



Australian Government

Australian Institute of
Health and Welfare



Family, domestic and sexual violence in Australia: continuing the national story

2019



**Family, domestic and
sexual violence in Australia:
continuing the national story
2019**



The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

© Australian Institute of Health and Welfare 2019 

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at www.aihw.gov.au/copyright/. The full terms and conditions of this licence are available at <http://creativecommons.org/licenses/by/3.0/au/>.

A complete list of the Institute's publications is available from the Institute's website www.aihw.gov.au.

ISBN 978-1-76054-532-1 (Online)

ISBN 978-1-76054-533-8 (Print)

Suggested citation

Australian Institute of Health and Welfare 2019. Family, domestic and sexual violence in Australia: continuing the national story 2019. Cat. no. FDV 3. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Mrs Louise Markus

Chief Executive Officer

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

Published by the Australian Institute of Health and Welfare.

Please note that there is the potential for minor revisions of data in this report.

Please check the online version at www.aihw.gov.au for any amendment.

Contents

Summary	vii
1 Introduction	1
What is family, domestic and sexual violence?	1
How common is family, domestic and sexual violence in Australia?	3
Government policies	4
Reporting on family, domestic and sexual violence	6
Data sources and supporting materials used in this report	7
2 Extent and nature of family, domestic and sexual violence	8
Rates of violence over time	10
Extent of intimate partner violence	11
Nature of partner violence	12
Emotional abuse	14
Sexual assault	16
3 Responses to family, domestic and sexual violence	18
Police responses	19
Legal responses	22
Hospitalisations	27
Income support	34
Specialist homelessness services	35
Family and relationship services	38
Technology assisted services	39
Family, domestic and sexual violence workforce	41
4 Impacts and outcomes of family, domestic and sexual violence	44
Long-term health impacts and outcomes	44
Homicide	49
5 Attitudes and behaviours relating to family, domestic and sexual violence	56
Community attitudes towards violence against women	57
Sexual harassment	61
Stalking	64

6 Family, domestic and sexual violence in vulnerable populations.	70
Children.	71
Young women	81
Older people.	84
People with disability	90
People from culturally and linguistically diverse backgrounds.	95
LGBTIQ+ people	99
People in rural and remote Australia	101
Socioeconomically disadvantaged people	102
7 Family violence among Indigenous Australians	106
Prevalence of family violence.	108
Responses to family violence.	108
Impacts and outcomes of family violence	115
8 Key data gaps and data development activities	119
Prevalence.	119
Responses.	122
Presentation of data	123
AIHW data development activities	124
Other data development activities	128
Appendix: State and territory government policies on family, domestic and sexual violence	129
Acknowledgments.	132
Abbreviations.	133
Glossary.	134
References	137
List of figures	144
List of tables.	148
Related publications.	148

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:



Summary

Family, domestic and sexual violence is a major national health and welfare issue that can have lifelong impacts for victims and perpetrators. It affects people of all ages and from all backgrounds, but predominantly affects women and children. The Australian Bureau of Statistics (ABS) 2016 Personal Safety Survey (PSS) estimated that 2.2 million adults have been victims of physical and/or sexual violence from a partner since the age of 15 (ABS 2017c).

How common is family, domestic and sexual violence?



1 in 6 women
17% or 1.6 million

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



1 in 16 men
6.1% or 548,000



1 in 4 women
23% or 2.2 million

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



1 in 6 men
16% or 1.4 million



1 in 5 women
18% or 1.7 million

have experienced sexual violence since the age of 15

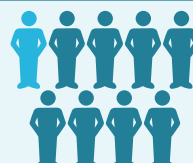


1 in 20 men
4.7% or 429,000



1 in 6 women
16% or 1.5 million

were physically or sexually abused before age of 15



1 in 9 men
11% or 992,000



1 in 2 women
53% or 5.0 million

have been sexually harassed since the age of 15



1 in 4 men
25% or 2.2 million



1 in 6 women
17% or 1.6 million

have experienced stalking since the age of 15








1 in 15 men
6.5% or 587,000

This report builds on the AIHW's inaugural *Family, domestic and sexual violence in Australia 2018* report (AIHW 2018b). It presents new information on vulnerable groups, such as children and young women. It examines elder abuse in the context of family, domestic and sexual violence, and includes new data on telephone and web-based support services, community attitudes, sexual harassment and stalking. It also includes the latest data on homicides, child protection, hospitals and specialist homelessness services.





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 previous) 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 previous partner, other people known to the victim, or strangers.

Some groups are more vulnerable

Vulnerable group	Key statistics
 <p>Children</p>	<p>Around 2.5 million adults have experienced physical and/or sexual abuse before the age of 15. Most often, a parent was the perpetrator of physical abuse and someone known to the child (not a family member) the perpetrator of sexual abuse (ABS 2017c).</p> <p>Many children have witnessed violence: 418,000 women and 92,200 men who had experienced violence from a previous partner said the children in their care had witnessed this violence (ABS 2017c).</p> <p>In 2016–17, there were 288 hospitalisations of children for abuse injuries perpetrated by a parent (217 hospitalisations) or other family member (71 hospitalisations) (AIHW analysis of National Hospital Morbidity Database).</p> <p>In 2017–18, 22% (26,500) clients seeking specialist homelessness services as a result of family or domestic violence were aged 0–9 (AIHW 2019d).</p> <p>In 2017–18, 159,000 children received child protection services: the rate of children receiving these services rose from 26 per 1,000 children in 2012–13 to 29 per 1,000 in 2017–18 (AIHW 2017, 2019b).</p>
 <p>Young women</p>	<p>Young women aged 18–34 were 2.7 times as likely as those aged 35 and over to have experienced intimate partner violence in the 12 months before the 2016 PSS (ABS 2018a).</p> <p>In 2017, young women aged 15–34 accounted for more than half (53%, or 11,000) of all police-recorded female sexual assault victims (ABS 2018b).</p>
 <p>Older people</p>	<p>In 2017–18, more than 10,900 calls were made to elder abuse helplines across Australia. Female victims outnumbered male victims in each state and the proportion of victims generally rose with age. Emotional and financial abuse were the most common types of elder abuse reported.</p>
 <p>People with disability</p>	<p>When compared with people without disability, people with disability were 1.8 times as likely to have experienced physical and/or sexual violence from a partner in the previous year, and 1.7 times as likely to have experienced sexual violence (including assault and threats) since the age of 15 (ABS 2018a).</p>
 <p>People from culturally and linguistically diverse backgrounds</p>	<p>Between March 2013 and June 2016, the Australian Federal Police received 116 case referrals for forced marriage involving young females. These commonly involved Australian citizens under the age of 18 with relatives alleged to have organised a marriage for them overseas without their full and free consent (IDC ICoHTaS 2016).</p>

continued

Vulnerable group	Key statistics
 <p>LGBTIQ+ people</p>	<p>People identifying with diverse sexual orientation were 1.7 times as likely to have experienced workplace sexual harassment in the 5 years before the survey as people identifying as heterosexual (AHRC 2018).</p> <p>Women who identified as lesbian, bisexual, and mainly heterosexual were twice as likely to report physical abuse by a partner as women who identify as exclusively heterosexual (Szalacha et al. 2017).</p>
 <p>People in rural and remote Australia</p>	<p>People living outside <i>Major cities</i> were 1.4 times as likely to have experienced partner violence since the age of 15 as people living in <i>Major cities</i> (ABS 2018a).</p> <p>People in <i>Remote</i> and <i>Very remote</i> areas were 24 times as likely to be hospitalised for domestic violence as people in <i>Major cities</i> (AIHW analysis of National Hospital Morbidity Database).</p>
 <p>People from socioeconomically disadvantaged areas</p>	<p>People living in the most disadvantaged areas of Australia are 1.5 times as likely to experience partner violence as those living in areas of least disadvantage (ABS 2018a).</p>
 <p>Indigenous Australians</p>	<p>Indigenous adults were 32 times as likely to be hospitalised for family violence as non-Indigenous adults (AIHW analysis of National Hospital Morbidity Database).</p> <p>In 2017–18, 25% of Indigenous specialist homelessness services clients sought assistance for family violence (AIHW 2019d).</p> <p>In 2017–18, 16% (48,000) Indigenous children received child protection services—a rate 8 times as high as non-Indigenous children (AIHW 2019b).</p>

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

While national population surveys show that rates of partner violence and sexual violence have remained stable since 2005, total violence from any person has declined significantly over this period. Despite these relatively stable population survey rates, the number of people accessing services due to family, domestic and sexual violence continues to rise: such as police, hospital, child protection and homeless services.

The number of sexual assault victims recorded by police continues to rise

Police recorded 25,000 victims of sexual assault in 2017—8% more than the 23,000 victims in 2016 and the highest number since the data series began in 2010 (ABS 2018b). Around 8 in 10 (82%, or 21,000) victims were female.

More women are being hospitalised due to family and domestic violence

In 2016–17, there were 6,300 hospitalisations of adults aged 15 and over for assault injuries due to family and domestic violence: 4,600 hospitalisations for women and 1,700 hospitalisations for men. From 2014–15 to 2016–17, the rate of hospitalisation of women assaulted by a partner rose by 23%, whereas the rate for men remained relatively stable (AIHW analysis of National Hospital Morbidity Database).

More people are accessing specialist homelessness services due to family and domestic violence

In 2017–18, more than 121,000 (42%) of people assisted by specialist homelessness services had experienced family and domestic violence. Of these, more than 3 in 4 (78%, or 94,100) were female. The rate of females assisted by homelessness services who had experienced family and domestic violence rose by 32% between 2013–14 and 2017–18. For males, this rate rose by 40% (AIHW 2018c, 2019d).

The toll of family, domestic and sexual violence is substantial

The impacts of family, domestic and sexual violence can be serious and long-lasting, affecting an individual's health, wellbeing, education, relationships and housing outcomes (AIHW 2018b). Most of the available evidence on the impacts focus on women and children.

Several studies show that women who experience childhood abuse have worse physical and mental health in adulthood (Loxton et al. 2006). Women who experienced domestic violence during pregnancy were more likely to suffer depression, and other physical and psychological health problems, compared with women who did not experience violence (Brown et al. 2015).

Partner violence is a major health risk factor for women aged 25-44—with mental health conditions being the largest contributor to the disease burden from partner violence, followed by anxiety disorders and suicide and self-inflicted injuries. Child abuse and neglect is the highest health risk factor for women aged 0-44 and boys aged 0-14—with suicide and self-inflicted injuries being the largest contributor to the disease burden, followed by depressive disorders and anxiety disorders (AIHW forthcoming 2019).

1 woman is killed every 9 days and 1 man is killed every 29 days by a partner

Between 2014-15 and 2015-16, the National Homicide Monitoring Program recorded 218 domestic homicide victims from 198 domestic homicide incidents. Over half (59%, or 129) victims were female and 64% (82) of these female victims were killed by an intimate partner. There were also 89 male domestic homicide victims, with over 1 in 4 (28%, or 25) killed by an intimate partner (AIC unpublished).

Between 2000-01 and 2011-12, 238 incidents of filicide (the killing of a child by a parent or parent-equivalent), in which 284 victims were killed, were recorded by police in Australia. Nearly half of children killed by a parent were killed by their custodial mother (Brown et al. 2019).

More people are recognising non-physical behaviours as violence

Most Australians have an accurate knowledge of what constitutes violence against women and do not endorse this violence. More Australians are recognising non-physical behaviours as violence; in 2017, 81% agreed that controlling or denying a partner money was a form of violence—up from 70% in 2013.

While most people's knowledge of violence against women has increased, there are still some areas for concern—1 in 3 Australians are unaware that women are more likely to be sexually assaulted by a known person than a stranger; 2 in 5 are unsure where to access help for domestic violence (Webster et al. 2018).

Key data gaps and data development activities

Notable information gaps exist on various aspects of family, domestic and sexual violence, including inconsistent identification and lack of comparability between data sets; limited information about vulnerable populations; and a lack of data about pathways, impacts and outcomes for victims, perpetrators and their children.

The AIHW is working with data providers to improve the identification and collection of family, domestic and sexual violence data in a range of areas, including hospitals, child protection, and homelessness services. The AIHW is also working to fill data gaps in perpetrator interventions and family, domestic and sexual violence services.



1 Introduction

Family, domestic and sexual violence is a major health and welfare issue in Australia. It occurs across all ages and all sociodemographic groups, but mainly affects women and children. This report continues the national story that the AIHW first explored in *Family, domestic and sexual violence in Australia 2018* (AIHW 2018b). It examines the prevalence and impact of family, domestic and sexual violence among at-risk groups, including children, young women, people with disability, and older Australians, and has new data on sexual harassment, including sexual harassment in the workplace, and stalking. Specifically, it includes:

- new analyses from the Australian Bureau of Statistics (ABS) 2016 Personal Safety Survey (PSS) and the Australian Longitudinal Study on Women's Health
- new data from telephone helplines, web-based support services, and family and relationship services that provide information about people who seek help because of family, domestic and sexual violence
- updated data on homicides, child protection, hospitals and specialist homelessness services
- updated data on community attitudes from the 2017 National Community Attitudes towards Violence against Women Survey
- an update on what is being done to fill the data gaps identified in the 2018 report.

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 in the broader context of all violence, and can encompass a range of behaviours.

Consistent with *Family, domestic and sexual violence in Australia 2018*, this report focuses on aspects of family violence, domestic violence and sexual violence. Box 1.1 provides details of the definitions used in this report and provides examples of acts and behaviours associated with family, domestic and sexual violence. Figure 1.1 shows the intersection between the different types of family, domestic and sexual violence. Note that institutionalised abuse and broader categories of violence are not in scope for this report.

Box 1.1: Family, domestic and sexual violence definitions and examples

Family violence refers to violence between family members, typically where the perpetrator exercises power and control over another person. 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 and typically refers to violent behaviour between current or previous intimate partners. In some data collections, domestic violence is used more broadly and can include violence between any family members.

Sexual violence refers to behaviours of a sexual nature carried out against a person's will.

It can be perpetrated by a current or previous partner, other known people, or strangers.

Dating violence refers to violence from a current or previous boyfriend, girlfriend or date. It has been included in this report as it is particularly relevant to younger people who are less likely to be in more formal living arrangements with their intimate partners.

Acts and behaviours associated with family, domestic and sexual violence vary in type, duration, intensity and frequency and are further described below:

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.

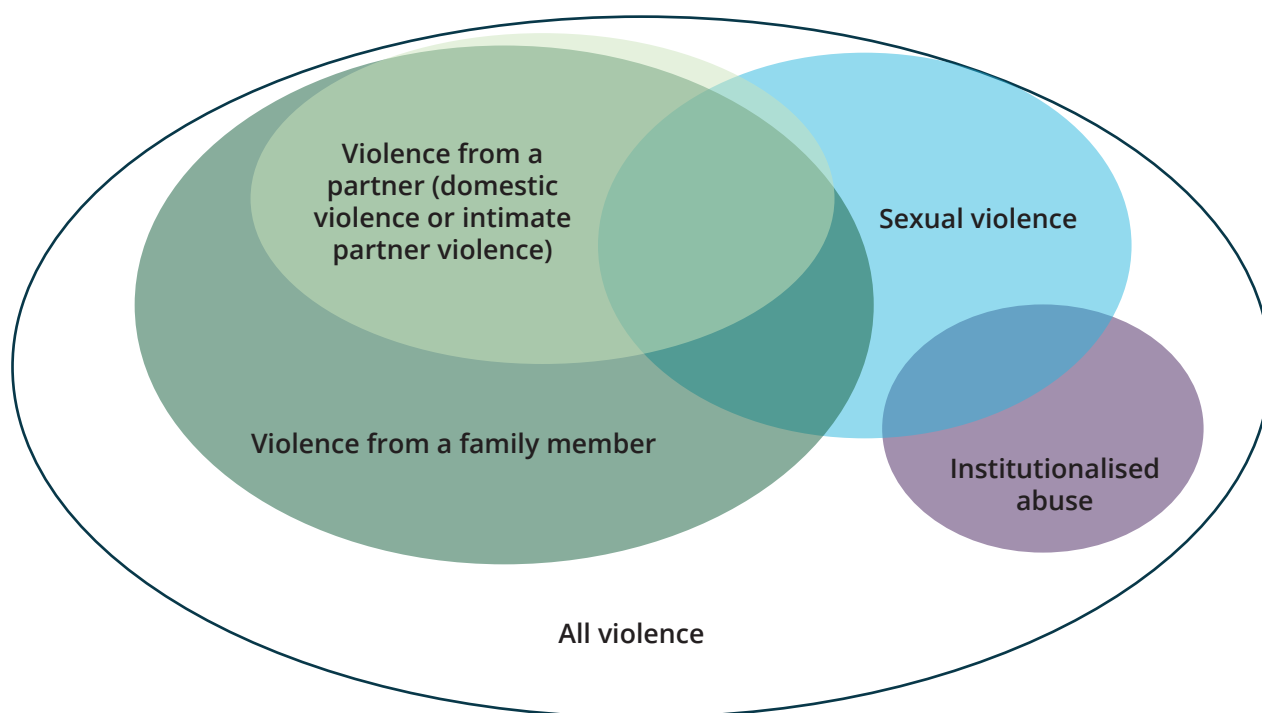
Sexual violence can include rape; sexual abuse; unwanted sexual advances or harassment and intimidation at work and elsewhere; being forced to watch or engage in pornography; sexual coercion; having sexual intercourse because you are afraid of what your partner might do; forced prostitution; and trafficking.

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

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. Further details of the different types of violence are included in the Glossary.

Sources: COAG 2011; VicHealth 2017; WHO et al. 2013.

Figure 1.1: Family, domestic and sexual violence



Notes

1. Intimate partner violence, domestic violence and family violence include multiple types of violence and are defined by the perpetrator's relationship to the victim. Sexual violence is a type of violence and is in scope of this report regardless of the perpetrator. Broader forms of violence—such as elder abuse or visa abuse—are only in scope if the abuse occurred in the context of family, domestic and sexual violence.
2. Violence and abuse that occurs in institutional settings is not in scope of this report.

How common is family, domestic and sexual violence in Australia?

The *Family, domestic and sexual violence in Australia 2018* report presented information from more than 20 data sources to build a picture of what is known about the nature and extent of family, domestic and sexual violence in Australia. It also identified data gaps and emerging issues. The report found that, according to the 2016 Personal Safety Survey, around 1 in 6 (17%, or 1.6 million) women and 1 in 16 (6.1%, or 548,000) men had experienced physical or sexual violence from a current or previous cohabiting partner since the age of 15 (Box 1.2). Women were more likely to experience violence from a known person and in their home, while men were more likely to experience violence from a stranger and in a public place (ABS 2017c; AIHW 2018b).

Box 1.2: How common is family, domestic and sexual violence in Australia?



1 in 6 women
17% or 1.6 million

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



1 in 16 men
6.1% or 548,000



1 in 4 women
23% or 2.2 million

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



1 in 6 men
16% or 1.4 million



1 in 5 women
18% or 1.7 million

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

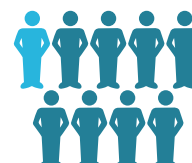


1 in 20 men
4.7% or 429,000



1 in 6 women
16% or 1.5 million

were **physically or sexually abused** before age of 15



1 in 9 men
11% or 992,000

Source: ABS 2017c.

Government policies

Family, domestic and sexual violence is a priority for Australian and state and territory governments. 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 2 main types of violence experienced by women—family/domestic violence and sexual assault—and 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 4 action plans over the 12 years.

The Third Action Plan 2016–19

The Third Action Plan 2016–19 of the National Plan outlined what governments, communities, businesses and individuals could do to reduce violence across 6 National Priority Areas:

- prevention and early intervention
- Aboriginal and Torres Strait Islander women and their children
- greater support and choice
- sexual violence
- responding to children living with violence
- keeping perpetrators accountable across all systems (COAG 2016).

The final, and Fourth Action Plan for 2019–22 will be released mid-2019, following endorsement by the Council of Australian Governments. The Australian Government is working closely and collaboratively with states and territories to develop the plan and finalise their contributions to making a significant and sustained reduction in violence against women and their children.

The Fourth Action Plan will focus on:

- prevention strategies for family and domestic violence in homes, work places and communities
- the provision of safe spaces for people impacted by family and domestic violence
- improvements to frontline services, including the national sexual assault, domestic and family violence counselling service, 1800RESPECT
- provision of support and prevention strategies for Indigenous communities.

What the states and territories are doing

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

- New South Wales Domestic and Family Violence Blueprint for Reform 2016–2021
- Ending Family Violence: Victoria's Plan for Change
- Queensland's Domestic and Family Violence Prevention Strategy 2016–2026
- Western Australia's Family and Domestic Violence Prevention Strategy to 2022
- South Australia's Women's Safety Strategy 2011–2022
- Safe Home, Safe Families: Tasmania's Family Violence Action Plan 2015–2020
- ACT Government Response to Family Violence, 2016
- The Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018–2028.

More information about these government policies is in the Appendix.

Reporting on family, domestic and sexual violence

As noted in *Family, domestic and sexual violence in Australia 2018*, it can be difficult to accurately record the extent of family, domestic and sexual violence in the population. Incidents frequently occur behind closed doors and are often concealed by, and denied by, their perpetrators and sometimes by their victims. Data sources can only capture incidents that are disclosed by the individuals involved or recorded and/or reported to the relevant authorities (ABS 2017b).

This report pulls together a range of data from national data collections and surveys, including data on prevalence and attitudes, hospital presentations, social support programs, recorded crime, corrections and specialised family, domestic and sexual violence services. Figure 1.2 shows the range of areas where data are drawn from. While no single data source can provide all the information needed to report on family, domestic and sexual violence, bringing together these data sources helps create a greater understanding of the subject (AIHW 2018b).

Although this report focuses on national data, it also uses data from some smaller collections and explores available research to further our understanding of family, domestic and sexual violence in Australia.

As many of the data sources collect information about female victims of intimate partner violence perpetrated by men, these incidents make up a large part of this report. However, the report includes information about men's and children's experiences of violence, and the experiences of specific population groups where data are available. Data on perpetrators are limited, but reported where available.

Figure 1.2: Key data sources for reporting on family, domestic and sexual violence



Data sources and supporting materials used in this report

The names of the specific data sources used in this report are included in Figure 1.3 and further details for each data collection are available online at <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/data-sources-monitoring-family-domestic-sexual-violence>. Also available online are data tables for all the figures included in this report, at <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/data>.

Figure 1.3: National data sources used in this report for monitoring family, domestic and sexual violence in Australia

New data sources

- Elder abuse hotlines (various sources)
- Family and relationship services, Relationships Australia 2017–18
- AHRC National Survey on Sexual Harassment in Australian Workplaces, 2018
- National Survey of Workers in the Domestic, Family and Sexual Violence Sectors

Updated data sources

- National Community Attitudes towards Violence against Women Survey, 2017
- ABS Recorded Crime—Victims, Australia, 2017
- ABS Recorded Crime—Offenders, Australia, 2017–18
- ABS Criminal Courts, 2017–18
- AIHW Child Protection National Minimum Data Set, 2017–18
- AIHW Specialist Homelessness Services Collection, 2017–18
- AIHW National Hospital Morbidity Database, 2016–17
- Australian Burden of Disease Study, 2018
- Department of Human Services Centrelink Data, 2017–18

Further analysis of existing data sources

- ABS Personal Safety Survey, 2016
- ABS National Aboriginal and Torres Strait Islander Survey
- Australian Longitudinal Study on Women's Health
- Longitudinal Study of Australian Children



2 Extent and nature of family, domestic and sexual violence

Key findings

Since the age of 15:

- 1 in 6 (17%, or 1.6 million) women and 1 in 16 (6.1%, or 548,000) men had experienced physical and/or sexual violence from a current or previous cohabiting partner.
- 1 in 20 (5.1%, or 935,000) people had experienced violence from a current or previous boyfriend, girlfriend or date—7.4% (694,000) women and 1.9% (174,000) men.
- 1 in 4 (23%, or 2.2 million) women and 1 in 6 (16%, or 1.4 million) men have experienced emotional abuse from a current or previous partner.
- More than 1 in 2 (57%, or 958,000) women and 1 in 4 (24%, or 247,000) men who have experienced emotional abuse from a previous partner have also been assaulted or threatened with assault.
- 1 in 5 (18%, or 1.7 million) women and 1 in 20 (4.7%, or 429,000) men have experienced sexual violence.

Although family, domestic and sexual violence occurs across all age and sociodemographic groups, *Family, domestic and sexual violence in Australia 2018* showed that women were overwhelmingly the victims of these types of violence. Partners posed the greatest risk of physical and sexual violence and emotional abuse against women (AIHW 2018b; ABS 2017c).

The most recent prevalence estimates of family, domestic and sexual violence in Australia are from the ABS 2016 PSS. This chapter presents additional PSS analyses, including an in-depth look at intimate partner violence, dating violence, emotional abuse and violence that occurs during separation. See Box 2.1 for further details on the ABS PSS.

Box 2.1: Australian Bureau of Statistics 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 1 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.

Violence since the age of 15 can refer to any 1 or more incidents of physical and/or sexual violence. A person who has experienced violence since the age of 15 did not necessarily experience ongoing violence.

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

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

Emotional abuse: a set of behaviours used to control, manipulate, isolate and intimidate another person with the intent of causing 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.

Dating violence in this report refers to violence from a boyfriend/girlfriend or date or ex-boyfriend/ex-girlfriend.

Partner violence is physical and/or sexual violence perpetrated by a cohabiting partner.

Intimate partner violence includes both dating violence and partner violence, and is violence perpetrated by a cohabiting partner, 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 become widowed at the time of the survey. Violence from a previous partner may have occurred during the relationship or after the relationship ended.

Temporary separation, in the PSS, includes breaking up and starting the relationship again at a later time; both people may have continued living in the same home.

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 1 violent incident by their current partner and/or their most recently violent previous partner. Violence from a previous partner could have occurred during the relationship or after the separation.

Source: ABS 2017b.

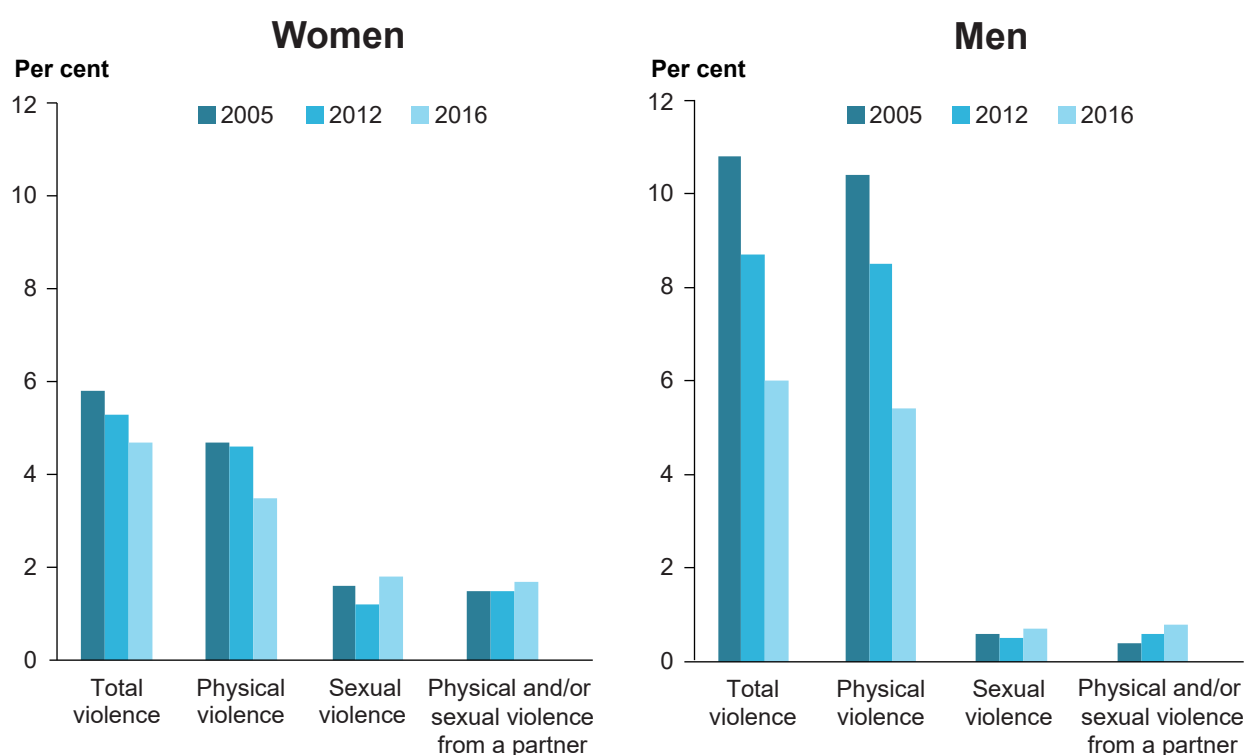
Rates of violence over time

Data from the 2016 PSS show that partner violence and sexual violence have remained relatively stable over the last decade. Partner violence includes physical and/or sexual violence from a current or previous cohabiting partner.

Rates of partner violence against women in the 12 months before the PSS was 1.5% in the 2005 survey, 1.5% in the 2012 survey and 1.7% in the 2016 survey. Rates of partner violence against men in the 12 months before the PSS increased from 0.4% in 2005 to 0.8% in 2016, but there was no significant change (0.6%) between the 2012 and 2016 surveys.

The relatively stable rates of partner and sexual violence over the last decade contrast with declines in total violence. Most of the declines have been driven by a drop in physical violence, falling from 7.5% in 2005 to 4.5% in 2016 (Figure 2.1) (ABS 2017c).

Figure 2.1: Proportions of women and men aged 18 and over who experienced physical, sexual and partner violence in the 12 months prior to 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 and/or sexual violence perpetrated by a current or previous cohabiting partner. People may have experienced multiple types of violence. Components therefore may not add to the totals.

Sources: ABS 2006, 2013b, 2017c.

Extent of intimate partner violence

Family, domestic and sexual violence in Australia 2018 reported on violence between current or previous cohabiting partners (also known as '**partner violence**'). This report expands on partner violence by also examining physical and/or sexual violence between current or previous boyfriends, girlfriends and dates (also known as '**dating violence**'). '**Intimate partner violence**' includes both partner violence and dating violence.

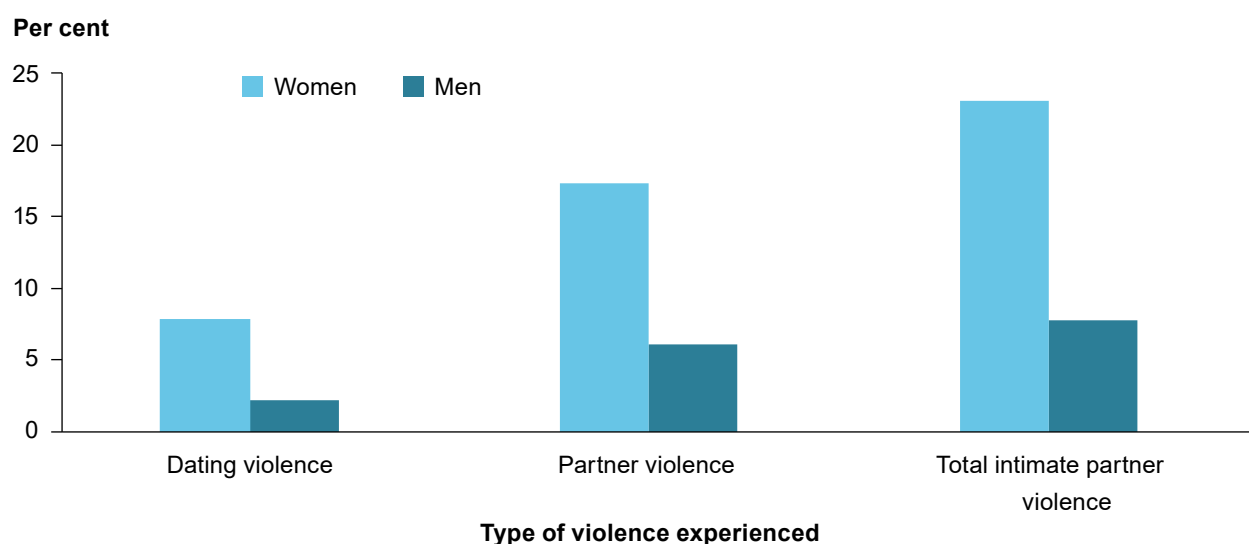
When looking at the broader definition of intimate partner violence, including dating violence, it is apparent that more people are affected. Almost 1 in 4 (23%, or 2.2 million) women and 1 in 12 (7.8%, or 704,000) men have experienced intimate partner violence since the age of 15 (ABS 2017c). This section looks at the prevalence of the different forms of intimate partner violence.

Dating violence

Dating violence is a subset of intimate partner violence, and the perpetrator and victim relationships may have different levels of commitment that do not involve living together. Dating violence includes relationships between people who are in a serious sexual or emotional relationship; are dating regularly with no sexual involvement; or have had 1 date only. The couples do not live together, and have not lived together in the past. Dating violence excludes violence perpetrated by a current or previous cohabiting partner living in a married or de-facto relationship (ABS 2017c).

As with partner violence, experiences of dating violence are more common among women than men. One in 20 (5.1%, or 935,000) people have experienced violence from a current or previous boyfriend, girlfriend or date since the age of 15: 7.4% (694,000) women and 1.9% (174,000) men (Figure 2.2) (ABS 2017c).

Figure 2.2: Women and men aged 18 and over who had experienced dating violence, cohabiting partner violence, or any intimate partner violence since the age of 15



Note: 'Intimate partner violence' includes dating violence and partner violence. People who experienced both dating violence and partner violence are counted only once in 'total intimate partner violence'. 'Violence' includes physical and/or sexual violence and does not include emotional abuse.

Source: ABS 2018a.

Partner violence

Family, domestic and sexual violence in Australia 2018 reported that 1 in 6 (17% or 1.6 million) women and 1 in 16 (6.1% or 548,000) men had experienced physical and/or sexual violence from a current or previous cohabiting partner since the age of 15 (Figure 2.2) (ABS 2017c).

Around 15% (1.4 million) women and 4.4% (397,000) men had experienced physical and/or sexual violence from a previous partner since the age of 15, compared with 2.9% (275,000) women and 1.7% (150,000) men who had experienced violence from their current partners (ABS 2017c).

The Australian Longitudinal Study on Women's Health (ALSWH) found similar prevalence rates. In 2015, 15% of women aged 20–25, and 15% women aged 37–42 reported ever being in a violent relationship with a partner or spouse. Note, these estimates from the longitudinal study also include experiences of emotional abuse and harassment, in addition to physical and sexual violence (Loxton et al. unpublished). In 1996, 6.4% of women aged 70–75 reported ever being in a violent relationship with a partner or spouse. The increase between 1996 and 2015 may be due to an increase over time in the number of violent relationships, in the number of people who report being in a violent relationship, or both (Loxton et al. unpublished).

Nature of partner violence

Many people stay in violent relationships

According to the 2016 PSS, 5.4% (275,000) women and 2.6% (150,000) men living with a current partner said they experienced physical and/or sexual violence in their relationship. However, most women (53%, or 103,000) and men (77%, or 94,900) did not want to leave the relationship (ABS 2017c).

Violence often begins or increases during periods of separation

Violence often starts during separation, even when there is no history of violence during the relationship (Bruton and Tyson 2018). 'Temporary separation' includes breaking up and starting the relationship again at a later time; both people may have continued living in the same home (ABS 2017b).

One in 2 (49%, or 618,000) women who experienced violence from a previous partner temporarily separated from that partner. Of those women who moved away from home during temporary separation, 2 in 5 (39%, or 153,000) experienced violence during this time. Around 1 in 7 women (14%, or 56,300) experienced violence for the first time during the separation period and another 14% (53,300) experienced increased violence during the separation (ABS 2017c).

Of the men who experienced violence from a previous partner, almost 2 in 5 (38%, or 142,000) temporarily separated from their violent partner. More than 1 in 3 (35%, or 38,700) men who moved away from home said that violence occurred while they were temporarily separated. Around 14% (15,000) also said that violence increased during the temporary separation; however, estimates of men who experienced violence during separation should be interpreted with caution, due to small numbers (ABS 2017c).

3 in 5 separated parents experience physical or emotional abuse from their previous partner

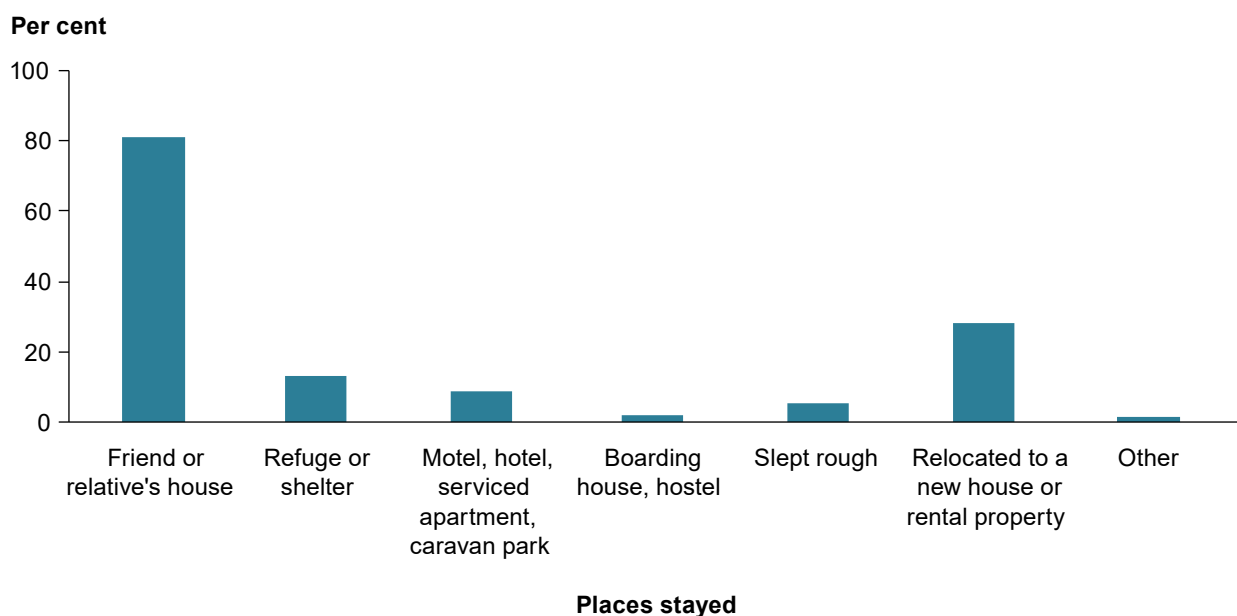
Violence is commonly reported between separating parents, before and after separation. The Experiences of Separated Parents Study surveyed 3 groups of separated parents on their experiences with family violence before and after separation. Across all 3 groups, around 1 in 5 (20–21%) reported being physically hurt by their previous partners and 2 in 5 (38–39%) parents experienced emotional abuse only. The majority of parents who experienced physical abuse also experienced emotional abuse. (Kaspiew et al. 2015).

Women temporarily leaving violent partners are likely to stay with a friend or relative

Almost 2 in 3 (64%, or 392,000) women who temporarily separated from their most recently violent previous partner moved out of home during 1 or more temporary separations, and 4 in 5 (81%, or 319,000) of those women stayed at a friend or relative's house (Figure 2.3).

More than three-quarters (78%, or 110,000) of men who temporarily separated from their most recently violent previous partner moved out of home during 1 or more temporary separations and about 2 in 3 (68%, or 75,100) of those men stayed at a friend or relative's house. However, data about places stayed during temporary separations are not available for men, as estimates have a high relative standard error and are considered too unreliable for general use (ABS 2017c). More information about victims of family, domestic and sexual violence accessing homelessness services is in Chapter 3.

Figure 2.3: Women who moved out of home during temporary separation from their most recently violent previous partner, by places stayed during 1 or more temporary separations, 2016



Note: Components for all places stayed during temporary separations are not able to be added together to produce a total. Where a person has stayed in more than 1 place, they are counted separately for each place.

Source: ABS 2017c.

3 in 10 women who experience violence from their current partners temporarily separate

Of the estimated 275 000 women who have experienced violence from their current partner since the age of 15, 3 in 10 (30%, or 81,700) temporarily separated from their partner but then returned. The reasons for returning included:

- 49% (40,400) said that their partner promised to stop assaults and/or threats
- 58% (47,500) said they wanted to work things out
- 57% (46,600) said they still loved their partner
- 47% (38,400) said they wanted to resolve issues with their partner (ABS 2017c).

Emotional abuse

Almost 1 in 4 (23%, or 2.2 million) women and 1 in 6 (16%, or 1.4 million) men have experienced emotional abuse from a current or previous partner since the age of 15 (ABS 2017c). This section looks in detail at the emotional abuse experienced by women and men from their most recently emotionally abusive previous partner.

Emotional abuse happens repeatedly and often occurs with physical abuse

In the 2016 PSS, some men and women reported experiencing emotional abuse repeatedly. Three in 4 (76%, or 1.3 million) women and 2 in 3 (66%, or 688,000) men who experienced emotional abuse in their most recent previous cohabiting relationship experienced it 'some', 'most', or 'all of the time'. More than half (57%, or 958,000) women and 1 in 4 (24%, or 247,000) men who experienced emotional abuse were also assaulted or threatened with assault (ABS 2017c).

Threats to harm or remove children is a common form of emotional abuse. More than 1 in 4 (27%, or 747,000) people who experienced emotional abuse from a previous partner reported that the abuse involved threats to harm their child/ren or take their child/ren away. There was no statistically significant difference between the proportion of female (27%, or 454,000) victims and male (28%, or 293,000) victims who reported this type of emotional abuse (ABS 2018a).

Three in 10 (30%, or 828,000) victims of emotional abuse from a previous partner reported that the abusive partner lied to the victim's child/ren with the intent of turning them against the victim. This was reported by 38% of male and 25% of female victims (ABS 2017c).

1.6 million Australians experience socially controlling behaviours from a previous partner

Six in 10 people (60%, or 1.6 million people) who experienced emotional abuse from a previous partner were subjected to socially controlling and isolating behaviours, such as restricting the person from:

- contacting family, friends or community
- using the telephone, internet or family car
- going where they wanted to and who they saw (Figure 2.4).

Socially isolating behaviour also included keeping track of where a person was and who they were with (for example, constant phone calls, GPS tracking and monitoring through social media) (ABS 2018a). One or more of these behaviours were reported by 63% (1 million) women and 54% (561,000) men. For both women and men, the most common socially controlling behaviours experienced were control, or attempts to control:

- contact with family, friends or community (50%, or 839,000 women and 42%, or 435,000 men)
- where they went or who they saw (46%, or 783,000 women and 32%, or 331,000 men) (ABS 2018a).

