



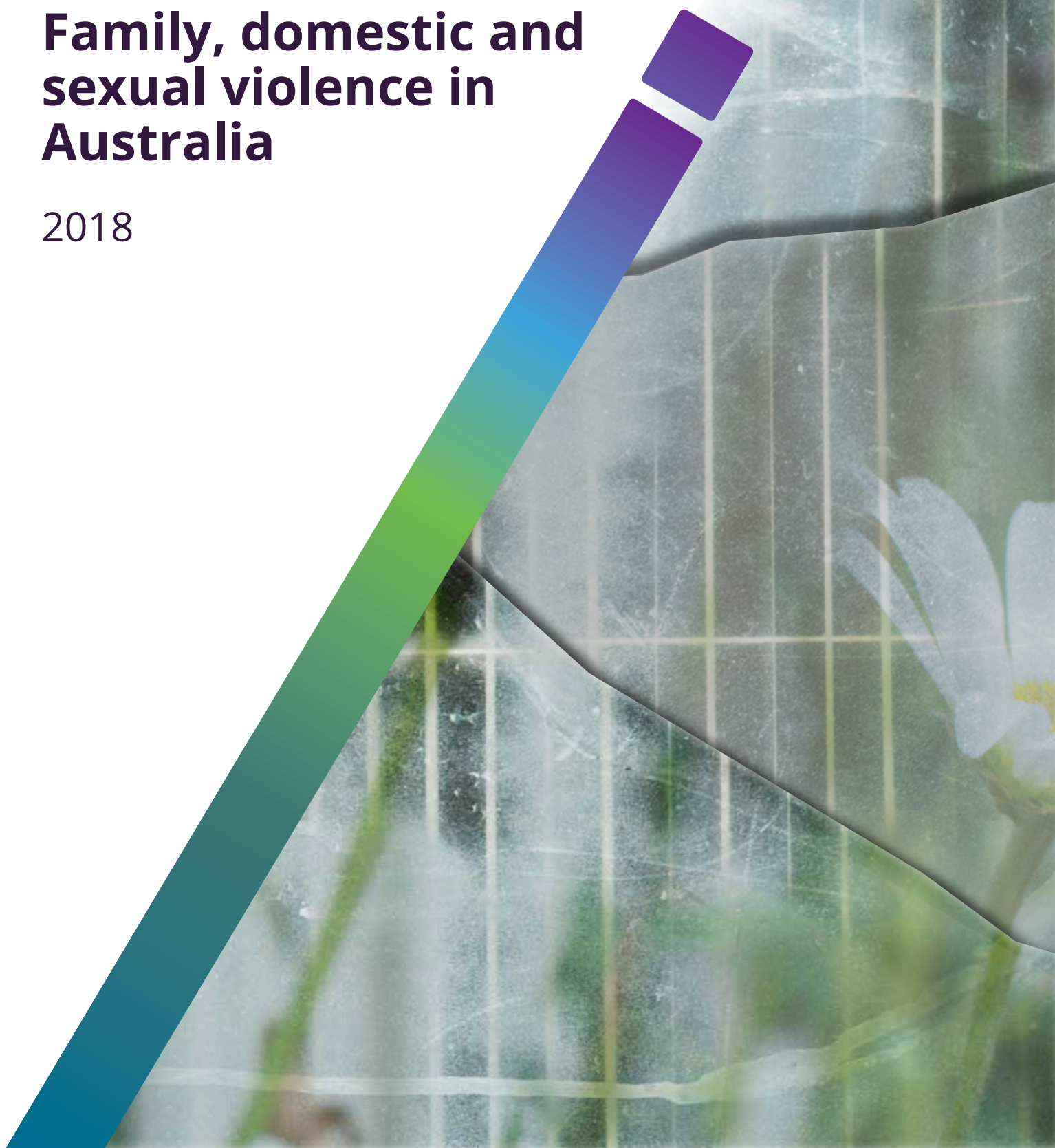
Australian Government

Australian Institute of  
Health and Welfare



# Family, domestic and sexual violence in Australia

2018






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2018



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#### **Australian Institute of Health and Welfare**

Board Chair

Mrs Louise Markus

Director

Mr Barry Sandison

Any enquiries relating to copyright or comments on this publication should be directed to:

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1000

Email: [info@aihw.gov.au](mailto:info@aihw.gov.au)

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Mr Anthony Morgan	Australian Institute of Criminology
Ms Kelly Hand	Australian Institute of Family Studies
Ms Lixia Qu	Australian Institute of Family Studies
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Dr Marian Esler	Department of Social Services
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Ms Tarja Saastamoinen	Department of the Prime Minister and Cabinet
Ms Kirsti Van Der Steen	Department of the Prime Minister and Cabinet
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This report is primarily a data report. As such, its emphasis on data can at times appear to depersonalise some of the pain and suffering that sits behind the statistics. We would like to acknowledge the serious impact and huge burden that family, domestic and sexual violence can have on communities, especially women and children. It can inflict physical injury, psychological trauma and emotional suffering. These effects can last a lifetime and can affect future generations. It is our endeavour that by bringing together various data sources we can strengthen the evidence base to build a more coherent picture of family, domestic and sexual violence in Australia.

This information will help to inform government policies and plans and also assist in the planning and delivery of violence prevention and intervention programs.

If this report raises any issues for you, these services can help:



kids**helpline**  
Anytime | Any Reason

1800 55 1800 | CALL | EMAIL | WEBCHAT





# Abbreviations

ABS	Australian Bureau of Statistics
AIC	Australian Institute of Criminology
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
ALSWH	Australian Longitudinal Study on Women's Health
ANROWS	Australia's National Research Organisation for Women's Safety
FDSV	family, domestic and sexual violence
IVAWS	International Violence Against Women Survey
LGBTI	lesbian, gay, bisexual, transgender, and/or intersex
LSAC	Longitudinal Study of Australian Children
LSIC	Longitudinal Study of Indigenous Children
National Plan	National Plan to Reduce Violence against Women and their Children 2010–2022
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCAS	National Community Attitudes towards Violence Against Women Survey
NMDS	National Minimum Data Set
NHMP	National Homicide Monitoring Program
PSS	Personal Safety Survey
SHS	specialist homelessness services
SHSC	Specialist Homelessness Services Collection
UNSD	United Nations Statistical Division
WHO	World Health Organization

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# Summary

Family, domestic and sexual violence is a major health and welfare issue. It occurs across all ages, and all socioeconomic and demographic groups, but predominantly affects women and children.

This report explores the latest data available to the Australian Institute of Health and Welfare on family, domestic and sexual violence in Australia. It brings together information from multiple sources on victims and perpetrators and on the causes, impacts and outcomes of violence. Gathering this information highlights notable data gaps which, if filled, could strengthen the evidence base and support the prevention and reduction of family, domestic and sexual violence in Australia.

As many data collections focus only on violence perpetrated by an intimate partner, particularly male violence against women, much of this report focuses on domestic violence.

## Women are at greater risk of family, domestic and sexual violence

Men are more likely to experience violence from strangers and in a public place; women are most likely to know the perpetrator (often their current or a previous partner) and the violence usually takes place in their home.

One in 6 Australian women and 1 in 16 men have been subjected, since the age of 15, to physical and/or sexual violence by a current or previous cohabiting partner (ABS 2017b). Family, domestic and sexual violence happens repeatedly—more than half (54%) of the women who had experienced current partner violence, experienced more than one violent incident (ABS 2017b). However, between 2005 and 2016, rates of partner violence against women have remained relatively stable (ABS 2006, 2017b).

In 2014–15, on average, almost 8 women and 2 men were hospitalised each day after being assaulted by their spouse or partner (AIHW 2017b). From 2012–13 to 2013–14, about 1 woman a week and 1 man a month were killed as a result of violence from a current or previous partner (Bryant & Bricknell 2017).

**Family violence** refers to violence between family members, typically where the perpetrator exercises power and control over another person. The most common and pervasive instances occur in intimate (current or former) partner relationships and are usually referred to as **domestic violence**. **Sexual violence** refers to behaviours of a sexual nature carried out against a person's will. It can be perpetrated by a current or former partner, other people known to the victim, or strangers.

### Since age 15:



1 in 6 women



1 in 16 men

have experienced **physical and/or sexual violence by a current or previous partner**



1 in 4 women



1 in 6 men

have experienced **emotional abuse by a current or previous partner**



1 in 5 women



1 in 20 men

have been **sexually assaulted and/or threatened**

Almost 1 in 4 (23%) women and 1 in 6 (16%) men have experienced emotional abuse from a current or previous partner since the age of 15 (ABS 2017b).

Almost 1 in 5 women (18%) and 1 in 20 men (4.7%) have experienced sexual violence (sexual assault and/or threats) since the age of 15. Women were most likely to experience sexual violence from a previous cohabiting partner (4.5% of women) or a boyfriend/girlfriend or date (4.3% of women) (2017b). In 2016, on average, police recorded 52 sexual assaults each day against women and about 11 against men (ABS 2017d).

#### Most at risk:

- Aboriginal and Torres Strait Islander women
- Young women
- Pregnant women
- Women with disabilities
- Women experiencing financial hardships
- Women and men who experienced abuse or witnessed domestic violence as children.

#### Some groups are more vulnerable

Some groups of people are at greater risk of family, domestic and sexual violence, particularly Indigenous women, young women, pregnant women, women separating from their partners, women with disability and women experiencing financial hardship.

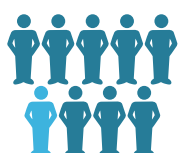
Women and men who experienced abuse or witnessed domestic violence as children (before the age of 15) are also at increased risk.

Nearly 2.1 million women and men witnessed violence towards their mother by a partner, and nearly 820,000 witnessed violence towards their father, before the age of 15. People who, as children, witnessed partner violence against their parents were 2–4 times as likely to experience partner violence themselves (as adults) as people who had not (ABS 2017b).

#### Women and men reported their experiences before age 15:



**1 in 6 girls**



**1 in 9 boys**

were **physically and/or sexually abused**

#### Children are often exposed to the violence

There are limited data on the nature, extent and impacts of family violence on children. Despite this, qualitative research has shown that children exposed to family, domestic and sexual violence can experience long-term effects on their development and have increased risk of mental health issues, and behavioural and learning difficulties (Campo 2015).

Children can experience family violence as a witness and/or a victim. More than two-thirds (68%) of mothers who had children in their care when they experienced violence from their previous partner said their children

had seen or heard the violence (ABS 2017b). As well, 1 in 6 (16%, or 1.5 million) women reported having experienced physical and/or sexual abuse before the age of 15 (as girls), and 1 in 9 (11%, or 992,000) men reported having experienced this abuse when they were boys (ABS 2017b).

Most behaviours identified as child abuse fall under the broad definition of family violence. In 2015–16, about 45,700 children were the subject of a child protection substantiation (investigated notification where there is sufficient evidence of abuse or neglect). A large and growing number of children are placed in out-of-home care as a consequence of this abuse (55,600 children in 2015–16) (AIHW 2017a).

## The toll of family, domestic and sexual violence is substantial

Family and domestic violence can have far-reaching consequences. It is a leading cause of homelessness for women with children. In 2016–17, about 72,000 women, 34,000 children and 9,000 men seeking homelessness services reported that family and domestic violence caused or contributed to their homelessness (AIHW 2017d).

Intimate partner violence also has serious impacts on women'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. Mental health conditions were the largest contributor to the burden due to physical/sexual intimate partner violence, with anxiety disorders making up the greatest proportion (35%), followed by depressive disorders (32%) (Ayre et al. 2016).

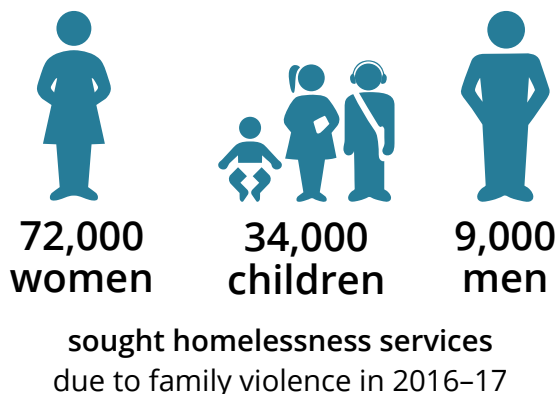
In 2015–16, the financial cost of violence against women and their children in Australia was estimated at \$22 billion (KPMG 2016). It is likely that Aboriginal and Torres Strait Islander women, pregnant women, women with disability, and women experiencing homelessness were under-represented in this calculation. Accounting for these women may add another \$4 billion (KPMG 2016).

## Family violence is worse for Aboriginal and Torres Strait Islander people

Family violence occurs at higher rates for Indigenous Australians than for non-Indigenous Australians. Family violence within Indigenous communities needs to be understood as both a cause and effect of social disadvantage and intergenerational trauma (ABS 2016).

- In 2014–15, 1 in 7 (14%) Indigenous women experienced physical violence in the previous year. Of these, about 1 in 4 (28%) reported that their most recent incident was perpetrated by a cohabiting partner (ABS 2016).
- From 2012–13 to 2013–14, 2 in 5 Indigenous homicide victims (41%) were killed by a current or previous partner, twice the rate of non-Indigenous victims (22%) (Bryant & Bricknell 2017).

Family and domestic violence is a leading cause of homelessness:



Intimate partner violence is the greatest health risk factor for women



Compared with non-Indigenous Australians, Indigenous Australians experience:



- In 2014–15, Indigenous women were 32 times as likely to be hospitalised due to family violence as non-Indigenous women, while Indigenous men were 23 times as likely to be hospitalised as non-Indigenous men (SCRGSP 2016).
- In 2015–16, Indigenous children were 7 times as likely to be the subject of substantiated child abuse or neglect as non-Indigenous children (AIHW 2017a).

## **There are data gaps in key areas, including for victims, perpetrators and at-risk groups**

Although much is known about many aspects of family, domestic and sexual violence, there are several data gaps that need to be filled to present a comprehensive picture of its extent and impact in Australia. Specifically, there is no, or limited, data on:

- children's experiences, including attitudes, prevalence, severity, frequency, impacts and outcomes of these forms of violence
- specific at-risk population groups, including Indigenous Australians, people with disability, and lesbian, gay, bisexual, transgender and intersex (LGBTI) people, including those in same-sex relationships
- the effect of known risk factors, such as socioeconomic status, employment, income and geographical location
- services and responses that victims and perpetrators receive, including specialist services, mainstream services and police and justice responses
- pathways, impacts and outcomes for victims and perpetrators
- the evaluation of programs and interventions.

- ✓ **Better data sharing**
- ✓ **Standard definitions**
- ✓ **Linking data**
- ✓ **Enhanced data collection**

### **What needs to be done to fill the gaps?**

A number of actions can be taken to improve current data collection, quality and comparability, and to fill data gaps. These include:

- analysing and using existing data—for example, further analysis at local geographical levels
- sharing existing, yet unpublished, data across government agencies, while protecting individual privacy
- developing a common and consistent definition, or set of definitions, to improve identification and measurement across data sets
- enhancing data collection to better understand people at risk and the services they need and use
- increasing the use of data linkage and longitudinal surveys to better understand pathways and outcomes for victims and perpetrators.

Priority data gaps will be further refined in consultation with stakeholders.



# 1 Introduction

Violence is common in Australia—2 in 5 people have experienced at least one incident of violence since the age of 15 (ABS 2017b). Women are more likely to experience violence from a known person and in their home, while men are more likely to experience violence from strangers and in a public place. Although men are victims of domestic violence and sexual assault, most victims are women. Family, domestic and sexual violence are the most pervasive forms of violence experienced by women and their children (COAG 2011).



**1 in 6 women**

have experienced **physical or sexual violence** by a current or previous partner since the age of 15



**1 in 16 men**



**1 in 4 women**

have experienced **emotional abuse** by a current or previous partner since the age of 15



**1 in 6 men**



**1 in 5 women**

have experienced **sexual violence** since the age of 15



**1 in 20 men**



**99 women**

were **killed** by a current or previous partner between 2012–13 and 2013–14



**27 men**

**Most family, domestic and sexual violence is against women, by men**

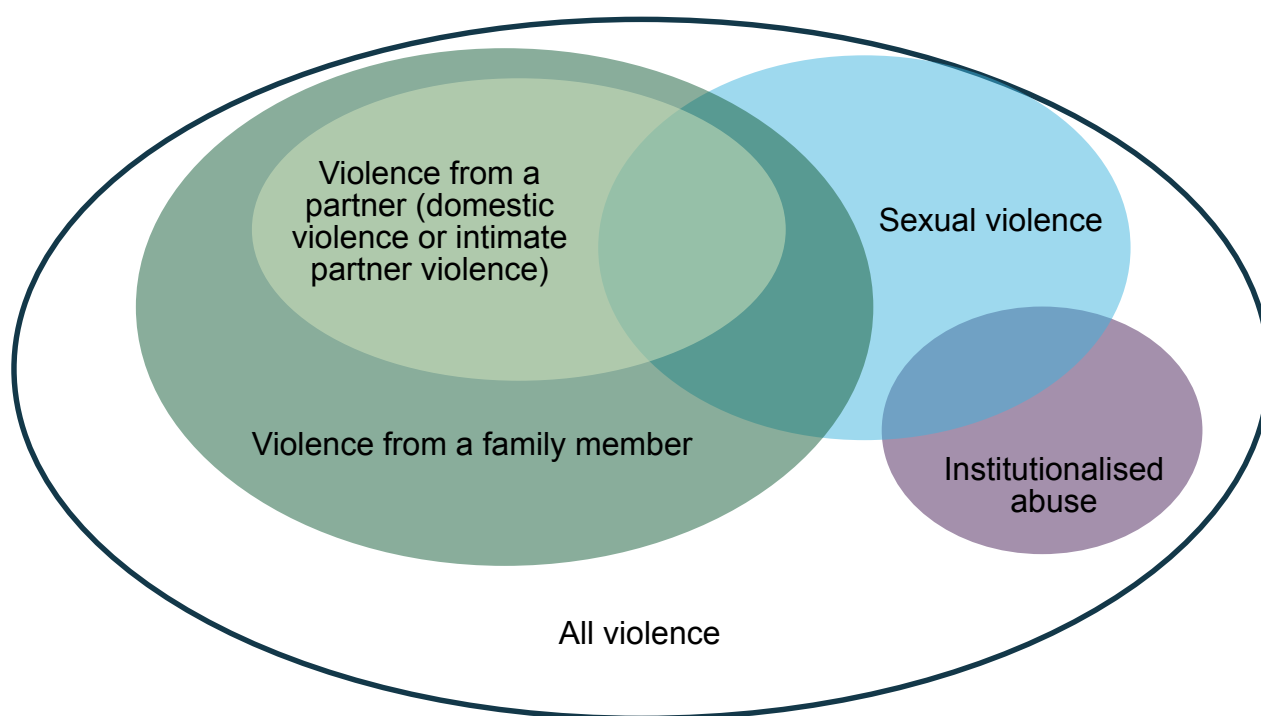
Family, domestic and sexual violence is a major health and welfare issue in Australia and around the world. Globally, the World Health Organization (WHO) estimates that 1 in 3 (30%) women who have been in a relationship have experienced physical or sexual violence from an intimate partner since the age of 15 (WHO 2013). In Australia, about 1 in 6 (17%, or 1.6 million) women and more than half a million men (6.1%) have experienced violence from a current or previous cohabiting partner since the age of 15 (ABS 2017b). Family violence also affects children, who may be victims or witness violence against family members. Children witnessing, or being exposed to, domestic violence is increasingly being recognised as a form of child abuse.

This report brings together the latest national data sources to help build a picture of family, domestic and sexual violence in Australia. While there is a strong framework for collecting data on this subject (ABS 2013b, 2013c, 2014), there are also a number of challenges. For example, as many of the available data sources report only on violence perpetrated by an intimate partner, and not by other family members, much of this report focuses on domestic violence, particularly male violence against women. There are also significant gaps in information about the responses to and impacts of family, domestic and sexual violence. This report therefore highlights data gaps and areas for data improvement to further strengthen and improve the evidence base to better deal with family, domestic and sexual violence.

## What is family, domestic and sexual violence?

Violence can be described in many ways, and definitions vary according to the legislation in each Australian state and territory (COAG 2011). Family, domestic and sexual violence sits within the broader context of all violence (Figure 1.1). Note that this report does not include information about institutionalised abuse, or about all violence in the broader context.

**Figure 1.1: Family, domestic and sexual violence**



**Family violence** refers to violence between family members as well as between current or former intimate partners. For example, it can include acts of violence between a parent and a child or between siblings. Family violence is the preferred term for violence between Aboriginal and Torres Strait Islander people, as it covers the extended family and kinship relationships in which violence may occur (COAG 2011).

For this report, **domestic violence** is considered a subset of family violence. It refers to violent behaviour between current or former intimate partners—typically, where one partner tries to exert power and control over the other, usually through fear. It can include physical, sexual, emotional and psychological abuse.

Behaviour towards the victim can include limiting their access to finances, preventing them from contacting family and friends, demeaning and humiliating them, threatening them or their children with injury or death, and acts of physical violence (COAG 2016). Domestic violence is sometimes called ‘intimate partner violence’; both terms are used in this report, depending on the data being cited.

**Sexual violence** is a broader concept covering a range of behaviours of a sexual nature, carried out against a person’s will using physical force or coercion (or any threat or attempt to do so). Sexual violence can be perpetrated by partners in a domestic relationship, former partners, other people known to the victims, or strangers (COAG 2011). This also includes child sexual abuse when an adult, adolescent or child uses their power or authority to involve a child in sexual activity.

Acts and behaviours associated with family, domestic and sexual violence vary in type, duration, intensity and frequency (see Box 1.1). They can range from relatively minor incidents to serious offences. These can be ‘one-off’ events but more often are patterns of sustained violence and threat, often escalating in severity and regularity (ABS 2013b).

#### **Box 1.1: Types of family, domestic and sexual violence**

**Physical violence:** can include slaps, hits, punches, being pushed down stairs or across a room, choking and burns, as well as the use of knives, firearms and other weapons.

**Sexual violence:** can include rape, sexual abuse, unwanted sexual advances or harassment and intimidation at work and elsewhere, being forced to watch or engage in pornography, sexual coercion, having sexual intercourse out of fear of what a partner might do, forced prostitution and human trafficking.

**Psychological and emotional abuse:** can include intimidation, belittling, humiliation, and the effects of financial, social and other non-physical forms of abuse.

**Coercive control:** can include isolating victims from family and friends, controlling access to finances, monitoring their movements, restricting access to information and assistance.

The types of violence described here are not an exhaustive list of all possible acts and behaviours that can be classified under the umbrella term of ‘family, domestic and sexual violence’. The term ‘violence’ also includes the attempt or threat of violence.

*Sources:* COAG 2011; VicHealth 2017; WHO 2013.

## Government policies on family, domestic and sexual violence

Family, domestic and sexual violence is an increasing community concern, and a priority for Australian and state and territory governments. Recent national and state and territory inquiries have highlighted the need to:

- invest in prevention and early intervention
- improve the integration of service responses for victims
- increase accountability for perpetrators (NSW Ministry of Health 2016; PM&C 2016; Social Development Committee of the Parliament of South Australia 2016; Special Taskforce on Domestic Violence in Queensland 2015; State of Victoria 2016b).

The National Plan to Reduce Violence against Women and their Children—2010–2022 (the National Plan) was released in 2011 with a vision that Australian women and their children could live free from violence in safe communities. It focuses on the two main types of violence experienced by women—domestic/family violence and sexual assault—and it aims to achieve a ‘significant and sustained reduction in violence against women and their children’ (COAG 2011).

The National Plan provides a framework for governments to deliver on four action plans over the 12 years. It focuses on six national outcomes:

- communities are safe and free from violence
- relationships are respectful
- Indigenous communities are strengthened
- services meet the needs of women and their children experiencing violence
- justice responses are effective
- perpetrators stop their violence and are held to account.

The Third Action Plan 2016–19 (COAG 2016) under the National Plan outlines what governments, communities, businesses and individuals can do to reduce violence against women and their children over this period. It acknowledges that the current evidence base and data collections need to be strengthened to fill knowledge gaps and support effective policy and service provision decisions.

Australian, state and territory governments have a range of initiatives to prevent and respond to family, domestic and sexual violence. For example, in response to its Royal Commission into Family Violence, the Victorian Government is:

- improving services for victims, including children
- strengthening early intervention measures and integrated service responses
- improving responses for specific cohorts of victims, such as sexually and gender diverse, culturally and linguistically diverse, Indigenous, and male victims
- introducing measures to hold perpetrators to account
- improving primary prevention activities to target attitudes and behaviours that lead to family violence (State of Victoria 2016a).

Other examples of state initiatives include:

- Domestic and Family Violence Prevention Strategy 2016–2026 (Queensland Government 2016)
- NSW Domestic and Family Violence Prevention and Early Intervention Strategy 2017–2021 (NSW Ministry of Health 2017).

These family, domestic and sexual violence initiatives fit within a broader set of national violence-related initiatives such as campaigns targeting attitudes to violence (for example, the One Punch Can Kill campaign), and laws to promote responsible alcohol use in entertainment venues (see Chapter 2).

## How is family, domestic and sexual violence measured?

It can be difficult to accurately record the extent of family, domestic and sexual violence in the population. By their nature, such incidents frequently occur behind closed doors and are often concealed by, and denied by, their perpetrators and sometimes by their victims. The capacity of data sources to measure the prevalence of family, domestic and sexual violence depends on:

- victims' perception of what constitutes this violence
- victims' willingness to disclose/report the incident
- how the incident is disclosed/reported (ABS 2017b).

Data on the number of people experiencing family, domestic and sexual violence can be collected through purpose-designed surveys or as a by-product of administrative processes (such as data from police, health or specialised services). It is also possible to collect information on the nature, frequency and responses to these types of violence, such as the type of injury and the timing and location of the incident.

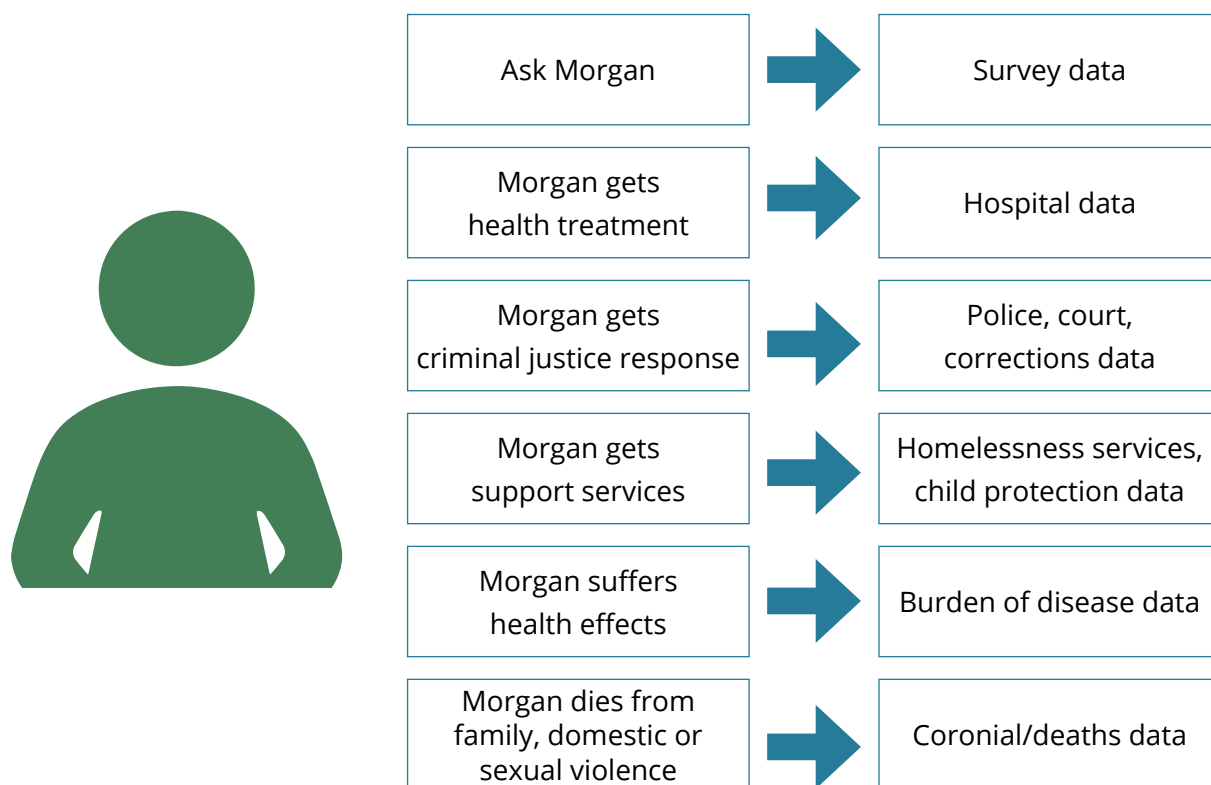
No single data source can provide all the information needed to report on family, domestic and sexual violence. For example, administrative data collections can provide information on reported incidents, and surveys can provide information on unrecorded/unreported events. Box 1.2 illustrates some of the data that might be generated from an incident of family, domestic and/or sexual violence.

Australia has robust population surveys—such as the Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS), run every 4 years, and the National Aboriginal and Torres Strait Islander Social Survey (NATSISS), run every 6 years—which collect self-reported, de-identified information about violence. The PSS and the NATSISS are examples of cross-sectional surveys—representing a population at a specific time point. They are carefully designed to reduce barriers to reporting, yet they are limited by a participant's willingness to disclose information.

Population surveys also generally provide less reliable estimates for specific population groups because of their smaller sample sizes. The groups include people with disabilities; the elderly; people from culturally and linguistically diverse backgrounds; and lesbian, gay, bisexual, transgender and intersex (LGBTI) people (Mitra-Kahn et al. 2016). Notwithstanding these limitations, these population surveys are the best source of prevalence data relating to violence in general, and to family, domestic and sexual violence in Australia.

Purpose-designed surveys also include longitudinal surveys, which collect data on the same people at different times. Longitudinal studies are increasingly recognised for their value in identifying risks, pathways and outcomes for victims and perpetrators of family, domestic and sexual violence.

### Box 1.2: How would we know if Morgan experienced family, domestic or sexual violence?



Data obtained from medical, criminal justice and other support services can be limited by the agencies' capacity to consistently capture information, share it in a way that protects the privacy of individuals, and report it in a format that can be compiled into a consistent and usable data set. Interpreting service data can also be complex; for example, increasing numbers of cases may reflect increasing occurrences of violence, increasing awareness and social acceptance of reporting these types of violence, an increase in the availability of services, or a combination of all these.

## What are the data sources used in this report?

This report brings together national data on family, domestic and sexual violence, including data on:

- community attitudes to violence
- incidence, prevalence and risk factors for victims and perpetrators
- experiences of family, domestic and sexual violence
- justice system responses
- health system responses
- specialised service responses, including child protection
- the impact and outcomes for victims.



The main data sources used in this report are outlined in Table 1.1. They represent a mix of purpose-designed surveys, administrative data sets and data collected for specific research projects, such as burden of disease studies. The focus is on de-identified national data sets designed to support analysis and research, rather than operational data designed to support responses to people experiencing family, domestic and sexual violence.

While the Australian Institute of Health and Welfare (AIHW) has tried to use the latest possible data, the collections reflect a range of time periods. These data sources also vary widely in definitions used, data items collected and reporting mechanisms, so they cannot be easily compared. More detail on each data source is available in Appendix A.

## **How is this report structured?**

The report is based on the National Data Collection and Reporting Framework for family, domestic and sexual violence (ABS 2013c) (Box 1.3). It has eight chapters:

Chapter 1—Introduction

Chapter 2—Context for family, domestic and sexual violence

Chapter 3—Who is at risk of family, domestic and sexual violence?

Chapter 4—How is family, domestic and sexual violence experienced?

Chapter 5—What are the responses to family, domestic and sexual violence?

Chapter 6—What are the impacts and outcomes of family, domestic and sexual violence?

Chapter 7—What is known about family violence among Indigenous Australians?

Chapter 8—What are the key data gaps?

As many data collections focus on violence perpetrated by an intimate partner, particularly male violence against women, much of this report focuses on domestic violence. Much of the data relate to victims rather than to perpetrators of family, domestic and sexual violence. The report includes information about men's experiences and those of specific population groups where data are available.

A separate chapter is dedicated to the experiences of Aboriginal and Torres Strait Islander people, reflecting and acknowledging the much higher rates of family, domestic and sexual violence among Indigenous Australians.

**Table 1.1: National data sources used in this report for monitoring family, domestic and sexual violence in Australia**

Chapter 2 (Context)	Chapter 3 (Risk/prevalence)	Chapter 4 (Incident/Experience)	Chapter 5 (Responses)	Chapter 6 (Impacts/Outcomes)	Chapter 7 (Indigenous)
Vic Health National Community Attitudes towards Violence against Women Survey, 2013	ABS Personal Safety Survey, 2016	ABS Personal Safety Survey, 2016	ABS Personal Safety Survey, 2016	ABS Personal Safety Survey, 2016	Vic Health National Community Attitudes towards Violence against Women Survey, 2013
ABS Personal Safety Survey, 2016	AHRC National report on sexual assault and sexual harassment at Australian universities, 2017	AIHW National Drug Strategy Household Survey, 2016	ABS Recorded crime—victims, Australia 2016	Australian Longitudinal Study on Women's Health	ABS National Aboriginal and Torres Strait Islander Social Survey, 2014–15
RMIT University Experiences of Image-based Abuse, 2017	WHO Global and regional estimates of violence against women, 2011		ABS Recorded crime—offenders, 2015–16	Longitudinal Study of Australian Children	AHRC National report on sexual assault and sexual harassment at Australian universities, 2017
	UNSD The world's women, 2014		ABS Criminal courts, Australia 2015–16	AIHW National burden of disease project on intimate partner violence	Longitudinal Study of Indigenous Children
			AIHW National Hospital Morbidity Database 2014–15	AIC National Homicide Monitoring Program, 2012–2014	ABS Criminal courts, Australia 2015–16
			AIHW Specialist Homelessness Services Collection, 2016–17	ABS Recorded crime—victims, Australia 2016	ABS Recorded crime—victims, Australia 2016
			AIHW Child Protection National Data Set, 2015–16	KPMG Cost of violence against women and their children in Australia, 2016	ABS Recorded crime—offenders, 2015–16
					AIHW National Hospital Morbidity Database, 2014–15
					AIHW Specialist Homelessness Services Collection, 2016–17
					AIHW Child Protection National Data Set, 2015–16

Survey data—cross-sectional

Survey data—longitudinal

Administrative data

Data collected for specific research projects

### Box 1.3: National Data Collection and Reporting Framework

**CONTEXT**—the environmental and psycho-social factors that influence community attitudes, and otherwise provide the context for the occurrence and experience of family, domestic and sexual violence.

**RISK**—the actual and perceived risk of family, domestic and sexual violence.

**INCIDENT/EXPERIENCE**—the occurrence of family, domestic and sexual violence, and the way this violence is experienced.

**RESPONSES**—the response to family, domestic and sexual violence by individuals, families, the community, and formal or system responses such as justice, health and community services.

**IMPACTS AND OUTCOMES**—the short-, medium- and long-term impacts and outcomes of family, domestic and sexual violence for victims, perpetrators, families and the broader community and the economy.

**PROGRAMS, RESEARCH AND EVALUATION**—the response of research and education to family, domestic and sexual violence targeted prevention, intervention, and support services.

Source: ABS 2013c.

## 2 Context for family, domestic and sexual violence

### Key findings

- One in 20 Australians believe violence against women may be justified.
- Non-physical behaviours are less likely to be recognised as violence against women.
- Young people are more likely to have attitudes that support violence against women.
- About 1 in 2 (53%, or 5 million) women and 1 in 4 (25%, or 2.2 million) men have experienced sexual harassment since the age of 15.

Since age 15:

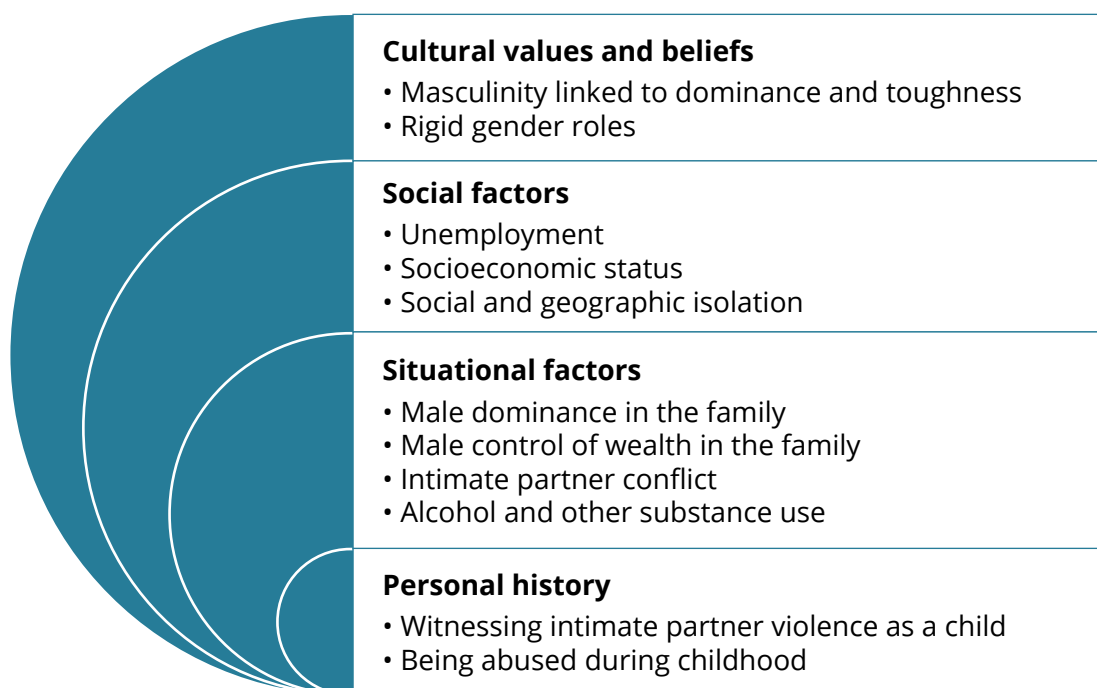


Many factors contribute to and influence family, domestic and sexual violence (EC 2010). These contextual elements relate to victims and perpetrators and include interpersonal relationship dynamics, families and communities, and geographic and political environments (ABS 2013c). This chapter explores the context in which family, domestic and sexual violence occurs. It focuses predominantly on attitudes to violence and experience of sexual harassment, where data are more readily available. It also briefly outlines some of the campaigns designed to change attitudes to violence.

Box 2.1 shows how the factors and influences of family, domestic and sexual violence are interrelated and interconnected. It is based on a modified version of Heise's Integrated, Ecological Framework, which is broadly consistent with the ABS's conceptualisation of contextual factors (ABS 2013c; Heise 1998). Examples of factors associated with an increased risk of family, domestic and sexual violence are included in each circle of the conceptual model shown in Box 2.1.

- The innermost circle represents the individual's personal history that they bring to their relationships, such as exposure to intimate partner violence as a child (Mouzos & Makkai 2004).
- The next circle layer represents the situational factors or immediate context in which the violence takes place, involving partner or family relationships, such as individual perceptions about conflict resolution, relationship dynamics and alcohol use (Campo 2015; Morgan & Chadwick 2009; Wall 2014; WHO 2013).
- The next layer includes social factors and institutions that affect personal relationships, such as work, neighbourhood, social networks and identity groups (Morgan & Chadwick 2009).
- The final outermost layer represents the views and attitudes that permeate broader society, such as gender roles (Flood & Pease 2009).

### Box 2.1: Contextual factors that influence family, domestic and sexual violence



Source: Modified from Heise 1998.

The underlying drivers of family, domestic and sexual violence can reflect inequalities in the distribution of power, resources and opportunity between females and males (Cox 2015; EC 2010; Our Watch et al. 2015; VicHealth 2014). Communities with attitudes reflecting greater levels of gender equality generally have lower rates of domestic, family and sexual violence (UNIFEM 2010).

The 2017 Global Gender Gap Index explored the relative gaps between women and men in terms of health, education, the economy and politics in 144 countries. Australia ranked in the top third (35th) of all countries included—where females tended to be ‘more’ equal with males than in other countries. Countries that were ranked higher on the index (greater equality) than Australia included New Zealand (9th), France (11th), United Kingdom (15th) and Canada (16th) (World Economic Forum 2017).

## What data are available to measure contextual factors?

Data on many of the contextual factors listed in Box 2.1 are not available at a national level. However, Australia does have robust population-level survey data available on attitudes to, and perceptions of, violence against women via the National Community Attitudes towards Violence Against Women Survey (NCAS) (see Box 2.2). Attitudes that condone or tolerate violence play ‘a central role in shaping the way individuals, organisations and communities respond to violence’ (VicHealth 2014). Equivalent data on attitudes to men and other victims are not available at a national level.

Since the release of the 2013 NCAS, there has been considerable media attention, as well as public education campaigns and the Victorian Royal Commission into family violence. Hence, some attitudes to family violence may have shifted. The next wave of the NCAS, for release in late 2018 and early 2019, will provide the most up-to-date findings about current attitudes.

### **Box 2.2: National Community Attitudes towards Violence Against Women Survey**

The NCAS is the main national survey that measures community knowledge and attitudes towards violence against women, gender roles and relationships, and responses to violence.

It also tracks changes in knowledge and attitudes over time. There have been three national waves conducted to date, led by VicHealth: 1995, 2009 and 2013 (VicHealth 2014). The fourth wave of the survey is being managed by Australia's National Research Organisation for Women's Safety (ANROWS), and findings will be released in late 2018 and early 2019. The response rate to the 2013 NCAS was 27%, and results should be interpreted with this in mind.

For more details, see Appendix A.

Information about experience of sexual harassment is sourced from the PSS 2016, and a recent survey on image-based abuse (Henry et al. 2017) is used to highlight experiences and perceptions of this type of abuse. For further information about sexual harassment in university settings, see Chapter 4.

## **What do the data tell us?**

Overwhelmingly, Australians believe that violence against women is not justified. However, young people are more likely to excuse violence in certain circumstances, and non-physical behaviours (such as criticising or intimidating a person) are less likely to be recognised as violence. People born in countries where English is not the main language are more likely than Australian-born residents to attribute at least some of the responsibility for violence to the victim.

### **Very few Australians believe that violence against women may be justified**

Overall, the NCAS found only 4% to 6% of Australians believed violence against women was justified in certain circumstances. Most Australians are aware that domestic violence (96%) and forced sex in a relationship (91%) are criminal offences. Almost all Australians (98%) stated that they would intervene if a known woman was being assaulted (VicHealth 2014).

However, more than 1 in 5 (21%) agreed that violence could be excused if the violent person regretted it, or if people got so angry that they lost control (22%). More than 4 in 10 Australians (43%) believed that rape resulted from men not being able to control their need for sex, and nearly 1 in 5 (19%) that a woman was at least partly responsible for being raped if she was drunk and/or affected by drugs at the time (VicHealth 2014).

### **Non-physical behaviours are increasingly being recognised as violence against women**

The majority of Australians acknowledged that non-physical violence (such as constant criticism, stalking, intimidation, and controlling social contact) were serious behaviours and a form of violence against women. The recognition of non-physical behaviours as forms of violence increased between 1995 and 2013. However, more Australians still recognised physical behaviours rather than non-physical behaviours as forms of violence (Table 2.1) (VicHealth 2014).



## Nearly 1 in 5 Australians believe men should take control in relationships

The 2013 NCAS found that nearly 1 in 5 Australians (19%) believed men should take control in relationships and be the head of the household. Nearly 3 in 10 (28%) respondents believed that women preferred a man to be in charge of the relationship (VicHealth 2014). These types of attitudes, together with rigid perceptions of gender roles, can be associated with family, domestic and sexual violence.

**Table 2.1: Community knowledge of violence against women, 1995, 2009 and 2013**

	1995	2009	2013
<b>Certain behaviours are a form of partner violence/violence against women (% agree)</b>			
Slaps/pushes to cause harm and fear	97	97	97
Forces partner to have sex	94	97	96 <sup>(a)</sup>
Tries to scare/control by threatening to hurt others	n/a	98	97
Throws/smashes objects to frighten/threaten	91	97	96 <sup>(a)</sup>
Repeatedly criticises to make partner feel bad/useless	71	85	86 <sup>(a)</sup>
Controls social life by preventing partner seeing family and friends	74	83	85 <sup>(b)</sup>
Tries to control by denying partner money	62	71	70 <sup>(a)</sup>
Yells abuse at partner	77	88	n/a
Stalks by repeatedly following/watching at home or work	n/a	90	89
Harasses by repeated phone calls	n/a	89	87 <sup>(c)</sup>
Harasses by repeated emails/text messages	n/a	85	85
<b>Understanding of the law (% agree)</b>			
Domestic violence is a criminal offence	93	97	96 <sup>(a)</sup>
A woman cannot be raped by someone she is in a sexual relationship with	n/a	6	9 <sup>(c)</sup>
<b>Prevalence of violence against women (% agree)</b>			
Violence against women is common	n/a	74	68 <sup>(c)</sup>
Women with disability are more likely than other women to experience violence	n/a	n/a	41
<b>Patterns and consequences of violence (% agree)</b>			
Women are more likely to be raped by someone they know than a stranger	76	70	64 <sup>(b)</sup>
Men mainly or more often commit acts of domestic violence	86	74	71 <sup>(b)</sup>
Women are more likely to suffer physical harm from domestic violence	n/a	89	86 <sup>(c)</sup>
Level of fear is worse for women	n/a	55	52 <sup>(c)</sup>
<b>Perceived main cause (% agree)</b>			
Some men being unable to manage their anger	n/a	n/a	64
The belief that men should be in charge of the relationship	n/a	n/a	18
Some men being under financial stress	n/a	n/a	13

(a) Difference between 1995 and 2013 is statistically significant,  $p \leq 0.01$ .

(b) Difference between 1995, 2009 and 2013 is statistically significant,  $p \leq 0.01$ .

(c) Difference between 2009 and 2013 is statistically significant,  $p \leq 0.01$ .

Source: VicHealth 2014.

## Young people are more likely to have attitudes that support violence against women

As part of the 2013 NCAS, the attitudes of nearly 2,000 Australians aged 16–24 were compared with those of nearly 10,000 Australians aged 35–64.

Younger Australians had more ‘violence-supportive attitudes’ than their older counterparts. Nearly half (46%) of young Australians agreed that tracking a partner by electronic means without her consent was acceptable to some degree (compared with 35% of older Australians) (Harris et al. 2015).

The comparison also found that young people differed from people aged 35–64 in their attitudes to:

- **economic abuse**—more than 4 in 10 (41%) young Australians did not agree that ‘trying to control by denying your partner money’ was a form of partner violence/violence against women. This was significantly higher than for older Australians (27%)
- **control of social life**—nearly 1 in 5 (18%) young Australians did not agree that ‘controlling social life by preventing your partner seeing family and friends’ was a form of partner violence/violence against women. Although this result was significantly higher than for older Australians (14%), the difference was driven by the result among young males (24% compared with 13% for young females)
- **repeated criticism**—nearly 1 in 5 (18%) young Australians did not agree that ‘repeatedly criticising to make partner feel bad/useless’ was a form of partner violence. This result was significantly higher than for older Australians (14%) and, again, the difference was driven by the result among young males (21% compared with 14% for young females) (Harris et al. 2015).

