions at both waves (see Box 5), by 2022:

- More than 1 in 3 (35%) reported they had ever used IPV as an adult – this is an increase from the 1 in 4 men (24%) who had done so by 2013–14.
- Around 1 in 3 (32%) reported that they had ever behaved in a manner that made a partner feel frightened or anxious and almost 1 in 10 (9%) reported they had hit, slapped, kicked or otherwise physically hurt a partner.
- While younger men (18–24 years) reported significantly lower levels of IPV in 2013–14, there were no significant differences in the reported use of IPV across age cohorts by 2022. For every age cohort, the reported use of IPV had increased by 2022 when compared with 2013–14. For example, for the cohort aged 18–24 in 2013–14 (aged 27–33 in 2022), the proportion who reported the use of IPV increased by 17 percentage points (O'Donnell et al. 2025).

Several risk and protective factors were examined in the *Ten to Men* study:

- Men who reported depressive symptoms by 2013–14 were more likely to have started using IPV by 2022 than those who did not, with likelihood increasing with symptom severity. Men with:
 - mild depressive symptoms were 32% more likely to have started using IPV
 - severe depressive symptoms were 62% more likely to have started using IPV.
- Men who reported suicidal thoughts, plans or attempts by 2013–14 were 47% more likely to have started using IPV by 2022 than those who did not.

- Men who felt they had higher levels of social support in 2013–14 were 26% less likely to start using IPV by 2022 compared with men who felt they had low levels of social support.
- Men who strongly agreed in Wave 2 (November 2015 to May 2016) that they received affection from a father or father figure during childhood were 48% less likely to start using IPV than those who strongly disagreed (O'Donnell et al. 2025).

What are the risk factors for using violence?

Risk and protective factors for violence can be at the individual, family, community or broader societal-level. These factors are discussed in more detail in **Factors associated with FDSV**.

For people who use violence, research shows that common risk factors include substance abuse, growing up in a violent home, witnessing violence at an early age, attitudes that are supportive of gender inequality, and access to firearms (Clare et al. 2021). Gendered factors also play a role in driving violence, as they create the underlying conditions for violence to occur (Our Watch 2022).

Some abusive and harmful behaviours can also be risk factors for further violence. For example, the use of controlling behaviours to maintain power over another – also referred to as coercive control – is often cited as a risk factor for intimate partner homicide (ANROWS 2021).

In most cases, the data available can only be used to show associations between risk factors and FDSV. These data cannot show that the risk factor caused the FDSV to occur. Looking at characteristics of perpetrators when violence has occurred can reveal some patterns of behaviour and identify stages for possible intervention.

Across population groups, known risk factors for FDSV can intersect with other forms of disadvantage. For example, among Aboriginal and Torres Strait Islander (First Nations) people, the ongoing impacts of colonisation, racism and intergenerational trauma intersect with gendered drivers and other known risk factors to contribute to FDSV (DSS 2022). These are discussed further in **Aboriginal and Torres Strait Islander people**.

Attitudes supportive of violence against women

Attitudes that tolerate, accept or justify violence against women have been associated with perpetration of this violence. In addition, attitudes that deny gender inequality and support rigid gender roles have been identified as the strongest predictors of attitudes that condone violence against women (Gracia et al 2020).

More detailed information about community attitudes towards violence are discussed in **Community attitudes**.

Alcohol and drug use

Problematic alcohol use is consistently and strongly associated with FDV (Foran & O'Leary 2008). IPV that occurs when either one or both partners consumes alcohol is

particularly harmful due to more severe levels of violence perpetration and a greater likelihood of physical injury (Curtis et al. 2019; Graham et al. 2011; Laslett et al. 2010).

The link between alcohol and drug use, and violence perpetration can be examined using data from surveys or police records (Box 6).

Box 6: Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project

In 2014, the National Drug Law Enforcement Research Fund (NDLERF) funded the Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project for 2 years. The project sought to provide an overview of family violence in Australia, with a focus on alcohol and other drug-related violence. The 2 arms of the project were to conduct:

- an Australia-wide survey, focusing on alcohol and other drug use
- retrospective analyses of police offence data.

The study involved an online panel survey with a final sample of 5,118 respondents, comprised of 2,450 males (48%) and 2,652 (52%) females. The ADIVA project uses the following definitions:

- FDV can include physical, psychological, sexual, and/or emotional abuse; range from mild threats to severe abusive acts; and occur on a one-time only individual basis or can be insidious abuse that occurs over an extended period of time.
- IPV incidents include any instance of violence where the relationship between the parties is of a romantic or spousal nature (for example, husband, wife, ex-spouse, de facto partner).
- Family violence (FV) incidents include any incident of violence involving other family members (for example, mother, father, sibling).
- Heavy episodic drinking/heavy drinking refers to the consumption of 6 or more drinks on one occasion at least once in the past 12 months.