Financial abuse is common in those who experience emotional abuse

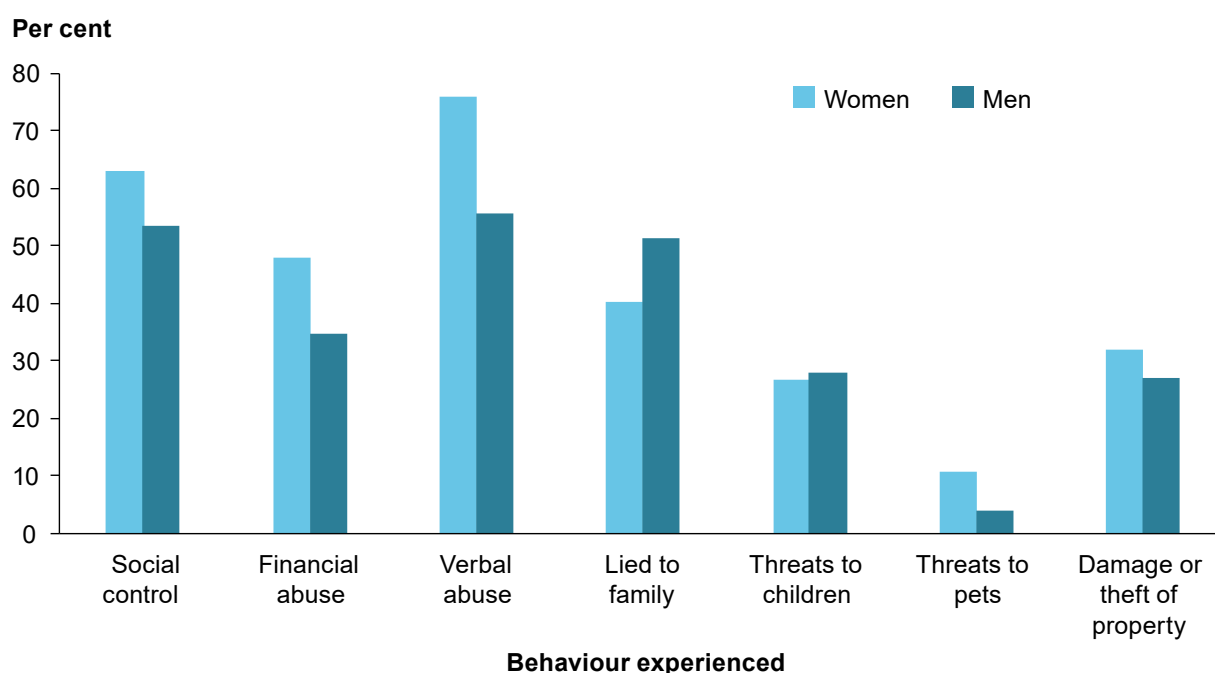
Almost 1 in 2 (48%, or 812,000) women and 1 in 3 (35%, or 364,000) men who experienced emotional abuse from their most recent previous emotionally abusive partner reported also experiencing financial abuse (Figure 2.4). These behaviours consist of controlling or trying to control:

- knowledge of, access to, or making decisions about household money (38% of women; 22% of men)
- working or earning money (22% of women; 11% of men)
- income or assets (27% of women; 22% of men) (ABS 2018a).

Verbal abuse is the most common emotionally abusive behaviour

Shouting, yelling, or verbal abuse with the intent to intimidate was one of the most common behaviours experienced by both women and men who had been emotionally abused by a previous partner (Figure 2.4). Six in 10 (63%, or 1.1 million) women, and almost half (46%, or 484,000) men were verbally abused (ABS 2018a).

Figure 2.4: Emotionally abusive behaviours experienced by adults aged 18 and over from their most recently emotionally abusive previous partner, by sex, 2016



Note: A person may be counted more than once if they have experienced multiple emotionally abusive behaviours.

Source: ABS 2018a.

Sexual assault

One in 5 (18%, or 1.7 million) women and 1 in 20 (4.7%, or 429,000) men have experienced sexual violence, since the age of 15. 'Sexual violence' can encompass a range of behaviours, and can include both sexual threat and sexual assault. 'Sexual threats' are threats of a sexual nature, made face-to-face, where a person believed it was able—and likely—to be carried out.

Sexual assault is the most common form of sexual violence in Australia, with 1 in 6 women (17%, or 1.6 million) and 1 in 25 men (4.3%, or 385,000) experiencing sexual assault since the age of 15. Sexual assault can include 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 (ABS 2017c).

Information about sexual assault in this report is from a sample of the most recent incidents of sexual assault of women by male perpetrators in the last 10 years. These data are not intended to capture the full spectrum of sexual violence but to provide an overview of common characteristics (Box 2.2) (ABS 2017c).

While data from the PSS are available on both women and men's most recent incidents of sexual assault in the 10 years before the survey, the number of men who had experienced sexual assault is relatively small. Further, the estimates for sexual assault incidents involving a female perpetrator are relatively small and are considered too unreliable for general use (ABS 2017c).

Box 2.2: What are some common characteristics of sexual assault?

Sexual assault victims are more likely to be women, and perpetrators are more likely to be men. For more than 600,000 women, the most recent incident of sexual assault by a male occurred in the 10 years before the PSS survey (ABS 2017c).

How were these incidents experienced?

- The perpetrator was a known person in 87% (554,000) of the incidents.
- For 1 in 2 (52%, or 332,000) incidents, the perpetrator was an intimate partner; in 1 in 6 (18%, or 112,000) incidents, the perpetrator was a boyfriend or date. For 13% (84,700) incidents, the perpetrator was a stranger.
- Assaults were most likely to occur in the respondent's home (40% or 252,000) and alcohol or other substances were involved in around half (50%, or 321,000) incidents.

How were the incidents perceived?

- One in 4 women (26%, or 166,000) perceived the incident as a crime at the time, while 2 in 5 (42%, or 268,000) perceived it as wrong, but not as a crime.
- More than 1 in 5 women (22%, or 139,000) perceived their incident of sexual assault as 'something that just happens'.

What actions were taken?

- Half of the women (50%, or 317,000) sought advice or support after the incident. Of those who sought help, the most common source was a friend or a family member (71%, or 225,000).
- In almost 9 in 10 incidents (87%, or 554,000), the police were not contacted. Common reasons for this included women feeling like they could deal with it themselves (34%, or 189,000) or not regarding the incident as a serious offence (34%, or 187,000).
- One in 4 women (26%, or 143,000) who did not contact the police also said that they felt ashamed or embarrassed about the incident.

What were the impacts of the incident?

- More than 1 in 5 women (23%, or 144,000) sustained physical injuries—the most common being bruises (85%, or 123,000). Of the women who sustained injuries, 1 in 3 (33%, or 48,200) consulted a health professional.
- Almost 2 in 3 women (57%, or 366,000) experienced anxiety or fear in the 12 months after the incident.

Source: ABS 2017c.



3 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.
- 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, never contacted the police.
- In 2017, at least 2 in 5 assaults recorded by police were related to family and domestic violence, in selected states and territories.
- In 2017, police recorded 25,000 sexual assaults, an increase of 8% since 2016.
- In 2016–17, there were 4,600 hospitalisations of women and 1,700 hospitalisations of men due to family and domestic violence.
- In 2017–18, 121,000 people who sought assistance from specialist homelessness services had experienced family or domestic violence (94,100 females and 27,000 males).

Actions taken after incidents of family, domestic and sexual violence are referred to as ‘responses’, and include informal support (such as disclosure to a friend or family) and formal support (such as police and legal services, health professionals or housing assistance). This chapter expands on *Family, domestic and sexual violence in Australia 2018* by presenting new and updated data from police, courts, child protection, hospital and homelessness services. New data are also presented from specialist helplines and family and relationship services.

Family, domestic and sexual violence makes up a sizeable proportion of the activity across all these service areas, and the numbers of cases presenting to these services are generally increasing over time. Note that changes over time may be due to changes in reporting or detection, and do not necessarily suggest that rates of violence have risen. **Chapter 8** details work currently being undertaken by the AIHW to improve the collection and reporting of data on specialist family and domestic violence services and emergency departments.

People often do not seek advice or support after incidents of family, domestic and sexual violence

For those who had experienced physical and/or sexual violence from a current cohabiting partner:



1 in 2 (46%, or 127,000) women never sought advice or support.



7 in 10 (68%, or 102,000) men never sought advice or support.

Due to relatively small numbers of male respondents seeking support after partner violence, estimates should be interpreted with caution.

For those who did seek support following violence from a previous partner, 65% (560,000) women and 54% (87,500) men sought advice or support from a friend or other family member (ABS 2017c).

Police responses

The 2016 PSS showed that people were unlikely to contact the police after physical and/or sexual violence from a partner. Eight in 10 (82% or 226,000) women and 9 in 10 (97% or 146,000) men who experienced violence from a current partner had never contacted the police (ABS 2017c).

Severe physical assaults are more likely to be reported to the police

A study by the Australian Institute of Criminology assessed which characteristics of domestic violence affected whether the violence was reported to the police. It found that women were more likely to report violence than men, and a violent incident was more likely to be reported if it involved severe violence, physical assault (compared with other forms of intimate partner abuse) and/or physical injury. Frequent violence before the incident, and children witnessing the incident, also increased the likelihood of reporting. Presence of a weapon and the offender using alcohol were also linked to higher reporting (Voce and Boxall 2018).

Data on family, domestic and sexual violence are recorded by police in the ABS Recorded Crime data collections (Box 3.1).

Box 3.1: ABS Recorded Crime data collections

Police (and subsequent legal system) responses are recorded in the 2017 ABS Recorded Crime—Victims, Australia data set and the 2017–18 ABS Recorded Crime—Offenders data set.

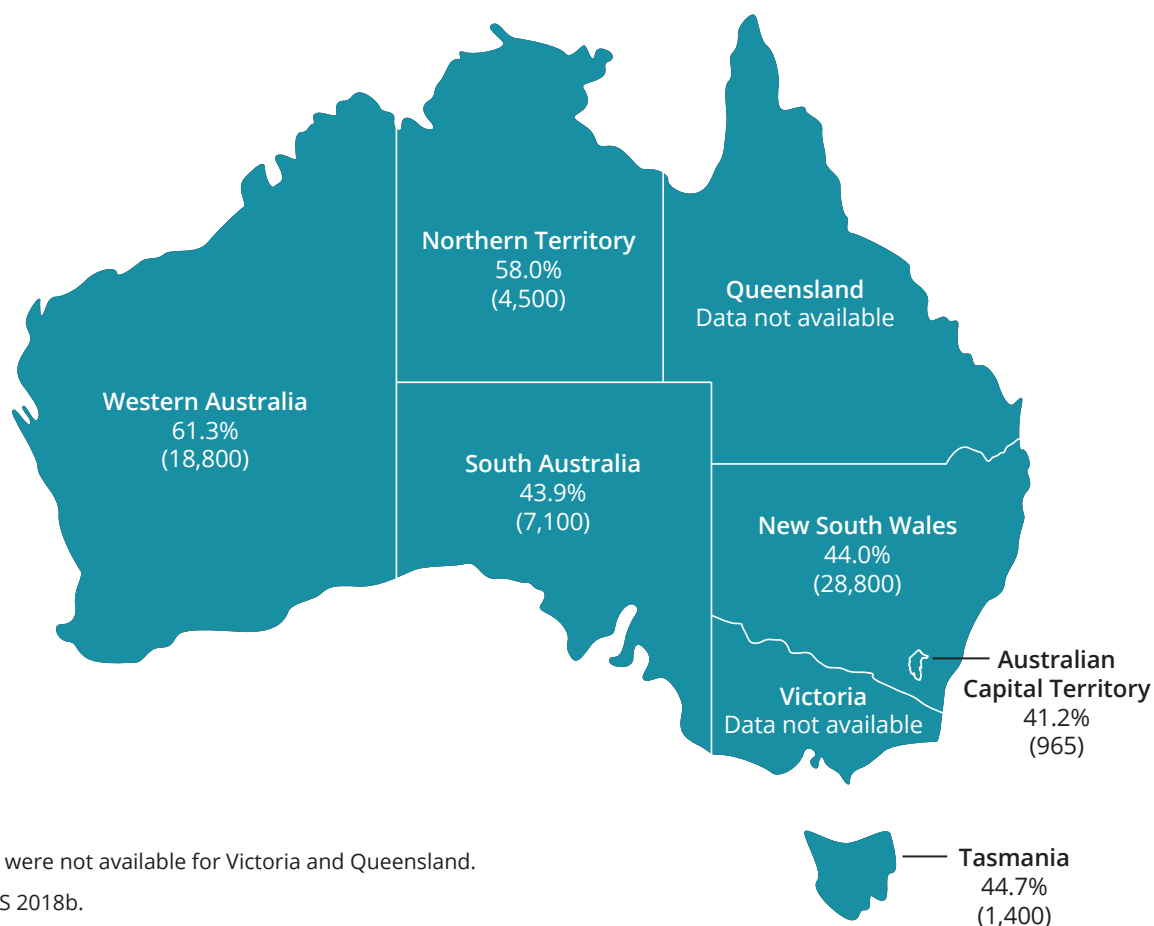
As there is no consistent method to identify family and domestic violence incidents across states and territories, family and domestic violence data from the offenders data set are considered experimental, and caution should be exercised when interpreting the results. It is not recommended that the data from this 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.

Note that any increases in the number of family and domestic violence incidents recorded by police may reflect changes in reporting behaviour or variances in the police detection that have occurred over the same time period.

At least 2 in 5 assaults recorded by police are related to family and domestic violence

In 2017, at least 2 in 5 assaults recorded by police across Australia (excluding Victoria and Queensland where data were not available) were related to family and domestic violence. This proportion ranged from 41% in the Australian Capital Territory to 61% in Western Australia (Figure 3.1) (ABS 2018b).

Figure 3.1: Proportion and total number of assault victims who were victims of family and domestic violence-related assault, selected states and territories, 2017



For more than 6 in 10 female victims, the perpetrator was an intimate partner (ranging from 63% in New South Wales to 87% in Tasmania.) Between 2016 and 2017, the victimisation rate (per 100,000 people) for family and domestic violence assaults fell in:

- New South Wales, from 383 to 366 victims
- South Australia, from 455 to 413 victims
- Western Australia, from 792 to 728 victims
- the Australian Capital Territory, from 240 to 235 victims.

In contrast, the victimisation rate (per 100,000 people) rose over the same period in:

- Tasmania, from 255 to 274 victims
- the Northern Territory, from 1,600 to 1,800 victims (ABS 2018b).

Note that, prior to 2016, data about victims of family and domestic violence recorded by police were considered experimental and were limited in availability. For this reason, it is not possible to include time series of analyses using data prior to 2016 (ABS 2018b).

Around 1 in 5 offenders have at least 1 family and domestic violence-related offence

In 2017–18, around 1 in 5 offenders proceeded against by police within the reporting period had at least 1 family and domestic violence-related offence during that same time period. This was true for all states and territories where data were available, except for Tasmania. As a proportion of all offenders, this ranged from about 13% (1,300) in Tasmania to 24% (2,900) in the Northern Territory. Most family and domestic violence offences were acts intended to cause injury. The proportion of family and domestic violence-related offenders proceeded against for acts intended to cause injury ranged from 51% in Western Australia to 78% in New South Wales ABS (2019b).


The number of sexual assault victims recorded by police continues to rise

The 2016 PSS data showed that the proportion of Australians experiencing sexual violence has remained steady over time. In contrast, the number of sexual assault victims recorded by police has risen by 8% across Australia, from 23,000 victims in 2016 to 25,000 victims in 2017. The victimisation rate also rose from 86 victims per 100,000 people in 2010 to 102 victims per 100,000 in 2017.

Of all sexual assault victims recorded by police in 2017:




82%
were
female



25%
were aged
between
15 and 19



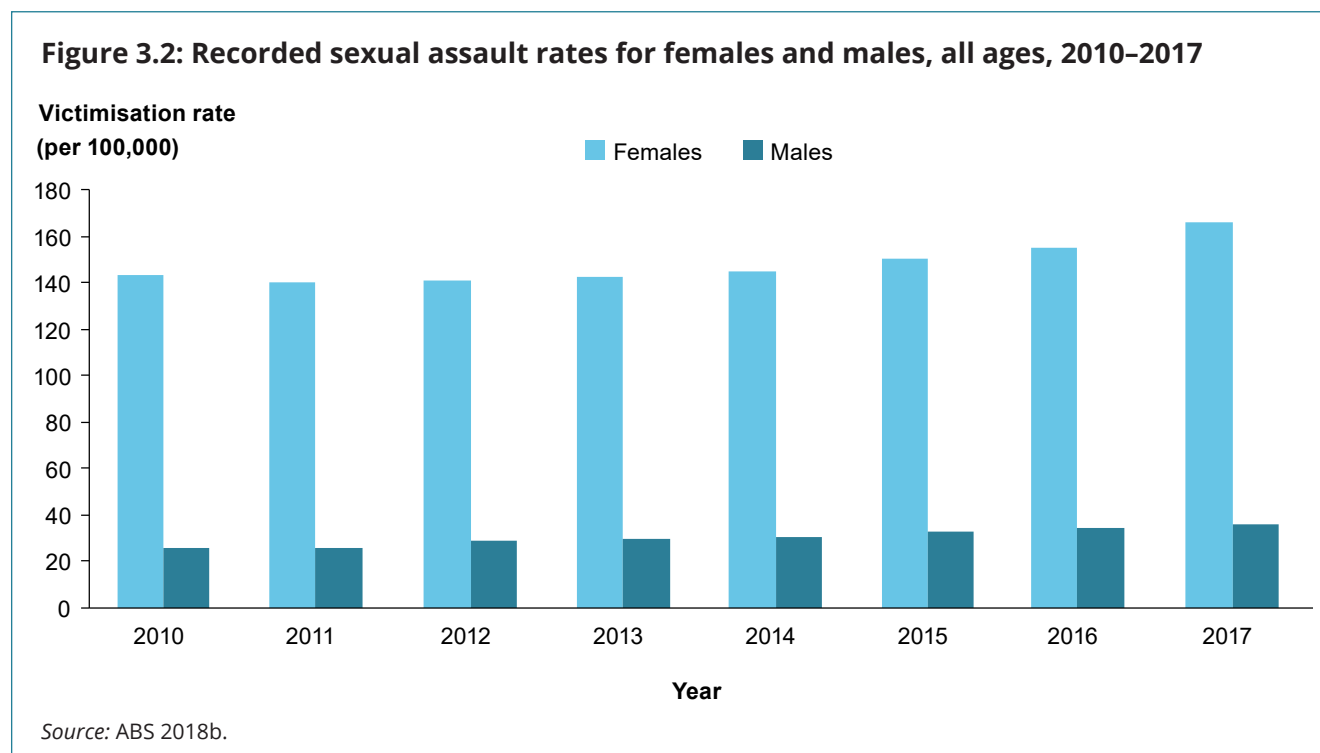
60%
were assaulted
in a private
dwelling



34%
were victims
of family and
domestic
violence-related
sexual assault

The number of sexual assaults by any perpetrator, not just family members or intimate partners, is the highest recorded since the beginning of the time series in 2010. This is the sixth consecutive year the number of sexual assault victims has risen (Figure 3.2). From 2010 to 2017, the victimisation rate for females rose from 144 to 166 victims per 100,000, and the victimisation rate for males rose from 26 to 36 victims per 100,000. In comparison, the number of victims for most other offences fell nationally between 2010 and 2017, including:

- homicide and related offences (down 10%, to 414 victims)
- robbery (down 34%, to 9,600 victims)
- burglary (down 15%, to 176,200 victims) (ABS 2018b).



Legal responses

Legal responses to family, domestic and sexual violence offences are recorded in both the civil and criminal proceedings of state and territory courts. Civil proceedings can result in family and domestic violence protection orders to protect victims from future violence.

Criminal proceedings punish offenders for criminal conduct related to family and domestic violence. Data about criminal proceedings are recorded in the ABS Criminal Courts, Australia, 2016–17 data set and 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.

Family and domestic violence protection orders

Family and domestic violence protection orders (DVO) are the most broadly used justice response mechanisms for ensuring the safety of women and children exposed to family and domestic violence (Taylor et al. 2015). DVOs vary between states and territories according to different policies and legislative practices (Box 3.2).

Box 3.2: National Domestic Violence Order Scheme

A domestic violence order (DVO) is a civil order issued by a court that sets out specific conditions that must be obeyed—such as stopping the respondent from contacting or communicating with the protected person; tracking or attempting to locate the protected person; or going to, or remaining within, a certain distance of the protected person.

In some states and territories, temporary protection orders can be issued by police. If a DVO is breached, the matter becomes a criminal offence.

On 25 November 2017, a National Domestic Violence Order Scheme was launched to recognise and enforce all domestic violence orders issued in Australia. The scheme aims to better protect victims and their families. While the laws ensuring the protection of victims and affected family members have not changed, local police are now able to enforce conditions regardless of where the family or domestic violence order was issued.

Currently, there are no nationwide data available on the number of family and domestic violence orders in effect. However, in selected jurisdictions, data are available about the number of family and domestic violence orders issued, or applied for, through the court systems.

In 2017, 29,400 Apprehended Domestic Violence Orders (AVOs) were granted by the court in New South Wales (NSW Bureau of Crime Statistics and Research 2018)

In 2017–18:

- 39,600 Family Violence Intervention Order applications were made in the Victorian Magistrates' Court (Crime Statistics Agency 2018)
- 40,600 Protection Orders were made in the Queensland Courts, including temporary protection orders and variations (Queensland Courts 2018)
- 8,900 intervention orders (both domestic violence orders and non-domestic violence orders) were issued in South Australia (Courts Administration Authority of South Australia 2018)
- 1,200 Family Violence Order applications were lodged in the Magistrates Court in Tasmania, with 1,100 orders finalised (Magistrates Court of Tasmania 2018).

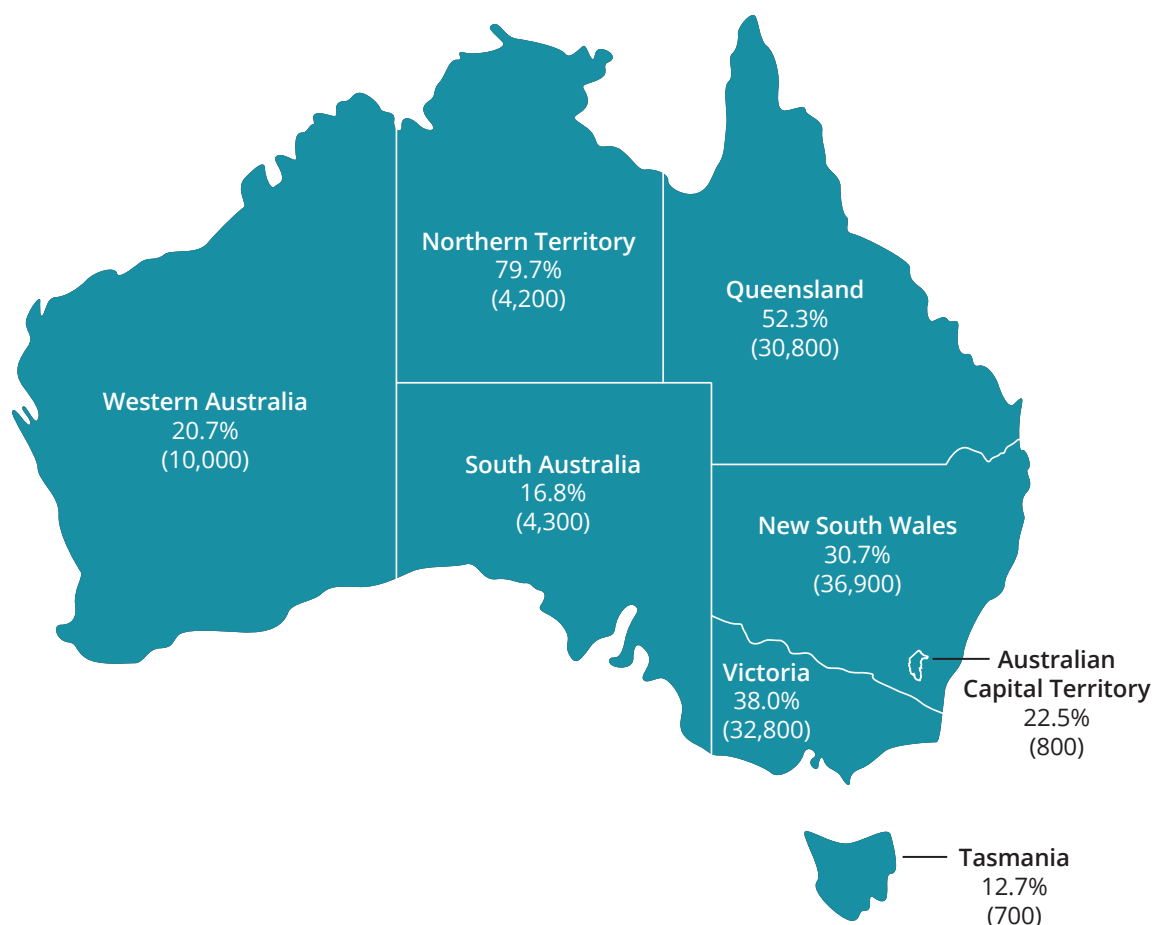
Data were not available for 2017–18 in Western Australia, the Australian Capital Territory or the Northern Territory.

Protection orders are typically issued under civil proceedings, but police are responsible for enforcement. Breaches of protection orders are investigated and charged as criminal offences. In some jurisdictions, police may apply for protection orders on behalf of the victim or issue interim or temporary orders directly. Victims are also free to lodge order applications themselves (Dowling et al. 2018).

About 1 in 3 civil cases involve a family or domestic violence protection order

Applications or breaches of protection orders are generally dealt with at the Magistrates' court level. In 2017–18, about 34% (120,000) of all civil cases finalised in the Magistrates' courts involved applications for DVOs (Figure 3.3). These cases exclude interim orders, applications for extension, revocations or variations. Offences such as breaches of protection orders are dealt with by state and territory criminal courts (Productivity Commission 2019).

Figure 3.3: Proportion and number of civil cases finalised in the Magistrates' court involving a family or domestic violence protection order, by state or territory, 2017–18



Notes

1. Only applications for family and domestic violence protection orders that originated in the Magistrates' court are included.
2. In Tasmania, a higher number of orders are issued by police (Police Family Violence Orders). These have been excluded.

Source: Productivity Commission 2019.

Family courts

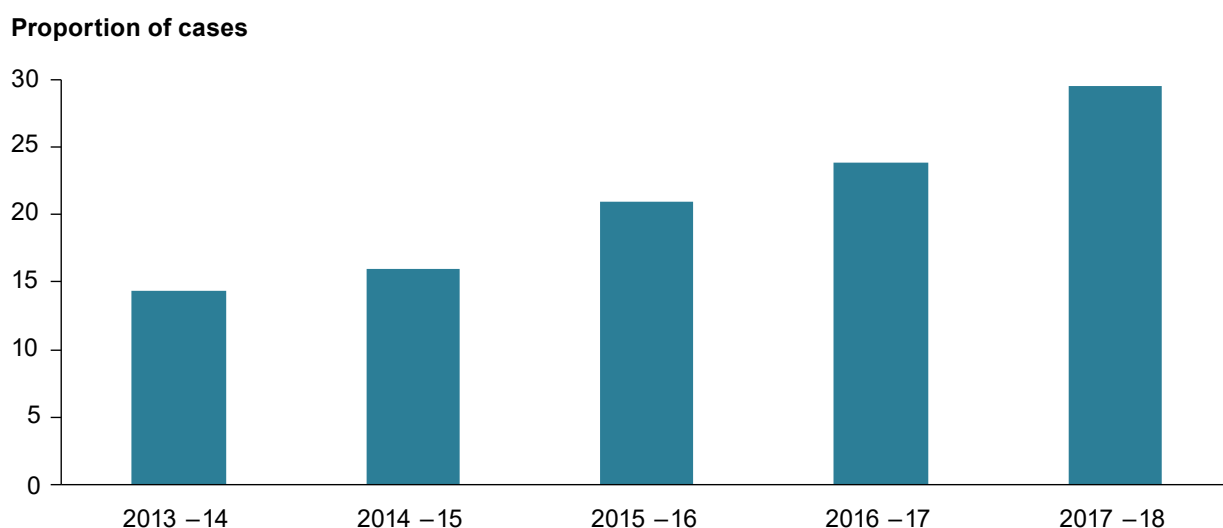
Matters relating to family and domestic violence can be heard in the Family Court of Australia. The Family Court covers specialised areas in family law, and the most complex family law disputes. The Family Court is not inclusive of all family law proceedings in Australia, as a large proportion are heard by the Federal Circuit Court of Australia, for which no data are currently available. Data from the Family Court of Australia also exclude cases heard in Western Australia.

In the Family Court, a 'Notice of Child Abuse, Family Violence or Risk of Family Violence' form is mandatory in cases where a child in a proceeding is alleged to have been abused, or is at risk of abuse, or where there is an allegation of family violence, or risk of family violence involving a child or a member of the child's family (Family Court of Australia 2018).

The number of child abuse and family violence notices continues to rise

In 2017–18, the proportion of family orders cases in which a 'Notice of Child Abuse, Family Violence or Risk of Family Violence' was filed rose to 30% (715 cases). The proportion of cases has steadily risen from 14% (426) in 2013–14 (Figure 3.4). This rise may reflect an increase in the extent to which violence plays a role in Family Court cases, growing awareness of family violence in the community, or a combination of the 2. Note that these cases do not include those dealt with in the Family Court of Western Australia (Family Court of Australia 2018).

Figure 3.4: Proportion of family orders cases in which a 'Notice of Child Abuse, Family Violence or Risk of Family Violence' form was filed, 2013–14 to 2017–18



Notes

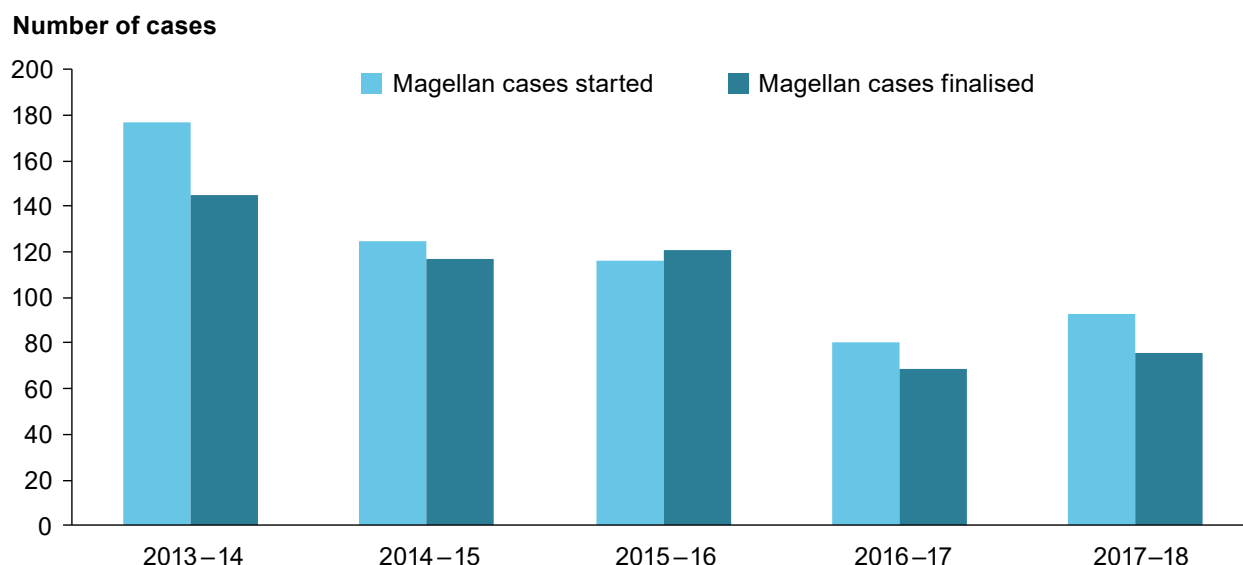
1. The proportion of matters in which a 'Notice of Child Abuse, Family Violence or Risk of Family Violence' has been filed does not reflect all the cases in which family violence is raised or is an issue. Allegations of abuse or risk can be raised in other ways, such as by affidavits filed in the proceedings, or by the filing of a Family Violence Order.
2. Data do not include cases dealt with in the Family Court of Western Australia.

Source: Family Court of Australia 2018.

The number of Family Court cases involving serious allegations of child physical and/or sexual abuse is falling

In 2017–18, 93 cases involving serious allegations of physical abuse and/or sexual abuse of a child were started in the Family Court of Australia, and 76 cases were finalised. These cases are referred to as Magellan cases, and undergo special case management by a team consisting of a judge, a registrar and a family consultant. Typically, a Magellan case is addressed by the Family Court of Australia where 1 (or both) parties have raised serious allegations of sexual abuse or physical abuse of children in a parenting dispute. The number of Magellan cases has fallen since 2013–14, when 177 cases were started and 145 cases were finalised (Figure 3.5) (Family Court of Australia 2018).

Figure 3.5: Cases involving serious allegations of child abuse in the Family Court of Australia (Magellan cases), 2013–14 to 2017–18



Note: Data do not include cases dealt with in the Family Court of Western Australia.

Source: Family Court of Australia 2018.

Criminal courts

Data from the ABS Criminal Courts data collection include information on the characteristics of defendants dealt with by Australian state and territory criminal courts, including case outcomes and sentences associated with those defendants. However, data relating to defendants of family and domestic violence are only available for selected states and territories and for certain offences.

For a full list of offences, see <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/data-sources-monitoring-family-domestic-sexual-violence>.

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 ABS Criminal Courts are considered experimental, and caution should be exercised when interpreting the results (see Box 3.1).

Most family and domestic violence defendants are found guilty

In 2017–18, the proportion of defendants ‘finalised’ for family and domestic violence offences who are found guilty ranged from 66% in the Australian Capital Territory, to 84% in Western Australian and the Northern Territory. ‘Finalised’ defendants include all individuals for whom charges have been formally completed by a court. Finalised defendants may be acquitted, found guilty, or had their cases withdrawn or transferred (ABS 2019a).

In 2017–18, across the selected states and territories, more than half of all defendants whose cases were finalised in the Magistrates’ courts for selected offences were found to have at least 1 family and domestic violence offence, except in Western Australia and Tasmania, where family and domestic violence defendants made up 37% (5,700) and 44% (1,507) of total defendants, respectively. Across the 3 court levels, the most common offences finalised were assault and breach of violence orders.

The number of defendants finalised in court for family and domestic violence offences is rising

Between 2016–17 and 2017–18, the total number of defendants whose cases were finalised in the Magistrates' courts for family and domestic violence offences rose in all states and territories, ranging from a 1% rise in New South Wales to a 15% rise in Western Australia (Table 3.1) (ABS 2019a).

Table 3.1: Defendants finalised for 1 or more family and domestic violence offence in the Magistrates' court, states and territories, 2016–17 and 2017–18

	2016–17	2017–18
NSW	23,965	24,289
Vic	14,925	15,528
Qld	13,415	14,737
WA	4,932	5,658
Tas	1,379	1,507
NT	3,236	3,361
ACT	669	748

Source: ABS 2019a.

Most defendants of family and domestic violence offences are male

In 2017–18, male defendants accounted for around 4 in 5 defendants in the Magistrates' courts, ranging from 82% (19,900) in New South Wales to 86% (2,900) in the Northern Territory. For family and domestic violence-related sexual assaults, 97% of defendants were male (ABS 2019a).

The number of sexual assault and related offences finalised in court has increased for 5 consecutive years

The number of sexual assault defendants whose cases were finalised in court rose for the 5 consecutive years to 2017–18, to 9,900. These defendants include those finalised for family and domestic violence-related-sexual assault, and for sexual assault not related to family and domestic violence. More than one-third (35% or 3,400) of these defendants were finalised in Higher courts, most of whom (98% or 3,300) were male.

Just over 2 in 5 (43%, or 3,900) defendants with a principal offence of sexual assault and related offences finalised in a Higher or Magistrates court were found guilty (ABS 2019a).

Hospitalisations

Hospitals provide mainstream health services for victims of assault. Just as not all family, domestic and sexual assaults are reported to the police, not all hospitalised assaults due to these forms of violence are identified as such. Victims can be reluctant to report an incident to hospital personnel or to identify a perpetrator. 'Assault' hospitalisations include individuals who were admitted to hospital with injuries due to physical assault, sexual assault or maltreatment.

National data on individuals presenting to emergency departments due to family, domestic and sexual violence are not available. See **Chapter 8** for more information on AIHW work being undertaken to improve the national collection and reporting of family, domestic and sexual violence incidents from emergency departments.

Data on hospitalised injury come from the AIHW National Hospital Morbidity Database and include hospitalised assault injuries where the episode of admitted patient care ended during the period from 1 July 2016 to 30 June 2017.

In 2016–17, there were more than 21,000 hospitalisations of adults aged 15 and older due to assault injuries. Hospitalisations due to assault injuries by any perpetrator were more common for men (14,000) than for women (7,400); there were about 4,600 hospitalisations of women and 1,700 hospitalisations of men due to family and domestic violence.

Two in 5 (40%, or 8,500) hospitalised assault injury cases did not specify the relationship between the perpetrator and the victim. However, the proportion of assault hospitalisations with a specified perpetrator recorded has improved, from 42% in 2002–03 when perpetrator coding was introduced, to 60% in 2016–17 (AIHW analysis of the National Hospital Morbidity Database).

Specific information about a perpetrator may not be available for a number of reasons, including information not being reported by, or on behalf of, victims, or information not being recorded in the patient's hospital record. The perpetrator of assault was less likely to be specified for male, compared with female victims, and for young or middle-aged adults, compared with child and older victims. Comparisons of the type of perpetrator between sex and age groups, and across time, should be made with some caution (AIHW 2018d).

Almost 1 in 3 hospitalisations for assault injury are due to family and domestic violence

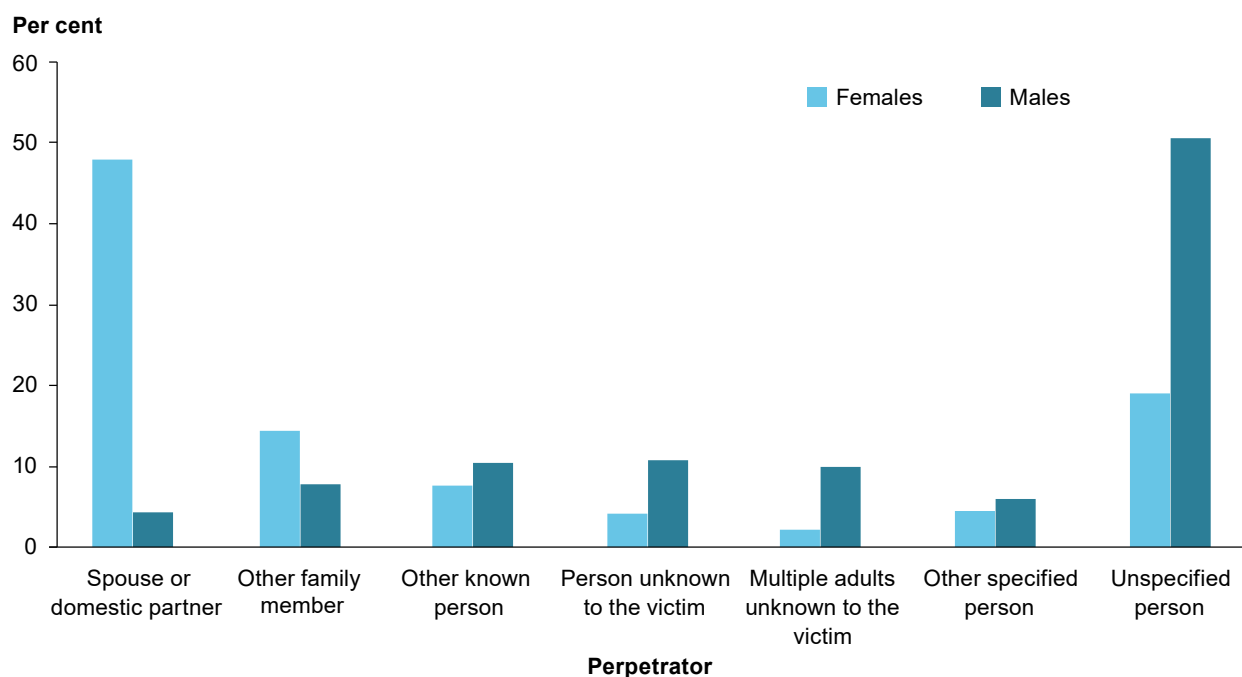
In 2016–17, almost 1 in 3 (29% or 6,300) of the 21,400 hospitalisations for assault injuries were a result of family and domestic violence. Of the family and domestic violence-related assault hospitalisations, the perpetrator was reported as a spouse or domestic partner in 2 in 3 (66%, or 4,200) assaults, and as another family member in 1 in 3 (33%, or 2,200) assaults.

Assault victims are likely to know the perpetrator

In cases where the perpetrator was specified, a person known to the victim was reported in about 2 in 3 (65% or 8,400) hospitalisations (Figure 3.6). For female victims, the perpetrator was most likely a spouse or domestic partner (59%, or 3,600), and for males it was most likely an acquaintance or friend (21%, or 1,500).

The perpetrator also varied by age of the victim; for children aged 0–14, the perpetrator was most likely a parent (45%, or 217 cases), while for young people aged 15–24, it was more commonly an unknown person (16%, or 444 cases) or multiple unknown people (17%, or 468 cases). For victims aged 65 and over, the most commonly reported perpetrator was a family member other than a spouse or domestic partner (32%, or 186 cases).

Figure 3.6: Assault hospitalisations, adults aged 15 and over, by perpetrator, by sex, 2016–17



Source: AIHW National Hospital Morbidity Database.

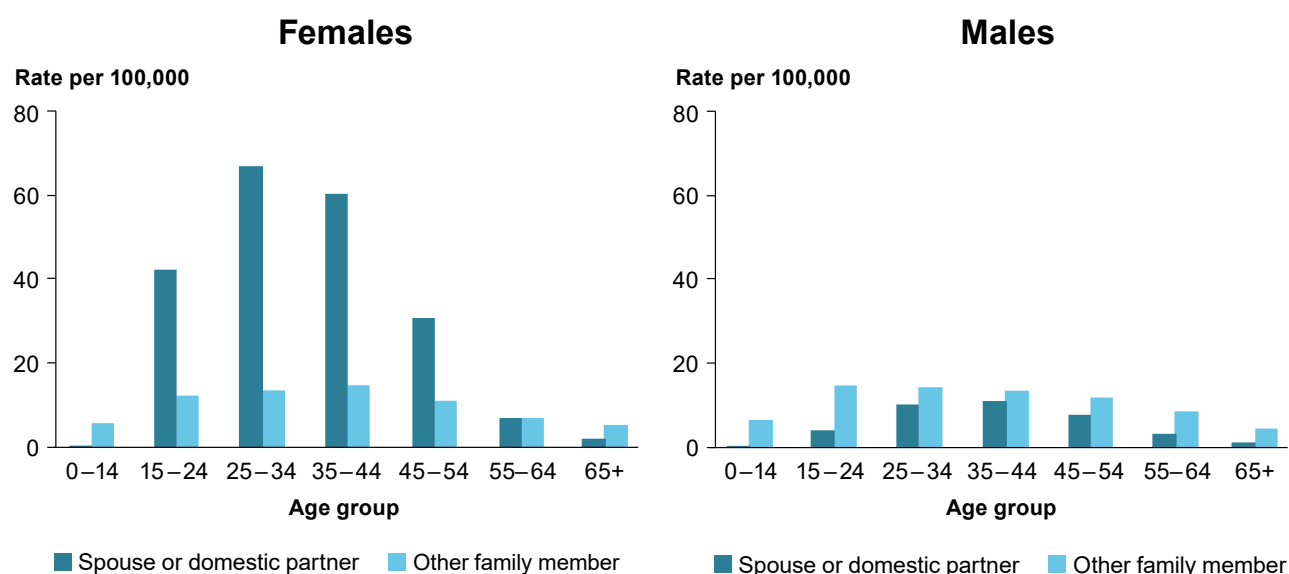
Women aged 25–34 are most likely to be hospitalised after assault by a partner

In 2016–17, women had a higher rate of hospitalisation for assault by a spouse or partner than men, across every age group (Figure 3.7). Rates rose with age for women, peaking at age 25–34 (67 per 100,000), and then fell substantially to 2 per 100,000 for women aged 65 and over. Similarly, the rate of hospitalisations for assault by a spouse or partner rose with age for men, with the highest rate at age 35–44 (11 per 100,000), followed by a steady fall.

Older people are more likely to be hospitalised for assault by a family member than by a spouse or partner

For girls aged 0–14 and women aged over 65 hospitalised for assault injuries, the perpetrator was most likely a family member other than spouse or domestic partner. The rate of hospitalisations for assault by other family members rose with age for women, peaking at age 35–44 (15 per 100,000). The rate of hospitalisations for men peaked at age 15–24 (15 per 100,000) and then gradually fell with age (Figure 3.7). More women than men were hospitalised for assault by a spouse or domestic partner, in every age group.