## People from non-main English speaking countries more likely to have violence supportive attitudes

The NCAS found that up to one-third (22%–34%) of people born in countries where English is not the main language attributed at least some responsibility for violence to the victim. This was substantially higher than for respondents born in countries where English was the main language. Compared with respondents from English speaking backgrounds, people from countries where English was not the main language were:

- more than 2 times as likely to agree that a woman was partly to blame for a sexual assault if affected by alcohol or drugs at the time (34% compared with 15%)
- nearly 2.5 times as likely to agree that women say ‘no’ when they mean ‘yes’ (29% compared with 12%)
- more than 3 times as likely to agree that ‘if a woman goes alone into a room with a man at a party it is her fault if she is raped’ (25% compared with 8%)
- more than 3 times as likely to agree that domestic violence could be excused if the victim was heavily affected by alcohol (22% compared with 7%) (VicHealth 2014).

The NCAS also found that respondents from countries where English was not the main language had a sound knowledge of violence against women, but were less likely than Australian-born respondents to agree that violence against women was common (57% compared with 71%) (VicHealth 2014).

## Sexual harassment

Sexual harassment occurs when a person has experienced or been subjected to behaviours that made them feel uncomfortable and were offensive due to their sexual nature (ABS 2017b). It includes a range of behaviours aimed at demeaning an individual and exercising power and control over them. Men can be the victims of this behaviour, but women are more commonly so, and men the perpetrators.

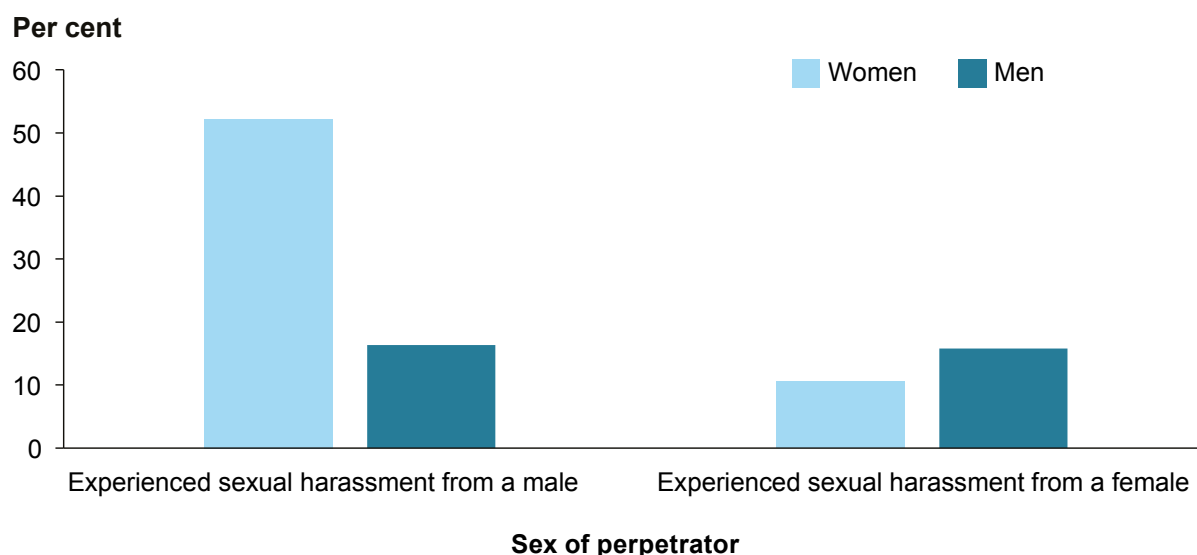
Sexual harassment can be seen as part of the continuum of sexual violence, underpinned by the same social and cultural attitudes. Interventions that challenge these cultural and social norms can help to reduce and prevent violent behaviours (WHO 2009). In the ABS PSS, sexual harassment includes indecent phone calls; indecent texts, emails or posts; indecent exposure; inappropriate comments; and unwanted sexual touching. More information on the PSS is in Box 3.1.

### Half of all women are sexually harassed in their lifetime

The 2016 PSS showed that just over half (53%, or 5 million) of all women and 1 in 4 (25%, or 2.2 million) men aged 18 and over had experienced one or more types of sexual harassment behaviour in their lifetime.

Over half of women (52%) were sexually harassed by a male, and 1 in 9 (11%) had been harassed by a female (Figure 2.1). Men were (statistically) equally as likely to be harassed by a male or female.

**Figure 2.1: Women and men who experienced sexual harassment in their lifetime, by sex of perpetrator, 2016**



*Note:* People may have experienced sexual harassment by a male and a female. Components therefore may not add to the total.  
*Source:* ABS 2017b.

On top of a higher lifetime prevalence of sexual harassment, women were nearly twice as likely as men to have been harassed in the 12 months before the survey—about 1 in 6 (17%, or 1.6 million) women compared with 1 in 11 (9.3%, or 837,000) men (ABS 2017b).

The proportion of people who experienced sexual harassment in the 12 months before the survey increased significantly for women and men since 2012, up from:

- 15% in 2012 to 17% in 2016 for women
- 6.6% in 2012 to 9.3% in 2016 for men (ABS 2017b).

## **In Focus 2.1: Image-based abuse**

Image-based abuse is when someone shares, or threatens to share, intimate or sexual photos or videos of a person without that person's consent (Henry et al. 2017). This includes photos or videos of a person in the nude or in which their breasts or genitals are visible, engaged in a sex act and/or showering or bathing. It also includes 'upskirting' and 'downblousing' images (see Glossary).

The perpetrators can be friends, family members, intimate partners, ex-partners, acquaintances of the victim, or strangers. Researchers have identified a range of motivations for perpetrators, including using the images:

- to coerce, threaten, harass, objectify and abuse to gain control or intimidate the victim
- for sexual gratification, monetary gain or building social status.

Researchers from RMIT University and Monash University (Henry et al. 2017) surveyed more than 4,200 people aged 16–49 in 2016 to examine attitudes and experiences of sex, technology and relationships, as well as experiences of image-based abuse in Australia.

Selected findings are presented below.

### **Attitudes**

Four in 5 respondents (80%) agreed that 'it should be a crime for someone to share a nude or sexual image of another person without that person's permission'. Women (84%) were slightly more likely to endorse the criminalisation of image-based abuse than men (77%). Both victims and non-victims of image-based abuse were just as likely to agree that it should be a crime. However, many respondents also attributed some responsibility to the victims in response to these harms. For example:

- 70% agreed that 'people should know better than to take nude selfies in the first place, even if they never send them to anyone'
- 62% agreed 'if a person sends a nude or sexual image to someone else, then they are at least partly responsible if the image ends up online'. Men (67%) were more likely than women (57%) to hold these attitudes.

Overall, men (50%) were much more likely than women (30%) to hold attitudes that either minimised the harms or blamed the victims of image-based abuse (Henry et al. 2017).

### **Who is at risk?**

The research found that image-based abuse affected a range of people in the community—more than 1 in 5 (23% or 970) respondents were the victim of at least one form of image-based abuse.

While those aged 16–29 were most at risk, this was more likely to be from friends and family than intimate partners: 30% of those aged 16–19 who had nude or sexual images distributed without their consent said it was by a partner or ex-partner, while 64% said it was by another known person.

In comparison, 2 in 5 (40%) of those aged 40–49 who had nude or sexual images distributed without their consent said a partner or ex-partner was responsible.

Four in 5 (80%) victims who had experienced threats to distribute an image had high levels of psychological distress (Henry et al. 2017).

*continued*

## **In Focus 2.1 (continued): Image-based abuse**

### **Women and men**

Women and men were equally likely to report that they had experienced at least one form of image-based abuse (22% and 23%, respectively).

However, there were gender differences in the experience of image-based abuse, and women were more likely to:

- experience abuse from a partner or ex-partner than men (39% compared with 30% of victims, respectively)
- experience threats to distribute a nude or sexual image from a current or former partner than men (38% compared with 23% of victims)
- feel afraid for their safety than male victims. For example, where images were taken without consent, 32% of women victims feared for their safety, compared with 23% of male victims (Henry et al. 2017).

### **Other groups at risk**

The study found no significant differences in rates of image-based abuse among people when looking at whether they spoke languages other than English at home, their country of birth, their level of education or their income.

There were, however, significantly higher rates of image-based abuse among:

- **Australians with disability:** more than half (56%) of respondents with disability had been victims of image-based abuse, compared with just over 1 in 6 (18%) people without disability. More than half (53%) of those with disability had a nude or sexual image taken without their consent; while 2 in 5 (42%) said such an image had been distributed and 2 in 5 (41%) said they had been threatened with the distribution of nude or sexual images
- **LGB Australians:** people who identified as lesbian, gay or bisexual were more likely to be victims of image-based abuse than heterosexual respondents (36% compared with 21%). Gay and bisexual males were slightly more likely than lesbian and bisexual females to report being victims of image-based abuse (39% compared with 33%)
- **young people:** 1 in 3 people aged 16–19 (31%) and 1 in 4 people aged 20–29 (27%) were the victim of at least one form of image-based abuse. This was significantly greater than for those aged 30–39 (22%) and 40–49 (18%) (Henry et al. 2017).

For information on image-based abuse experienced by Indigenous Australians, see Chapter 7.

## **What is missing?**

### **Information about attitudes to other types of family violence**

The NCAS provides comprehensive national data about Australia's attitudes towards violence against women; however, there are no comparable national data sources to measure attitudes about other forms of family and domestic violence, including against children or men.

There is also limited information on the attitudes of children towards family violence. Of particular interest is what behaviours children perceive as family violence, including when they are the victims of family violence.

## What information is available on other contextual factors?

There are limited national data on many of the contextual factors mentioned in Box 2.1, particularly:

- social isolation
- cultural, historical and economic structures of communities
- status of men, women and children in society.

These concepts may be better understood through longitudinal studies and/or a mix of smaller studies and qualitative and quantitative research approaches.

As much of the data are collected at one time point (cross-sectional), it is not always possible to determine the association between risk factors and family, domestic and sexual violence (that is, what came first). For example, analysis of the 2012 PSS found that social isolation was correlated with experiencing domestic violence (Stavrou et al. 2016), yet abusive partners are also known to isolate their victims from their social support networks. In these instances, social isolation may not lead to domestic violence but could be an effect of the domestic violence.

## How are we trying to change attitudes to violence?

Public campaigns can influence personal and societal attitudes, and they potentially reduce family, domestic and sexual violence. In Australia, these campaigns include those described here.

### White Ribbon Australia

This is a non-government organisation aimed at 'engaging men to make women's safety a man's issue too'. In 2015–16, it had five main prevention activities:

- **White Ribbon ambassadors** are men trained to 'spread awareness, and engage with men to challenge gender inequality and violence against women'. In 2015–16, there were nearly 2,100 voluntary ambassadors, about 100 (5%) of whom were Aboriginal and Torres Strait Islander Australians.
- The **Breaking the Silence Schools Program** trains principals and teachers to help them to promote respectful relationships in school. In 2015–16, 119 schools completed the program.
- **Community engagement** includes organising events to spread awareness and promote attitudinal change. It also includes encouraging men to take an 'Oath' stating that they will behave respectfully to women and will intervene safely if they witness violence.
- **White Ribbon Workplaces** accredits workplaces that are equipped to help and respond to domestic violence. The program has reached more than 600,000 employees in the public service, educational institutions, the military, not-for-profit organisations, small to medium businesses and large organisations.
- **Policy and advocacy work**, including social media campaigns and recruiting 2,300 female and male advocates (White Ribbon 2017).



## **The Line**

This primary prevention campaign was launched in May 2016 to encourage 'healthy and respectful relationships by challenging and changing attitudes and behaviours that support violence' among young people aged 12–20 (DSS 2017a). It is run by Our Watch and funded by the Department of Social Services.

## **Let's stop it at the start**

This Australian Government television, cinema, print, digital and outdoor advertising campaign was launched in March 2016. The advertisements illustrate a link between disrespectful, gendered behaviours and attitudes in young boys and later violence against women. They urge 'parents, family members, teachers, coaches, employers and other role models to look at their own attitudes' and 'stop it at the start' by starting a 'conversation about respect with the young people in their lives' (DSS 2017b).

### 3 Who is at risk of family, domestic and sexual violence?

#### Key findings

- One in 6 (17%, or 1.6 million) women have experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15, compared with 1 in 16 (6.1%, or 0.5 million) men.
- Almost 1 in 4 (23%, or 2.2 million) women have experienced emotional abuse by a current or previous partner since the age of 15, compared with just over 1 in 6 (16%, or 1.4 million) men.
- Almost 1 in 5 (18%, or 1.7 million) women have experienced sexual violence since the age of 15, compared with 1 in 20 (4.7%, or 429,000) men.
- One in 6 (16%, or 1.5 million) women and 1 in 9 (11%, or 992,000) men experienced physical and/or sexual abuse before the age of 15.

#### Since age 15:



**1 in 6  
women**



**1 in 16  
men**

have experienced physical and/or  
sexual violence by a current  
or previous partner

Family, domestic and sexual violence occurs across all age, demographic and socioeconomic groups. The best way to identify those at risk of being either a victim or a perpetrator is to measure and analyse the occurrence of violent incidents in the population. This chapter uses data from the ABS PSS to examine women's and men's experiences of family, domestic and sexual violence since the age of 15, and in the last 12 months before the survey.

#### What data are available to report on risks?

The PSS is the most comprehensive survey of interpersonal violence (see Glossary) in Australia (Box 3.1).

### Box 3.1: Personal Safety Survey

The PSS provides national data on the prevalence of violence experienced by women and men.

**Violence** refers to any incident involving the occurrence, attempt or threat of either physical or sexual assault. Where a person has experienced more than one type of violence, their experiences are counted separately for each type.

The PSS collects in-depth information from women and men aged 18 and over about any violence experienced:

- since the age of 15
- in the 12 months before the survey.

**Physical violence:** The occurrence, attempt or threat of physical assault.

**Sexual violence:** Covers sexual assaults, attempts of sexual assault, and sexual threat.

**Emotional abuse:** A set of behaviours used to control, manipulate, isolate and intimidate another person or cause them harm or fear.

In the PSS (and in this report), violence or emotional abuse from a **cohabiting partner** is from a person with whom the respondent currently lives (or lived with), in a married or de facto relationship. It does not include violence or emotional abuse between intimate partners who were not living together at the time of the incident—this relationship is classified as **boyfriend/girlfriend or date** or ex-boyfriend/ex-girlfriend.

**Current partner**, in the PSS, means a partner with whom the respondent is living in a married or de-facto relationship at the time of the survey.

**Previous partner**, in the PSS, means a partner with whom the respondent used to live in a married or de-facto relationship, but from whom the respondent has now separated, divorced or been widowed. In this report, violence from a previous partner may have occurred during or after the relationship.

The PSS also collects some data about the characteristics of the respondent's most recent incident of violence, about abuse experienced before the age of 15 and about whether respondents experienced more than one violent incident by their current partner and/or their most recently violent previous partner.

**Time series analysis:** In interpreting time series comparisons across the 2005, 2012 and 2016 PSS it should be noted that changes over time may indicate a change in the underlying rate of violence, a change in the propensity to report this violence, or both.

*Source: ABS 2017b.*

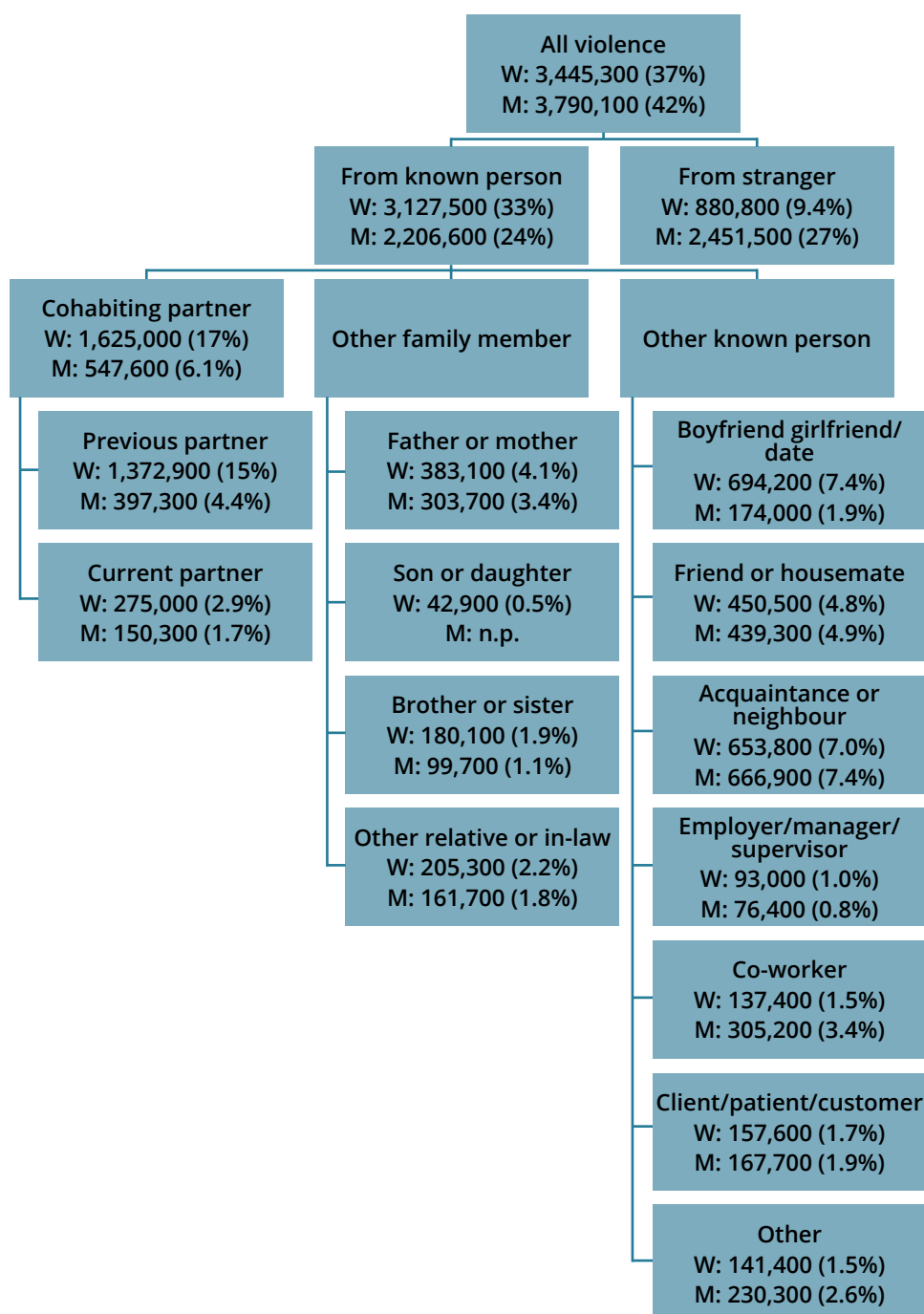
## What do the data tell us?

The data show that women are overwhelmingly the main victims of all types of family, domestic and sexual violence. They will most likely know the perpetrator, who is often their current or a previous partner. Indeed, partners pose the greatest risk of violence for women—be it for physical, sexual or emotional abuse. In contrast, men are less likely than women to be the victims of family, domestic and sexual violence, but are much more likely to be the victims of violence from a stranger.

## Experience of violence

Women and men's experiences of violence since the age of 15, broken down by perpetrator type, are shown in Figure 3.1.

**Figure 3.1: Experience of violence since the age of 15 for women and men aged 18 and over, by relationship to perpetrator**



W: Women aged 18 and over; M: Men aged 18 and over; n.p. Not published

*Notes:* For male respondents, 'Other relative or in-law' includes sons or daughters. 'Other' includes teacher/tutor, carer, client/patient/customer, medical practitioner and priest/minister/rabbi or other spiritual advisor. For female respondents, 'Other' includes teacher/tutor, carer and priest/minister/rabbi or other spiritual advisor. Data cannot be added together to form totals. Where a person has experienced violence by more than one perpetrator type, they are counted separately for each perpetrator type, but only counted once in the aggregated total. Violence includes physical and/or sexual violence.

*Source:* ABS 2017b.

## **Family and domestic violence**

### **Women are at greatest risk of violence from a cohabiting partner**

Based on the 2016 PSS, 1 in 6 (17%, or 1.6 million) women and 1 in 16 (6.1%, or 0.5 million) men have experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15 (ABS 2017b).

More women than men have experienced physical and/or sexual violence from a family member, particularly from a previous or current cohabiting partner since the age of 15; just over 1 in 7 (15%, or 1.4 million) women from a previous partner, and 1 in 33 (2.9%, or 275,000) from a current partner (ABS 2017b). One in 14 (7.4%, or 694,000) women have experienced physical and/or sexual violence from a boyfriend/girlfriend/date since the age of 15 (ABS 2017b).

In contrast, men were more likely than women to experience violence from a stranger (27%) or an acquaintance or neighbour (7.4%) than a family member since the age of 15. One in 22 (4.4%, or 397,000) men experienced physical and/or sexual violence from a previous partner, and 1 in 59 (1.7%, or 150,000) from a current partner. One in 50 (1.9%, or 174,000) men have experienced physical and/or sexual violence from a boyfriend/girlfriend/date since the age of 15 (ABS 2017b).

Women (1.7%, or 156,000) were more than twice as likely as men (0.8%, or 75,500) to have experienced violence from a current or previous cohabiting partner in the 12 months before the survey. An extra 0.6% (51,700) of women and 0.3% (27,800) of men experienced violence from a boyfriend/girlfriend or date in the 12 months before the survey (ABS 2017b).

These results include all physical and sexual violence but not emotional abuse in the absence of physical/sexual violence.

### **Rates of partner violence against women have remained steady over time**

Partner violence against women in the 12 months before the PSS remained relatively stable across the 2005 (1.5%), 2012 (1.5%) and 2016 (1.7%) surveys (Figure 3.2) (ABS 2006, 2013e, 2017b).

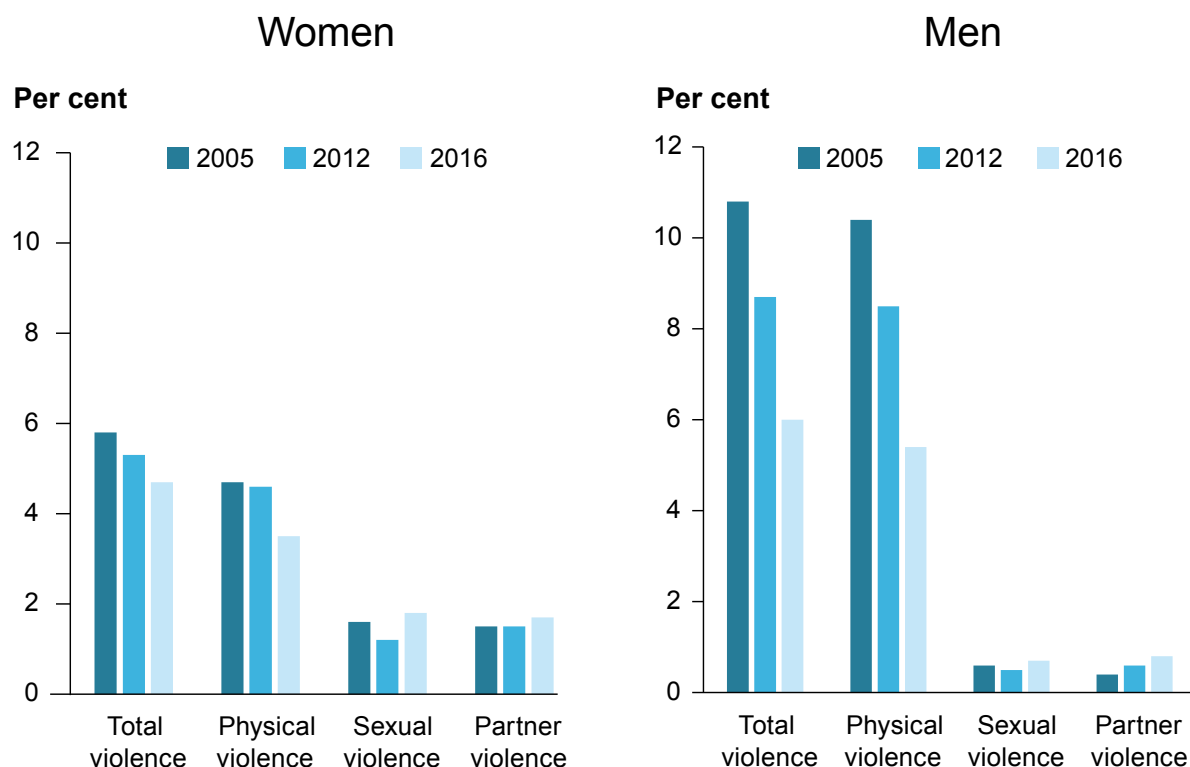
### **Rates of partner violence against men have increased slightly over time**

A greater proportion of men experienced partner violence in the 12 months before the PSS in 2016 (0.8%, or 75,500) than in 2005 (0.4%) but there was no significant change when comparing rates between the 2012 (0.6%) and 2016 surveys.

### **Stable rates of partner violence contrast with falling rates of violence overall**

While partner violence and sexual violence have remained relatively stable over the last decade, there have been declines in violence experienced in the last 12 months. Most of these declines have been driven by a drop in physical violence, falling from 7.5% in 2005 to 4.5% in 2016 (mostly by men decreasing from 10% in 2005 to 5.4% in 2016) (Figure 3.2) (ABS 2006, 2013e, 2017b).

**Figure 3.2: Proportion of women and men aged 18 and over who experienced physical, sexual, and partner violence in the 12 months before the 2005, 2012 and 2016 surveys**



*Note:* Physical violence includes physical assault and/or physical threat. Sexual violence includes sexual assault and/or sexual threat. Partner violence includes physical violence and/or sexual violence. People may have experienced multiple types of violence. Components therefore may not add to the totals.

*Sources:* ABS 2006, 2013e, 2017b.

### More than 2 million people experienced physical and/or sexual abuse before the age of 15

One in 6 (16%, or 1.5 million) women and 1 in 9 (11%, or 992,000) men experienced physical and/or sexual abuse as children, before the age of 15. For both women and men, a parent was the most common perpetrator of physical abuse, while a 'non-familial known person' (that is, a known person who was not a family member/relative/in-law) was the most common perpetrator of sexual abuse (ABS 2017b).

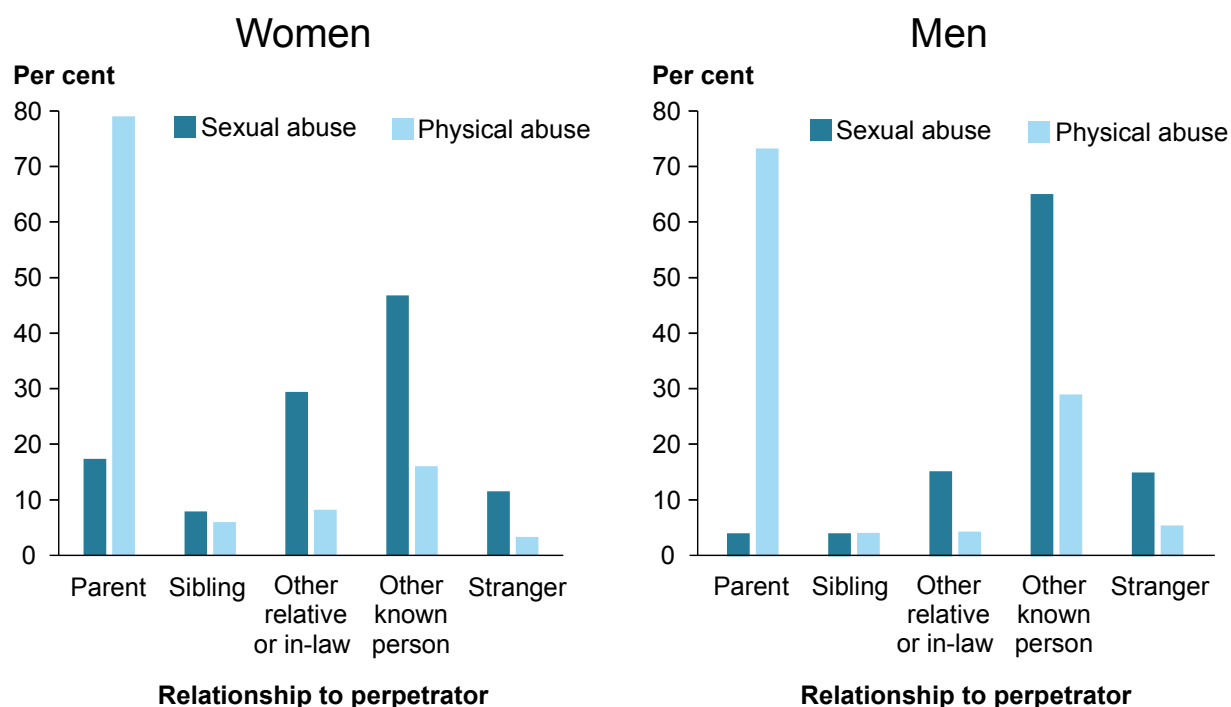
For women reporting abuse before the age of 15:

- nearly 4 in 5 (79%, or 655,000) physically abused women were abused by a parent (Figure 3.3)
- just under half of sexually abused women (47%, or 468,400) were abused by a non-familial known person (ABS 2017b).

For men reporting abuse before the age of 15:

- about 3 in 4 (73%, or 534,100) physically abused men were abused by a parent
- nearly 2 in 3 (65%, or 269,000) sexually abused men were abused by a non-familial known person (ABS 2017b).

**Figure 3.3: Women and men aged 18 and older who experienced abuse before the age of 15, by abuse type and relationship to perpetrator, 2016**



*Note:* Women and men may have experienced abuse by multiple types of perpetrators or multiple types of abuse. Therefore components cannot be summed to obtain totals. Parents includes step-parents; siblings includes step-siblings. 'Other known person' includes foster carer or other person associated with care placement, family friend, acquaintance/neighbour, doctor or other health professional, teacher, other school-related staff, childcare worker, in-home care educator or carer, recreational leader, priest/minister/rabbi/nun/other person associated with place of worship, staff in a children's home/orphanage, corrective services personnel, and other known person.

*Source:* ABS 2017b.

For both women and men, fathers or stepfathers were more likely to be perpetrators of abuse than mothers or stepmothers:

- 1 in 17 (6.1%, or 568,000) women and 1 in 20 (5.2%, or 468,000) men were physically and/or sexually abused by a father or stepfather
- 1 in 25 (3.7%, or 345,000) women and 1 in 50 (2.0%, or 182,000) men were physically and/or sexually abused by a mother or stepmother (ABS 2017b).

## Sexual violence

### Women are more likely to experience sexual violence

Based on the 2016 PSS, almost 1 in 5 women (18%, or 1.7 million) and 1 in 20 men (4.7% or 429,000) have experienced sexual violence (sexual assault and/or threats) since the age of 15 (ABS 2017b).



Sexual assault was more commonly experienced than sexual threat alone, with 1 in 6 (17%, or 1.6 million) women experiencing a sexual assault since the age of 15. One in 20 (4.5%, or 422,000) women experienced sexual assault and/or threat by a previous cohabiting partner, and 1 in 25 (4.3%, or 399,000) by a boyfriend/girlfriend or date since the age of 15. Less than 1 in 100 (0.7% or 61,000) women experienced sexual assault and/or threat by a current cohabiting partner (ABS 2017b).

- Women were 4 times as likely to have been sexually assaulted by a known person (15%, or 1.4 million) than by a stranger (3.7%, or 347,000). Women were also twice as likely to have experienced sexual threat from a known person (2.7%, or 253,000) than from a stranger (1.3%, or 124,000) since the age of 15.
- One in 25 (4.3%, or 385,000) men have been sexually assaulted since the age of 15. For 1 in 30 (3.3%, or 302,000) men, this assault was by a known person, nearly 3 times as likely as by a stranger (1.3%, or 114,000).

Due to the relatively small number of men experiencing sexual violence and assault, further detail about their experiences is not available (ABS 2017b).

### **Rates of sexual violence have remained steady over time**

The proportion of Australians experiencing sexual violence in the 12 months before the 2005 and 2016 PSS surveys has remained relatively steady for women (1.6% in 2005; 1.8% in 2016) and men (0.6% in 2005; 0.7% in 2016) (ABS 2017b).

### **Most sexual assaults happen at home**

The home was the most common place for a sexual assault to occur. Two in 5 (40%) of all women who were sexually assaulted (by a male) were assaulted in their home and 1 in 6 (17%) were assaulted at the perpetrator's home (ABS 2017b).

### **Sexual assault and sexual harassment are of concern at Australian universities**

Young people, especially women aged 18–24, are at increased risk of experiencing sexual violence. Sexual assault and harassment in Australian universities was recently examined by the Australian Human Rights Commission (AHRC) (see In Focus 3.1).

### **In Focus 3.1: National report on sexual assault and sexual harassment at Australian universities**

The AHRC surveyed university students across the country to measure the prevalence, nature and reporting of sexual assault and harassment at all Australian universities in 2015 and 2016 (AHRC 2017). The response rate for this survey was less than 10% and findings should be interpreted with this in mind.

#### **Sexual assault**

About 1 in 15 (6.9%) students were sexually assaulted at least once.

Women were more than 3 times as likely as men to report being assaulted (10% compared with 2.9%).

Students who identified as bisexual (3.8%) were more likely to have been assaulted than those who identified as heterosexual (1.5%) or gay/lesbian/homosexual (1.4%).

Overall, in 2015–2016, 1.6% of students (2.3% female and 0.7% male) were sexually assaulted at least once in a university setting (including travel to and from university). Of the most recent incidents:

- 83% of victims reported men only as the perpetrator/s
- 6% involved women
- 6% involved both women and men.

#### **Sexual harassment**

More than half (51%) of all university students were sexually harassed at least once in 2016.

Female students were almost twice as likely as male students to have been sexually harassed—63% compared with 35%.

Nearly one-third (32%) of female students and 17% of male students experienced sexual harassment.

More than 1 in 5 (21%) students were sexually harassed in a university setting (32% female compared with 17% male).

#### **Bystander responses to assault and harassment**

One in 4 (25%) students witnessed another student being sexually harassed in a university setting in 2016. However, the majority took no action (79%).

Students witnessing sexual assault were more likely to take action than those witnessing sexual harassment. Of the small number (1.1%) of students who witnessed another student being sexually assaulted, 37% took action but the majority (63%) did not.

**Note:** Definitions of sexual harassment and assault used in the AHRC Safety Survey vary from those used in the PSS. See Appendix A for details.

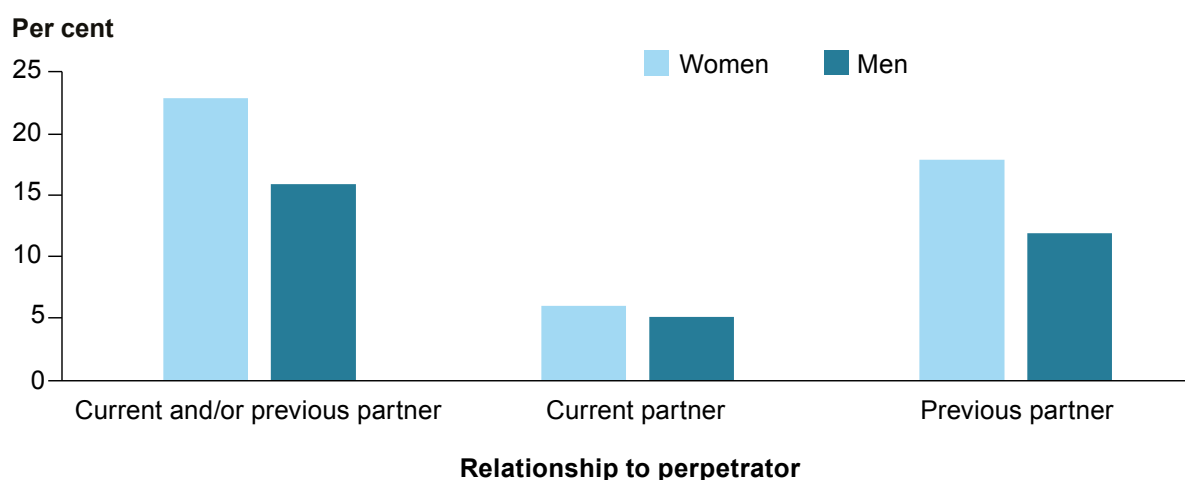
## Emotional abuse

### Emotional abuse is more common than physical and sexual violence between partners

Women were more likely than men to have experienced emotional abuse from a current or previous cohabiting partner since the age of 15. Almost 1 in 4 (23%, or 2.2 million) women experienced emotional abuse from a partner, compared with 1 in 6 (16%, or 1.4 million) men (Figure 3.4) (ABS 2017b).

However, responses were more similar from women and men for the 12 months before the survey—1 in 21 women (4.8%, or 452,000) and 1 in 24 men (4.2%, or 381,000) experienced emotional abuse from a cohabiting partner.

**Figure 3.4: Women and men aged 18 and over who have experienced emotional abuse since the age of 15, by relationship to perpetrator, 2016**



*Note:* Current partner refers to a person with whom the respondent lives in a married or de facto relationship. Previous partner refers to a person with whom the respondent lived in a married or de facto relationship. People may have experienced multiple types of violence; therefore, components may not add to the total.

*Source:* ABS 2017b.

### Rates of emotional abuse are changing over time

Between the 2012 and 2016 surveys, the proportion of women and men experiencing emotional abuse from a current partner in the 12 months before the survey increased for women (from 2.5% to 3.2%) and men (from 1.5% to 2.9%).

For women, emotional abuse from a previous partner decreased from 2.2% to 1.7%. There was no statistically significant change in emotional abuse from a previous partner experienced by men across the surveys (ABS 2017b).

### Women are more likely to experience anxiety or fear following emotional abuse by a partner

Women were more likely than men to report anxiety or fear due to emotional abuse from a partner. For people reporting that they had been emotionally abused:

- 59% (338,000) of women experienced anxiety or fear due to emotional abuse from a current partner, compared with 41% (196,000) of men
- 72% (1.2 million) of women experienced anxiety or fear due to emotional abuse from a previous partner, compared with 43% (452,000) of men (ABS 2017b).

## How does Australia compare internationally?

### Worldwide, more than 1 in 3 women have experienced domestic or sexual violence

Family, domestic and sexual violence is not unique to Australia. Worldwide, more than one third (36%) of women have experienced physical or sexual violence from a partner or sexual violence from someone else. In high-income countries, which include Australia, this figure is 33% (WHO 2013) (see Box 3.2).

#### **Box 3.2: Data sources for estimating family, domestic and sexual violence globally**

This report uses two data sources to report on international estimates of family, domestic and sexual violence:

- World Health Organization's 2013 report *Global and regional estimates of violence against women* (WHO 2013)
- United Nations Statistics Division's 2015 report *The world's women* (UNSD 2015).

These two data sources are different, so any comparisons should be made with care. Both data sources focus on women only, highlighting a gap in male experiences of family, domestic and sexual violence internationally.

See Appendix A for more details.

#### **Methodological differences**

Both data sources collect and report on many smaller national or regional studies and data collections. These collections have different methodologies, sample sizes, question structures and age cut-offs, so the estimates are not directly comparable and have different levels of reliability. 'Intimate partner violence' is used in both reports to describe violence from a partner. Because the reports amalgamate smaller studies, different definitions of what constitutes an 'intimate' partnership are used; some include only formal marriages, while others include formal marriages, unmarried cohabiting relationships and dating relationships. Working within these limitations, comparable studies of the highest quality were selected for analysis.

#### **Cultural differences**

Self-reported studies on the prevalence of family, domestic and sexual violence reflect the true prevalence and the respondent's interpretation of their experience and willingness to report it in a survey. Both these components are influenced by cultural attitudes and policies towards family, domestic and sexual violence and the role of women in society. These vary greatly from country to country (where, for example, attitudes may accept dowry abuse, female genital mutilation, forced marriage and 'honour killings'). This means that, especially in international comparisons, a higher rate could indicate a higher prevalence, a higher rate of reporting, or both.

Globally, 3 in 10 (30%) women aged 15 and older who have ever had a partner have experienced physical and/or sexual violence from a partner. This rate is lower (23%) for high income regions, which include Australia (WHO 2013).

Global prevalence of partner violence is 29% among young women aged 15–19, suggesting that violence can occur in women's earliest relationships. Women aged 40–44 were most likely to have experienced violence from a partner (38%) and women aged 55–59 were the least likely (15%). However, there is less global collection of data for women outside the childbearing ages of 15–49; hence, estimates for older age groups are less reliable and tend to rely more on data from higher income countries (WHO 2013).

### **Australia had the 7th lowest rate of violence from a partner since the age of 15**

A United Nations comparison of 22 countries that released national surveys about violence against women (UNSD 2015) showed that Australia had the 7th lowest rate of violence from a partner since the age of 15, at 17%. This placed it between the Maldives (20%) and Poland (16%). Kiribati (68%) had the highest lifetime rate, while Singapore (6%) had the lowest.

The same study also compared 23 countries with available national survey data on experience of psychological violence from a partner since the age of 15. Australia again was placed 7th lowest (25%), with the lowest rate in Canada (11%) and the highest in Bangladesh (82%) (UNSD 2015).

For psychological violence from a partner in the past 12 months, Australia (4.7%) had the second-lowest rate of the 20 countries with available data, behind only the United Kingdom (England and Wales only; 2.5%). Four of the 20 countries had rates over 50%, with Bangladesh recording the highest rate (72%) (UNSD 2015).

### **Worldwide, almost 2 in 5 murdered women were killed by a partner**

Between 1982 and 2011, partner homicides accounted for 13% of all homicides globally. Almost 2 in 5 (38%) murdered women and 1 in 20 (6%) murdered men were killed by a partner. In high-income countries, 41% of female homicide victims were killed by a partner (WHO 2013).

### **Worldwide, 1 in 12 women have experienced non-partner sexual violence**

Globally, 1 in 12 (7.2%) women have experienced sexual violence not committed by a partner. High-income regions have the highest prevalence of non-partner sexual violence (13%). The experience of sexual violence is highly stigmatised in many regions and this is likely to have affected reported rates and regional comparisons, despite study efforts to minimise this effect (WHO 2013).

## **What is missing?**

### **Comprehensive data on types of violence**

As noted in Box 1.1, family, domestic and sexual violence covers a range of behaviours and acts. Most national surveys focus on physical and sexual violence and so there is limited information on:

- emotional, verbal, psychological and financial abuse
- violence committed by children and adolescents against parents
- emerging forms of sexual violence, cyber stalking and online sexual harassment
- certain cultural practices that may constitute family, domestic and sexual violence, such as forced marriage and female genital mutilation.

## 4 How is family, domestic and sexual violence experienced?

### Key findings

- Three in 4 (75%, or 1.6 million) victims of domestic violence reported the perpetrator as male, whereas 1 in 4 (25%, or 0.5 million) reported the perpetrator as female.
- Most (96%, or 1.7 million) female victims of sexual violence since the age of 15 reported the perpetrator as male, while male victims reported a more even split in the sex of the perpetrator (49% female only and 44% male only perpetrators).
- More than half (54%) of women who had experienced current partner violence, experienced more than one violent incident.
- Alcohol was involved in about 1 in 3 incidents of violence from an intimate partner (34%) and 3 in 10 incidents of other family violence (29%).
- Some groups are at greater risk of family, domestic and sexual violence, such as Indigenous women (see Chapter 7), young women, pregnant women, women with disability, women separating from partners, people with a history of abuse, people experiencing financial hardship and lacking social supports, and people who witnessed partner violence or experienced abuse as a child.

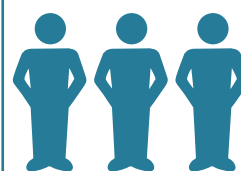
This chapter explores the nature of family, domestic and sexual violence incidents for victims and perpetrators.

It also presents information on:

- frequency of incidents
- common triggers, such as alcohol and drug use
- population groups at higher risk.

Understanding how family, domestic and sexual violence is experienced can help to inform and support the development of appropriate services, education and prevention programs (ABS 2013c). For further information on selected characteristics of victims and perpetrators who access support and justice services, see Chapter 5.

### For victims of domestic violence:



**3 in 4**  
reported the  
perpetrator  
as male



**1 in 4**  
reported the  
perpetrator  
as female

## What data are available to report on experiences?

The 2016 PSS collected information from women and men on:

- the characteristics of their most recent incident of violence
- the frequency of violence
- the demographics of victims.

Data on alcohol- and drug-related incidents involving verbal, physical and sexual abuse have been included from the 2016 AIHW National Drug Strategy Household Survey.

Data on groups at risk are drawn from the PSS. For more details on the survey, see Box 3.1.

## What do the data tell us?

While every domestic violence incident is very personal and different, there are some similarities among victims and perpetrators—perpetrators are usually men, many victims experience more than one violent episode, and alcohol or other substances are often involved.

### **Domestic violence is predominantly perpetrated by males**

Based on the 2016 PSS, people who experienced partner violence were more likely to have experienced it from a male partner than from a female partner. Three in 4 (75%, or 1.6 million) victims of violence from a current or previous cohabiting partner reported the partner as male, whereas 1 in 4 (25%, or 0.5 million) victims experienced violence from a female partner (ABS 2017b).

Almost all (99%, or 1.6 million) female victims of violence from a current or previous cohabiting partner experienced violence from a male partner. Less than 1.4% of female victims said they experienced violence from a female partner (23,100 victims) (Figure 4.1) (ABS 2017b).

For male victims of partner violence, the overwhelming majority (96%, or 524,000 victims) reported that they experienced violence from a female partner. A further 5% (29,600) experienced violence from a male partner (ABS 2017b).

To some extent, these patterns reflect the greater prevalence of opposite sex partnerships in the community.



**Figure 4.1: Women and men aged 18 and over who were victims of violence from a current or previous partner since the age of 15, by sex of perpetrator, 2016**



*Note:* Male perpetrator and female perpetrator cannot be added to produce total perpetrator, as a small number of people experienced partner violence by both a female and male perpetrator. Where a person experienced partner violence by both a male and a female perpetrator, they are counted separately for each type of perpetrator, but counted only once in the aggregated perpetrator total. The estimate for male victims of partner violence by a male perpetrator has a relative standard error of 25% to 50% and should be used with caution. Due to the relatively small number of women and men who reported violence from same sex partners, these data are considered too unreliable for general use.

*Source:* ABS 2017b.

### Domestic violence happens repeatedly

Based on the 2016 PSS, among people who had experienced violence from a current partner, more than half (54%, or 150,000) women and almost 2 in 3 men (65%, or 97,600) experienced more than one incident, although the proportion for males has a high margin of error and should be interpreted with caution.

For violence from a previous partner, 68% (931,800) of women experienced more than one incident of violence from the same partner, compared with 61% (242,000) of men (ABS 2017b).

### Alcohol or other substances contribute to assaults

The WHO found that alcohol use and violence are associated in intimate partner violence.

It examined six longitudinal studies and all showed positive associations between intimate partner violence and alcohol use (although not all were statistically significant) (WHO 2013).

These findings are consistent with those of Miller and colleagues (2016), who found that alcohol was involved in about 1 in 3 incidents of violence from an intimate partner (34%) and 3 in 10 incidents of other family violence (29%). The ANROWS's further analyses of the 2012 PSS also found that most women thought that their perpetrator's drug and alcohol use, rather than their own, contributed to their most recent sexual assault (Cox 2015). In Focus 4.1 shows the latest data on drug and alcohol-related incidents from the National Drug Strategy Household Survey, with a focus on those perpetrated by partners and other family members.