The data can only be used to look at the involvement of alcohol and drugs in the incident of violence, rather than specifically at the role they played in the perpetration of violence.

More information can be found in the Alcohol/Drug-Involved Family Violence in Australia research reports on the [Australian Institute of Criminology website](#).

Further research undertaken in 2018 using data from the Alcohol/Drug-Involved Family Violence in Australia (ADIVA) project described in Box 6 shows:

- almost 2 in 5 (38%) respondents who experienced IPV and 28% of those who experienced family violence reported engaging in heavy episodic drinking within the past 12 months
- heavy drinking was found to be associated with increased level of coercive controlling behaviour – perpetrators of coercive control were more likely to be current drinkers

- while drug use was only involved in a small minority of cases, it appeared to be associated with increased likelihood of experiencing FDV. Overall, 1 in 9 (11%) incidents were illicit drug-related (Mayshak et al 2018).

In 2022, additional analysis was undertaken using police data obtained through the ADIVA project. The research found that between 24% and 54% of FDV incidents reported to police were classified as alcohol-related. Where victim and offender data were available, offenders were significantly more likely to be alcohol-affected than victims (Mayshak et al 2022).

Drug Use Monitoring

The AIC Drug Use Monitoring in Australia (DUMA) program is the nation's longest running ongoing survey of police detainees across the country (Box 7).

Box 7: AIC DUMA

The AIC DUMA collects alcohol and drug use and criminal justice information from police detainees at watch houses and police stations across Australia.

DUMA comprises 2 core components:

- a self-report survey on drug use, criminal justice history and demographic information
- voluntary urinalysis, which provides an objective measure for corroborating reported recent drug use.

More information can be found at [Drug Use on the AIC website](#).

In 2020, the AIC conducted a study into the relationship between methamphetamine dependence and domestic violence among 351 male police detainees interviewed as part of the DUMA program. The study found:

- detainees who were dependent on methamphetamine reported high rates of domestic violence
- detainees who were dependent on methamphetamine were significantly more likely to have been violent towards an intimate partner in the previous 12 months than detainees who used methamphetamine but were not dependent
- detainees who had attitudes that justified domestic violence were more likely than other detainees to report having been violent towards an intimate partner in the previous 12 months (Morgan and Gannoni 2020).

The results from the study show only associations, not causal links. More information about the project can be found on the AIC website, at [Drug Use](#).

Violence perpetration can also be associated with other health-related risk factors such as acquired brain injury. A study conducted by Brain Injury Australia looked at the prevalence of brain injury among victim-survivors and perpetrators of family violence (Box 8).

Box 8: The prevalence of acquired brain injury among victim-survivors and perpetrators of family violence

A consortium led by Brain Injury Australia examined the extent and nature of brain injury among both victim-survivors and perpetrators of family violence. The study estimated the extent of family violence-related brain injury by analysing Victorian hospital data. In the study, family violence was defined as behaviour by a person towards a family member if that behaviour was:

- physically or sexually abusive
- emotionally or psychologically abusive
- economically abusive
- threatening or coercive
- controlling or dominating of a family member in a way that caused a person to feel fear for their safety or wellbeing.

Acquired brain injury includes traumatic brain injury due to external force applied to the head, and non-traumatic brain injury, such as from stroke, lack of oxygen or strangulation, or poisoning. Acquired brain injury is sometimes referred to as 'brain injury'.

The study analysed Victorian hospital data of family violence-related injuries, from July 2006 to June 2016, and included major trauma, hospital admissions and emergency department presentations. Family violence was found to be a significant cause of brain injury.

The consortium also looked at international studies on brain injury among perpetrators of family violence. Although there were few studies on this, the available evidence suggested that rates of brain injury were twice as high among perpetrators as among their matched counterparts in the general population.

Further research is required to understand the interplay between brain injury and the other factors known to influence the perpetration of family violence (Brain Injury Australia 2018).

Adverse childhood experiences

Adverse childhood experiences (ACEs) are typically described as potentially traumatic events that can have negative lasting effects on multiple domains of functioning (for example, health and wellbeing). ACEs can be a risk factor for male perpetration of FDSV.