Figure 3.7: Rate of hospitalisations for family or domestic violence assaults, by relationship to perpetrator, by age, by sex, 2016–17



Source: AIHW National Hospital Morbidity Database.

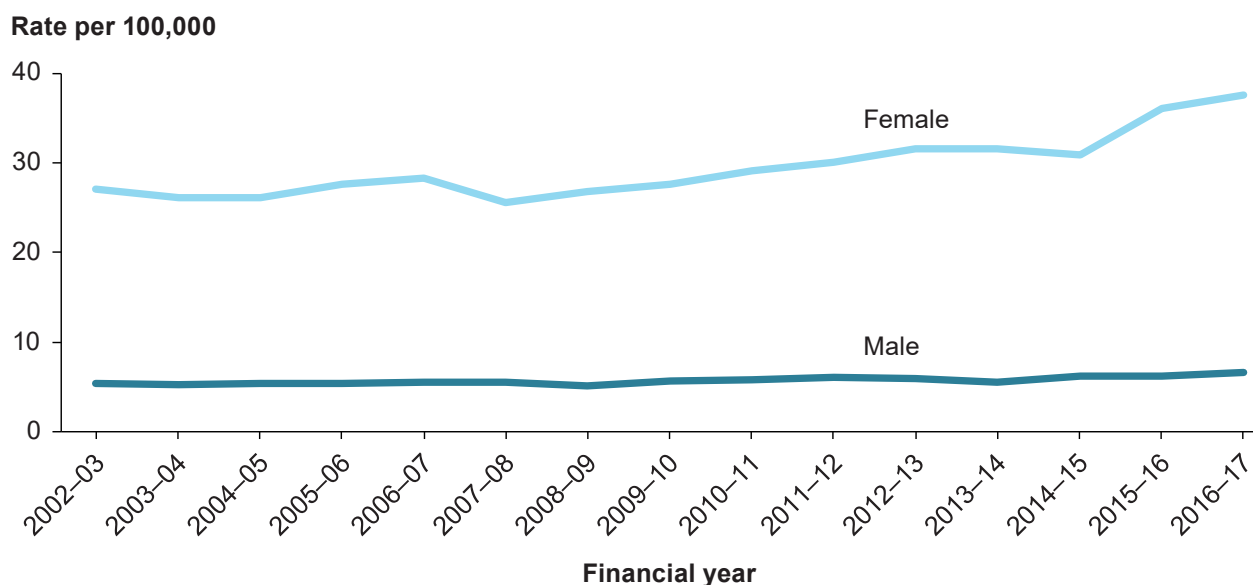
Hospitalisations of women assaulted by a spouse or partner continue to rise

After accounting for changes in the age structure of the population, the rate of hospitalisation for assault for females, where the perpetrator was reported as a spouse or domestic partner, has risen at an average of 2.8% per year between 2002–03 and 2016–17, from 27 to 38 hospitalisations per 100,000 population. For males, the rate was relatively stable between 2002–03 and 2016–17, increasing from 5.3 to 6.6 hospitalisations per 100,000 population (Figure 3.8).

Males are less likely to specify the person responsible for assault than are females (Figure 3.6). As a result, there may be an undercount of males hospitalised due to assault from a partner. Also, the proportion of hospitalisations where a perpetrator was not specified fell between 2002–03 and 2016–17, from 34% to 19% for females, and from 67% to 51% for males. This should be considered when interpreting the results. The rise in the proportion of hospitalisations where a perpetrator was specified may in part explain the rise in hospitalisations of females due to assault by a spouse or partner.

Between 2014–15 and 2016–17, the rate of hospitalisations with an unspecified perpetrator was stable for both males and females. During this time, the rate of hospitalisations for females for assault by a spouse or domestic partner rose by 23% from 31 to 38 hospitalisations per 100,000 population. In contrast, the rate for males remained relatively stable, from 6.2 to 6.6 hospitalisation per 100,000 population (Figure 3.8).

Figure 3.8: Age-standardised rate of assault hospitalisations where the perpetrator was a spouse or partner, by sex, 2002–13 to 2016–17



Source: AIHW National Hospital Morbidity Database.

Most partner assault of women involves bodily force

In 2016–17, 2 in 3 (67%, or 2,400) hospitalisations of women for assault by a spouse or domestic partner involved assault with bodily force, and 1 in 5 involved assault with either a blunt (14%) or sharp (7%) object. Hospitalisations of men for assault by a spouse or domestic partner were more likely to involve assault with an object (69%, or 422 hospitalisations) than with bodily force (23%, or 143 hospitalisations) (Figure 3.9).

Figure 3.9: Assault hospitalisations where perpetrator was spouse or domestic partner, adults aged 15 and over, by type of assault, by sex, 2016–17



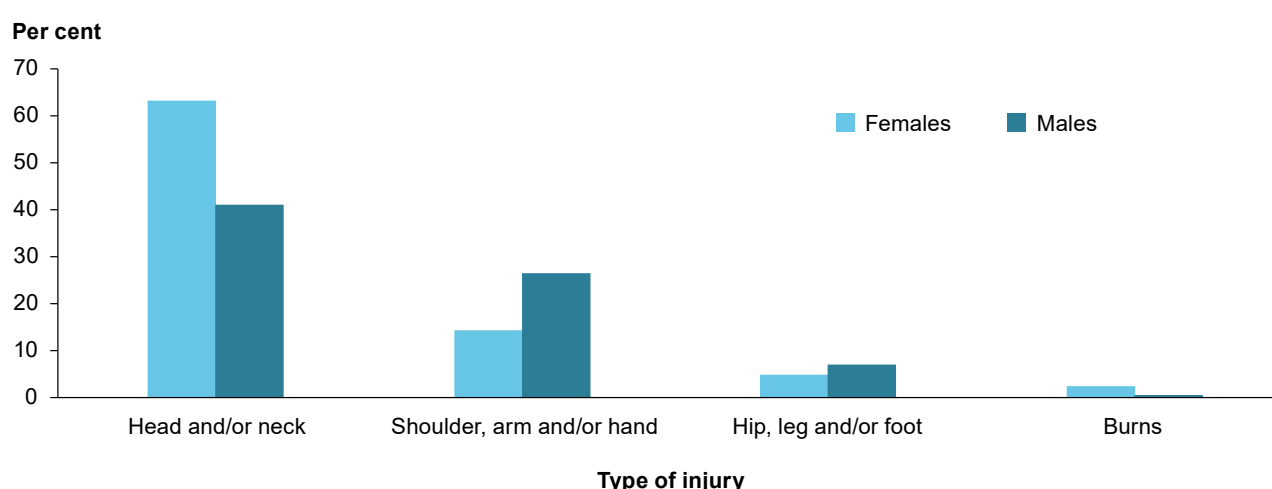
Source: AIHW National Hospital Morbidity Database.

Head and/or neck injuries are the most common injuries inflicted by a spouse or domestic partner

In 2016–17, almost 2 in 3 (63%, or 2,200) hospitalisations of women due to assault by a spouse or domestic partner were for treatment of injuries to the head and/or neck, including 248 (7%) of hospitalisations due to brain injuries (Figure 3.10). For women of all ages, head and/or neck injuries were the most common injuries inflicted by a partner.

Of hospitalisations of men for assault by a spouse or domestic partner, 41% (252) were due to head and/or neck injuries, including 27 (4%) brain injuries. Almost 1 in 4 (24%, or 149) were for injury to the trunk, and 27% (or 163) for injury to the shoulder, arm and/or hand (Figure 3.10).

Figure 3.10: Physical assault hospitalisations where perpetrator was spouse or partner, adults aged 15 and over, by type of injury, by sex, 2016–17



Source: AIHW National Hospital Morbidity Database.

Partners were the most common perpetrators of assault-related brain injury for women

In 2016–17, for hospitalisations due to assault-related brain injury, a spouse or domestic partner was the perpetrator for 47% (or 248) women and 2% (or 27) men. See Box 3.3 for further information on the association between acquired brain injury and family violence.

Box 3.3: The prevalence of acquired brain injury among victims and perpetrators of family violence

A consortium led by Brain Injury Australia examined the prevalence of acquired brain injury among both victims and perpetrators of family violence. The study estimated the extent of family violence-related brain injury by analysing Victorian hospital data and supplementing findings from the literature.

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

The study analysed Victorian hospital data of family violence-related injuries, from July 2006 to June 2016, and included major trauma, hospital admissions and emergency department presentations. Family violence was found to be a significant cause of brain injury. Of the victims of family violence attending Victorian hospitals over the 10-year period:

- 40% had sustained a brain injury (6,409 of the 16,296 victims)
- 31% were children under the age of 15 (5,007 children) and of these, 25% had sustained a brain injury (1,252 children)
- 14% of major trauma cases with a serious brain injury died during their hospital stay, compared with 2.9% of cases without a serious brain injury
- brain injury accounted for 14 of the 17 family violence-related deaths.

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

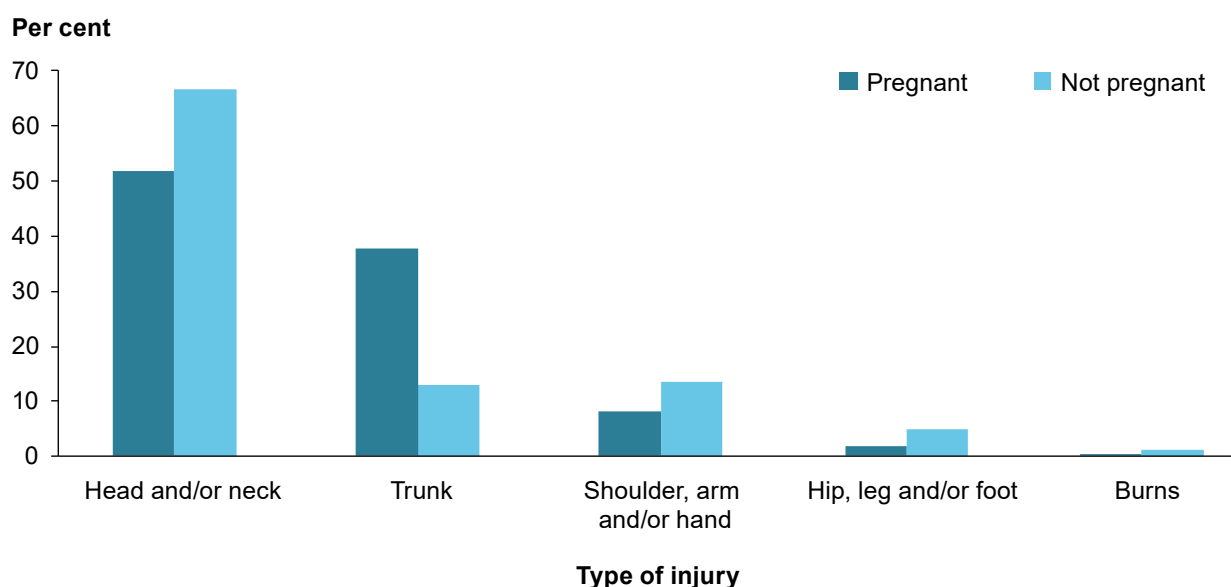
Further research is required to understand the interplay between brain injury and the other factors known to influence the perpetration of family violence.

Source: Brain Injury Australia et al. 2018.

Pregnant women assaulted by a partner are more likely to experience injury to their trunk than other women

In 2016–17, the victim was pregnant in 7% (or 236) of hospitalisations of women for physical assault by a spouse or domestic partner. More than half (52% or 122) of these pregnant women were admitted for injuries to their head and/or neck, and 38% (89) were hospitalised for injuries to their trunk (Figure 3.11). Trunk injuries were more common among pregnant women than among women who were not pregnant (13%).

Figure 3.11: Physical assault hospitalisations where perpetrator was spouse or partner, females aged 15 and over, by type of injury, by pregnancy status, 2016–17



Source: AIHW National Hospital Morbidity Database.

Most partner assault occurs in the home

For hospitalisations due to assault by a spouse or domestic partner where location was specified, the assault occurred in a home for 86% (1,500) women, and 93% (or 282) men. Information about the location of assault was missing in about half (50%) of all hospitalisations due to assault by a spouse or domestic partner.

For hospitalisations of women for injuries due to sexual assault by any perpetrator almost 1 in 2 (62%, or 63) reported 'home' as the location of assault, where location was specified.

Income support

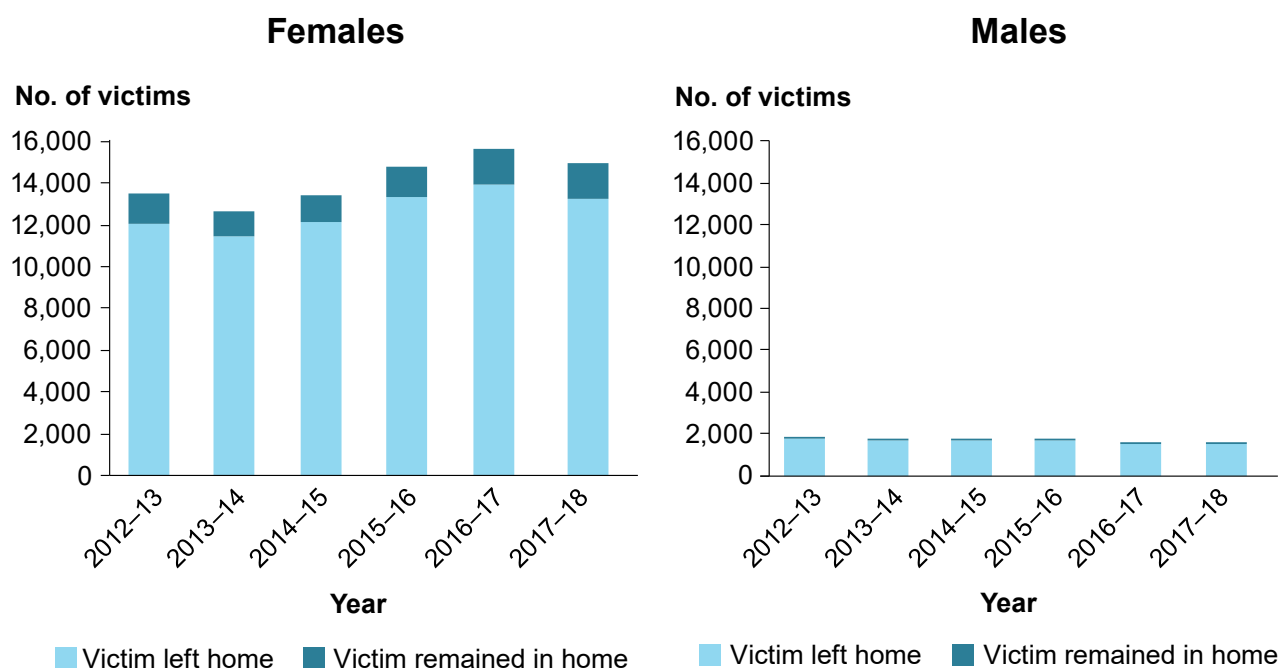
16,500 people received crisis payments on grounds of experiencing family and domestic violence

The Australian Government helps people affected by family and domestic violence by providing information, resources and referrals, such as social work services and financial assistance. A one-off crisis payment is available to income-support recipients who are experiencing severe financial hardship and who are in extreme circumstances, including leaving a violent relationship. The one-off crisis payment is equal to 1 week's pay at the person's existing income-support payment rate.

In 2017–18, 16,500 people received a crisis payment on the grounds of family and domestic violence (14,900 females and 1,600 males). Payments were most commonly provided to people aged 25–34 (37%, or 6,100) and 35–44 (29%, or 4,800). About 17% (2,800) payments were made to people aged under 25, and 16% (2,700) were made to people aged 45 and older.

Almost 9 in 10 (89%, or 14,700) people who received a crisis payment on the grounds of domestic violence had left their home. Since 2012–13, the number of recipients receiving crisis payments has remained relatively stable (Figure 3.12).

Figure 3.12: Recipients who received Centrelink crisis payments on the grounds of experiencing family and domestic violence, by housing status, by sex, 2012–13 to 2017–18



Source: DSS unpublished.

Family Tax Benefit

The Family Tax Benefit is a payment administered by the Australian Government to assist families with the cost of raising children. Some single parents may receive an additional benefit. Usually, if a person cares for a child from a previous relationship, they need to take reasonable steps to obtain child support from their previous partner in order to receive the additional benefit. However, individuals may apply for an exemption from this requirement on the grounds that they fear family or domestic violence.

As at 28 September 2018, about 106,000 parents, caring for 149,000 children, were exempt from the requirement to obtain child support. Of these children, 46% (69,000) were exempt due to fear of violence (Department of Social Services unpublished).

Specialist homelessness services

Victims of family and domestic violence are at a higher risk of homelessness, and family and domestic violence is the main reason women and children leave their homes. For this reason, women and children affected by family and domestic violence are a national homelessness priority group in the National Housing and Homelessness Agreement (Council on Federal Financial Relations 2018), which came into effect on 1 July 2018.









The Specialist Homelessness Services Collection, administered by the AIHW, contains data on how specialist homelessness services (SHS) respond to those nominating family and domestic violence as a reason for seeking assistance. The collection includes information about clients, their housing situations at presentation, the assistance they requested, the services provided, and the outcomes of support. SHS agencies may help both the victims and the perpetrators of family and domestic violence.

SHS agencies collect data on the people who apply for and receive support. Some people come into contact with SHS agencies on multiple occasions, so changes in their situations over time appear in the data. The AIHW has analysed data about people who presented to SHS agencies in 2017–18 (AIHW 2019d).

More than 121,000 people were assisted by specialist homelessness services due to family or domestic violence

In 2017–18, 42% (121,000) clients assisted by SHS agencies had experienced family or domestic violence, up from 115,000 clients in 2016–17.

Of the 121,000 clients assisted by SHS agencies who have experienced family or domestic violence in 2017–18:

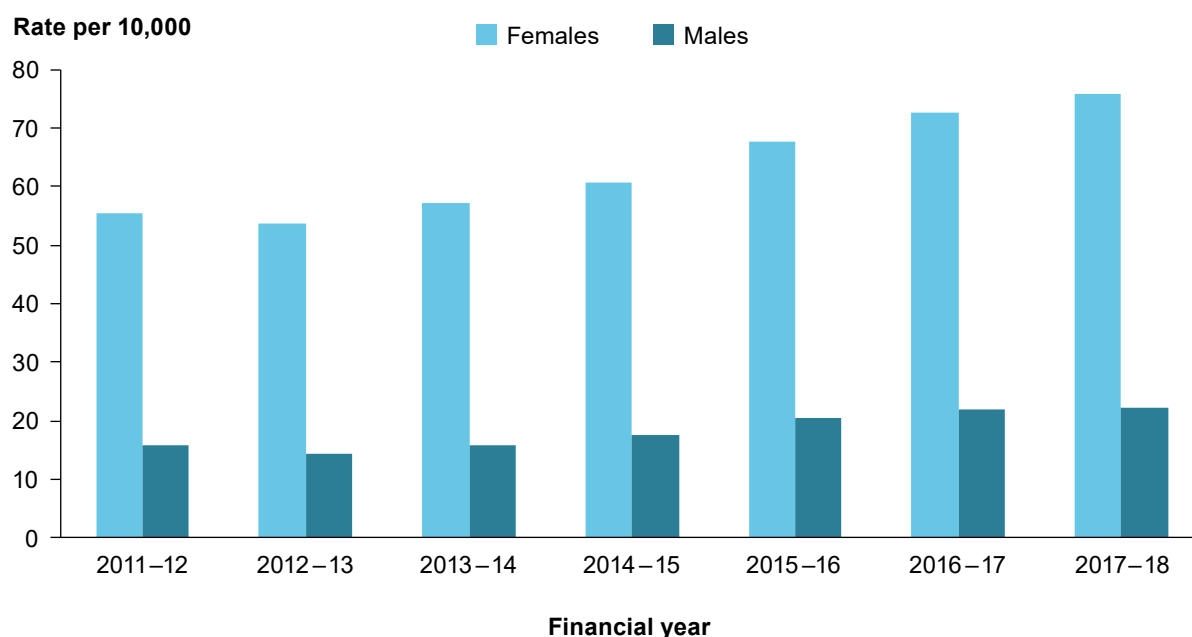
	Characteristic	Number	%
	Female	94,100	78%
	Male	27,000	22%
	Single parents	46,500	38%*
	Homeless at the time of seeking assistance	47,200	39%
	New clients	58,000	48%
	Returning clients	63,200	52%
	Indigenous	26,300	22%
	Needed specific assistance with family and domestic violence	91,500	76%

* Note that family type was unknown for 19% of clients who had experienced family or domestic violence. When calculated as a proportion of clients where family type was known, 47% were single parents.

The number of people assisted by specialist homelessness services continues to rise

In 2017–18, 76 in 10,000 females were assisted by specialist homelessness services for family and domestic violence, 32% more than in 2013–14 (57 in 10,000). For males, this rate rose in 2017–18 by 40%, to 22 per 10,000 males, compared with 16 per 10,000 males in 2013–14 (Figure 3.13) (AIHW 2018c, 2019d).

Figure 3.13: Rate of clients seeking specialist homelessness services as a result of family or domestic violence, by sex, 2011–12 to 2017–18

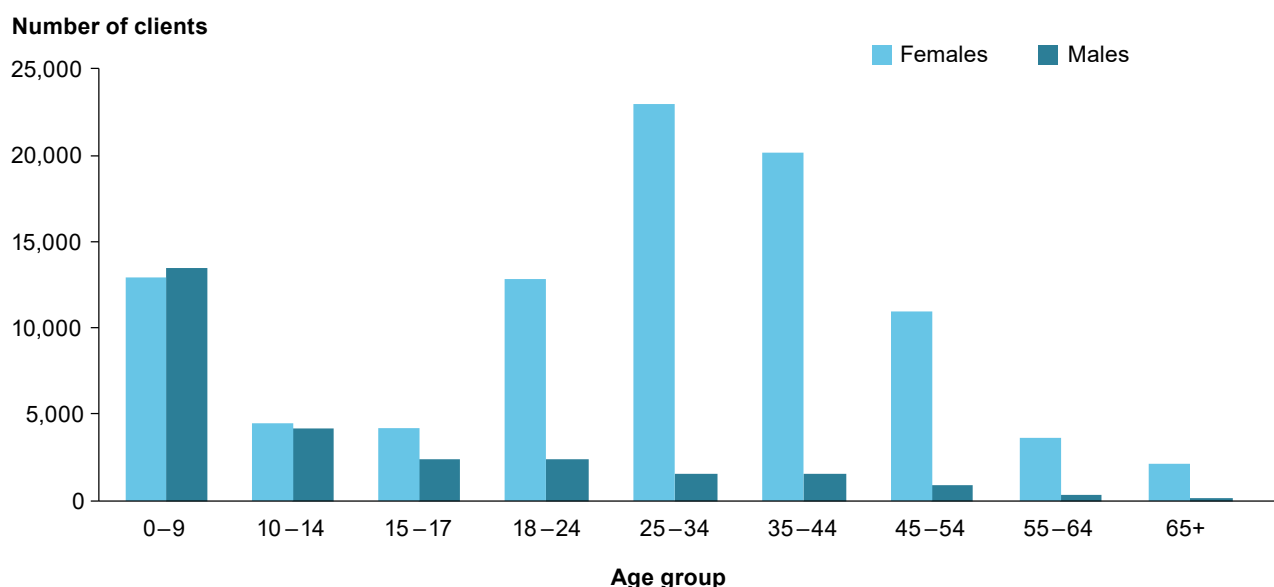


Sources: AIHW 2018c; 2019d.

Young children and women are the most likely to seek specialist homelessness services as a result of family or domestic violence

Just over 1 in 5 clients seeking specialist homelessness services as a result of family or domestic violence were aged 0–9 (22% or over 26,500), and nearly 41,700 (34%) of clients were aged under 18. Half (50%, or 13,500) male clients who were experiencing family or domestic violence were aged 0 to 9, and a further 15% (4,200) were aged 10 to 14. One in 5 (20%, or 24,500) clients were aged 25–34 and were the largest proportion of adult service users; most of these clients (94%) were female (Figure 3.14) (AIHW 2019d).

Figure 3.14: Clients seeking specialist homelessness services as a result of family or domestic violence, by age, by sex, 2017–18



Source: AIHW 2019d.

1 in 3 family and domestic violence clients have a mental health issue and/or problematic substance use

Of the 94,700 clients aged over 10 who were experiencing family or domestic violence:

- 8% (7,900) reported both a mental health condition and problematic drug and/or alcohol use
- 26% (24,300) reported only a current mental health issue
- 2.8% (2,600) reported only problematic drug and/or alcohol use (AIHW 2019d).

Specialist homelessness services help almost half of all clients gain stable housing

For clients experiencing domestic and family violence whose support ended in 2017–18:

- almost 1 in 2 (46% or 10,500) who were homeless at the start of support were assisted into stable housing at the end of support, with the majority into private or other housing
- 9 in 10 (89% or about 30,600 clients) who were at risk of homelessness received help to maintain their tenancy.

These data include only those clients whose support periods had closed and who did not have ongoing support at the end of the 2017–18 reporting period. It is important to note that a proportion of these clients may seek assistance from SHS agencies again in the future.

Family and relationship services

Relationships Australia provide a range of services to assist people experiencing violence or abuse in their relationships. Counselling and other specialised support services are available to those seeking ways to improve their own safety, or to overcome the impact of trauma, or reduce their use of violence in their relationships. Programs are also available for those who have used anger, violence or abuse in their interpersonal relationships and want to find new ways of relating that do not harm others.

Relationships Australia provided the AIHW with extracts of available de-identified data for 2017–18 for selected states and territories.

In 2017–18, around 21,000 people sought assistance from Relationships Australia for matters relating to family violence. These clients comprised almost one-third of all clients seeking services through Relationships Australia in selected states and territories. Just over half of the family violence clients were female (53%, or 11,200) (Table 3.2) (Relationships Australia unpublished).

Table 3.2: Proportion and number of clients affected by family violence seeking services through Relationships Australia, selected states and territories, by sex, 2017–18

	Female		Male	
	Per cent	Number	Per cent	Number
NSW	38.2	4,793	47.90	5,412
Vic	46.4	6,099	52.40	5,119
WA	14.1	1,312	14.60	1,074
SA	39.4	3,103	31.80	1,812
Tas	28.7	1,168	27.00	953
ACT	19.6	790	20.70	600

Note: Data are collected differently across states and territories. Comparisons should be made with caution.

Source: Relationships Australia unpublished.

Technology assisted services

Telephone and online communications can provide information and advice relating to family, domestic and sexual violence to both victim-survivors and perpetrators. A selection of non-government organisations provided de-identified data about their services for this report. These data are collated from a wide range of organisations and cover varying time periods. However, overall, the data show that thousands of Australians are accessing telephone helplines, websites and mobile applications every year to seek support for family, domestic and sexual violence.

1800RESPECT

1800RESPECT is the national sexual assault, domestic and family violence counselling service. It is a free and confidential service staffed by professional counsellors 24 hours a day, 7 days a week, to assist people experiencing, or at risk of experiencing violence (1800RESPECT 2016).

The service answered about 143,000 calls between its inception in August 2016 and June 2018: 57,700 in 2016–17 and 85,100 in 2017–18. Over the 2 years, 19,700 online counselling contacts were answered: 6,300 in 2016–17 and 10,900 in 2017–18 (DSS unpublished).

Ask Izzy

Ask Izzy is a mobile application and website that connects people who are homeless, or at risk of homelessness, with housing and support services in their area. Users select the type of support they require, such as housing, food, health, and various types of advice. They have the option of indicating factors that have contributed to their situation, which could include experiences of family and domestic violence (InfoXchange unpublished).

De-identified data are presented here from website users and represent searches for support rather than unique clients (InfoXchange unpublished).

In 2017–18, more than 21,400 users searched Ask Izzy for housing support. Of this group, almost 3 in 10 website users (28%, or almost 6,000) indicated that they were experiencing family violence. Website users were given the option of providing additional information about their situation. For people seeking support for homelessness due to family and domestic violence:

- almost 8 in 10 (78%, or 4,700) were female, 15% (900) were male and just over 4% (260) reported their gender as trans and gender diverse
- females aged 27–39 accounted for 41% of female website users (more than 1,900 users), whereas the most commonly recorded age group for males was 18–26 (36%, or 300)
- just under 1 in 10 people (9%, or 550) were aged under 18. The age profile of males was younger than that of females: 16% (150) male website users were under 18 compared with 8% (350) females
- more than 1 in 10 (12%, or 700) identified as Aboriginal and Torres Strait Islander
- almost 1 in 4 (24%, or 1,400) identified as being a family with children
- more than 1 in 5 (21%, or 1,300) reported mental or emotional difficulties (InfoXchange unpublished).

In 2017–18, many people who searched Ask Izzy for a directory of local support services reported experiencing family and domestic violence:

- More than 5,500 people searched for support and counselling services. Of these, 1 in 5 (21%, or 1,164) selected 'scared in my relationship' when asked what issue they were dealing with.
- More than 2,300 people searched for legal support services. Of these users, 1 in 8 (12%, or 282) reported that they were seeking legal advice for domestic and family violence issues (InfoXchange unpublished).

Mobile applications

Mobile phone applications can provide a portable and accessible source of information and support for people experiencing family, domestic and sexual violence.

DAISY App

Daisy is a free app developed by 1800RESPECT to connect people experiencing family, domestic and sexual violence to services in their local area. The app includes information on state and territory-based services as well as non-government organisations. The service websites accessed by the user from within the app, are not recorded on the device's browser history (1800RESPECT 2016).

Penda

Penda provides Australian women with financial information and referrals for domestic violence. It provides information on financial safety planning, crisis payments, and emergency housing. In 2017–18, Penda was downloaded over 5,600 times (Women's Legal Service Queensland unpublished).

Re-focus

Re-focus provides Queensland women with legal information regarding separation from an intimate partner involving domestic violence. In 2017–18, Re-focus was downloaded 613 times (Women's Legal Service Queensland unpublished).

Family, domestic and sexual violence workforce

There are limited national data on the workforce for specialist family, domestic and sexual violence services. The University of New South Wales Social Policy Research Centre (SPRC) National Survey of Workers in the Domestic, Family and Sexual Violence Sectors (the National Survey of Workers) provides some information about those working in services used by people affected by violence (see Box 3.4) (Cortis et al. 2018).

The National Survey of Workers includes workforce characteristics, workforce strengths, gaps, skill levels and skill-development needs. The survey was designed to produce findings that can be used to build the capacity of the workforce and improve responses to those affected by violence (Cortis et al. 2018).

Box 3.4: National Survey of Workers in the Domestic, Family and Sexual Violence Sectors

The *National Survey of Workers in the Domestic, Family and Sexual Violence Sectors* was led by the University of New South Wales Social Policy Research Centre for the Department of Social Services in 2018. The study involved a survey of workers, and a separate survey of service leaders. The surveys were developed through consultations with those involved in the sector, including peak bodies, employers, unions and training specialists.

The survey of workers captured the experiences of those working in services used by people affected by violence, including information about confidence in areas of practice, and job satisfaction. The survey of service leaders captured service-level information about staff numbers, perceptions of capacity, and workforce development priorities and strategies.

As there is no comprehensive list of relevant services across Australia, a sampling frame was developed to help identify relevant service providers, based on funding provided by the Department of Social Services and the Attorney-General's Department. In addition, lists of services funded by the states and territories were provided by the Department of Social Services. Services included (but were not limited to):

- services funded under the Australian Government Families and Children Activity
- Australian Government-funded Legal Assistance services
- Australian Government-funded services under the Settlement Grants program
- Australian Government-funded services under the Financial Wellbeing and Capability Activity
- services funded under the specialist homelessness service program
- services funded under specialist perpetrator programs.

The service survey was distributed to 1,000 services and completed for 320 services. The worker survey was completed by 1,200 workers. As there is no national data set providing a profile of relevant services which could be used to determine population weights, no weights were applied. The survey is not intended to be representative of the entire workforce. Instead it sheds some light on the shared experiences of workers in the family, domestic and sexual violence space.

Source: Cortis et al. 2018.

Most workers in the family, domestic and sexual violence sectors are female

Four in 5 (83%) of workers surveyed were female. One in 5 (20%, or 228) workers had caring responsibilities, 1 in 12 (8.0%, or 92) identified as LGBTIQ+, and 1 in 13 (7.5%, or 86) spoke a language other than English at home. One in 20 (4.9%, or 56) were from Aboriginal and Torres Strait Islander backgrounds, and 1 in 25 (3.7%, or 43) identified as having a disability. Most employees (61%) were working full time (Cortis et al. 2018).

Workers are generally confident in identifying family, domestic and sexual violence

In general, workers were confident they could identify signs of abuse. However, fewer were confident they could identify financial or sexual abuse, compared with physical or emotional abuse. Almost 9 in 10 (89%) felt able to work creatively to meet clients' needs, and 2 in 3 (66%) felt able to spend enough time with each client.

Many workers felt they needed additional training to support specific client groups such as Aboriginal and Torres Strait Islander people; LGBTIQ people; asylum seekers; people experiencing homelessness; and the perpetrators of violence. Overall, the most common areas where workers felt training was needed were in risk assessment, therapeutic approaches, legal training, general counselling, screening, and supervision training. Those working frequently with perpetrators listed priority areas for skill development as working with clients resistant to intervention, promoting behaviour change, and evaluating participants' progress.

Resourcing was highlighted as an issue of concern. Only 2 in 5 respondents (38%) felt their service had enough staff to get work done, and about 1 in 5 (19%) disagreed with the statement 'people who need our services can get them' (Cortis et al. 2018).

Family, domestic and sexual violence service workers are exposed to bullying, harassment and violence

According to the survey, workers had high exposure to bullying, harassment, violence and threats. Around half of workers reported experiencing bullying, harassment, violence or threats from a client in the last 12 months, with this proportion increasing to 66% for workers who had daily contact with perpetrators. In terms of ranking overall job quality, almost half (48%) of the workers reported feeling emotionally drained from work, and a similar proportion (45%) said they felt under pressure to work harder (Cortis et al. 2018).



4 Impacts and outcomes of family, domestic and sexual violence

Key findings

- Women who experience childhood abuse or household dysfunction suffer worse health effects in adulthood.
- Women who experience domestic violence during pregnancy are 3 times as likely to suffer depression.
- For women aged 15 and over, mental health conditions were the largest contributor to the disease burden due to domestic violence; these conditions included depressive disorders (43%), followed by anxiety disorders (30%) and suicide and self-inflicted injuries (19%).
- Between 2014–15 and 2015–16, there were 218 victims of domestic homicide.
- In 2017, more than 1 in 3 murders recorded by police were related to family and domestic violence.

Family, domestic and sexual violence has a range of consequences for victims, perpetrators, families, workplaces, the community and the economy. Many of these consequences were explored in *Family, domestic and sexual violence in Australia 2018*.

The impacts of family, domestic and sexual violence can be serious and long-lasting, affecting an individual's health, wellbeing, education, relationships and housing outcomes. It is a leading cause of homelessness—and the costs to the community are substantial, estimated to be at least \$22 billion in 2015–16 (KPMG 2016).

This chapter updates the key findings from the 2018 report, and draws on a broader range of data sources to explore the impacts and outcomes of family, domestic and sexual violence, including homicide, burden of disease and some of the long-term health outcomes for women and children.

Long-term health impacts and outcomes

Evidence of the long-term health impacts and outcomes of family, domestic and sexual violence can be obtained from longitudinal surveys that follow people over time. Data are presented in this report from the Australian Longitudinal Study on Women's Health (ALSWH) and the Maternal Health Study. While a new longitudinal study on men's health and wellbeing (Ten to Men) commenced in 2011, no data are yet available for similar analysis about impacts and outcomes for men experiencing family and domestic violence.

Burden of disease studies can also be used to examine the long-term health impacts and outcomes of family, domestic and sexual violence. These studies measure the combined impact on a population living with illness and injury and dying prematurely. Internationally recognised methods are used to assess the health impact of diseases or risk factors across a population.

Australian Longitudinal Study on Women's Health

The Australian Longitudinal Study on Women's Health (ALSWH) is a longitudinal survey of more than 57,000 women that began in 1996 (see <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/data-sources-monitoring-family-domestic-sexual-violence> for details). The ALSWH explores factors that influence health throughout the lifespan among women who are broadly representative of the entire Australian population.

The study began with 3 cohorts of women born in 1973–78, 1946–51 or 1921–26; in 2012, a fourth cohort was added of women born in 1989–95. Participants were randomly selected from the Medicare database, except that women from rural and remote areas were sampled at twice the rate of women in urban areas, to ensure numbers were large enough for statistical comparison. Women in the study are sent surveys by mail every 3 years.

Women who experience childhood abuse or household dysfunction suffer worse health effects in adulthood

Women born 1973–78 who experienced childhood abuse or household dysfunction had poorer general and mental health than women who had not had these experiences (Loxton et al. 2018). In addition, women who had experienced childhood sexual abuse were more likely to have poor general health, and to experience depression and bodily pain than those who had not experienced sexual abuse during childhood (Coles et al. 2018).

Women who had experienced childhood abuse (including psychological, sexual and physical abuse) or household dysfunction during childhood (such as witnessing intimate partner violence) had higher long-term primary, allied, and specialist health-care costs, compared with women who had not had these experiences during childhood (Loxton et al. 2018).

Women who experience domestic violence are twice as likely to be diagnosed with cervical cancer

Data from the ALSWH also showed that, when compared with women who had not experienced domestic violence, women who had experienced domestic violence were:

- more likely to be diagnosed with a sexually transmitted infection, including HPV, with 23% of women aged 22–27 in 2017 who had experienced domestic violence reporting a sexually transmitted infection, compared with 11% of women who had not experienced domestic violence (Loxton et al. unpublished)
- less likely to be screened for cervical cancer, with 75% of women who were aged 45–50 in 1996 and 53–58 in 2004 who had experienced domestic violence reporting adequate cervical screening, compared with 81% of women who had not experienced domestic violence (Loxton et al. 2009).

Among more than 14,000 women who were aged 45–50 in 1996, women who had been diagnosed with cervical cancer were twice as likely to have experienced domestic violence, compared with women who had not been diagnosed with cervical cancer (29% versus 15%, respectively) (Loxton et al. 2006).

Maternal Health Study

Data are available from the Maternal Health Study to investigate the medium-term impacts of partner violence on maternal health (Box 4.1). Further information from this study on the impacts of family violence on child emotional and behavioural development is provided in **Chapter 6**.

Box 4.1: What is the Maternal Health Study?

The Maternal Health Study is an ongoing study that investigates the health and wellbeing of more than 1,500 first-time mothers and their first-born children. Women were recruited in early pregnancy from 6 Melbourne metropolitan hospitals between 2003 and 2005. Data have been collected on a range of physical and psychological health problems, including depression, anxiety, domestic violence, and child health and developmental outcomes. The mean age of women in the study when their first baby was born was 31 years (age range 19–50).

The study incorporated a validated measure of domestic violence in follow-up questionnaires at 1, 4 and 10 years after their child was born. Although the obstetric characteristics of the women in the study were largely representative of first-time mothers, women aged under 25 years and women born overseas or of non-English speaking background were under-represented.

Source: Brown et al. 2015.

Women experiencing domestic violence during pregnancy are 3 times as likely to suffer depression

According to the Maternal Health Study, almost 2 in 5 (39%) of women who experienced physical and emotional violence from an intimate partner in the first 12 months after giving birth reported depressive symptoms, compared with 12% of women who did not experience violence. Women who were afraid of an intimate partner were also more likely to experience other physical and psychological health problems, such as vaginal bleeding during pregnancy; urinary and faecal incontinence; and anxiety symptoms (Brown et al. 2015).

Over half the mothers reporting intimate partner abuse in the first year after giving birth also reported that they had experienced violence again 4 years after giving birth (Gartland et al. 2014).

Burden of disease

Burden of disease studies measure the combined impact on a population from living with illness and injury and dying prematurely. These studies use internationally recognised methods to quantify and compare the health impact of risk factors or diseases with one another, across time and between populations. The summary measure ‘disability-adjusted life years’ (or DALY) measures the years of healthy life lost from illness and death. One DALY is 1 year of ‘healthy life’ lost due to illness and/or death—the more DALYs associated with a disease or injury, the greater the burden of that disease.

The Australian Burden of Disease Study 2015 estimated the amount of burden that could have been avoided if no women aged 15 and over in Australia in 2015 were exposed to intimate partner violence. In estimating this burden, 6 diseases were causally linked to exposure to partner violence:

- depressive disorders
- anxiety disorders
- early pregnancy loss
- homicide and violence (injuries due to violence)
- suicide and self-inflicted injuries
- alcohol use disorders.

The burden due to partner violence was estimated only in women, as evidence in the literature to inform the causally linked diseases and the amount of increased risk (relative risk) was only available for women (Ayre et al. 2016; GBD 2016 Risk Factor Collaborators 2017).

Partner violence is a major health risk factor for women aged 25–44

In 2015, for women aged 15 and over, partner violence contributed to:

- 223 deaths (0.3% of all deaths)
- 1.6% of the burden of disease and injury (35,078 DALY).

Mental health conditions were the largest contributor to the burden due to physical/sexual violence or emotional abuse by a partner, with depressive disorders making up the greatest proportion (43%), followed by anxiety disorders (30%) and suicide and self-inflicted injuries (19%). Figure 4.1 shows the reduction of burden of disease in 2015 if all women had not experienced partner violence.

Partner violence was also ranked (by DALY) as the 3rd leading risk factor for women aged 25–44, behind *Child abuse and neglect during childhood*, and *Illicit drug use*. In 2011, partner violence was ranked as the greatest health risk factor for women aged 25–44. This change in ranking from 2011 to 2015 reflects updated methodology for estimating the burden attributable to the risk factors *Child abuse and neglect*, and *Illicit drug use*. As a result of these revised inputs for the burden of disease study for 2015, *Child abuse and neglect during childhood* and *Illicit drug use* are now the top 2 health risk factors for women aged 25–44 (AIHW forthcoming 2019).

Figure 4.1: Burden of disease due to partner violence, women aged 15 and over, 2015

If no women had experienced partner violence, then in 2015 the disease burden would have been reduced by:



- 41%** less homicide and violence
- 18%** less early pregnancy loss
- 19%** less suicide and self-inflicted injuries
- 19%** less depressive disorders
- 12%** less anxiety disorders
- 4%** less alcohol use disorders

Source: AIHW forthcoming 2019.

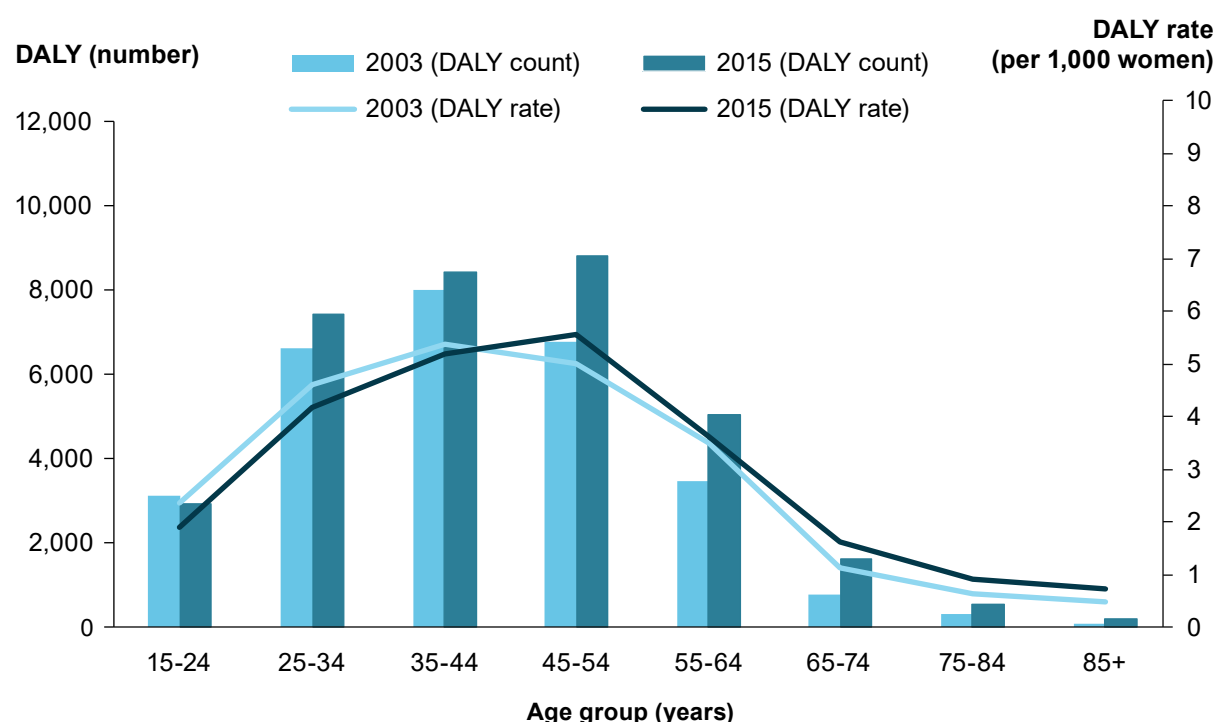
The burden due to partner violence remains steady over time

The total burden attributable to partner violence was 20% higher for females in 2015 than in 2003 (35,078 DALY in 2015 compared with 29,232 DALY in 2003). When the impact of the increasing age and size of the population is taken into account, the rate of burden remained steady during this period (3 DALY per 1,000 women in both years, rate ratio 1.0) (AIHW forthcoming 2019).