### Most victims of sexual violence said the perpetrator was male

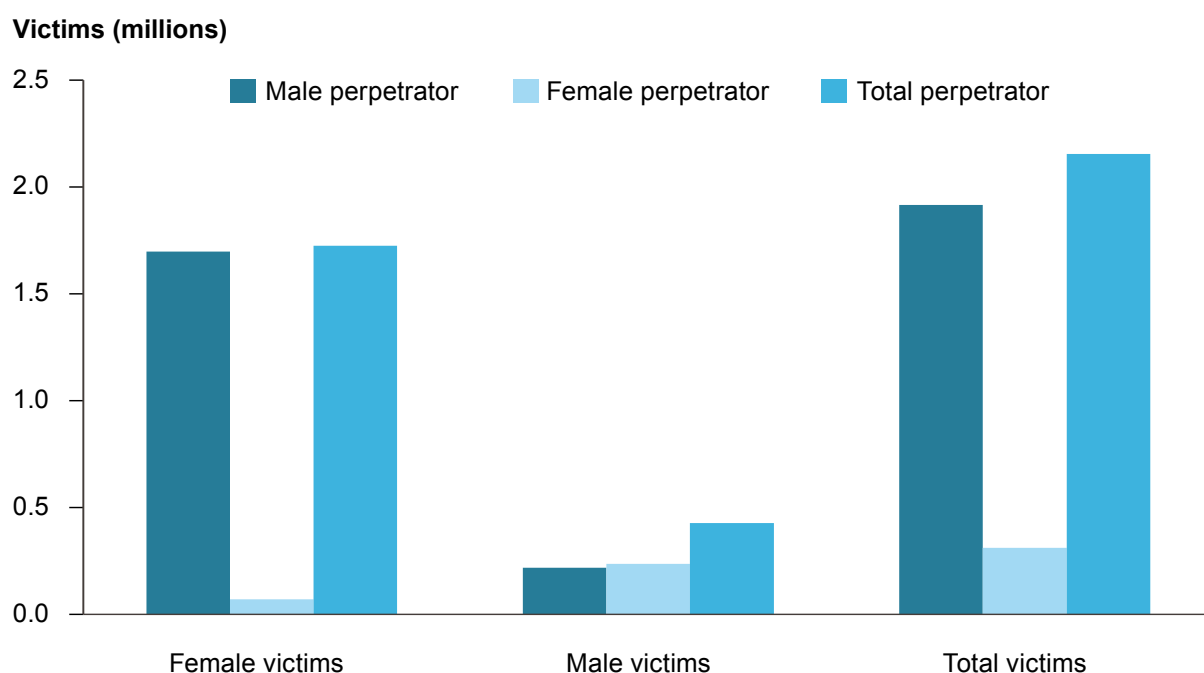
Based on the 2016 PSS, for female victims who had experienced sexual violence since the age of 15:

- 98% (1.7 million victims) reported a male perpetrator
- 4.2% (72,200 victims) reported a female perpetrator (Figure 4.2).

For male victims experiencing sexual violence since the age of 15:

- 55% (237,000 victims) reported a female perpetrator
- 51% (219,000 victims) reported a male perpetrator (ABS 2017b).

**Figure 4.2: Women and men aged 18 and over who were victims of sexual violence since the age of 15, by sex of perpetrator, 2016**



*Note:* Male perpetrator and female perpetrator cannot be added to produce total perpetrator, as a small number of people experienced partner violence by both a female and male perpetrator. Where a person experienced sexual violence by both a male and a female perpetrator, they are counted separately for each type of perpetrator but counted only once in the aggregated perpetrator total. The estimate for male victims of sexual violence has a relative standard error of 25% to 50% and should be used with caution. Due to the relatively small number of women and men who reported violence from same sex partners, these data are considered too unreliable for general use.

Source: ABS 2017b.

### In Focus 4.1: Alcohol- and drug-related incidents that involve verbal, physical and sexual abuse

The AIHW National Drug Strategy Household Survey is conducted every 3 years to measure Australians' attitudes to and use of tobacco, alcohol and other drugs, and the harm they cause.

The 2016 survey asked participants: 'In the last 12 months, did any person under the influence of or affected by alcohol: verbally abuse you, physically abuse you, or put you in fear?' Nearly one-quarter (22% of women and 23% of men aged 15 and older) reported that they had experienced at least one alcohol-related incident (AIHW 2017c).

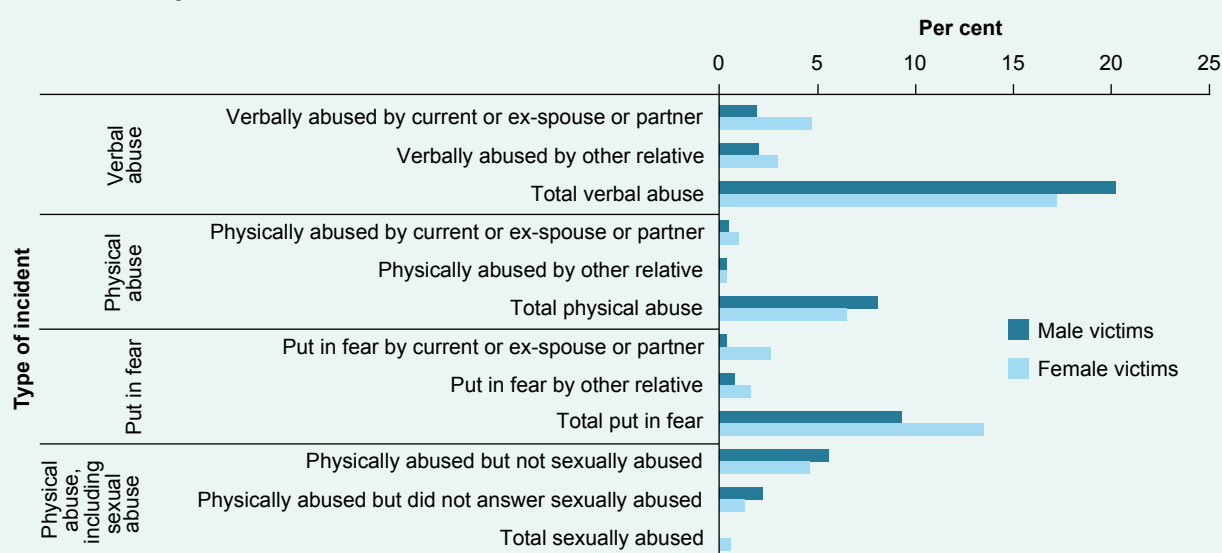
For both women and men, the person responsible was most commonly a stranger for all types of abuse or fear. Women were more likely than men to report that the person was a current or former spouse or partner or other relative.

In 2016, 6.5% of women and 8.1% of men reported that they had been physically abused by someone under the influence of alcohol in the previous 12 months. For 1% of women and 0.5% of men, this physical abuse was by a current or former spouse or partner and for 0.4% of women and men it was by another relative (Figure 4.3).

For physical abuse by a person under the influence of alcohol or illicit drugs, 1.2% of females and 0.5% of males had been abused by a current or former spouse or partner and 0.6% of females and 0.5% of males had been abused by another family member (AIHW 2017c).

The patterns for physical abuse were broadly similar for other types of abuse or being put in fear.

**Figure 4.3: Relationship of perpetrators to victims of alcohol-related incidents aged 15 and over, by sex, 2016**



#### Notes

1. Base is those who reported being a victim of each form of alcohol-related incident in the previous 12 months.
2. Respondents could select more than one response.

Source: AIHW analysis of National Drug Strategy Housing Survey 2016.

## Groups at greater risk

Some groups are known to be particularly at risk of family, domestic and sexual violence, including:

- Indigenous women (Bryant & Willis 2008) (see Chapter 7 for more information)
- pregnant women (Morgan & Chadwick 2009; Richardson et al. 2002)
- people separating from their partners (Fleury et al. 2000) and women about to end, or who have recently ended, a relationship (Baker et al. 2010; Fleury et al. 2000; Kim & Gray 2008)
- people who were abused before the age of 15 (Morgan & Chadwick 2009)
- children witnessing domestic violence (Bartels 2010)
- young women, particularly women inexperienced in relationships or in a relationship where there is a substantial age gap between partners (Abramsky et al. 2011; Flood & Fergus 2008)
- unemployed women (or women who rely on government payments as their main source of income) (Morgan & Chadwick 2009)
- families experiencing financial hardships (Ahmadabadi et al. 2017)
- women with disability (Morgan & Chadwick 2009).

Further analysis of the PSS is now presented on the latest available data on at-risk groups. Where published data from the 2016 PSS were not available, further analysis from the 2012 PSS is presented.

As well as those identified in the PSS and other data sources, older Australians (ALRC 2017) and sexually and gender diverse Australians (Pitts et al. 2006) are among certain populations known to be at risk of violence, and for whom national data are not currently available.

## Pregnant women are at greater risk

The 2016 PSS asked women who had experienced violence from a partner whether they were pregnant at any stage during their relationship, and whether they experienced violence at any point during that pregnancy (ABS 2017b).

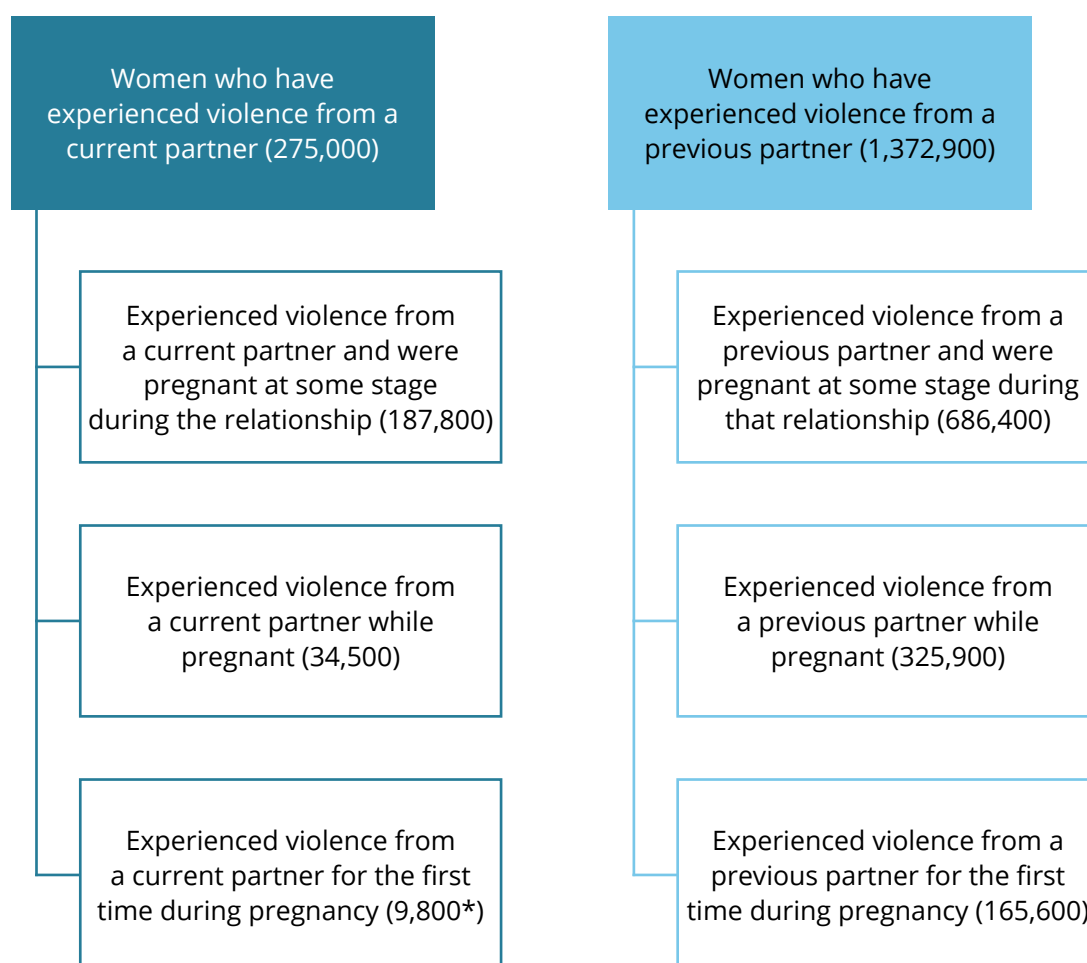
An estimated two-thirds (68%, or 188,000) of women who experienced violence from a current cohabiting partner were pregnant at some stage during the relationship (Figure 4.4). Of those women, just over 1 in 6 (18%, or 34,500) experienced violence during the pregnancy.

One in 20 (5.2%, or 9,800) said that the violence occurred for the first time during pregnancy, although this finding has a high relative standard error and should be interpreted with caution.

A much higher number of women experienced violence from a previous cohabiting partner during pregnancy. More than 686,000 women who experienced violence from a previous cohabiting partner were pregnant at some stage of their relationship with the perpetrator (Figure 4.4). Of these women:

- nearly half (47%, or 326,000) experienced violence during their pregnancy
- about one-quarter (24%, or 166,000) experienced violence for the first time during their pregnancy (ABS 2017b).

**Figure 4.4: Physical or sexual violence from a current or previous cohabiting partner since the age of 15, for women aged 18 and over, by pregnancy status, 2016**



\* Should be interpreted with caution due to high relative standard error.

Note: A current partner is a person with whom the respondent is married to or lives with in a de facto relationship. A previous partner is a person with whom the respondent was married to or lived with in a de facto relationship in the past. Data about experiences of violence during pregnancy are limited to incidents that occurred while the respondent was living with their previous partner.

Source: ABS 2017b.

## People with a disability or long term health condition

People with a disability or a long-term health condition were around twice as likely to have experienced violence from a current or previous cohabiting partner in the year before the 2016 PSS. For women, 2.5% (72,300 women) of those with a disability or long term health condition had experienced partner violence compared with 1.3% (83,700 women) without a disability or long-term health condition. For men, this was 1.1% (32,200 men) with a disability or long-term health condition compared with 0.6% (39,700 men) without (ABS unpublished analysis of PSS data). These findings align with previous analysis of the 2012 PSS (Cox 2016).

Estimates for people with a disability should be interpreted with some caution as the PSS does not sample respondents from non-private dwellings (such as institutional care settings) and does not have a large sample of people with a disability.

## People separating from their partners

Women and men who separate from their partners are often at risk of partner violence. While the decision to separate may be due to violence, violence can also occur after separation (Fleury et al. 2000).

Almost 2 in 5 (39%, or 153,000) women and 1 in 3 (35%, or 38,700) men who temporarily separated from a violent previous partner experienced violence during the separation (ABS 2017b).

Of the women who temporarily separated from a violent previous partner:

- 1 in 7 (14%, or 56,300) said they experienced violence for the first time during temporary separation
- 1 in 7 (14%, or 53,300) said the violence increased during temporary separation (ABS 2017b).

Of the men who temporarily separated from a violent previous partner:

- 1 in 8 (13%, or 14,600) said they experienced violence for the first time during temporary separation
- 1 in 7 (14%, or 15,000) said the violence increased during temporary separation (ABS 2017b).

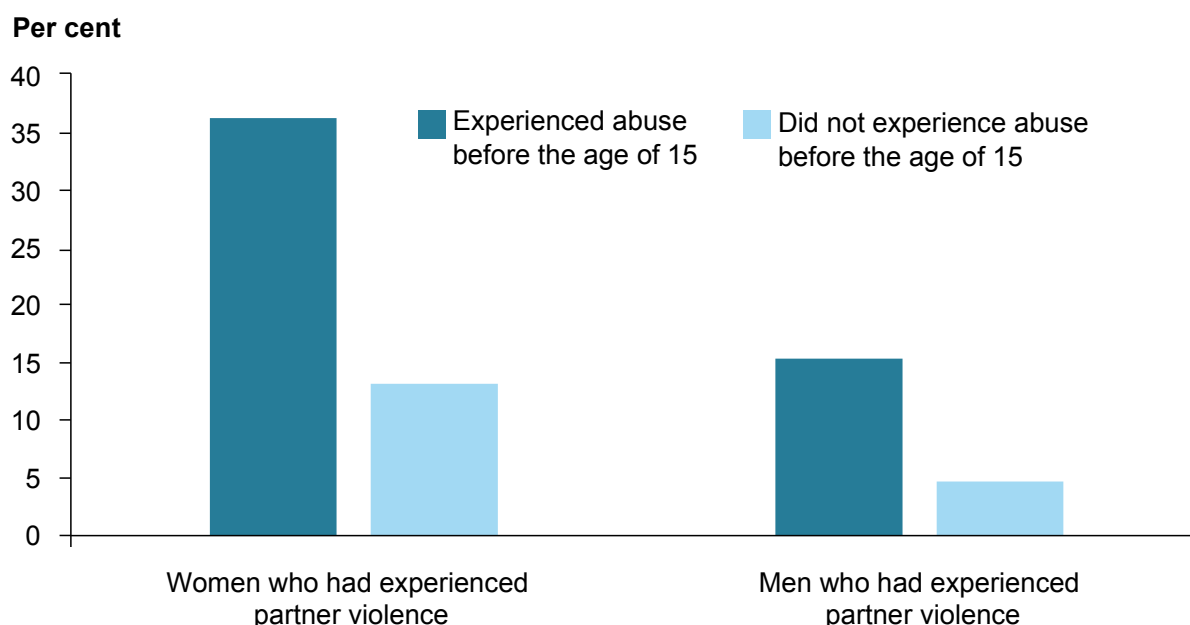
Due to the lower number of men in this situation, these statistics should be interpreted with caution.

## People physically or sexually abused before age 15

Based on the 2016 PSS, women and men who were physically or sexually abused before the age of 15 were about 3 times as likely to have also experienced violence by a partner since the age of 15 than those who had not been abused before this age (Figure 4.5).

Just over 1 in 3 (36%, or 536,000) women and 1 in 6 (15%, or 153,000) men who had been abused before the age of 15 had also experienced violence by a partner since the age of 15 (ABS 2017b).

**Figure 4.5: Women and men aged 18 and over, by experience of partner violence since the age of 15 and experience of physical or sexual abuse before the age of 15, 2016**



*Note:* Partner refers to a current or previous cohabiting partner. Women and men may have abuse by multiple types of perpetrator or multiple types of abuse. Therefore, components cannot be summed to obtain totals.

*Source:* ABS 2017b.

## **People who witness partner violence towards their parent before the age of 15**

Before the age of 15, almost 1.2 million women witnessed partner violence towards their mother, and 0.5 million towards their father (ABS 2017b).

In the context of witnessing violence, 'partner' refers to the person in a relationship with the respondent's mother/stepmother and father/stepfather, and violence is physical assault only.

Women who, as children, witnessed violence towards their mother or their father by a partner were more than twice as likely to be the victim of partner violence themselves, compared with women who had not witnessed this violence (34% compared with 15% for partner violence against mother; 31% compared with 17% for partner violence against father) (ABS 2017b).

Before the age of 15, almost 897,000 men witnessed violence towards their mother by a partner, and 380,000 witnessed violence towards their father by a partner. There were differences in the later experiences of these men, depending on whether they witnessed violence towards their mother or their father.

Men who witnessed violence towards their mother by a partner were almost 3 times likely to be the victim of partner violence compared with men who had not (14% and 5.2%, respectively), while men who witnessed violence towards their father were almost 4 times as likely to experience partner violence compared with men who had not (20% and 5.5%, respectively) (ABS 2017b).

## **Additional analyses of the 2012 PSS for reporting on at-risk groups allow further insights**

Currently, there are limited published data from the 2016 PSS on factors associated with an increased risk of intimate partner violence (as the survey results were released only in November 2017). To provide some insight into this issue, In Focus 4.2 presents additional analysis of data from the 2012 PSS, conducted by the New South Wales Bureau of Crime Statistics and Research (Stavrou et al. 2016). This analysis highlights factors associated with an increased risk of partner violence; they include demographic characteristics, economic circumstances, education levels and previous experience of abuse or violence.

It is important to note that this study used a broader definition of 'partner violence', including violence perpetrated by a boyfriend, girlfriend or date, as well as by a current or previous cohabiting partner and looked at violence occurring in the two years prior to the PSS.



#### **In Focus 4.2: Using the 2012 PSS to identify groups at greater risk of partner violence**

- **Younger women** were more likely to report experiencing partner violence. Higher proportions of women aged 18–19 (15%), 20–29 (12%) and 30–39 (10%) reported experiencing intimate partner violence than did women in all older age groups (7.0% and below).
- **Women whose highest level of education was a certificate** were more likely to report violence from an intimate partner than women who had a bachelor degree (8.9%, compared with 5.0%).
- **Women who were in a de facto relationship, or neither married nor in a de facto relationship** were more likely to report intimate partner violence than married women (9.7% and 13%, compared with 2.3% for married women).
- **Women who were single parents** (39%) were considerably more likely to report intimate partner violence than women who were part of a couple only (2.7%), or couple with children (4.4%).
- **Women who could not pay their rent or mortgage on time** were more likely to have experienced violence from an intimate partner than those who could (31%, compared with 5.4%).
- **Women who were not able to raise \$2,000 in an emergency** (16%), who had pawned or sold something to obtain cash (43%), or who reported having gone without meals in the last 12 months (60%) were more likely to have experienced intimate partner violence than women not in these circumstances (the corresponding proportions were between 4.8%–5.7%).
- **Women who were not able to get support from people outside their own household in times of crises** were more likely to report intimate partner violence than those with access to social support (9.6%, compared with 6.1% of women who had access to social support).
- **Women who had experienced emotional abuse by a current or previous partner** were more likely to experience intimate partner violence than those who had not (36%, compared with 1.8%).
- **Women who had experienced abuse before the age of 15** were more likely to experience violence from a partner than those who had no childhood experience of abuse (17%, compared with 4.6%).

#### **Identifying those most at risk**

This analysis presents information on risks of violence according to each factor in isolation. Using multivariate logistic analysis, Stavrou and colleagues (2016) assessed the effect of each factor, while controlling for the others.

*continued*

#### **In Focus 4.2 (continued): Using the 2012 PSS to identify groups at greater risk of partner violence**

If all other factors were held constant, the odds of a woman having experienced intimate partner violence in the previous 2 years were higher if she:

- had no access to social support (2.3 times as high as for women who did)
- had experienced child abuse (2.3 times as high as than those who had not)
- had pawned or sold items for cash (2.5 times as high as than those who had not)
- could not pay the rent or mortgage on time (2.6 times as high as than those who could)
- went without meals (3.2 times as high as than those who did not)
- had previously been emotionally abused by a partner (19 times as high as than those who had not).

#### **Cumulative effect of different risk factors**

Stavrou and colleagues (2016) further assessed the cumulative impact of different combinations of factors by using a reference case as a 'baseline' and modelling the influence of different factors. Using this approach, the study found, for example:

- for an Australian-born woman in her 30s, married with children, who had access to social support and was not in financial stress, and had no disability or health condition, or previous experience of abuse or violence, the probability of her experiencing intimate partner violence in the previous 2 years was 6.2%
- if the woman had otherwise the same characteristics, but was instead a single parent not in a registered marriage, her risk would rise to 26%. Adding childhood abuse, inability to make timely payments on rent or mortgage and emotional abuse by a partner would increase her risk to 97% (Stavrou et al. 2016).

*Source: Stavrou et al. 2016.*

## **What is missing?**

### **Demographic characteristics of victims and perpetrators and experiences of specific population groups**

General population survey data, like the PSS, measure the prevalence of family, domestic and sexual violence in the general population but do not specifically target people who have experienced these forms of violence. Hence, it can be difficult to undertake detailed analysis of specific population groups, due to reliability issues to do with small sample sizes.

So, there are limited data on the following sociodemographic characteristics of victims and perpetrators:

- age, marital status, household type, ethnicity
- Aboriginal and/or Torres Strait Islander status
- employment status, socioeconomic status, educational attainment and geographic location
- substance use/abuse linked with the incident
- mental health and other long term health conditions
- disability.

There are also limited data on the location, date and time of the violent events, and previous victimisation and offence history of the perpetrator.

Other data sources, such as police data and longitudinal surveys, can provide extra information on experiences of family, domestic and sexual violence. However, obtaining a full picture of these experiences is often hampered by a lack of consistent definitions and measurement across data sets.

### **More comprehensive data for at-risk groups are needed**

Australia has robust national data sources for reporting population-level prevalence of family, domestic and sexual violence; however, comprehensive data for at-risk groups is less reliable, limited or missing. This includes prevalence data on:

- Aboriginal and Torres Strait Islander people
- young people
- children, both as witnesses and victims
- pregnant women
- sexually and gender diverse people
- people on student and partner visas
- newly settled migrants
- people living in rural and remote areas
- people from culturally and linguistically different backgrounds
- children and adults living with disability
- the elderly.

While men are included in the PSS, they are sampled at less than half the rate of women (ABS 2017b). Hence, further analysis of different male population groups becomes less reliable, making it harder to identify at-risk male populations and trends over time.

### **There are limited data on the experience of secondary victims**

'A secondary victim is an individual who was not directly involved in the crime but who has suffered vicarious trauma as a result' (Fuller 2016). In terms of family, domestic and sexual violence, this includes children who witness violence (ABS 2014) and non-abusing partners in a child abuse situation (Fuller 2016). Although the PSS includes limited data on child witnesses (collected from adults), little data exists on other secondary victims.

Many data collections focus on violence between intimate partners. As such, there is limited data on experiences of family violence involving children.

## 5 What are the responses to family, domestic and sexual violence?

### Key findings

- Almost half (46%, or 127,000) women and 7 in 10 (68%, or 102,000) men who experienced violence from a current partner did not seek advice or support after the incident.
- Eight in 10 (82%, or 226,000) women and more than 9 in 10 (97%, or 146,000) men who experienced violence from a current partner had never contacted the police.
- In 2016, police recorded more than 23,000 victims of sexual assault (18,900 female victims compared with 4,100 male victims), with young women aged 15–19 reporting the highest rates of sexual assault.
- On average, almost 8 women and 2 men were hospitalised each day in 2014–15 because they were assaulted by a current or former spouse or domestic partner.
- Four in 10 (40%, or 115,000) people who were assisted by specialist homelessness agencies across Australia in 2016–17 were seeking help because of family and domestic violence.
- In 2015–16, 45,700 children had substantiations of abuse or neglect recorded.

As discussed in Chapter 1, family, domestic and sexual violence covers a range of violent behaviours and acts, from relatively minor incidents to serious offences. After experiencing a violent incident, a victim might seek support or disclose the incident through their own informal networks (such as friends and family) or they might approach a formal support service (such as a health professional, police, a legal service or housing assistance). Any action taken after the incident is called a 'response' to family, domestic and sexual violence. These actions can be taken by:

- the victim, their family and friends, or other networks associated with the victim
- a witness to the incident
- the perpetrator
- support service providers and the justice system.

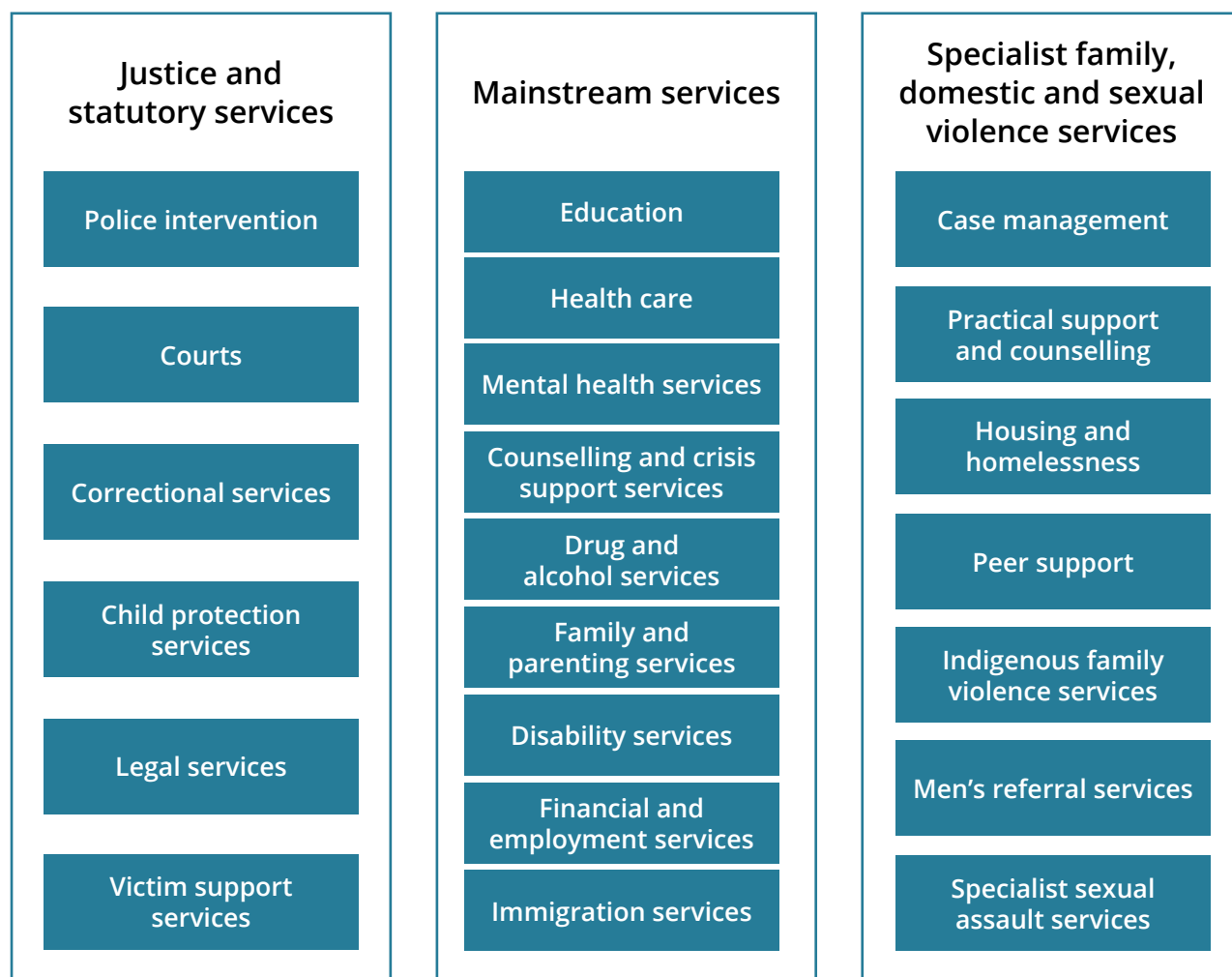
The three main entry points to services for victims are:

- justice and statutory services—including police, family courts and child protection services
- mainstream services—including health and education services
- specialist domestic and family violence and sexual assault services—including refuges and other housing/homelessness services, crisis services, forensic services, counselling, financial assistance, and perpetrator intervention services (Figure 5.1).

Although these multiple entry points accommodate the diverse needs of victims and perpetrators, they can be difficult to access and navigate (State of Victoria 2016b). Government and non-government providers share responsibility for delivering family, domestic and sexual violence intervention, prevention and support programs.



**Figure 5.1: Entry points for family, domestic and sexual violence services**



Source: Adapted from Victorian Department of Health and Human Services 2012.

## What data are available to report on responses?

Most of the available data to report on responses to family, domestic and sexual violence are from the justice and statutory services (namely, police, courts, and child protection data), with some data from the hospitals and homelessness services. In contrast, there are very limited data available for reporting on specialist and mainstream services for victims and perpetrators of family, domestic and sexual violence. The lack of services data for reporting on family, domestic and sexual violence has been identified as a key data gap.

The ABS 2016 PSS collected information from women and men who were victims of assault and asked them:

- whether informal or formal support was sought
- whether the incident was reported to the police.

See Attachment A for details on the PSS.

Other data sources examine the responses of a number of agencies, described as follows.

## Police responses

Police (and subsequent legal system) responses are recorded in the 2016 ABS Recorded crime—victims, Australia data set and the 2015–16 ABS Recorded crime—offenders data set. The Victims data set contains data about victims of family, domestic and sexual violence recorded by police between 1 January and 31 December 2016. The Offenders data set contains experimental family and domestic violence data on offenders proceeded against by police for alleged family, domestic and sexual violence offences between 1 July 2015 and 30 June 2016. Data are available only for selected states and territories for the 2014–15 and 2015–16 reference periods.

As there is no consistent method to identify family and domestic violence incidents across these states and territories, family and domestic violence data from the Offenders data set are considered experimental, and caution should be exercised when interpreting the results. It is not recommended that the experimental family and domestic violence data from the Offenders data set be compared between jurisdictions. Further work is required to guide a consistent approach to the national reporting of offences related to family and domestic violence.

## Legal responses

Legal responses to family, domestic and sexual violence offences are recorded in the ABS Criminal courts, Australia, 2015–16 data set. This data set includes information on the characteristics of defendants dealt with by Australian state and territory criminal courts, including case outcomes and sentences associated with those defendants. Data from criminal courts are available only for selected states and territories.

As there is no consistent method to identify family and domestic violence incidents across these states and territories, family and domestic violence data from the Criminal courts, Australia data set are considered experimental, and caution should be exercised when interpreting the results. It is not recommended that experimental family and domestic violence data from the Criminal courts, Australia data set be compared between jurisdictions. Further work is required to guide a consistent approach to the national reporting of offences related to family and domestic violence.

## Hospitals

Data on hospitalised injury comes from the AIHW National Hospital Morbidity Database, based on analysis presented in *Trends in hospitalised injury, Australia* (AIHW forthcoming). Data are for hospitalised injuries where the episode of admitted patient care ended during the period from 1 July 2014 to 30 June 2015. Some extra data analysis of the database was undertaken for this publication to further explore trends in hospitalisations related to family, domestic and sexual violence.

Across all assault hospitalisations, about half had a specified person listed as the perpetrator. Cases lacking specific information about a perpetrator may have occurred for a number of reasons, including information not being reported by or on behalf of victims, or not being recorded in the patient's hospital record. In 2014–15, the proportion of cases with a specified perpetrator was much higher for younger and older age groups compared with middle ages, and much higher for females overall (77%) compared with males (46%). Further, among females, the level of specificity has improved from 66% in 2002–03, when perpetrator coding was introduced. Hence, comparisons of type of perpetrator between age and sex groups and across time need to be made with some caution.

## Specialist Homelessness Services

Data on how Specialist Homelessness Services (SHS) respond to those experiencing homelessness due to family and domestic violence are collected in the Specialist Homelessness Services Collection (SHSC), administered by the AIHW. The collection includes information about clients receiving services, the assistance they requested and outcomes achieved. SHS agencies may assist both the victims and the perpetrators of family and domestic violence. Currently, the collection is not able to separately identify these clients.

## Child protection responses

Child protection data are recorded in the Child Protection National Minimum Data Set (CP NMDS), which contains information on the demographics of children and young people (aged 0–17) who receive child protection services and, where abuse is substantiated, the type of abuse or neglect. This data collection contains information only on children who are being investigated for, or who have a substantiated case of, child abuse (forms of family violence and neglect); it does not contain any information on the parents of the children.

Further information on these data collections is in Appendix A.

## What do the data tell us?

### People are more likely to seek support after violence from a previous partner than their current partner

Based on the 2016 PSS, a higher proportion of both women and men sought advice and support for violence committed by a previous partner than by a current partner. Women were also more likely than men to seek advice or support about violence from a partner:

- 2 in 3 (63%, or 864,000) women sought advice or support about violence from a previous partner and just over 1 in 2 (54%, or 150,000) sought advice or support about violence from a current partner
- 2 in 5 (41%, or 161,900) men sought advice or support about violence from a previous partner and less than one-third (29%, or 43,500) sought advice or support about current partner violence. Due to small numbers, these findings for men should be interpreted with caution (ABS 2017b).

### People are most likely to seek support from a friend or family member

Informal networks play a substantial role in helping women who have experienced family, domestic or sexual violence (Meyer 2010). Support services or support networks can assist women who have experienced violence to feel safe and live free of violence (Morgan & Chadwick 2009).

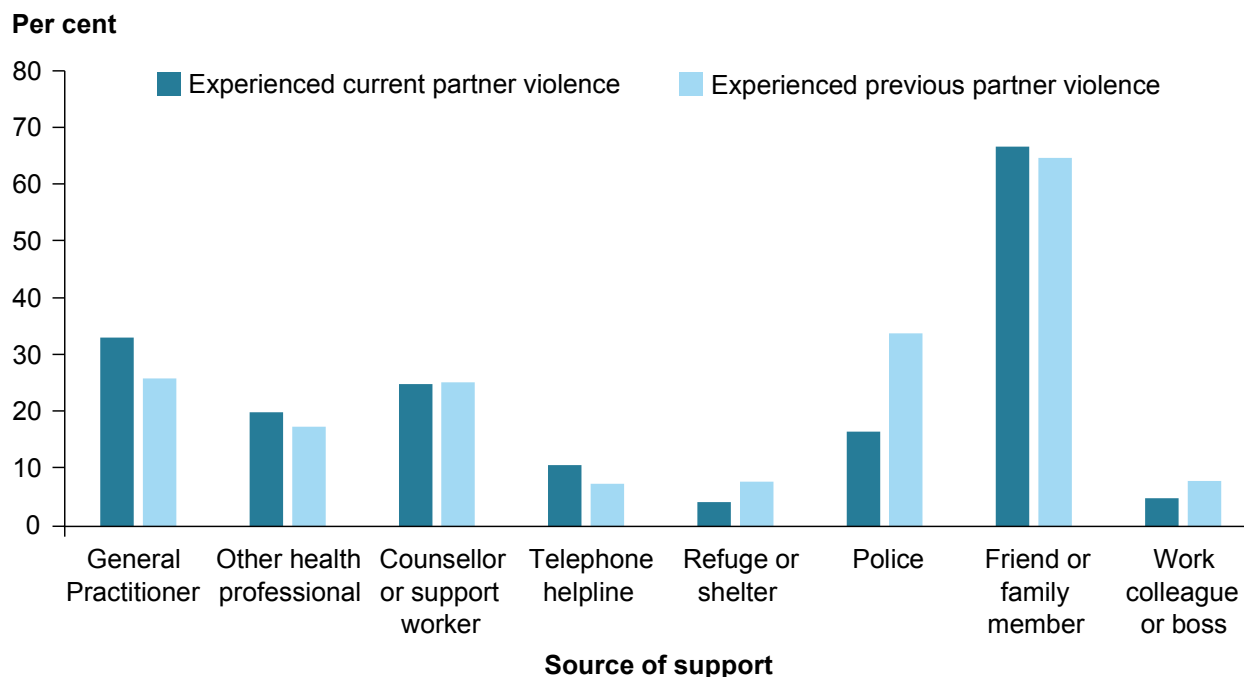
The 2016 PSS asked women and men about their sources of support in response to violence from a current or previous partner. Due to the relatively small number of sampled male respondents reporting partner violence, information about their experiences is generally limited to previous partners and estimates should be interpreted with caution (ABS 2017b).

For people who did seek advice or support in response to violence from a current or previous partner:

- women most commonly sought support from a friend or other family member (67% or 100,000 for current partner violence and 65% or 560,000 for previous partner violence) than any other source (Figure 5.2)
- men most commonly sought support from a friend or other family member (54% or 87,500 for previous partner violence).



**Figure 5.2: Women who experienced partner violence and sought advice or support, by sources of advice and support, 2016**



*Note:* Partner violence refers to any incident of sexual assault, sexual threat, physical assault or physical threat by a current and/or previous partner since the age of 15. Proportions are only representative of women who sought advice or support, not all women who have experienced violence. Proportions will not add to 100% as multiple sources of advice or support can be selected. Other sources of advice and support that are not shown here include legal service, financial service, Government Housing and Community Services, and priest/minister/rabbi/other spiritual advisor.

*Source:* ABS 2017b.

### Many people call telephone helplines for help with family and domestic violence

Victims and perpetrators of family and domestic violence can seek help from a number of telephone and internet support services in Australia. These range from services focused on suicide and mental health (for example, Lifeline and BeyondBlue), to those focused on particular populations (for example, MensLine for men, Kids Helpline for children and young people and QLife for LGBTI people) to those focused specifically on family, domestic and sexual violence (for example, 1800RESPECT). Only some of these services have publicly available data about support for family, domestic and sexual violence.

**MensLine** is a telephone and online counselling service for men with family and relationship concerns. The service is available from anywhere in Australia and is staffed by professional counsellors, experienced in men's issues. MensLine provides professional counselling services to more than 75,000 people per year (Mensline Australia 2017).

**Kids Helpline** is free, providing national counselling services for young people aged 5–25. In 2016, 8% (5,387) of counselling contacts were about child abuse, domestic or family violence, or 'issues related to living in out-of-home care' (Kids Helpline 2016). Of these contacts, 7 in 10 (69%, or 3,736) were from young people at risk of, or currently experiencing, abuse; 1 in 100 (1%, or 589) were about another person at risk of, or currently experiencing, abuse.

**1800RESPECT** is Australia's national sexual assault, domestic and family violence counselling service. From October to December 2016, the service received 18,024 calls and answered 16,499 (92% answer rate). The average wait time for a caller was 45 seconds (DSS 2017c).

### People affected by family and domestic violence can access Centrelink crisis payments

The Australian Government Department of Human Services (DHS) assists people affected by family and domestic violence by providing information and resources. A one-off crisis payment is also available for people experiencing difficult or extreme circumstances, such as leaving a violent relationship. To qualify for this payment, they must meet specific criteria and be eligible for income support. The payment is equal to one week's payment of the person's pension, benefit or allowance.

In 2016–17, 17,220 people received a domestic violence crisis payment. Nine in 10 (90%) of these people had left their home during the crisis. The proportion of those leaving home and the gender breakdown of payment recipients was steady over time (Table 5.1).

**Table 5.1: Domestic violence victims who received Centrelink crisis payments, by sex and housing status, 2012–13 to 2016–17 (number of people)**

Financial year	Victim left home			Victim remained in home		
	Female	Male	Total	Female	Male	Total
2012–13	12,080	1,720	13,800	1,387	68	1,455
2013–14	11,433	1,703	13,136	1,244	69	1,313
2014–15	12,160	1,689	13,849	1,271	70	1,341
2015–16	13,312	1,646	14,958	1,459	80	1,539
2016–17	13,904	1,537	15,442 <sup>(a)</sup>	1,689	89	1,778

(a) Includes one person where gender was unknown.

Source: DHS unpublished.

Payment recipients who had left home were most commonly aged 25–34 (38% or 5,900 people). For those who remained in their homes, 35% of people were aged 25–34 (621 people) and 34% of people were aged 35–44 (611 people) (Figure 5.3).

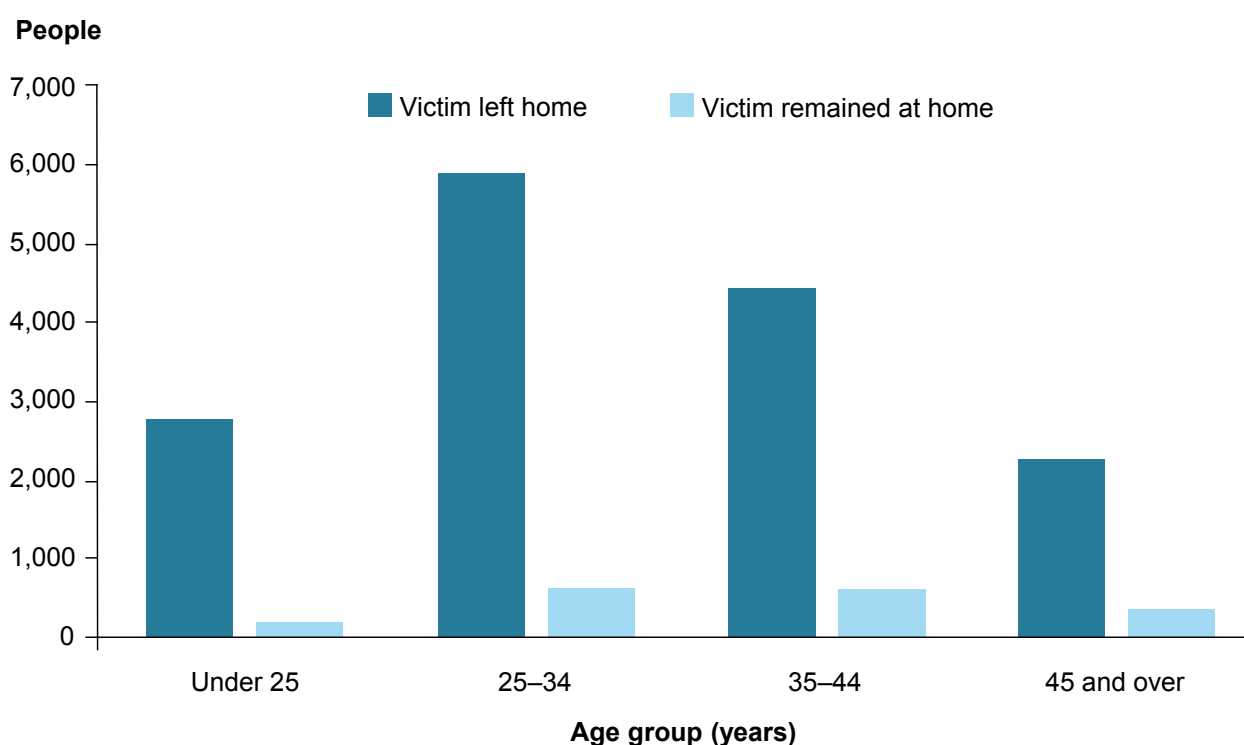
### Often, people did not seek advice or support about partner violence

According to the 2016 PSS, a large proportion of women and men did not seek help or support for partner violence. Almost half of the women (46%, or 127,000) who experienced current partner violence and more than one-third (37%, or 507,000) who experienced previous partner violence did not seek advice or support after the incident.

For women who experienced violence, the most common reason they gave for not seeking advice or support was that they felt they could deal with the issue themselves (50%, or 63,100 for current partner violence; 47%, or 238,000 for previous partner violence). Other reasons provided included:

- thinking the incident was not serious enough (36%, or 46,000 for current partner violence; 18%, or 88,900 for previous partner violence)
- feeling shame or embarrassment (11%, or 13,900 for current partner violence; 25%, or 125,000 for previous partner violence).

**Figure 5.3: Domestic violence victims who received Centrelink crisis payments, by age and housing status, 2016–17**



*Note:* Of the victims who left home there were 10 whose ages were unknown. Of the victims who remained in their home there were 3 whose ages were unknown.

*Source:* DHS unpublished.

More than two-thirds of men (68%, or 102,400) who experienced current partner violence, and 3 in 5 men (59%, or 235,300) who experienced previous partner violence did not seek advice or support after the incident.

For men who had experienced violence from a previous partner, the most common reasons they gave for not seeking advice or support were:

- thinking it was not serious enough to seek help (49%, or 49,900 for current partner violence; 22%, or 51,200 for previous partner violence)
- feeling that they could deal with it themselves (37%, or 36,100 for current partner violence; 60%, or 141,800 for previous partner violence)
- not wanting or needing help (31%, or 31,400 for current partner violence; 31%, or 73,200 for current previous partner violence).

## Police and legal system

Police intervention is a key entry point to formal family, domestic and sexual violence services for victims and perpetrators. If violent incidents are not reported, perpetrators are not held accountable for their behaviour, and victims may not get the help and support they need (Birdsey & Snowball 2013). Police have the authority to arrest and charge perpetrators, issue interim protection orders for the victims, and coordinate and facilitate referrals to specialist services.

## **Most people do not contact the police after partner violence**

The 2016 PSS showed that, after an incident of partner violence, people were unlikely to contact the police (ABS 2017b). Women were more likely than men to contact the police about partner violence, and both women and men were more likely to contact the police about violence by a previous partner than a current partner.

Among women who had experienced violence from a current partner, only 1 in 6 (17%, or 47,900) contacted the police about the violence.

Of those who had experienced violence from a previous partner, only:

- 1 in 3 (35%, or 486,000) women contacted the police about their most recently violent previous partner
- 1 in 4 (25%, or 99,100) men contacted the police about violence by their most recently violent previous partner (ABS 2017b).