A study by the University of New South Wales examined child sexual offending behaviours and attitudes and their relationship to ACEs among a weighted sample of around 1,900 Australian men. In the study, ACEs included abuse (emotional, physical and sexual), low family support, neglect, parental divorce, domestic violence, household substance abuse, household mental illness and household incarceration (Salter et al. 2023).

Around 1 in 6 (15%) respondents reported having sexual feelings towards children and around 1 in 20 (4.9%) reported having sexual feelings and offending against children (Salter et al. 2023).

The 4.9% of respondents with sexual feelings and who had sexually offended against children had approximately twice the rate of ACEs of those who did not have sexual feelings, or offending towards children. They were also more likely to report that during childhood they experienced:

- sexual abuse (6.3 times more likely to report)
- neglect (4.1 times)
- domestic violence (4 times)
- household incarceration (3.7 times)
- household mental illness (3.6 times)
- household substance abuse (3.5 times) (Salter et al. 2023).

While the study sample was selected to be nationally representative, the use of a convenience, non-probability sampling methodology limits the generalisability of the findings to the adult Australian male population.

Pathways to perpetration of domestic homicide

The AIC report, [The “Pathways to intimate partner homicide” project: Key stages and events in male-perpetrated intimate partner homicide in Australia](#), identified three main pathways of male-perpetrated homicide of a female intimate partner by analysing 199 incidents between 1 July 2007 and 30 June 2018 for patterns in the sequence of events, and interactions and relationship dynamics preceding, and coinciding with, the homicide.

In Australia, data on domestic homicides are available from a number of sources:

- The [AIC National Homicide Monitoring Program](#): these data include characteristics of domestic homicide incidents, such as the sex of perpetrator, relationship between victim and perpetrator, alcohol and illicit drug use, weapon use and history of domestic violence.
- The [Australian Domestic and Family Violence Death Review Network \(ADFVDRN\)](#): these data are based on 311 cases of intimate partner violence homicides between July 2010 and June 2018, and include information about the history of abuse within the relationship.

Key findings from these data sources are presented in **Domestic homicide**.

What are the responses to those who use violence?

A lot of cases of FDSV go unreported and many people who seek help or advice following an incident of violence turn to informal supports such as friends or family. Service responses represent only a limited view of what happens to those who use violence. The key areas where data are available to report on service responses to people who use violence are: police and justice, and perpetrator intervention services.

Recorded crime



More than 1 in 4 offenders

in 2023–24 were proceeded against by police for at least one family and domestic violence related offence

Perpetrators proceeded against by police are recorded in the ABS Recorded Crime – Offenders collection. This collection includes data for FDV-related offences, which were considered experimental prior to 2022–23. For more information about this collection, see **Data sources and technical notes**).

In 2023–24, more than 1 in 4 (27% or 90,700) recorded offenders were proceeded against by police for at least one FDV-related offence. The proportion was higher for male offenders (28%) than female offenders (23%) (ABS 2025b).

Of FDV offenders in 2023–24:

- most (79%) were male
- the most common age groups recorded were 18–29 (29%) and 30–39 years (30%) (ABS 2025b).

Data are also available to report on sexual assault offenders. In 2023–24, around 6,200 people had a principal offence of sexual assault recorded. This represents an offender rate of 26 per 100,000 people aged 10 years and over (ABS 2025b).

For more information, see **FDV reported to police** and **Sexual assault reported to police**.

Sexual offending

The Australian Sexual Offence Statistical (ASOS) collection (see Box 9) included data from all jurisdictions, except South Australia and Tasmania, for the period 1 July 2022 to 30 June 2023.

Box 9: Australian Sexual Offence Statistical (ASOS) collection

The Australian Sexual Offence Statistical (ASOS) collection was established by the Australian Institute of Criminology (AIC) to monitor the extent and nature of sexual offending through police-recorded data on sexual offences, alleged offenders and victims (Sullivan et al. 2025). The collection expands on the available data for reporting on people who use violence by also including the relationship between each offender and victim and information about the offending and victimisation histories of the alleged offenders proceeded against (that is, arrested, cautioned or summoned to court) and the victimisation history of their victims.

The collection includes people aged 10 years and over (12 years and over in the Northern Territory) at the time of an offence who were proceeded against for:

- Any offence identified in Division 3 (Sexual assault and related offences) of the Australian and New Zealand Standard Offence Classification (ANZSOC). Based on the 2011 edition, sexual assault and related offences are defined as ‘acts, or intent of acts, of a sexual nature against another person, which are non-consensual or where consent cannot be given’.
- Any offence identified in Group 1325 (Offences against public order sexual standards), such as behave in an indecent manner in a public place, gross indecency in public place and indecent exposure.
- Emerging offences not covered by the classification were also identified using offence coding developed by the AIC (Sullivan et al. 2025).