The attributable burden (DALY number) was higher in most age groups in 2015 compared with 2003, with the greatest differences observed for ages 45–54 (Figure 4.2). The age-specific attributable DALY rates were lower for persons aged under 45 and higher for persons aged 55 or more in 2015 than in 2003 (AIHW forthcoming 2019).

Changes over time may be due to changes in exposure to partner violence or in the burden from linked diseases. Changes in burden from linked diseases may be influenced by other risk factors, changes to treatment or health interventions. The other inputs used to calculate the burden attributable to partner violence (such as relative risk or the size of the association between the risk factor and the linked disease) were the same in each year.

Figure 4.2: Number and rates of burden (DALY per 1,000 women) attributable to partner violence, by age, 2003 and 2015



Source: AIHW forthcoming 2019.

Homicide

The impact of family, domestic and sexual violence can be fatal. Many homicide victims are killed by a current or previous intimate partner and women are over represented in this category of homicide. These deaths rarely occur without warning and in many instances there have been identifiable risk factors and repeated episodes of abuse prior to the homicide (ADFVDRN 2018).

Differences in deaths data

This report includes homicide data from 3 main sources: Australian Institute of Criminology (AIC) National Homicide Monitoring Program (NHMP); ABS Recorded Crime—Victims; and the Australian Domestic and Family Violence Death Review Network (ADFVDRN). The scope, collection methods, and criteria for identifying a family or domestic violence homicide differ between data sources. These collections are not directly comparable, but complement each other as statistical sources.

AIC National Homicide Monitoring Program

The NHMP includes information on homicides from police records and coronial records. The NHMP undergoes a quality control process that involves crosschecking information in police offence records with other data sources, such as coronial reports, court documents and media reports. This report uses the NHMP for 2014–15 and 2015–16 to present the latest family or domestic violence homicide prevalence data.

ABS Recorded Crime—Victims

The ABS Recorded Crime—Victims collection includes information on homicides and related offences (including murder, attempted murder and manslaughter). Data are derived from police records and compiled according to the National Crime Recording Standard to maximise consistency between states and territories (ABS 2018b). This report uses the ABS Recorded Crime data for 2017 to present further information on homicides and attempted homicides to complement the prevalence data.

Australian Domestic and Family Violence Death Review Network

The ADFVDRN is a network of state and territory domestic and family violence death review teams. Their first report, released in 2018, looked at instances between July 2010 and June 2014 where a person was killed by a current or previous intimate partner after ‘an identifiable history of domestic violence between the homicide victim and the homicide offender’. Coronial records were analysed from all states and territories. The scope of the ADFVDRN report is narrower than the NHMP and the ABS Recorded Crime—Victims collection.

The ADFVDRN completed an in-depth analysis of events leading up to a homicide to inform possible intervention strategies. This report presents these findings to report on events leading up to a domestic and family violence death.

AIC National Homicide Monitoring Program

1 woman is killed every 9 days and 1 man is killed every 29 days by a partner

Between 2014–15 and 2015–16, the NHMP recorded 218 domestic homicide victims from 198 domestic homicide incidents (see Box 4.1 for definitions). Of the 218 domestic homicide victims, there were:

- 107 victims of intimate partner homicide
- 45 victims of filicide
- 28 victims of parricide
- 13 victims of siblicide
- 25 victims of other family homicide (AIC unpublished).

Over half (59%, or 129) domestic homicide victims were female. Almost 2 in 3 (64%, or 82) female victims and over 1 in 4 (28%, or 25) male victims were killed by an intimate partner (Figure 4.3). More than 3 in 4 (75%, or 155) perpetrators of domestic homicide were male (AIC unpublished).

The reported number of domestic homicide victims from 2014–15 to 2015–16 is slightly higher than the previous reporting period (213 victims were killed in 200 incidents from 2012–13 to 2013–14). However, the number of people killed by an intimate partner was slightly lower (99 women and 27 men were killed by an intimate partner from 2014–15 to 2015–16) (Bryant and Bricknell 2017).

Box 4.2: National Homicide Monitoring Program 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 can include:

intimate partner homicide—where the victim and offender have a current or former intimate relationship, including same-sex and extramarital relationships

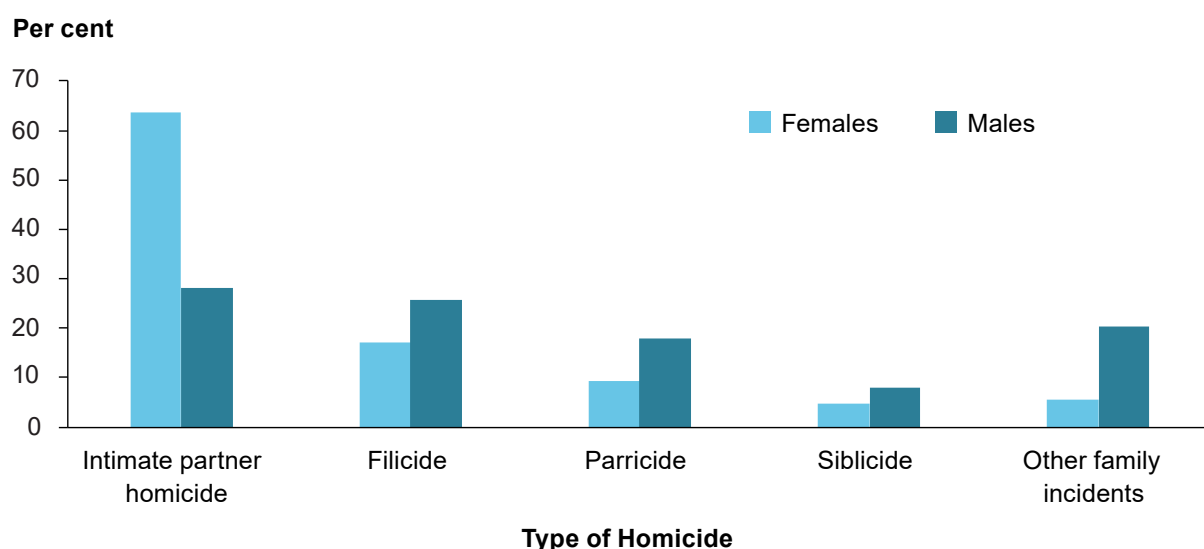
filicide—where a custodial or non-custodial parent (or step-parent) kills a child (including infanticide, which is defined as the killing of a child aged under 1)

parricide—where a child kills a custodial or non-custodial parent or step-parent

siblicide—where 1 sibling kills another

other family homicide—where the victim and offender are related, but not in the ways already described (for example, they are cousins, aunts/uncles, grandparents and so forth).

Figure 4.3: Domestic homicide victims, by type of homicide, by sex of victim, 2014–15 to 2015–16 (per cent)



Source: AIC unpublished.

ABS Recorded Crime—Victims

More than 1 in 3 murders recorded by police are related to family and domestic violence

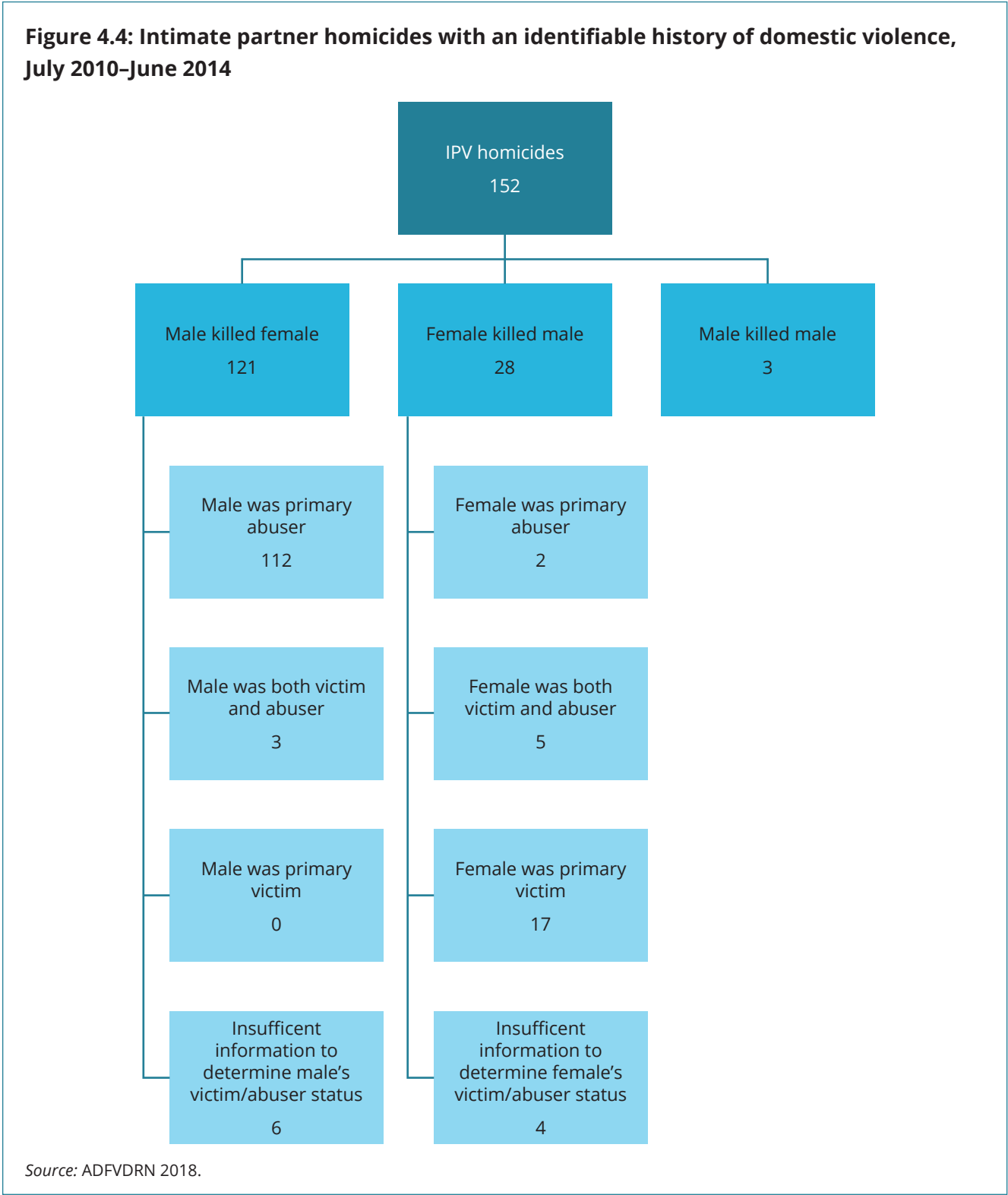
The ABS Recorded Crime—Victims, Australia 2017 publication presented data for victims of family and domestic violence homicide and related offences (including murder and attempted murder). In 2017, there were 126 victims of recorded family and domestic violence homicide and related offences, which included 75 murders and 41 attempted murders (ABS 2018b).

Australian Domestic and Family Violence Death Review Network

The ADFVDRN identified 152 adult domestic violence homicides in Australia, over the 4-year period between July 2010 and June 2014, where a person was killed by a current or previous intimate partner after an identifiable history of domestic violence (ADFVDRN 2018).

Most domestic violence homicide victims are female

Over the 4-year period, 4 in 5 (80%, or 121) of the reviewed domestic violence homicides were perpetrated by a male against a female. Almost 1 in 5 (18%, or 28) of the homicides involved a female killing a current or previous male partner, and the rest were perpetrated by men against men. Of the 121 reviewed homicides where a male killed their female partner, the male was the primary abuser in 93% (112) cases. Of the 28 reviewed homicides where a female killed their male partner, the female was identified as the primary abuser in 2 cases (Figure 4.4) (ADFVDRN 2018).



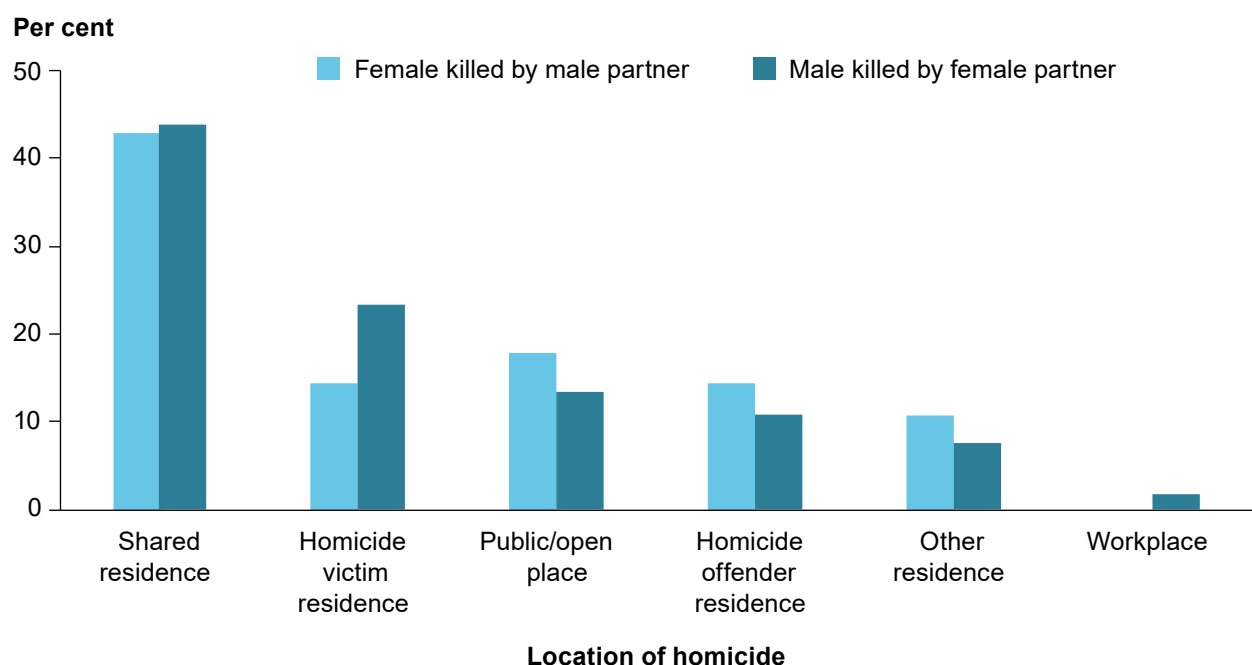
1 in 4 female victims held a current domestic violence order when murdered

One in 4 (24%, or 29) women who were murdered held a current Domestic Violence Order against their male perpetrator and 14% (4) men who were murdered held a current Domestic Violence Order against their female perpetrator. One in 4 (25%, or 7) women who killed a male intimate partner, held a current Domestic Violence Order taken out against that man (ADFVDRN 2018).

Most intimate partner homicides occur in the home

Between 2010–11 and 2013–14, almost half (44%, or 65) of the reviewed heterosexual domestic violence homicides occurred in the residence shared by the victim and perpetrator. Women were more likely than men to be killed in public or in their partner's residence. Men were more likely to be killed in their own home (Figure 4.5) (ADFVDRN 2018).

Figure 4.5: Intimate partner homicides by location of homicide, by sex of victim and perpetrator, July 2010 – June 2014



Source: ADFVDRN 2018.

Female victims are more likely to be killed during a period of intended or actual separation

One in 3 (36%, or 44) women who were killed by their male partner were separated at the time, and 19% (23) were in a relationship where at least 1 person had expressed their intention to separate. Less than half (45%, or 54) were in an ongoing relationship at the time of their death.

In contrast, male victims killed by a female partner were most likely to be killed during an ongoing relationship (61%, or 17 men). Six (21%) of men were in a relationship where at least 1 person had expressed their intention to separate, and 5 (18%) were separated (Figure 4.3) (ADFVDRN 2018).

Almost half of all homicide victims were unemployed

Almost half of all the reviewed female homicide victims (45%) and just under 2 in 5 male homicide victims (39%) were unemployed at the time of their homicide (Table 4.1) (ADFVDRN 2018).

Table 4.1: Employment status of the victim at the time of homicide

	Female	Male
	%	%
Employment status		
Employed	36.4	51.6
Unemployed	44.6	38.7
Disability Pension	5.0	3.2
Retired	5.8	0.0
Student	5.0	0.0
Unknown	3.3	6.5

Source: ADFVDRN 2018.

Emotional abuse is the most common form of abuse leading up to domestic violence homicide

Over the 4-year period from July 2010 to June 2014, emotional abuse was the most common form of abuse in 4 in 5 (80%, or 84) cases where a man killed a female intimate partner. This was followed by physical abuse (76%, or 80 cases) and controlling social behaviours (61%, or 64 cases). These findings also illustrate that intimate partner abuse (as for all family and domestic abuse) often involves multiple, coexisting abuse types.

Where a male killed a female intimate partner:

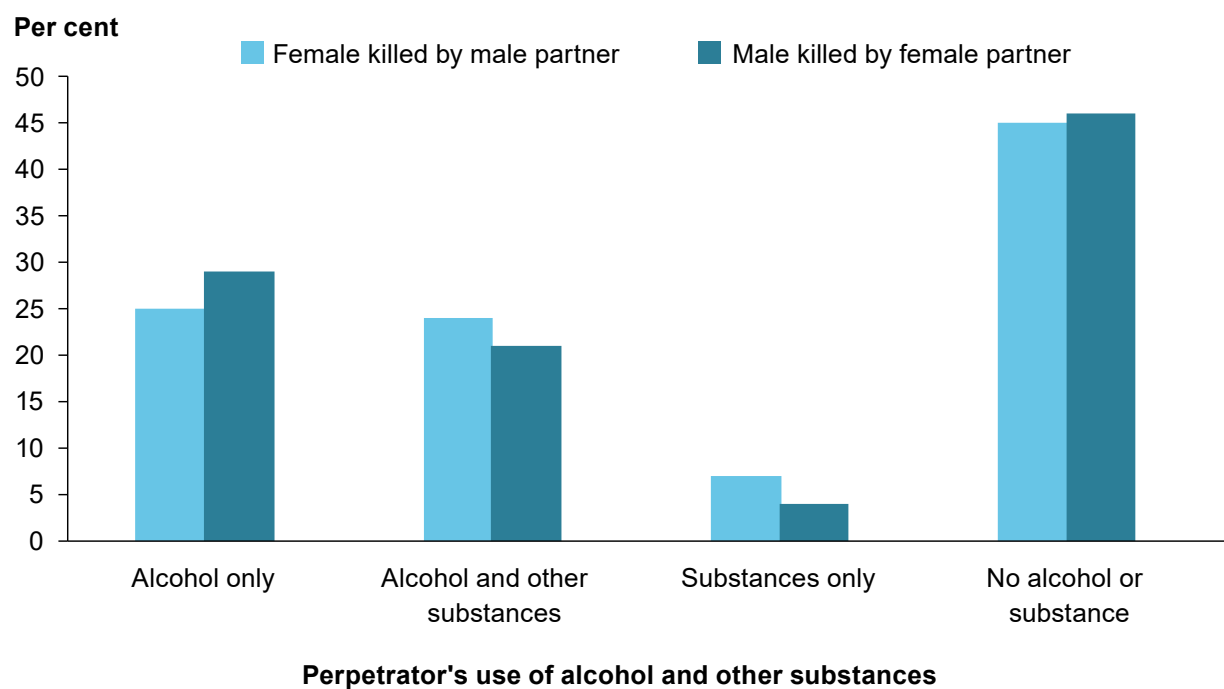
- stalking had been reported either during the relationship or after it had ended in 1 in 3 (36%, or 38) cases
- sexual violence was reported in 12% (13) cases
- there were 107 child survivors (ADFVDRN 2018). For more information on children exposed to family and domestic violence, see **Chapter 6**.

There is limited information on previous abuse in cases where a female killed a male partner, because the ADFVDRN identified only 2 cases where the female perpetrator was the primary abuser.

Half of all homicide perpetrators were under the influence of alcohol

More than half of the people who killed an intimate partner were affected by alcohol, other drugs, or both. The rates of alcohol and drug use were similar among male and female perpetrators (Figure 4.6).

Figure 4.6: Intimate partner homicides, by perpetrator's use of alcohol and other substances at the time of homicide, by sex of victim and perpetrator, July 2010 to June 2014



Source: ADFVDRN 2018.



5 Attitudes and behaviours relating to family, domestic and sexual violence

Key findings

- 8 in 10 (81%) of Australians agree that controlling by denying a partner money is a form of family and domestic violence—up from 70% in 2013.
- 2 in 5 (42%) of Australians agree it is common for sexual assault accusations to be used as a way of getting back at men.
- 1 in 2 (53%) of women and 1 in 4 (25%) of men have experienced sexual harassment since the age of 15.
- 2 in 5 (39%) of women and 1 in 4 (26%) of men have experienced sexual harassment at work in the last 5 years.
- 1 in 6 (17%) of women and 1 in 15 (6.5%) of men have experienced stalking since the age of 15.

The causes of family violence are complex and include gender inequality and community attitudes towards women. Factors such as intergenerational abuse and trauma, exposure to violence as a child, social and economic exclusion, financial pressures, drug and alcohol misuse and mental illness can also be associated with family violence. These factors can combine in complex ways to influence the risk of an individual perpetrating family violence or becoming a victim of such violence (State of Victoria 2016).

The factors contributing to and influencing the likelihood of a person becoming a perpetrator or a victim of family, domestic and sexual violence can be grouped into 4 categories:

- Individual: personal history such as childhood abuse; attitudes supportive of violence; alcohol or drug use; adherence to traditional gender roles; or education
- Relationships: interpersonal relationships with peers, intimate partners or family members such as social support networks; family conflict; or having violent peers
- Community: experiences in schools, workplaces and neighbourhoods such as workplace policies on sexual harassment or accessibility of support services
- Societal: structural and cultural influences such as government policies, religious or cultural beliefs, gender or other inequalities, or social and cultural norms (Quadara and Wall 2012).

Data on many of the contextual factors listed above are not available at a national level. 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). Equivalent data on attitudes to men and other victims are not available at a national level. The latest NCAS results are presented in this chapter, along with new data on sexual harassment and stalking.

Community attitudes towards violence against women

Social attitudes and norms shape the context in which violence occurs. The 2017 NCAS presents the latest national data on the attitudes to, and perceptions of, violence against women (see Box 5.1). Findings from the 2017 NCAS for young people, Indigenous Australians and those from non-English speaking backgrounds will be released in late 2019 and are not included in this report.

Box 5.1: 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 4 national surveys conducted to date. The first 3—1995, 2009, 2013—were led by VicHealth and the 2017 survey was conducted by Australia's National Research Organisation for Women's Safety (ANROWS).

ANROWS redeveloped the questionnaire for 2017, but retained many questions from the previous surveys to measure changes over time. Many of the questions in the survey use the term **domestic violence** because this is the term used in the 1995 survey. The NCAS encompasses 4 forms of violence: intimate partner violence, sexual assault, sexual harassment, and stalking. When referring to 2 or more forms of violence, the term **violence against women** is used.

The NCAS collected information from a representative sample of 17,500 Australians aged 16 and over. For more details, see data source and supporting materials online at www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2019/contents/data-sources-for-monitoring-family-domestic-and-sexual-violence.

What the NCAS survey tells us

Australians have a growing awareness of the different types of behaviours and acts that constitute violence against women, especially non-physical behaviours such as verbal abuse and intimidation. However, although the 2017 NCAS identified improvements in many community attitudes and increases in knowledge relating to violence against women, some Australians believe perpetrators of family, domestic and sexual violence can be excused in certain circumstances, and that many women exaggerate gender inequality.

Most Australians do not endorse violence against women

The 2017 NCAS showed that most Australians had an accurate knowledge of what constituted violence against women and did not endorse this violence.

A person's knowledge of family, domestic and sexual violence can influence their attitudes and enable those affected to better identify and respond to the violence. In 2017, more Australians were able to recognise violence against women than in previous surveys (Table 5.1). In particular, a larger proportion of people agreed that non-physical forms of violence could be considered forms of intimate partner violence, including:

- preventing a partner from seeing friends or family (91% agreed)
- controlling by denying a partner money (81% agreed)
- harassment by repeated emails and/or text messages (90% agreed) (Table 5.1) (Webster et al. 2018).

Most Australians would act if they saw abuse or disrespect

Encouraging people to take action in response to witnessing abuse or disrespect is a positive step in helping to prevent violence in the community (Webster et al. 2018). The 2017 NCAS reported that most (98%) of people would be 'bothered if they saw a male friend verbally abusing a woman he was in a relationship with', 70% would act to do something about it, and 69% thought they would have the support of their friends if they did something about it (Webster et al. 2018).

Table 5.1: Community knowledge of violence against women, 1995–2017

	1995	2009	2013	2017	Change ^(a)
Certain behaviours are a form of partner violence/ violence against women (% agree)					
Slaps/pushes to cause harm and fear	97	97	97	97 ^(b)	↑
Forces partner to have sex	94	97	96	97	—
Tries to scare/control by threatening to hurt others	n/a	98	97	98	—
Throws/smashes objects to frighten/threaten	91	97	96	96	—
Repeatedly criticises to make partner feel bad/useless	71	85	85	92	↑
Controls social life by preventing partner from seeing family and friends	74	83	85	91	↑
Controls by denying partner money	62	71	70	81	↑
Stalks by repeatedly following/watching at home or work	n/a	90	89	92	↑
Repeatedly keeps track of location, calls or activities through mobile phone or other devices, without consent	n/a	n/a	n/a	84	—
Harasses by repeated emails/text messages	n/a	85	85	90	↑
Prevalence of violence against women (% agree)					
Violence against women is common	n/a	74	68	72	↑
Understanding of sexual violence (% agree)					
If a woman doesn't physically resist—even if protesting verbally—then it isn't really rape	n/a	n/a	10	7	↓
Many allegations of sexual assault made by women are false	n/a	n/a	n/a	16	—
It is a criminal offence for a man to have sex with his wife without her consent	n/a	n/a	n/a	81	—
Women are more likely to be raped by someone they know than by a stranger	76	70	64	64	—
Knowledge of resources					
If I needed to get outside advice or support for someone about a domestic violence issue, I would know where to go	n/a	62	57	60	↑

(a) ↑ or ↓ indicates a statistically significant change between 2013 and 2017.
 — indicates no statistically significant change between 2013 and 2017.

(b) There is a significant difference of less than 1% between 2013 and 2017. This is not apparent in the table, as all numbers have been rounded.

Source: Webster et al. 2018.

Attitudes that support violence are associated with lack of support for gender equality

The strongest predictors of attitudes that support violence against women are people having a low level of support for gender equality and low level of understanding of the behaviours that constitute violence against women. Holding prejudicial attitudes towards people based on other attributes, and having a high level of support for violence in general are also strongly associated with attitudinal support for violence against women (Webster et al. 2018).

Attitudes towards violence against women are also associated with some demographic factors, such as:

- age (being 65 years and over)
- educational level (not having a tertiary education)
- gender composition of occupation (working in a male-dominated occupation)
- English language proficiency (poor proficiency)
- country of birth and length of time in Australia (being born overseas) (Webster et al. 2018).

There is some evidence that family, domestic and sexual violence can be prevented by tackling the underlying factors—such as gender inequality, poor and disrespectful attitudes towards women, and violence-supportive attitudes—through education and early intervention programs (Secretary-General of the United Nations 2006; Our Watch et al. 2015). However, like many areas in social policy, it is difficult to obtain robust evidence on the causal nature of family, domestic and sexual violence.

Many Australians believe that gender inequality is exaggerated

Gender inequality and attitudes supporting gender inequality provide the social conditions in which family, domestic and sexual violence is more likely to occur (Webster et al. 2018). While most Australians surveyed agreed that women could play a range of roles regardless of gender, 2 in 5 (40%) believed that many women exaggerated how unequally they were treated in Australia (Webster et al. 2018).

Most Australians recognise that most perpetrators of violence are male

Many people were aware that intimate partner violence was often perpetrated by males—however, this proportion has fallen over time. In 2017, around two-thirds (64%) of people recognised that men were often the main perpetrators of domestic violence, down from 71% in 2013. Most people (81%) recognised that women were more likely than men to suffer physical harm from domestic violence; however, this proportion had also fallen since 2013, when it was 86% (Webster et al. 2018).

1 in 5 Australians believe that domestic violence is just a normal reaction to day-to-day stress and frustration

Attitudes relating to family, domestic and sexual violence can contribute to violence indirectly, by influencing social norms of what is acceptable behaviour.

In 2017:

- 1 in 5 (21%) of people believed that violence results from a woman making a man 'so angry that he hits her when he didn't mean to'
- 1 in 5 (20%) believed that 'a lot of what is called domestic violence is really just a normal reaction to day-to-day stress and frustration'
- nearly 1 in 6 (14%) of Australians believe that 'women who flirt all the time are somewhat to blame if their partner gets jealous and hits them' (Webster et al. 2018).

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

Fewer people agree that intimate partner violence is a private, family matter

In 2017, 12% of people agreed that intimate partner violence is a private, family matter. This is less than the 17% who agreed with this in 2013 (Webster et al. 2018). However, as many as one-third of Australians also hold attitudes that minimise the consequences of intimate partner violence:

- 1 in 3 (32%) of people believed that a female victim who does not leave an abusive partner is partly responsible for the abuse continuing
- 1 in 6 (16%) of people did not believe that 'it is as hard as people say it is' for women to leave an abusive relationship (Webster et al. 2018).

2 in 5 people agree that women use accusations of sexual assault to get back at men

The 2017 NCAS investigated whether Australians would justify non-consensual sex. The survey found that a proportion of Australians were unclear about what constituted consent and where the line was drawn between consensual sex and coercion. Nearly 11% of Australians believed that women were lying about sexual assault if they did not report it straight away:

- 2 in 5 (42%) agreed that it was common for sexual assault accusations to be used as a way of getting back at men
- 1 in 3 (33%) believed that rape resulted from men not being able to control their need for sex
- 1 in 8 (13%) were more likely to justify non-consensual sex if the woman initiated intimacy in a scenario where a couple had just met, and 1 in 7 (15%) in a scenario where the couple were married (Webster et al. 2018).

Sexual harassment

Sexual harassment occurs when a person has experienced or been subjected to behaviours that make them feel uncomfortable and were offensive due to their sexual nature (ABS 2017b). It includes a range of behaviours aimed at demeaning an individual and exercising power and control over them. Men can be victims of this behaviour, but women are more commonly so, and men are more commonly 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 may help to reduce and prevent violent behaviours (WHO 2010). Since the release of the *Family, domestic and sexual violence in Australia 2018*, there has been considerable media attention about sexual harassment (see Box 5.2), stalking and technology-facilitated abuse.

Box 5.2: What is #MeToo?

The #MeToo movement was founded by activist Tarana Burke in 2006 to support girls and women who had experienced sexual violence. The movement became a global phenomenon in 2017 when celebrities popularised the phrase as a hashtag (a label for content on social media sites) when discussing sexual violence and harassment in the entertainment industry. Large numbers of women and men around the world felt empowered to share their stories of sexual violence.

The movement allowed women, and some men, to have the confidence to share their experiences of sexual harassment—whereas previously they had been reluctant to come forward, out of fear of retaliation or other adverse consequences. The #MeToo hashtag has increased public awareness of the prevalence of sexual violence in the workplace in ways not previously realised (Khomami 2017).

This section presents previously unpublished data from the 2016 PSS on experiences, perceptions and forms of sexual harassment in the general population. It also presents new findings from the fourth wave of the Australian Human Rights Commission's (AHRC) National Workplace Sexual Harassment Survey (AHRC 2018). Sexual harassment definitions are outlined in Box 5.3.

Box 5.3: What is sexual harassment?

The definitions for sexual harassment vary slightly between the 2016 ABS Personal Safety Survey and the AHRC's 2018 National Workplace Sexual Harassment Survey.

ABS 2016 Personal Safety Survey

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

AHRC 2018 National Survey on Sexual Harassment in Australian Workplaces

The AHRC survey measured the prevalence of sexual harassment in 2 ways: by providing respondents with a simplified legal definition and asking whether they have ever been sexually harassed; and by providing respondents with a list of behaviours likely to constitute sexual harassment and asking them whether they had experienced these behaviours. The list captures a broad spectrum of behaviours, ranging from inappropriate staring and leering, to actual or attempted rape or sexual assault. Survey respondents were asked whether they had ever experienced these behaviours in a way that was unwelcome.

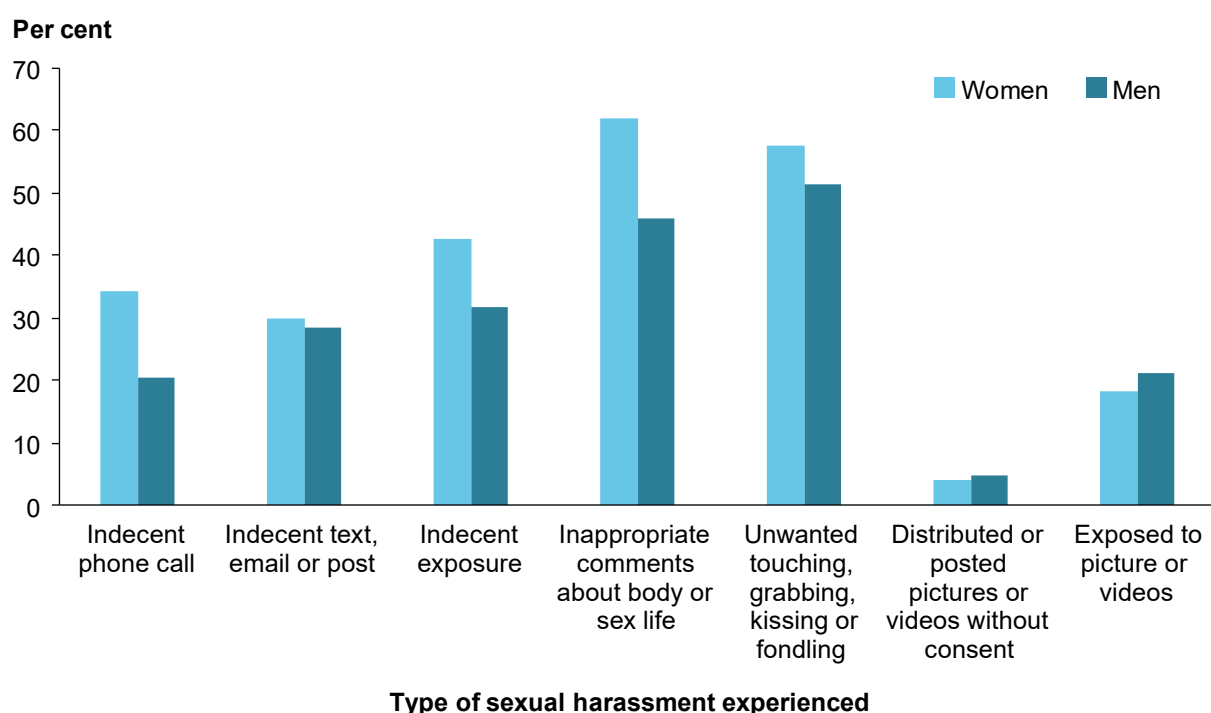
The survey has a sample size of 10,300 people aged 15 and over—a substantially larger sample size than previous surveys—obtained by a quota sample, to ensure that participants were representative of the Australian population in terms of age, sex and where they lived. The sample was not selected to reflect the Australian workforce, either by occupation, employment status, or industry, but is analysed by industry type. Findings from the survey will inform the AHRC's first national inquiry into sexual harassment in Australian workplaces.

Inappropriate comments and unwanted touching are the most common forms of sexual harassment

The 2016 PSS showed that sexual harassment was experienced by around 1 in 2 (53% or 5 million) women and 1 in 4 (25% or 2.2 million) men in their lifetime (Box 5.3). Of those who experienced sexual harassment:

- about 3 in 5 (62%, or over 3 million) women and 1 in 2 (46%, or over 1 million) men had been subjected to inappropriate comments about their body or sex life
- more than half of women (57%, or 2.8 million) and men (51%, or 1.1 million) experienced unwanted touching, grabbing, kissing or fondling (ABS 2017c) (Figure 5.1).

Figure 5.1: Women and men who experienced sexual harassment from any person, by type of sexual harassment, 2016



Note: Components are not able to be added together to produce a total. Where a person has experienced more than 1 type of sexual harassment, they are counted separately for each type of behaviour they experienced.

Source: ABS 2017c.

Sexual harassment in the workplace

1 in 3 people are sexually harassed at work

Sexual harassment in the workplace is associated with a range of negative outcomes, including lower job satisfaction, lower organisational commitment and poorer physical and mental health (Willness et al. 2007). According to the AHRC 2018 National Survey, 1 in 3 (33%) of people had experienced sexual harassment at work in the 5 years preceding the survey—almost 2 in 5 (39%) of women and 1 in 4 (26%) of men. Of those who experienced sexual harassment, 7 in 10 (69%) of women and 6 in 10 (58%) of men experienced more than 1 form of sexual harassment in the previous 5 years (AHRC 2018).

Sexually offensive comments and jokes are the most frequent forms of workplace sexual harassment

Sexually offensive suggestive comments or jokes were the most common form of sexual harassment in the workplace. One in 4 (25%) of women and more than 1 in 10 (13%) of men experienced these behaviours in the 5 years preceding the survey. Intrusive questions about an individual's private life or physical appearance was the second most common type of workplace sexual harassment, and were experienced by nearly 1 in 5 (19%) of women and 1 in 10 (10%) of men. These sexual harassment behaviours in the workplace are similar to those reported in the PSS about lifetime sexual harassment (Figure 5.1) (AHRC 2018).

Workplace sexual harassment is rarely reported

One in 5 (20%) of people who were harassed in the workplace said sexual harassment behaviours were 'common' in their workplace, and 1 in 3 (36%) said it occurred 'sometimes'. Women were more likely than men to say sexual harassment was 'common' (21% and 17%, respectively) or occurred 'sometimes' in their workplace (39% and 33%, respectively). Two in 5 (41%) of victims also said that they knew of someone else in their workplace who had been sexually harassed the same way.

Less than 1 in 5 (17%) of people who had been sexually harassed went on to lodge a formal report or complaint. Of those who did not report the incident, almost half (49%) said it was because they thought people would think they were overreacting (AHRC 2018). Similarly, it was uncommon for people who had heard or witnessed the sexual harassment of a co-worker to take action. Although more than one-third (37%) of people had witnessed or heard about the sexual harassment of somebody else in their workplace, only 1 in 3 (35%) of bystanders took action to prevent or reduce the harm of the harassment (AHRC 2018).

Most workplace sexual harassment is perpetrated by men

According to the AHRC survey, the majority of workplace sexual harassment is perpetrated by men. More than 9 in 10 (93%) of female victims and around 6 in 10 (58%) of male victims were harassed by 1 or more male perpetrators. For women, the perpetrator was most likely to be a client or customer (22%), whereas for men, the perpetrator was most likely to be a co-worker at the same level (37%). Almost 2 in 3 (64%) of incidents involved a single perpetrator, with women (71%) more likely to have been harassed by a single perpetrator than men (54%) (AHRC 2018).

Stalking

People who experience stalking can undergo a range of negative psychological, physical, occupational and general lifestyle effects. The experience and impact of stalking on a victim can vary, ranging from mild annoyance to extreme fear and insecurity. The impact of stalking can be influenced by the victim's previous experiences, current circumstances, knowledge of the stalker and ability to seek help (Noffsinger 2015).

Information on stalking is available from the 2016 PSS. The definitions used in the PSS are outlined in Box 5.4.

Box 5.4: What is stalking?

Stalking involves various unwanted behaviours—such as following or making unwanted contact—that cause fear or distress. To be classified as ‘stalking’ in the ABS PSS, more than 1 type of behaviour had to occur, or the same type of behaviour occur on more than 1 occasion. The PSS only asks respondents about selected stalking behaviours, including:

- loitered or hung around outside person’s home, workplace, place of leisure or social activities
- followed or watched them in person or used electronic tracking device (for example, GPS tracking system, computer spyware)
- maintained unwanted contact with them by phone, postal mail, email, text messages or social media websites
- posted offensive or unwanted messages, images or personal information on the internet about them
- impersonated them online to damage their reputation
- hacked or accessed their email, social media or other online account without their consent to follow or track them
- gave or left objects where they could be found that were offensive or disturbing
- interfered with or damaged any of their property.

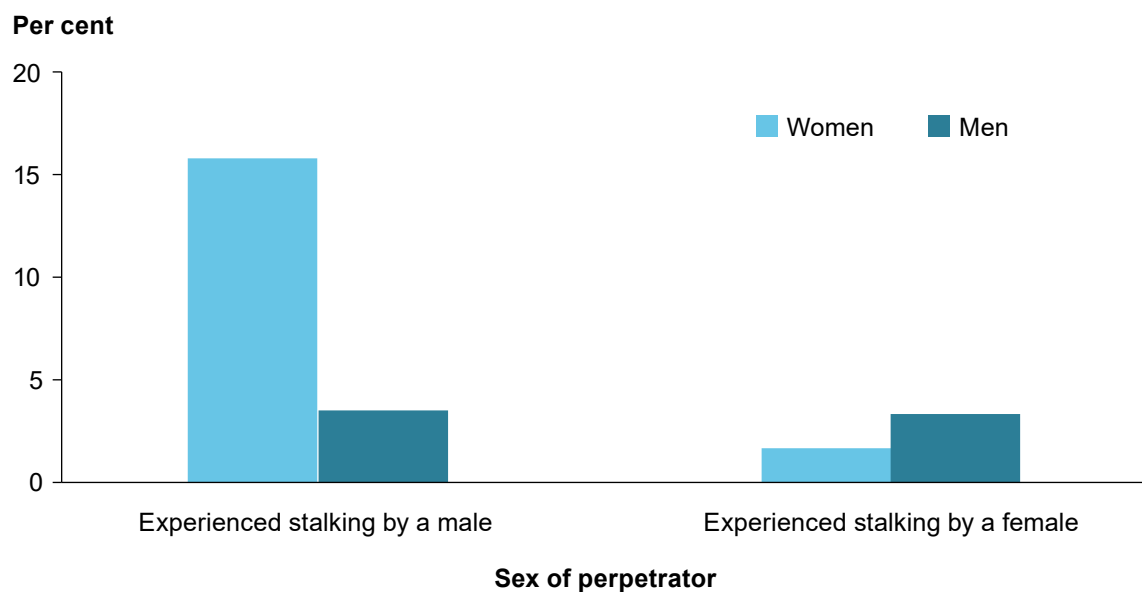
Source: ABS 2017c.