In a study of victims attending domestic violence services, only half reported the most recent incident of violence to police (Birdsey & Snowball 2013). The majority (92%) of victims in the study were women. The most common reasons for not reporting the violence were:

- fear of revenge from the offender/fear of further violence (14%)
- embarrassment and shame (12%)
- thinking that the incident was too trivial/unimportant (12%)
- bad/disappointing experience in reporting previous incidents to police (10%).

Victims were more likely to report the incident if:

- there was a current apprehended violence order against the perpetrator
- they were physically injured
- they thought their children were at risk
- there was property damage.

The motivation for women and men not to contact the police may well be different for each sex: it may relate to differences in the severity of injury (Busch & Rosenberg 2004) or to fear of revenge or further violence (Birdsey & Snowball 2013).

## **Most perpetrators did not face consequences after police contact**

According to the 2016 PSS, only a small proportion of people said that their partners faced legal consequences after police were contacted about violence.

For women who had contacted the police about current partner violence less than one-third (28%, or 13,200) reported that their current partner had been charged. Of these women, 9 in 10 (89%, or 11,700) reported that their current partner had gone to court (Figure 5.3) (ABS 2017b).

Data for men's experience of police involvement after violence from a current partner are not available.

For those who had contacted the police about previous partner violence 2 in 5 (39%, or 189,000) women and almost 1 in 4 (23%, or 22,700) men reported that their previous partner was charged. Of these, 6 in 7 women (86%, or 11,700) and 100% (22,700) of men reported that their previous partner went to court (ABS 2017b).

## **Women are more likely than men to have a restraining order issued against their most recently violent previous partner**

Based on the 2016 PSS, of those who experienced previous partner violence:

- 1 in 4 (24%, or 330,000) women had a restraining order issued against their previous partner
- 1 in 10 (10%, or 41,100) men had a restraining order issued against their previous partner (ABS 2017b).

## **At least 2 in 5 assaults recorded by police relate to family and domestic violence**

Recorded crime data are available from police for victims of (selected) offences related to family and domestic violence in all states and territories except Victoria and Queensland. In 2016, at least 2 in 5 assaults were related to family and domestic violence (ranging from 41% in the Australian Capital Territory to 64% in Western Australia). In these offences, victims were most likely:

- aged 25–34 (ranging from 25%, or 7,376 in New South Wales to 33%, or 1,316 in the Northern Territory)
- female (3,370 female victims compared with 727 male victims) (ABS 2017d).

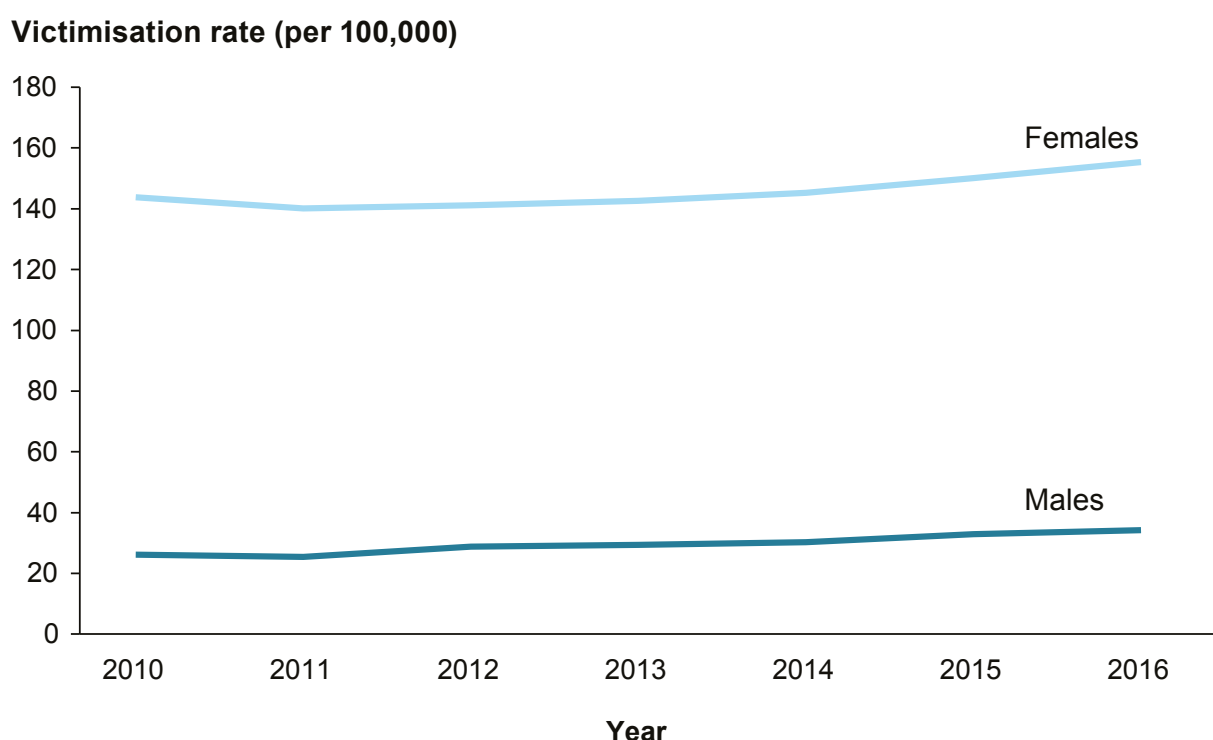
## **Every day police record about 52 sexual assaults against female victims**

In 2016, police recorded more than 23,000 victims of sexual assault across Australia. The majority were female (18,900), equivalent to about 52 sexual assaults each day. There were about 4,100 male victims of sexual assault in 2016, or about 11 sexual assaults each day (ABS 2017d).

The number of recorded sexual assault victims has increased for 5 consecutive years (up from 4,400 victims, or up 24%, since 2011). This number includes all sexual assaults recorded by police between 2011 and 2016, not only those identified as being related to family and domestic violence. The rate of recorded sexual assault has also increased, from 144 females per 100,000 in 2010 to 155 per 100,000 in 2016 (Figure 5.4). While rates for male victims were much lower than for females, they also increased, from 26 males per 100,000 in 2010 to 34 per 100,000 males in 2016. The increase in overall recorded sexual assault can be attributed to either an increase in the number of sexual assaults, or an increase in reporting rates, or a combination of both (ABS 2017d).

In 2016, victims of sexual assault related to family and domestic violence accounted for 1 in 3 (36%, or 8,200) sexual assault victims recorded nationally. The victimisation rate of sexual assault related to family and domestic violence increased slightly from the previous year to 34 victims per 100,000 people. The majority of victims were female—6,900 female victims compared with 1,200 male victims. The increase in recorded sexual assault related to family and domestic violence can be attributed to either an increase in the number of sexual assaults, or an increase in reporting rates, or a combination of both.

**Figure 5.4: Sexual assault victimisation rate for females and males, all ages, 2010–2016**



Source: ABS 2017d.

### Children and young people are disproportionately victims of sexual assault

According to the ABS Recorded crime—victims, Australia collection (ABS 2017d), in 2016, young women aged 15–19 had the highest rates of reported sexual assault of any age and sex group, with 661.9 victims per 100,000 women in this age group. Girls aged 10–14 had the second highest reported rate of victimisation (542.8 per 100,000 females aged 10–14) (Figure 5.5). Since 2010, the victimisation rates for these two age groups have remained relatively stable.

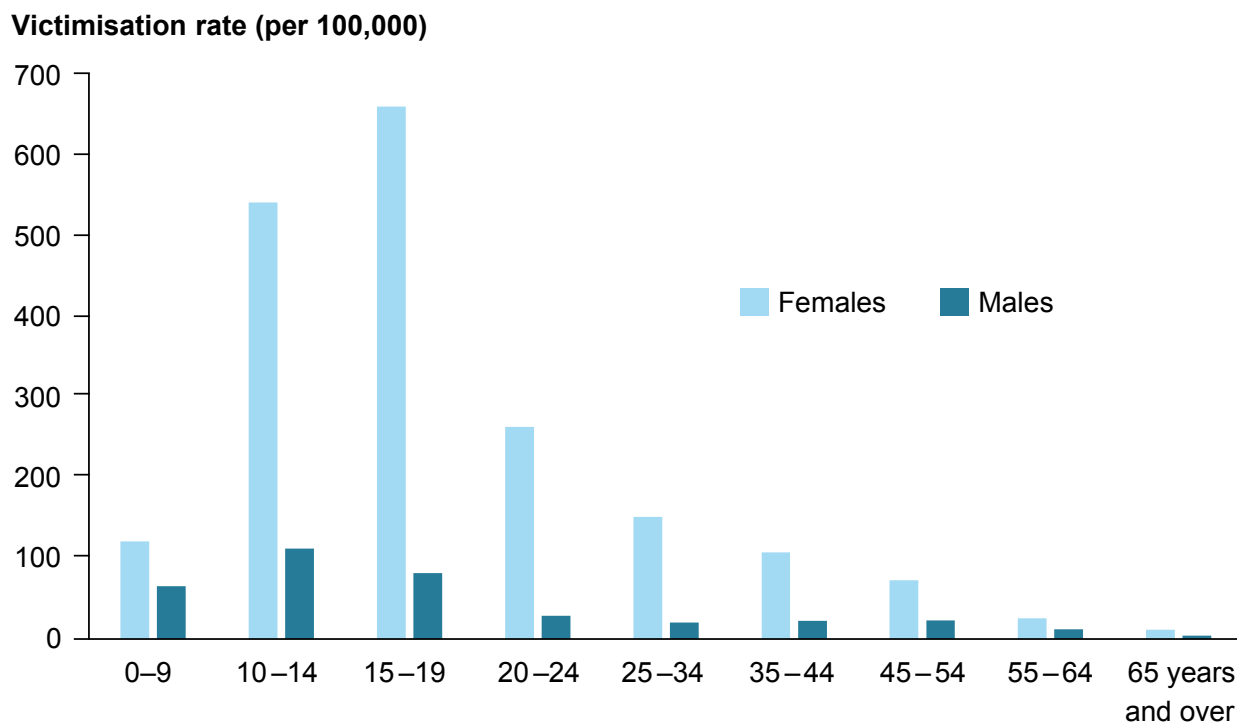
Among males, boys aged 10–14 had the highest reported sexual assault rates, with police recording 112.3 victims per 100,000 boys in this age group. Young men aged 15–19 had the next highest rate (82.2 victims per 100,000 males aged 15–19), followed by boys aged 0–9 (65.7 victims per 100,000 boys aged 0–9) (Figure 5.5).

### Children are often victims of sexual assault related to family and domestic violence

In 2016, police recorded a large number of sexual assaults against children that were related to family and domestic violence, with 1 in 5 (20%, or 1,665) victims aged between 10 and 14 and just under 1 in 5 (19%, or 1,532) aged between 0 and 9.

For females, the largest proportion of sexual assault victims related to family and domestic violence were aged 15–19 (22%, or 1,535 female victims). For males, the largest proportion of victims were aged 0–9 (42%, or 523).

**Figure 5.5: Sexual assault victimisation rate for female and male victims, by age group and sex, 2016**



Source: ABS 2017d.

### More male offenders of family and domestic violence are reported to the police

Experimental data are available for offenders proceeded against by police for offences related to family and domestic violence in all states and territories except Queensland, South Australia and Tasmania. According to the 2015–16 recorded crime data:

- there were 4–5 times as many male offenders as female offenders
- the most common principal offence type was acts *intended to cause injury* (ranging from 49% to 80%) (ABS 2017c).

For those committing offences related to family and domestic violence:

- their median age was 31–34
- the proportion aged 10–19 ranged from 8.4% to 14% (Table 5.2) (ABS 2017c).

**Table 5.2: Offenders of family and domestic violence by age, selected states and territories, 2015–16**

Age range (years)	NSW		Vic		WA		NT		ACT	
	Number	%	Number	%	Number	%	Number	%	Number	%
10–19	2,676	11.7	1,314	8.6	676	9.5	237	8.4	89	14.3
20–29	6,704	29.3	4,284	28.0	2,333	32.7	999	35.3	165	26.4
30–39	6,528	28.5	4,646	30.3	2,245	31.5	890	31.4	186	29.8
40–49	4,770	20.8	3,432	22.4	1,405	19.7	540	19.1	119	19.1
50–59	1,712	7.5	1,209	7.9	383	5.4	139	4.9	40	6.4
60+	516	2.3	432	2.8	93	1.3	28	1.0	16	2.6
<b>Total</b>	<b>22,910</b>	<b>100.0</b>	<b>15,322</b>	<b>100.0</b>	<b>7,134</b>	<b>100.0</b>	<b>2,832</b>	<b>100.0</b>	<b>624</b>	<b>100.0</b>

*Note:* Experimental data about offenders of FDV-related offences are only available for selected states and territories. Offences that may be classified as FDV-related include: homicide and related offences, acts intended to cause injury, sexual assault and related offences, abduction, harassment and other offences against the person, property damage and breach of violence and non-violence orders. Columns may not sum to totals shown due to rounding.

*Source:* ABS 2017c.

### Most perpetrators who go to court as defendants are found guilty

Data from the criminal courts show how perpetrators (or defendants) of family, domestic and sexual violence incidents move through the justice system where charges have been laid by the police. However, caution should be used when interpreting family, domestic and sexual violence data from criminal courts as processes used by police vary across states and territories. See Appendix A for more details.

Data reported from selected state and territory magistrates' courts for offences related to family and domestic violence in 2015–16 show that (ABS 2017a):

- defendants whose cases were finalised for one or more offence were more likely to be male than female across all jurisdictions (ranging from 84% to 89%)
- the majority of defendants were found guilty (ranging from 72% to 87%)
- of the defendants who were proven guilty of *acts intended to cause injury*, the majority (64% to 80%) were sentenced to a non-custodial order, except in the Northern Territory where 86% (or 1,335 defendants) were sentenced to a custodial order.

Experimental data from children's courts in selected states and territories also provide information about the number of youth defendants finalised for offences related to family and domestic violence. Data from children's courts were available for defendants aged 10–17 in New South Wales, Victoria, Western Australia, Northern Territory and the Australian Capital Territory (ABS 2017a).

Across these selected children's courts; there were similar patterns to those in the magistrates' courts:

- defendants whose cases were finalised for one or more offence related to family and domestic violence were more likely to be male than female (ranging from 72% to 80%)
- the most common principal offence related to family and domestic violence was *acts intended to cause injury* (ranging from 63% to 76%)
- the majority of defendants were proven guilty (ranging from 76% to 93%).



A small number of defendants aged 10–17 had their matters finalised in magistrates' or higher (appeals) courts. Similarly, a small number of offenders aged 18 or over had their matters finalised in a Children's Court. For these reasons, data from children's courts on youths who commit offences related to family and domestic violence should be interpreted with caution (ABS 2017a).

## Hospitals

Hospitals provide mainstream health services for victims of assault. However, just as not all assaults are reported to police, not all domestic, family and sexual assaults that end in someone being hospitalised will be identified as such. Victims of family, domestic and sexual violence can be reluctant to report an incident to hospital personnel or to identify a perpetrator.

### **A family member is reported as the perpetrator in about one-quarter of hospitalised assaults**

In 2014–15, nearly 1 in 5 (18%, or 3,400) of the more than 19,000 people admitted to hospital for all assault injuries reported that the perpetrator of the assault was a *Spouse or domestic partner*, with *Other family member* reported for a further 8.8% (or 1,700 hospitalisations) (AIHW unpublished analysis of the National Hospital Morbidity Database). Information about the perpetrator relationship was missing for 43% of all assault hospitalisations.

### **On average, 8 women are hospitalised every day after being assaulted by their spouse or partner**

Where the perpetrator was identified, a *Spouse or domestic partner* was reported in more than 4 in 10 (45%) hospitalisations of female assault victims—or more than 2,800 cases—compared with fewer than 1 in 20 (4.4% or 560 cases) male assault hospitalisations (Figure 5.6).

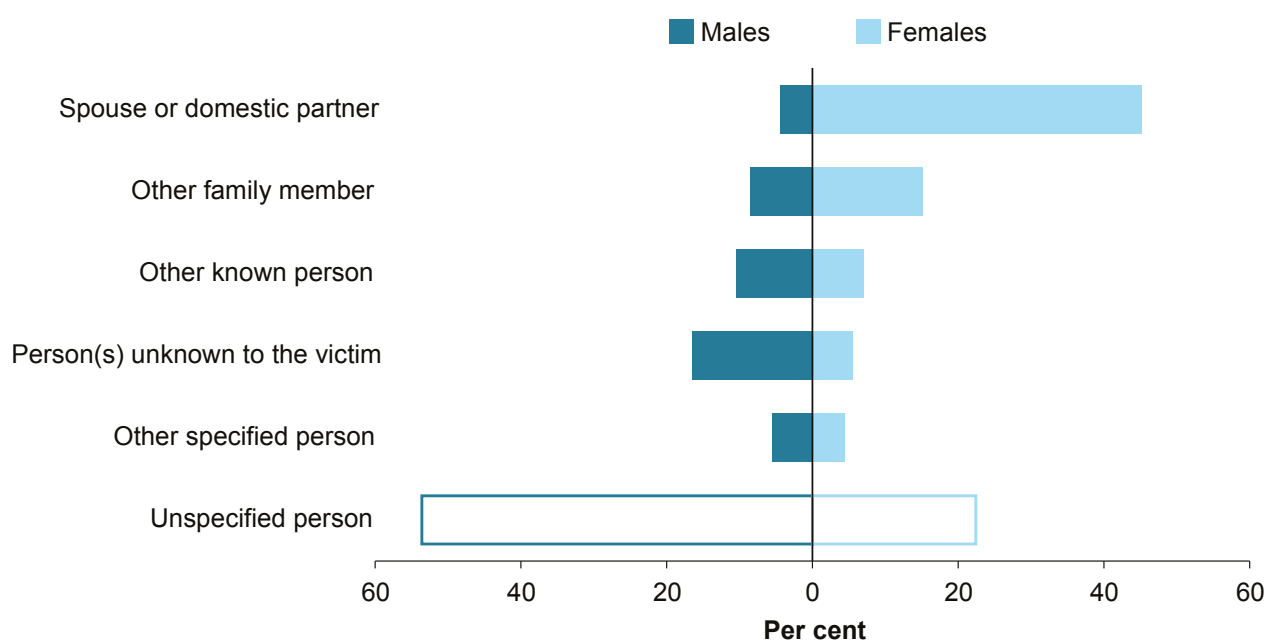
Differences were also apparent when the perpetrator was identified as either *Other family member* (12% of females compared with 7.1% of males) or *Parent* (3.0% of females compared with 1.5% of males) (AIHW unpublished analysis of the National Hospital Morbidity Database). Overall, males (17%) were nearly 3 times as likely as females (5.6%) to specify that the perpetrator (or multiple perpetrators) was unknown to them.

As noted earlier, males were much less likely to specify the perpetrator of their assault than females and this may cause an underestimate of males hospitalised due to assault from a partner. Some caution should be exercised in making male/female comparisons.

### **Younger women are more likely to be hospitalised for assault by a spouse or partner**

Women had higher rates of hospitalisation for assault by a spouse or partner than men across all but the very oldest age groups. Rates increased with age for women, peaking at age 30–34 (58.2 per 100,000) and then declining steadily. Rates for men were highest for those aged 35–39 (13.3 per 100,000); they then decreased with age (Figure 5.7).

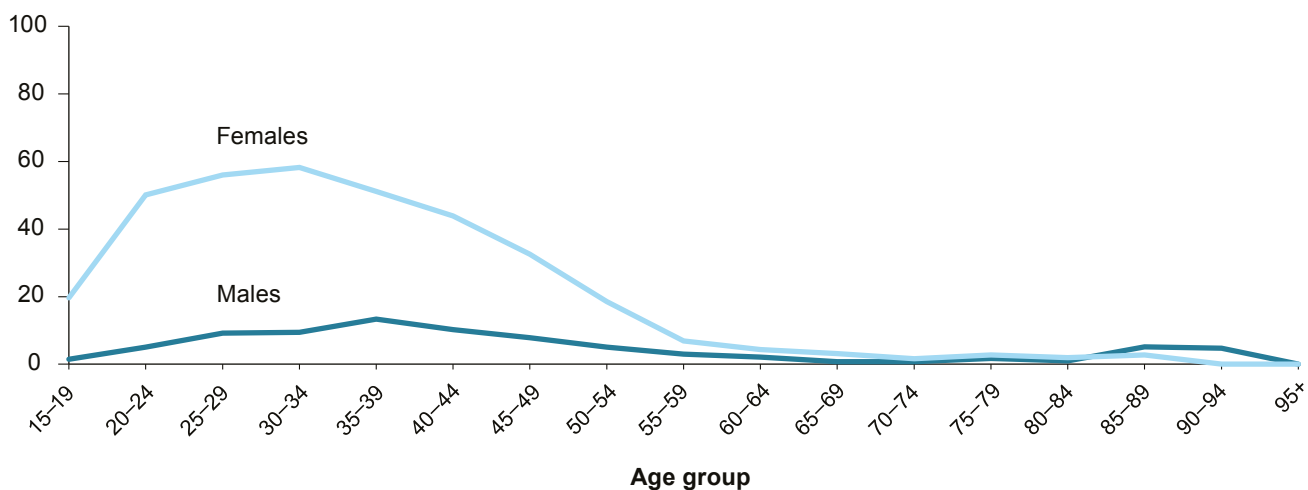
**Figure 5.6: Assault hospitalisations, by reported perpetrator and sex, 2014–15**



Source: AIHW analysis of the National Hospital Morbidity Database.

**Figure 5.7: Rate of assault hospitalisations where perpetrator was domestic partner or spouse, by age group and sex, 2014–15**

Hospitalisations per 100,000 population



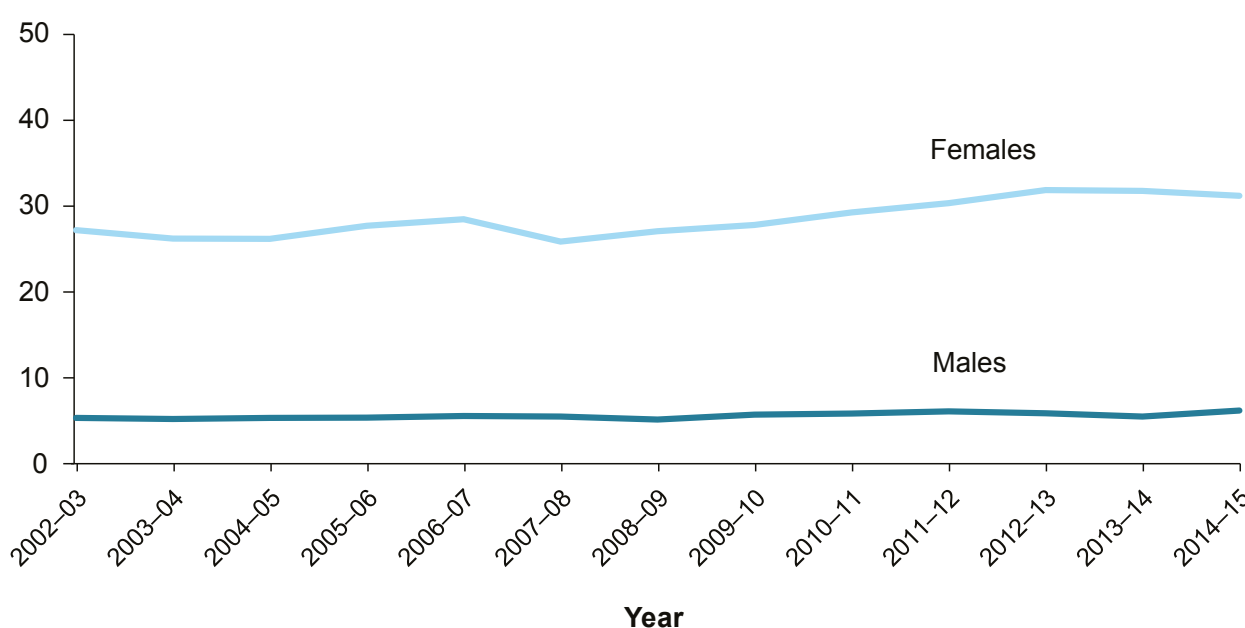
Source: AIHW analysis of the National Hospital Morbidity Database.

## There has been a general increase in hospitalisations for women assaulted by a partner

After accounting for changes in the age structure of the population, the rate of hospitalisation for assaults where the perpetrator was reported as *Spouse or domestic partner* has risen for females between 2002–03 and 2014–15, at an average of 1.7% per year to 31% in 2014–15. For males, the rate was relatively stable between 2002–03 and 2014–15, with a rate of 6.2% in 2014–15 (Figure 5.8). As noted above, males were less likely to specify the person responsible for their assault than females. This may have resulted in an undercount of males hospitalised because of assault from a partner and this should be considered when interpreting these results.

**Figure 5.8: Rate of assault hospitalisations where perpetrator was domestic partner or spouse, by sex, 2002–03 to 2014–15**

Hospitalisations per 100,000 population



Source: AIHW analysis of the National Hospital Morbidity Database.

## Most partner assault involves bodily force

In 2014–15, 2 in 3 (67%, or 1,900) of the 2,800 women hospitalised due to spouse or domestic partner violence were assaulted using bodily force. More than 1 in 5 were assaulted with either a blunt (14%) or sharp (7%) object, and 11% were assaulted by other means (AIHW analysis of the National Hospital Morbidity Database).

## One in 12 women hospitalised for partner violence were pregnant

In 2014–15, 1 in 12 (8.4%, or 219) of the 2,800 women hospitalised due to spouse or domestic partner violence were pregnant. The most common site of injury among these women was the head or neck (affecting 44%, or 97 women) followed by the trunk (thorax, abdomen, lower back, lumber, spine and pelvis) (affecting 35% or 77 women) (AIHW analysis of the National Hospital Morbidity Database).

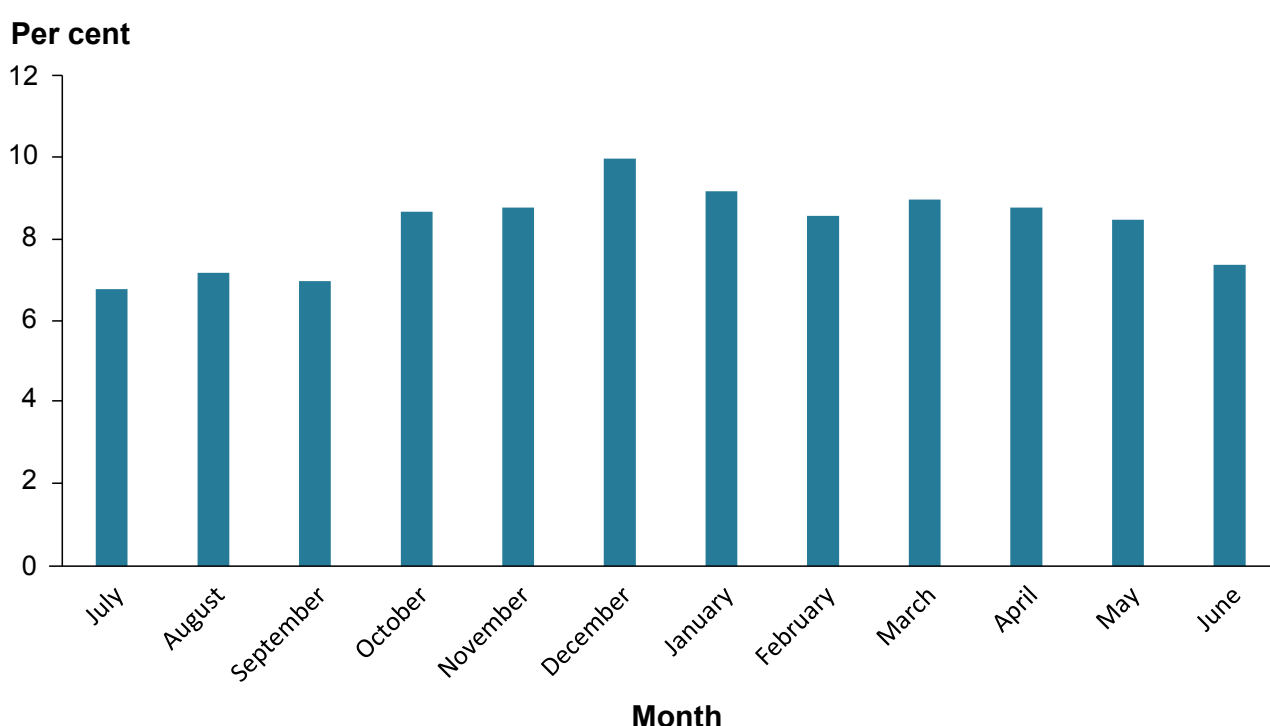
## Female victims of assault by a partner are most likely to be hospitalised in the summer months

Seasonal changes, public holidays (such as Christmas and New Year) and major sporting events have been linked to increased rates of family, domestic and sexual violence. Possible explanations for the higher rates at these times include increased contact between victims and perpetrators during holiday periods, increased financial stress and increased consumption of alcohol (Morgan & Chadwick 2009).

These seasonal findings, cited in the literature, are consistent with the 2014–15 hospitalisation data. Of the women who identified a spouse or domestic partner as the perpetrator of assault, about:

- 3 in 10 (821) were hospitalised in December, January or February
- 2 in 10 (591) were hospitalised in June, July or August (Figure 5.9).

**Figure 5.9: Assault hospitalisations where perpetrator was domestic partner or spouse, females aged 15 and over, by month, 2014–15**



Source: AIHW analysis of the National Hospital Morbidity Database.

## Parents are the most common perpetrators for children who are hospitalised for assault

In 2014–15, 382 children (aged 0–14) were hospitalised because of physical or sexual assault. Parents were responsible for about 1 in 3 (30%, or 89) assault hospitalisations among children—more than any other class of perpetrator (where known). Another family member was the perpetrator in one-quarter (25% or 76 cases) of these cases. More boys than girls were hospitalised for assaults perpetrated by their parents (51 boys compared with 38 girls) or another family member (41 boys compared with 35 girls). No perpetrator was reported for 81 (21%) of the total cases.

In 2014–15, an additional 162 children were hospitalised because of symptoms of 'neglect or abandonment' or 'other maltreatment symptoms'. Of these children, 128 (91% of cases where a perpetrator was identified) had symptoms caused by a parent, and 8 by another family member (5.7% of cases).

## Homelessness services

Victims of family and domestic violence face considerable challenges, including an increased risk of homelessness. Governments across Australia fund a range of services to support people who are homeless or at risk of homelessness. These services are delivered by non-government organisations, including agencies that specialise in specific target groups such as victims of family and domestic violence.

Family and domestic violence has consistently been one of the most common reasons that clients seek assistance from SHS agencies.

### **115,000 Australians are assisted by homelessness services because of family and domestic violence**

In 2016–17, SHS agencies assisted 115,000 family and domestic violence clients, about 9,000 (9%) more than in 2015–16. Of these clients:

- more than three-quarters (77%) were female
- nearly half (48%) were living in single-parent households (with a child or children)
- about 3 in 5 (61%) were at risk of homelessness when first presenting for support (AIHW 2017d).

### **The number of people receiving support has increased**

The number of clients experiencing family and domestic violence who were assisted by SHS agencies has increased by 10% (on average) each year, over the past 5 years. Since 2012–13, there have been increases in the proportion of clients:

- from single-parent households (with a child or children) (from 43% in 2012–13 to 48% in 2016–17)
- experiencing family and domestic violence who were homeless on presentation (from 35% in 2012–13 to 39% in 2016–17)
- ending support with improved housing outcomes, particularly for those in private rental or who are home owners (up 5 percentage points from 43% in 2012–13 to 48% in 2016–17).

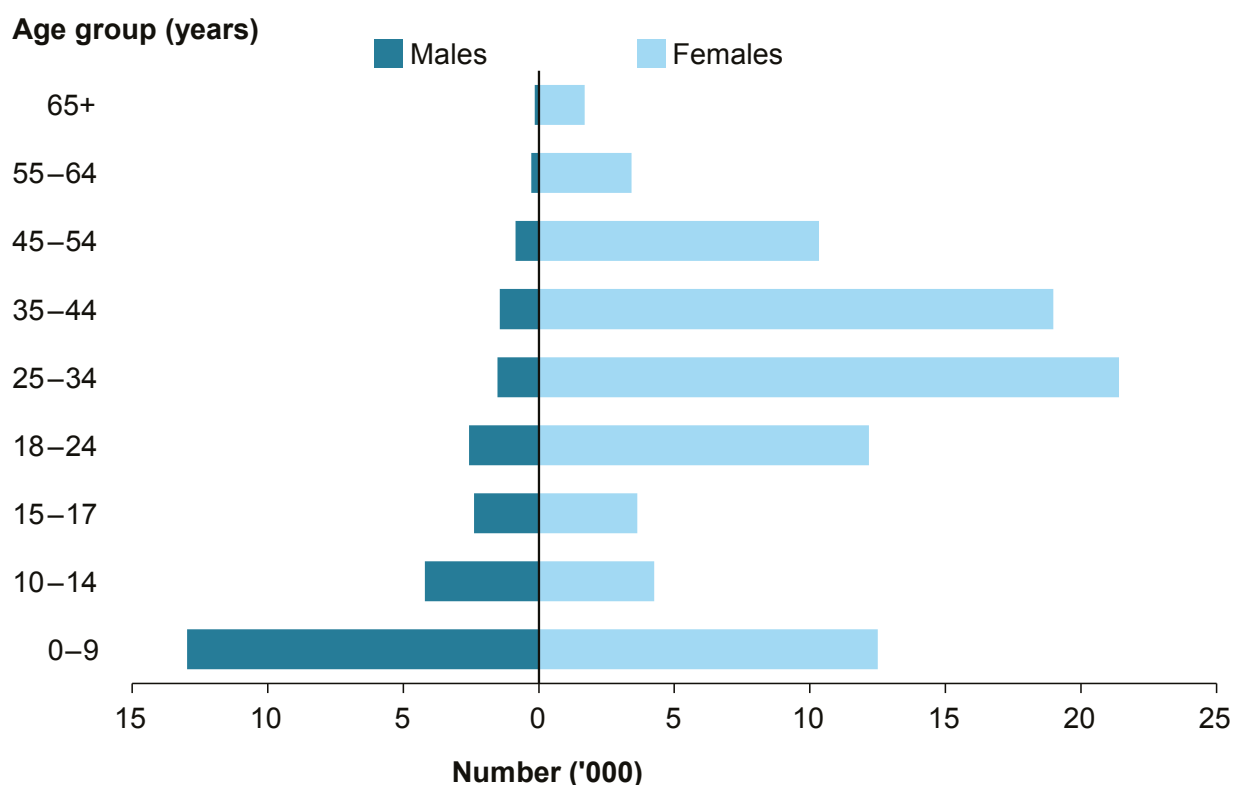
### **Nine in 10 of those assisted are women and children**

Of the 115,000 clients who reported experiencing family and domestic violence during 2016–17:

- more than 9 in 10 (94%, or 108,000) were women and children
  - 3 in 10 (30%, or 34,000) were children aged 14 and under
  - 6 in 10 (62%, or 72,000) were females aged 15 and over
- fewer than 1 in 10 (8%, or 9,000) were males aged 15 and over
- there were similar numbers of girls and boys among the 25,500 children aged 0–9 (Figure 5.10).

Although the children/young people seeking assistance from SHS predominantly lived with a family group when presenting for assistance, to be counted as experiencing family and domestic violence in the SHSC, a child/young person must be a direct victim themselves of family and domestic violence. Children who only witness the violence are not included in this count.

**Figure 5.10: SHS clients who have experienced domestic and family violence, by age and sex, 2016–17**



Source: AIHW 2017d.

### One in 3 clients with disability were experiencing family and domestic violence

In 2016–17, SHS agencies assisted about 11,000 clients with severe or profound disability (see Glossary). Of these, 30% (or about 3,300) were experiencing family and domestic violence. Living with disability and experiencing family and domestic violence may not be the only challenge faced by this group of clients:

- 13% of clients with severe or profound disability reported experiencing family and domestic violence as well as mental health issues
- 7% of clients with severe or profound disability reported experiencing family and domestic violence, mental health issues and problematic drug and/or alcohol use.

### Some 83,700 clients needed specific assistance for family and domestic violence

The majority of clients (73%, or about 83,700 clients) who had experienced family and domestic violence requested specific assistance, including therapeutic discussions or group sessions, counselling and specialised domestic violence support services. Nearly 9 in 10 (87%, or 72,600) of the people identified as needing assistance for family and domestic violence received it.

The next most common services requested by this client group were:

- short-term or emergency accommodation (42%, or over 48,000), with 72% of those requesting this service receiving assistance
- material aid/brokerage (money for bond/rent/transport, or non-monetary assistance such as clothing and food) (38%), with 88% of those requesting this service receiving assistance
- family/relationship assistance (30%), with 84% of those requesting this service receiving assistance
- long-term housing (30%), with just 4% of those requesting this service receiving assistance (AIHW 2017d).

### **Housing outcomes improve after support but homelessness is still high**

Just over 4 in 10 (41%) clients experiencing family and domestic violence were homeless when they sought assistance from SHS agencies in 2016–17. By the end of that support, this proportion had fallen by about one-third to 28%.

### **Family violence clients are more likely to ‘cycle’ in and out of homelessness**

People experiencing family and domestic violence may be more likely to cycle in and out of SHS due to the difficulty they face in either staying away or leaving the family home altogether after incidents of violence (Spinney 2012). This difficulty is often financial, but also relates to established relationships with family, friends and the community. Clients may also return to the family home because their stay in a refuge or emergency accommodation is often short and unlikely to result in a longer term housing solution or increased financial independence.

The report *Domestic and family violence and homelessness 2011–12 to 2013–14* (AIHW 2016c) was the first of its kind to examine multiple years of homelessness data, with a focus on family and domestic violence. It was based on data provided by SHS agencies on the length of support periods, or episodes of assistance, provided to clients. From 2011–12 to 2013–14, agencies provided 428,400 support periods, totalling more than 24 million days of support and more than 9 million nights of accommodation, to clients experiencing family and domestic violence.

On average, family and domestic violence clients received a greater amount of support than non-family and domestic violence clients over the 3 years to 2013–14—an average of 2.4 support periods, 136 days of support and 111 nights of accommodation. In contrast, other clients received an average of 1.9 support periods, 92 days of support and 105 nights of accommodation over the 3 years.

### **Family violence clients with multiple disadvantages use more services**

As previously noted, alcohol and drug use is often associated with family and domestic violence, for both perpetrators and victims (see Chapter 4 for further information). As well, victims of family and domestic violence are at an increased risk of homelessness.

The AIHW examined the extent to which alcohol and drug use and homelessness overlap for people experiencing family and domestic violence (AIHW 2016b). Nearly 40,000 clients who used both alcohol and other drug treatment services and SHS were identified. Of these, more than 13,000 clients reported experiencing family and domestic violence (Figure 5.11).

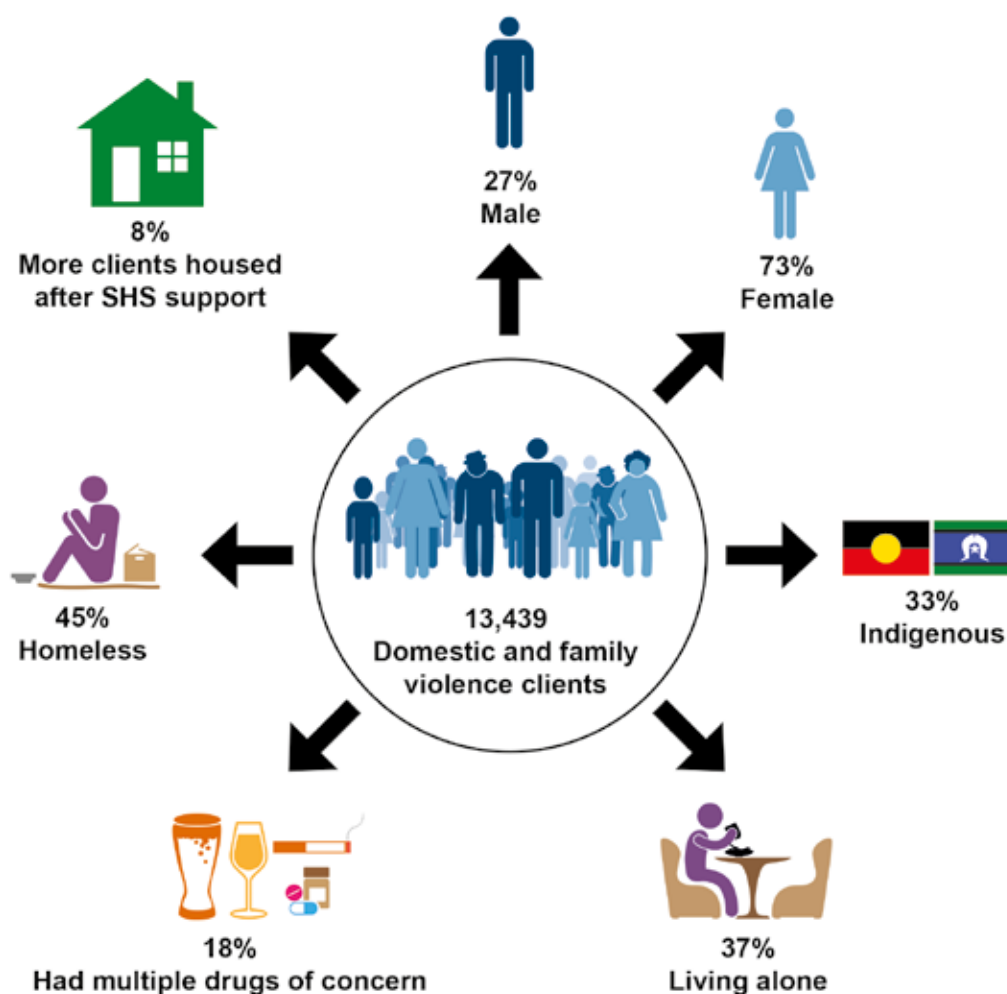


Clients who experienced family and domestic violence and used both alcohol and drug treatment and SHS had higher rates of service use than other clients. For example, they had:

- more alcohol and other drug treatment episodes (2.2 compared with 1.5 for clients using Alcohol and Other Drug Treatment Services only)
- more frequent spells of SHS support than clients using SHS only (5.1 compared with 2.6).

These clients were far more likely to be female than male (73% compared with 27%) (Figure 5.11). One-third (33%) of the female clients and nearly one-third (31%) of the male clients were Indigenous. Almost 2 in 5 (37%) were living alone on presentation and only 1 in 14 (7%) were employed.

**Figure 5.11: Characteristics of clients who experienced family and domestic violence and used both alcohol and drug treatment and homelessness services, 2011–12 to 2013–14**



Source: AIHW 2016b.

## Services for children and young people

Exposure to family and domestic violence can have a substantial effect on a child's development, physical and mental wellbeing and schooling (Campo 2015). Children who see or hear violence against their mothers have higher rates of social, emotional and behavioural problems than children whose mothers do not experience violence (Shin et al. 2015).

Children who themselves experience (either directly or indirectly) family and domestic violence are vulnerable to homelessness, which can further disrupt schooling, social networks and feelings of safety and belonging (AIHW 2016d; Campo 2015). This highlights the importance of better understanding the characteristics of children and young people who are accessing services in order to deal with issues related to the experience of family and domestic violence, including homelessness, child protection and youth justice services.

### **One in 33 children receive child protection services**

In Australia, state and territory governments are responsible for providing child protection services to anyone aged under 18, who has been, or is at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care or protection. Different definitions exist for what constitutes child abuse and neglect in each jurisdiction, making it difficult to obtain consistent and comparable national data (Lamont 2011). As many cases of child abuse and neglect are not disclosed to authorities, the data are likely to under report how many children are abused or neglected (AIFS 2017).

In 2015–16:

- 1 in 33 (162,000) children received child protection services
- 115,000 children were the subject of an investigation (21.4 per 1,000 children), 62,000 were on a care and protection order (11.5 per 1,000) and 55,600 were in out-of-home care (10.4 per 1,000)
- 73% were repeat clients (AIHW 2017a).

The number of children receiving child protection services has risen by about 20% over the past 4 years—from 135,000 in 2012–13 to 162,000 in 2015–16. The rate of children receiving child protection services rose from 26.0 per 1,000 children to 30.2 per 1,000 over the same period (AIHW 2017a). The increase may be due to an increase in the underlying rate of child abuse, the likelihood of reporting it, or both.

Children may receive a mix of child protection services, including investigations, care and protection orders, and out-of-home care. Investigations can lead to substantiations if there is sufficient reason to believe that a child has been, or is at risk of being, abused, neglected or harmed. Once a child protection investigation is substantiated, it is categorised into abuse and neglect type: physical, sexual, emotional abuse or neglect. More than one abuse or neglect type can be recorded.

While physical, sexual and emotional abuse that occurs within the family home or under a carer is clearly in scope for this publication, neglect is less clear as there is currently no way to determine if neglect cases involve family and domestic violence. However, neglect cases have been included in this report, as there is an increasing understanding that different kinds of violence often occur within the same family (DCCSDS 2012).

In fact, while neglect was identified as the primary abuse type for 25% of all child protection substantiations in 2015–16, it was also identified in 26% of cases where physical abuse was the primary abuse type, 14% of cases where sexual abuse was the primary abuse type and 33% of cases where emotional abuse was the primary abuse type (which can include witnessing family and domestic violence) (AIHW 2017a). Regardless of the abuse or neglect type, these children have been deemed to have been placed in harm's way within their home, and are therefore explored in further detail in this report.

## Infants are most likely to receive child protection services

Across Australia in 2015–16, infants (children aged under 1) were most likely (37.6 per 1,000 children) to be receiving child protection services and those aged 15–17 were least likely (20.7 per 1,000). The median age of children receiving services was 8 years. These findings reflect that younger children are regarded as the most vulnerable, and most jurisdictions have specific policies and procedures to protect them (AIHW 2017a).

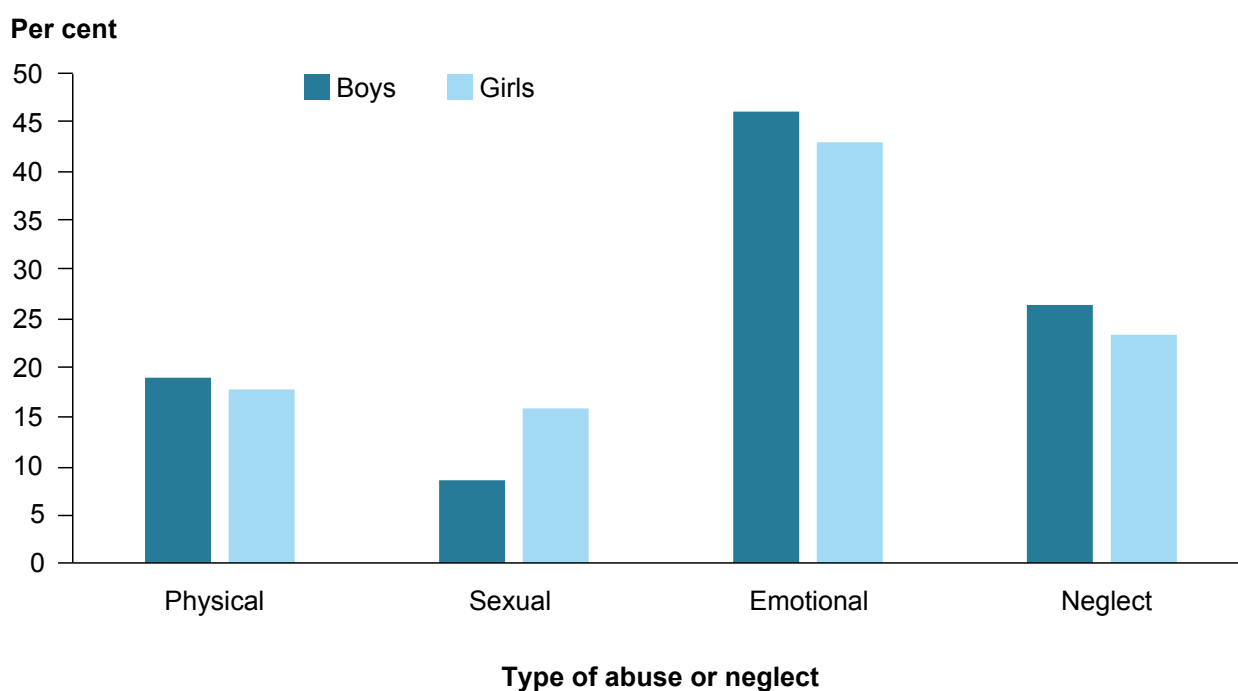
## Some 45,700 children had substantiations of abuse or neglect recorded

Overall, 43% (45,700) of the 107,000 children in finalised investigations were the subjects of substantiations in 2015–16.

