



3.16 Family, domestic and sexual violence

Family, domestic and sexual violence (FDSV) is a major health and welfare issue in Australia (see Glossary for definitions). While men, women and children from all walks of life can experience FDSV, some groups are at particular risk, including Aboriginal and Torres Strait Islander women, young women, pregnant women and women with disability. Intimate partner violence has serious impacts on women's health. See Chapter 4.4 'Contribution of selected risk factors to burden of disease' for more information on the burden of disease impacts on women due to intimate partner violence.

This snapshot provides an overview of hospitalised assaults and deaths in the context of family and domestic relationships.

How common is FDSV?

One in 6 (17%, or 1.6 million) Australian women have experienced physical or sexual violence by a current or former cohabiting partner, since the age of 15. Further, 1 in 16 (6.1%, or 0.5 million) men have experienced this kind of violence since the age of 15. For women who had children in their care while experiencing violence from a current partner, half (50%) said the children had seen or heard the violence; this proportion increased when the violence was perpetrated by a former partner (68%) (ABS 2017).

Impact of FDSV

FDSV generates a range of responses and consequences, involving both health and welfare services. FDSV can have serious impacts on a victim's health. In 2011, it contributed to more burden of disease (the impact of illness, disability and premature death) than any other risk factor for women aged 25–44 (Ayre et al. 2016). Seven disorders or events were causally linked to exposure to intimate partner violence: depressive and anxiety disorders, early pregnancy loss, homicide and violence, suicide and self-inflicted injuries, alcohol use disorders, and children born prematurely or with low birthweight. Serious cases of FDSV can end in hospitalisation or death.

Hospitalised injury

In 2014–15, there were more than 19,000 hospitalisations due to an assault injury. Of these hospitalisations, nearly 1 in 5 (18% or 3,400) people reported that the perpetrator was a *Spouse or domestic partner*, with *Other family member* reported for a further 8.8% (1,700 hospitalisations).

Where the perpetrator was identified, a *Spouse or domestic partner* was recorded for almost half (45%) of all hospitalisations of female assault victims—or more than 2,800 cases. For men, a *Spouse or domestic partner* was recorded as the perpetrator for almost

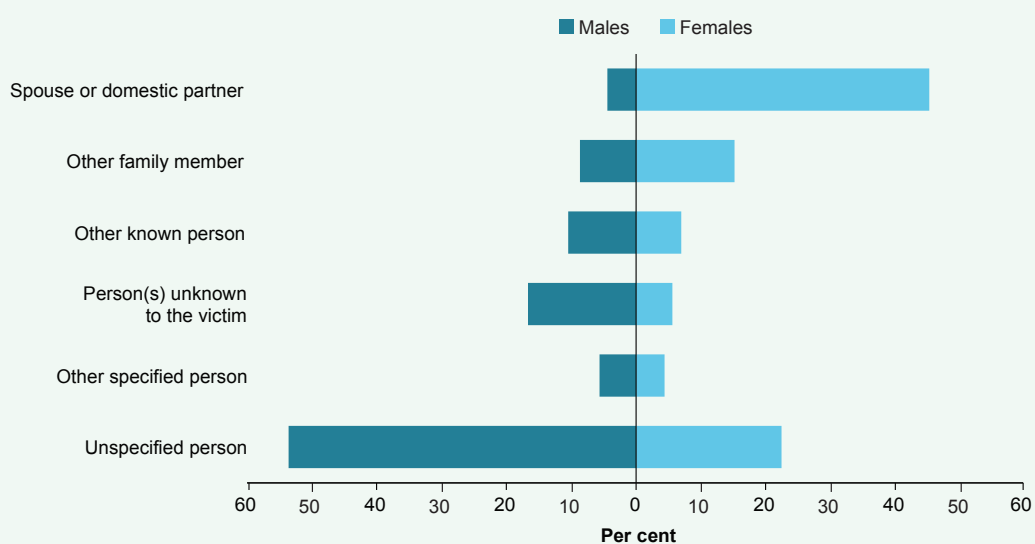




1 in 20 (4.4%) hospitalisations—or about 560 cases (Figure 3.16.1). Sex differences were also apparent in assault injury hospitalisations when the perpetrator was identified as *Other family member*, including *Parents* (15% of female hospitalisations compared with 8.6% of males).

The type of perpetrator for assault injury hospitalisations also differed by age group. For children, most perpetrators were *Parents* or *Other family members* (80% for children aged 0–4 and 40% for children aged 5–14). *Spouse or domestic partner* was the most commonly identified perpetrator among people aged 15–24 (13%) and 25–44 (22%). The most commonly identified perpetrator for people aged 65 and over was *Other family member* (23%).

Figure 3.16.1: Assault injury hospitalisations, by reported perpetrator, by sex, 2014–15



Note: Around half of all assault hospitalisations did not have a reported perpetrator, and results should be interpreted with some caution.

Source: National Hospital Morbidity Database; Table S3.16.1.

Deaths

From 1 July 2012 to 30 June 2014, there were 487 homicide incidents, involving 512 victims. A domestic relationship was the most common relationship between a victim and the homicide offender; more than 200 domestic homicide incidents were recorded involving 213 victims and 200 perpetrators. Of these incidents:

- 63% (126) were intimate partner incidents
- 15% (30) were incidents involving a parent (or step-parent) killing a child (filicide)
- 10% (21) were incidents where a child killed a parent or step-parent (parricide)
- 8% (16) were other family incidents, such as those involving cousins, aunts/uncles, grandparents and so on
- 4% (7) were incidents where one sibling killed another (siblicide).