Women are more likely to experience stalking

The 2016 PSS showed that:

- 1 in 6 (17%, or 1.6 million) women and about 1 in 15 (6.5%, or 587,000) men aged 18 and over had experienced stalking (see Box 5.4) since the age of 15
- of women who were stalked, 94% (1.5 million) were stalked by a male
- men were equally likely to be stalked by a male or by a female (Figure 5.2) (ABS 2017c).

Figure 5.2: Proportion of women and men who had experienced stalking, by sex of perpetrator, 2016



Source: ABS 2017c.

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

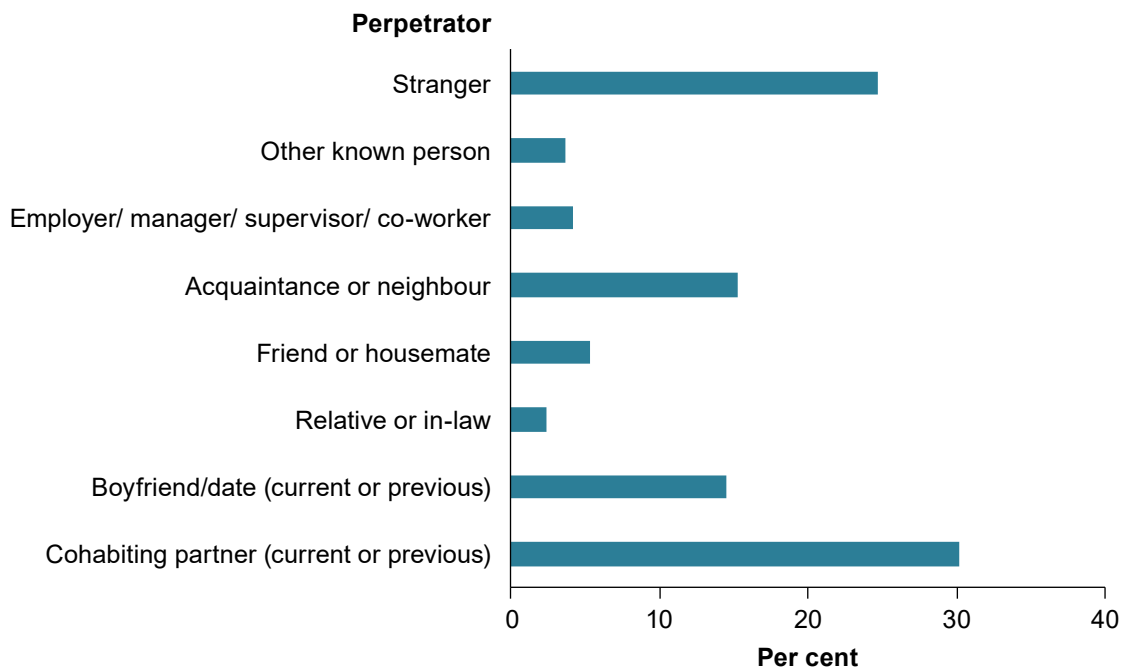
For women who had experienced stalking since the age of 15, the most recent stalking episode by a male was perpetrated by:

- a known person for 3 in 4 (75%, or 1,116,000) women; for nearly 1 in 3 (30%, or 448,000) women, the perpetrator was a current or previous partner
- a stranger for 1 in 4 (25%, or 365,000) women (Figure 5.4) (ABS 2017c).

For men who had experienced stalking since the age of 15, the most recent stalking episode by a female was perpetrated by a known person for more than 9 in 10 (95%, or 286,000) men; for 4 in 10 (41%, or 124,000) men, the perpetrator was a current or previous partner (however, these data should be interpreted with caution due to small numbers).

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

Figure 5.3: Women who experienced stalking since the age of 15, by perpetrator of the most recent incident by a male, 2016



Source: ABS 2017c.

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

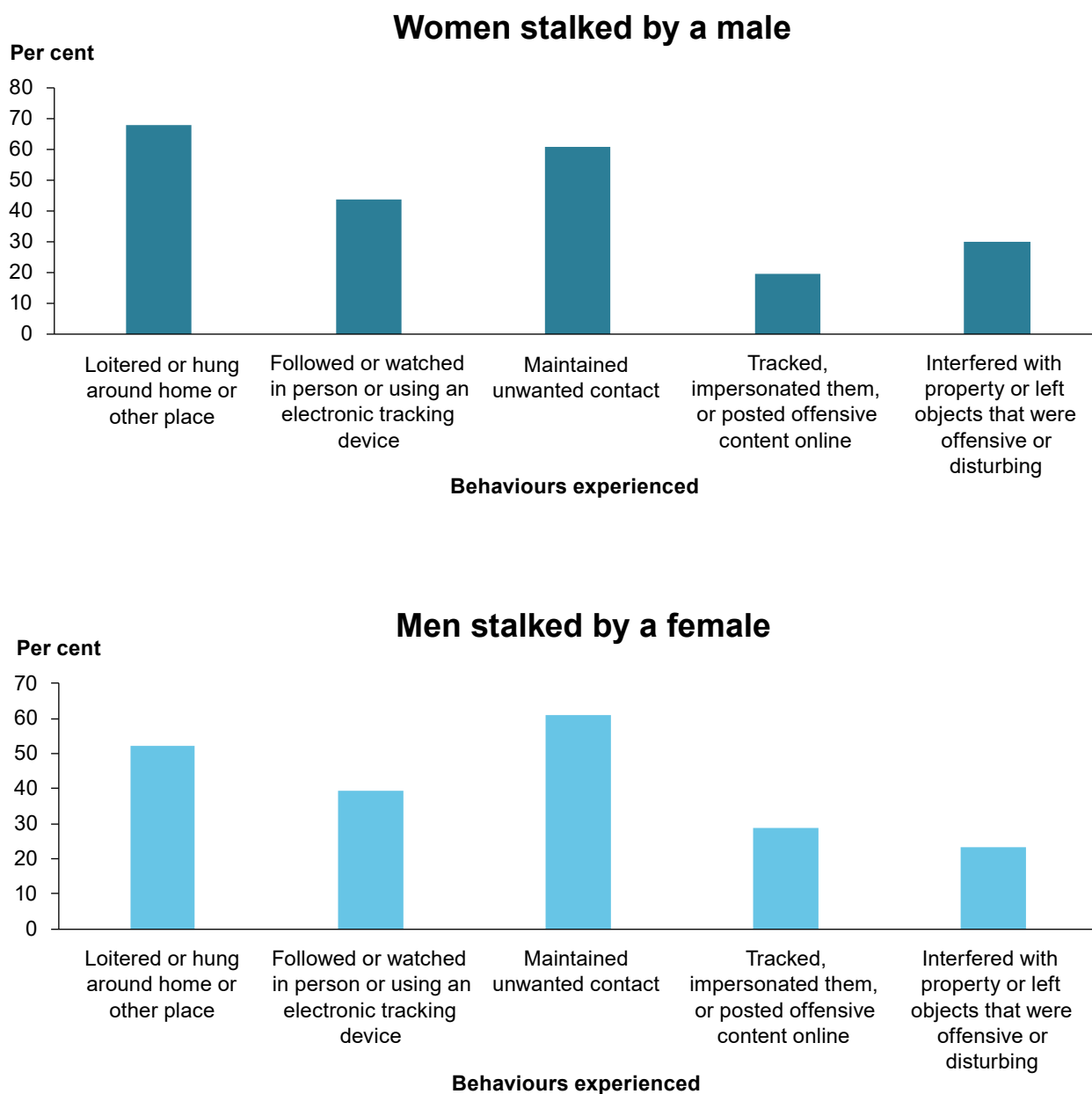
For women whose current or previous partner had recently stalked them:

- 2 in 3 (68%, or 450,000) had experienced loitering by the perpetrator in locations such as the home, workplace, school, education facility, places of leisure or at social activities
- 2 in 5 (44%, or 290,000) women were followed or watched, either in person or electronically
- 1 in 5 (20%, or 130,000) women were abused via the internet, including being tracked or impersonated or having their intimate images shared without permission (ABS 2018a).

Men whose most recent incident of stalking by a female was perpetrated by a current or previous intimate partner experienced similar patterns of behaviour. About half (52%, or 112,000) had experienced loitering and almost 4 in 10 (40%, or 84,100) were followed or watched in person or electronically (Figure 5.4) (ABS 2018a).

The sharing of intimate images without permission can also be referred to as image-based abuse, and further information is available from the Office of the eSafety Commissioner (Box 5.5).

Figure 5.4: Women and men whose most recent incident of stalking since the age of 15 was perpetrated by a current or previous intimate partner, by behaviours experienced, 2016



Note: Components are not able to be added together to produce a total. Where a person has experienced more than 1 type of stalking behaviour, they are counted separately for each type they experienced.

Source: ABS 2018a.

Stalking is often not seen as a crime

Despite variations in legal definitions, stalking is a criminal offence in every state and territory in Australia. However, fewer than 1 in 3 (31%, or 364,000) women who experienced stalking by a male perceived the most recent episode as a crime at the time. Almost half (48%, or 558,000) women who experienced stalking by a male perceived it as wrong but not a crime, while 14% (157,000) perceived it as something that 'just happens' (ABS 2017c).

Fewer than 1 in 4 (23%, or 58,500) men who experienced stalking by a female perceived the most recent episode as a crime, while 46% (117,000) perceived it as wrong but not a crime, and 27% (68,300) perceived it as something that 'just happens' (ABS 2017c).

Box 5.5: Online reporting of image-based abuse

The Office of the eSafety Commissioner provides support services for people experiencing image-based abuse. Image-based abuse is the sharing of intimate, nude or sexual images without the consent of the person depicted (for example, in emails or on websites).

The website of the Office of the eSafety Commissioner invites victims of image-based abuse to submit reports online. These reports are then used to seek the removal of abuse images from social media and websites.

Between October 2017, when the online reporting portal was introduced, and June 2018, the Office of the eSafety Commissioner received 259 reports of image-based abuse. Victims were predominantly female (79%). One in 5 (22%) of victims were under the age of 18 at the time they reported.

From September 2018, the Office of the eSafety Commissioner has had powers to use civil penalties, such as fines, against the perpetrators of image-based abuse.

Source: Office of the eSafety Commissioner 2018.



6 Family, domestic and sexual violence in vulnerable populations

Key findings

- In 2016–17, 611 children aged 0–14 were hospitalised for assault. Where the perpetrator was specified, 217 children were abused by a parent, and 71 by another family member.
- In 2017, police recorded more than 11,000 female victims of sexual assault aged 15–34, compared with 3,800 female victims aged 35 and over.
- In 2017–18, more than 10,900 calls were made to elder abuse helplines across Australia (excluding the Northern Territory). Most abuse reported was directly attributable to family and domestic violence.
- Around 1 in 3 (32%, or 929,000) women with disability have experienced emotional abuse from a current or previous partner since the age of 15, compared with around 1 in 5 (19%, or 1.2 million) women without disability.
- 1 in 6 (16% or 1.5 million) women and 1 in 9 (11% or 992,000) men had experienced physical and/or sexual abuse before the age of 15.

Understanding how family, domestic and sexual violence is experienced by different population groups helps to inform and support the development of appropriate services, education and prevention programs (ABS 2013a). The ways in which different people experience family, domestic and sexual violence, and the options they have to access services that meet their needs, can be shaped by multiple intersecting cultural, social and physical factors (National Council to Reduce Violence against Women and their Children 2009).

The chapter provides information on 8 vulnerable population groups:

- children
- young women
- older Australians
- people with disabilities
- people from culturally and linguistically diverse backgrounds
- lesbian, gay, bisexual, transgender, intersex and queer people
- people in rural and remote Australia
- socioeconomically disadvantaged people.

Aboriginal and Torres Strait Islander people are another important vulnerable group who experience higher rates of family violence, and this is looked at in detail in **Chapter 7**.

Children

For children and adolescents experiencing family, domestic and sexual violence, the impacts can be serious and long-lasting, affecting their health, wellbeing, education, relationships and housing outcomes (ANROWS 2018). *Family, domestic and sexual violence in Australia 2018* highlighted the need for more comprehensive data on children's experiences—including prevalence, severity, frequency and outcomes—of these forms of violence.

This section draws together new and updated data on prevalence, children's hospitalisations and child protection notifications. It explores the key findings from an AIHW data linkage study that looked at the experiences of children aged 10–17 who used both child protection and youth justice services. It also presents key findings from 2 longitudinal studies (the Longitudinal Study of Australian Children, and the Maternal Health Study) and the latest burden of disease study.

Prevalence

Children are often exposed to violence

It is difficult to obtain robust data on children's experiences of family, domestic and sexual violence. Due to the sensitive nature of this subject, most large-scale population surveys focus on adults. While administrative data collections—such as police, hospital and child protection data—can provide some insights, these data sources are likely to underestimate the true extent of the violence in the community.

A new 5-year study, led by the Queensland University of Technology and funded by the National Health and Medical Research Council, will help to provide future insights into child maltreatment by examining the health outcomes and burden of disease caused by child maltreatment (Queensland University of Technology 2019).

The 2016 PSS reported that, of those who had experienced violence from a previous partner and had children in their care when the violence occurred, 418,000 (68%) of women and 92,200 (60%) of men reported that the children had seen or heard the violence.

About 1 in 6 (16%, or 1.5 million) women and 1 in 9 (11%, or 992,000) men had experienced physical and/or sexual abuse before the age of 15. Parents were the most common perpetrators of physical abuse before the age of 15. Around 45% of adults experienced physical abuse before the age of 15 by a father or stepfather, and 24% by a mother or stepmother. Where mothers or stepmothers were identified as the perpetrator of abuse, the victims were more likely to be their daughters (66%) than their sons (35%) (ABS 2018a).

Of those adults who experienced sexual abuse before the age of 15, nearly 8 in 10 (79%) were abused by a relative, friend, acquaintance or neighbour. A minority of adults who experienced sexual abuse before the age of 15 were abused by a stranger (11%) (ABS 2018a).

Of the 25,500 women who participated in the Australian Longitudinal Study on Women's Health:

- 15–25% experienced psychological abuse as a child
- 8–11% experienced physical abuse as a child
- 13–16% experienced sexual abuse as a child
- 7–10% witnessed their mother being abused
- 2–5% witnessed their father being abused (Loxton et al. unpublished).

Children and young people as perpetrators

'Adolescent family violence' is a term used to describe violence perpetrated by young people against family members, including physical, emotional, financial, and sexual abuse. It includes a range of behaviours used to control, coerce and threaten family members. Victims can include parents and carers, siblings, and intimate partners (Fitz-Gibbon et al. 2018).

Although there is limited national data on the prevalence of adolescent family violence, recent research projects highlight that adolescent males more commonly use violence against family members than adolescent females, and that mothers are more likely to be victimised (Fitz-Gibbon et al. 2018). See Box 6.1 for further information on adolescent family violence.

Box 6.1: Adolescent family violence

The NSW Bureau of Crime Statistics and Research analysed reports of family violence made to police in New South Wales in 2014 (Freeman 2018). Perpetrators under the age of 18 accounted for 7% of all people reported to police for family violence assaults during this period. These adolescent perpetrators were:

- more likely to be male—2 in 3 (65%) of offenders were male
- 15 years old, on average. Females were slightly younger than males.

More than half (55%) of the adolescent perpetrators had been the subject of police reports for other offences in the 2 years before being reported for a family violence assault. Almost 1 in 4 (23%) of adolescent perpetrators were reported for a further family violence offence within 12 months of the first report.

Family violence assaults account for a substantial and increasing proportion of overall assaults by adolescents reported to New South Wales police—in 2017, one-third (1,055) of all juvenile assaults were domestic violence-related. The recorded rate of juvenile family violence assaults has risen considerably over the past decade, from 155 per 100,000 in 2008 to 196 per 100,000 in 2017.

Source: Freeman 2018.

Police responses

In 2017, police recorded a large number of family and domestic violence-related sexual assaults against children, with 1 in 6 (17%, or 1,400) children aged 0–9 and 1 in 5 (20%, or 1,700) aged 10–14. For females, the largest proportion of family and domestic violence-related sexual assault victims were aged 15–19 (22%, or 1,500); for males, the largest proportion of victims were aged 0–9 (38%, or 436) (ABS 2018b).

Hospitalisation of children

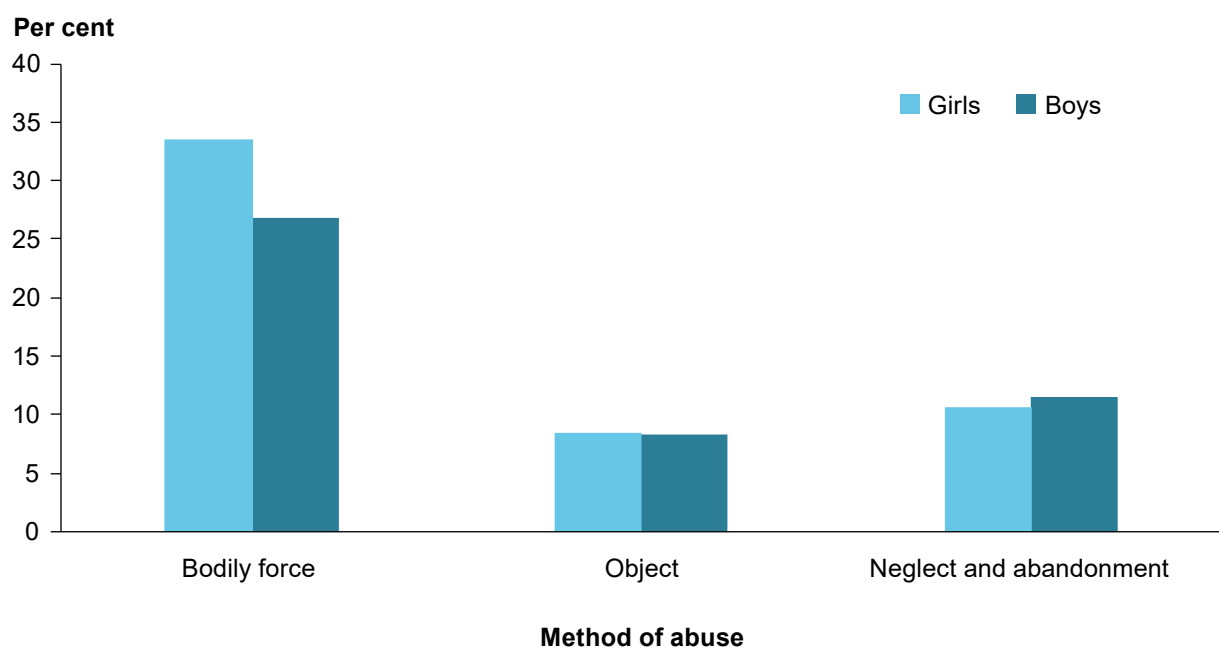
In 2016–17, there were 611 hospitalisations of children aged 0–14 for injuries due to abuse (which includes assault, maltreatment and neglect), including 156 Indigenous children. For the 481 (79%) of hospitalisations where the perpetrator was specified, nearly 1 in 2 (45%, or 217) children were abused by a parent, and 1 in 8 (13%, or 71) by another family member. For Indigenous children, about 2 in 3 (68%, or 83) were abused by a parent or family member.

Perpetrators most often use bodily force

Of the 131 hospitalisations of girls for abuse injuries due to family violence, 44 (34%) were abused with bodily force, 11 (8%) with an object, and 14 (11%) were hospitalised for neglect and abandonment by family.

Of the 157 hospitalisations of boys for abuse injuries due to family violence, 42 (27%) were abused with bodily force, 13 (8%) with an object, and 18 (11%) were hospitalised for neglect and abandonment by family (Figure 6.1).

Figure 6.1: Hospitalisations for abuse by a family member, children aged 0–14, by method of abuse, by sex, 2016–17



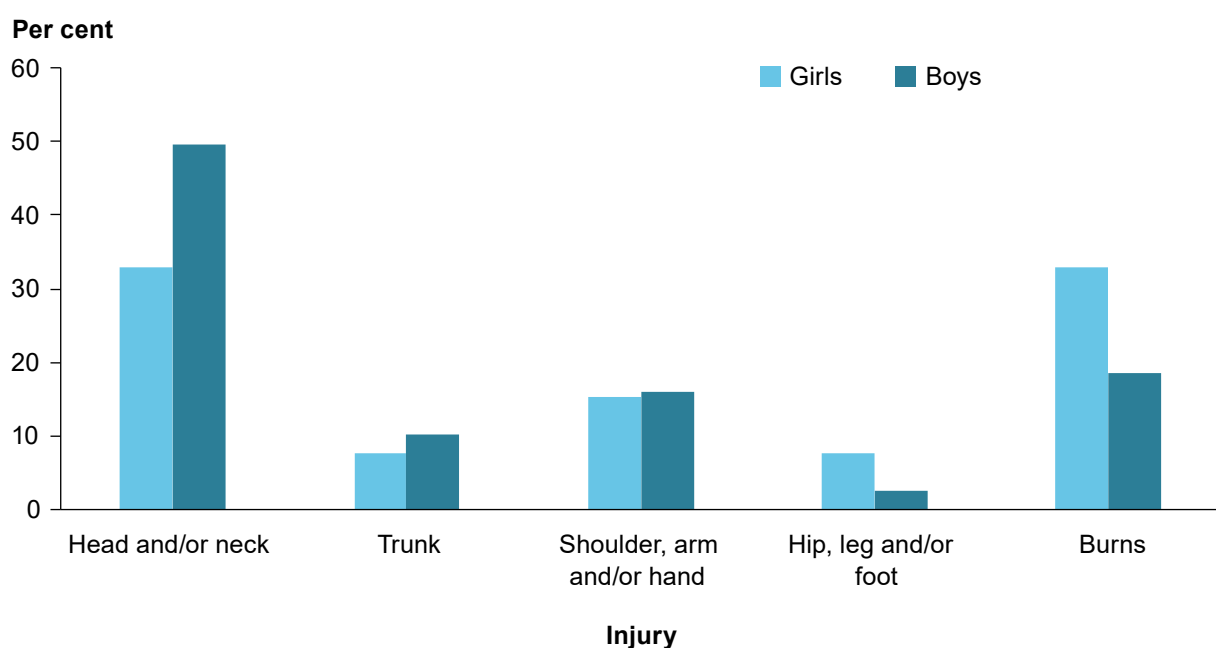
Source: AIHW National Hospital Morbidity Database.

1 in 3 girls and 1 in 2 boys suffer injuries to the head and/or neck

One in 3 (33%, or 43) hospitalisations of girls due to family violence were for treatment of injury to the head and/or neck, including 5 girls with brain injury. One in 3 (33%, or 43) girls were treated for burns, and 16% (20) for injury to the shoulder, arm or hand.

One in 2 (50%, or 78) hospitalisations of boys due to family violence were for treatment of injury to the head and/or neck, including 18 boys with brain injury. About 18% (29) boys were hospitalised for burns and 16% (25) for injury to the shoulder, arm or hand (Figure 6.2).

Figure 6.2: Hospitalisations for abuse by a family member, children aged 0–14, by body region injured, by sex, 2016–17



Source: AIHW National Hospital Morbidity Database.

Child protection services

In Australia, states and territories are responsible for providing child protection services to anyone aged under 18 who has been—or is at risk of—being abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care and protection.

Child protection data are recorded in the Child Protection National Minimum Data Set, which contains information on children and young people who received child protection services and (where abuse or neglect is substantiated), the type of abuse or neglect. Many cases of child abuse and neglect are not disclosed to authorities and these data are likely to under-report how many children in the community are abused or neglected (AIFS 2019).

Physical, sexual and emotional abuse that occurs within the family home, or is perpetrated by family members, is in the scope of this publication. Although neglect of children may not involve family or sexual violence, it has been included in the child protection services data reported, because children are often neglected when family, domestic or sexual violence occurs in the home (Queensland Centre for Domestic and Family Violence Research 2018).

159,000 children are receiving child protection services

In 2017–18, 1 in 35 (3%, or 159,000) children received child protection services. Where recorded, 72% (74,800) children who received child protection services were repeat clients (AIHW 2019b).

Over the past 6 years, the rate of children receiving child protection services rose from 26 per 1,000 children in 2012–13 to 31 per 1,000 in 2016–17 and fell to 29 per 1,000 in 2017–18 (AIHW 2017, 2019b). Changes in the rate of children receiving child protection services may be due to a combination of changes in the underlying rate of child abuse; in the rate of reporting abuse; or in the reporting practices of states and territories. For example, the recent decline in 2017–18 is in part reflected by NSW's introduction of a more restrictive definition of child protection investigations.

Infants are most likely to receive child protection services

In 2017–18, infants aged under 1 were most likely, and adolescents aged 15 to 17 least likely, to receive child protection services (38 and 21 per 1,000, respectively) (AIHW 2019b).

55,300 children are in out-of-home care

Children may receive a mix of child protection services, including investigations, care and protection orders and out-of-home care. If an investigation provides sufficient reason to believe that a child has been—or is at risk of—being abused, neglected or harmed, it will lead to a substantiation.

In 2017–18:

- 105,000 children were the subject of an investigation
- 67,200 children were on a care and protection order
- 55,300 children were in out-of-home care (AIHW 2019b).

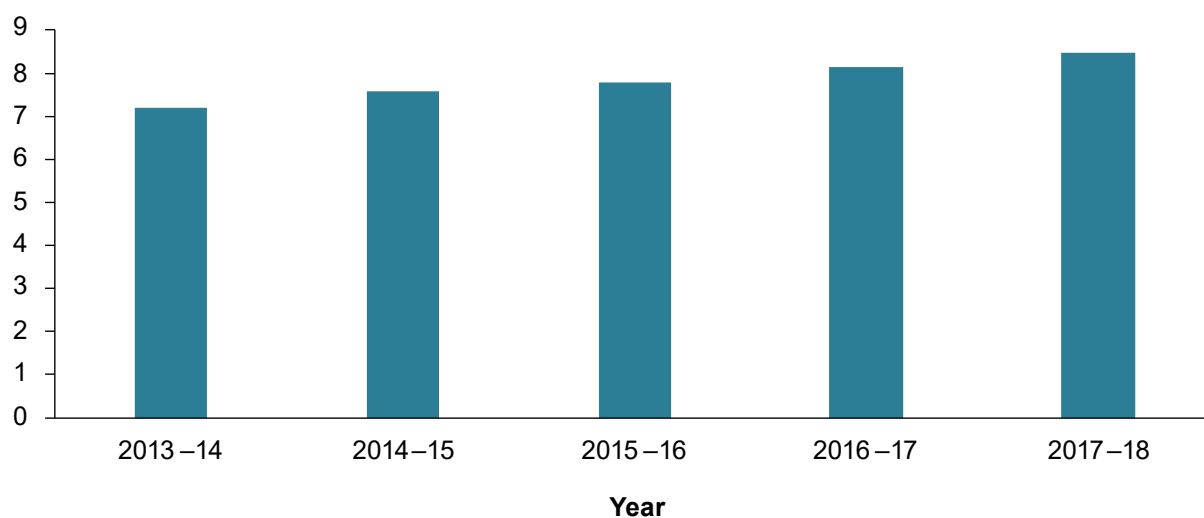
All states and territories, except New South Wales, provided information on substantiated cases of abuse or neglect. New South Wales implemented a new client management system in 2017–18 and has provided limited data (which excluded substantiations), but is working to improve quality and completeness for future reporting. Historically, New South Wales has recorded about one-third of child protection substantiations.

Abuse or neglect substantiated for 32,000 children and the rate is rising

Nearly half (49%, or 32,000) children with a finalised investigation had their case substantiated in 2017–18. A 'substantiation of notification' refers to child protection notifications made to relevant authorities which were investigated; 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. This included 16,000 girls and 15,700 boys (AIHW 2019b). In 2017–18, 9 per 1,000 children were the subject of substantiations. This has increased by 18% from 7 per 1,000 children in 2013–14 (Figure 6.3).

Figure 6.3: Children aged under 18 who were the subject of substantiations (excluding New South Wales), rate per 1,000 children, 2013–14 to 2017–18.

Substantiations per 1,000 children



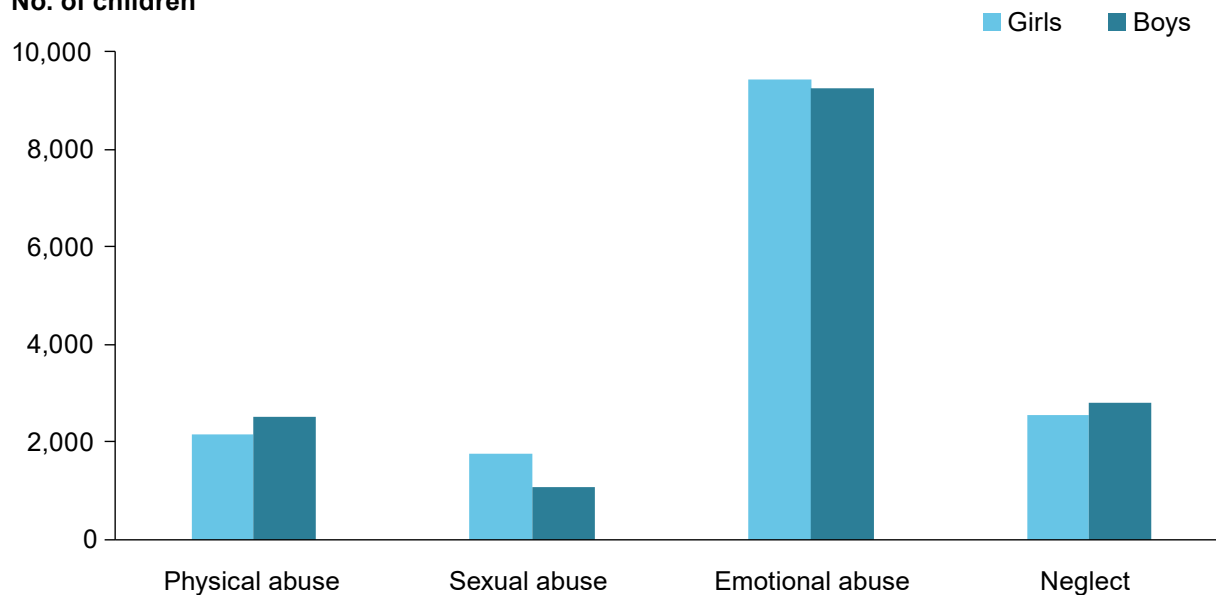
Note: NSW has implemented a new client management system in 2017–18 and has provided limited data (which excluded substantiations). NSW is working to improve quality and completeness of data for future reporting.

Source: AIHW 2019b.

In nearly 6 in 10 (59%, or 18,800) substantiated cases, children had suffered emotional abuse. Physical abuse was identified in 15% (4,700) cases; sexual abuse in 9% (2,800); and neglect in 17% (5,500). The pattern of abuse types experienced was similar for girls and boys (Figure 6.4) (AIHW 2019b).

Figure 6.4: Number of children who were the subjects of substantiations, by abuse type, by sex, 2017–18

No. of children



Note: NSW has implemented a new client management system in 2017–18 and has provided limited data which exclude substantiations. NSW is working to improve quality and completeness of data for future reporting.

Source: AIHW 2019b.

Specialist homelessness services

More young children are being assisted by specialist homelessness services due to family violence

In 2017–18, of the 121,000 clients assisted by SHS agencies due to family violence, nearly 41,700 (34%) of clients were aged under 18 (a 4% increase from 2016–17). More than 1 in 5 were aged 0–9 (22%, or 26,500), and 1 in 8 (13%, or 15,200) were aged 10–18. See **Chapter 3** for more information.

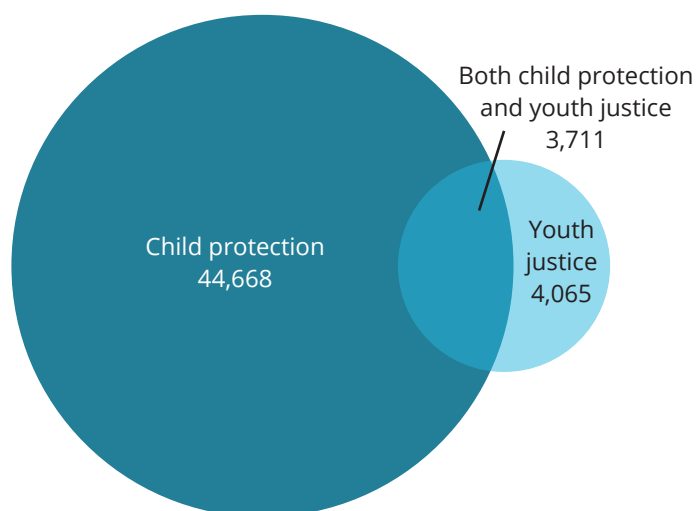
Impacts and outcomes for children

Child protection and youth justice

The AIHW has linked data from child protection services and youth justice services to examine the experiences of children aged 10–17 who accessed both systems between July 2013 and June 2017. Data from 6 states and territories (Victoria, Queensland, Western Australia, South Australia, Tasmania, and the Australian Capital Territory) were included in the study (AIHW 2018e). The linked data showed a substantial overlap between the young people interacting with these 2 services:

- Almost half (48%, or 3,700) young people under youth justice supervision also received child protection services (Figure 6.5). This was higher among those in youth detention (53%, or 2,400) than among those under community-based supervision (48%, or 3,400). Youth detention and community-based supervision are 2 escalating forms of youth justice supervision.
- The 3,700 young people who accessed both services represented 8% of the 44,700 children who received child protection services in this period.

Figure 6.5: Young people who had received child protection services, had been under youth justice supervision, or both, 1 July 2013 to 30 June 2017



Notes

1. Data from Victoria, Queensland, Western Australia, South Australia, Tasmania, and the Australian Capital Territory.
2. These data include only those young people who were aged 10–14 at 1 July 2013.
3. The size of the pie charts indicates the number of young people in each service.

Source: AIHW 2018e.

Young people receiving child protection services are more likely to enter the youth justice system

Young people who received child protection services were 9 times as likely as the general population of the same age to enter the youth justice system. This increased to 16 times for young people who were in out-of-home care.

Of the young people who accessed both child protection and youth justice, more than 4 in 5 (82%, or 3,000) accessed child protection first. In contrast, young Indigenous people were more likely to come into contact with youth justice first (22% compared with 15% of non-Indigenous young people).

More than 1 in 4 (26%, or 900) young Indigenous males and 1 in 10 (12%, or 500) young Indigenous females who had been the subject of an investigated notification for child protection also came under youth justice supervision. These rates were higher than those for non-Indigenous males (8%, or 1,100) and non-Indigenous females (3%, or 500) (AIHW 2018e).

Child development in the context of family conflict

Longitudinal Study of Australian Children

The Longitudinal Study of Australian Children (LSAC) follows the wellbeing of 10,000 children and families from all parts of Australia. The study began in 2004 and follows 2 groups of families with children born in 2003–2004 or 1999–2000. The LSAC examines the effect of Australia's social, economic and cultural environment on the children. Families are visited every 2 years.

The study consists of interviews with parents (resident with the child and non-resident) and with teachers; assessments of the children; and data linkages. The interviews have sometimes included questions to record if family conflict is a factor in the children's family. Only violence towards adults in the family is recorded.

The LSAC collected responses from mothers (biological mothers, stepmothers and adoptive mothers) regarding conflict with fathers or father-figures, either in the same household or living elsewhere. This conflict included verbal and physical conflict, such as arguments, tension, and violence. Such conflict is likely to be common in couples experiencing family and domestic violence, but it is not necessarily indicative of abusive behaviour where 1 partner is seeking to exert power and control over the other.

Analysis by the Australian Institute of Family Studies looked at the outcomes for children where conflict between parents was reported. Children from the 2 groups were assessed at ages 4–5, 8–9, and 12–13. When the children were assessed at ages 8–13, 1 in 3 (35–36%) had been exposed to conflict between their parents at some point during the years of observation (Kaspiew et al. 2017).

The psychological distress of parents tended to be higher among those who reported conflict with the other parent. Among parents who reported no conflict, 6–7% had high scores for psychological distress. Among those who reported some conflict (in the past or in the most recent survey) 12–15% had high distress scores, and for those who reported persistent conflict (in the most recent survey and in the past), this rose to 24–33%.

Mothers who experience conflict are more likely to report poorer health for their children

When mothers were asked to rate the health of a child, 20–24% of those who had experienced conflict reported that their child's health was 'fair' or 'poor', compared with 11–14% of mothers who had not experienced conflict (Kaspiew et al. 2017).

Maternal Health Study

Some data are available from the Maternal Health Study (Box 4.1) to investigate the medium-term impacts of partner violence on child emotional and behavioural development.

Violence during pregnancy can have health consequences for babies

Around 1 in 5 (12%) of women who experienced family violence gave birth to a baby with low birthweight (less than 2,500 grams) and were around twice as likely to give birth to babies with low birthweight, compared with women who did not experience violence. Babies born with low birthweight are at higher risk of developing a range of health conditions such as diabetes and hypertension earlier, compared with babies born in the normal weight range (Brown et al. 2015).

Children of mothers reporting abuse are more likely to experience emotional and behavioural difficulties

Just over 1 in 5 (22%) of children whose mothers reported intimate partner abuse in the first year after giving birth had emotional and/or behavioural difficulties at age 4. For children whose mothers reported intimate partner abuse at 4 years after giving birth, around 1 in 3 (24%) had emotional and/or behavioural difficulties. About 1 in 9 (11%) of all children in the study had emotional and/or behavioural difficulties at age 4 (Gartland et al. 2014).

More than half (62%) of the mothers reporting intimate partner abuse in the first year after giving birth also reported that they had experienced violence again, 4 years after giving birth (Gartland et al. 2014).

Child abuse and neglect is the highest health risk factor for boys aged 0–14

The Australian Burden of Disease Study 2015 estimated the amount of burden that could be avoided if no one in Australia had experienced child abuse and neglect. This estimate includes the mental health and injury outcomes experienced at all ages in 2015 attributable to exposure during childhood. In estimating this burden, 3 diseases were causally linked to exposure to child abuse and neglect:

- depressive disorders
- anxiety disorders
- suicide and self-inflicted injuries

In 2015, child abuse and neglect contributed to:

- 788 deaths (0.5% of deaths)
- 2.2% (102,751 DALY) of the burden of disease and injury (AIHW forthcoming 2019).

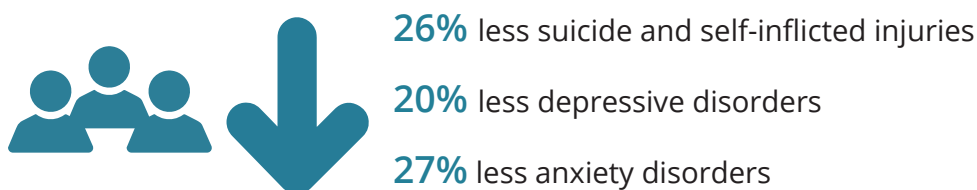
For females aged 0–44 and males aged 0–14, *Child abuse and neglect during childhood* was ranked as the leading risk factor. For males aged 15–44, *Child abuse and neglect during childhood* was ranked as the 3rd leading risk factor.

Anxiety disorders were the largest contributor to the burden due to child abuse and neglect (39%), followed by suicide and self-inflicted injuries (34%) and depressive disorders (27%).

Figure 6.6 shows the reduction in burden of disease in 2015 if no one had ever experienced child abuse or neglect.

Figure 6.6: The burden of disease due to child abuse and neglect, 2015

If no one had experienced child abuse and neglect, then in 2015 the disease burden would have been reduced by:



Source: AIHW forthcoming 2019.

Homicide

According to the ABS 2017 Recorded Crime—Victims data collection, around 1 in 6 (16%, or 20) victims of *Family and domestic violence homicides and related offences* were aged 19 or under (ABS 2018b).

Nearly half of children killed by a parent are killed by their custodial mother

‘Filicide’ is the killing of a child by a parent or parent-equivalent. Between 2000–01 and 2011–12, 238 incidents of filicide, in which 284 victims were killed, were recorded by police in Australia. Almost all (96%, or 274) of the victims were aged under 18; 4% (10) were aged 18–33. There were more male (56%, or 158) victims than females (44%, or 125). The filicides were committed by 260 offenders. Of the 284 victims:

- 46% (133) were killed by their custodial mother
- 29% (81) were killed by their custodial father
- 14% (41) were killed by their stepfather
- 10% (27) were killed by their non-custodial father
- 1 was killed by their non-custodial mother
- 1 was killed by a custodial parent of unknown gender.

A history of domestic violence between the offender and an intimate partner was a characteristic in almost 1 in 3 (30%, or 57) filicide incidents (Brown et al. 2019).

Data on children killed in domestic violence incidents were reported by the NSW Domestic Violence Death Review Team (Box 6.2).

Box 6.2: NSW Domestic Violence Death Review Team

The NSW Domestic Violence Death Review Team collected data on children killed in a domestic violence incident between 1 July 2000 and 30 June 2014 (NSW Domestic Violence Death Review Team 2017). The team identified 65 homicide victims aged under 18 in this period. The vast majority of these children (97%) were killed by a parent (either biological or step-parents). Of those children killed by a parent, 61% were killed by a father and 39% by a mother.

More than half of the victims were boys (57%) and more than three-quarters (77%) of all child victims were killed in the home. One in 5 child victims (20%) were Indigenous (NSW Domestic Violence Death Review Team 2017).

Young women

Young women experience more intimate partner and sexual violence than older women

Women's exposure to violence differs across the age groups. The 2016 PSS reported that women aged 18 to 34 were more likely to experience intimate partner violence and/or sexual violence than women aged 35 and over in the 12 months before the survey:

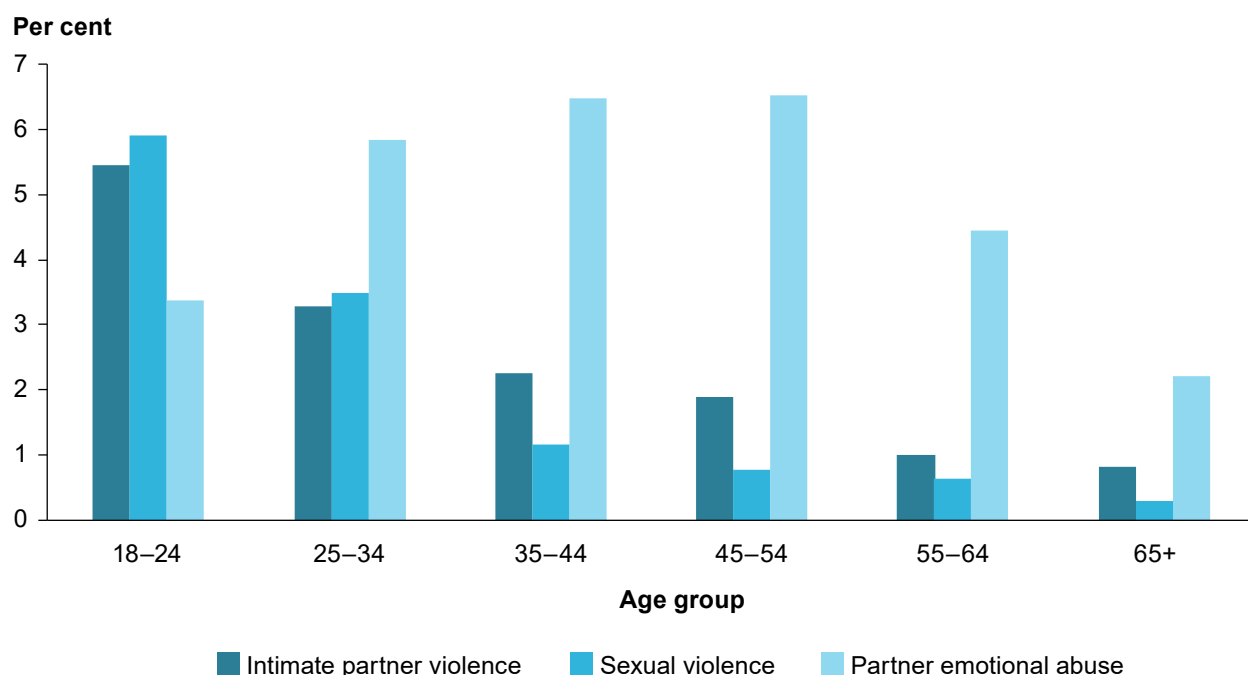
- 1 in 20 (4.0%, or 117,000) women aged 18 to 34 experienced intimate partner violence, compared with 1.5% (95,800) women aged 35 and over
- 1 in 20 (4.3%, or 125,000) women aged 18 to 34 experienced sexual violence from any perpetrator, compared with 0.7% (44,500) women aged 35 and over
- around 2.3% (66,000) women aged 18 to 34 had experienced both intimate partner violence and sexual violence, compared with 0.4% of women aged 35 and over (24,300) (ABS 2018a).