Nationally, emotional abuse was the most common primary type of abuse or neglect substantiated for children (45%), followed by neglect (25%), physical (18%) and sexual abuse (12%).

Overall, just over half (51%) of children who were the subject of substantiations were girls (23,000 compared with 22,200 boys). Girls were almost twice as likely to have a substantiation recorded for sexual abuse than boys (16% compared with 8.5%) (Figure 5.12). Boys had slightly higher rates of physical abuse, emotional abuse and neglect than girls (19% compared with 18%, 46% compared with 43%, and 26% compared with 23%, respectively) (AIHW 2017a).

**Figure 5.12: Children who were the subjects of substantiations of notifications, by primary abuse or neglect type and sex, 2015–16**

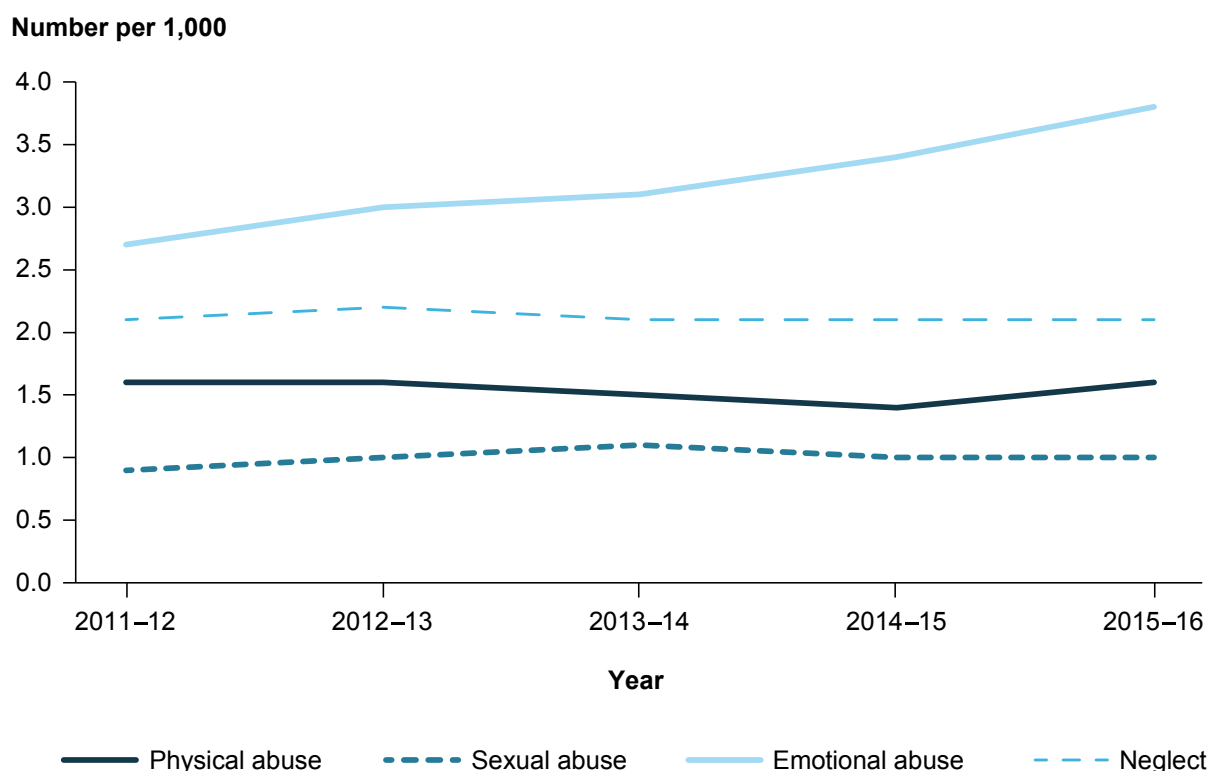


*Note:* Only the abuse type that is most likely to place the child at risk or be most severe in the short term is reported for the first substantiation in the year.

*Source:* AIHW 2017a.

The rates of emotional abuse of children increased between 2011–12 and 2015–16, from 2.7 to 3.8 per 1,000 children. The rates for all other types of abuse and neglect have remained fairly stable for the 5 years to 2015–16 (Figure 5.13) (AIHW 2017a).

**Figure 5.13: Rate of children who were the subjects of child protection substantiations, by primary abuse or neglect type, 2011–12 to 2015–16**



*Note:* Rates were calculated using revised population estimates based on the 2011 Census and should not be compared with rates calculated using populations or projections based on previous Censuses.

*Source:* AIHW 2017a.

### About 25,500 young children are assisted by homelessness services because of family and domestic violence

Of the more than 115,000 clients experiencing family and domestic violence who were assisted by SHS agencies in 2016–17, more than 1 in 5 (22%, or about 25,500) were children aged 0–9, and nearly 40,000 (35%) were aged under 18. There were similar numbers of girls and boys among children aged under 15, and more girls than boys aged 15–17 (3,600 compared with 2,400).

To better understand the characteristics of vulnerable children and young people who are experiencing homelessness, abuse and neglect in the home, or interactions with the juvenile justice system—or all three, the AIHW linked data from SHS (from 2011–12 to 2014–15), child protection (2013–14) and juvenile justice data sets (from 2011–12 to 2013–14) (AIHW 2016e).

The results showed that more than half (54%) of children and young people who received homelessness and child protection services were experiencing family and domestic violence—a higher figure than the 44% of children and young people receiving homelessness services only.

# What is missing?

## Primary health care and psychological support

Australia does not have a national primary health care data collection which means that information on family, domestic and sexual violence responses provided through General Practitioners and other primary care providers is unavailable. Likewise, there is no suitable national data collection on psychological support.

## Family, domestic and sexual violence is not always flagged in existing response systems

There are many national data collections on services that assist populations at increased risk of family, domestic and sexual violence. Often, though, there are no means to identify these clients in national data collections. These collections include:

- Alcohol and Other Drug Treatment Services National Minimum Data Set
- Disability Services National Minimum Data Set
- Juvenile Justice National Minimum Data Set
- National Non-admitted Patient Emergency Department Care Database
- National Residential Mental Health Care Database
- National Community Mental Health Care Database
- National Perinatal Data Collection.

Other service provision collections do contain family, domestic and sexual violence indicators but may have different definitions or incomplete response rates to these indicators. These collections include:

- National Hospital Morbidity Database
- Police and court data sets.

## Specialist family, domestic and sexual violence responses

There are currently no national data collections on services provided by specialist family, domestic and sexual violence response activities, such as rape crisis centres, domestic violence resource centres, and programs aimed at perpetrators.

## Other support services

Information on legal assistance provided to, or required by, people experiencing family, domestic and sexual violence is not currently captured and/or reported in a comprehensive or comparable manner by service providers. The ABS is currently working with key stakeholders to better capture data from the legal and justice systems relating to family, domestic and sexual violence so that these data can be meaningfully developed over time.

Data about other support services commonly needed or received by people experiencing family, domestic and sexual violence, such as financial counselling or financial assistance, are not currently available.

## **Perpetrator intervention programs**

Information about perpetrator intervention programs—including who receives them, where, and with what impact and outcome—is not widely available. Programs vary widely in their design and content, and attendance can be voluntary or mandated by a court order. Most programs are focused on male offenders.

A set of national standards—the National Outcome Standards for Perpetrator Interventions—has been developed to guide and measure the outcomes achieved by perpetrator interventions across Australia. The AIHW is working with the Department of Social Services and states and territories to develop a set of indicators for the standards (see Chapter 8 for more details).

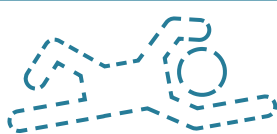
## 6 What are the impacts and outcomes of family, domestic and sexual violence?

### Key findings

- Women experiencing domestic violence had significantly poorer general health, physical function and mental health.
- Almost half a million women who have experienced violence from a previous partner said their children had seen or heard the violence.
- About 1 woman a week and 1 man a month were killed by a current or previous partner from 2012–13 to 2013–14.
- Mental health conditions were the largest contributor to the burden of disease due to physical/sexual intimate partner violence, followed by suicide and self-inflicted injuries.
- Violence against women and their children in Australia was estimated to cost \$22 billion in 2015–16.



**1 woman  
a week**



**1 man  
a month**

**were killed by a current or  
previous partner between  
2012–13 and 2013–14**

Family, domestic and sexual violence has a range of consequences for victims, perpetrators, families, workplaces, the community and the economy—they can be wide ranging, profound and enduring. Some of the impacts are described in this chapter, including those on employment, physical and mental health, mortality and the economy. While some data are available to measure impacts and outcomes, much remains unknown, particularly the long term effects on victims and their children.

### What data are available to report on impact and outcomes?

#### Impacts on work

The 2016 PSS collected some information about whether women and men who experienced physical and sexual assault from a previous or current partner took time off work in the 12 months following their most recent incident (see Appendix A for details on the PSS).

#### Impacts on health

The Australian Longitudinal Study on Women's Health (ALSWH) is a longitudinal survey of over 58,000 women that began in 1996. Loxton and colleagues (2017) examined survey data to investigate the effects of intimate partner violence on the physical and mental health of participants involved in the first 6 waves of the study (see Appendix A for more details).



## Impacts on children and family life

The Longitudinal Study of Australian Children (LSAC) is a longitudinal survey of nearly 19,000 children that commenced in 2004. Shin and colleagues (2015) analysed the LSAC to examine domestic violence in families, including reporting on prevalence, relationship transitions, demographic characteristics and health and wellbeing. Analysis of the LSAC is also used to explore the impacts on children of witnessing partner violence.

The PSS has been used as well to estimate children's exposure to violence, as reported by their carers.

## Homicide deaths

Two national data collections on deaths due to family, domestic and sexual violence are included in this report: the Australian Institute of Criminology's National Homicide Monitoring Program (NHMP) and the ABS Recorded crime—victims, Australia data collection (ABS 2017d). The collections are not directly comparable but complement each other as statistical sources.

The NHMP provides detailed information on homicide rates, types and trends from 1 July 2012 to 30 June 2014, with data derived mainly from police and state coronial records.

## National burden of disease study on intimate partner violence

In 2016, the AIHW was funded by the ANROWS to produce a national report examining the burden of disease of intimate (current and former) partner violence against Australian women (in terms of both illness/injury and death). It reported burden due to physical and sexual violence, as well as emotional abuse, by intimate partners. See *Examination of the burden of disease of intimate partner violence against women in 2011: final report* (Ayre et al. 2016) for further details.

## Economic impacts

The 2016 KPMG report *The cost of violence against women and their children in Australia* (KPMG 2016) estimated the overall national economic impacts of violence against women.

## What do the data tell us?

Victims of assault can suffer immediate and long-term effects to their health and wellbeing. For women who have experienced domestic violence, this can include poorer physical and mental health than women who have not experienced such violence. Further, for women aged 25–44, intimate partner violence contributes more to their burden of disease (the impact of illness and premature death) than any other risk factor. Despite this, the majority of assault victims, both female and male, do not take time off work after an assault.

As explored in Chapter 4, domestic violence is predominantly perpetrated by males. Males are also responsible for the majority of domestic homicides, which are examined in detail in this chapter.

## Employment

### Women and men are more likely to take time off work after violence by a previous partner

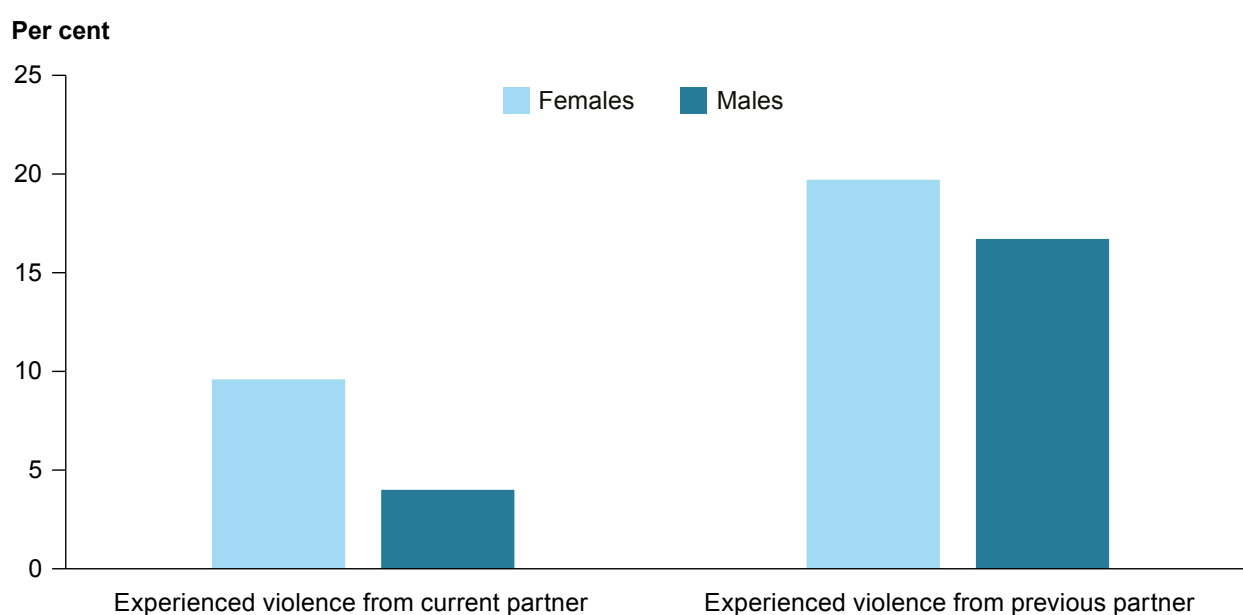
According to the 2016 PSS, of those who had experienced violence from a current partner:

- 1 in 11 (9.6%, or 26,500) women had taken time off work as a result
- 1 in 25 (4.0% or 6,000) men had taken time off work as a result.

Of those who had experienced violence from a previous partner:

- 1 in 5 (20%, or 270,000) women had taken time off as a result
- 1 in 6 (17%, or 66,200) men had taken time off as a result (Figure 6.1) (ABS 2017b).

**Figure 6.1: Women and men who took time off work as a result of partner violence, by relationship status, 2016**



*Note:* Due to the relatively small number of men who have experienced current partner violence, estimates for the number of men who took time off work after violence from a current partner should be interpreted with caution. A current partner is a person with whom the respondent lives in a married or de facto relationship. A previous partner is a person with whom the respondent lived in the past, in a married or de facto relationship, but was not doing so at the time of the survey.)

*Source:* ABS 2017b.

## Health outcomes

### Women who experience domestic violence have poorer health

Data from the ALSWH show that the eldest cohort of women, when the study began, had a much lower rate of intimate partner violence (5%) than any other group, despite having had more years during which they could have been exposed to violence. The youngest cohort had the next lowest rate when the study began, but accumulated more exposure to violence over time. Women aged 34–39 at the start of the study reported the highest rate, with more than 1 in 4 (26%) experiencing intimate partner violence in their lifetime (Loxton et al. 2017). This age group also showed higher rates of hospitalisation for assaults committed by a partner (Figure 5.7).

Across all age groups and throughout their lifetime, women who had experienced domestic violence had significantly poorer health than those who did not. These differences were evident across all domains measured—general health, physical function, bodily pain and mental health—but declined in the oldest age cohort in later waves (Loxton et al. 2017).

Among the youngest cohort (aged 18–23) in 1996, those who experienced violence after the study began already had worse health measures at the start than those who did not experience violence throughout the study. Young women who had already experienced intimate partner violence before the study started had worse outcomes on all health measures than those who experienced intimate partner violence during the ensuing waves. However, these differences tapered off over time for this age group (Loxton et al. 2017).

For women aged 45–50 in 1996, there was no significant difference between the health of those who had experienced intimate partner violence before or after the study began, but both groups had poorer health outcomes than those who never experienced violence (Loxton et al. 2017). In line with these findings, women who had experienced domestic violence used more health services than those who had not (Loxton & Townsend unpublished).

Mental health was the only measure that improved over the lifetime in all groups. Yet the mental health outcomes of these women remained lower than for their peers who did not experience violence (Loxton et al. 2017). However, among those who had experienced domestic violence, those who had good social support had better mental health than those who did not, suggesting that interventions focused on social support for domestic violence victims may improve or prevent declines in mental health (Loxton & Townsend unpublished).

As in other longitudinal data sets, violence were reported inconsistently in the ALSWH. Some women reported they had experienced violence from a partner in their lifetime in one wave of the survey but not in later waves. Research suggests that women stop reporting the violence rather than initially making false reports. These women may go on to reinterpret the events, later viewing them as ‘not violent enough’, forgetting them, feeling the events were their fault, not wanting to be seen as a victim and feeling that they had moved on (Loxton et al unpublished).

### **Poorer health for women who were victims of sexual assault**

Loxton’s analysis of the ALSWH found that women who had experienced forced sex had significantly poorer mental health, including increased rates of depression, anxiety, self-harm and illicit drug use than those who had not. They also had more difficulties sleeping and were more likely to take prescription sleep medication (Loxton & Townsend unpublished).

### **Children are often exposed to the violence**

The 2016 PSS asked adults, as carers of children, if any children in their care had seen or heard violence. It did not collect information about children’s experiences of violence directly from children. Children’s experiences of violence and system responses are explored further in Chapter 5.

The 2016 PSS showed that women and men were equally as likely to have had children in their care when violence from a partner occurred.

On at least half of all instances of violence where children were in their care, carers reported that children had seen or heard it. This was the case for 1 in 2 (50%, or 60,300) women who experienced violence from a current partner, and for more than 2 in 3 (68%, or 418,000) women and 3 in 5 (60%, or 92,200) men who experienced violence from a previous partner (ABS 2017b).

## Children face greater risks if mothers are afraid of their partners

The LSAC follows the wellbeing of 10,000 children and families from all parts of Australia. The 2012 LSAC asked the primary caregiver of the child (usually the mother): ‘have you ever been afraid of your current partner?’—a question that has ‘been validated and recognised as a good domestic violence indicator’ (see Box 6.1).

Just over 6.0% of mothers in the study said that they had ever been afraid of their current partner (Shin et al. 2015).

### **Box 6.1: Longitudinal Study of Australian Children**

The LSAC began in 2004 and follows two cohorts of families with children born in 2003–2004 (aged 8–9 in the 2012 study discussed in this report) or 1999–2000 (aged 12–13 in 2012). The study examines the effect of Australia’s social, economic and cultural environment on the two groups of children. Families are visited every 2 years and these study ‘waves’ sometimes include questions to record if family, domestic and sexual violence is a factor in the children’s family. As with the PSS, only violence towards adults in the family is recorded.

A study by Shin and colleagues (2015) examined the 2012 LSAC results to estimate the prevalence of family, domestic and sexual violence in the LSAC families. Comparisons were made between families where the primary caregiver said they were afraid of their current partner and families where the primary caregiver said they were not.

Shin et al. (2015) found that mothers who were afraid of their partners were about 10 times as likely to report feeling angry and hostile as those who were not afraid. These mothers were also nearly 8 times as likely to have had arguments with their partners that ‘end up with people pushing, hitting, kicking or shoving’. For mothers of both age groups, 24% of mothers who were afraid of their partners reported these violent arguments compared with 3% of mothers who reported not being afraid of their partners.

Compared with mothers who were not afraid of their partners, mothers who were afraid of their partners were more likely to report:

- their family was ‘getting along poorly’
- having 10 or more major life events in the previous 12 months, including those such as moving house, losing a job or a relationship breakdown
- experiencing one or more financial hardships, such as missing bills or skipping meals
- feeling their neighbourhood was unsafe
- reporting more frequent psychological distress
- describing themselves as ‘not a very good parent’ or ‘a person who has some trouble being a parent’ (Shin et al. 2015).

The children of mothers who reported feeling afraid of their partners had significantly higher risk scores on the Strength and Difficulties Questionnaire (Goodman 1997) included in the LSAC, compared with other children. Higher risk scores indicate increased risk of mental health disorders, compared with other children. This difference was greater for children aged 12–13, who were more than twice as likely to be in the ‘high substantial risk’ group as their peers whose mothers did not report being afraid of their partner. Children aged 8–9 were 1.6 times more likely to be at high substantial risk (Shin et al. 2015).

## Homicides

This report focuses on the NHMP. For the latest statistics on homicides and related offences, see the ABS Recorded crime—victims, Australia, 2016 data collection (ABS 2017d). This provides information on homicides and related offences (including murder, attempted murder and manslaughter) for the period from 1 January to 31 December 2016. These data are derived from police records and compiled according to the National Crime Recording Standard to maximise consistency between states and territories (ABS 2017d).

In 2016, the Recorded crime—victims, Australia data collection recorded 176 victims of homicide-related offences linked to family and domestic violence; these victims included 95 victims of murder and 68 victims of attempted murder. About 2 in 5 (42%) murders recorded nationally were related to family and domestic violence (ABS 2017d).

From 1 July 2012 to 30 June 2014, the NHMP recorded 487 homicide incidents, involving 512 victims. The most common relationship between victim and homicide offender was a domestic relationship (see Box 6.2).

### Box 6.2: Definition of domestic homicide

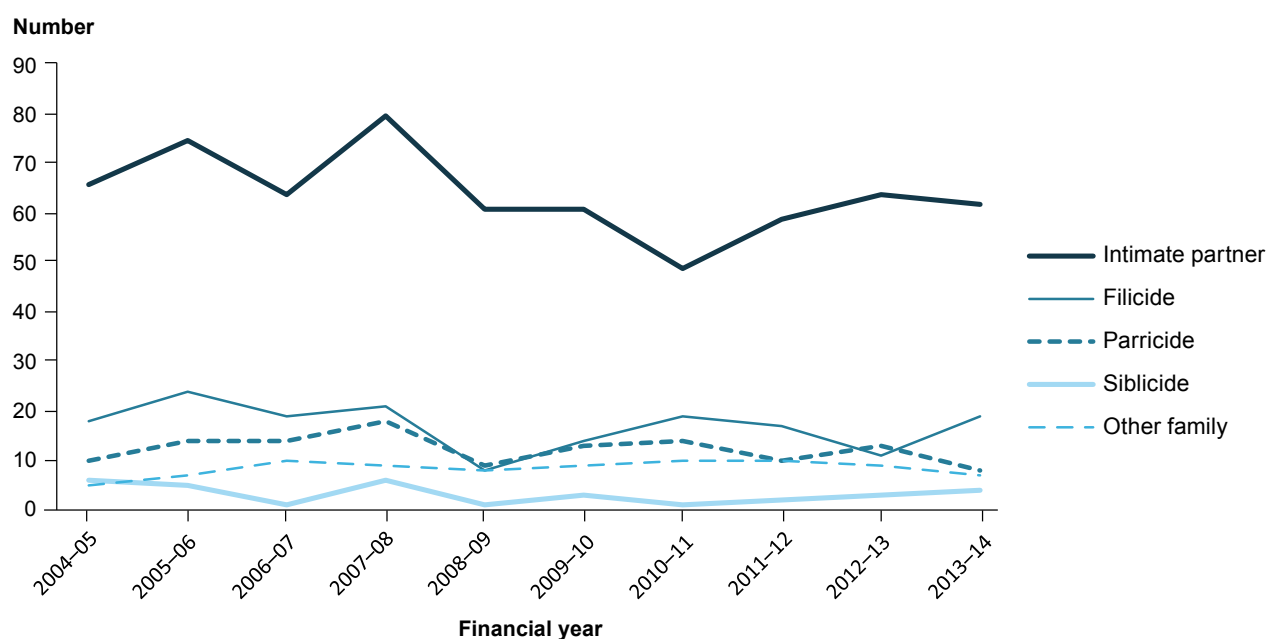
Domestic homicide incidents are those involving the death of a family member or other person in a domestic relationship. These incidents are described here:

1. **Intimate partner homicide**—where the victim and offender have a current or former intimate relationship, including same-sex and extramarital relationships.
2. **Filicide**—where a custodial or non-custodial parent (or step-parent) kills a child (including infanticide, which is defined as the killing of a child aged under 1).
3. **Parricide**—where a child kills a custodial or non-custodial parent or step-parent.
4. **Siblicide**—where one sibling kills another.
5. **Other family homicide**—where the victim and offender are related, but not in the ways already described (for example, cousins, aunts/uncles, grandparents and so forth).

### Partner homicides comprise the majority of domestic homicide incidents since 2004–05

Overall, numbers of domestic homicide incidents have remained relatively stable from 2004–05 to 2013–14. While there is some variation over this time, current or former partner homicides represent the majority of all domestic homicide incidents (Figure 6.2).

**Figure 6.2: Domestic homicide incidents, by type of homicide, 2004–05 to 2013–14**



Source: Bryant & Bricknell 2017.

### One-quarter of homicide incidents are due to current or former partner

Between 2012–13 and 2013–14, the NHMP recorded 200 domestic homicide incidents, involving 213 victims and 200 perpetrators. This represents 41% of the total 487 homicide incidents over the same period. Of the 200 domestic homicide incidents, there were:

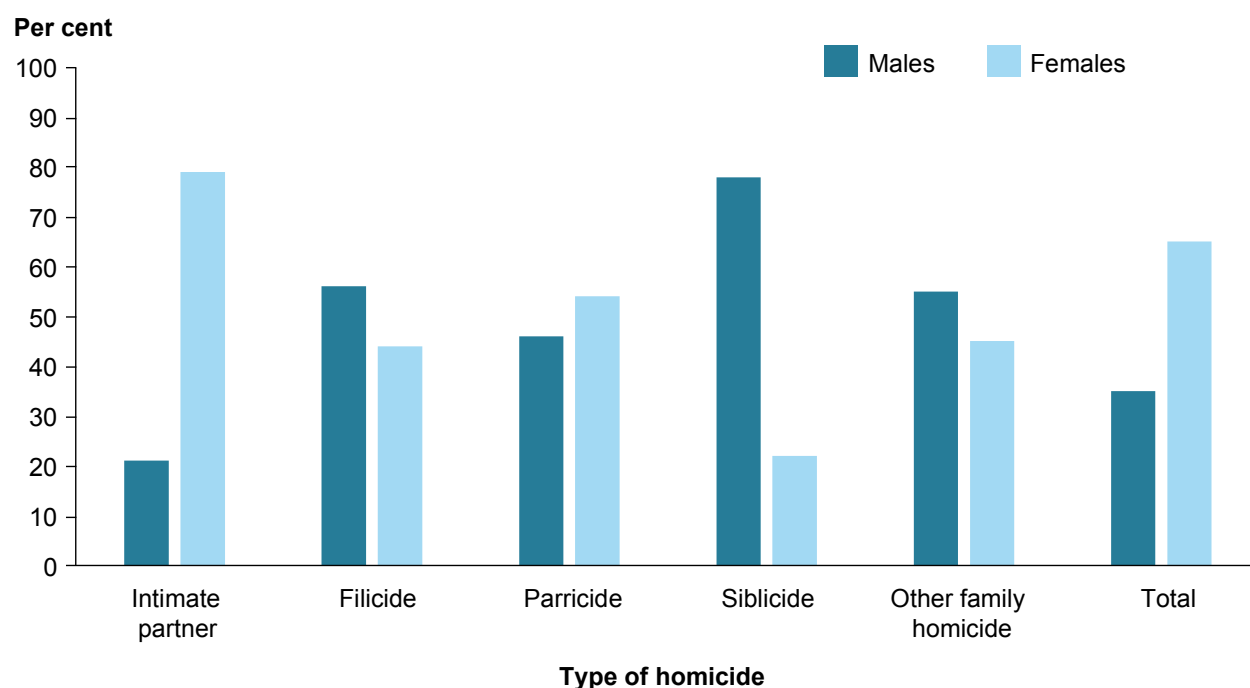
- 126 intimate partner homicide incidents. This represents 1 in 4 (25%) of all homicide incidents, and over 3 in 5 (63%) of all homicide incidents committed by a family member
- 30 filicide incidents (15% of domestic homicide incidents)
- 21 parricide incidents (10% of domestic homicide incidents)
- 16 other family incidents (8% of domestic homicide incidents)
- 7 sibicide incidents (4% of domestic homicide incidents).

### About 1 woman is killed every week by a current or former partner

Almost 4 in 5 (79%, or 99) victims of intimate partner homicide were female, compared with less than 1 in 5 male victims (21%, or 27) (Figure 6.3). This means that about 1 woman a week and 1 man a month were killed by an intimate partner over the 2 years to 2013–14.

While females were over-represented as victims of all types of domestic homicide combined (65%), males were over-represented as victims of some forms of domestic homicide, particularly sibicide (78% compared with 22% for females). Similar proportions of females and males were victims in filicides and parricides.

**Figure 6.3: Domestic homicide incidents, by type of homicide and sex of victim, 2012–13 to 2013–14**



Source: Bryant & Bricknell 2017.

Males were largely the offenders of domestic homicide (79% compared with 21% females). They comprised:

- 80% of offenders in cases of intimate partner homicide
- 70% of offenders in cases where a parent kills a child
- 86% of offenders in cases where a child kills a parent
- 100% of offenders in cases where one sibling kills another (Figure 6.4).

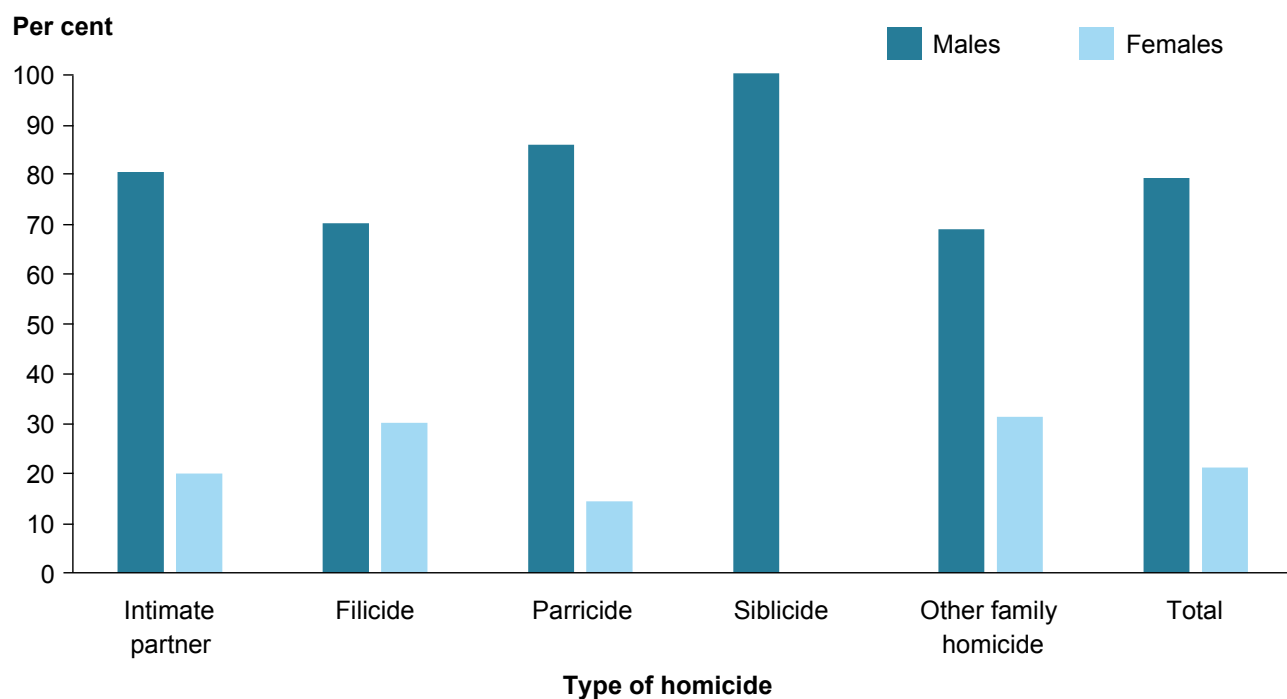
### Most domestic homicides occur in the victim's home

Between 2012–13 and 2013–14, 4 in 5 (80%) domestic homicides occurred in a residential location, followed by a street or open area (13%).

More than 6 in 10 (66%) of homicides took place in the victim's home, 1 in 10 (10%) in the offender's home, and 1 in 20 (5%) in another home (Figure 6.5).

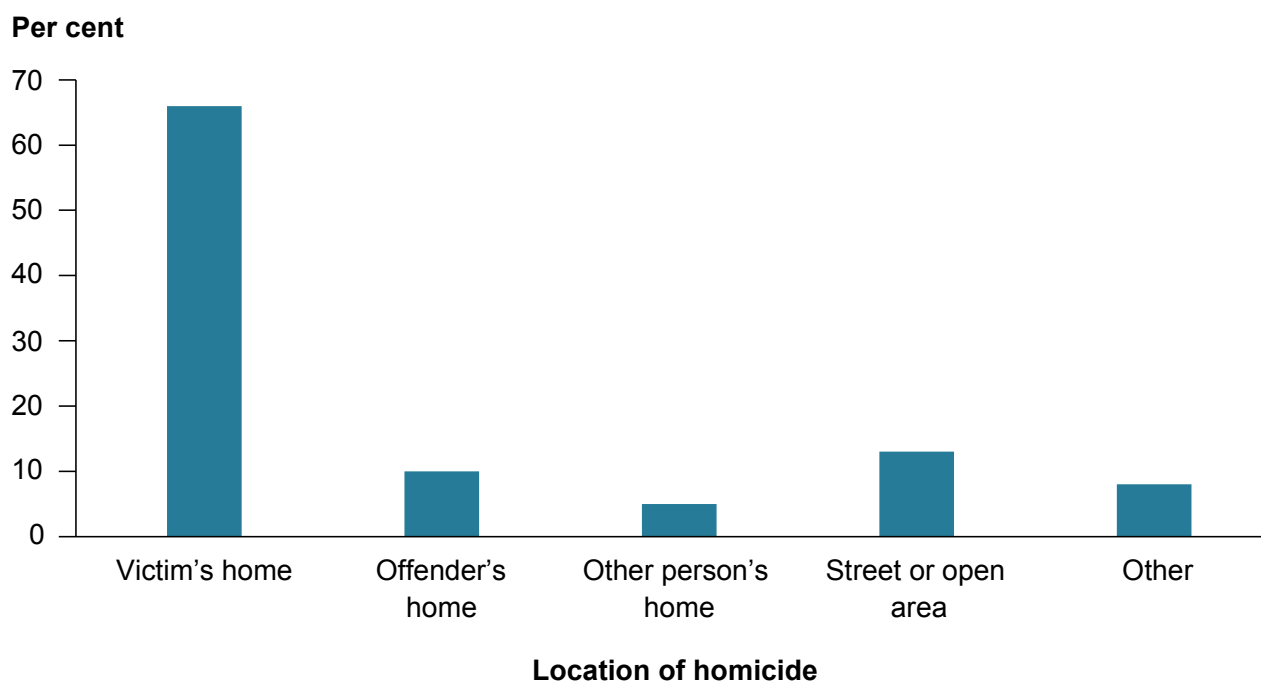


**Figure 6.4: Domestic homicide incidents, by type of homicide and sex of offender, 2012–13 to 2013–14**



Source: Australian Institute of Criminology NHMP, unpublished data.

**Figure 6.5: Domestic homicide incidents, by location of homicide, 2012–13 to 2013–14**



Note: Percentages may not add due to rounding.

Source: Bryant & Bricknell 2017.

## Stab wounds are the most common cause of death for domestic homicide victims

Stab wounds were the most common cause of death for victims of domestic homicide, followed by beatings (22%), gunshot wounds (9%) and strangulation/suffocation (8%) (Table 6.1).

**Table 6.1: Domestic homicide incident victims, by cause of death, 2012–13 to 2013–14**

Cause of death	Domestic homicide	
	Number	%
Stab wounds	97	46
Beatings	47	22
Gunshot wounds	20	9
Strangulation/suffocation	18	8
Smoke inhalation/burns	2	<1
Criminal neglect	1	<1
Drowning/submersion	1	<1
Hanging	1	<1
Poisoning/injection	1	<1
Not stated/unknown	15	7
Other (for example, hit by car/shaken baby syndrome)	10	5
<b>Total</b>	<b>213</b>	<b>100</b>

## Burden of disease

### 1.4% of the total burden of disease in women is due to intimate partner violence

Burden of disease studies measure the combined impact on a population of living with illness and injury and dying prematurely. These studies use an internationally recognised method to assess the health impact of diseases or risk factors across a population. Standard methods are used so that the effect of specific diseases and risk factors can be compared with another, or over time.

The AIHW, with funding from the ANROWS, undertook a national burden of disease project to examine the impact of intimate partner (current or previous partner) violence among Australian women, as part of the Australian Burden of Disease Study (AIHW 2016a). The project estimated the amount of burden that could have been avoided if no adult women in Australia in 2011 were exposed to intimate partner violence. In estimating this burden, seven diseases were causally linked to exposure to intimate partner violence:

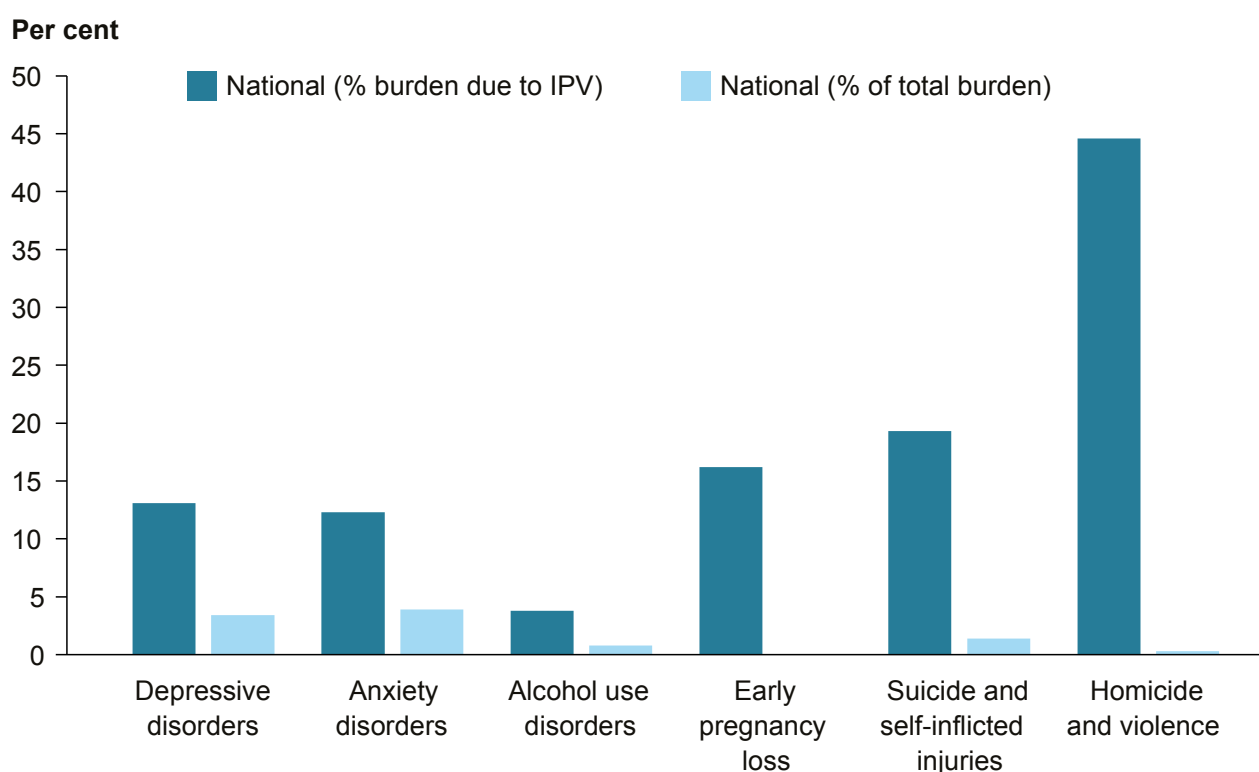
- depressive disorders
- anxiety disorders
- early pregnancy loss
- homicide and violence (injuries due to violence)
- suicide and self-inflicted injuries
- alcohol use disorders
- children born prematurely or with low birthweight.

Overall, it was estimated that 1.4% of the total disease burden experienced by women aged 18 and over in 2011 was due to physical/sexual violence from an intimate partner. To put this in context, for women aged 25–44, physical/sexual violence from a cohabiting intimate partner contributed to 3.3% of the burden. When intimate partner violence from non-cohabiting partners was included, it contributed more to burden of disease than any other risk factor for women aged 25–44. This burden was highest for women aged 40–44.

Mental health conditions were the largest contributor to the burden due to physical/sexual violence by an intimate partner, with anxiety disorders making up the greatest proportion (35%), followed by depressive disorders (32%). This was followed by suicide and self inflicted injuries (19%).

More than one-quarter (27%) of this burden was fatal (Ayre et al. 2016). Physical/sexual violence by an intimate partner was responsible for almost half (45%) of the total burden due to homicide and violence among adult women in 2011 (Figure 6.6).

**Figure 6.6: Contribution of intimate partner violence to the burden of each disease compared with the percentage the disease makes to the total disease burden, women aged 18 and over, 2011**



IPV = intimate partner violence.

Source: Ayre et al. 2016.

## Economic costs

### Violence against women and children cost \$22 billion in 2015–16

Violence against women and their children incurs a substantial cost to the economy. Globally, the cost of violence against women could amount to about 2% of gross domestic product—about the size of Canada's economy (Puri 2016). This cost is borne by victims, perpetrators and the community.

The direct cost of the health system, counselling and other related services, the justice system, child and welfare support, as well as indirect costs, such as lost wages, productivity and potential earnings, are just a part of what societies pay for violence against women (Puri 2016).

The Department of Social Services commissioned KPMG to calculate the economic impact of violence against women in Australia. KPMG used a broad definition of violence against women that included physical assault, sexual assault, emotional abuse and stalking by any type of perpetrator. KPMG estimated that, in 2015–16, violence against women and children cost Australia an estimated \$22 billion. It based its estimates on the ABS 2012 PSS (KPMG 2016).

KPMG noted that three groups of vulnerable women were underestimated in the PSS estimates: Aboriginal and Torres Strait Islander women, women with disability, and women who are homeless. Accounting for these women may add another \$4 billion (KPMG 2016)

### What do the costs include?

The 2015–16, Australian cost estimates were divided into seven categories (Table 6.2).

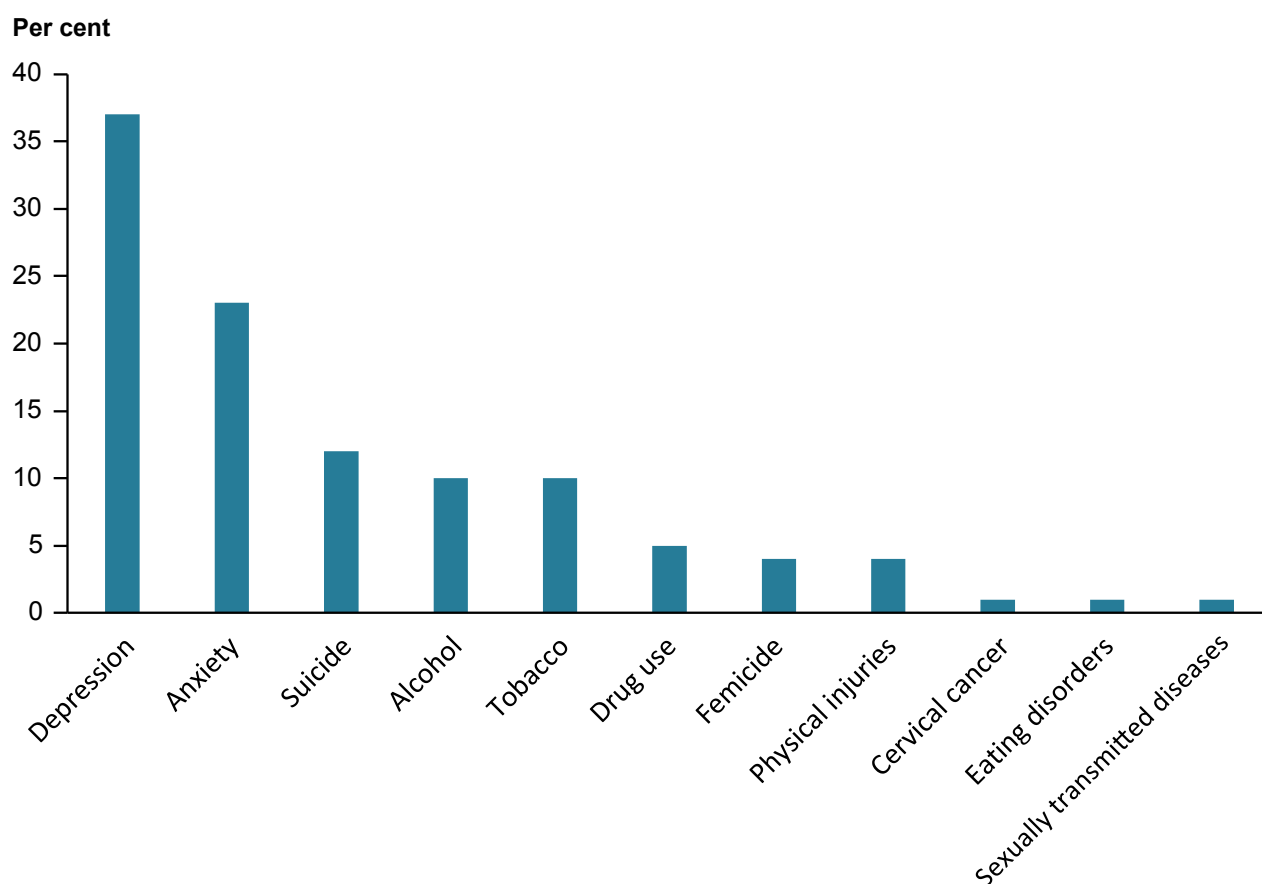
**Table 6.2: Estimated costs to the Australian economy of violence against women and children, 2015–16**

Categories	Cost (\$)
<b>Pain, suffering and premature mortality of victims</b> The pain and suffering experienced by the victim, which can lead to long-term effects on psychological and physical health, and premature mortality for victims	10.4 billion
<b>Consumption</b> Replacing damaged property, defaulting on bad debts, and the costs of moving	4.4 billion
<b>Production</b> Being absent from work, and employer administrative costs (for example, employee replacement)	1.9 billion
<b>Administrative</b> Police, incarceration, court system costs, counselling, and violence prevention programs	1.7 billion
<b>Transfer payments</b> Loss of income tax of victims/survivors, perpetrators and employers; additional social welfare payments; victim compensation payments and other government services	1.6 billion
<b>Health system</b> Public and private health system costs associated with treating the effects of violence against women	1.4 billion
<b>Second generation</b> The costs of children witnessing and living with violence, including child protection services and increased juvenile and adult crime	333 million
<b>Total</b>	<b>21.7 billion</b>

Source: KPMG 2016.