The sexual offence categories used for reporting are:

- Penetrative or non-penetrative sexual conduct offences – non-consensual sexual intercourse with or penetration (to any extent) of another person, including rape and attempted rape; and non-consensual sexual physical contact without penetration including touching and sexual behaviours or gestures in the presence of a victim.
- Persistent sexual abuse offences where a child has been subjected to ongoing patterns of sexual abuse in which repeated instances of sexual offending are alleged to have been perpetrated by an offender over a period of time.
- Handling of unlawful sexual material – including image-based sexual abuse (IBSA) and conduct pertaining to child sexual abuse material (CSAM).
- Conduct done to enable unlawful sexual conduct – procurement and grooming offences including grooming children for a sexual offence and using a carriage service to procure a child for sexual activity (Sullivan et al. 2025).

Findings from the ASOS collection are not directly comparable with those from the ABS Recorded crime – Offenders collection due to differences in the scope of the collections. For example, the pilot ASOS collection included data for 6 jurisdictions and also includes emerging offences not covered by the ANZSOC.

See also the **Data source and technical notes**.

In 2022–23, there were around 9,100 alleged sexual offenders proceeded against (that is, arrested, cautioned or summoned to court) by police for offences involving almost 8,900 identified victims. The sexual offender rate was 43 per 100,000 population aged 10 years and over (12 years and over in the Northern Territory).

Of alleged sexual offenders in 2022–23:

- Most were male (93%), with a male sexual offender rate of 80 per 100,000 relevant population; 7% were female, with a female sexual offender rate of 5.9 per 100,000 relevant population.
- The average age at their first or only police proceeding for a sexual offence was 37 years (with a median age of 35 years). The average age for male sexual offenders was similar (38 years, with a median age of 36 years), however, the average age for female sexual offenders was lower at 27 years (median age of 20 years). Most female offenders (45%) were aged 10–17 years.

- 13% (or just over 1,200) were First Nations people.
- 2 in 3 (65%) were known to the victim:
 - 31% were a non-family member known to the victim
 - 15% were an intimate partner
 - 19% were non-intimate partner family member.
- 1 in 4 (24%) were a stranger to the victim.
- More than 3 in 4 (78%) were proceeded against for penetrative or non-penetrative sexual conduct offences, 1 in 4 (24%) for handling of unlawful sexual material offences (16% for CSAM offences and 9% for IBSA offences), 7% for offences related to enabling unlawful sexual conduct and 1% for persistent sexual abuse.
- Most (87%) had no prior police proceedings for separate sexual offences in the previous nine-year reference period (as reported for New South Wales, Victoria, Queensland, Western Australia and the Northern Territory). However, when considering any offence, almost 3 in 5 (57%) had previously been proceeded against for sexual and/or non-sexual offences (Sullivan et al. 2025).

Legal responses and criminal courts

Family and domestic violence protection orders are a commonly used legal response for perpetrators of violence. There are currently no national data available on the number of family and domestic violence orders in effect, however, the Report on Government Services presents national data on finalised originating applications for DVOs in the Magistrates' Courts that were not appealed. Over 2 in 5 (42% or 131,000) civil cases finalised in the Magistrates' Courts in 2023-24 involved finalised originating applications for DVOs (Productivity Commission 2025).

People who use violence may also have their matters appear before the criminal courts. Data are available from the ABS Criminal Courts collection to report on the number of defendants finalised for FDV offences in Australia. In 2023–24, about 99,800 defendants were 'finalised' (excluding transfer to other court levels) for FDV offences in Australia (ABS 2025a).

More details about how the legal system responds to people who use violence can be found in **Legal systems**.

Perpetrator interventions

Police and courts comprise only a portion of the responses to people who use violence. FDSV is not always reported, and when it is, perpetrators are not always specified. The actions people take following FDSV are discussed further in **How do people respond to FDSV?**

Other responses that engage directly with those who use violence are sometimes referred to as 'perpetrator interventions', and include a wider range of services, such as helplines and behaviour change programs, designed to address the use of violence.

Currently, data on perpetrator interventions are limited. These interventions are discussed in more detail in **Specialist perpetrator interventions**.

How does it vary among different groups?