In contrast, women aged 18 to 24 were less likely to have experienced emotional abuse from a cohabiting partner, compared with women aged 25 and over:

- 3.4% (37,000) women aged 18 to 24 had experienced emotional abuse from a partner, compared with 6.3% (314,000) women aged 25 to 54, and 3.2% (105,000) women aged 55 and older (Figure 6.7) (ABS 2018a).

In interpreting these results, it is important to note that younger women were also less likely to have ever had a cohabiting partner, compared with women aged 25 and over. Three in 10 (29%) of women aged 18 to 24 have ever had a cohabiting partner, compared with 88% of women aged 25 to 54, and 84% of women aged 55 and older (ABS 2018a).

Figure 6.7: Women who experienced intimate partner violence, sexual violence or emotional abuse in the 12 months before the survey, by age group, 2016



Note: 'Intimate partner violence' includes physical and/or sexual violence from a current or previous cohabiting partner, boyfriend, girlfriend or date. Intimate partner violence does not include emotional abuse.

Source: ABS 2018a.

The Australian Longitudinal Study on Women's Health asked 3 cohorts of women about their experiences of unwanted sexual activity. Younger women were more likely than older women to report having ever experienced unwanted sexual activity, with 27% of women aged 18–23 in 2013 reporting that they had ever experienced unwanted sexual activity, compared with 10% of women aged 62–67 in 2013 (Loxton et al. unpublished).

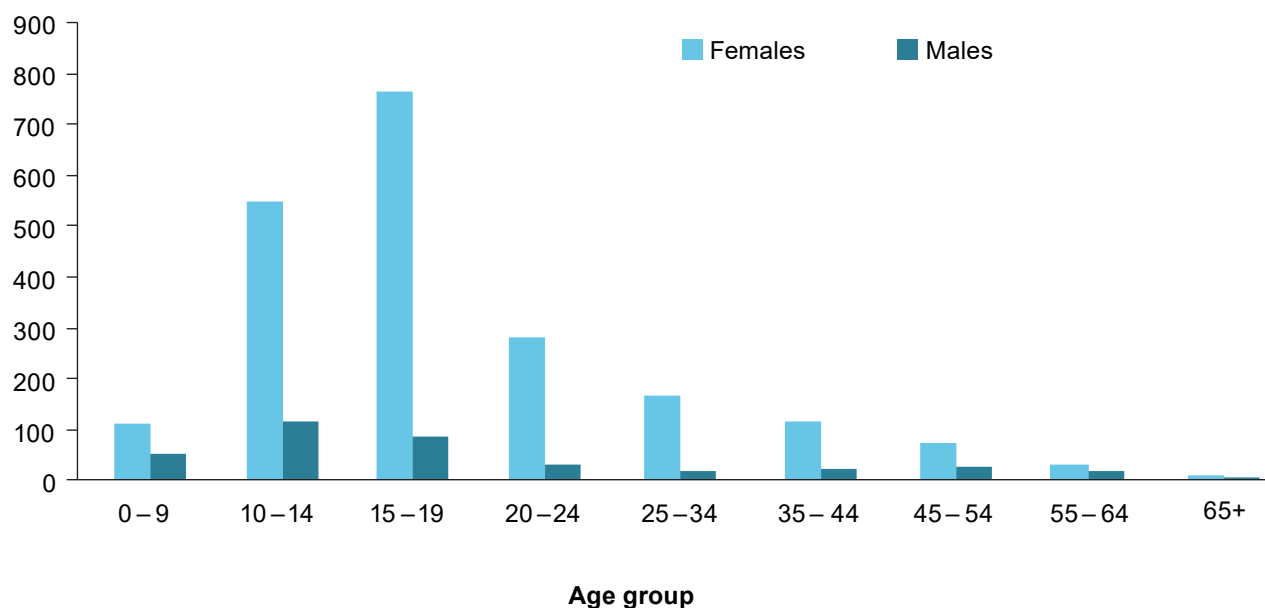
Young women are disproportionately victims of sexual assault

According to the ABS Recorded Crime—Victims, Australia collection, in 2017, young women aged 15–19 had the highest rates of reported sexual assault of any age and sex group. There were 763 sexual assault victims per 100,000 women in this age group. Girls aged 10–14 had the second highest reported rate of victimisation (549 victims per 100,000 females aged 10–14) (Figure 6.10) (ABS 2018b).

Among males, boys aged 10–14 had the highest reported sexual assault rates, with police recording 115 victims per 100,000 boys in this age group. Young men aged 15–19 had the next highest rate (85 victims per 100,000 males aged 15–19), followed by boys aged 0–9 (54 victims per 100,000) (Figure 6.8) (ABS 2018b).

Figure 6.8: Sexual assault victimisation rate for female and male victims, by age group, by sex, 2017

Victimisation rate (per 100,000)



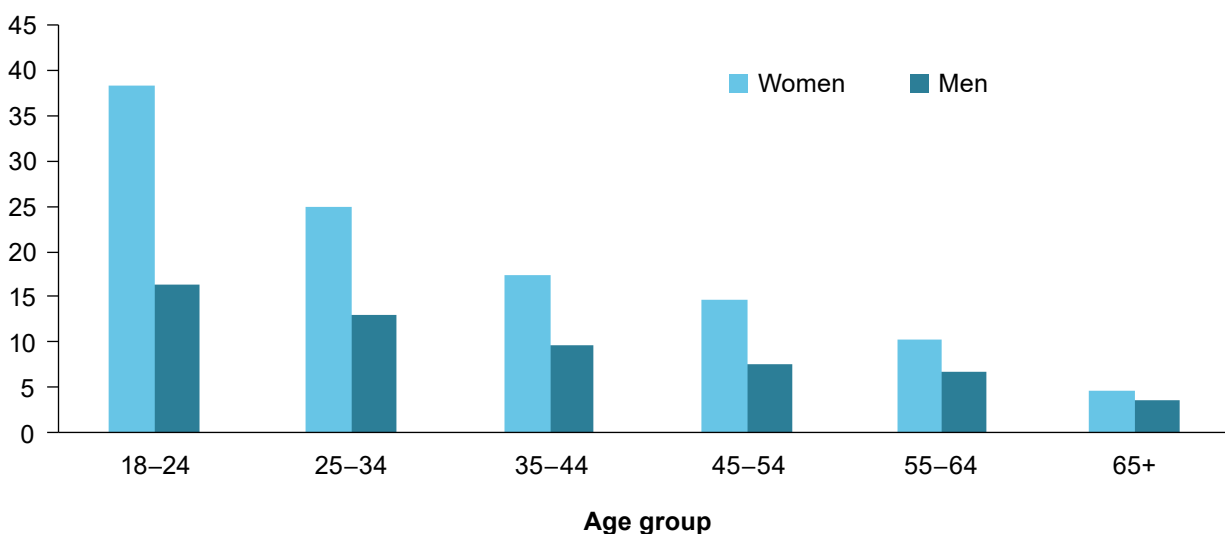
Source: ABS 2019b.

Young women are most vulnerable to sexual harassment

The 2016 PSS reported that 1 in 2 women and 1 in 4 men aged 18 and over had experienced 1 or more types of sexual harassment behaviour in their lifetime. Younger women were more likely to have experienced sexual harassment, with almost 2 in 5 (38%, or 421,000) women aged 18 to 24 experiencing sexual harassment in the 12 months before the survey (Figure 6.9) (ABS 2017c).

Figure 6.9: Women and men who experienced sexual harassment in the 12 months before the survey, by age group, 2016

Per cent

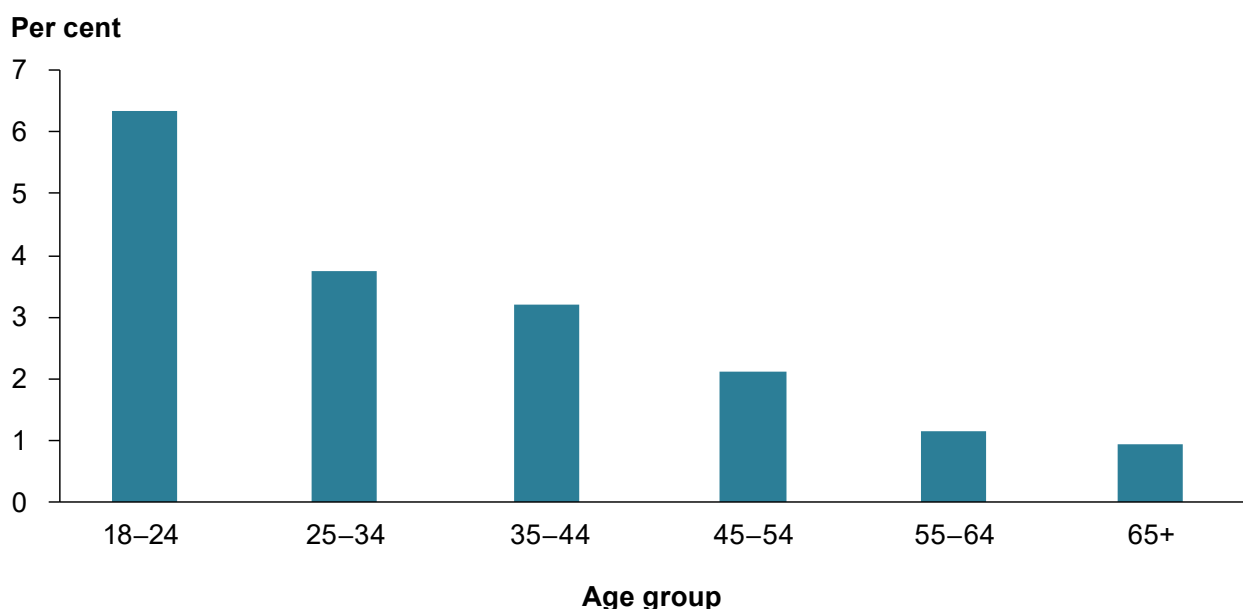


Source: ABS 2017c.

Younger women are most likely to experience stalking from a male

One in 16 (6.4%, or 69,900) women aged 18 to 24 experienced stalking from a male in the 12 months before the survey, but this proportion fell with age (Figure 6.10) (ABS 2017c).

Figure 6.10: Women who experienced stalking by a male in the 12 months before the survey, by age group, 2016



Source: ABS 2017c.

Older people

In Australia, 'older people' are generally defined as those aged 65 and over. However, there is some flexibility on this age definition: for example, Aboriginal and Torres Strait Islander people are often included among 'older people' from the age of 50 (Kaspiew et al. 2016).

Elder abuse is a serious public health problem that can cause a range of physical, psychological and financial harm to older people (WHO 2018b). Elder abuse can take the form of many types of abuse, including psychological or emotional abuse, financial abuse, physical abuse, sexual abuse, and neglect (Australian Law Reform Commission 2017).

There is no agreed definition for elder abuse, but the definition most commonly used in Australia is from the World Health Organization (WHO 2018b):

Elder abuse is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.

A key aspect of the definition is that it occurs in relationships where there is 'an expectation of trust'. Such relationships include those with family members, friends, and some professionals such as paid carers.

Elder abuse can occur within the context of family and domestic violence, and in institutional relationships, such as in aged care facilities and health-care services (Joosten et al. 2017).

This report focuses on elder abuse in the context of family and domestic violence.

Elder abuse is often under-reported, as victims can be reluctant to disclose ill-treatment by a family member; or where they are dependent on the abuser for care. Older people with cognitive impairment (for example, dementia) may also be unable to report the abuse (WHO 2018b).

The prevalence of elder abuse among Australians is unknown, although research has provided some information on the prevalence of certain types of abuse among subgroups of the population. Worldwide, it is estimated that almost 1 in 6 (16%) of people aged 60 and over have been the victim of elder abuse in the past year (WHO 2018b).

The Australian Longitudinal Study on Women's Health found that, in 1996, among over 12,200 women aged 70–75, 39% reported vulnerability to elder abuse, which included factors such as conflict and stress in families, recent abusive episodes and poor mental and physical health (Schofield and Mishra 2003). The women had most commonly (22%) experienced dejection which included feeling sad or lonely, uncomfortable with anyone in their family, or that nobody wants them around (Schofield et al. 2013). There is some evidence that elder abuse is linked to health status, with dejection shown to be predictive of decline in physical and mental health over a 3-year period (Schofield and Mishra 2004). There is also evidence that abuse in older age is predictive of both early death and disability (Schofield et al. 2013).

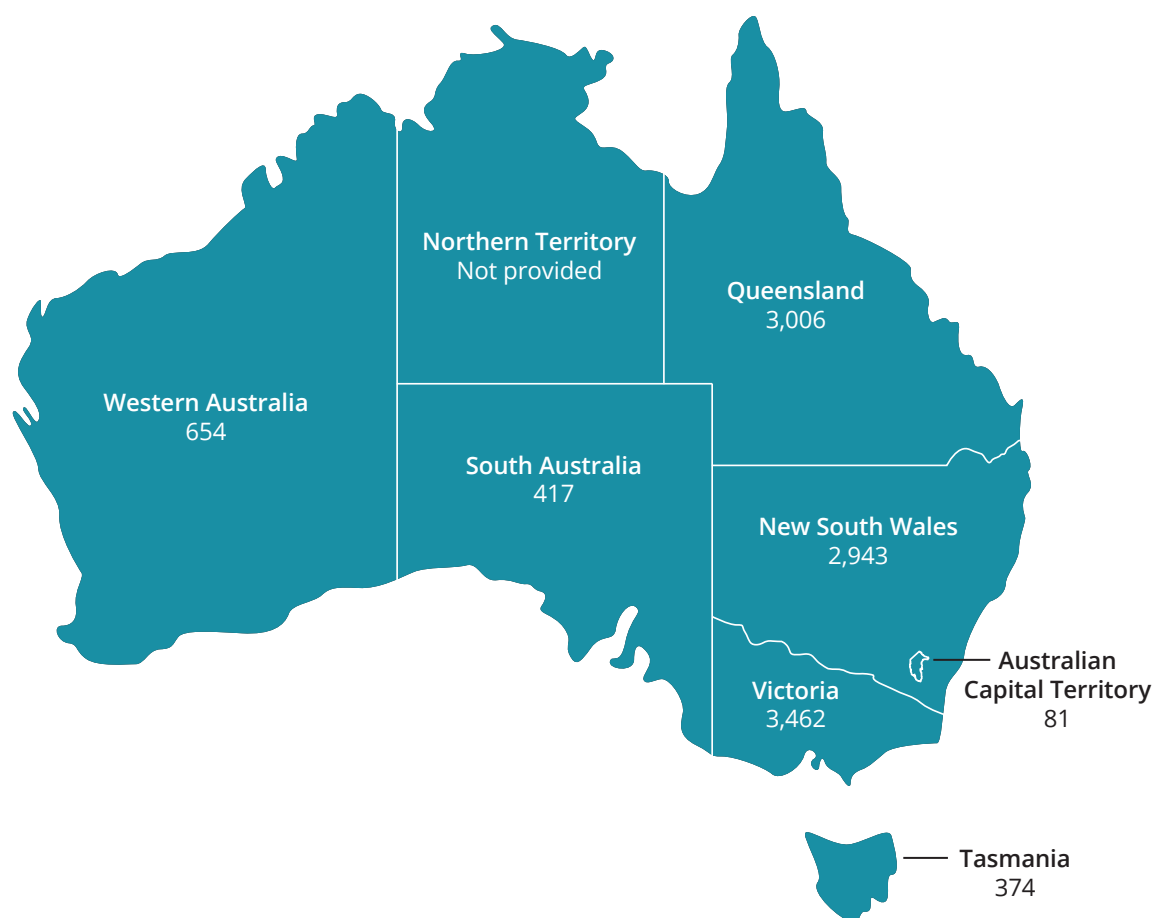
Elder abuse reported to helplines

Each state and territory in Australia has a telephone helpline for elder abuse. These helplines are delivered by government and non-government organisations, and provide information, advice and referrals. The helplines of each state and territory, except for the Northern Territory, provided de-identified data about the support services they delivered during 2017–18. These data provide information about instances in which elder abuse is identified or suspected. Callers can be the victims of elder abuse or other people who have concerns about an older person. These data should be interpreted with caution, as the helplines do not collect data according to nationally standardised definitions and the data provided do not include information about calls where it was not possible to collect detailed information about victims. The findings relate to information about calls to helplines and are not an estimate of prevalence. It is possible that elder abuse cases are under-reported to helplines.

Analysis presented in this section includes all cases of elder abuse reported to helplines, with an analysis of the cases attributable to family and domestic violence.

In 2017–18, more than 10,900 calls were made to elder abuse helplines across Australia (Figure 6.11).

Figure 6.11: Calls to elder abuse telephone helplines, by state, 2017–18



Sources: ACT Community Services Directorate 2018; Advocacy Tasmania Inc. unpublished; Advocare unpublished; Elder Abuse Prevention Unit unpublished; NSW Elder Abuse Helpline & Resource Unit unpublished; Office for the Ageing SA Health unpublished; Seniors Rights Victoria unpublished.

Where the identity of the caller was recorded, the most common types of callers were the victims of elder abuse and members of their family (Table 6.1).

Table 6.1: Telephone calls to elder abuse helplines, by selected identity of caller, by state, 2017–18

State	Identity of caller (%)		
	Victim of elder abuse	Family of elder abuse victim	Other
New South Wales	20	45	35
Victoria	26	47	27
Queensland	26	47	27
Western Australia	25	18*	57
South Australia	24	39	37
Tasmania	36	35	29

* Western Australian provided the total number of callers who were either a family member or friend of the reported victim.

Note: Data were not available for the Australian Capital Territory. Elder abuse helplines collect and classify data in different ways, so caution should be exercised when comparing between states.

Sources: Advocacy Tasmania Inc. unpublished; Advocare unpublished Elder Abuse Prevention Unit unpublished; NSW Elder Abuse Helpline & Resource Unit unpublished; Office for the Ageing SA Health unpublished; Seniors Rights Victoria unpublished.

In the states where the relationship between victim and perpetrator was recorded, the majority of abuse that was reported took place in a family and domestic violence context (Table 6.2).

Table 6.2: Proportion of elder abuse cases reported to helplines that are directly attributable to family and domestic violence, by state, 2017–18

State	Elder abuse reports attributable to family and domestic violence (%)
New South Wales	70
Victoria	86
Queensland	84
Western Australia	84

Sources: Advocare unpublished; Elder Abuse Prevention Unit unpublished; NSW Elder Abuse Helpline & Resource Unit unpublished; Seniors Rights Victoria unpublished.

Helplines in 5 states (New South Wales, Victoria, Queensland, Western Australia, and South Australia) collected data about the relationships between victims and perpetrators.

The most commonly reported relationship was that of an adult child perpetrating elder abuse against a parent. Sons and daughters were similarly likely to be the reported perpetrators of elder abuse (Figure 6.12). These data could reflect a likelihood of elder abuse being perpetrated within the immediate family, or an increased visibility of this form of abuse, or a combination of both.

Figure 6.12: Relationship of reported elder abuse perpetrators to reported victims, as reported to elder abuse helplines, by state, 2017–18



Note: Elder abuse helplines collect and classify data in different ways, so caution should be exercised when comparing between states.

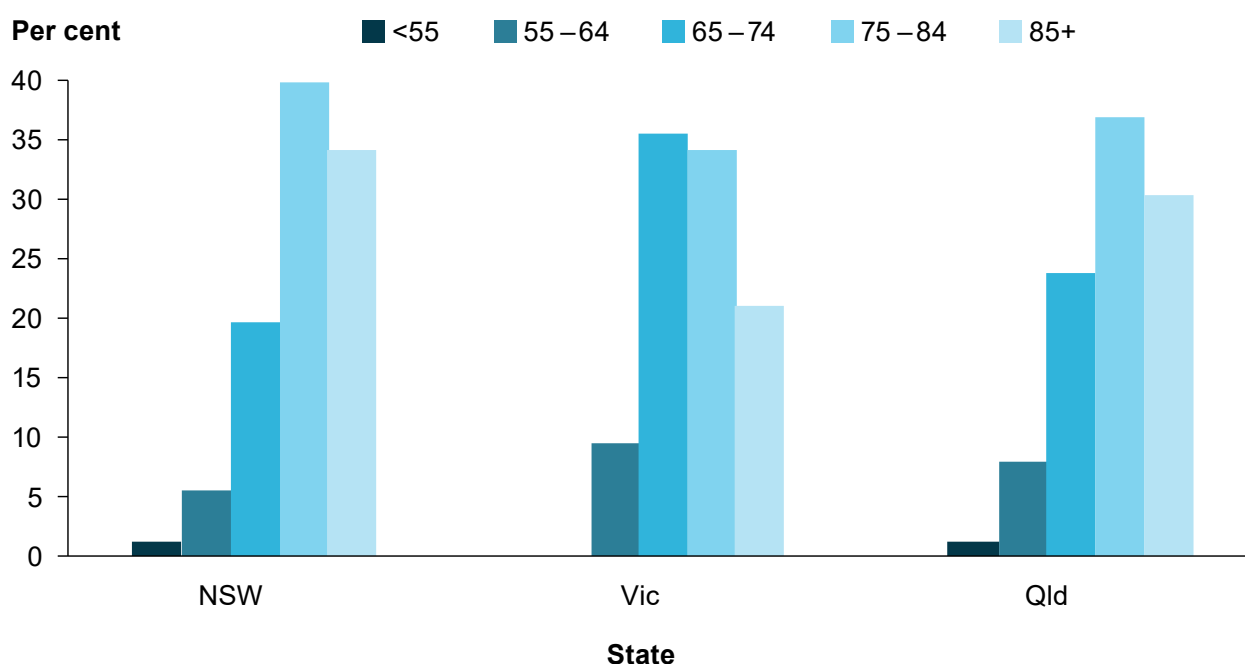
Sources: Advocare unpublished; Elder Abuse Prevention Unit unpublished; NSW Elder Abuse Helpline & Resource Unit unpublished; Office for the Ageing SA Health unpublished; Seniors Rights Victoria unpublished.

Age of victims

New South Wales, Victoria, and Queensland collected data on the age of reported victims of elder abuse. The proportion of victims generally rose with age, up to the 75–84 age group (Figure 6.13).

Compared with the general population aged over 55, older age groups were over-represented in the reports of elder abuse in these states. While only 17–18% of the population aged over 55 were aged 75–84 in these states, this age group accounted for 34–40% of all elder abuse calls. While 7–8% of the over-55 population were aged 85 or older, this age group accounted for 21–34% of all elder abuse calls.

Figure 6.13: Proportion of victims reported to elder abuse helplines, by age, where known, by state, 2017–18



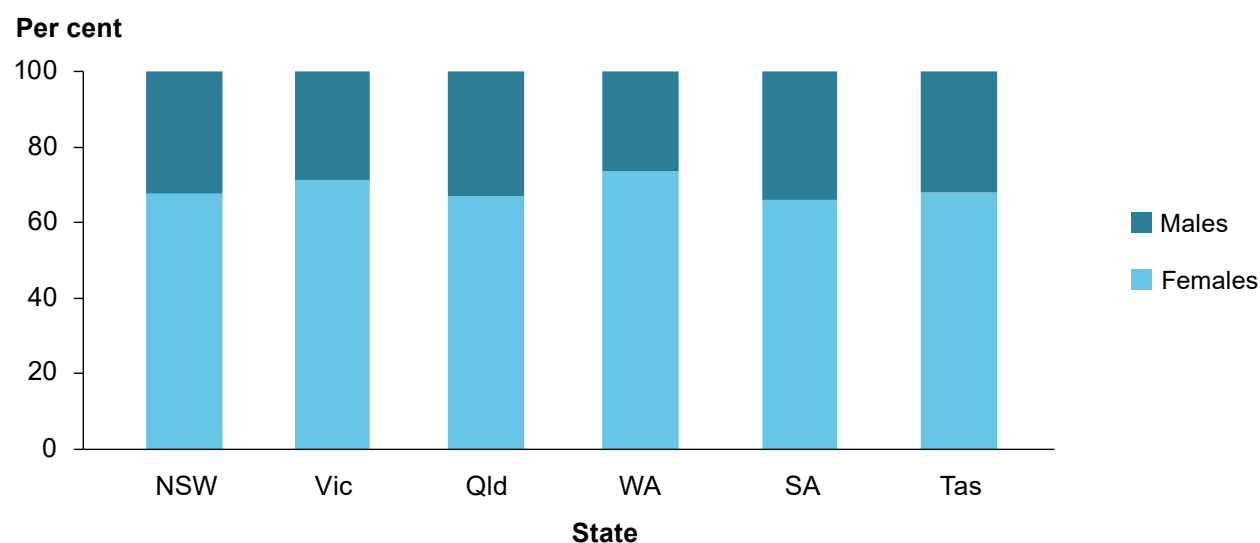
Note: Elder abuse helplines collect and classify data in different ways, so caution should be exercised when comparing between states.

Sources: Elder Abuse Prevention Unit unpublished; NSW Elder Abuse Helpline & Resource Unit unpublished; Seniors Rights Victoria unpublished.

Women are more likely to be the reported victims of elder abuse

Helplines in 6 states (New South Wales, Victoria, Queensland, Western Australia, South Australia, and Tasmania) recorded the sex of elder abuse victims in 2017–18. Female victims disproportionately outnumbered male victims in each state, ranging from 66% to 74% of reported victims (Figure 6.14).

Figure 6.14: Sex, where known, of elder abuse victims reported to elder abuse helplines, by state, 2017–18



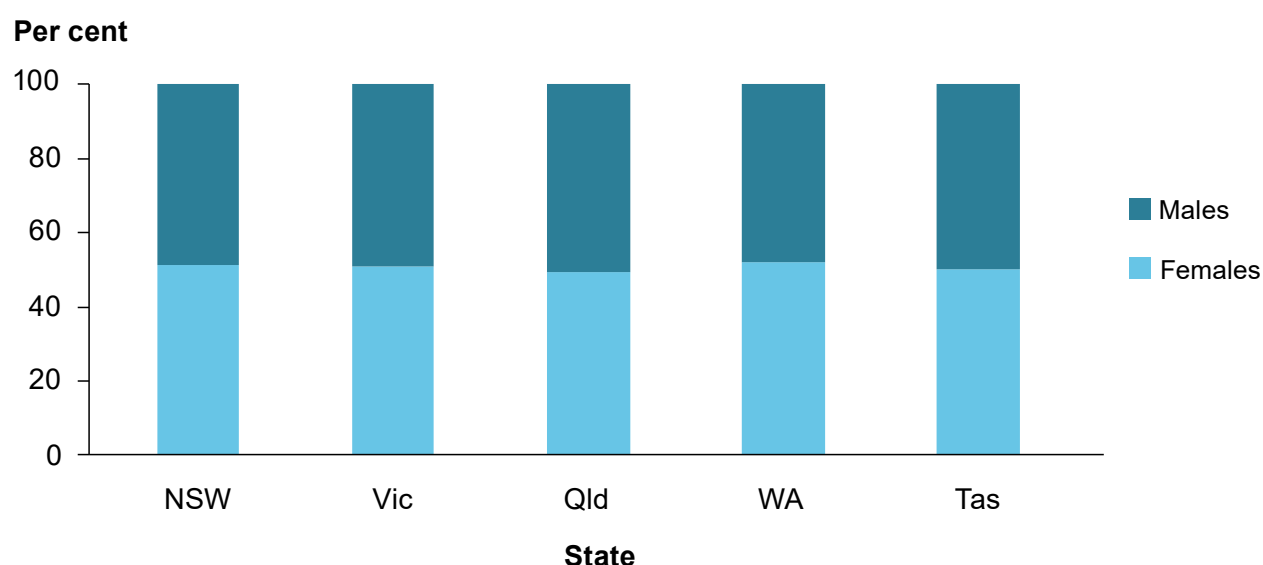
Note: Elder abuse helplines collect and classify data in different ways, so caution should be exercised when comparing between states.

Sources: Advocare unpublished; Advocacy Tasmania Inc. unpublished; Elder Abuse Prevention Unit unpublished; NSW Elder Abuse Helpline & Resource Unit unpublished; Office for the Ageing SA Health unpublished; Seniors Rights Victoria unpublished.

Perpetrators of elder abuse

Elder abuse helplines in 5 states (New South Wales, Victoria, Queensland, Western Australia, and Tasmania) recorded the sex of reported perpetrators of elder abuse. Females and males were equally likely to be reported as perpetrators (Figure 6.15).

Figure 6.15: Sex, where known, of elder abuse perpetrators reported to elder abuse helplines, by state, 2017–18



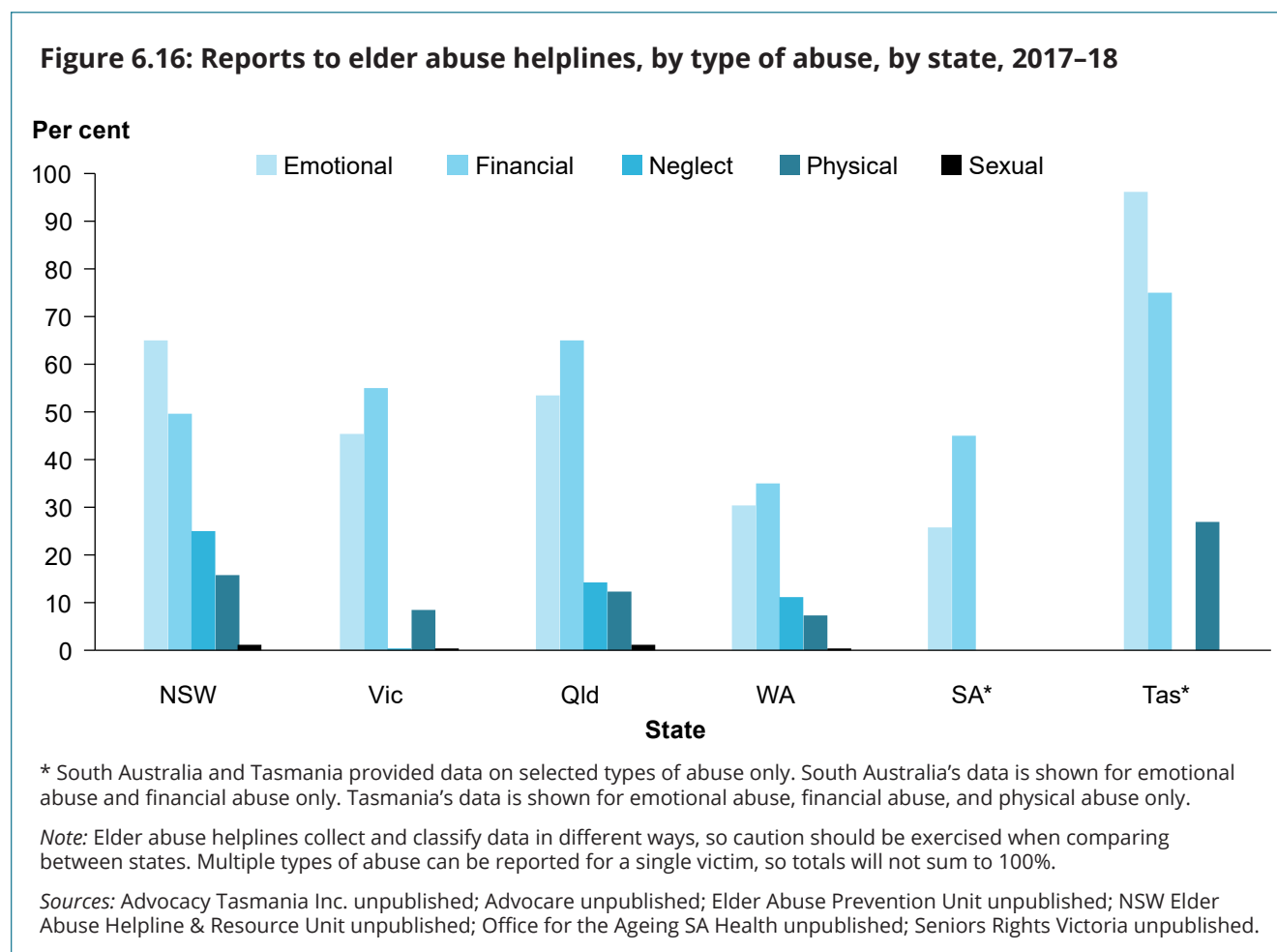
Note: Elder abuse helplines collect and classify data in different ways, so caution should be exercised when comparing across states.

Sources: Advocacy Tasmania Inc. unpublished; Advocare unpublished; Elder Abuse Prevention Unit unpublished; NSW Elder Abuse Helpline & Resource Unit unpublished; Seniors Rights Victoria unpublished.

Types of elder abuse

As is the case for many incidents of family, domestic and sexual violence, elder abuse is often experienced in multiple forms. Different types of abuse can take place at the same time and are often interconnected.

The helplines in each state and territory in Australia classify types of abuse differently, so direct comparisons cannot be made. However, data can be grouped into broad categories and the most common categories were emotional abuse and financial abuse (Figure 6.16).



People with disability

The 2016 PSS asked respondents about long-term health conditions, restrictions and impairments and the impacts that these had on everyday activities. A person is considered to have a disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts their everyday activities (ABS 2017b). This includes physical, intellectual and psychological disabilities; sight, hearing and speech disabilities; and disabilities resulting from injury, stroke or brain damage.

Protecting people with disability is a commitment under the United Nations Convention on the Rights of Persons with Disabilities (see Box 6.3).

Box 6.3: United Nations Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities includes a commitment to 'protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse.'

Source: Convention on the Rights of Persons with Disabilities, Article 16 (2006).

The PSS questions about disability ask about long-term conditions and impacts on daily activities at the time of the survey. It is therefore not possible to distinguish whether or not a person had a disability at the time of experiencing violence (ABS 2017b). Data presented on disability also do not identify whether disability is a risk factor for, or outcome of, experiencing family, domestic and sexual violence. Understanding the experiences of people with disability, as a population, can provide helpful information for organisations providing services to this population.

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 disability. PSS interviews are conducted in private and no proxy respondents were used for the sensitive component, so people who use the assistance of another person to communicate were not able to answer questions about their experiences of violence. It is likely that the PSS under-represents people with profound and severe disability (ABS 2017b). Findings from the PSS relating to people with disability should be interpreted with caution, but it is currently the best available source of data about their experiences.

People with disability can experience additional forms of family, domestic and sexual violence, such as reproductive control; forced or withheld medical treatment; and forced isolation or restraint (Frohman et al. 2015). The PSS does not collect information on these specific types of violence and there are limited other national data available on the specific types of violence experienced by people with disability.

Family, domestic and sexual violence in Australia 2018 used the 2016 PSS to show that people with disability were around 1.8 times as likely to have experienced violence from a current or previous cohabiting partner in the year before the survey. For women, 2.5% (72,300) of those with disability had experienced partner violence, compared with 1.3% (83,700) women without disability. For men, this was 1.1% (32,200) men with disability and 0.6% (39,700) men without (ABS 2017c). This report further explores experiences of emotional abuse, sexual violence, and sexual harassment among people with disability.

The abuse and neglect of vulnerable adults in New South Wales was reported by the NSW Ombudsman (Box 6.4).

Box 6.4: Abuse and neglect of vulnerable adults in New South Wales

The NSW Ombudsman report *Abuse and neglect of vulnerable adults in New South Wales: the need for action* examined and responded to allegations of abuse and neglect of adults with a disability in community settings. Between August 2015 and October 2018, the inquiry collected 358 reports relating to alleged abuse and neglect of adults living with disability—206 (58%) of which required action.

Of these 206 reports, intellectual disability was the most commonly recorded disability and was mentioned in 53% of cases (110). This was followed by physical disability (17%, or 36); neurological disability (13%, or 26); psychosocial disability (13%, or 26); and autism (12%, or 25). Other cognitive disabilities (9%, or 19); acquired brain injury (8%, or 16); and sensory disability (4%, or 8) were also listed.

More than two-thirds (68%, or 141) of the reports were about the conduct of family members, most of which concerned a parent (99) or sibling (31) of the alleged victim as the primary perpetrator. The alleged victim's partner/spouse was the subject of the allegation in 17% (35) matters. Neglect (38%, or 78 reports) was the most common type of abuse or neglect mentioned, followed by physical abuse (37%, or 77); ill-treatment (27%, or 56); financial abuse (25%, or 52); and sexual abuse (12%, or 24) reports.

It is important to note that the ombudsman's inquiry was not actively promoted, so the number of incidents is likely to have been under-reported.

Source: NSW Ombudsman 2018.

Emotional abuse

Women and men with disability are more likely to report having experienced emotional abuse from a current or previous partner than women and men without disability.

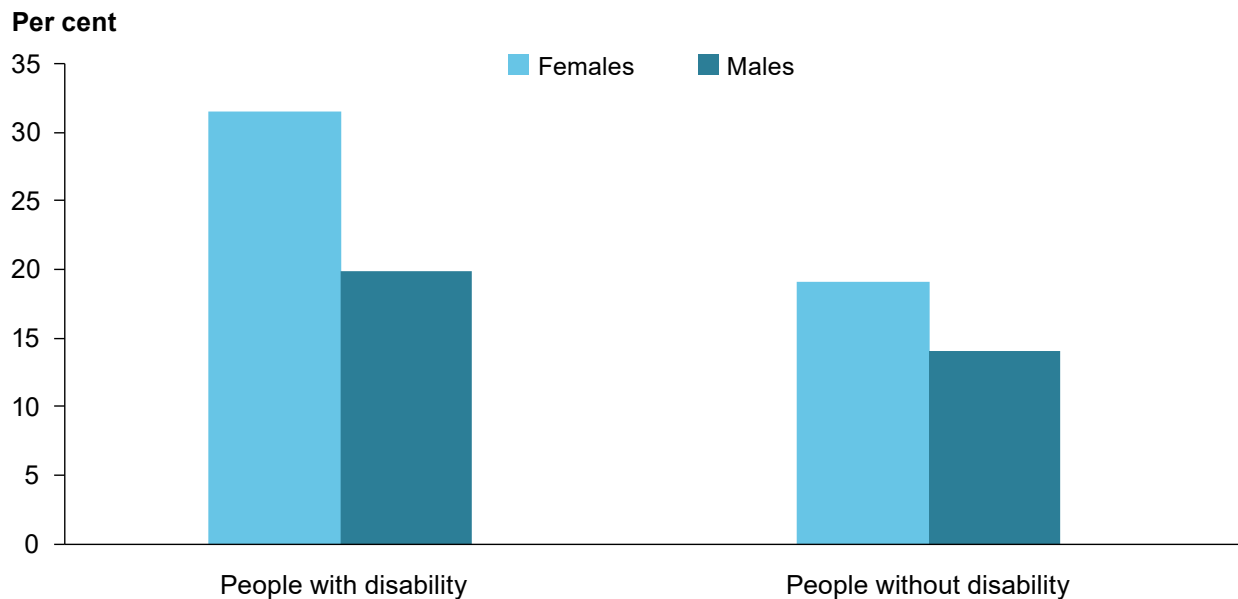
People with disability are 1.5 times as likely to have experienced emotional abuse from a partner than people without disability

According to the 2016 PSS, 1 in 4 (26%, or 1.4 million) people with disability had experienced emotional abuse from a current or previous partner since the age of 15, compared with 17% (2.1 million) people without disability.

For women, 1 in 3 (32%, or 929,000) women with disability reported that they had experienced emotional abuse from a current or previous partner since the age of 15, compared with 1 in 5 (19%, or 1.2 million) women without disability.

For men, 1 in 5 (20%, or 558,000) men with disability had experienced emotional abuse from a current or previous partner since the age of 15, compared with 1 in 7 (14%, or 877,000) men without disability (Figure 6.17) (ABS 2017c, 2018a).

Figure 6.17: Proportion of people who experienced emotional abuse from a current or previous partner since the age of 15, by disability status, by sex, 2016



Sources: ABS 2018a, 2017c.

People with disability were more likely to have experienced certain types of emotional abuse, compared with people without disability. Among people who were emotionally abused by their most recently emotionally abusive previous partner, people with disability were more likely to report that they had experienced:

- financial abuse (50%, or 591,000), compared with people without disability (37%, or 579,000)
- deprivation of basic needs such as food, shelter, sleep or assistive aids (14%, or 172,000), compared with people without disability (8%, or 124,000)
- insults intended to cause shame or humiliation (56%, or 668,000), compared with people without disability (46%, or 707,000) (ABS 2018a).

People with disability were also more likely to report having experienced emotional abuse from multiple previous partners. Of the people who reported having experienced emotional abuse from a previous partner, almost 1 in 4 (24%, or 282,000) of those with disability had experienced emotional abuse from more than 1 partner, compared with 1 in 6 (16%, or 244,000) of those without disability (ABS 2018a).

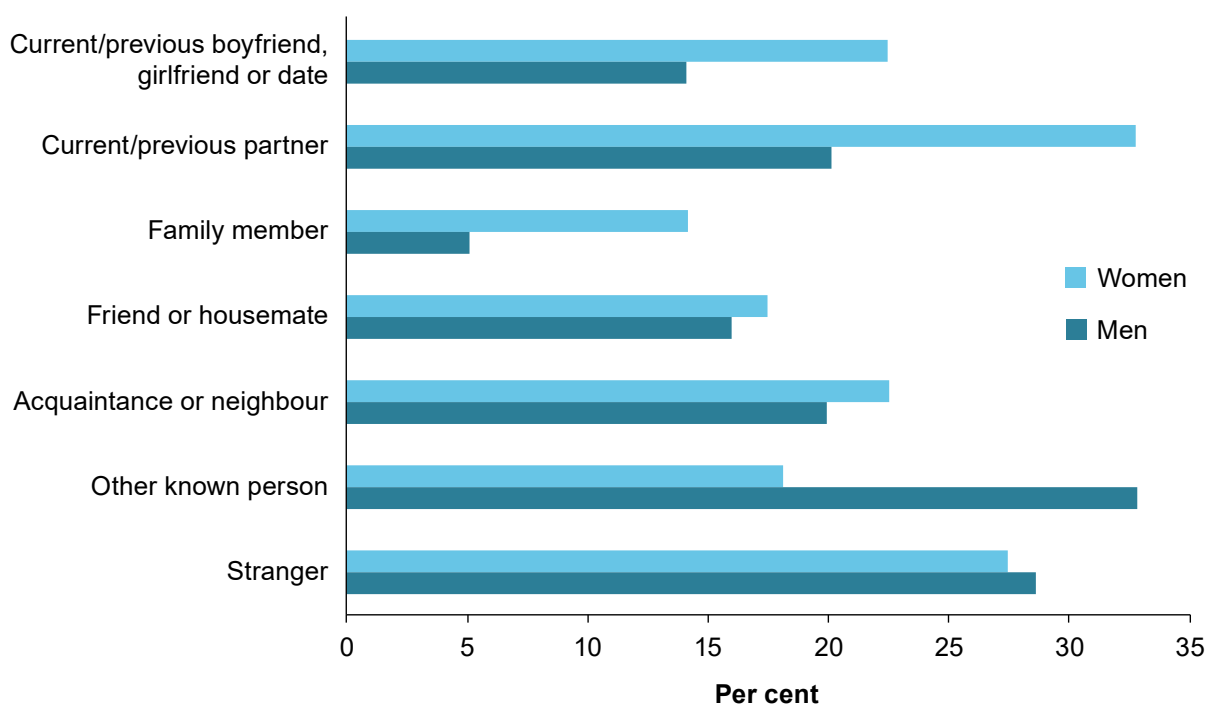
Sexual violence

Women and men with disability are more likely to have experienced sexual violence than those without disability

The 2016 PSS showed that 25% (748,000) women with disability had experienced sexual violence (including assault and threats) since the age of 15, compared with 15% (980,000) women without disability. For men, this was 6.5% (184,000) men with disability, compared with 3.9% (240,000) men without disability (ABS 2018a).