Nearly half of the costs (\$10.4 million) were linked to the ongoing effects of violence on women's physical and mental health. Depression and anxiety accounted for 60% of these health costs; substance abuse related to alcohol, tobacco and drug use accounted for 25%; and suicide 12% (KPMG 2016) (Figure 6.7). The proportion of health costs attributed to depression and anxiety are consistent with research identifying mental health conditions as the largest contributor to the burden due to physical/sexual violence by an intimate partner (Figure 6.6) (Ayre et al. 2016).

**Figure 6.7: Cost impact of violence on women's physical and mental health, by health condition, 2015–16**

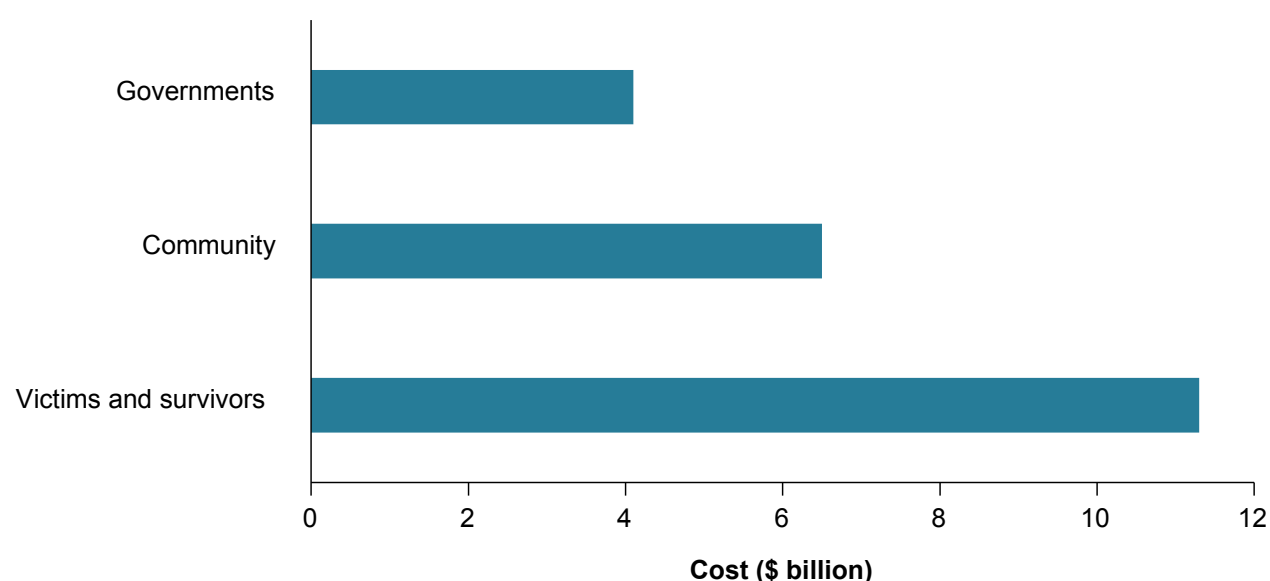


Source: KPMG 2016.

### Who pays?

KPMG estimated that just over half (52%, or \$11.3 billion) of the cost of violence against women and children in 2015–16 was borne by victims and survivors. The community (including children of women experiencing violence), the perpetrators, employers, and friends and family bore \$6.5 billion, or 29%, of the total costs. The Australian Government and state and territory governments bore the remaining \$4.1 billion (19%) (KPMG 2016) (Figure 6.8).

**Figure 6.8: Cost of violence against women and children, 2015–16**



Source: KPMG 2016.

## What is missing?

### Long-term impact on secondary victims, family and friends and community

As mentioned in Chapter 4, there are little data on those who witness or are otherwise traumatised by family, domestic and sexual violence. Further, there are no national data on how this trauma affects their lives and health in the longer term. The effects of family, domestic and sexual violence on family, friends and the wider community are also not well represented in national data sources.

### National data on the effects of childhood exposure to family, domestic and sexual violence in adulthood

Children can be both the primary victims of family violence and the secondary victims. While the PSS shows that people who experienced abuse as a child were more likely to experience partner violence as an adult, there are no national data sets that explore other health and welfare outcomes of these children later in life. The LSAC and the Longitudinal Study of Indigenous Children (LSIC) may offer potential for this in future.

## **Victims' and perpetrators' experiences of the legal and justice systems**

There are little data on victims' experiences of the civil and criminal justice system, particularly for measuring and evaluating system responses, processes and outcomes. Victims' experiences of the justice system may influence the propensity to report incidents of family, domestic and sexual violence.

The outcomes for perpetrators of family, domestic and sexual violence need to be better understood. Information on perpetrator outcomes could improve public confidence in the justice system and increase the likelihood of reporting to authorities.

## **Workforce participation impacts**

There is currently limited data and evidence on the overall impacts of family, domestic and sexual violence on work and employment. Workforce surveys, such as those undertaken by White Ribbon, may provide opportunities to obtain further information on workplace impacts. There may also be future opportunities arising as a by-product of organisations introducing paid leave for people experiencing family and domestic violence (see Chapter 8).

# 7 What is known about family violence among Indigenous Australians?

## Key findings

- Family violence occurs at higher rates in Aboriginal and Torres Strait Islander communities than in the general population.
- Indigenous Australians have increased risk factors for family violence, such as social stressors like poor housing and overcrowding, financial difficulties and unemployment.
- One in 7 (14%) Indigenous women had experienced physical violence in the previous year. Of these, about 1 in 4 (28%) reported their most recent incident was perpetrated by a cohabiting partner.
- Indigenous women were 32 times, and Indigenous men 23 times, as likely to be hospitalised due to family violence as non-Indigenous women and men.
- Two in 5 Indigenous homicide victims (41%, or 32 victims) were killed by a current or previous partner, compared with 1 in 5 non-Indigenous homicide victims (22%, or 94 victims) during 2012–14.
- Indigenous children were about 7 times as likely as non-Indigenous children to be the subject of substantiated child abuse or neglect.

Family violence is the preferred term for violence between Aboriginal and Torres Strait Islander people as it covers the extended family and kinship relationships in which violence can occur. It remains a critical social policy issue, placing a huge burden on communities, especially women and children (AIHW 2006; CtGC 2016).

The removal of their land, and cultural dispossession, over the past 200 years have resulted in particular social, economic, physical, psychological and emotional problems for Indigenous Australians.

This is reflected in high levels of violence in their communities (Memmott et al. 2001). For these reasons, a separate chapter on Indigenous experiences of family violence has been included in this report.

Family violence occurs at higher rates in Aboriginal and Torres Strait Islander communities than in the general population (Bartels 2010); it must be understood as both a cause and an effect of social disadvantage and intergenerational trauma.

Reducing violence against Indigenous women is a priority in the National Plan. Initiatives include encouraging Indigenous women to have a stronger voice as community leaders and supporting Indigenous men in rejecting violence. The National Plan acknowledges that a new collaborative approach is needed to prevent violence among Indigenous Australians, and that the focus needs to be on strengthening Indigenous communities to better tackle family violence and sexual assaults. The National Plan is one of a number of government strategies to strengthen Indigenous communities (COAG 2011).

Compared with non-Indigenous Australians, Indigenous Australians were:



**2x**

**as likely to be the victims  
of partner homicides**



## What data are available to report on family violence among Indigenous Australians?

A variety of data sources are used in this chapter, including Indigenous-specific population surveys, general population surveys and administrative data collections (see Box 7.1). More information on a data set is added throughout the chapter where relevant, and further details about each data set are in Appendix A.

Note that the questions in the ABS PSS to measure the prevalence of family, domestic and sexual violence in the general population do not align with the key data set used to describe this experience among Indigenous Australians (ABS NATSISS). As such, direct comparisons of family, domestic and sexual violence experiences between Indigenous and non-Indigenous populations are not possible.

### **Box 7.1: Data sources used to report family violence in Indigenous communities**

- ABS Australian Aboriginal and Torres Strait Islander Health Survey, 2012–13
- ABS Australian Health Survey, 2011–12
- ABS Criminal courts, Australia, 2015–16
- ABS National Aboriginal and Torres Strait Islander Social Survey, 2014–15
- ABS Recorded crime—victims, Australia, 2016
- ABS Recorded crime—offenders, 2015–16
- AHRC Change the course: national report on sexual assault and sexual harassment at Australian universities, 2017
- AIHW National Hospital Morbidity Database, 2015–16
- AIHW Specialist Homelessness Services Collection, 2016–17
- AIHW Child Protection Data Collection, 2015–16
- Australian Institute of Criminology National Homicide Monitoring Program
- Longitudinal Study of Indigenous Children
- National Community Attitudes towards Violence Against Women Survey, 2013

## What are the attitudes of Indigenous Australians towards violence?

As noted in Chapter 2, the NCAS is the main national survey of Australians' attitudes to violence (see Appendix A for more details). The 2013 NCAS included a separate analysis of responses from participants who identified as Indigenous—341 Indigenous Australians (2% of the total sample). The response rate was relatively low and Indigenous Australians from *Very remote* areas were under-represented, so there is potential for bias in the results.

## Indigenous Australians have similar knowledge of violence against women

The 2013 NCAS found that, in general, the attitudes of Indigenous and non-Indigenous respondents were similar. Neither group supported violence against women. Indigenous Australians had a good understanding of what constituted violence against women and, in some areas, were more knowledgeable than non-Indigenous respondents. For example, they had a deeper understanding that violence encompassed social, emotional and financial abuse. However, Indigenous women and men were more likely to justify and excuse violence against women than non-Indigenous Australians (VicHealth 2014).

The 2013 NCAS also found that a higher proportion of Indigenous Australians than non-Indigenous Australians excused violence when the perpetrator was under stress, angry, or affected by alcohol. Indigenous Australians were nearly twice as likely to excuse violence if the perpetrator was under stress (23% compared with 12% for non-Indigenous Australians), and more than twice as likely to excuse partner violence if the perpetrator was affected by alcohol (21% compared with 8%) (VicHealth 2014).

## What are the experiences of family violence?

Indigenous Australians experience violence at rates well above those of non-Indigenous Australians (Bryant 2009). However, Indigenous Australians are less likely than non-Indigenous Australians to report incidents to police or other authorities. Also, when incidents are reported, the victim may not disclose that the incident was perpetrated by a family member (Willis 2011). Indigenous family violence is therefore likely to be under-reported and the broad spectrum of experiences not accurately captured. Incomplete identification of Indigenous Australians in data collections reduces the accuracy of estimates of Indigenous experiences of violence (ABS 2013b).

Information on Indigenous experiences of violence is available from the 2014–15 NATSISS (see Box 7.2).

### **Box 7.2: National Aboriginal and Torres Strait Islander Social Survey**

The NATSISS, conducted by the ABS, collects detailed information on the socioeconomic circumstances of Aboriginal and Torres Strait Islander people. The survey covers a range of social issues, such as social networks, aspects of Indigenous culture, self-assessed health, disability, housing, education, income, employment, safety, law and justice.

The survey is conducted by a face-to-face interview and is considered representative of the Aboriginal and Torres Strait Islander population. The latest survey is from 2014–15.

The NATSISS results are not comparable with those of the PSS. The NATSISS has limited data on family violence as this was not its intended focus. It captures experiences of physical violence in the last 12 months, including the relationship with the perpetrator in the most recent incident. By contrast, the PSS captured data for women and men aged 18 and over on their experiences of violence by a current or previous partner since the age of 15 and in the last 12 months. The NATSISS asks respondents aged 15 and over about physical violence (including threats of physical violence) but not sexual violence. The PSS asks respondents aged 18 and over about both physical and sexual violence.

For more details, see Appendix A.

*Source:* ABS 2016.

## **Indigenous Australians experience high rates of physical violence**

According to the 2014–15 NATSISS, among Indigenous Australians aged 15 and over:

- 1 in 5 (22%, or 98,700) experienced physical or threatened violence—similar to rates in 2002 and 2008.
- Indigenous Australians in *Remote* and *Very remote* areas were more likely to report neighbourhood or community problems than Indigenous Australians in *Major cities*, *Inner regional* and *Outer regional* areas (82% compared with 65%), and were more than twice as likely to report problems with alcohol, family violence, assault, sexual assault or rape, neighbourhood conflict and gambling (ABS 2016).

## **Indigenous Australians experience high rates of family violence**

Based on the 2014–15 NATSISS:

- 2 in 3 Indigenous women (63%) and 1 in 3 Indigenous men (35%) who had experienced physical violence reported that the perpetrator of the most recent incident was a family member, including a current or previous partner
- 1 in 7 (14%) Indigenous women had experienced physical violence in the 12 months before the survey. Of these, about 1 in 4 (28%) indicated their most recent incident was perpetrated by a cohabiting partner (ABS 2016).

## **Indigenous Australians are up to 3.4 times as likely to be sexually assaulted as non-Indigenous Australians**

Based on the ABS 2016 Recorded crime—victims, Australia data, Indigenous Australians were up to 3.4 times as likely to be the victim of sexual assault than non-Indigenous Australians, across selected jurisdictions (New South Wales, Queensland, South Australia and the Northern Territory) (Figure 7.1) (ABS 2017d).

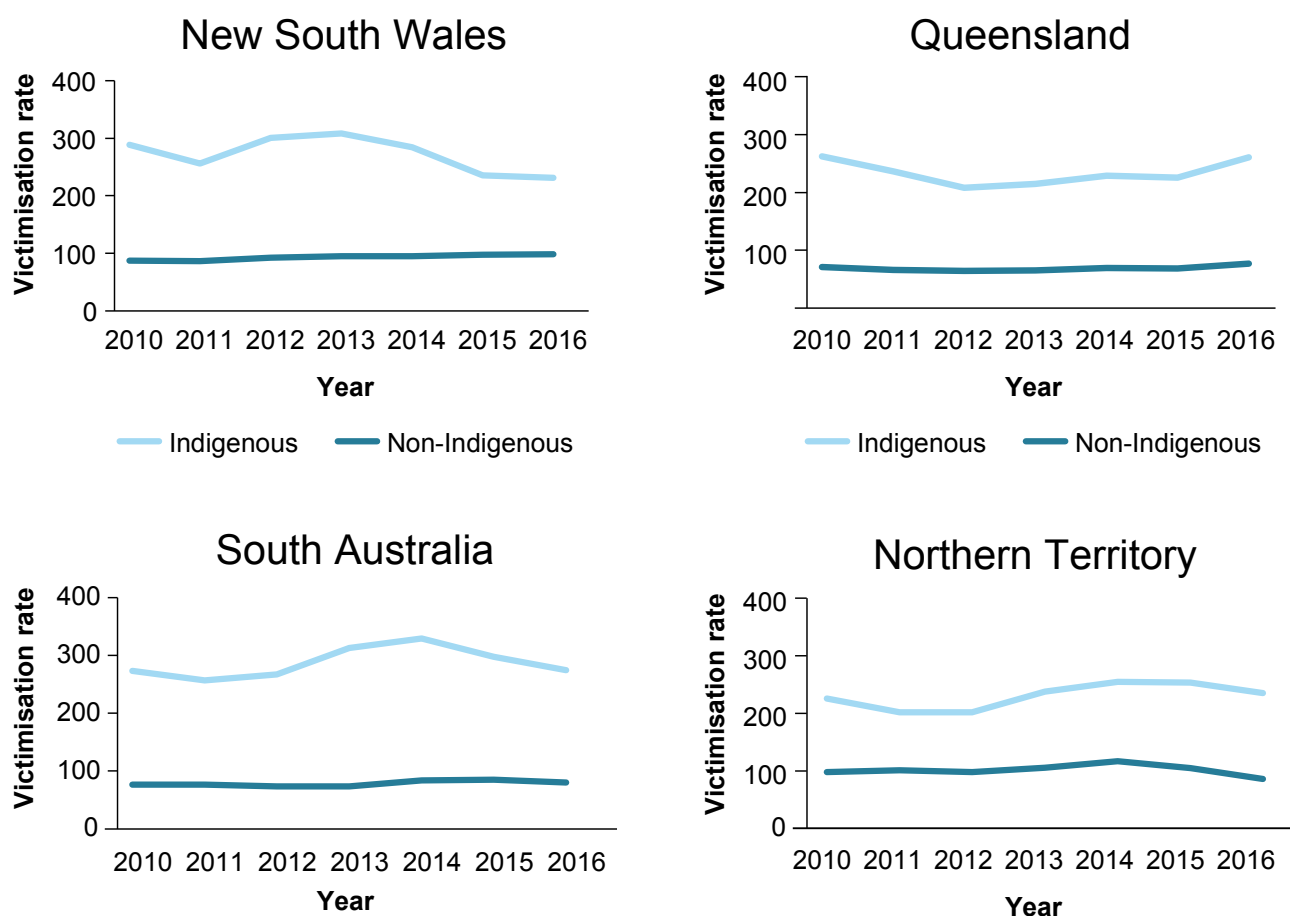
## **Indigenous Australians are more likely to experience sexual assault at university**

Based on a recent survey of university students (AHRC 2017), those who identified as Aboriginal and/or Torres Strait Islander were more likely to have been sexually assaulted in 2015 and/or 2016, and to have experienced this assault in a university setting:

- 10% reported being sexually assaulted, compared with 6.9% who did not identify as Indigenous
- 3.3% reported being sexually assaulted in a university setting, compared with 1.6% of those who did not identify as Indigenous.

Note that these results need to be interpreted with caution due to the small sample size of Indigenous respondents. Although Indigenous Australians comprise 3.0% of the overall Australian population, only 1.4% of total student enrolments at university identified as Indigenous in 2012.

**Figure 7.1: Victims of sexual assault (per 100,000), by Indigenous status, selected states and territories, 2010–2016**



1. Victimization rates for Aboriginal and Torres Strait Islander and non-Indigenous Australians are calculated using recast estimates (for the period 1996 to 2011) and projections (2012 to 2026) of the Aboriginal and Torres Strait Islander population based on data from the 2011 Census of Population and Housing; the rates calculated rely on assumptions about future fertility, paternity, life expectancy at birth and migration.
2. Rates for the non-Indigenous population are calculated using the estimated resident population for the total population of the state or territory minus the projected Aboriginal and Torres Strait Islander population for the relevant jurisdiction.

Source: ABS 2017d.

## Indigenous Australians are more likely to experience image-based abuse

As noted in Chapter 3, image-based abuse is an emerging form of sexual violence in a digital age. It occurs when intimate or sexual photos or videos are shared online without consent (Henry et al. 2017).

Based on findings from the 2017 study by Henry and colleagues, people who identified as being of Aboriginal and/or Torres Strait Islander descent were more than twice as likely to be victims of image-based abuse (50%) as non-Indigenous respondents (22%). Perpetrators were equally likely to be male (59% among both Indigenous and non-Indigenous populations). Indigenous Australians were more likely to experience image-based abuse from someone known to them than their partner, a similar situation for non-Indigenous Australians. Despite this, Indigenous Australians were also more likely to experience image-based abuse from acquaintances, friends and/or family members than non-Indigenous Australians.

# What are the risk factors for family violence?

## Indigenous Australians have increased risk factors for family violence

As noted in Chapter 4, a range of factors are associated with an increased risk of experiencing family violence. Although no single risk factor predicts that an individual will be the victim or perpetrator of family violence, the overall risk is higher when more than one risk factor is present (Bryant & Willis 2008). The increased risk factors for family violence in Indigenous communities need to be considered within the context of the historical, political, social and cultural environments in which it occurs (AIHW 2006; CtGC 2016).

Factors that increase the risk of family violence in Indigenous communities include (Bartels 2010; Bryant & Willis 2008; Bryant 2009):

- social stressors such as poor housing and overcrowding, financial difficulties, low education, low income, and high unemployment
- high levels of individual, family and community discord
- living in a remote location and having poor access to services (such as a police presence)
- prior childhood experience of violence and abuse
- high levels of alcohol misuse and illicit drug use
- younger age (14–15, reaching a peak during the mid-20s and early 30s)
- removal of natural family
- poor physical and mental health
- disability.

As in all populations, some individuals, families and communities are more likely to be victims of family violence than others. It is important to identify those at increased risk, and the circumstances that increase the risk, to develop and deliver effective and culturally appropriate preventive strategies, targeted programs and services.

## Alcohol consumption plays a part

As in the general population, alcohol consumption is often associated with family violence in Indigenous communities. Heavy alcohol consumption by a small proportion of Indigenous women and men is thought to be a major contributor to violence in Indigenous communities (Bryant & Willis 2008; Kelly & Kowalyszyn 2003).

Data from the 2011–12 Australian Health Survey (ABS 2012) and the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (ABS 2013a) show that, after adjusting for the different age structures of the populations:

- Indigenous Australians aged 15 and over were 1.2 times as likely as non-Indigenous Australians of this age to abstain from alcohol
- the proportions of Indigenous and non-Indigenous Australians aged 15 and over drinking at risky levels were similar.

Data from the 2014–15 NATSISS showed that more than 2 in 3 (68%) Indigenous Australians aged 15 and over who had experienced physical violence in the last 12 months reported that alcohol or other substances contributed to the most recent incident (70% of males compared with 67% of females). This was significantly higher in *Remote* and *Very remote* areas (76%) than in *Major cities*, *Inner regional* and *Outer regional* areas (65%) (ABS 2016).

### **Lower levels of education and employment increase risk**

Lower levels of education and employment are associated with increased levels of family violence (Bryant & Willis 2008). Information on education and employment status in Indigenous families, and their experiences with family violence, is available from the LSIC (see Box 7.3).

#### **Box 7.3: Longitudinal Study of Indigenous Children**

The LSIC began in 2008 and had conducted yearly interviews with the families of 1,200 to 1,700 Indigenous children aged 6–18 months or 3½–5 years when the study started. A study by Bennetts-Kneebone (2015) examined the responses of primary caregivers (referred to in the study as ‘mothers’ because 97% were female) from wave 3 (2010) and wave 6 (2013) to examine the extent and impact of family violence on the LSIC families.

The primary measure of domestic violence was the question ‘How often do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving?’ In 2010, about 14% of mothers who had partners, answered that they had experienced violent arguments.

The LSIC sample is not nationally representative. For more details, see Appendix A.

According to Bennetts-Kneebone’s analysis of the 2013 LSIC:

- mothers whose partners had not received education past Year 9 were twice as likely to report violent arguments as those whose partners were more educated (23% compared with 11%)
- mothers who were unemployed were more likely to experience violence than those who were employed (16% compared with 9%)
- mothers whose partners were unemployed were twice as likely to report violence as those whose partners were employed (21% compared with 10%).

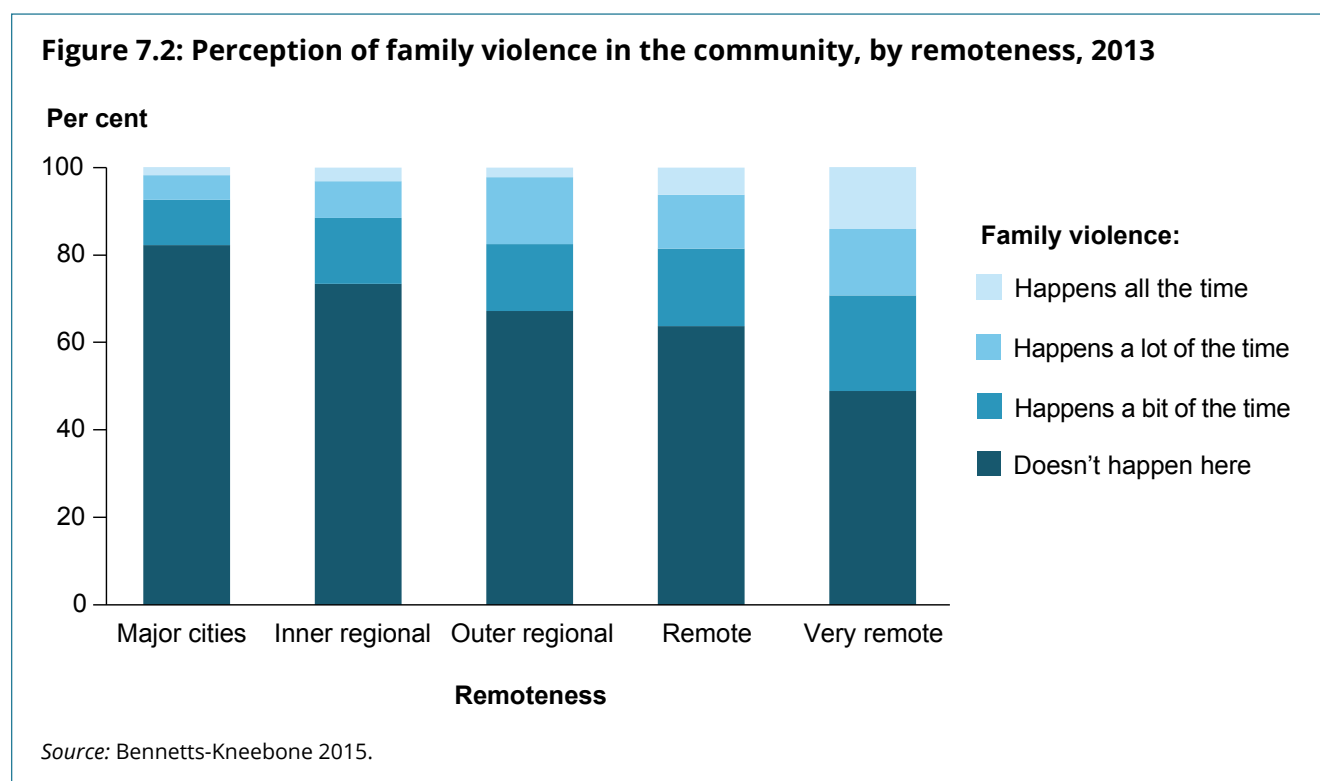
### **Financial hardship, socioeconomic disadvantage and remoteness increase risk**

Based on Bennetts-Kneebone’s analysis, mothers who experienced multiple financial hardships were significantly more likely to have experienced violence than those with little to no experience of hardship. These mothers reported that they had difficulty paying bills on time, were going without meals, or had needed to pawn or sell goods in the past year. One in 5 (20%) mothers who experienced hardship also reported violence, compared with just over 1 in 9 (11%) mothers who experienced little or no hardship.

In 2010, nearly 1 in 10 mothers surveyed said they had been homeless at some point in the previous 5 years. Domestic violence was the most common cause of homelessness in this group (affecting 22% of these respondents).

In 2013, most mothers (64%) did not think that family violence happened in their community. For those who had experienced violent arguments with their current partner, they were twice as likely to report that family violence happened a lot or all the time in their community (22% compared with 10% for partnered carers who did not report violence).

Perceptions of family violence in the community also increased with remoteness (Figure 7.2). According to the 2013 LSIC, those living in *Outer regional*, *Remote* or *Very remote* areas were significantly more likely to experience family violence than those who lived in *Major cities* or *Inner regional* areas (10% compared with 6%).



More than 2 in 5 (43%) 2013 LSIC participant families lived in areas of very high socioeconomic disadvantage. These participants were significantly more likely to report arguments ending in violence, and to perceive that family violence happened a lot or all the time in their community, than those living in areas of low socioeconomic disadvantage.

According to the LSIC, mothers who reported domestic violence in 2010 were more likely to be experiencing violence in 2013 (26% compared with 9% for those not experiencing violence). Mothers who reported domestic violence in 2010 were more likely to be single in 2013; 30% reported having no partner in 2013 compared with 16% of women who reported no violence from their partner in 2010 (Bennetts-Kneebone 2015).



## What are the responses to family violence?

As noted in Chapter 5, any action taken after a violent incident is called a 'response' and there are a range of possible actions that can be taken (ABS 2013c). As is the case for the non-Indigenous population, the three main service entry points for Indigenous Australians experiencing family violence are:

- justice and statutory services (including police, family courts and child protection services)
- mainstream services (including health and education services)
- specialist domestic and family violence and sexual assault services (including refuges and other housing/homelessness services, crisis services, forensic services, counselling, financial assistance, perpetrator intervention services and Family Violence Prevention Legal Services).

Although the 2014–15 NATSISS does not provide information specific to support-seeking behaviour for victims of family violence, it does show that the majority (92%) of Indigenous Australians could get support from outside their household in a time of crisis and 82% said they could confide in family or friends living outside their household (ABS 2016).

### Police and legal system

Although information on family violence is available from police administrative data sets, a high proportion of family violence is not disclosed to police. Rates of non-disclosure are higher in Indigenous communities than in non-Indigenous communities, with studies showing that up to 90% of violence against Indigenous women may not be reported (Taylor et al. 2007; Willis 2011). Similarly, the 2016 PSS noted that large numbers in the general population (82% of women and 97% of men) did not contact the police after experiencing current partner violence (ABS 2017b).

Data from the ABS criminal courts publication (ABS 2017a) show how defendants move through the justice system after offences related to family violence are reported to the police. Currently, data for offences related to family violence that are finalised in the criminal courts system are experimental and available for Indigenous defendants only in New South Wales and the Northern Territory. Further work is required to improve the quality and comparability of these data and so caution should be exercised when making comparisons across these jurisdictions.

For both New South Wales and the Northern Territory, Indigenous defendants whose cases were finalised for one or more offences related to family violence were:

- more likely to be male than female across all court levels (supreme, intermediate, magistrates and children's courts)
- in the magistrates' court, most likely to be charged with the principal offence of *acts intended to cause injury*, followed by *breach of violence order* (ABS 2017a).

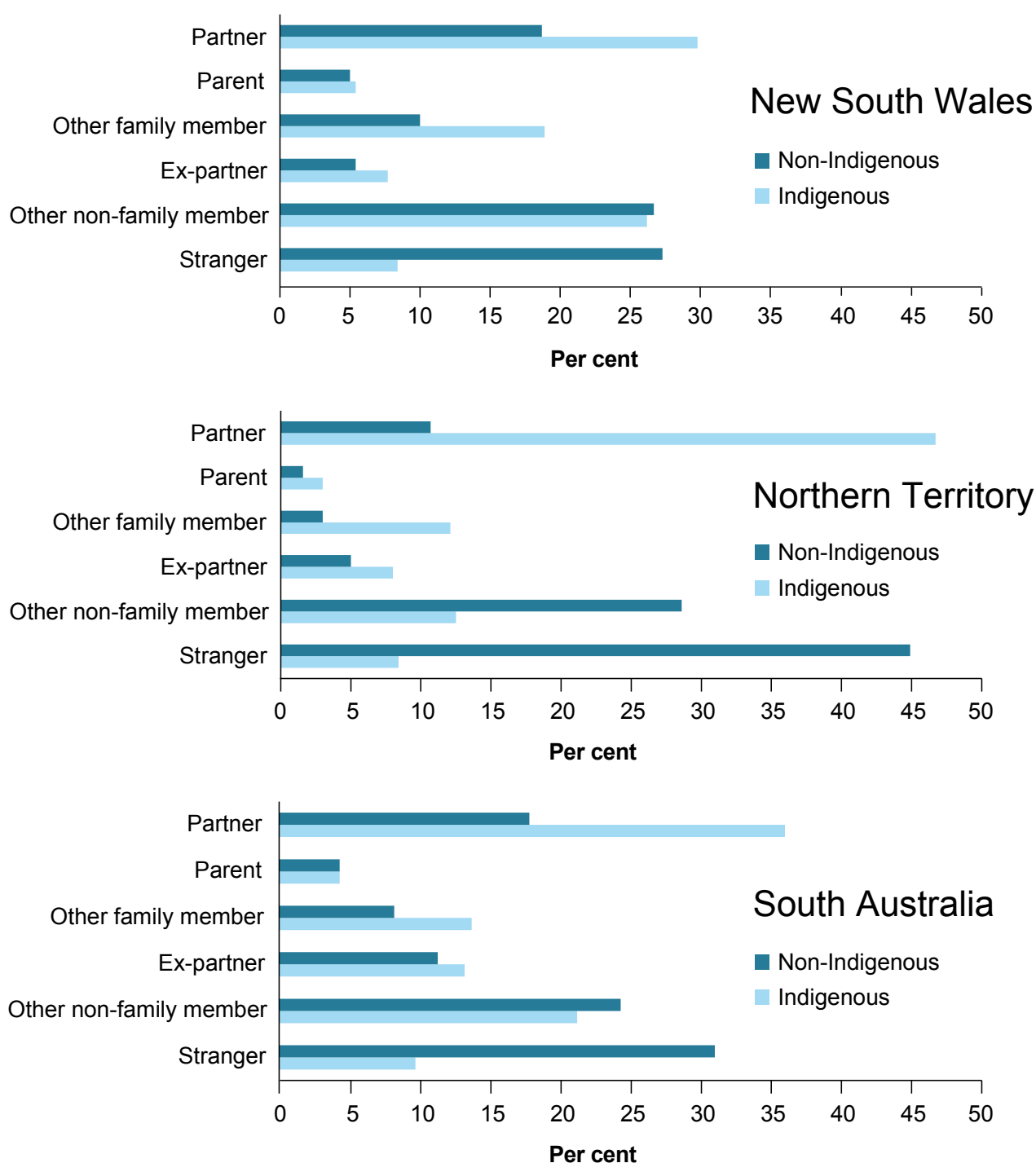
### Most Indigenous assaults reported to police are due to family violence

The ABS collates national statistics on crimes recorded by the police relating to victims and offenders of family violence (see Appendix A for details). According to the ABS Recorded crime—victims, Australia 2016 data collection, across selected jurisdictions (New South Wales, South Australia and the Northern Territory):

- 54%–65% of Indigenous victims of assault were victims of assault related to family violence
- most assaults on Indigenous Australians were committed by their partner: 30%–47% of Indigenous victims, compared with 11%–19% of non-Indigenous victims (see Figure 7.3) (ABS 2017d).



**Figure 7.3: Victims of assault, by perpetrator type and Indigenous status, 2016**



**Notes**

1. How the relationship between offender and victim is recorded differs across states and territories.
2. Includes boyfriend/girlfriend. New South Wales data may be overstated and Northern Territory data may be understated.
3. Includes child, sibling, uncle, aunt, nephew, niece, cousins, grandparents and other family member not further defined.
4. Includes ex-partner, separated partner, ex-spouse, ex-boyfriend and ex-girlfriend. New South Wales data may be understated.
5. Includes other non-family member not elsewhere classified. Northern Territory data may be overstated.

Source: ABS 2017d.

## **Indigenous offender rates are higher than non-Indigenous rates**

The ABS recorded crime data also contains information about those committing offences related to family violence, with data for Indigenous offenders available for New South Wales, the Northern Territory and the Australian Capital Territory only.

According to the ABS Recorded crime—offenders 2015–16 data collection (ABS 2017c), for offences related to family violence, Indigenous offenders comprised:

- 2 in 10 offenders (18%, or 4,100 offenders) in New South Wales
- 9 in 10 offenders (89%, or 2,500) in the Northern Territory
- 1 in 9 offenders (11%, or 66) in the Australian Capital Territory.

Compared with the non-Indigenous rate, the Indigenous offender rate in 2015–16 was:

- 8 times as high in New South Wales (2,328 offenders per 100,000 people compared with 281 per 100,000)
- 21 times as high in the Northern Territory (4,264 offenders per 100,000 people compared with 202 per 100,000)
- 7 times as high in the Australian Capital Territory (1,189 offenders per 100,000 people compared with 165 per 100,000) (ABS 2017c).

## **The majority of Indigenous defendants are found guilty for offences related to family violence**

Of the Indigenous defendants whose offences related to family violence were finalised in the magistrates' court:

- 77% (2,520 defendants) were found guilty in New South Wales
- 83% (2,417 defendants) were found guilty in the Northern Territory (ABS 2017a).

## **Hospitals**

Family violence can result in victims needing to be hospitalised for treatment. The AIHW National Hospital Morbidity Database records episodes of care for assault in Australian hospitals (see Appendix A for details).

## **Indigenous Australians are more likely to be hospitalised for family violence**

In 2014–15, there were 5,700 non-fatal hospitalisations from family violence (2,600 Indigenous and 3,100 non-Indigenous), with the highest number occurring in those aged 25–44 (tables 4A.12.17 and 4A.12.13, SCRGSP 2016).

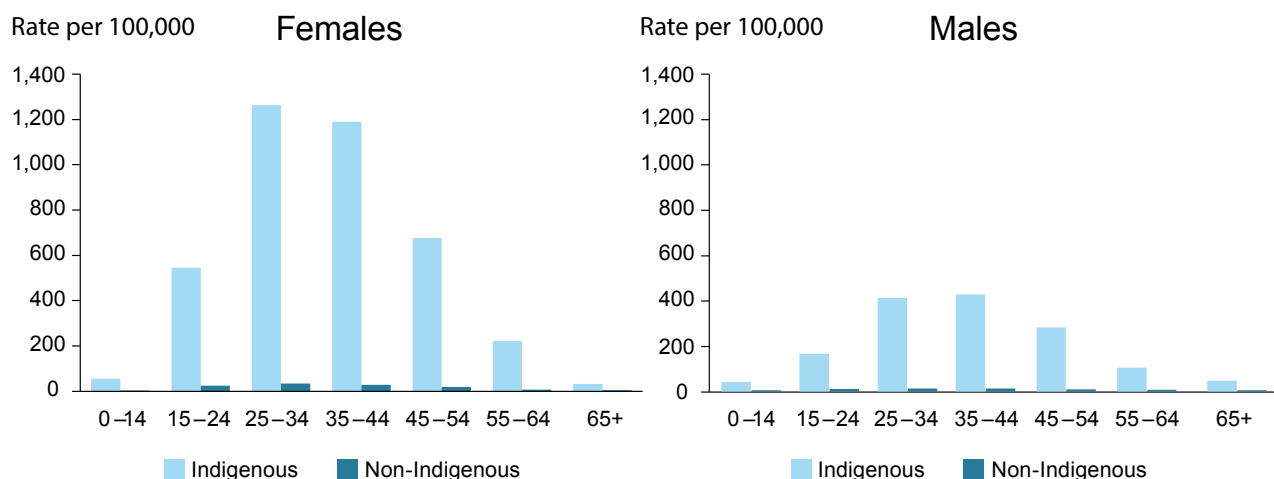
- Females accounted for more than 7 in 10 Indigenous hospitalisations (73%, or 1,900 hospitalisations) compared with more than 6 in 10 non-Indigenous hospitalisations (65%, or 2,000) (Table 4A.12.17, SCRGSP 2016).
- Males accounted for nearly 3 in 10 Indigenous hospitalisations (27%, or 700 hospitalisations) compared with more than 3 in 10 non-Indigenous hospitalisations (35%, or 1,100 hospitalisations) (Table 4A.12.17, SCRGSP 2016).
- Hospitalisation rates for Indigenous non-fatal assaults from family violence were 32 times the rate for non-Indigenous females and 23 times the rate for non-Indigenous males, after adjusting for differences in population age structures (see Figure 7.4) (4A.12.13, SCRGSP 2016).

Indigenous hospitalisation rates increased with remoteness—from 156.5 per 100,000 population in *Major cities* to 1044.4 per 100,000 population in *Remote* and *Very remote* areas. For non-Indigenous Australians, hospitalisation rates also increased with remoteness but were much lower than Indigenous rates, rising from 12.4 per 100,000 population in *Major cities* to 24.6 per 100,000 population in *Remote* and *Very remote* areas (Table 4A.12.15, SCRGSP 2016).

Hospital records are likely to underestimate the true extent of family violence among both Indigenous and non-Indigenous Australians. Not all victims seek medical attention and not all hospitalisations resulting from family violence are recorded as such. Further, this measure of hospitalisation relates only to people who sought treatment for injuries resulting from an assault, and does not include psychiatric, general sexual health or other treatments.

In 2014–15, more than half of all hospitalised assault cases had an unspecified person listed as the perpetrator; literature sources show that Indigenous Australians are less likely to disclose family violence than non-Indigenous Australians (Taylor et al. 2007).

**Figure 7.4: Rate of hospitalisations for assaults related to family violence, by Indigenous status, 2014–15**



Source: SCRGSP 2016, Table 4A.12.13.

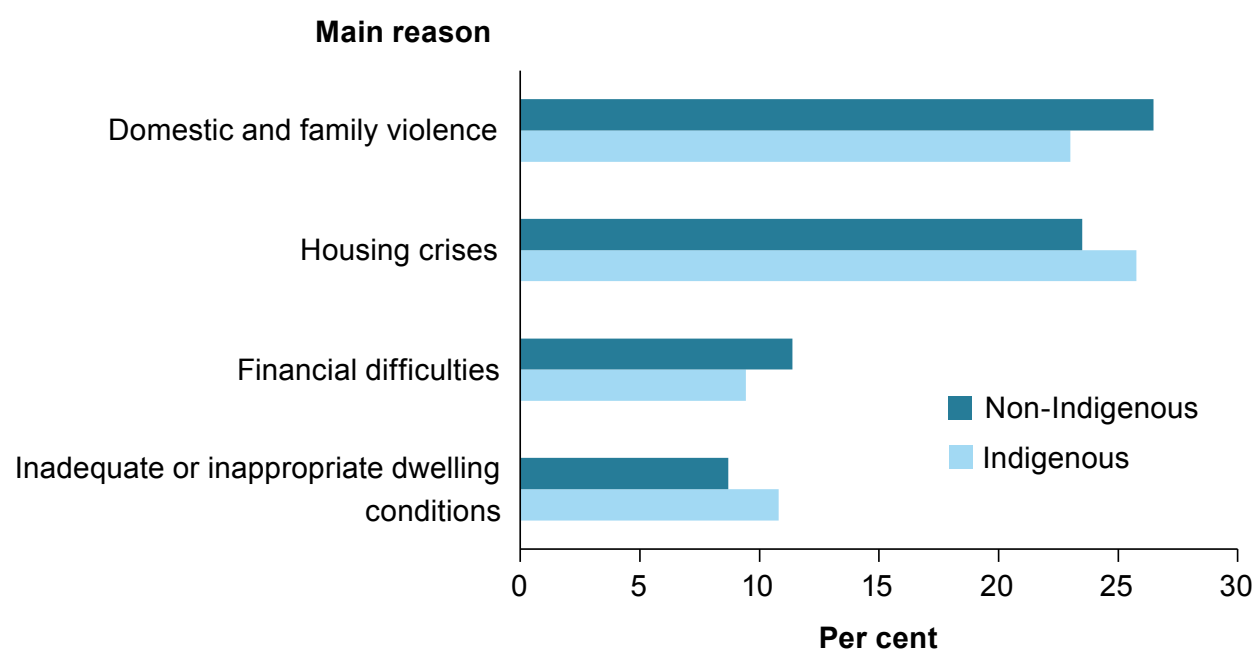
## Homelessness services

### Domestic violence is one of the main reasons why Indigenous clients seek assistance

Of the 288,000 clients accessing SHS in 2016–17, an estimated 64,600 were Indigenous. This was a rate 9 times as high as that for non-Indigenous Australians (813.9 per 10,000 people for Indigenous Australians and 88.4 per 10,000 people for non-Indigenous Australians). For Indigenous clients:

- there were more females than males (61%, or 39,640, compared with 39%, or 25,004)
- family violence was the second most common main reason for seeking assistance (23%, or 14,811); it was the most common main reason for non-Indigenous clients (26%, or 51,887) (Figure 7.5)
- more single females (3,041) and single people accompanied by children (10,603) required family violence assistance than other clients (Figure 7.6)
- about 2 in 5 (39%, or 24,911) cited family violence as a reason for seeking assistance or were assessed by the SHS agency as needing family violence assistance—the same proportion as for non-Indigenous clients (39%, or 76,118) (AIHW 2017d).

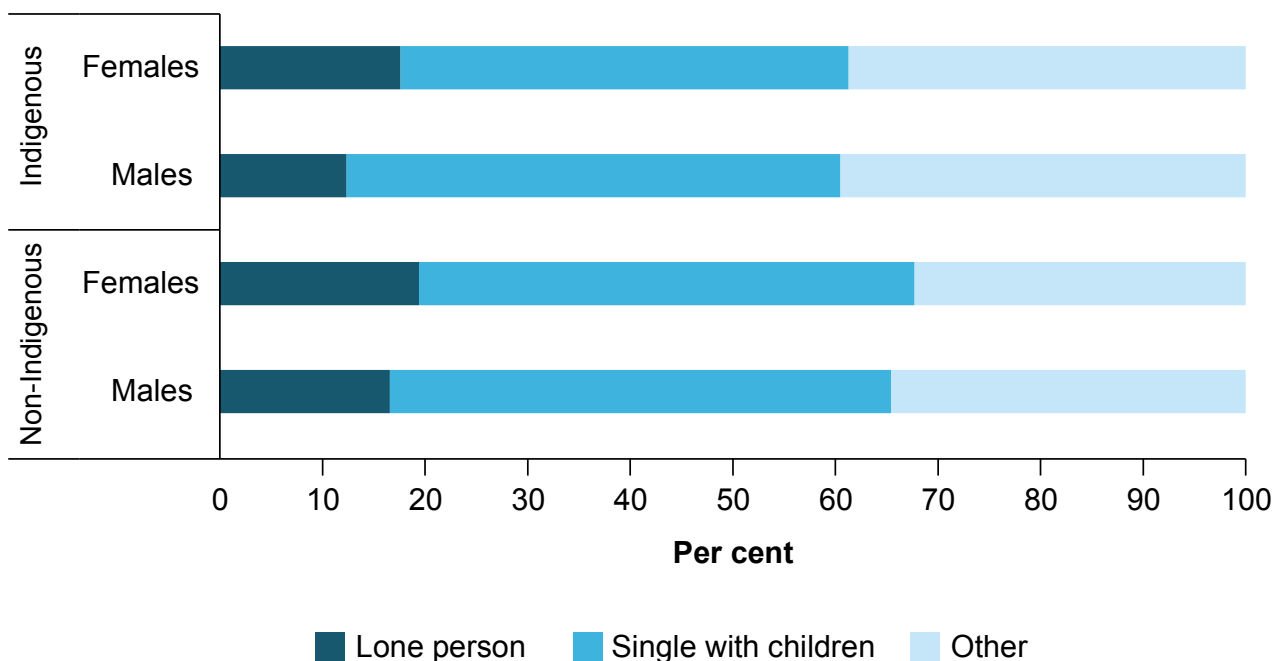
**Figure 7.5: SHS clients, main reason for seeking assistance, by Indigenous status, 2016–17**



*Note:* The four most common reasons given by Indigenous clients for seeking assistance are shown. These were also the four most common reasons for non-Indigenous clients, but in a different order.

*Source:* AIHW 2017d.

**Figure 7.6: SHS clients citing domestic and family violence as a reason for seeking assistance, or being assessed by the SHS agency as requiring such assistance, by Indigenous status, sex, and family type, 2016–17**



*Source:* AIHW SHSC data cubes.

## Services for children and young people

### Indigenous children are over-represented in the child protection system

Child abuse and neglect within Indigenous communities cannot be understood, or tackled unless it is viewed from a broad perspective that includes both historical and present-day issues (Stanley et al. 2003).

Indigenous children are over-represented in Australia's child protection system. The system assists vulnerable children who have been, or are at risk of being, abused, neglected or otherwise harmed, or whose parents are unable to provide them with adequate care or protection.

As noted in Chapter 5, while it is not possible to currently identify with certainty all child protection cases involving violence between parents, child protection data are considered in scope for this publication. Most behaviours identified as child abuse fall under the umbrella definition of family violence, even if they are not labelled as such.

Factors associated with child abuse and neglect include poverty, substance abuse by parents, marginalisation, social isolation, parental exposure to violence and crime, low levels of parental educational attainment, and inadequate housing (AIHW 2017e). These factors are more common among Indigenous than non-Indigenous Australians. Protecting Indigenous children requires a multifaceted approach that takes account of these factors, and strengthens and empowers Indigenous families and communities (SNAICC 2015).