Adolescent family violence

'Adolescent family violence' refers to the use of violence by children and young people against family members, including physical, emotional, financial, and sexual abuse. It includes a range of behaviours used to control, coerce and threaten family members. Victims can include parents and carers, siblings and intimate partners (Fitz-Gibbon et al. 2022).

Although nationally-representative data are not available on the prevalence of adolescent family violence, recent research projects highlight that adolescent males more commonly use violence against family members than adolescent females, and that mothers are most likely to be victimised (Fitz-Gibbon et al 2022).

A non-representative survey of just over 5,000 young people aged 16 to 20 in Australia, found that:

- 1 in 5 (20% or about 1,000) self-reported that they had used violence against a family member, with 23% (or about 760) of those assigned female at birth and 14% (or about 235) of those assigned male
- The most common forms of adolescent family violence (AFV) used were verbal abuse (15% or about 730), physical violence (10% or 490) and emotional/psychological abuse (5% or 245), noting that multiple forms could be recorded per person (Fitz-Gibbon et al. 2022).

Young people who experienced child abuse were 9.2 times more likely to use AFV than those who had not experienced child abuse (Fitz-Gibbon et al. 2022).

More findings from this study can be found in **Children and young people**.

Harmful sexual behaviour

Currently, information about how sexually violent behaviour emerges and evolves in young people is limited. Child maltreatment and FDV have been identified as contributing factors towards criminal and violent behaviour. In 2022, ANROWS published a study looking at harmful sexual behaviour among male youth in Queensland, drawing on data related to adverse childhood experiences (Box 10).

Box 10: Harmful sexual behaviours displayed by male youth

A study conducted by Ogilvie et al. (2022) examined the occurrence, nature and extent of ACEs of male youth, comparing those with convictions for sexual offences to those with convictions for non-sexual offences. ACEs are typically described as potentially traumatic events that can have negative lasting effects on multiple domains of functioning (for example, health and wellbeing). In the study, adverse childhood experiences included

emotional abuse, physical abuse, sexual abuse, neglect, parental separation, exposure to domestic and family violence, family member substance abuse, family member mental health problems, and family incarceration.

Two existing and distinct datasets were used:

- administrative data from the Queensland Department of Children, Youth Justice, and Multicultural Affairs
- clinical files from Griffith Youth Forensic Service, which included assessment and treatment information.

The study found:

- Adverse childhood experiences were highly prevalent among young males who encountered the youth justice system.
- Male youth with sexual offences on average had a higher accumulated number of adverse childhood experiences, compared with non-sexual violent and non-violent offending male youth.
- Male youth with sexual offences were more likely to have experienced sexual abuse, compared with violent and non-violent offending male youth.

The findings add to a growing body of research into adverse childhood experiences and the ongoing effects. More information about the study can be found on the ANROWS website, at [Adverse childhood experiences and the intergenerational transmission of domestic and family violence in young people who engage in harmful sexual behaviour and violence against women](#).

Women who use force

In Australia, the main focus for FDSV has been on male perpetrators who use violence. In 2020, the University of Melbourne published a body of research investigating issues relating to women who use force in the Australian context.

The research used the term 'force' to highlight the gender differences in the way violence and abuse is used in relationships. Women who use force are described as differing in motivation, intent and impact from male perpetrators of violence (Kertesz et al 2019). The majority of women are themselves victim-survivors of FDV who are sometimes wrongly identified as the perpetrator (Kertesz et al 2019). Defensive behaviour is also common among women who use force. Women also describe using force out of frustration with the abusive behaviour used against them by their partners (Miller 2005).

While national data on women who use force are limited, the research highlights programs can be designed to respond to the needs of women who use force.

More information about this work can be found at [Women who use force – Evaluation of Positive Shift](#).

Data gaps and development activities

Currently, national data on the extent of violence perpetration in Australia are not available. Data on people who use violence, perpetrators and offenders are largely drawn from administrative sources and rely on violence being detected or reported, and data being collected on the person who used violence.

Work to improve the evidence base about people who use violence has largely been focused on service responses, for example:

- The National Crime and Justice Data Linkage Project aims to link administrative datasets from across the criminal justice sector, including police, criminal courts, corrective services, and juvenile justice.
- The development of a prototype specialist crisis FDV services data collection could be expanded, in the longer term, to the collection of national information about perpetrator characteristics and related perpetrator services, including pathways and referrals into perpetrator intervention services.

More general discussions about gaps and data improvements can be found in **Key information gaps and development activities**.

Related material

- What is FDSV?
- How are national data used to answer questions about FDSV?
- Specialist perpetrator interventions

More information

- [Monitoring perpetrator interventions in Australia](#)

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