Women with disability were most likely to have experienced sexual violence from a current or previous partner (33%, or 245,000 women). Men with disability were most likely to have experienced sexual violence from a stranger (29%, or 52,500 men), however, due to small numbers of men reporting sexual violence in the PSS, this should be interpreted with caution (Figure 6.18) (ABS 2018a).

Figure 6.18: Relationship to all perpetrators of sexual violence experienced since age 15, people with disability, by sex, 2016



Source: ABS 2018a.

Sexual harassment

More than 2 in 5 (44%) of people with disability had been sexually harassed in their workplace in the previous 5 years, compared with 32% of people without disability. Almost half (52%) of women with disability and 2 in 5 (35%) of men with disability had experienced sexual harassment in the previous 5 years (AHRC 2018).

People from culturally and linguistically diverse backgrounds

There is no substantive Australian research on family, domestic and sexual violence among people from culturally and linguistically diverse backgrounds. However, there are pockets of research on specific types of violence in certain cultural groups. For example, research conducted by the Australian Institute of Criminology has explored understanding and experiences of sexual violence among young women from African communities, and the types of responses to this group of young women by Australian agencies (see Box 6.5).

Box 6.5: Preventing sexual violence against young women from African backgrounds

In 2018, the Australian Institute of Criminology studied the understanding and experiences of sexual coercion and violence among young women from African refugee and migrant backgrounds. The aim was to investigate current awareness of the issues and document how agencies responded to sexual violence.

Data were gathered from 81 government and non-government agencies across Western Australia and South Australia. From these services, 23 professionals who worked with the women participated in a focus group. Data were also collected through 12 in-depth interviews with young women from African backgrounds, and a focus group of 6 women.

While the report found that women were developing awareness of sexual violence, there were differing views about what constituted sexual violence. The young women felt that taboos associated with speaking publicly about sex and sexual violence inhibited community education. Consequently, knowledge of the laws concerning sexual violence and available support was incomplete. These limitations in understanding, together with community barriers and practical barriers—such as language, transport, caring responsibilities and other settlement issues—meant that, overall, the young women were unlikely to disclose and seek help.

Source: Chung et al. 2018.

Forced marriage

Forced marriage—when a person gets married without freely and fully consenting—can occur within the context of family, domestic and sexual violence (Lyneham and Bricknell 2018). Victims may have been coerced, threatened or deceived, or be incapable of understanding the nature and consequences of marriage, for reasons including age or mental capacity. Forced marriage is illegal in Australia and was introduced into the *Criminal Code Act 1995 (Cth)* on 8 March 2013.

Forced marriage has been associated with socially conservative communities that value tradition and strict behavioural norms. People with disability and people suspected of promiscuity or homosexuality are often at high risk of forced marriage (Lyneham and Bricknell 2018).

Forced marriages are difficult to count and legal responses are rare

There are limited data available on forced marriages. Cases are difficult to identify and may not be reported due to:

- forced marriages taking place in closed families and communities
- reluctance to incriminate family members or themselves
- fear of retribution, shame and ostracism from family and community when reporting a forced marriage.

In 2015–16, the Australian Federal Police received 69 case referrals for forced marriage (IDC ICoHTaS 2016). A total of 116 case referrals have been received since forced marriage became a criminal offence in March 2013—all cases involved young females. Most had been, or were at risk of being, taken overseas and forced to marry. No cases have progressed through the criminal courts (Lyneham and Bricknell 2018).

Forced marriages may be hidden from authorities

Forced marriages are hidden from public view and often not registered with authorities. The AIC has reported that it is common for victim-survivors to marry a member of their extended family or, if not, a suitor that shares their religion, nationality or country of birth.

It is also common for the marriage ceremony to take place abroad, in the suitor's or victim-survivor's home country, where forced marriage may be common and laws either do not exist or are relaxed. Ceremonies can also take place in private settings rather than public places. Common experiences while in a forced marriage include:

- physical and emotional abuse
- sexual abuse, including sexual assault and forced pregnancy
- financial abuse
- restricted movement and isolation
- domestic servitude by the victim-survivor's spouse or family
- denial of basic human rights such as education and employment (Lyneham and Bricknell 2018).

Young women and girls are most at risk

Anyone can be a victim of forced marriage, regardless of their age, gender or sexual orientation. While men and boys can be victims of forced marriage, most reported victims are young women and girls, who are frequently forced to marry older men.

UNICEF estimates that, in selected countries, where data were available, 21% of young women (aged 20 to 24) were married as children. This includes formal marriages, and informal unions that took place when the women were under the age of 18 and living with their partners as if married. Most of these cases have been reported as taking place in South Asia and Northern and Western Africa (UNICEF 2018). These estimates cannot be used to assess the extent of forced marriage in Australia, but may indicate who is most vulnerable.

Visa abuse

Refugees and immigrants living in Australia on temporary visas may face an additional complexity in their experiences of domestic or family violence: their temporary migrant status can be used by a perpetrator to control or coerce them or a family member. For example, a person in Australia on a temporary partner visa may face deportation if the relationship breaks down, or a perpetrator with citizenship may threaten to take custody of any children.

There are provisions within the *Migration Act 1958* for people who are in Australia on temporary partner visas who experience a relationship breakdown due to family violence. A person in these circumstances may be able to access permanent residency. There are no provisions for people on any other type of temporary visa, and many have limited access to financial or housing support.

The Victorian organisation InTouch provides services, programs and responses after incidents of family violence in migrant and refugee communities. In 2017, researchers studied 300 of InTouch's case files from women who sought support in 2015–16 (Segrave 2017).

Of these women, 2 in 5 (39%, or 117) had been threatened with deportation, and 4 in 10 (44%, or 132) were threatened that sponsorship for their visa application would be withdrawn. About 1 in 4 (34%, or 102) women had been abused via technology, which includes abuse via social media or direct messaging, or controlling or monitoring technology use. More than half (52%, or 155) of these women had children. Researchers also identified 11 cases of human trafficking (Segrave 2017).

In response to a lack of national data on the experience of violence among women on temporary visas and their children, the National Advocacy Group on Temporary Visas Experiencing Violence developed an online survey to collect data from relevant service providers. The survey was distributed through the group's networks across Australia. Service providers could submit data on women they had worked with or who had sought assistance during August 2018. The survey identified that 387 women on temporary visas experiencing violence had accessed support services in Australia during this period.

Of these women:

- more than half (55%, or 214) had 1 or more children or dependants
- 1 in 4 (24%, or 93) were living in crisis accommodation and around 1 in 10 (11%, or 43) were living in temporary accommodation.

One in 10 (10%, or 37) were living at home with their partner, which may increase their risk of experiencing further violence. Housing (crisis, long-term and housing appropriate for families) was the service most needed that organisations were unable to provide, followed by financial assistance (National Advocacy Group on Women on Temporary Visas Experiencing Violence 2018).

Female genital mutilation/cutting

The term ‘female genital mutilation/cutting’ (FGM/C) refers to all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons. It is illegal in all Australian states and territories to perform FGM/C, and mandatory reporting laws require that selected professional groups (for example, medical practitioners and teachers) report instances where they suspect FGM/C has been conducted, in Australia or overseas, on children normally living in Australia.

Both the United Nations International Children’s Emergency Fund (UNICEF) and WHO estimate that FGM/C affects more than 200 million women and girls across the world (UNICEF 2016, WHO 2018a).

FGM/C is a global issue. It affects not only women and girls living in communities in some African, Asian and Middle-Eastern regions where FGM/C is a common cultural practice, but also, due to migration, women and girls in other parts of the world—including Australia.

FGM/C has no health benefits and there is no medical justification for it. Girls and women who have undergone FGM/C may be left with lifelong medical and psychological complications, for which treatment can be sought in Australia—for example, from outpatient clinics specialising in FGM/C in some major cities and from other health and social care services. Achieving total abandonment of the practice by 2030 is a priority within the United Nations’ sustainable development (WHO 2018a).

How many women and girls in Australia are affected?

There is limited evidence on the extent of FGM/C in Australia. In February 2019, the AIHW published *Towards estimating the prevalence of female genital mutilation/cutting in Australia*. The report estimated that 53,000 women and girls born elsewhere but now living in Australia had undergone FGM/C (AIHW 2019c). This figure is based on modelled calculations only, and should be interpreted with caution. While rudimentary, this estimate provides insight into the potential extent of FGM/C in Australia. Further information on the study’s methodology can be found at www.aihw.gov.au/reports/men-women/female-genital-mutilation-cutting-australia/contents/summary.

LGBTIQ+ people

The LGBTIQ+ community includes individuals who identify as lesbian, gay, bisexual, transgender, intersex, queer or otherwise diverse in gender, sex or sexuality. LGBTIQ+ people can face harassment and discrimination based on their identity, which can be a barrier to gaining employment or accessing services such as education or health care. The marginalisation of LGBTIQ+ people makes them vulnerable to different forms of family and domestic violence (AHRC 2015). For example, an abusive partner can exert control by threatening to disclose their partner's sexuality, gender identity or intersex variations to their family, friends or workplace, which can lead to fear of the loss of employment or relationships (Campo and Tayton 2015b).

Lesbian and bisexual women

Almost 9,000 women from the Australian Longitudinal Study on Women's Health who were aged 25–30 in 2003 answered questions about their sexual identity and experiences of intimate partner violence. Women who identified as lesbian, bisexual, and mainly heterosexual were more likely to report abuse than women who identified as exclusively heterosexual (Szalacha et al. 2017).

Lesbian and bisexual women experience more physical, sexual and emotional abuse than exclusively heterosexual women

Emotional abuse by a partner was the most commonly reported type of abuse across all sexual identity groups. Experiences of emotional abuse were most commonly reported among women who identified as bisexual (46%), followed by women who identified as mainly heterosexual (32%), lesbian (28%), and exclusively heterosexual (21%). Women who identified as mainly heterosexual, bisexual, or lesbian were twice as likely to report physical abuse by a partner as women who identified as exclusively heterosexual (24%, 29%, and 22%, versus 12%, respectively) (Szalacha et al. 2017).

Experiences of sexual abuse perpetrated by a partner were also most commonly reported by women who identified as bisexual (14%), followed by women who identified as mainly heterosexual (6%), lesbian (3%), and exclusively heterosexual (2%). Similarly, harassment was most commonly reported among women who identified as bisexual (25%), followed by women who identified as lesbian (21%), mainly heterosexual (20%), and exclusively heterosexual (10%) (Szalacha et al. 2017).

After controlling for demographic characteristics, bisexual and mainly heterosexual women were significantly more likely to report harassment, and physical, sexual, and emotional abuse, compared with exclusively heterosexual women. Women who identified as lesbian were significantly more likely to report physical abuse and harassment, compared with exclusively heterosexual women (Szalacha et al. 2017).

One in 4 (25%) of women who identified as bisexual or mainly heterosexual, and 15% of women who identified as lesbian, reported that they had been in a violent relationship, compared with 1 in 10 (10%) of women who identified as exclusively heterosexual (Szalacha et al. 2017). After controlling for demographic characteristics, women who identified as mainly heterosexual, bisexual or lesbian were 2 to 3 times as likely to have been in a violent relationship in the past 3 years, compared with women who identified as exclusively heterosexual (Szalacha et al. 2017).

Of the women who had experienced intimate partner violence, those who identified as mainly heterosexual or bisexual were more likely than exclusively heterosexual women to experience stress, anxiety, depression, and poor mental health (Szalacha et al. 2017).

Although the study captures the sexual identity of women, it does not capture information about the gender, sex or sexual identity of the perpetrator, nor precise timing of the abusive acts. Therefore, no inferences about the sex or gender of the perpetrator can be made.

Gay, bisexual, transgender, intersex and queer men

In 2017–18, Western Sydney University and ACON, a health promotion organisation specialising in lesbian, gay, bisexual, transgender and intersex health, surveyed almost 900 gay, bisexual, transgender, intersex and queer men. The men were recruited via ACON's social media pages and asked questions about demographic characteristics; sexual and gender identity; experiences of intimate partner violence; attitudes to violence; and bystander awareness and willingness to intervene.

Of the 894 gay, bisexual, transgender, intersex and queer men surveyed, almost 2 in 3 (62%, or 556) reported that they had experienced physical, verbal or emotional abuse in a relationship, and 1 in 4 (16%, or 138) had experienced abuse within the last year (Ovenden et al. 2019).

The men surveyed most commonly reported that they have discussed their abusive relationship with a friend or neighbour (35%, or 310); counsellor or psychologist (18%, or 165); or family or relative (17%, or 156). Almost 2 in 5 (17%, or 153) did not discuss their abusive relationship with anyone (Ovenden et al. 2019).

Of the 328 participants who reported witnessing violence or abuse between men in a relationship, about 2 in 3 (64%) intervened, including 41% (133) who intervened verbally, 14% (46) who intervened physically, and 23% (76) who sought help or intervened in another way. About 1 in 3 (36%, or 118) did not intervene or did not know what to do (Ovenden et al. 2019).

Emotional abuse in same-sex relationships

The 2016 PSS estimated that 2% (74,500) Australians who experienced emotional abuse from a previous partner were in a same-sex relationship with their most recent previous emotionally abusive partner (ABS 2018a). Based on the 2016 Census, 0.9% of all cohabiting relationships in Australia are same-sex couples (ABS 2017a). Note that the PSS collects information only on whether a person is male or female and does not collect information on gender or intersex variations.

Workplace harassment and LGBTIQ+

According to the AHRC 2018 National Survey, the prevalence of workplace sexual harassment in the last 5 years was higher among those identifying with diverse sexual orientation (52%) than among those identifying as straight or heterosexual (31%). In the past 5 years, almost half (47%) of those who identified as gay or lesbian, and more than half (57%) of those who identified as bisexual, experienced workplace sexual harassment. More than half (55%) of people who identified as having another sexual orientation experienced sexual harassment in the same time period (AHRC 2018).

Note that the survey did not collect data on experiences of people identifying as trans or gender diverse.

People with an intersex variation (77%) were more likely than those without such a variation (32%) to have been sexually harassed in the workplace in the last 5 years. However, given the small survey sample, these results should be interpreted with caution (AHRC 2018).

People in rural and remote Australia

Around 7 million people—about 28% of the population—live in rural and remote areas (ABS 2019c). The term ‘rural and remote’ covers all areas outside Australia’s *Major cities*, classified by the Australian Statistical Geography Standard as *Inner regional*, *Outer regional*, *Remote* or *Very remote*.

The 2016 PSS reported that women living outside *Major cities* at the time of the survey were more likely to have experienced violence from a current or previous partner since the age of 15, compared with women living in *Major cities*. Of women living outside *Major cities*, 23% (583,000) reported experiencing partner violence, compared with 15% (1 million) of women living in *Major cities*. For men, 6.6% (165,000) living outside *Major cities* reported experiencing partner violence, compared with 5.9% (384,000) men living in *Major cities* (ABS 2018a).

This pattern is consistent with findings from the Australian Longitudinal Study on Women’s Health, which found that the overall lifetime prevalence rate of domestic violence was 20% for *Major cities*, 24% for *Inner regional areas* and 26% for other rural areas (Dillon et al. 2015).

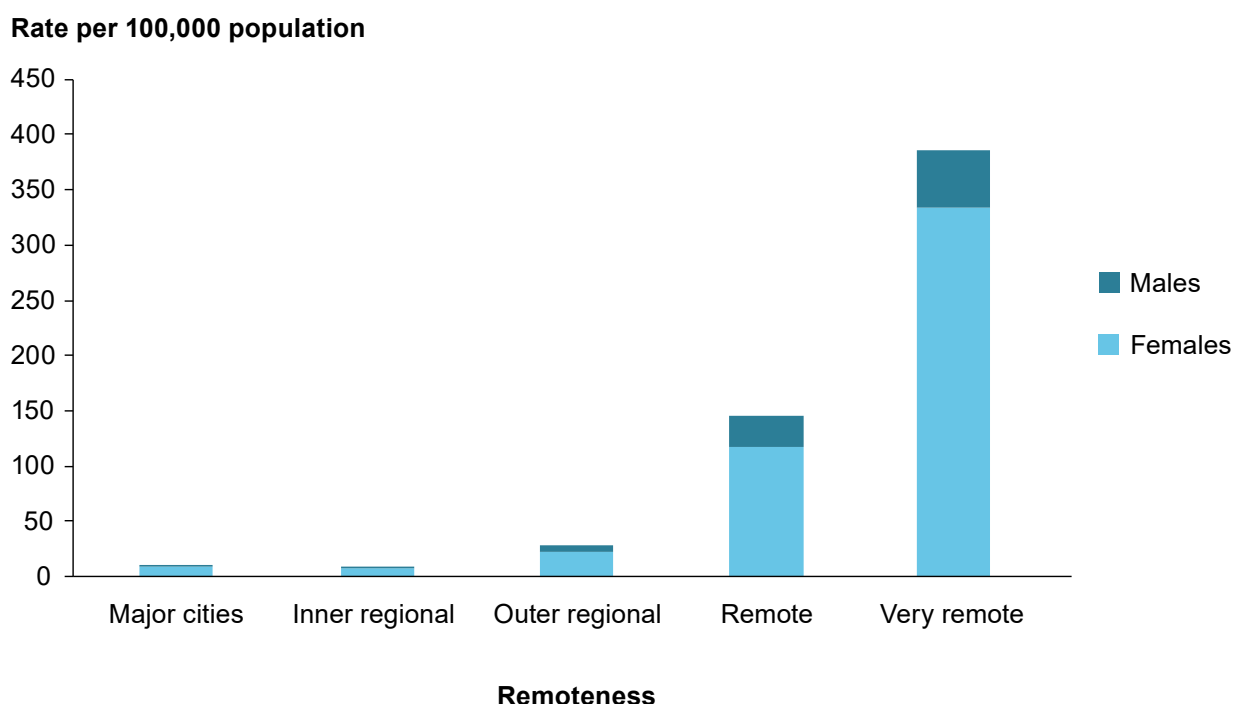
Police data from selected states show that people living in rural and remote areas are more likely to experience higher rates of family and domestic violence (BOCSAR 2018; Crime Statistics Agency 2018).

Compared with metropolitan areas, people living in Australian rural and remote communities have higher rates of alcohol consumption and greater access to firearms, both of which increase the risk of partner violence (AIHW 2019a; Campo and Tayton 2015a; Noonan et al. 2017). Living in rural and remote areas also restricts a victim’s ability to leave a violent relationship and their ability to access both informal support (from friends and family) and formal support (police, health and domestic violence support services). Victims in these communities may be deterred from disclosing their experiences of abuse, due to fear of stigma, shame, and the community view that violence is a ‘family problem’ (Campo and Tayton 2015a).

People in *Remote* and *Very remote* Australia are 24 times as likely to be hospitalised for domestic violence than people in *Major cities*

In 2016–17, the hospitalisation rate for assault by a spouse or domestic partner was 386 per 100,000 people for people living in *Very remote* areas, 145 per 100,000 for people living in *Remote areas*, and 12 per 100,000 for people living in *Major cities*, *Inner regional*, or *Outer regional* areas. Females accounted for 80–87% of these hospitalisations (Figure 6.19).

Figure 6.19: Assault hospitalisations where perpetrator was spouse or partner, adults aged 15 and over, by remoteness of usual place of residence, by sex, 2016–17



Note: These population rates have been calculated using the total population of each remoteness area.

Source: AIHW National Hospital Morbidity Database.

Socioeconomically disadvantaged people

Although family, domestic and sexual violence can occur across all socioeconomic groups, studies consistently show that the risk of these forms of violence increases as financial stress and economic hardship increases. In addition, these forms of violence can also produce financial hardships for victim-survivors, particularly if there is loss of income and housing as a consequence of these forms of abuse (Renzetti & Larkin 2009); (Weatherburn 2011).

The ABS Index of Relative Socio-economic Disadvantage (IRSD) ranks areas in Australia based on social and economic conditions, including income, education, employment, internet access, relationships and family structure. It is important to note that the IRSD is a summary of people in an area and does not apply to an individual or dwelling. It refers to the general level of socioeconomic disadvantage of all the people in the area in which a person lives, not the person themselves (ABS 2008). In the ABS PSS, the IRSD refers to the area in which the respondent lived at the time of the survey and this may not be the same area the respondent lived in at the time of the violence. The areas are grouped from most disadvantaged (lowest socioeconomic areas) to least disadvantaged (highest socioeconomic areas).

Data presented on socioeconomic disadvantage do not identify whether socioeconomic disadvantage is a risk factor for, or outcome of, experiencing family, domestic and sexual violence. The data improve understanding of the past experiences of socioeconomically disadvantaged people, as a population.

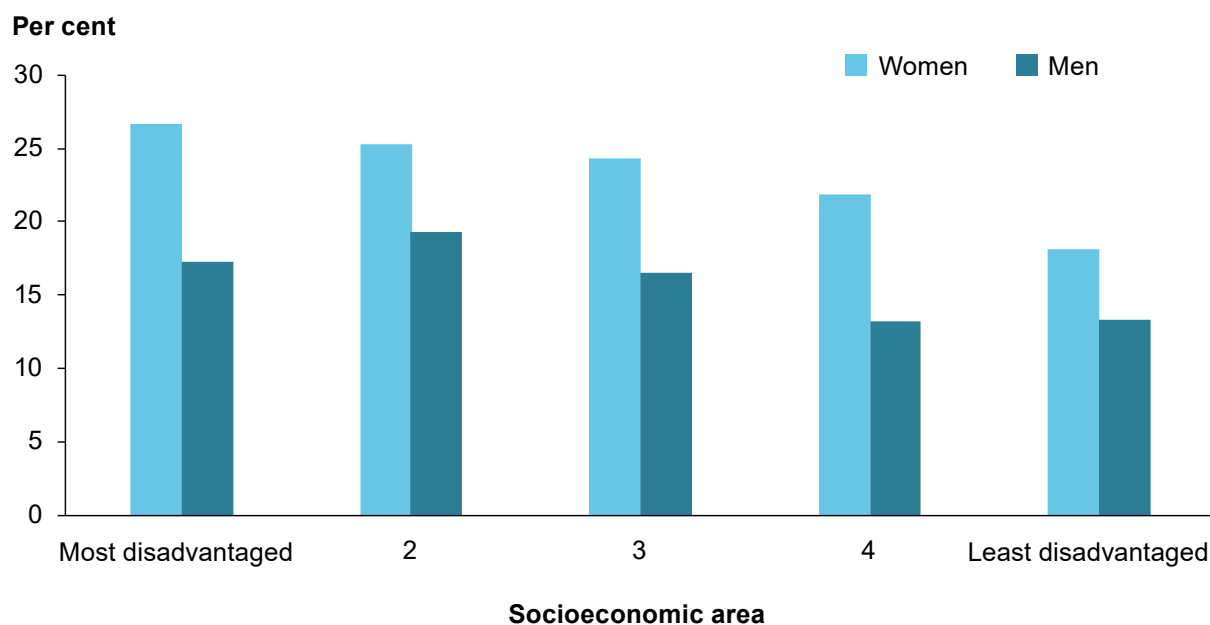
Partner violence and emotional abuse

According to the 2016 PSS, women and men living in the lowest socioeconomic areas at the time of the survey were more likely to have experienced physical and/or sexual violence or emotional abuse from a partner since the age of 15, compared with women and men living in the highest socioeconomic areas. For those living in lowest socioeconomic areas:

- 22% of women (366,000) had experienced violence from a current or previous partner, compared with 13% of women (275,000) living in the highest socioeconomic areas
- 27% of women (445,000) had experienced emotional abuse from a current or previous partner, compared with 18% of women (375,000) living in the highest socioeconomic areas
- 7.6% of men (135,000) had experienced violence from a current or previous partner, compared with 6.3% of men (113,000) living in the highest socioeconomic areas
- 17% (303,000) men had experienced emotional abuse from a current or previous partner, compared with 13% of men (241,000) living in the highest socioeconomic areas (Figure 6.20) (ABS 2018a).

Individuals living in an area ranked in the lowest 10% (lowest socioeconomic) were 1.5 times as likely as individuals living in an area ranked in the highest 10% (highest socioeconomic) to have experienced violence from a current or previous partner.

Figure 6.20: Proportion of people who experienced current and/or previous partner violence since the age of 15, by sex, by socioeconomic area



Note: 'Partner violence' includes physical and/or sexual violence from a current or previous cohabiting partner and does not include emotional abuse.

Source: ABS 2018a.

Sexual violence

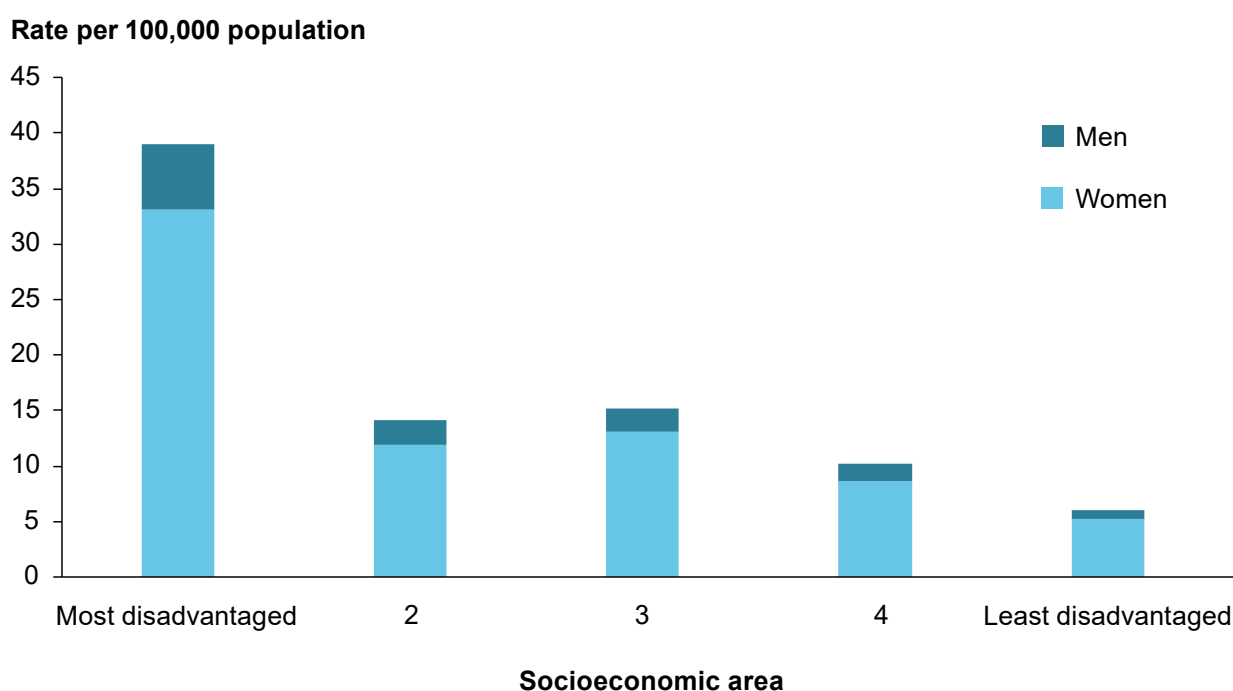
Women living in the lowest socioeconomic areas were more likely to have experienced sexual violence from any perpetrator (both family and domestic violence-related and non-family and domestic violence-related) since the age of 15, compared with women living in the highest socioeconomic areas. For those living in the lowest socioeconomic areas, about 21% (343,000) women had experienced sexual violence, compared with 17% (350,000) women living in the highest socioeconomic areas. For men, the rates in different socioeconomic areas ranged from 4.0% (lowest socioeconomic areas) to 6.0% (highest socioeconomic areas) (ABS 2017c).

Hospitalisations

In 2016–17, people living in the lowest socioeconomic areas were more than 7 times as likely to be hospitalised for assault by a spouse or domestic partner (40 per 100,000 population), compared with those living in the highest socioeconomic areas (6 per 100,000).

About 2 in 5 (42%, or 1,800) hospitalisations for assault perpetrated by a spouse or domestic partner were of people living in the lowest socioeconomic areas (Figure 6.21).

Figure 6.21: Assault hospitalisations where perpetrator was spouse or partner, adults aged 15 and over, by socioeconomic area of usual place of residence, by sex, 2016–17



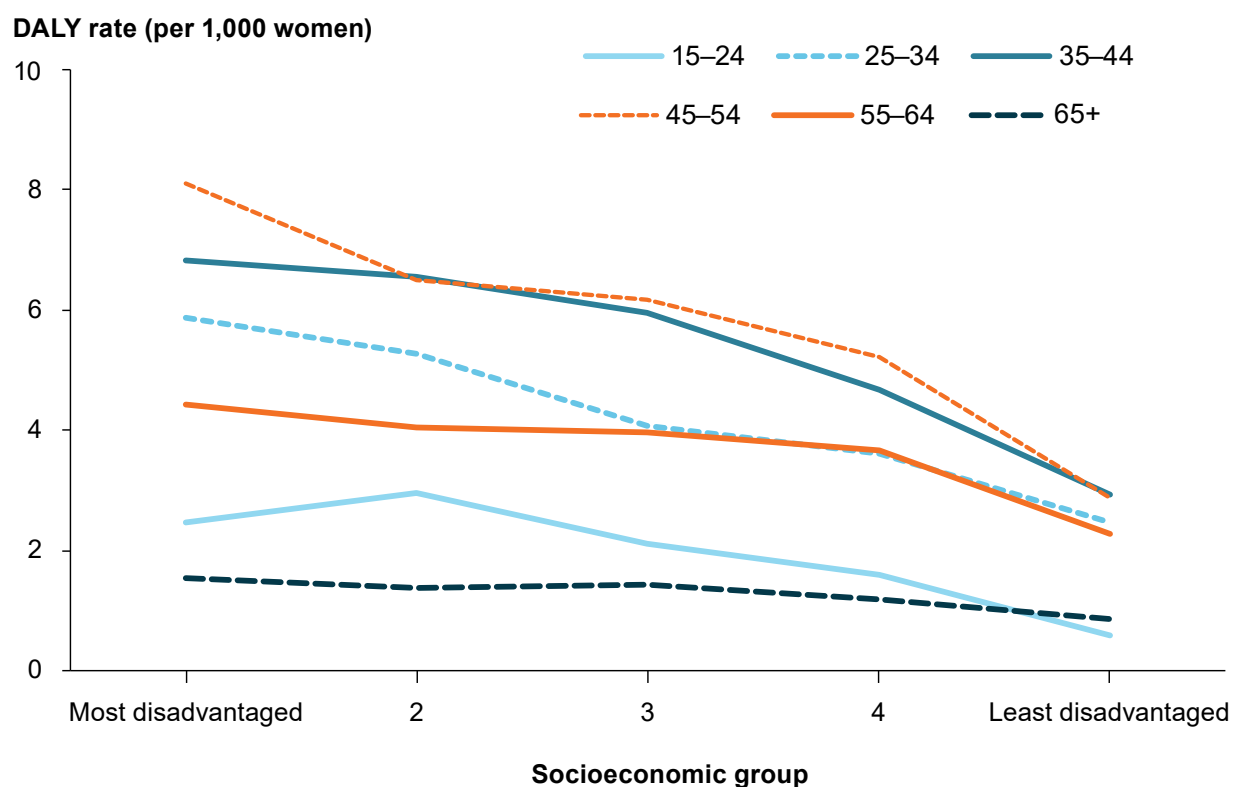
Source: AIHW National Hospital Morbidity Database.

Burden of disease

The burden of disease from domestic violence for women also varied according to socioeconomic area. After adjusting for age differences, rates were 2.5 times as high in the lowest socioeconomic areas as in the highest socioeconomic areas.

Across all age groups, the attributable burden of disease increased as socioeconomic position decreased, with the largest disparity seen among women aged 15–24. The rate of burden due to intimate partner violence for women aged 15–24 was 4.2 times as high for those in the lowest socioeconomic group, compared with those in the highest (Figure 6.22) (AIHW 2019).

Figure 6.22: Age-specific attributable DALY rate due to domestic violence (per 1,000 women), by socioeconomic group, 2015



Source: AIHW forthcoming 2019.



7 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.
- In 2017, the majority of Indigenous assault victims recorded by police were victims of family violence, ranging from 64% (2,700) in New South Wales to 74% (3,900) in the Northern Territory.
- In 2016–17, Indigenous people were 32 times as likely to be hospitalised for family violence, compared with non-Indigenous people.
- In 2017–18, 16% (48,300) Indigenous children received child protection services.

‘Family violence’ is the preferred term for violence within Aboriginal and Torres Strait Islander communities, 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 on women and children (Closing the Gap Clearinghouse 2016). The removal from land, and cultural dispossession over the past 200 years, have resulted in social, economic, physical, psychological and emotional problems for Indigenous Australians. Family violence against Indigenous Australians must be understood as both a cause and effect of social disadvantage and intergenerational trauma (Closing the Gap Clearinghouse 2016).

Family, domestic and sexual violence in Australia 2018 reported that Indigenous Australians experienced family violence at higher rates than the general population. Indigenous Australians are more likely to be hospitalised due to family violence, more likely to be murdered by a family member, and more likely to have their children removed, compared with non-Indigenous people (AIHW 2018b).

Programs that empower communities to develop local solutions to local issues such as family violence are showing promising results. For example, the Maranguka project has successfully demonstrated reductions in police-reported family violence incidents and improvements in community safety (See Box 7.1).

Box 7.1: Maranguka Justice Reinvestment in Bourke

Bourke is a remote town 800km northwest of Sydney. It has a population of 3,000 people, more than 30% of whom identify as Aboriginal and Torres Strait Islander (compared with 2.9% across New South Wales). Bourke is one of the most disadvantaged communities in Australia, with high long-term unemployment and family violence, and the highest rate of juvenile convictions in New South Wales.

In 2013, Bourke topped the state in 6 of the 8 major crime categories (Goh and Holmes 2013); when compared with United Nations data, the crime rate in Bourke made it more dangerous, per capita, than any country in the world (Olding and Ralston 2013).

The Maranguka Justice Reinvestment project was set up to help reduce the number of Aboriginal families experiencing high levels of social disadvantage and rising crime. Justice reinvestment aims to redirect resources to strategies that can reduce crime and strengthen communities, such as early intervention, crime prevention and diversionary programs (KPMG Australia & Just Reinvest NSW Inc. 2018).

Maranguka, meaning ‘caring for others’, is a model of Indigenous self-governance where members of the Aboriginal community own and lead multidisciplinary teams in partnership with relevant government and non-government agencies. A critical component of this work is the need for improved community participation and engagement to develop a common agenda and shared measures to reduce crime and increase community safety (KPMG Australia & Just Reinvest NSW Inc. 2018).

Regular meetings were held with Bourke community members to develop a community strategy for change, ‘Growing our kids up safe, smart and strong’. Working groups were established in 3 areas: early childhood, 8–18-year olds, and the role of men in the community.

In November 2018, KPMG’s impact assessment of the Maranguka Justice Reinvestment Project between 2015 and 2017 reported that there had been improvements in:

- **family strength:** a 23% reduction in the number of family violence incidents and a 19% reduction in family violence reoffending incidents reported to police
- **youth development:** a 31% increase in Year 12 student retention rates and a 38% reduction in charges across the top 5 juvenile offence categories
- **adult empowerment:** a 14% reduction in bail breaches and a 42% reduction in days spent in custody.

KPMG estimated that the economic impact of the project was \$3.1 million in 2017 (with operational costs of \$600,000). KPMG says that, if Bourke can sustain just half of these results, an additional gross impact of \$7 million over the next 5 years is achievable (KPMG Australia & Just Reinvest NSW Inc. 2018).

Prevalence of family violence

The National Aboriginal and Torres Strait Islander Survey (NATSISS), conducted by the ABS, collects detailed information on the socioeconomic circumstance of Aboriginal and Torres Strait Islander people. The latest survey (2014–15) showed that 2 in 3 (63%) of Indigenous women and 1 in 3 (35%) of Indigenous men who had experienced physical violence reported that the perpetrator of the most recent incident was a family member, including a current or previous partner (ABS 2016b).

Responses to family violence

Police

The ABS collates national statistics on crimes recorded by the police relating to victims and offenders of family violence (see <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/data-sources-monitoring-family-domestic-sexual-violence> for details). Although information on family violence is available from these administrative data sets, a high proportion of family violence is not disclosed to police.

A large proportion of assault victims are victims of family violence

According to the ABS Recorded Crime—Victims, Australia 2017 data collection, across selected jurisdictions (New South Wales, South Australia and the Northern Territory):

- 64% (2,700) Indigenous assault victims in New South Wales, 74% (3,900) in the Northern Territory, and 68% (1,400) in South Australia were victims of family violence-related assault
- perpetrators were commonly identified as partners or ex-partners (Figure 7.1) (ABS 2018b).

Figure 7.1: Aboriginal and Torres Strait Islander victims of assault, by perpetrator type, by sex of victim, selected states and territories, 2017



Source: ABS 2018b.

Sexual assault victims are more likely to be female

Between 2010 and 2017, the sexual assault victimisation rate for Indigenous Australians rose in New South Wales and Northern Territory, and fell in Queensland and South Australia. Victims were predominantly female in all states and territories. Females were:

- 3.4 times as likely as males to be victims in New South Wales (626 female victims, compared with 182 male victims)
- 4.6 times as likely as males to be victims in Queensland (459 female victims, compared with 99 male victims)
- 7.9 times as likely as males to be victims in South Australia (71 female victims compared, with 9 male victims)
- 8.3 times as likely as males to be victims in Northern Territory (183 female victims, compared with 22 male victims) (ABS 2018b).

Perpetrators of sexual assault are usually known to the victim

Perpetrators of sexual assault were likely to be known to the victim. The proportion of Indigenous victims who knew their perpetrators ranged from 67% (137) in the Northern Territory to 84% (684) in New South Wales (ABS 2018b).

Indigenous offender rates are higher than non-Indigenous rates

The ABS Recorded Crime—Offenders 2017–18 data collection also contains information about people committing offences related to family violence. Data for Indigenous offenders are available for New South Wales, the Northern Territory and the Australian Capital Territory only. Indigenous offenders comprised:

- 1 in 5 (19% or 4,700) offenders in New South Wales
- 9 in 10 (88% or 2,600) offenders in the Northern Territory
- 1 in 10 (12% or 72) offenders in the Australian Capital Territory (ABS 2019b).

The offender rate for offences related to family violence was higher for Indigenous offenders than for non-Indigenous offenders, ranging from:

- 9 times as high in New South Wales (2,557 offenders per 100,000 Indigenous people, compared with 280 per 100,000 non-Indigenous people)
- 18 times as high in the Northern Territory (4,195 offenders per Indigenous 100,000 people, compared with 237 offenders per 100,000 non-Indigenous people)
- 9 times as high in the Australian Capital Territory (1,229 offenders per Indigenous 100,000 people, compared with 145 offenders per 100,000 non-Indigenous people) (ABS 2019b).

Legal

Family and domestic violence protection orders

As noted in **Chapter 4**, a common legal response to family violence in Australia is to obtain a family and domestic violence protection order (DVO). Indigenous people are over-represented within the DVO system, as both applicants and respondents (see Box 7.2).

Box 7.2: Impacts of the domestic violence protection order system and the criminal justice system on Indigenous Australians

A domestic violence order (DVO) is a civil order issued by a court that forbids a perpetrator of family violence from committing further abuse against the victim. If a DVO is breached, it shifts from being a civil order to a criminal offence. A Queensland study analysed the DVOs that were established in civil courts and those that were referred to criminal courts during 2013–14. The people named as perpetrators in these DVOs were offered the opportunity to self-report their Indigenous status.

In 2013–14, almost 23,500 people were named as perpetrators in DVOs issued in Queensland, of whom 1 in 5 (21%) identified as Indigenous. Indigenous women were slightly more likely to be named as perpetrators than non-Indigenous women (23% of Indigenous perpetrators and 20% of non-Indigenous perpetrators). DVOs taken out against Indigenous people were more likely to have been lodged by the police. Of all DVOs lodged in Queensland, 79% were initiated by the police, and in cases where the perpetrator identified as Indigenous, 90% were initiated by the police.

In 2013–14, more than 6,800 people were defendants facing criminal charges for contravening a DVO in Queensland, of whom 1 in 3 (34%) identified as Indigenous. The proportion of defendants found guilty was similar for Indigenous defendants (89%) and all defendants (88%). However, a higher proportion of Indigenous defendants received a custodial order (43%), compared with all defendants (27%).

Source: Douglas & Fitzgerald 2018.

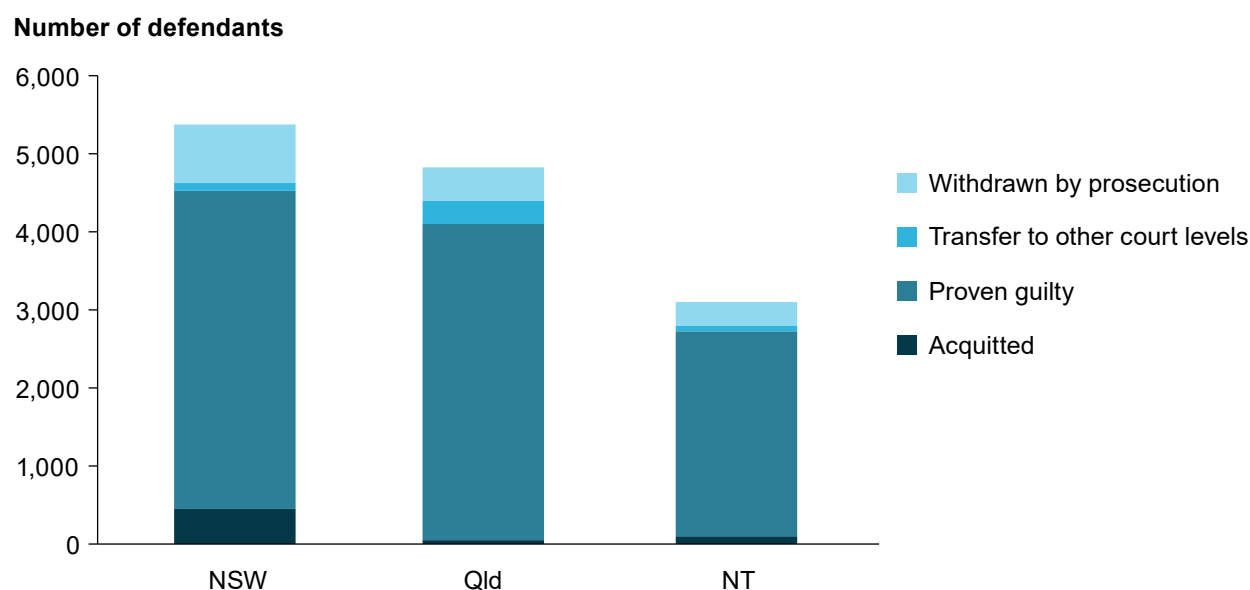
Most Indigenous defendants who go to court for family violence offences are found guilty

Data from the ABS Criminal Courts, Australia, 2017–18 data set are available for Indigenous defendants who had 1 or more family violence cases finalised in the New South Wales, Queensland and the Northern Territory criminal courts. Of these Indigenous defendants:

- 76% (4,100 defendants) were found guilty in New South Wales
- 84% (4,100 defendants) were found guilty in Queensland
- 84% (2,600 defendants) were found guilty in the Northern Territory (Figure 7.2) (ABS 2019a).

The proportion of Indigenous defendants found guilty was similar to the proportion of non-Indigenous defendants found guilty across the same states and territories—74% in New South Wales, 81% in Queensland and 80% in the Northern Territory (ABS 2019a).