In Australia, statutory child protection is the responsibility of state and territory governments. Each jurisdiction differently defines what constitutes child abuse and neglect, making it difficult to obtain consistent and comparable national data (Lamont 2011). As many cases of child abuse and neglect are not disclosed to authorities, the data are likely to under-report how many Indigenous children are abused or neglected (AIFS 2017).

Based on the AIHW 2015–16 Child Protection Data Collection:

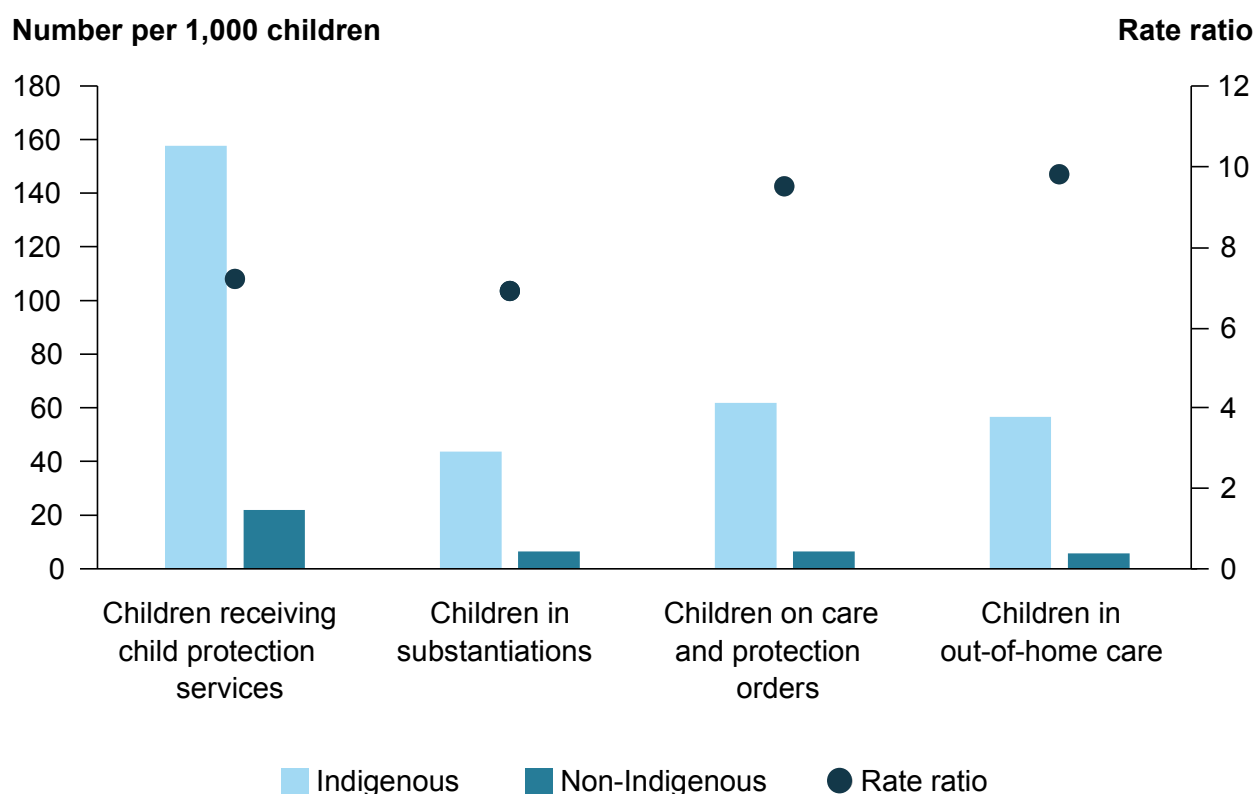
- more than 46,600 Indigenous children aged 0–17 received child protection services and about 12,900 (43.6 per 1,000 children) were the subject of a child protection substantiation—a rate about 7 times that for non-Indigenous children (Figure 7.7)
- one in 3 children (35%, or 18,409) on care and protection orders were Indigenous, despite Indigenous children comprising only 5.5% of the Australian population aged 0–17
- more than 16,800 Indigenous children were in out-of-home care, a rate almost 10 times that for non-Indigenous children (AIHW 2017a).

In 2015–16, Indigenous substantiations were mainly due to emotional abuse (39%), followed by neglect (36%). Similarly, non-Indigenous substantiations were mainly due to emotional abuse (47%), followed by neglect (20%) and physical abuse (19%) (AIHW 2017a). While the types of abuse were similar, the rates were higher for Indigenous children.

For Indigenous children, the substantiation rate for:

- emotional abuse was 17.1 per 1,000 children (or 5,061), compared with 3.0 per 1,000 (15,057) for non-Indigenous children
- sexual abuse was 3.7 per 1,000 children (or 1,088), compared with 0.9 per 1,000 (or 4,430) for non-Indigenous children (AIHW 2017a).

**Figure 7.7: Children in the child protection system, by Indigenous status (rate and rate ratio), 2015–16**



Source: AIHW 2017a.

## Perpetrator intervention programs

Perpetrator intervention programs try to reduce the risk, and change the behaviours, of family violence perpetrators. It is recognised that Indigenous programs need to have a strong cultural foundation and be delivered as part of a holistic approach that encompasses the needs of individuals and the community as a whole.

Several Indigenous perpetrator programs have been designed and implemented by state and territory correctional services agencies; for example, in Victoria and Western Australia (CtGC 2016). However, there is a lack of data to monitor and report on both Indigenous and non-Indigenous perpetrator intervention programs, nationally (see Chapter 8 for more details).

## What are the impacts and outcomes of family violence?

As noted in Chapter 6, the impacts and outcomes of family, domestic and sexual violence can be wide ranging, affecting a person's physical and mental health, education, employment, economic security and housing, as well as crime and justice responses and community safety (AIHW 2006; CtGC 2016).

## Health outcomes

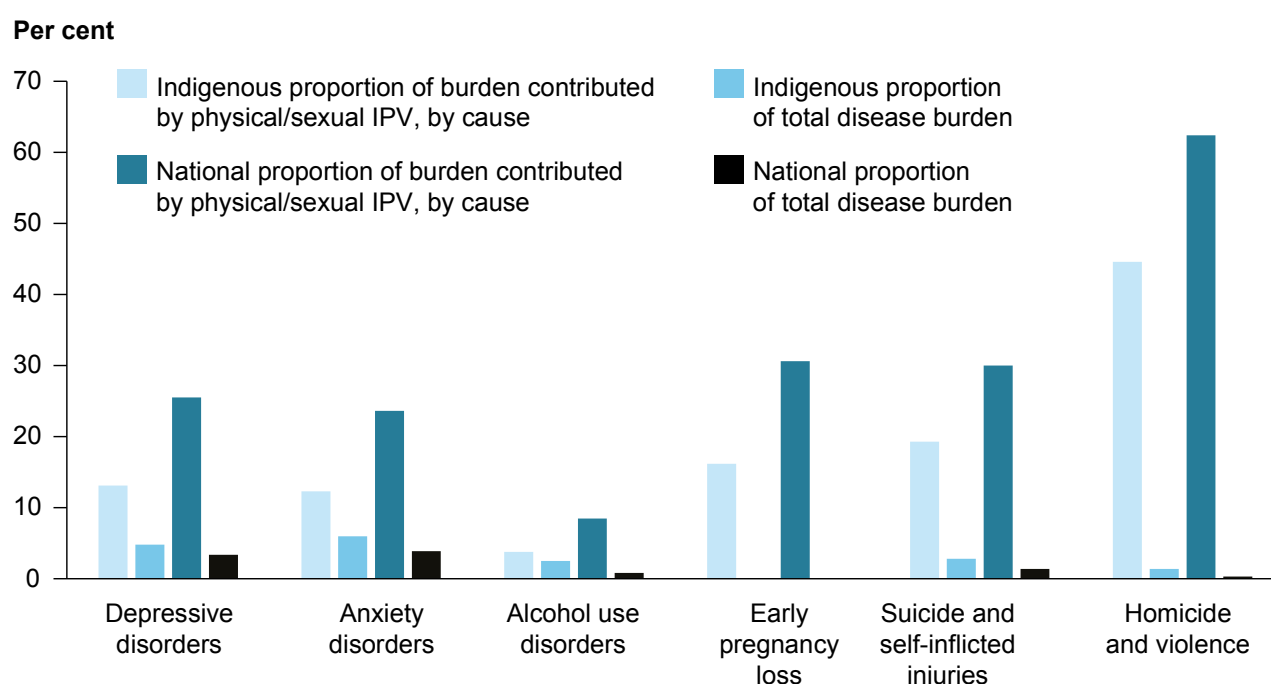
### Burden of disease from intimate partner violence is higher for Indigenous women

As noted in Chapter 6, the AIHW undertook a national burden of disease project examining the impact of intimate partner (current or former) violence against Australian women. Estimates for burden of disease for Indigenous women are less reliable due to limited data on the prevalence of intimate partner violence in this population and so some caution is needed when interpreting the results.

It was estimated that physical/sexual violence by an intimate partner was responsible for 4.6% of overall burden among Indigenous women. A higher proportion of this burden was fatal for Indigenous women—34% compared with 24% for non-Indigenous women (Ayre et al. 2016).

The contribution of intimate partner violence to the disease burden for each disease was also generally higher for Indigenous Australians than non-Indigenous (see Figure 7.8).

**Figure 7.8: Contribution of intimate partner violence to the burden of each disease compared with the percentage the disease makes to the total disease burden in Australia, women aged 18 and over, by Indigenous status, 2011**



IPV = intimate partner violence.

#### Notes

1. Estimates for Indigenous women should be interpreted with some caution as prevalence data on intimate partner violence in Aboriginal and Torres Strait Islander women are limited.
2. Data used in this study are not directly comparable with the definitions used in PSS 2012.

Source: Ayre et al. 2016.

## Domestic homicides

Indigenous Australians are disproportionately victims and offenders in homicides, and the majority of these homicides occur between family members in the context of domestic conflict (Mouzos 2001). Data on homicides in Australia are available from the Australian Institute of Criminology, as part of the NHMP.

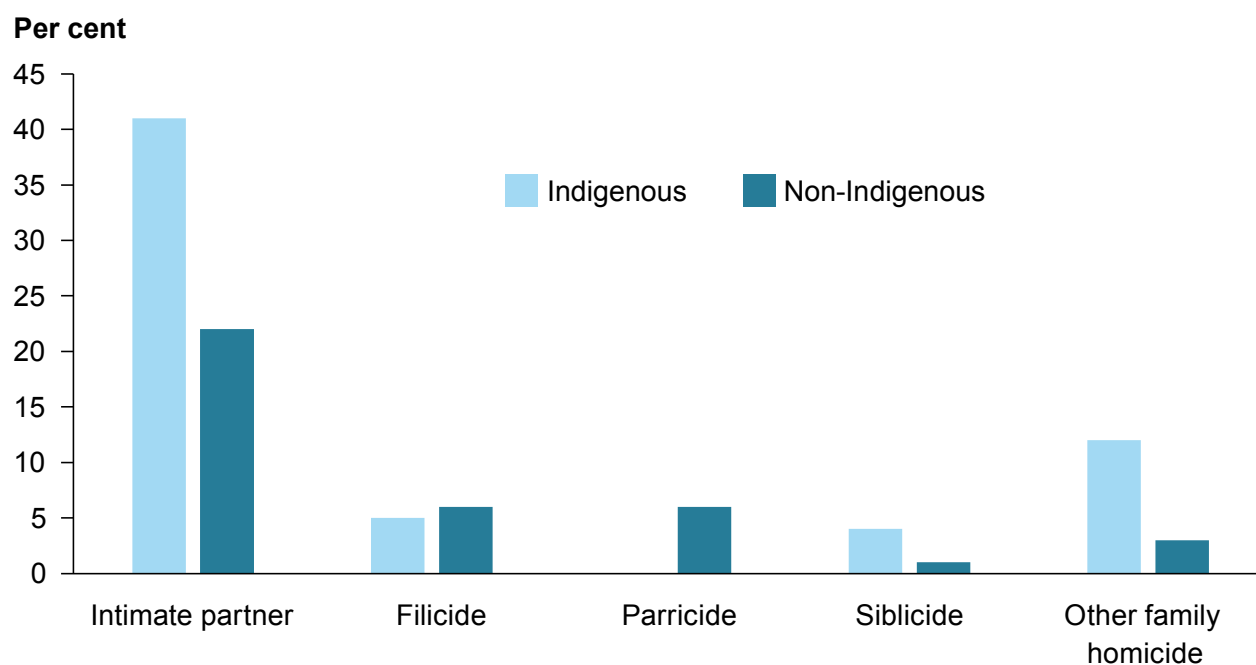
It is likely that the number of victims and offenders identified as Indigenous in the NHMP is underestimated, and this should be considered for the data presented—see Appendix A for more details. The term ‘previous partner’ in the NHMP refers to an ex-partner not living with the perpetrator at the time the violence occurred.

### Two in 5 Indigenous victims are killed by a current or previous partner

Based on the 2012–14 NHMP:

- 512 people were the victims of homicides, including 78 Indigenous victims (15%), of whom 46 were male (9%) and 32 were female (6%)
- 6 in 10 Indigenous victims (62%, or 48 victims) were killed in domestic homicides compared with nearly 4 in 10 (38%, or 165 victims) non-Indigenous victims
- 2 in 5 Indigenous victims (41%, or 32 victims) were killed by a current or previous partner, compared with 1 in 5 non-Indigenous victims (22%, or 94 victims) (see Figure 7.9) (Bryant & Bricknell 2017).

**Figure 7.9: Homicide victims, by type of homicide and Indigenous status, 2012–13 to 2013–14**



Source: Bryant & Bricknell 2017.



## **Alcohol is a major contributor to Indigenous homicides**

Alcohol is a major contributor to violence in Indigenous communities, and this extends to homicides (Mouzos 2001). An alcohol-related argument was recorded as a contributor in more than one-third (36%) of the 276 Indigenous male homicides from 2002–03 to 2013–14 (Table 4A.12.32, SCRGSP 2016).

## **Effects of family violence on children**

Accurate national data capturing the prevalence of family violence for Indigenous children are limited. While some Indigenous children grow up in safe families and communities, others do not. Many Indigenous children grow up in communities where violence has become a normal part of life (Stanley et al. 2003).

There are limited national data on the effects of family violence on Indigenous children's current and future mental health. Results from the LSIC provide some partial insights. About 20% of families reported that their children had been upset by family arguments in the previous year. Social and emotional difficulties were measured by the Strengths and Difficulties Questionnaire (a widely used tool for measuring child and adolescent mental health).

Children who were upset by family arguments and children whose mother reported violent arguments were more likely to have higher scores on the questionnaire than other children, indicating that they experienced more difficulties and were at greater risk of future mental disorders.

See the Children section in Chapter 8 for new developments in this area.

## **What is missing?**

Comprehensive information on Indigenous family violence that is both accurate and reliable is limited by:

- under-reporting by victims
- lack of appropriate screening and identification of family and domestic violence incidents by service providers
- incomplete identification of gender and Indigenous status in many data collections
- inability to disaggregate data to produce reliable estimates to show geographical variation
- lack of nationally comparable data on family violence from police, courts, health or welfare sources.

Improving the quality of Indigenous identification across all relevant data sets continues to be a priority so as to provide more complete information about family violence among Indigenous Australians. There is currently a lack of national information from mainstream services such as primary health care or from Aboriginal Community Controlled Health Services. A future data development to be explored is to collect information from Aboriginal and Torres Strait Islander health organisations by including specific questions on family violence in the data collection instrument, as part of the Online Service Report (AIHW 2017f).

There are very few rigorous multi-stage evaluations of programs designed to reduce family violence in Indigenous communities that have been published. Further, little research has been done to explore the apparent variation in violence levels and relative success of preventive programs in distinct Indigenous communities or between jurisdictions.



## 8 What are the key data gaps?

### Key findings

- There is no consistent definition for family, domestic and sexual violence, and no consistent identification method to enable incidents to be captured and counted across different data sets and jurisdictions.
- Family, domestic and sexual violence data are fragmented and dispersed due to having multiple organisations and sectors involved in identifying and responding to it. In particular, there is no national information from mainstream services such as primary healthcare and emergency departments, specialist family and domestic violence services, and perpetrator intervention programs. Police and justice data are improving but are currently incomplete.
- There are limited data about specific at-risk groups (such as Indigenous Australians and people with disability); about childhood experiences of family, domestic and sexual violence; and about the characteristics of perpetrators.
- There is a lack of data on pathways, impacts and outcomes for victims and perpetrators, and a lack of data to evaluate the effectiveness of prevention and intervention programs.

While much is known about various aspects of family, domestic and sexual violence, there are still notable gaps. This chapter highlights some of the main data gaps, including those that could be most readily filled. It is not an exhaustive list of enhancements; instead, this chapter suggests ways to potentially improve data collections, including work already underway nationally or in states or territories. This will help to guide future discussions about priority areas for action.

- ✓ Better data sharing
- ✓ Standard definitions
- ✓ Linking data
- ✓ Enhanced data collection

It is important to recognise that people experiencing family, domestic and sexual violence interact with multiple services and sectors across all states and territories. Although each jurisdiction has its own legislation, policy and practices, there is a national effort to improve consistency and comparability of data for reporting on family, domestic and sexual violence.

### Existing data sources for reporting on family, domestic and sexual violence

This report uses a number of national data collections listed in the ABS Directory of Family and Domestic Violence Statistics (ABS 2013d), as well as others. Table 8.1 summarises how the data collections used support reporting against the six elements of the National Data Collection and Reporting Framework (see Box 1.2) (ABS 2013c).

This assessment is expressly about the extent to which the specific data collections inform each of the elements; it is not about the underlying quality of the data sources, many of which have been designed for other purposes. While a number of data collections provide information on family, domestic and sexual violence in Australia, information about responses to this violence, and the impacts and outcomes for victims and perpetrators, are less developed.

**Table 8.1: Utility of existing Australian data collections to report against the ABS National Data Collection and Reporting Framework**

	ALSWH	ABDS	CP NMDS	CCA	LSAC	LSIC	NATSISS	NCAS	NDSHS	NHMP	NHMD	NRSASHAU	PSS	RCO	RCV	SHSC
In what <b>context</b> does family, domestic and sexual violence occur?																
How many people are at <b>risk</b> of family, domestic and sexual violence?																
How is family, domestic and sexual violence <b>experienced</b> ?																
What are the <b>responses</b> to family, domestic and sexual violence?																
What are the <b>impacts and outcomes</b> of family, domestic and sexual violence?																
What do we know about family, domestic and sexual violence among <b>Indigenous Australians</b> ?																

Assessment against the ABS National Data Collection and Reporting Framework



Comprehensive



Partial



Little to none

ALSWH = Australian Longitudinal Study of Women's Health

ABDS = Australian Burden of Disease Study

CP NMDS = Child Protection National Minimum Data Set

CCA = Criminal courts—Australia

LSAC = Longitudinal Study of Australian Children

LSIC = Longitudinal Study of Indigenous Children

NATSISS = National Aboriginal and Torres Strait Islander Social Survey

NCAS = National Community Attitudes towards Violence against Women Survey

NDSHS = National Drug Strategy Household Survey

NHMP = National Homicide Monitoring Program

NHMD = National Hospital Morbidity Database

NRSASHAU = National report on sexual assault and sexual harassment at Australian universities

PSS = Personal Safety Survey, Australia

RCO = Recorded crime, offenders—Australia

RCV = Recorded crime, victims—Australia

SHSC = Specialist Homelessness Services Collection

## **What are the main challenges with the existing data?**

Building a comprehensive picture of family, domestic and sexual violence requires information to be drawn from many different data collections. The main issues identified with existing data include:

- no consistent definition for family, domestic and sexual violence, and no consistent identification method (flag) to enable incidents to be captured and counted across different data sets and jurisdictions
- fragmented, dispersed and incomplete data about responses to family, domestic and sexual violence, partly due to the wide range of organisations and sectors involved
- inability to reliably report on specific population groups, and to identify key drivers of family, domestic and sexual violence, such as mental health, and drug and alcohol use
- difficulty in distinguishing between victims and perpetrators in some data collections, and to count people rather than incidents
- lack of data about pathways, impacts and outcomes for victims and perpetrators.

## **What are the main questions we cannot answer?**

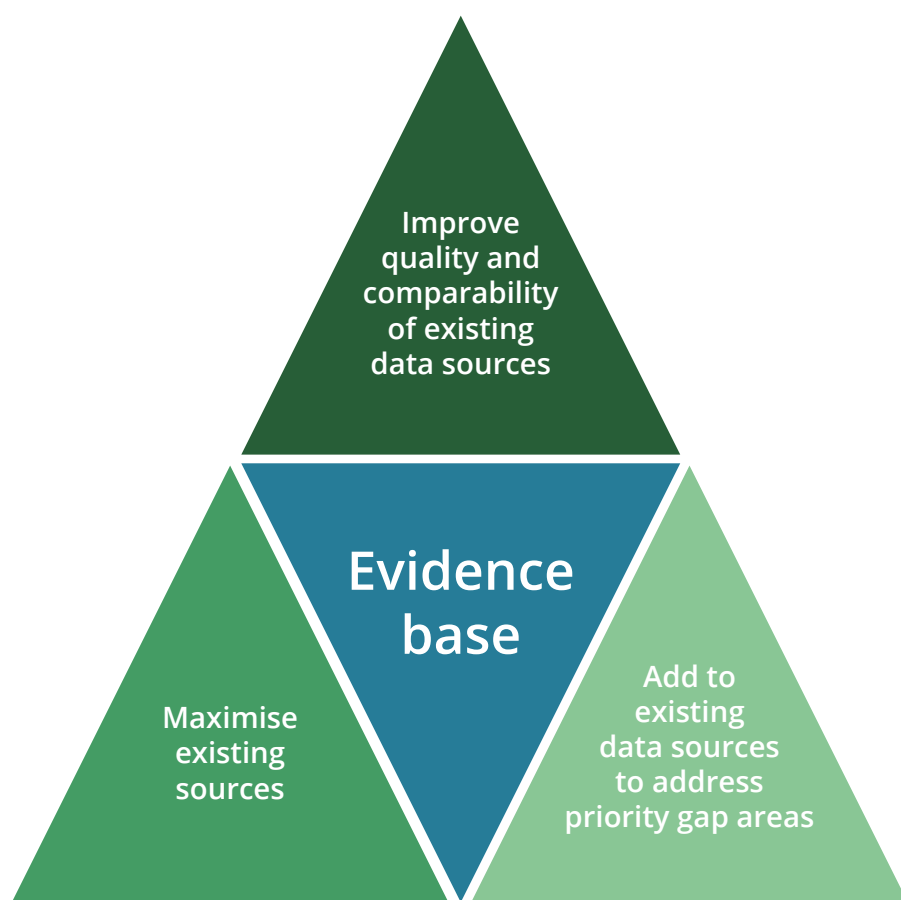
While data exist for reporting on certain aspects of family, domestic and sexual violence, there are notable gaps. This makes it difficult to answer questions to support research and policies, such as:

- What are children's experiences of family, domestic and sexual violence?
- What are the pathways, impacts and outcomes for victims and perpetrators of family, domestic and sexual violence?
- Which groups are at greater risk of family, domestic and sexual violence?
- What services and responses do victims and perpetrators of family, domestic and sexual violence need and use, and how coordinated are these responses?
- How does family, domestic and sexual violence vary by location?
- What programs and interventions are the most effective to prevent and respond to family, domestic and sexual violence?

## **What can be done to improve the evidence?**

This chapter builds on work by the ABS (ABS 2013b, 2013c, 2013d, 2014) to enhance the evidence base for family, domestic and sexual violence in Australia. This chapter describes data gaps and priorities, using three themes for data improvement that have been identified by the ABS (see Figure 8.1) (ABS 2013b).

**Figure 8.1: Priority themes to improve the evidence base for family, domestic and sexual violence**



Source: ABS 2013b.

## **Improve the quality and comparability of existing data**

The family, domestic and sexual violence system is diverse—it includes multiple sectors and entry or intervention points. Most of the administrative data collections do not specifically capture information about family, domestic and sexual violence cases, which is a lost opportunity to gain information about patterns of service use.

There is potential to better capture information across services and collections (for example, child protection, youth justice, specialist homelessness services, police, courts, corrections, primary health care, emergency departments, hospitalisations, midwives (perinatal), Centrelink payments). This potential course of action includes:

- adopting consistent definitions across the data sets where possible
- distinguishing between victims and perpetrators
- including data items such as location, age and gender.

There are many issues to consider in pursuing such improvements, including those relating to privacy, roles of service providers, legal duty of care, and cost.

## **Maximise existing sources**

Bringing together information from multiple existing data sources helps to support a person-centred, whole-of-system view of family, domestic and sexual violence. It also provides a more comprehensive picture than might be possible by relying on any one data source. Examples include:

- this report
- the AIHW's Aboriginal and Torres Strait Islander Health Performance Framework (AIHW 2017g)
- information in various state/territory data portals (for example, see In Focus 8.1 (Victorian Crime Statistics Agency or NSW BOCSAR, 2018).

These data-focused reports and products complement a growing body of research on family, domestic and sexual violence, some of which are referenced in this report.

Further analysis of existing data at lower levels of geography, including using multiple sources, also has great potential to identify areas where family, domestic and violence is particularly high. Existing data portals at the jurisdictional level provide a possible national template for this type of presentation (see In Focus 8.1).

## **Add to existing data sources to deal with priority gap areas**

Data investment can be maximised by building on existing data sets where possible. This can be done by enhancing and/or adding to the data sets or by linking with other data sources to create more valuable information.

### **Enhance existing data sets where information about family, domestic and sexual violence is not collected**

The ABS Foundation for a National Data Collection and Reporting Framework (Figure 8.2) includes a list of data items needed to provide information about a person's experience of violence, including details about the person, the event and the outcome. For example, information collected about people who access support services could be expanded to include their age, location and other sociodemographic variables.

Work has started on enhancing the identification of family, domestic and sexual violence in existing data sets. This work includes:

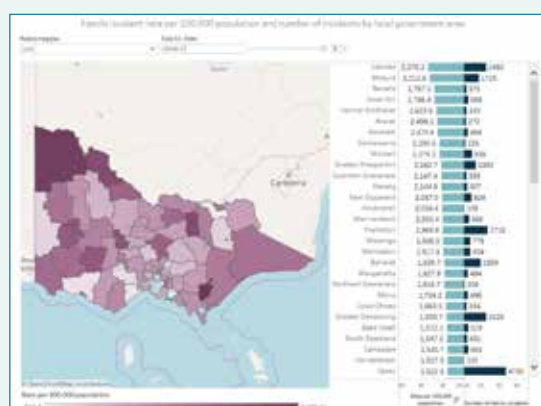
- better identification of the perpetrator and victim in the specialist homelessness services collection
- consistent and reliable collection of data on domestic violence during pregnancy
- better identification and consistent data collection throughout the police, courts and corrections systems
- improved recording of information about violent assaults for people presenting at hospital emergency departments
- improved consistency of data collection on family, domestic and sexual violence and Indigenous status in Victoria.

### In Focus 8.1: Case study—Victoria data portal

<<https://www.crimestatistics.vic.gov.au/family-violence-data-portal>>



- The Victorian Crime Statistics Agency is a leading example in presenting family and domestic violence data—bringing together information from seven state data sources in its Family Violence Data Portal.
- The seven data sets in the portal are Victoria Legal Aid, Victoria Police, Magistrates’ Court of Victoria, Children’s Court of Victoria, Victorian Emergency Minimum Data Set, Victims Support Agency and the Integrated Reports and Information System. Further data sources and links are now being explored.
- Each section of the portal has easy-to-use data visualisations and statistics for the family violence measures. Users can hover over the interactive graphs and maps and see the corresponding information. Detailed data tables can be downloaded so users can manipulate and analyse the information for their own purposes.
- **The Victorian Emergency Minimum Data Set** is the only one from Australia’s eight states and territories to flag information related to family and domestic violence for emergency department visits in Victorian public hospitals. Australian states and territories have identified flags for visits related to family and domestic violence in the National Minimum Data set for Emergency Departments as a priority for future work.



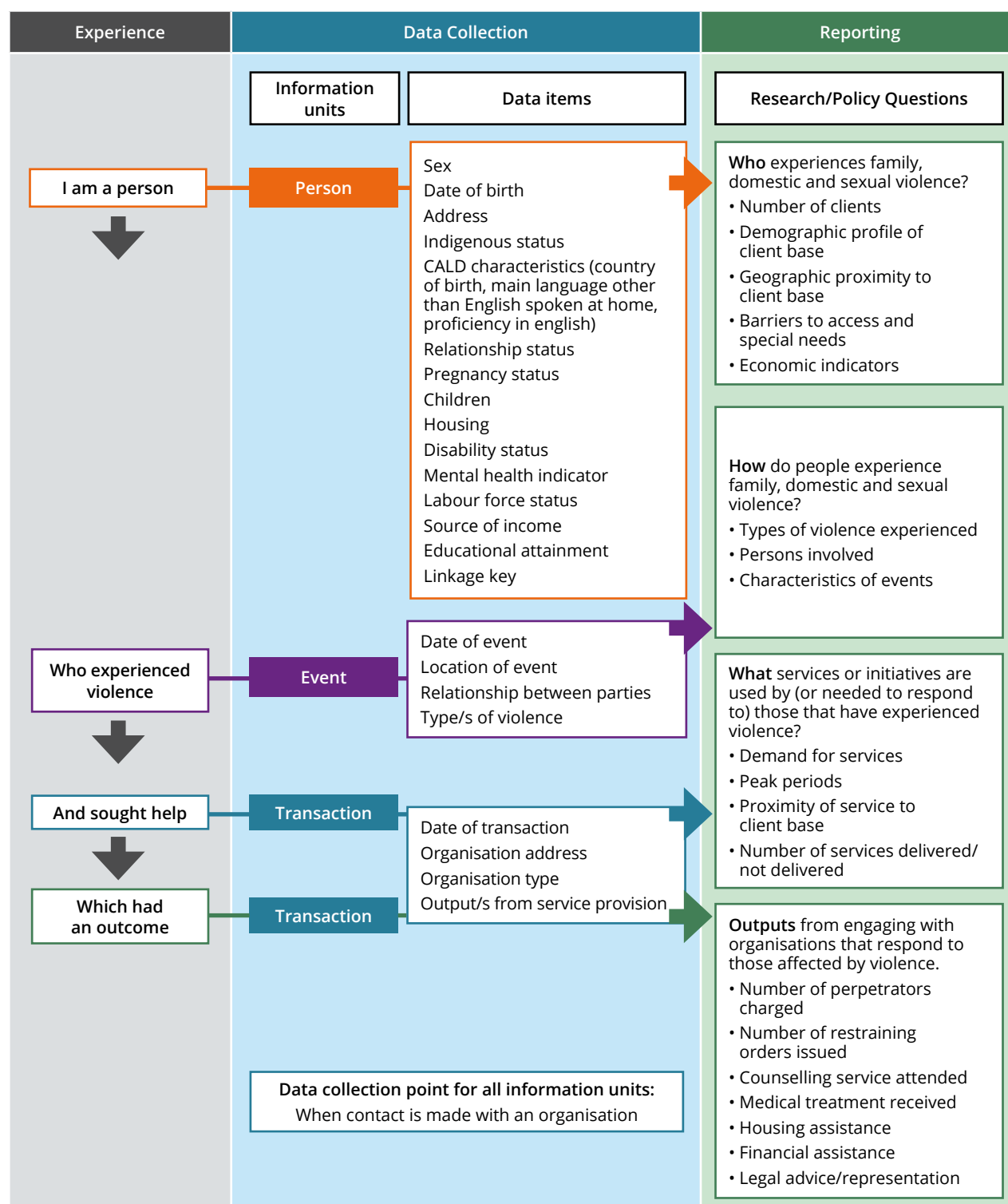
Example shows the rate of visits to emergency departments (per 100,000 population) in 2015–16, by Local Government Area of patient's usual residence, with Buloke selected.



Example shows the characteristics of patients—number of patients in 2015–16 by sex and age group, with the 18–24-year age group selected



**Figure 8.2: Foundation for a National Data Collection and Reporting Framework**



Source: ABS 2014.



## **Capture data better to support analysis of population groups**

Several national surveys provide robust estimates of the incidence and prevalence of family, domestic and sexual violence for the general population; however, the data become unreliable when attempting to analyse population groups, due to small sample sizes. Where possible, information should be collected in ways that allow data to be disaggregated for groups known to be at higher risk of family, domestic and sexual violence. Improving comparability between the NATSISS and the PSS to support comparisons of Indigenous and non-Indigenous populations would also be beneficial, although differences in the cultural conceptualisation of family violence across these populations may make full comparability difficult.

Existing data collections could also capture relevant information about specific subgroups. For example, the ABS Survey of Disability, Ageing and Carers measures the prevalence of disability in Australia and the need for support of older people. The survey captures information on unfair treatment or discrimination, perceptions of health and wellbeing and feelings of safety, but does not specifically ask about family, domestic and sexual violence.

## **Safely share and link data to better understand pathways and outcomes**

Often, administrative data collections provide point-in-time information, making it difficult to examine the pathways of individuals and the various interventions and supports they receive over time. Safely sharing and linking these data within and across service settings would support a better understanding of the pathways and outcomes for victims and perpetrators of family, domestic and sexual violence.

While sharing of data at operational levels is not the focus of this report, it is worth noting that these linkages are being developed with a view to improving service responses and outcomes for victims. For example, the Victorian Royal Commission into Family Violence acknowledged the benefits of linking police data with courts data to track outcomes for victims and perpetrators. In Queensland, work is under way to enable inter-agency tracking of individuals who come into contact with the police and the courts for family and domestic violence offences (Special Taskforce on Domestic and Family Violence in Queensland 2015). Tasmania's Family Violence Action Plan aims to establish the Safe Families Tasmania agency to coordinate victim support services and perpetrator accountability (TDPC 2015).

Those processes that lead to joined up data on the ground, will ideally lead to enhanced availability of de-identified data for analysis to better understand what improves outcomes for people experiencing family, domestic and sexual violence. Data linkage for these research and policy purposes is already facilitated by the creation of data integrating authorities (AIHW, ABS, AIFS)—accredited to safely and securely link sensitive Commonwealth data—and similar state/territory data linkage centres, such as the Population Health Research Network.

There is also potential to make greater use of longitudinal surveys to explore long-term outcomes, either through collecting more information about experience of family, domestic and sexual violence or through linking to other data sources.

## **Fill gaps where there are limited or no data**

Currently, there are limited national data on the services and responses that victims and perpetrators of family, domestic and sexual violence receive. Some of the challenges in collecting these data include:

- agreeing the scope of relevant services or agencies
- use of different business rules and procedures
- variation in systems and recording practices across Australia
- lack of comparable 'joined up' data (the ability to track an individual and the services they receive in response to a family, domestic and sexual violence incident).

## **Specialist family, domestic and sexual violence services**

There is very little or no national data available on specialist family, domestic and sexual violence services. Comprehensive information exists for specialist homelessness service, although domestic violence perpetrator/victim identification needs to be improved. Currently, it is not possible to identify if the person seeking assistance is a perpetrator or a victim.

There are also major gaps in information about perpetrator intervention programs, including who attends the programs and what is the outcome.

## **Police and justice responses**

There are some data on police and justice system responses to family, domestic and sexual violence (ABS 2017a, 2017c, 2017d). The ABS is working closely with states and territories to improve national comparability in these data collections, but there are no uniform processes to identify family domestic violence events across all state and territories for police and justice data. Further published data on apprehended violence orders, legal aid and family court responses would also add to this picture.

## **Mainstream services**

Victims and perpetrators of family, domestic and sexual violence may access mainstream services for help and treatment, such as health care, drug and alcohol services, and mental health services. There may be potential to improve capture of information about family, domestic and sexual violence in these settings, either through a new collection or through data linkage.

Currently, there are limited data on visits to hospital emergency departments by victims and the perpetrators of family, domestic and sexual violence. Victoria captures this information in its Family Violence Data Portal (see In Focus 8.1), which could be a model for other jurisdictions.

The collection of family, domestic and sexual violence experiences by primary health care providers (for example, visits to general practitioners) and as part of screening during pregnancy could also be improved (see 'New developments and emerging issues').

There may also be potential to increase the usefulness of by-product data from income support and child support payment systems to inform consideration of family and domestic violence.

## **Economic impacts**

There is limited information on the economic effects of family, domestic and sexual violence on individuals and the community, and limited knowledge of the assistance provided to victims and perpetrators by employers and workplaces or through financial counselling services.

## New developments and emerging issues

In developing this report, the AIHW has identified a range of new developments and emerging issues that have the potential to improve data capture, fill data gaps and increase understanding of the nature and extent of family, domestic and sexual violence in Australia. These and other developments will be further considered when prioritising data gaps in consultation with stakeholders.

### Primary health care

In August 2017, Australia's health ministers agreed to work with the Royal Australian College of General Practitioners to develop and implement a national training package for family violence. Primary Health Networks will also provide advice on their existing family violence services, with a view to developing improved whole-of-system responses for clients. This may also be an opportunity to obtain data on family violence at more local levels and from primary health-care providers.

### Elder abuse

Data on elder abuse in Australia—including its prevalence, the type of abuse, the perpetrator, and in what context or setting abuse may be more likely to occur—are not comprehensively collected or reported. Some data are collected in surveys (for example, the PSS) and there is limited mandatory reporting of some forms of elder abuse in residential aged care (in relation to suspected, alleged or witnessed assaults). But there are no data collected for other aged care services (such as community based aged care programs), and the extent of elder abuse that occurs at home is largely unknown.

An Australian Law Reform Commission report on elder abuse *Elder abuse—a national legal response* was released in June 2017. It has 43 recommendations for reform to safeguard older people from abuse. It recommends conducting a national prevalence study, and developing standardised measures of elder abuse for consistent data collection (ALRC 2017).

### Pregnant women

The risk of domestic violence is higher in pregnant women and in the period after birth (Burch & Gallup 2004). As many women are in regular contact with health services and professionals, pregnancy is an opportune time to screen for domestic violence, by asking women if they have experienced such violence. Screening for domestic violence in the antenatal period currently occurs in most states and territories, but is done in different ways and the information is not necessarily recorded in data systems.

A consistent and comprehensive approach to collecting and reporting this information would provide more robust data, and allow for better targeting of support and prevention strategies. The AIHW has been working with jurisdictions to collect this screening data as part of the National Perinatal Data Collection (AIHW 2015).

### Children

There is limited national research exploring how children generally, and Indigenous children specifically, experience family and domestic violence, how they perceive violence, and what support they need. The Institute of Child Protection Studies, at the Australian Catholic University, is undertaking a scoping study to identify strategies for talking to Indigenous children experiencing family and domestic violence.

When developing the 'NSW Strategic Plan for Children and Young People 2016–2019' more than 4,000 children and young people were consulted to inform the themes and directions of the Plan. One of the Plan's six objectives is that children and young people are free from abuse, neglect, violence and serious injury. Children and young people mentioned that domestic violence was an area that needed more attention and were concerned about the impact that domestic violence has on children. Indigenous children and young people were more likely to state that domestic violence was an issue for them, compared with non-Indigenous children and young people (31% compared with 3.9%) (NSW 2016).

Family and domestic violence referrals to child protection services have increased considerably in recent years (AIHW 2017a). The PATRICIA Project (Pathways And Research In Collaborative Inter-Agency working) has been set up to explore the relationship between statutory child protection, family law, and community-based services working to support women and children exposed to family and domestic violence (Macvean et al. 2015).

The AIHW is working with jurisdictions to improve the national child protection data collection, with a goal of being able to separately report on children who witness family and domestic violence.

### **Indigenous family violence**

The National Centre for Epidemiology and Population Health, at the Australian National University, is undertaking a new survey as part of the Family and Community Safety for Aboriginal and Torres Strait Islander Peoples Study to examine:

- the extent of exposure to violence against women and their children
- social impacts of violence, including effects on relationships, health, wellbeing, education and workforce participation
- availability, appropriateness and effectiveness of services or other supports
- strategies to reduce exposure to, and the effects of, violence in communities.

### **New national data-sharing system for domestic violence orders**

On 25 November 2017, a new National Domestic Violence Order Scheme was launched to recognise and enforce all domestic violence orders issued in Australia. This strengthens protections for victims and their families, and increases perpetrator accountability, as the order will be enforced regardless of where the offence took place and where the order was made. Previously, victims travelling interstate needed to register domestic violence orders in each state and territory for it to be enforceable.

The new scheme enables police and courts to share domestic violence order information from the National Police Reference System.

### **Perpetrator interventions**

Family, domestic and sexual violence is mainly committed by men against women and their children. All Australian governments have committed to improving perpetrator accountability and to developing national standards for perpetrator interventions. A range of organisations and services are involved in perpetrator interventions, including the police, courts, corrections, perpetrator offender programs and services, child protection services and various community services (COAG 2015).

One of the national priorities of the Third Action Plan 2016–19 of the National Plan is to ensure that perpetrators are accountable across all these systems and services.

The AIHW is working with the Department of Social Services to develop a set of progress indicators related to the National Outcome Standards for Perpetrator Interventions and is also helping to prepare annual reports against the indicators.

## **Perpetrator interventions research**

The Australian Government is funding the ANROWS to establish a dedicated perpetrator interventions research stream. The aim of this research is to strengthen the evidence base and support jurisdictions in implementing the National Outcome Standards for Perpetrator Interventions. The research program for 2017–20 has four priority areas:

- evaluation of effectiveness of systems engaging with perpetrator interventions
- evaluation of effectiveness of interventions for perpetrator interventions
- models to best meet the needs of different groups of perpetrators
- strategies to ensure culturally appropriate interventions are provided to Indigenous perpetrators.

More details are available on the ANROWS website

<<https://anrows.org.au/research-program/perpetrator-interventions-research-program>>.

## **National domestic and family violence death review database**

Most Australian states and territories have 'death review teams' in place to investigate the history of 'deaths that occurred in a domestic and family violence context'. In 2011, the Australian Domestic and Family Violence Death Review Network was established, with one of its key aims to establish a national domestic and family violence death review database (Dawson 2017). This would bring together the jurisdictional collections into one national collection and help further understanding on how existing systems and services performed in these cases and points where intervention could have averted the deaths. In 2017, the Australian Domestic and Family Violence Death Review Network piloted the national domestic and family violence death review database and has commenced the initial stages of data collation and analysis. This work will continue in 2018.

## **Workforce impacts**

### **Domestic violence clauses in enterprise agreements**

In 2010, the first enterprise agreement clause supporting victims of domestic violence was negotiated (with the Victorian Surf Coast Shire). There are now over 1,000 agreements with a domestic violence clause covering more than 1 million employees. The clause is based on the model domestic violence clause that includes provision for dedicated paid leave, confidentiality of employee details, workforce safety planning, referral processes to support services, protection from discrimination and the right to flexible work conditions.

These enterprise agreements are predominantly in the private sector, and include a broad range of industries such as retail, public transport, banking, education, manufacturing, airline and maritime. The objective of the clause is to protect the jobs of those affected by domestic violence, and provide clarity and consistency in the workplace (WGEA 2016). There may be future opportunities to assess the impact of domestic violence on the workplace by collecting data on the number of people accessing dedicated domestic violence provisions.

### **Exemptions from income support mutual obligation requirements**

In return for receiving income support, the Department of Human Services requires recipients to be actively applying for jobs or undertaking training or study. These are known as mutual obligation requirements. One of the exemptions from the mutual obligation requirements is for principal carers experiencing domestic violence or stress as a result of a relationship breakdown; and they may be exempt from these requirements for up to 16 weeks at a time. There may be future opportunities to explore the impact of domestic violence on workforce participation by gathering and reporting on these data.

## **Female genital mutilation**

Female genital mutilation is recognised by the United Nations as a form of violence against women (WHO 2008). It is estimated that at least 200 million women have undergone female genital mutilation (UNICEF 2016). Most of the women live in Africa, although there is evidence that the procedure also occurs in other countries such as Colombia, Malaysia and Saudi Arabia.

Accurate data on the prevalence of female genital mutilation is difficult to collect as it is illegal in all states and territories of Australia. Further, women and girls are reluctant to reveal if they have undergone the procedure or are at risk of having to undergo the procedure. The AIHW is undertaking some analysis work on national data related to female genital mutilation in Australia.

## **Technology-based violence**

Technology-based violence is becoming increasingly more common. It includes behaviours such as cyberstalking (repeated use of electronic communications to harass or frighten someone), exposing private information, impersonation or false representation, non-consensual internet pornography and other online attacks. It also includes using social media to monitor, track and harass victims' children, friends and family members. It is most often women and girls who experience this kind of victimisation. There is limited information and data available on the extent and nature of these forms of violence.

## **Forced marriages and sexual trafficking**

Human trafficking, slavery and slavery-like practices such as forced labour and forced marriage are complex crimes and a violation of human rights. There is little reliable data about the nature and extent of human trafficking domestically and internationally. However, there is general consensus that human trafficking affects almost every country. Men, women and children are trafficked for a wide range of exploitative purposes, such as:

- slavery, including the sex industry
- forced labour
- marrying another person against their will.

Australian authorities have identified that most people trafficked into Australia are women working in the sex industry.

In 2009, the Australian Government agreed to undertake annual reporting of outcomes to combat human trafficking and slavery. The latest report tabled in the Australian Parliament showed that, in 2015–16, the Australian Federal Police received 169 new referrals relating to human trafficking and slavery, bringing the total to 691 since 2004. Of the 169 referrals, 69 related to forced marriage, 39 to sexual exploitation, 36 to other forms of labour exploitation, and the remainder to other types of exploitation (IDCHTS 2016).



## Glossary

**Aboriginal and Torres Strait Islander:** A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander. See also **Indigenous**.

**domestic violence:** A set of violent behaviours between current or former intimate partners, where one partner aims to exert power and control over the other through fear. Domestic violence can include **physical violence**, **sexual violence**, **emotional abuse** and **psychological abuse**.

**downblousing images:** The practice of taking unauthorised photographs down the top of a female's dress, capturing an image of her breasts.

**emotional abuse from a partner:** Abuse between current or former cohabiting partners that occurs when a person is subjected to behaviours or actions (often repeatedly) aimed at preventing or controlling their behaviour, with the intent to cause them emotional harm or fear through manipulation, isolation or intimidation.

**family violence:** Violence between family members as well as between current or former intimate partners. For example, family violence can include acts of violence between a parent and a child. Family violence is the preferred term used to identify experiences of violence for Indigenous Australians as it encompasses the broad range of extended family and kinship relationships in which violence may occur.

**filicide:** A homicide where a parent (or step-parent) kills a child.

**Indigenous:** A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander. See also **Aboriginal or Torres Strait Islander**.

**interpersonal violence:** Includes acts of violence and intimidation that occur between family members, between intimate partners or between individuals, whether or not they are known to one another.

**intimate partner violence:** A set of violent behaviours between current or former intimate partners. See also **domestic violence**.

**non-Indigenous:** People who have indicated that they are not of **Aboriginal or Torres Strait Islander** descent.

**parricide:** A homicide in where a child kills a parent or step-parent.

**partner violence:** A set of violent behaviours between current or former intimate partners, but does not include violence by a boyfriend/girlfriend or date. See also **domestic violence** and **intimate partner violence**.

**physical violence:** Behaviours that can include slaps, hits, punches, being pushed down stairs or across a room, choking and burns, as well as the use of knives, firearms and other weapons.

**previous partner:** A person with whom the respondent lived at some point in a married or de facto relationship and from whom the respondent is now separated, divorced or widowed.

**psychological abuse:** Behaviours that include limiting access to finances, preventing the victim from contacting family and friends, demeaning and humiliating the victim, and any threats of injury or death directed at the victim or their children.