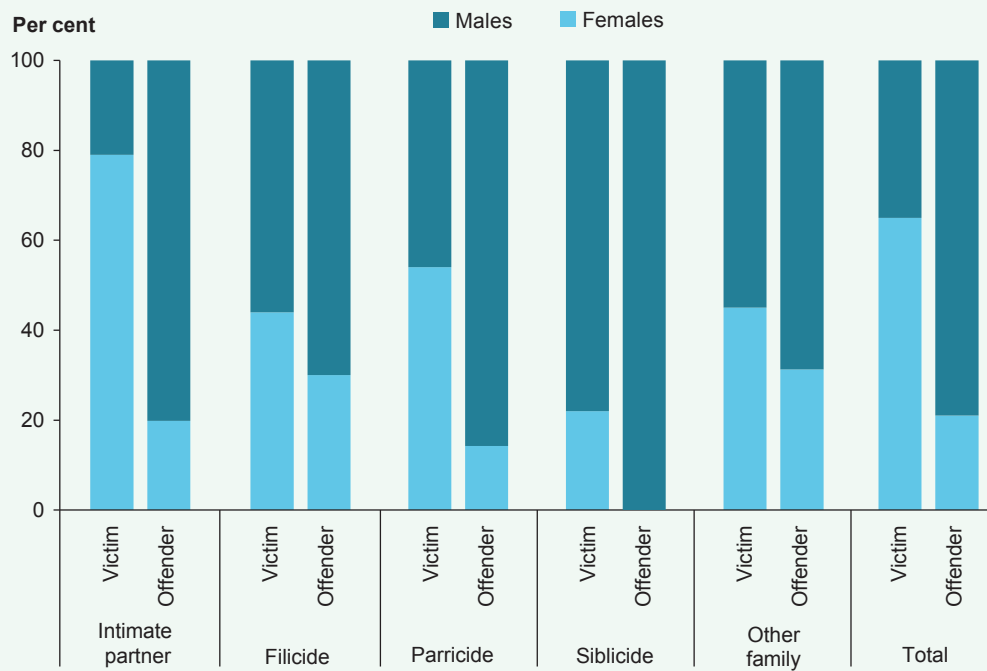




Females were predominantly the victims of domestic homicide (65%) and males largely the offenders (79%). Almost 4 in 5 (79% or 99) victims of intimate partner homicide between 2012 and 2014 were women (Figure 3.16.2)—this represents nearly 1 woman per week being killed by an intimate partner. Men were 80% of the offenders in cases of intimate partner homicide (Figure 3.16.2).

While females were over-represented as victims of all types of domestic homicide combined, males were over-represented as victims of some forms of domestic homicide, particularly homicides involving siblings (78%) (Figure 3.16.2). Males were 100% of the offenders for homicides involving siblings (Bryant & Bricknell 2017).

Figure 3.16.2: Type of homicide, by gender of victims and offenders, 2012–13 to 2013–14



Source: Bryant & Bricknell 2017; Table S3.16.2.





What is missing from the picture?

While there are data for reporting on certain aspects of FDSV, there are notable gaps in respect to the health impacts of FDSV. For example, there is no national information—or incomplete or inconsistent capture of information—on emergency department presentations and general practitioner visits. This makes it difficult to answer questions to support research and policies, such as:

- What health services and responses do victims and perpetrators of FDSV need and use, and how coordinated are they?
- What are children's experiences of FDSV?
- What are the pathways, impacts and outcomes for victims and perpetrators of FDSV?
- Which groups are at greater risk of FDSV?
- How do the health impacts of FDSV vary by location (noting that data are available for some, but not all, states and territories)?
- What programs and interventions are the most effective to prevent and respond to FDSV?

These data gaps limit the extent to which we can understand the health impacts and outcomes for victims and perpetrators. There is also very limited information about specific at-risk groups, such as Indigenous people, children, culturally and linguistically diverse communities, and adults and children with disability.

Where do I go for more information?

More information on FDSV is available at <www.aihw.gov.au/reports-statistics/behaviours-risk-factors/domestic-violence/overview>. The report *Family, domestic and sexual violence in Australia 2018* and other recent releases are available for free download.

If you are experiencing domestic or family violence or know someone who is, please call **1800RESPECT (1800 737 732)** or visit the **1800RESPECT website**.

References

- ABS (Australian Bureau of Statistics) 2017. Personal Safety Survey 2016. ABS cat. no. 4906.0. Canberra: ABS.
- Ayre J, Lum On M, Webster K, Gourley M & Moon L 2016. Examination of the burden of disease of intimate partner violence against women in 2011: final report (ANROWS Horizons, 06/2016). Sydney: ANROWS. Viewed 15 November 2016, <<http://media.aomx.com/anrows.org.au/s3fs-public/BoD%20Horizons.pdf>>.
- Bryant W & Bricknell S 2017. Homicide in Australia 2012–13 to 2013–14: National Homicide Monitoring Program Report. Canberra: Australian Institute of Criminology.