**remoteness:** Each state and territory is divided into regions based on their relative accessibility to goods and services (such as general practitioners, hospitals and specialist care) as measured by road distance. These regions are based on the Accessibility/Remoteness Index of Australia and defined as Remoteness Areas by either the Australian Standard Geographical Classification (before 2011) or the Australian Statistical Geographical Standard (from 2011 onwards) in each Census year.

**severe or profound disability:** A disability that Specialist Homelessness Services Collection (SHSC) clients are said to have if at any time during the reporting period they advised that they 'always/sometimes need help or supervision' with self care, mobility or communication for any support period during the reporting period.

The definition used to identify clients with disability is similar to that used for ABS Census questions that measure 'core activity need for assistance'.

The ABS Census aims to identify people who need assistance in their day-to-day lives with any or all of the following core activities: self-care, mobility or communication. The SHSC takes a similar approach in gathering information from clients of specialist homelessness services (SHS) about disability.

To align with the ABS definition of 'core activity need for assistance', clients who did not report needing assistance (such as 'have difficulty but don't need help/supervision' or 'don't have difficulty, but use aids/equipment') with self-care, mobility or communication are not included as clients with severe or profound disability for SHS analyses.

**sexual abuse:** Involving a child, under the age of 15, in sexual activity beyond their understanding or contrary to accepted community standards.

**sexual assault:** A sexual act carried out against a person's will through the use of physical force, intimidation or coercion. This includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity. These acts are an offence under state and territory criminal law. Sexual assault excludes incidents of violence that occurred before the age of 15 as these are defined as sexual abuse.

**sexual harassment:** Behaviours a person experienced that made them feel uncomfortable, and were offensive due to their sexual nature. This includes an indecent text, email or post; indecent exposure; inappropriate comments; and unwanted sexual touching.

**sexual violence:** The occurrence, attempt or threat of sexual assault experienced by a person since the age of 15. Sexual violence can be perpetrated by partners in a domestic relationship, former partners, other people known to the victims, or strangers.

**siblicide:** A homicide where one sibling kills another sibling.

**specialist homelessness service:** Assistance provided specifically to people who are experiencing homelessness or who are at risk of homelessness.

**substantiations:** Substantiations of notifications received during the current reporting year refer to child protection notifications made to relevant authorities, which were investigated and the investigation was finalised, and it was concluded there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. Substantiation does not necessarily require sufficient evidence for a successful prosecution and does not imply that treatment or case management was provided. Substantiations may also include cases where there is no suitable caregiver, such as when children have been abandoned or their parents are deceased.

**upskirting images:** The practice of taking unauthorised photographs under a female's skirt, capturing an image of her crotch area and underwear.



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## Appendix A: Data sources

1. Australian Longitudinal Study on Women's Health (ALSWH)
2. Australian Burden of Disease Study (ABDS)
3. Child Protection National Minimum Data Set (CP NMDS)
4. Criminal Courts—Australia (CCA)
5. Longitudinal Study of Australian Children (LSAC)
6. Longitudinal Study of Indigenous Children (LSIC)
7. National Aboriginal and Torres Strait Islander Social Survey (NATSISS)
8. National Community Attitudes towards Violence against Women Survey (NCAS)
9. National Drug Strategy Household Survey (NDSHS)
10. National Homicide Monitoring Program (NHMP)
11. National Hospital Morbidity Database (NHMD)
12. National report on sexual assault and sexual harassment at Australian universities (NRSASHAU)
13. Personal Safety Survey, Australia (PSS)
14. Recorded Crime, Offenders—Australia (RCO)
15. Recorded Crime, Victims—Australia (RCV)
16. Supported Homelessness Services Collection (SHSC)
17. International Violence Against Women Survey (IVAWS)
18. Global and regional estimates of violence against women (WHO)

1. Australian Longitudinal Study on Women's Health (ALSWH)		
<b>First year:</b> 1996	<b>Latest year:</b> 2016	<b>Frequency:</b> 6 monthly to 3 yearly, depending on cohort.
<b>Years in this publication:</b> 1996–2012		
<b>Sample size:</b> At baseline: 1989–95 birth cohort N = 17,015, 1973–78 birth cohort N = 14,247, 1946–51 birth cohort N = 13 714, 1921–26 birth cohort N = 12 432. Note, sample size reduces over time.		
<b>Methodology:</b> Longitudinal survey		
<b>Geography:</b> National		
<b>Purpose/description:</b> The purpose of the project is to provide scientifically valid information, based on current, accurate data that is relevant to the development of health policy and practice in women's health. See <alsw.org.au> for more details.		
<b>Scope and coverage:</b> In April 1996, women in three age groups—18–23 years (born 1973–78), 45–50 years (born 1946–51), and 70–75 years (born 1921–26) were selected from the Medicare database, which contains the name and address details of all Australian citizens and permanent residents. In 2011, the older cohort began receiving a shortened survey every six months, and in 2012 ALSWH began annual surveys of a new cohort of young women, born 1989–95. See <alsw.org.au> for more details.		
<b>FDSV definitions:</b> The experience of IPV was measured using the survey item 'Have you ever been in a violent relationship with a partner/spouse?' This question was asked at every survey for women born 1973–78, at Surveys 1, 4, 5 and 6 for women born 1946–51, but was only asked at Survey 1 for women born 1921–26. This variable was used to classify IPV. Women born 1973–78 and those born 1946–51 were defined into one of three categories: 1) if they self-reported 'yes' to the IPV question at Survey 1, then they were classified as 'IPV by 1996'; 2) if they answered 'no' at Survey 1 but answered 'yes' to the IPV question at any following survey, then they were classified as 'IPV after 1996'; and if they self reported 'no' at Survey 1 and had not answered 'yes' in any subsequent survey, then they were classified as 'Never IPV'. Women born 1921–26 were only asked the IPV question at Survey 1 and therefore defined into one of two categories: 1) if they self-reported 'yes', then they were classified as 'IPV by 1996' or 2) if they self-reported 'no', then they were classified as 'Never IPV' (Loxton et al. 2017).		
<b>For more information, see:</b> Australian Longitudinal Study on Women's Health <www.alsw.org.au/about/about-the-study>.		

## 2. Australian Burden of Disease Study 2011

**Latest year:** 2011

**Methodology:** Uses international best practice methodologies to calculate burden of disease

**Geography:** National

**Purpose/description:**

The project estimated the amount of burden that could have been avoided if no adult women in Australia in 2011 had been exposed to intimate (current or former) partner violence during their lifetime. It uses methodologies largely consistent with international burden of disease studies (Ayre et al. 2016).

**Scope and coverage:**

Burden of disease analysis uses a range of studies to produce reliable estimates of the impact of intimate partner violence on diseases for which there is a causal association. These diseases include: depressive disorders, anxiety disorders, early pregnancy loss, homicide and violence (injuries due to assault), suicide and self inflicted injuries, alcohol use disorders and children born prematurely or with a low birth weight. The project uses PSS data for prevalence estimates.

**FDSV definitions:**

The project undertaken by AIHW and ANROWS includes estimates of attributable burden using a broader definition of intimate partner violence than used in the Australian Burden of Disease Study, 2011. It reported burden due to physical and sexual violence by a cohabiting partner and non-cohabiting partners, as well as partner emotional abuse by cohabiting partners.

**For more information, see:** Examination of the burden of disease of intimate partner violence against women in 2011 (Ayre et al. 2016).

### 3. Child Protection National Minimum Data Set (CP NMDS)

**First year:** 1990–91    **Latest year:** 2015–16    **Frequency:** yearly

**Year in this publication:** 2015–16

**Size:** During 2015–16, 162,175 (30.2 per 1,000) Australian children received child protection services (investigation, care and protection order and/or were in out-of-home care) (AIHW 2017a).

**Methodology:** Administrative data set

**Geography:** National

#### **Purpose/description:**

The CP NMDS contains information on the demographics of children and young people who receive child protection services, notifications received by child protection departments, and the care and protection orders and out-of-home care placements relating to these children and young people.

Data for this collection are collected from the administrative systems of each of the eight state and territory departments responsible for child protection (with aggregate data provided by NSW).

#### **Scope and coverage:**

National child protection data are based only on those cases reported to departments responsible for child protection and therefore are likely to understate the true prevalence of child abuse and neglect across Australia. Further, notifications made to other organisations, such as the police or non-government welfare agencies, are included only if they were also referred to departments responsible for child protection.

As children may receive a combination of child protection services there are important links and overlaps between the notifications, investigations and substantiations; care and protection orders; and out-of-home care data modules. For example, children who are the subjects of substantiations may be placed on care and protection orders, and many children on care and protection orders are also in out-of-home care. The overall number of children receiving child protection services—along with the overlaps between the separate data modules—have been reported since 2012–13.

Each year, a number of children are the subjects of more than one notification and/or substantiation during the year. The proportion of children who were the subject of more than one substantiation in the year have also been reported since 2012–13.

Ongoing work is being undertaken on the CP NMDS to broaden the scope of the national data collection and to improve quality and comparability of data across jurisdictions (AIHW 2017a).

The CP NMDS collection was implemented in 2012–13, prior to that a national aggregate child protection data collection was used for national child protection reporting (data for this collection began in 1990–91).

#### **FDSV definitions:**

For the purposes of this publication, all children receiving child protection services are in scope, regardless of abuse or neglect type.

**For more information, see:** National Child Protection Data Collection, 2015–16  
<[meteor.aihw.gov.au/content/index.phtml/itemId/665947](http://meteor.aihw.gov.au/content/index.phtml/itemId/665947)>.

#### 4. Criminal Courts—Australia (CCA)

**First year:** 1995      **Latest year:** 2015–16      **Frequency:** yearly

**Year in this publication:** 2015–16

**Sample size:** State and territory criminal courts finalised 602,759 defendants in 2015–16.

**Methodology:** Administrative data set

**Geography:** National

**Purpose/description:**

The Criminal Courts, Australia data set presents information on the characteristics of defendants dealt with by Australian state and territory criminal courts. This includes information on the offences, case outcomes and sentences associated with those defendants (ABS 2017a).

**Scope and coverage:**

Information in Criminal Courts, Australia includes the trial and sentencing of persons and organisations charged with criminal offences in Australia. The Criminal Courts collection is restricted to counts of defendants finalised, that is, persons or organisations for whom all charges have been formally completed so that they cease to be an item of work to be dealt with by the court.

Caution should be used when interpreting family, domestic and sexual violence reporting from criminal courts data as processes used by police vary across states and territories. There are also differences in the data because the NSW collection is based on legislation rather than police identification.

An FDV-related offence refers to an offence that has been identified as FDV-related in the criminal courts administrative data systems. Data relating to FDV defendants are available for all states and territories with the exception of South Australia and Queensland (ABS 2017a).

**FDSV definitions:**

Defendants of FDV are identified using an FDV indicator recorded by police and transferred to criminal courts. The FDV indicator is used in Victoria, Western Australia, Northern Territory and Tasmania. In New South Wales, the recording of FDV offences is governed by legislation. In the Australian Capital Territory, a composite method is used. The FDV indicator is applied for select offences (homicide, acts intended to cause injury, sexual assault, abduction and harassment, property damage and violence orders) where a family or domestic relationship between the victim or offender has been identified (ABS 2017a).

**For more information, see:** Explanatory notes, Criminal Courts, 2015–16, cat. no. 4513.0  
<[www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4513.0Explanatory%20Notes12015-16?opendocument&tabname=Notes&prodno=4513.0&issue=2015-16&num=&view](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4513.0Explanatory%20Notes12015-16?opendocument&tabname=Notes&prodno=4513.0&issue=2015-16&num=&view)>.

5. Longitudinal Study of Australian Children (LSAC)		
<b>First year:</b> 2004	<b>Latest year:</b> 2014	<b>Frequency:</b> 2 yearly
<b>Year in this publication:</b> 2010, 2012		
<b>Sample size:</b> Birth cohort N = 5,107, Kindergarten cohort N = 4,983 Sample size reduces over time.		
<b>Methodology:</b> Longitudinal survey		
<b>Geography:</b> National		
<b>Purpose/description:</b> The purpose of the study is to provide data that enable a comprehensive understanding of development and life-course trajectories of children within Australia's current social, economic and cultural environment. The longitudinal nature of the study enables researchers to examine the dynamics of change through the life course as children develop, and to go beyond the static pictures provided by cross-sectional statistics. The study thereby gives policy-makers and researchers access to quality data about children's development in the contemporary Australian environment.		
<b>Scope and coverage:</b> The use of multiple respondents in LSAC provides a rich picture of children's lives and development in various contexts. Across the first five waves of the study, data were collected from: <ul style="list-style-type: none"> <li>• parents of the study child:</li> <li>• parent 1 (P1) defined as the parent who knows the most about the child (not necessarily a biological parent);</li> <li>• parent 2 (P2), if there is one defined as another person in the household with a parental relationship to the child, or the partner of Parent 1 (not necessarily a biological parent); and</li> <li>• a parent living elsewhere (PLE), if there is one a parent who lives apart from Parent 1 but who has contact with the child;</li> <li>• the study child;</li> <li>• carers/teachers (depending on the child's age); and</li> <li>• interviewers.</li> </ul> In earlier waves of the study, the primary respondent was the child's Parent 1. In the majority of cases, this was the child's biological mother, but in a small number of families this was someone else who knew the most about the child. Since Wave 2, the K cohort children have answered age-appropriate interview questions, and from Wave 4 they have also answered a series of self-complete questions. The B cohort children answered a short set of interview questions in Wave 4 for the first time. As children grow older, they are progressively becoming the primary respondents of the study. <p>The sampling unit for LSAC is the study child. The sampling frame for the study was the Medicare Australia (formerly Health Insurance Commission) enrolments database, which is the most comprehensive database of Australia's population, particularly of young children. In 2004, approximately 18,800 children (aged 0–1 or 4–5 years) were sampled from this database, using a two-stage clustered design. In the first stage, 311 postcodes were randomly selected (very remote postcodes were excluded due to the high cost of collecting data from these areas). In the second stage, children were randomly selected within each postcode, with the two cohorts being sampled from the same postcodes. A process of stratification was used to ensure that the numbers of children selected were roughly proportionate to the total numbers of children within each state/territory, and within the capital city statistical districts and the rest of each state. The method of postcode selection took into account the number of children in the postcode; hence, all the potential participants in the study Australia-wide had an approximately equal chance of selection (about one in 25).</p>		
<b>FDSV definitions:</b> The primary measure of domestic violence was the question 'Have you ever been afraid of your current partner?' Those who responded with either 'Yes' were considered as experiencing domestic violence.		
<b>For more information, see:</b> Growing up in Australia: The Longitudinal Study of Australian Children <a href="http://www.growingupinaustralia.gov.au/pubs/asr/2016/asr2016a.html">www.growingupinaustralia.gov.au/pubs/asr/2016/asr2016a.html</a> .		



## 6. Longitudinal Study of Indigenous Children (LSIC)

**First year:** 2008      **Latest year:** 2016      **Frequency:** yearly

**Year in this publication:** 2010, 2013

**Sample size:** In wave 1, over 1,680 interviews were conducted with the children's parents or primary carers (usually the mothers) and over 265 interviews were conducted with fathers or other significant carers. Additional families were introduced within wave 2.

Sample size reduces over time.

**Methodology:** Longitudinal survey

**Geography:** National

### **Purpose/description:**

The main objective of the study is to provide high quality data that can be used to provide better insight into how Indigenous children's early years affect their development. It is hoped that this information can be drawn upon to help close the gap in life circumstances between Indigenous and non-Indigenous Australians.

### **Scope and coverage:**

The study includes two groups of Aboriginal and/or Torres Strait Islander children who were aged 6 to 18 months (B cohort) and 3½–5 years (K cohort) when the study began in 2008. The study uses a non-random purposive sampling design, with participants chosen to:

- ensure approximately equal representation of urban, regional and remote areas
- represent the concentration of Aboriginal and Torres Strait Islander people about Australia,
- contain a substantial Aboriginal and Torres Strait Islander population in the core and surrounding areas
- include locations engaged in the pilot of the Study
- be located near an Indigenous Coordination Centre, if possible, where Research Administration Officers could be based.

The study was designed to sample approximately 150 children in each site, providing a sample of up to 1,650 children. This number represents 5-10 per cent of Aboriginal and Torres Strait Islander children of the appropriate ages. Due to difficulties in sample recruitment related to small resident populations and geographic spread, for some sites it was not possible to find sufficient numbers of children to meet the study's targets. In other sites the number of eligible children was in excess of the required sample.

### **FDSV definitions:**

The primary measure of domestic violence was the question 'How often do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving?' Those who responded with either 'rarely', 'sometimes' or 'often' were considered as experiencing domestic violence.

**For more information, see:** Footprints in time: The Longitudinal Study of Indigenous Children <[www.dss.gov.au/about-the-department/publications-articles/research-publications/longitudinal-data-initiatives/footprints-in-time-the-longitudinal-study-of-indigenous-children-lsic#1](http://www.dss.gov.au/about-the-department/publications-articles/research-publications/longitudinal-data-initiatives/footprints-in-time-the-longitudinal-study-of-indigenous-children-lsic#1)>.

7. National Aboriginal and Torres Strait Islander Social Survey (NATSISS)		
<b>First year:</b> 1994	<b>Latest year:</b> 2014–15	<b>Frequency:</b> This is the fourth social survey
<b>Year in this publication:</b> 2014–15		
<b>Sample size:</b> 11,178 Aboriginal and Torres Strait Islander women and men completed the 2014–15 survey.		
<b>Methodology:</b> Survey		
<b>Geography:</b> National		
<b>Purpose/description:</b> <p>The NATSISS provides broad information across key areas of social concern for Aboriginal and Torres Strait Islander Australians nationally, by state and territory and remoteness area. Non-Aboriginal and Torres Strait Islander persons are out of scope for this survey.</p> <p>It provides information on a range of demographic, social, environmental and economic indicators, including: personal and household characteristics; geography; language and cultural activities; social networks and support; health and disability; education; employment; financial stress; income; transport; personal safety, crime and justice; and housing.</p>		
<b>Scope and coverage:</b> <p>The NATSISS includes all Indigenous Australians residing in private dwellings in Australia. This includes houses, flats, home units and other structures used as private places of residence at the time of the survey. People usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, nursing homes, and short-stay caravan parks were not in scope. Usual residents are those who usually live in a particular dwelling and regard it as their own or main home. Visitors to private dwellings that had been resident six months or longer were included.</p> <p>The survey was conducted in remote and non-remote areas in all states and territories of Australia, including discrete Aboriginal and Torres Strait Islander communities. It was designed to produce reliable estimates at the national level and for each state and territory. Additional sample was collected in the Torres Strait Area, to ensure data of sufficient quality for the Torres Strait Area and the remainder of Queensland.</p>		
<b>FDSV definitions:</b> <p>The survey has limited information on violence as this is not the focus of the survey. The violence data is limited to the last 12 months and only includes physical violence. The results are not comparable to the PSS results.</p>		
<b>For more information, see:</b> National Aboriginal and Torres Strait Islander Social Survey, 2014-15, cat. no. 4714.0 < <a href="http://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0">www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0</a> >.		

8. National Community Attitudes towards Violence against Women Survey (NCAS)		
First year: 2006	Latest year: 2013	Frequency: Ad hoc (2006, 2009, 2013)
Year in this publication: 2013		
Sample size: 17,517		
Methodology: Telephone survey		
Geography: National		
<b>Purpose/description:</b> The overall aim of the NCAS project is to develop and extend the evidence and knowledge base required to foster community attitudes that support women to live free from exposure to violence, including threats of or fear of violence.		
<b>Scope and coverage:</b> The 2013 NCAS comprised a 20-minute national telephone survey of 17,517 persons aged 16 and over. The survey used a dual-frame sample design such that approximately half of the respondents were interviewed via randomly generated landline telephone numbers and approximately half were interviewed via randomly generated mobile phone numbers. This dual-frame design enabled the mobile phone-only population (that is, those without a residential landline telephone connection but nonetheless contactable via their mobile phone) to be included in the sample. As such, all persons aged 16 and over and contactable via telephone, that is approximately 99% of the population were in-scope for this survey.		
<b>FDSV definitions:</b> This report adopts the definition of violence against women in the United Nations Declaration on the Elimination of Violence Against Women (1993) as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life'. The term 'violence against women' is inclusive of the range of forms of violence experienced by women. Violence against women includes men's physical and sexual violence against women in intimate relationships and families, but also encompasses other forms of violence perpetrated in other settings or circumstances. The survey focuses on community attitudes towards interpersonal forms of gender-based violence as they affect women including: <ul style="list-style-type: none"> <li>• partner violence, also referred to as domestic violence in the survey and family violence or relationship violence in some other contexts</li> <li>• sexual assault, sometimes referred to as rape in the survey</li> <li>• sexual harassment</li> <li>• stalking.</li> </ul>		
<b>For more information, see:</b> National Community Attitudes towards Violence Against Women Survey: Technical Report < <a href="http://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/PVAW/NCAS/NCAS-TechnicalReport_2014.pdf?la=en&amp;hash=DB24636BA46344D102BE775CDB14E0A5F176F072">www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/PVAW/NCAS/NCAS-TechnicalReport_2014.pdf?la=en&amp;hash=DB24636BA46344D102BE775CDB14E0A5F176F072</a> >.		

9. National Drug Strategy Household Survey (NDSHS)		
<b>First year:</b> 1985	<b>Latest year:</b> 2016	<b>Frequency:</b> 3 yearly
<b>Year in this publication:</b> 2016		
<b>Sample size:</b> 23,772		
<b>Methodology:</b> Survey		
<b>Geography:</b> National		
<b>Purpose/description:</b> To measure Australians' use, attitudes and perceptions of tobacco, alcohol and other drugs.		
<b>Scope and coverage:</b> The NDSHS collects self-reported information on tobacco, alcohol and illicit drug use and attitudes from persons aged 12 and over.  Excluded from sampling were non-private dwellings (hotels, motels, boarding houses, etc.) and institutional settings (hospitals, nursing homes, other clinical settings such as drug and alcohol rehabilitation centres, prisons, military establishments and university halls of residence). Homeless persons were also excluded as well as the territories of Jervis Bay, Christmas Island and Cocos Island.  The exclusion of people from non-private dwellings and institutional settings, and the difficulty in reaching marginalised people are likely to have affected estimates (AIHW 2017).		
<b>FDSV definitions:</b> The survey only asked about incidences that occurred in the previous 12 months when the victim perceived the perpetrator to be under the influence of alcohol or illicit drugs.  For the purposes of this report, FDSV occurred if a responded answered yes to either question: <ul style="list-style-type: none"> <li>• 'In the last 12 months, did any person under the influence of, or affected by alcohol. . . Verbally abuse you. . . Physically abuse you. . . Put you in fear'?</li> <li>• 'In the last 12 months, did any person under the influence of, or affected by Illicit drugs. . . Verbally abuse you. . . Physically abuse you. . . Put you in fear'?</li> </ul> and then nominated a 'spouse or partner', 'parent', 'child', 'brother or sister', or 'other relative' as the perpetrator in follow up questions.		
<b>For more information, see:</b> National Drug Strategy Household Survey 2016 <a href="http://meteor.aihw.gov.au/content/index.phtml/itemId/682686">meteor.aihw.gov.au/content/index.phtml/itemId/682686</a> .		

## 10. National Homicide Monitoring Program (NHMP)

**First year:** July 1989    **Latest year:** 2013–14    **Frequency:** ongoing

**Year in this publication:** 2012–13 to 2013–14

**Sample size:** All homicides

**Methodology:** Administrative data

**Geography:** National

### **Purpose/description:**

Homicide is among the most serious of all crimes. Preventing homicide and other lethal violence remains a key priority for Australian criminal justice and law enforcement agencies. The National Homicide Monitoring Program (NHMP) and its collection of data is Australia's national system that monitors homicide rates, facilitates detailed analysis of homicide types and trends and communicates this to key stakeholders, including police, government and non-government organisations, and the general public.

### **Scope and coverage:**

The NHMP collects data on the following:

- all cases resulting in a person or persons being charged with murder or manslaughter. This excludes driving-related fatalities except those that immediately followed a criminal event such as armed robbery or motor vehicle theft, or which resulted in a charge of murder or manslaughter being laid
- all murder-suicides classed as murder by police
- all other deaths classed as homicides by police, including infanticides, whether or not an offender was apprehended.

The NHMP draws on two key sources of data:

- offence records obtained from each Australian state and territory police service and supplemented, where necessary, with information provided directly by investigating police officers and/or associated staff
- state coronial records such as toxicology and post-mortem reports.

### **FDSV definitions:**

Homicide incidents are classified into primary categories according to the victim(s) and offender's principal relationship. Domestic homicide incidents—are those involving the death of a family member or other person in a domestic relationship. Domestic homicide incidents include:

- intimate partner homicide, where the victim and offender have a current or former intimate relationship, including same-sex and extramarital relationships
- filicide, where a custodial or non-custodial parent (or step-parent) kills a child (including infanticide, which is defined as the killing of a child under one year of age);
- parricide, where a child kills a custodial or non-custodial parent or step-parent;
- siblicide, where one sibling kills another; and
- other family homicide—where the victim and offender are related, but not in one of the ways described above (for example, they are cousins, aunts/uncles, grandparents etc.).

**For more information, see:** National Homicide Monitoring Program  
<[www.aic.gov.au/media\\_library/publications/sr/sr002.pdf](http://www.aic.gov.au/media_library/publications/sr/sr002.pdf)>.

11. National Hospital Morbidity Database (NHMD)		
<b>First year:</b> 1993–94	<b>Latest year:</b> 2015–16	<b>Frequency:</b> yearly
<b>Year in this publication:</b> 2014–15		
<b>Sample size:</b> In 2014–15, there were 10.2 million hospitalisations (AIHW 2016)		
<b>Methodology:</b> Administrative data		
<b>Geography:</b> National		
<b>Purpose/description:</b> The purpose of the NHMD is to collect information about care provided to admitted patients in Australian hospitals (AIHW 2016).		
<b>Scope and coverage:</b> The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. It is a comprehensive data set that has records for all episodes of admitted patient care from essentially all public and private hospitals in Australia. A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the NHMD. For 2014–15, almost all public hospitals provided data for the NHMD. The exception was an early parenting centre in the Australian Capital Territory. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the Australian Capital Territory. (AIHW 2016).		
<b>FDSV definitions:</b> Family and domestic violence is determined by the relationship to the perpetrator. Where the perpetrator, who caused the injuries being treated, was a spouse or domestic partner, parent, or other family member, it was classified as family and domestic violence for the purposes of this publication.		
<b>For more information, see:</b> National Hospital Morbidity Database 2014–15 <a href="http://meteor.aihw.gov.au/content/index.phtml/itemId/638202">meteor.aihw.gov.au/content/index.phtml/itemId/638202</a> >.		

## 12. National university student survey on sexual assault and sexual harassment

**First year:** 2015 and/or 2016    **Latest year:** 2015 and/or 2016    **Frequency:** no repeat yet

**Year in this publication:** 2015 and/or 2016

**Sample size:** 30,930 students

**Methodology:** Survey

**Geography:** National (all Australian Universities)

**Purpose/description:** At the request of Australia's 39 universities, the Australian Human Rights Commission has conducted a national, independent survey of university students to gain greater insight into the nature, prevalence and reporting of sexual assault and sexual harassment at Australian universities.

### Scope and coverage:

The National Survey measured the experiences of over 30,000 students across all 39 Australian universities. The survey was distributed online, to a stratified sample of 319,252 students. A total of 30,930 responses were received, representing an overall response rate of 9.7% of the issued sample.

The authors note that this methodology may have produced data that are not representative of the national student population, particularly for males, 'An examination of the responses from women and men revealed that for men, there was a positive association between response rates and experiencing or witnessing sexual assault or sexual harassment. This indicates that men who had experienced or witnessed sexual assault or sexual harassment may have been more likely to complete the survey. Therefore, caution must be taken in relation to our results which are projected to the population of male students. These may be an overestimation of the rates of sexual assault and sexual harassment experienced by male university Students'.

This is the first nationally representative data on students' experiences of sexual assault and sexual harassment at university, and information was collected on:

- whether students had experienced sexual assault or sexual harassment in university settings in 2015 and/or 2016
- where students experienced sexual assault and sexual harassment in university settings
- the perpetrators of sexual assault and sexual harassment
- reporting of sexual assault and sexual harassment, and
- students' recommendations for change.

The National Survey focussed on sexual assault and sexual harassment which occurred 'in a university setting', including incidents which occurred on the university campus, while travelling to and from university, at an off-campus event organised by or endorsed by the university, at university employment, or, for technology-based harassment, where some or all of the perpetrators were students, teachers or other people associated with the university.

### FDSV definitions:

For the purposes of reporting, incidents that occurred in 'university settings' were classified as follows:

- incidents which occurred on the university campus
- while travelling to or from university
- at an off-campus event organised by or endorsed by the university
- at university employment, or
- for technology-based harassment, where some or all of the perpetrators were students, teachers or other people associated with the university.

The prevalence of sexual assault was measured by providing respondents with a definition of sexual assault and asking whether the respondent had been sexually assaulted in 2015 and/or 2016. The reported figures relate to incidents that occurred in 2015 or 2016.

The prevalence of sexual harassment was determined by providing respondents with a list of 14 behaviours likely to constitute unlawful sexual harassment and asking them to disclose whether they had experienced any of these behaviours in a way that was unwelcome at any time in 2015 and/or 2016. The reported figures relate to incidents that occurred in 2016, as these figures were deemed to be more reliable survey data (see <[www.humanrights.gov.au/](http://www.humanrights.gov.au/)> for the full list of behaviours).

**For more information, see:** Change the course: National report on sexual assault and sexual harassment at Australian universities <[www.humanrights.gov.au/sites/default/files/document/publication/AHRC\\_2017\\_ChangeTheCourse\\_UniversityReport.pdf](http://www.humanrights.gov.au/sites/default/files/document/publication/AHRC_2017_ChangeTheCourse_UniversityReport.pdf)>.

13. Personal Safety Survey, Australia (PSS)		
First year: 2005	Latest year: 2016	Frequency: Every 4 years
Years in this publication: 2005, 2012, 2016		
Sample size: 21,242 women and men in 2016 survey		
Methodology: Survey		
Geography: National		
<b>Purpose/description:</b> The PSS meets the need for updated information on the nature and extent of violence experienced by women and men in Australia and other related information regarding people's safety at home and in the community.		
<b>Scope and coverage:</b> The PSS collected information from women and men aged 18 and over about the nature and extent of violence experienced since the age of 15. It also collected detailed information about women's and men's experience of current and previous partner violence and emotional abuse, experiences of stalking since the age of 15, sexual and physical abuse before the age of 15, witnessing of violence between a parent and their partner before the age of 15, lifetime experience of sexual harassment, and general feelings of safety. The scope of the 2016 PSS was persons aged 18 and over in private dwellings across Australia (excluding very remote areas). Interviews were conducted with one randomly selected person aged 18 or over who was a usual resident of the selected household (ABS 2017b). For the 2016 PSS, proxy interviews, were used for translation or 'due to the respondent being incapable of responding for themselves as a result of a significant medical reason'. Those using a proxy interviewer were only asked the compulsory sections of the survey (Administrative, Household, education, employment, income, financial stress, social connectedness, health and disability and general safety). Due to concerns about the safety and honesty of respondent with proxy interviewees present, the questions about victimisation are not asked for proxy interviews. (ABS 2017b). Prior to 2016, proxy interviews were not used. Both of these approaches mean that those with communication impairments are underrepresented in the survey sample and comparisons that include these groups should be interpreted with caution.		
<b>FDSV definitions:</b> A key objective of the 2016 PSS was to collect information about the prevalence of women's and men's experience of violence since the age of 15. This includes their experience of physical assault, sexual assault, physical threat and sexual threat by female and male perpetrators (for six key perpetrator types: current partner, previous partner, boyfriend/girlfriend or date, ex-boyfriend/ex-girlfriend, other known person, and stranger). This provides information on the prevalence of the different types of violence by different perpetrator types. Assaults exclude incidents of violence that occurred before the age of 15 (which are defined as abuse) (ABS 2017b). <b>Physical violence</b> Physical violence includes the occurrence, attempt or threat of physical assault experienced by a person since the age of 15. Physical assault is defined as any incident that involves the use of physical force with the intent to harm or frighten a person. Examples of physical force include being: pushed, grabbed or shoved (includes being pushed off a balcony, down stairs or across the room), slapped (includes a hit with an open hand), kicked, bitten or hit with a fist, hit with something else that could hurt you (includes being hit with a bat, hammer, belt, pot, ruler, etc.), beaten (includes punching, hitting or slapping in a repetitive manner), choked (includes being choked by hands, a rope, a scarf, a tie or any other item), stabbed (with a knife), shot (with a gun), any other type of physical assault (burns, scalds, being dragged by the hair or being deliberately hit by a vehicle).		

*continued*



### 13. (continued) Personal Safety Survey, Australia (PSS)

Physical threat is defined as any verbal and/or physical intent or suggestion of intent to inflict physical harm, which was made face-to-face and which the person believed was able to be and likely to be carried out. Examples of physical threats include: threaten or attempt to hit with a fist or anything else that could hurt (includes threats or attempts to slap, punch, spank or hit in any way with a fist or weapon such as a bat, hammer or pot), threaten or attempt to stab with a knife, threaten or attempt to shoot with a gun, threaten or attempt to physically hurt in any other way.

If a person experienced sexual threat and physical threat in the same incident, this was counted once only as a sexual threat (ABS 2017b).

#### **Sexual violence**

An act is considered to be a sexual assault if it is of a sexual nature and carried out against a person's will through physical force, intimidation or coercion. This includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity and attempts to force a person into sexual activity.

Sexual threat involves threats or acts of a sexual nature that were made face to face. Sexual threat occurs when a person believes another person is able and likely to carry out an act of a sexual nature. Incidents where a person experienced both sexual assault and sexual threat were counted only once as sexual assault.

Sexual violence does not include unwanted touching, which is defined as sexual harassment (see Box.2.2).

Sexual violence does not include incidents of sexual assaults that occurred before the age of 15.

These incidents are defined as sexual abuse (ABS 2017b).

#### **Emotional abuse**

The term emotional abuse is used to refer to certain behaviours or actions that are aimed at preventing or controlling a person's behaviour with the intent to cause them emotional harm or fear. These behaviours are characterised in nature by their intent to manipulate, control, isolate or intimidate the person they are aimed at. They are generally repeated behaviours and include psychological, social, economic and verbal abuse (ABS 2017b).

The PSS asked women and men if they had experienced emotional abuse from a current or former cohabiting partner. A person may be considered to have experienced emotional abuse if they reported one or more of the following threatening behaviours:

- partner had controlled (or tried to control) contact with family, friends, or community
- partner had controlled (or tried to control) use of telephone, internet, family car, household money
- partner had deprived them of food, shelter, employment opportunities, study opportunities
- partner threatened to take/harm children or other family members.

Additional behaviours that may be considered emotional abuse can be found in the explanatory notes of the PSS (ABS 2017b).

#### **Most recent incident of violence**

In the PSS, the 'most recent incident' had to have occurred in the past 10 years to be included in the survey. If the incident occurred before that, information was not collected due to potential large difficulties in recall. As information is collected only in relation to the most recent incident, rates will not reflect the total prevalence of different characteristics. In the PSS, the most recent violent incident was not always a family, domestic or sexual violence incident. These data are included because family, domestic or sexual violence still represents a significant component of all violence and the data provide more detail about how and where the violence occurred.

*continued*

### 13. (continued) Personal Safety Survey, Australia (PSS)

Most recent incidents of violence were counted separately for:

- physical assault from a male
- physical assault from a female
- physical threat from a male
- physical threat from a female
- sexual assault from a male
- sexual assault from a female
- sexual threat from a male
- sexual threat from a female.

Women and men who experienced multiple types of violence in the last 10 years completed the survey module for each type of violence they experienced. The most common type of violence most recently experienced by women and men in the last 10 years was physical assault from a male (ABS 2017b)

**For more information, see:** Personal Safety Survey, Australia, 2016, cat. no. 4906.0.  
<[www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0](http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0)>.

### 14. Recorded Crime, Offenders – Australia (RCO)

<b>First year:</b> 2007–08	<b>Latest year:</b> 2015–16	<b>Frequency:</b> yearly
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**Year in this publication:** 2015–16

**Sample size:** Number of offenders proceeded against by police was 422,067

**Methodology:** Administrative data

**Geography:** National, state/territory

**Purpose/description:**

The data reflect the administrative processes of police agencies in dealing with offenders (ABS 2017c).

**Scope and coverage:**

The Recorded Crime, Offenders data set presents statistics about all offenders aged 10 and over who were proceeded against by state/territory police between 1 July 2015 to 30 June 2016 at a national level, and also for each state and territory.

Experimental Family and Domestic Violence statistics present experimental data on offenders of family and domestic violence-related offences, as recorded by police. Offences were determined to be FDV-related based on an FDV flag which varies across jurisdictions based on relevant state and territory legislation. Experimental FDV data are presented for New South Wales, Victoria, Western Australia, the Northern Territory and the Australian Capital Territory for the 2014–15 and 2015–16 reference periods (ABS 2017c).

**FDSV definitions:**

An FDV-related offence is defined as an offence involving at least two persons who are in a specified family or domestic relationship and which has been determined by police officers to be family and/or domestic violence-related as part of their investigation. FDV-related offences are limited to: homicide and related offences, acts intended to cause injury, sexual assault and related offences, abduction, harassment and other offences against the person, property damage and breach of violence and non-violence orders (ABS 2017c).

**For more information, see:** Recorded Crime, Offenders, 2015–16, cat. no. 4519.0.  
<[www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4519.0Explanatory%20Notes12015-16?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4519.0Explanatory%20Notes12015-16?OpenDocument)>.

15. Recorded Crime, Victims – Australia (RCV)		
<b>First year:</b> 1993	<b>Latest year:</b> 2016	<b>Frequency:</b> yearly
<b>Year in this publication:</b> 2016		
<b>Sample size:</b> N/A—victims of multiple offences cannot be added to form a total		
<b>Methodology:</b> Administrative data set		
<b>Geography:</b> National, state/territory		
<b>Purpose/description:</b> <p>The Recorded Crime, Victims data set presents statistics about victims of selected offences that came to the attention of, and were recorded by police. Selected characteristics about the victim (including sex and age) and incident (including weapon use and location) are also presented, as well as the outcome of the police investigation at 30 days from the time of report (ABS 2017d).</p>		
<b>Scope and coverage:</b> <p>The data set presents information about victims from a selected range of jurisdictions (ABS 2017d).</p> <p>Victims of Family and Domestic Violence (FDV)- related offences presents statistics about victims of selected offences where the relationship of offender to victim, as stored on police systems, falls within a specified family or domestic relationship, or where an FDV flag has been recorded, following a police investigation. National statistics are available for selected offences only. FDV data is available for selected states and territories for 2014–2016 reference periods (ABS 2017d).</p> <p>Data about Indigenous status within the FDV statistics are available for New South Wales, South Australia and the Northern Territory. Based on a quality assessment conducted by the ABS, Indigenous status data are not of sufficient quality for other jurisdictions (ABS 2017d).</p>		
<b>FDSV definitions:</b> <p>Victims of FDV-related offences are identified where the relationship of offender to victim falls within a specified family or domestic relationship. Victims of FDV can also be identified where an FDV flag has been recorded following a police investigation. Offences that can be identified as FDV-related include: murder, attempted murder, manslaughter, assault, sexual assault, kidnapping and abduction (ABS 2017d).</p>		
<b>For more information, see:</b> Recorded Crime, Victims, 2016, cat. no. 4510.0. <a href="http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4510.0Explanatory%20Notes12016?OpenDocument">www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4510.0Explanatory%20Notes12016?OpenDocument</a> >.		

16. Specialist Homelessness Services Collection (SHSC)		
<b>First year:</b> 2011–12	<b>Latest year:</b> 2016–17	<b>Frequency:</b> annually
<b>Year in this publication:</b> 2011–12 to 2016–17		
<b>Sample size:</b> 288,273		
<b>Methodology:</b> Administrative data set		
<b>Geography:</b> National		
<b>Purpose/description:</b> The Specialist Homelessness Services (SHS) collection obtains information about people, adults and children, who seek assistance from specialist homelessness agencies.		
<b>Scope and coverage:</b> This national data collection contains information collected from homelessness agencies funded under the National Affordable Housing Agreement and National Partnership Agreement on Homelessness. The base unit is a person who presents to an SHS agency requesting services). A person becomes a 'client' once they receive services. A 'support period' is the period a client receives assistance from an SHS agency. It relates to the provision of a service and/or supported accommodation. It finishes when the relationship between the client and agency ends, the client has reached their maximum amount of support; or a client has not received services from an agency for a whole calendar month and there is no ongoing relationship. In most cases, a series of services other than supported accommodation are provided to the client by the SHS agency during a support period. 'Assistance' also includes contact with a client, or work on behalf of a client.		
<b>FDSV definitions:</b> Clients in the SHSC were counted as 'experiencing domestic and family violence' if, as part of any support period during the study period: 'domestic and family violence' was reported as a reason they sought assistance, or if, as part of any support period, they required domestic or family violence assistance. The SHSC reports on all clients who experience domestic and family violence, both victims and perpetrators. The SHSC data are not able to distinguish between these 2 groups.		
<b>For more information, see:</b> Specialist Homelessness Services < <a href="http://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-1">www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-1</a> >.		

17. The World's Women (IVAWS)			
First year: 2000	Latest year: 2014	Frequency: Variable	
Year in this publication: 2000–2014			
Sample size: 197 countries			
Methodology: Meta-analysis			
Geography: Global (available countries)			
<b>Purpose/description:</b> <i>The World's Women: Trends and Statistics</i> provides the latest statistics and analysis on the status of women and men at global and regional levels and reviews the progress towards gender equality over the last 20 years.			
<b>Scope and coverage:</b> The World's Women 2015 covers 197 countries or areas with a population of at least 100,000 as at 1 July 2015, with the exception of the chapters on power and decision making, violence against women and education, where countries or areas with a population of less than 100,000 have been included for selected indicators. The term “countries” refers to political entities that are independent States. The term “areas” refers to geographical entities that have no independent political status; an area is thus generally a portion of one or more independent States. In chapters 1 to 8, tables and figures cover only countries or areas for which data are available. Similarly, in the online Statistical Annex, tables cover only countries or areas for which data are available (UNSD 2015). For analytical purposes, countries or areas are grouped into developed and developing regions. Developing regions are further classified into geographical regions or subregions, following the official Millennium Development Goals regional groupings. In some cases, where indicated, regions may vary, depending on the grouping used by the international organisations providing the data and the statistical clustering of countries according to selected characteristics. Global and regional aggregates and averages prepared by international and regional organisations are weighted averages of country data. Regional estimates computed by the United Nations Statistics Division from data at the country or area level are also weighted unless indicated otherwise as unweighted in annotations to tables and figures. Unweighted averages are usually used when the availability of data for a particular indicator is limited. In these cases, the number of countries or areas used to calculate regional averages is provided (UNSD 2015).			
Estimate	Collection period	Studies/countries included	Data source
National lifetime intimate partner violence	2004–2014	22 countries	UN 2015
National lifetime intimate partner psychological violence	2000–2013	23 countries	UN 2015
National 12 month intimate partner psychological violence	2000–2013	20 countries	UN 2015
<b>FDSV definitions:</b> Definitions and methodologies used to collect data on violence against women can vary across countries. Physical violence consists of acts aimed at physically hurting the victim and include, but are not limited to, pushing, grabbing, twisting the arm, pulling the hair, slapping, kicking, biting or hitting with the fist or object, trying to strangle or suffocate, burning or scalding on purpose, or attacking with some sort of weapon, gun or knife. Sexual violence is defined as any sort of harmful or unwanted sexual behaviour that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts with a woman without her consent, sexual harassment, verbal abuse and threats of a sexual nature, exposure, unwanted touching, and incest.			
<b>For more information, see:</b> United Nations Statistics Division: The World's Women 2015 <unstats.un.org/unsd/gender/downloads/WorldsWomen2015_chapter6_t.pdf>.			

## 18. Global and regional estimates of violence against women (WHO)

**First year:** earliest available      **Latest year:** 2011      **Frequency:** variable

**Year in this publication:** Through to 2011

**Sample size:** number of studies varies by measure. No totals presented.

**Methodology:** Meta-analysis

**Geography:** Global (available countries)

### **Purpose/description:**

By compiling and analysing all available data from studies designed to capture women's experiences of different forms of violence, this report provides the first such summary of the violent life events that many women experience. It documents not only how widespread this problem is, but also how deeply women's health is affected when they experience violence.

### **Scope and coverage:**

A systematic review of the prevalence of intimate partner violence was conducted, compiling evidence from both peer-reviewed literature and grey literature from first record to 2008; the peer reviewed component was then updated to 9 January 2011. For this, a search was conducted of 26 medical and social science databases in all languages, yielding results in English, Spanish, French, Portuguese, Russian, Chinese and a few other languages. Controlled vocabulary terms specific to each database were used (for example, MeSH terms for Medline). Only representative population based studies with prevalence estimates for intimate partner violence in women of any age above 15 years were included. Any author definitions of intimate partner violence were included. A total of 7,350 abstracts were screened.

Additional analysis of the *WHO multi-country study on women's health and domestic violence against women* (21) (10 countries) was also performed, and additional analyses of the International Violence Against Women Surveys (IVAWS, 8 countries), *GENACIS: Gender, alcohol and culture: an international study* (16 countries) and the DHS (20 countries) were also conducted. In total, 185 studies from 86 countries representing all global regions met our inclusion criteria, and data from 155 studies in 81 countries informed our estimates. Of these, 141 studies were used in the all ages model, 89 were used in the age-specific model, and 75 were used in both. Of the 14 studies used only in the age-specific model, nine had insufficient data for calculating an all-age estimate and five had a broader range of age specific data but were not included in the all-age estimate.

Estimate	Collection period	Studies / countries included	Data source
Global and regional lifetime intimate partner violence (all ages)	Through to 2011	155 studies 81 countries	WHO 2013
Global and regional lifetime intimate partner violence (by age)	Through to 2011	89 studies	WHO 2013
Global and regional lifetime non-partner sexual violence	Through to 2011	77 studies 56 countries	WHO 2013
Global and regional Intimate partner homicides	1982–2011	226 studies 65 countries	WHO 2013

*continued*

## 18. (continued) Global and regional estimates of violence against women (WHO)

### FDSV definitions:

Intimate partner violence is defined as: self-reported experience of one or more acts of physical and/or sexual violence by a current or former partner since the age of 15. Current intimate partner violence is defined as self-reported experience of partner violence in the past year. Prior intimate partner violence is defined as self-reported experience of partner violence before the past year.

Physical violence is defined as: being slapped or having something thrown at you that could hurt you, being pushed or shoved, being hit with a fist or something else that could hurt, being kicked, dragged or beaten up, being choked or burnt on purpose, and/or being threatened with, or actually, having a gun, knife or other weapon used on you.


Sexual violence is defined as: being physically forced to have sexual intercourse when you did not want to, having sexual intercourse because you were afraid of what your partner might do, and/or being forced to do something sexual that you found humiliating or degrading.

Non-partner sexual violence is defined as: when aged 15 or over, the experience of being forced to perform any sexual act that you did not want to by someone other than your husband/partner.

**For more information, see:** United Nations Statistics Division: The World's Women 2015 <[unstats.un.org/unsd/gender/downloads/worldswomen2015\\_report.pdf](http://unstats.un.org/unsd/gender/downloads/worldswomen2015_report.pdf)>.







Family, domestic and sexual violence is a major health and welfare issue. It occurs across all ages, socioeconomic and demographic groups but mainly affects women and children. Indigenous women, young women and pregnant women are particularly at risk. This report explores the extent, impact and cost of family, domestic and sexual violence in Australia, and looks at what could be done to fill important data gaps.

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better decisions,  
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