Figure 7.2: Indigenous defendants of family violence offences finalised in the criminal courts, by method of finalisation, selected states and territories, 2017–18



Source: ABS 2019a.

More than half of sexual assault defendants finalised in Northern Territory courts are Indigenous

The ABS Criminal Courts 2016–17 data set also includes data for Indigenous defendants whose cases for 1 or more sexual assault and related offences were finalised in the Magistrates' courts in New South Wales, Queensland, South Australia and the Northern Territory. Of these defendants:

- 10% (286) were Indigenous in New South Wales
- 14% (354) were Indigenous in Queensland
- 4.5% (48) were Indigenous in South Australia
- 65% (130) were Indigenous in the Northern Territory (ABS 2019a).

Hospitalisations

Data on hospitalised injury comes from the AIHW National Hospital Morbidity Database. In 2016–17, almost 6,300 Indigenous Australians were hospitalised for assault injuries (more than 3,300 females and 2,700 males). As noted in **Chapter 4**, the total number of family violence assault hospitalisations may be underestimated, as in many cases the perpetrator is not specified.

3 in 4 hospitalised assaults are a result of family violence

In cases where a perpetrator was specified, almost 1 in 2 (48%, or 1,900) hospitalisations of Indigenous Australians for assault injuries were due to assault by a spouse or domestic partner, and 27% (1,000) by another family member.

The reported perpetrator varied by age group. Where the perpetrator was specified, children aged 0–14 were most commonly assaulted by parents (65 cases). Indigenous Australians aged 65 and over were most commonly assaulted by other family members (19 cases).

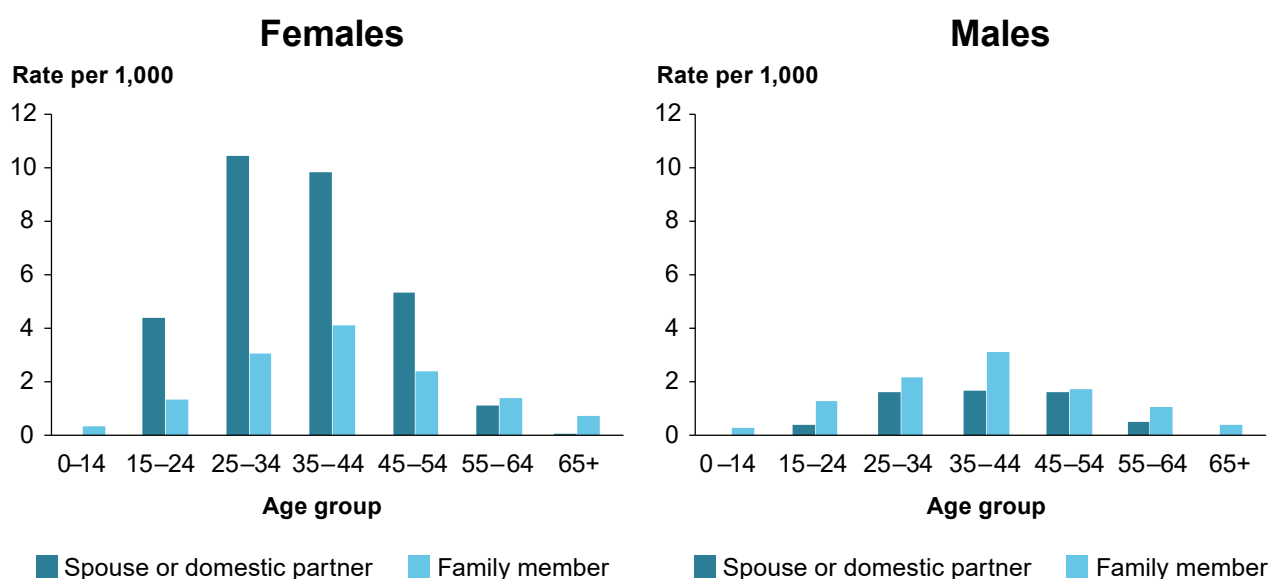
Indigenous adults are 32 times as likely to be hospitalised for family violence as non-Indigenous adults

In 2016–17, Indigenous females aged 15 and over were 34 times as likely to be hospitalised for family violence as non-Indigenous females, with 8 per 1,000 (2,200) Indigenous females hospitalised, compared with 0.2 in 1,000 (2,400) non-Indigenous females. Indigenous males were 27 times as likely to be hospitalised for family violence as non-Indigenous males, with 3 per 1,000 (730) Indigenous males hospitalised, compared with 0.1 per 1,000 (990) non-Indigenous males.

Spouse or domestic partner was most commonly reported as the perpetrator for hospitalisations of Indigenous females aged 15 and over for assault injuries (62%, or 1,600 cases). The rate of hospitalisations due to assaults perpetrated by a spouse or domestic partner was highest for women aged 25 to 34 (10 hospitalisations per 1,000). The rate of hospitalisations due to violence perpetrated by a family member other than a spouse or domestic partner was highest for women aged 35 to 44 (4 hospitalisations per 1,000).

For hospitalisations of Indigenous males aged 15 and over, a family member other than spouse or domestic partner was most commonly specified as the perpetrator (35%, or 460 cases). The rate of hospitalisations due to assaults perpetrated by another family member was highest for men aged 35 to 44 (3 hospitalisations per 1,000). The rate of hospitalisations due to assaults perpetrated by a spouse or domestic partner was also highest for men aged 35 to 44 (2 per 1,000) (Figure 7.3).

Figure 7.3: Rate of hospitalisations for family violence assaults among Indigenous Australians, by relationship to perpetrator, by sex, 2016–17



Source: AIHW National Hospital Morbidity Database.

Most family violence occurs in the home

Indigenous people hospitalised for assault by a spouse, domestic partner or family member were most likely to have been assaulted in their home. Where a location of assault was specified, 80% (490) assaults perpetrated by a spouse or domestic partner, and 75% (250) assaults perpetrated by another family member, occurred in their home.

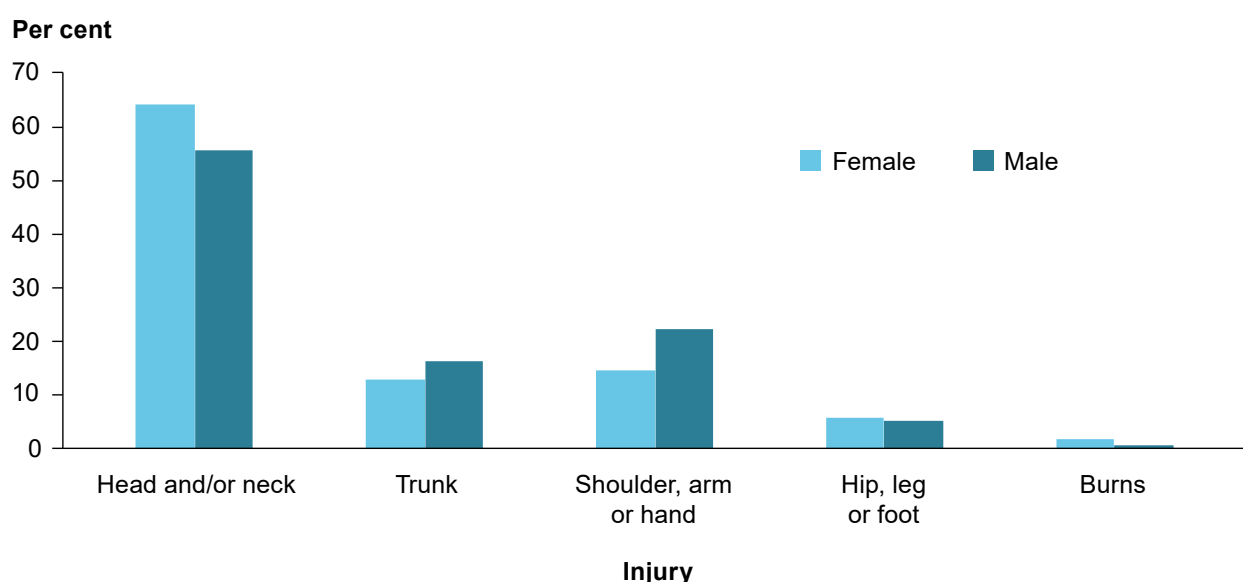
Most family violence involves bodily force

About 54% (1,200) Indigenous females and 42% (300) Indigenous males hospitalised for assault by a spouse, domestic partner or family member were assaulted by bodily force. About a third (36%) of females were assaulted with an object: 25% (550) of whom were assaulted with a blunt object and 11% (240) with a sharp object. About half (51%) of males were assaulted with an object, including 32% (230) who were assaulted with a sharp object, and 19% (140) with a blunt object. Strangulation was specified by 14 Indigenous females as the cause of their injuries.

Head and/or neck injuries are the most common injuries inflicted by a family member

In 2016–17, of hospitalisations of Indigenous Australians for assault injuries perpetrated by a spouse, domestic partner or family member, 64% (1,400) females and 55% (400) males experienced injuries to the head or neck. This included 160 females and 50 males hospitalised for brain injury (Figure 7.4).

Figure 7.4: Physical assault hospitalisations among Indigenous Australians where the perpetrator was a spouse or partner, adults aged 15 and over, by type of injury, by sex, 2016–17



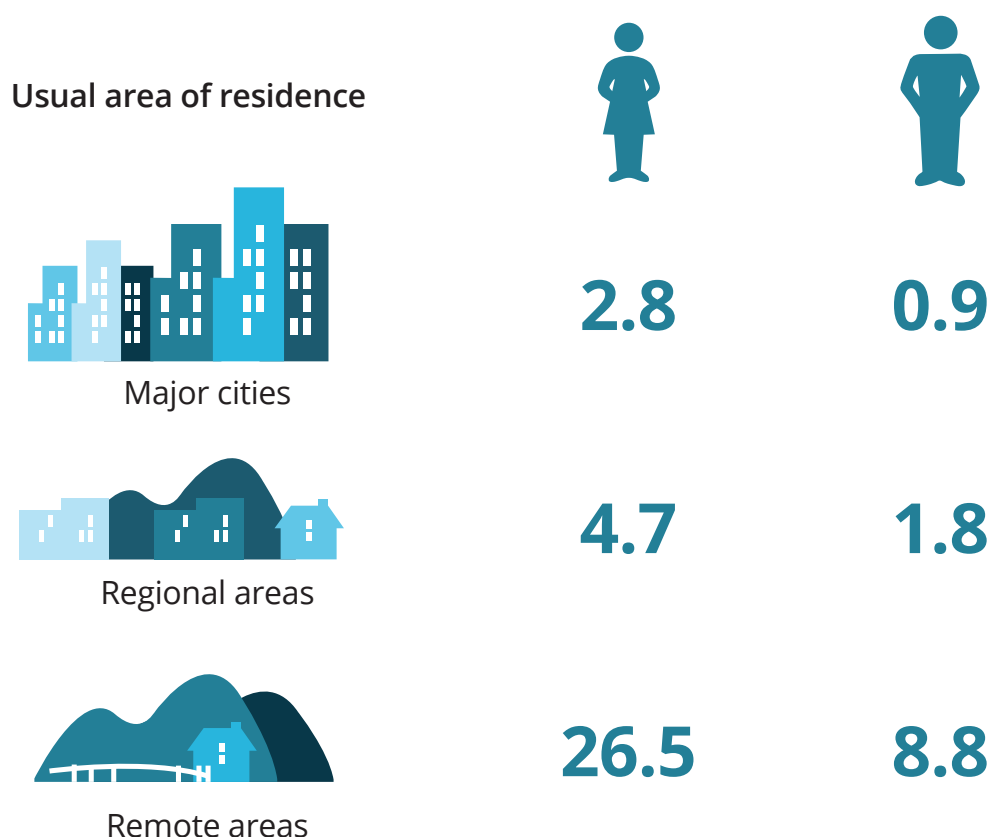
Source: AIHW National Hospital Morbidity Database.

Indigenous Australians living in *Remote and very remote* areas are more likely to be hospitalised due to family violence

In *Major cities* in 2016–17:

- 2.8 in 1,000 (or 280) Indigenous females aged 15 and over were hospitalised for injuries due to assault by a family member, compared with 4.7 in 1,000 (or 530) Indigenous females living in *Inner and outer regional* areas and 26.6 in 1,000 (or 1,400) Indigenous females living in *Remote and very remote* areas.
- 0.9 in 1,000 (or 90) Indigenous males aged 15 and over living were hospitalised for assault injuries perpetrated by a family member, compared with 1.8 in 1,000 (or 200) living in *Inner and outer regional* areas and 8.8 in 1,000 (or 440) living in *Remote and very remote* areas (Figure 7.5).

Figure 7.5: Family violence assault hospitalisations of Indigenous Australians aged 15 and over in 2016–17 (rate per 1,000)



Source: AIHW National Hospital Morbidity Database.

Impacts and outcomes of family violence

Family violence has been associated a range of negative health impacts, including higher rates of miscarriage, pre-term birth and low birthweight, as well as other long-term health consequences for women and children (WHO 2011). *Family, domestic and sexual violence 2018* reported that there are limited data on the impacts and outcomes of family violence in Aboriginal and Torres Strait Islander communities, particularly for children.

Disease burden from domestic violence is higher for Indigenous women than for non-Indigenous women, due in part to the increased burden from anxiety, depression, alcohol use, early pregnancy loss, self-harm, suicides and, particularly, homicides, compared with non-Indigenous women (Ayre et al. 2016). The Aboriginal Families Study research project provides insights into the health and wellbeing of Aboriginal children and their mothers living in South Australia (see Box 7.3). A component of this study was to investigate the effects of stressful events on Aboriginal women during pregnancy and after the birth of their babies (Weetra et al. 2016).

Box 7.3: The Aboriginal Families Study

A team of 12 Aboriginal researchers recruited women who had an Aboriginal baby between July 2001 and June 2013 to take part in the study. The study was conducted as a partnership between academic researchers at the Murdoch Children's Research Institute, the University of Adelaide and the Aboriginal Health Council of South Australia Inc. An Aboriginal Advisory Group guided the development and conduct of the study.

Women were invited to complete a questionnaire when their baby was between 4 and 12 months old. The women and children in the study were from urban, regional and remote areas of South Australia, representing 1 in 4 Aboriginal women who had a baby in South Australia at this time, with a mean age of 25 years (range 15–43).

A total of 344 women completed the questionnaire about their pregnancy and birthing care, and the support they received from services after their baby was born. The questionnaire included measures of stressful events (such as serious illness or injury), and social health issues (such as housing problems, trouble with police, and drug and alcohol problems) during pregnancy and maternal psychological distress were assessed using the Kessler-5 scale.

The study had a high level of participation in regional and remote communities and from younger women. The age of the women who took part in the study was similar to the maternal age of women in the general population, which strengthens the generalisability of the study's findings.

Source: Weetra et al. 2016.

What do we know about Indigenous mothers in Australia?

Of all the mothers who gave birth in 2016, Indigenous mothers were, on average, younger than non-Indigenous mothers (25.9 years compared with 30.7), and 7 times as likely to be teenage mothers (14% compared with 2%). They were 14 times as likely to live in *Remote* and *Very Remote* areas, compared with non-Indigenous mothers (AIHW 2018a).

Family violence is associated with high psychological distress in Indigenous mothers

The Aboriginal Families Study identified high rates of social health issues affecting Aboriginal women and families during pregnancy, and high levels of associated psychological distress after the birth of their babies. More than 1 in 2 (56%) of women had experienced 3 or more stressful events and social health issues during pregnancy, and more than 1 in 4 (27%) had experienced 5–12 issues.

A large number of women reported experiences of family or community conflict:

- 1 in 3 (30%, or 103) had been scared by other people's behaviour while they were pregnant
- 1 in 4 (27%, or 90) had left home due to a family argument
- 1 in 6 (16%, or 53) had been physically assaulted.

One in 4 women (25%, or 83) reported high to very high psychological distress after the birth of their baby. This is markedly higher than estimates of maternal psychological distress among the general population (Weetra et al. 2016).

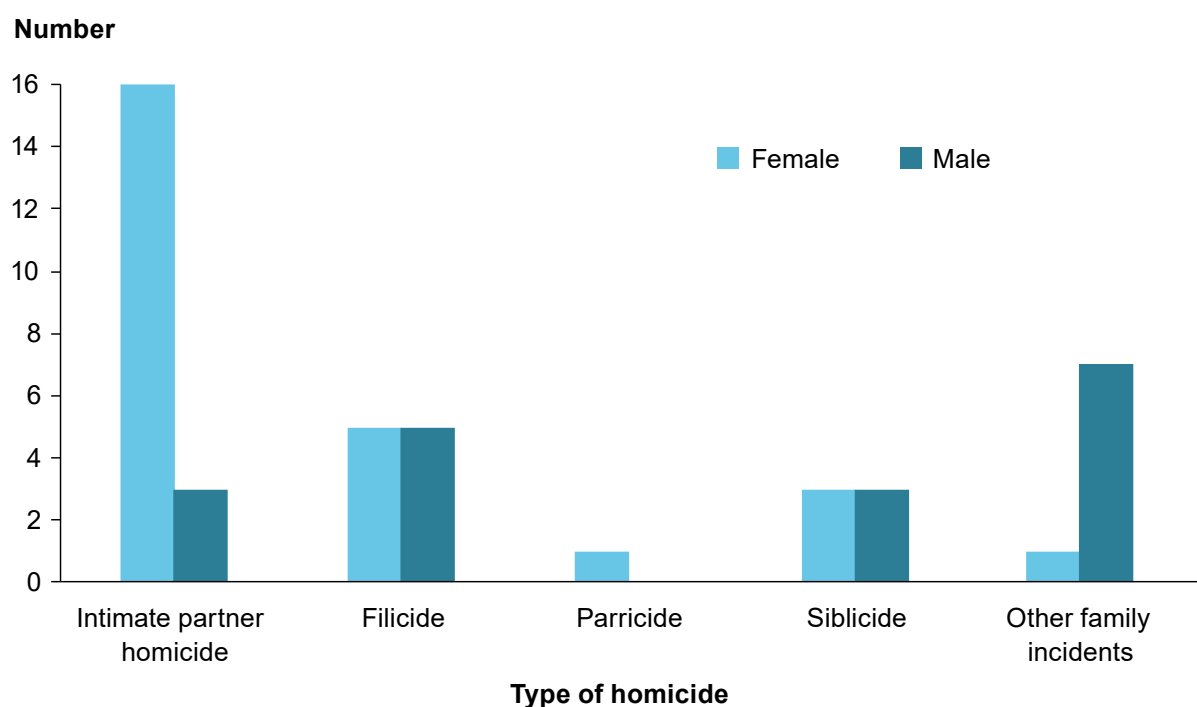
More Indigenous women are killed by partners than Indigenous men

The National Homicide Monitoring Program recorded 44 Indigenous victims of domestic homicide in 34 incidents over the 2 years between 2014–15 and 2015–16. Of the 44 Indigenous victims, there were:

- 19 victims of intimate partner homicide
- 10 victims of filicide
- 1 victim of parricide
- 6 victims of sibicide
- 8 victims of other family homicide incidents.

More than half (16) of the 26 Indigenous female victims of domestic homicide were killed by an intimate partner. There were 18 Indigenous male victims of domestic homicide, with 3 Indigenous men killed by an intimate partner. Indigenous male victims were most commonly killed by another family member (7 victims) or by a parent (5 victims) (AIC unpublished) (Figure 7.6).

Figure 7.6: Indigenous domestic homicide victims, by type of homicide and sex of victim, 2014–15 to 2015–16



Source: AIC unpublished.

Indigenous children and young people

Indigenous children are especially vulnerable to the direct and indirect impacts of family violence, which contributes to the over-representation of Indigenous children in Australia's child protection systems (SNAICC et al. 2017). Indigenous children and young people may face additional challenges as a result of multiple disadvantages, such as loss of culture, racism and discrimination (ACYP 2018).

Indigenous children are 8 times as likely to receive child protection services as non-Indigenous children

In 2017–18, 16% (48,300) Indigenous children received child protection services. Infants aged under 12 months were most likely (192 per 1,000) to receive child protection services, and adolescents aged 15 to 17 were least likely (113 per 1,000) (AIHW 2019b). The rate of Indigenous children receiving child protection services was 164 per 1,000 Indigenous children, compared with 20 per 1,000 non-Indigenous children (AIHW 2019b).

As at 30 June 2018:

- more than 1 in 3 (36%) of children on care and protection orders were Indigenous, despite making up only 6% of the Australian population aged 10–17
- there were almost 17,800 (60 per 1,000) Indigenous children in out-of-home care.

Between 2013–14 and 2017–18, the rate of Indigenous children receiving child protection services increased from 140 to 164 per 1,000.

Indigenous Australians with disability

Indigenous Australians are more than twice as likely as non-Indigenous Australians to have disability. Among the Indigenous population aged 15 and over, 45% reported having disability (ABS 2016b), compared with 18% in the total Australian population (ABS 2016a).

Further analysis of the NATSISS has been undertaken to examine the prevalence of family violence among Indigenous Australians with disability. The NATSISS asks participants aged 15 and over about long-term health conditions, restrictions and impairments and the impacts that these have on everyday activities. A person is considered to have disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts their everyday activities (ABS 2016d). This includes severe and profound disabilities that affect many areas of daily life; moderate and mild disabilities; those that affect only particular activities such as schooling; and disabilities that do not involve a specific restriction.

More than half of Indigenous Australians who experience family violence have disability

Indigenous people who reported experiencing physical violence by a family member in the past 12 months were more likely to have disability. Among Indigenous Australians who reported physical violence from a family member, more than half (54%, or 17,700) had a disability. More than half (56%, or 12,800) women and just under half (49%, or 4,800) men who experienced physical violence from a family member in the last 12 months had disability. However, this result should be interpreted with caution, due to small sample sizes (ABS 2016c).

Specialist homelessness services

Family violence is 1 of the main reasons Indigenous clients seek assistance

About 65,200 (25%) of the 288,800 clients who accessed SHS in 2017–18 were Indigenous.

Of these Indigenous clients:

- 25% (15,900) cited family violence as their main reason for seeking assistance
- 28% (18,300) requested assistance for family violence.



8 Key data gaps and data development activities

Family, domestic and sexual violence in Australia 2018 identified various data gaps which, if filled, could strengthen the evidence base and support the reduction and prevention of family, domestic and sexual violence in Australia. Accurate and timely statistics play a vital role in developing and implementing effective policies.

Although legislation, policies and practices vary across the states and territories, there is a national effort to improve data collection and reporting. This chapter explores the work currently under way to fill data gaps, and discusses the opportunities to strengthen existing data and develop new data sources. This chapter does not extend to a review of gaps in the broader family, domestic and sexual violence research drawn on throughout this report.

There are notable information gaps on various aspects of family, domestic and sexual violence, primarily due to:

- inconsistent identification, capturing and counting procedures between different data sets and jurisdictions
- limited information about vulnerable populations who come into contact with justice, health, welfare and other support services (for example, primary health care; emergency department care; drug and alcohol services; mental health services; corrections, or income support)
- lack of data about pathways, impacts and outcomes for victims, perpetrators and their children.

Further information on specific data gaps are outlined in this section.

Prevalence

Vulnerable populations

This report draws together additional information on vulnerable populations (see **chapters 6 and 7**) and highlights the need for improved data capture, quality, comparability and reporting for these groups. For example, it can be difficult to obtain large representative samples of at-risk populations in national surveys and the data become less reliable and robust when small samples from specific populations are analysed. The new Indigenous survey referred to in *Family, domestic and sexual violence in Australia 2018*, *Mayi Kuwayu: the National Study of Aboriginal and Torres Strait Islander Wellbeing*, is a promising development in this area. This study is being developed by and with Indigenous people.

Complex forms of family, domestic and sexual violence

Family, domestic and sexual violence can include acts of physical, sexual and emotional violence across a range of familial and non-familial relationships. Beyond the scope of these forms of violence are other experiences, many of which involve practices or behaviours outside the common understanding of physical, sexual and emotional violence. These can be referred to as complex forms of violence, and are often more difficult to identify and address. They include practices such as forced marriage, and trafficking of women and children for sexual exploitation.

National data about complex forms of violence are limited. Box 8.1 presents examples based mainly on experiences from culturally and linguistically diverse groups in Australia, but these forms of violence may be found in many Australian communities.

Box 8.1: Examples of complex forms of family, domestic and sexual violence

Dowry abuse and dowry-related violence

'Dowry' is a cultural practice referring to money, property or gifts typically transferred by a woman's family to her husband upon marriage. The practice is common in the Indian, South East Asian, Chinese, African and Middle-Eastern communities, and the total value of the dowry can be a significant financial amount (State of Victoria 2016).

Community advocates have raised concern that some West Asian-born men are using their status as Australian citizens or residents to extort money from the women they are marrying, with threats and violence if their demands are not met (Singh and Sidhu 2018). Misuse of this practice has been linked to physical, emotional and financial abuse as well as to suicide and murder, and is now recognised as a form of domestic violence. In Australia, there is little reliable data about the nature and extent of dowry abuse and dowry-attributed violence.

Due to this growing concern about dowry practices, the Australian Government launched a Senate inquiry into the practice of dowry in June 2018. The inquiry will examine the incidence of dowry abuse in Australia and its links to family, domestic and sexual violence. It is being conducted by the Legal and Constitutional Affairs References Committee, with its primary focus on the nature of dowry as a cultural practice, and the adequacy of current Australian policy settings and legal frameworks regarding dowry and dowry abuse (Parliament of Australia 2018).

Forced marriage

As noted in **Chapter 6**, most reported victims of forced marriage are young women and girls. Limited information and data exist on the practice, as most forced marriages take place discreetly in families, groups, communities or societies. The hidden and criminal nature of forced marriage means that the majority of these marriages are not legally registered. This makes it difficult to compile reliable statistics on how many people are subjected to forced marriages in Australia.

Trafficking in women and children for sexual exploitation

Trafficking in women and children for the purposes of sexual exploitation is another form of complex violence where there are significant data gaps and ongoing issues with ascertaining prevalence in Australia.

continued

Box 8.1 (continued): Examples of complex forms of family, domestic and sexual violence

Each year, the United States Department of State publishes a *Trafficking in Persons Report* that analyses international governments' prosecution, protection, and prevention efforts in respect of human trafficking. The 2018 report notes that in Australia some women, mainly from Asia, Eastern Europe and Africa, are coerced into prostitution while others are held in captivity and subjected to physical and sexual violence, manipulated through illegal drugs, obliged to pay off unexpected or inflated debts to traffickers, or otherwise deceived about working arrangements (US Department of State 2018).

Research into the extent of human trafficking and slavery victimisation in Australia has also been carried out by the AIC. The report estimated that the number of human trafficking and slavery victims in Australia was substantially higher than detected. Using a new statistical technique, they estimated that from 2015–16 to 2016–17 there were between 1,300 and 1,900 human trafficking and slavery victims in Australia, suggesting that for every victim detected, there are 4 undetected victims (Lyneham, Dowling and Bricknell 2019).

Female genital mutilation/cutting

Female genital mutilation/cutting (FGM/C) is recognised by the United Nations as a form of family, domestic and sexual violence (WHO 2008). Although it is difficult to obtain accurate data on its prevalence in Australia, the AIHW estimates that 53,000 women and girls living in Australia in 2017 have undergone FGM/C (AIHW 2019). See **Chapter 6** for further details. The AIHW is undertaking further work to investigate different data sources for reporting on FGM/C in Australia.

Intimate partner violence of women associated with organised crime syndicates

There are a lack of data and ongoing challenges in determining the extent of intimate partner violence experienced by women associated with organised crime in Australia. Women generally become associated with criminal gangs through ex-partners, current partners, family members, or through the need to obtain drugs. These women are often subject to sexual practices, often involving multiple partners.

Typically, gang culture is misogynistic and normalises behaviours such as gang rape and multi-perpetrator physical and sexual violence. Often women experiencing this violence do not seek police protection or assistance, out of fear of retribution from gang members. In addition, the women associated with criminal gangs are commonly reluctant to report their abuse due to fear being implicated for assisting their partner in criminal activities. An estimate of the prevalence of women experiencing intimate partner violence from members of organised crime syndicates in Australia is therefore difficult to ascertain (Salter 2014).

Prolonged incest

There is a lack of data on prolonged incest, but recent literature sources note that such cases typically involve decades of sexual abuse, often result in pregnancies, and regularly include ongoing violence and death threats. There is often a lack of visibility for victims of prolonged incest (Middleton 2012; Salter 2013).

Responses

Specialist family, domestic and sexual violence services

Victims of family, domestic and sexual violence may access a range of services that span the justice, mainstream health and specialist family, domestic and sexual violence service sectors. Currently, there are limited national data about access to, and impact of, services aimed at reducing family violence and providing coordinated responses for victims and perpetrators. Key data gaps include:

- the profile of services
- characteristics of clients (for example, demographic characteristics of victims and perpetrators; presence of co-occurring factors, such as mental health problems, drug and alcohol use)
- outcomes of specialised services and interventions for victims, perpetrators and children.

The Department of Social Services and the AIHW are working with several states and territories to explore options for improving the capture of family, domestic and sexual violence service information.

Financial support

There are limited national data on the financial impacts of family, domestic and sexual violence on individuals and the community. There is also limited knowledge of the assistance provided to victims and perpetrators by employers and workplaces or through financial counselling services.

Several financial institutions, including the major national banks, help clients experiencing family and domestic violence. These services include debt waiving, grants and financial counselling. Institutions offering retail banking services may also be able to detect incidents of financial abuse. While some data are publicly available from banks about the number of clients assisted, the services offered vary widely between institutions. Data between institutions are not comparable, and national estimates of those assisted are not available.

Primary health care

Primary health-care settings can provide prevention activities and services to people affected by family, domestic and sexual violence. General practitioners and community health centres can be a primary point of contact for people experiencing family, domestic and sexual violence, particularly when violence includes children (Gear et al. 2016). However, there are limited data on these types of violence in primary health-care settings. The AIHW is exploring ways to better capture family, domestic and sexual violence in this sector.

Other specialised health services

Victims and perpetrators of family, domestic and sexual violence may also access specialised health services such as alcohol and other drug treatment services, and mental health services. Currently, it is not possible to identify in national data collections those people accessing these services who are exposed to or needing assistance with family, domestic and sexual violence issues.

Police and justice responses

The ABS is working closely with states and territories to improve national comparability of police and justice system responses to family, domestic and sexual violence. Currently, there are no uniform processes in police and justice data to identify family and domestic violence across all state and territories. There are also limited published data on apprehended violence orders, legal aid and family court responses. The AIHW is working with the Department of Social Services and state and territory governments to report against the National Outcome Standards for Perpetrator Interventions (NOSPI) to better understand some of the police and justice system responses to family, domestic and sexual violence (see Box 8.3).

Perpetrator interventions

Perpetrator intervention programs try to reduce the risk, and change the behaviours, of family violence perpetrators. However, there are limited data to monitor and report on perpetrator intervention programs nationally. A range of organisations and services are involved in perpetrator intervention, including the police, courts, corrections, perpetrator offender programs and child protection services.

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. All Australian governments have committed to improve perpetrator accountability and to develop national standards for perpetrator interventions. In 2016, ANROWS launched a Perpetrator Interventions Research Stream to improve the evidence base and hold perpetrators to account. For more details, see www.anrows.org.au/perpetrator-interventions-research/.

The AIHW is working with the Department of Social Services to measure the outcomes achieved by perpetrator interventions across Australia and to drive further improvements in data collection. See Box 8.3 for more information on progress in developing national indicators for perpetrator intervention services.

Presentation of data

National Data Collection and Reporting Framework

The National Data Collection and Reporting Framework (DCRF) has been developed by the ABS to provide a systematic way for organising data about experiences of family, domestic and sexual violence. It also provides general guidelines for collecting this information with reference to existing data standards. Where implemented, collection of these data items will help ensure that data are collected consistently across organisations (ABS 2014).

Locally-relevant data

The ability to identify local areas of high risk for family, domestic and violence is particularly relevant for policy planners and service providers seeking to better target strategies, resources and programs. For example, police data on family and domestic violence incidents are available by local areas in New South Wales and Victoria (Crime Statistics Agency 2018; NSW Bureau of Crime Statistics and Research 2018). However, reliable estimates showing geographical variation are often not available. The AIHW will continue working with other statistical agencies and data custodians to collect and report data at lower levels of geography, wherever appropriate and useful.

AIHW data development activities

Improving data collection

The AIHW is undertaking a range of activities to improve the identification and collection of family, domestic and sexual violence in the following data collections: National Non-Admitted Patient Emergency Department Care; Specialist Homelessness Services; National Perinatal Data Collection; and the Child Protection National Minimum Data Set. See Box 8.2 for further information on the processes for amending the National Minimum Data Set (NMDS) for these collections.

Box 8.2: Amending existing national AIHW data collections to better identify family, domestic and sexual violence

A National Minimum Data Set (NMDS) is a minimum set of data elements agreed for mandatory collection and reporting at a national level. An NMDS is based on a national agreement to collect uniform data and to supply it as part of the national collection, but does not preclude agencies and service providers from collecting additional data to meet their own specific needs.

The AIHW is responsible for multiple NMDSs across the health; welfare; homelessness and housing; early childhood; and disability sectors, some of which have links and commonalities with family, domestic and sexual violence. As such, there are opportunities to strengthen and build on the evidence base by improving the identification of family, domestic and sexual violence in many key data collections.

To amend the NMDS, there must be agreement by each Australian state and territory (and where relevant Commonwealth) government authority, and subsequently by the relevant data governance committees, and a mandated mechanism to collect the data. The AIHW is working with the National Health Data and Information Standards Committee and the Strategic Committee for National Health Information to explore ways of amending several health NMDSs to better capture family, domestic and sexual violence data.

Timeframes for modifying NMDSs to include new items vary, but typically may take years. Not all NMDSs and existing collections have the same governance structures and it can be challenging to make nationally consistent changes.

Hospitals and emergency departments

Hospitals and emergency departments can be an important first contact for people experiencing family, domestic and sexual violence. Although there are national data for reporting on hospital admissions for assault injuries due to family, domestic and sexual violence, there are limited data for identifying these presentations to emergency departments. The AIHW is working with states and territories to explore ways to improve the national collection of emergency department presentations related to family, domestic and sexual violence.

The AIHW currently collects and reports on emergency department presentations in public hospitals as part of the National Non-admitted Patient Emergency Department Care Database. The recent inclusion of diagnosis information in this database provides an opportunity to use nationwide emergency department data for injury surveillance. However, the lack of information on the cause of injury means it is not currently possible to identify assault injuries due to family, domestic and sexual violence.

Specialist Homelessness Services Collection

The Specialist Homelessness Services Collection (SHSC) includes family and domestic violence as a reason for seeking homelessness services. However, it has not been possible to differentiate between victims and perpetrators in the collection. The AIHW has been working to amend the data collection to enable the identification of a victim or perpetrator. Amendments are also being made to collect information about the proportion of individuals turned away from Specialist Homelessness Services who are experiencing family and domestic violence. The collection of these new data items will begin in July 2019, with data expected to be available for reporting in 2020.

Child Protection National Minimum Data Set

The Child Protection National Minimum Data Set (CP NMDS) is an annual data collection containing information on children aged 0–17 who come into contact with state and territory departments responsible for child protection. The data set includes details about notifications, investigations and substantiations; care and protection orders; funded out-of-home care; authorised carers including foster and relative/kinship carers; and some limited information on intensive family support services.

The collection has data on the main type of substantiated abuse or neglect that has occurred, including physical abuse, sexual abuse, emotional abuse or neglect, and their co-occurrence. However, it does not have information on the child's parents, or where domestic violence between caregivers may be a specific factor in the child's case. The AIHW is working with states/territories on options for improving this identification in national data.

National Perinatal Data Collection

The AIHW is working with the National Perinatal Data Development Committee to amend the Perinatal National Best Endeavours Data Set to include family violence information in the antenatal period. Development of an indicator on family violence screening during pregnancy is currently in progress, with expected implementation in the data set from 1 July 2020.

Indicator development for perpetrator interventions

The National Outcome Standards for Perpetrator Interventions (NOSPI) measure perpetrator outcomes across the health, justice, corrections and specialist services sectors against key indicators and identifies areas for improvement. National reporting against the NOSPI are currently being undertaken by DSS in collaboration with the AIHW and state and territory governments (DSS 2018).

The 27 NOSPI indicators were developed by the AIHW in consultation with states and territories and measure different aspects of the perpetrator accountability system. Some of the NOSPI indicators use existing data from states and territories, as well as data from the ABS's *Criminal Courts, Australia* publication. Others will require data development before they can be reported. Development work is underway to increase the number of indicators that can be reported in the future. See Box 8.3 for progress on reporting.

Box 8.3: National Outcome Standards for Perpetrator Interventions indicators

Data from selected states and territories were available for reporting on 7 indicators that were published in the first *National Outcomes Standards for Perpetrator Interventions: baseline report* (NOSPI baseline report) in August 2018.

The following 4 indicators were reported using data from the ABS's *Criminal Courts, Australia* publication:

- Average time from breach of an order to court outcome for family violence and sexual assault
- Proportion of sexual assault charges that result in convictions
- Proportion of reported breached family violence intervention orders that have a further legal consequence
- Average time from charge to court outcome for family violence breach of order and sexual assault.

The remaining 3 indicators were reported using data from states and territories:

- Proportion of police-attended family violence incidents where police issued family violence intervention orders on behalf of the victim
- Proportion of perpetrators assessed as suitable and ready to commence community-based behaviour-change programs, but who waited less than 1, 1–3 and 4–6 months
- Proportion of perpetrators who commence a behaviour-change program and the proportion of perpetrators who complete a behaviour-change program.

Data in the NOSPI baseline report are for a 12-month period (July 2015 to June 2016). Given the current quality of available data, the report does not make national comparisons (over time) or between states/territories. Findings from the report show that responses to family and domestic violence are carried out differently in states and territories according to different definitions and legislative practices. Key findings of the NOSPI baseline report include:

continued

Box 8.3 (continued): National Outcome Standards for Perpetrator Interventions indicators

Number of intervention orders issued by police varies across states and territories

Data about the proportion of intervention orders issued by police at family and domestic violence incidents can illustrate the responsiveness of the police and justice systems to perpetrators of family and domestic violence. The NOSPI report noted considerable variability across states and territories in the issuing of intervention orders. As such, the proportion of family and domestic violence incidents where police attended and issued intervention orders varied greatly, ranging from 18% in the Northern Territory to 61% in Tasmania, across selected jurisdictions.

Rates of commencement and completion for behaviour-change programs vary

Behaviour-change programs aim to help perpetrators to stop their violent actions. Data can be used to measure how responsive programs are to those who use violence. There is substantial variation in rates of commencement and completion for behaviour-change programs across state and territory courts and corrective services systems. In 2015–16, across selected states and territories:

- 49% to 100% of perpetrators found suitable commenced a program
- 45% to 68% of perpetrators assessed as suitable completed a program.

Justice system responses are crucial to perpetrator interventions

Legal and justice responses to perpetrators are a powerful tool that can interrupt and address violence against women and children. Data about the duration between different stages of perpetrator interventions can be used to measure how swiftly the justice system responds to family and domestic violence. The timeliness of court processes also reflects how quickly the system responds, to ensure perpetrators face appropriate justice and legal consequences.

Court processes vary and the average duration from initiation of court procedures to finalisation in magistrates' courts across the states and territories ranged from:

- 160 days (median duration of 87 days) to 556 days (median duration of 7.7 days) for breach of violence orders
- 130 days (median duration of 103 days) to 205 days (median duration of 141 days) for sexual assault and related offences.

Most defendants who breached violence orders were found guilty

Across selected states and territories, the proportion of defendants who were found guilty for a breach of violence order in the Magistrates' Court ranged from 76% to 97%. Of the defendants who were found guilty for breach of a family violence order, the proportion who received a custodial sentence ranged from 8.9% to 62%. The proportion of defendants found guilty for sexual assault and related offences ranged from 16% in magistrates' courts to 75% in higher courts.

Source: DSS 2018.

Data linkage projects

The AIHW works with governments and researchers to link de-identified data from various sources. Such privacy-preserving linkage has great potential to better understand clients' pathways through the Australian health and welfare system, further identify at-risk populations and risk factors, and explore outcomes. Examples of current work activities include linking state/territory health and welfare data with Commonwealth data such as Centrelink, Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Schedule (PBS) data.

These linkages may provide opportunities to further develop family, domestic and sexual violence data. However, such linkages are contingent on being able to identify the at-risk population (those exposed to family, domestic and sexual violence) in various key datasets, such as police, hospital or child protection data, to monitor their service use and outcomes over time.

Other data development activities

Since the release of *Family, domestic and sexual violence in Australia 2018*, one of the major data development activities was the publication of the ABS *Directory of family, domestic and sexual violence statistics* in December 2018.

Directory of family, domestic and sexual violence statistics, 2018

The new directory is a resource to assist researchers, policy analysts and health professionals to better understand the range of family, domestic, and sexual violence data available. It builds on the previous 2013 edition, and includes updated information on family and domestic violence data sources, plus new information on sexual violence data sources.

The directory describes the core details about each statistical collection and provides information about the key organisations and agencies that publish family, domestic, and sexual violence statistics. Further information is available at

www.abs.gov.au/ausstats/abs@.nsf/Lookup/4533.0Main+Features502013.

Appendix: State and territory government policies on family, domestic and sexual violence

State and territory governments have developed a range of initiatives in response to the National Plan to Reduce Violence against Women and their Children—2010–2022. These span a number of areas, from primary prevention to perpetrator interventions, and operate across a range of sectors, including health, justice and community services. State and territory initiatives are outlined in the following strategies and action plans.

New South Wales

The Domestic and Family Violence Blueprint for Reform 2016–2021 sets out the directions and actions to reform the domestic violence system. The first annual report card outlines the work that has been done to:

- improve behaviour-change interventions for high-risk offenders
- develop and launch a violence prevention and early intervention strategy
- build capacity of the community-based men's behaviour-change sector
- reduce apprehended domestic violence order breaches (New South Wales Government 2017).

Victoria

Work is continuing towards implementing all 227 recommendations of the Royal Commission into Family Violence. The Rolling Action Plan 2017–2020 is the first phase of the Victorian Government's 10-year reform agenda to end family violence and it identifies actions under the following initiatives:

- prevention
- support and safety hubs
- safe and stable housing
- specialist family violence courts
- perpetrator interventions
- capacity building
- information sharing.

The Rolling Action Plans are delivered approximately every 3 years (Victorian Government 2017).

Queensland

Policy initiatives are guided by the Domestic and Family Violence Prevention Strategy 2016–2026. As at 30 June 2017, achievements included:

- law reforms to hold perpetrators to account and protect victims
- increases in maximum penalties for breaches of domestic violence orders
- an increase in services across Queensland
- the introduction of special leave entitlements (Queensland Government 2015).

Western Australia

In 2015–16, Western Australia launched the Freedom from Fear Action Plan 2015, which outlined 20 actions across 5 priority areas, to:

- promote understanding and awareness about family and domestic violence
- target communities and populations at greatest risk
- trial and evaluate innovative approaches to perpetrator intervention
- promote consistent quality practice in engaging and responding to men who use violence
- increase the capacity and authority of the service system to stop perpetrators of family and domestic violence when they are identified.

The focus of the plan is to increase the safety of women and children who are at risk of experiencing family and domestic violence, by strengthening integrated, accountable and effective interventions for perpetrators of violence and abuse (Government of Western Australia 2015).

South Australia

The Women's Safety Strategy 2011–2022 outlines a vision to reduce violence against women through a more strategic and comprehensive approach. Multiple reforms have been implemented under the strategy, ranging from early intervention and community awareness initiatives, to law reform and system improvements. Some of the initiatives include:

- Don't Cross the Line (an anti-violence community awareness campaign)
- The Focus Schools Program
- Family Safety Framework
- Sustainable Economic Futures (South Australia: Office for Women 2011).

Tasmania

Safe Homes, Safe Families: Tasmania's Family Violence Action Plan 2015–2020 is the Tasmanian Government's coordinated, whole-of-government action plan to respond to family violence. Since its launch and implementation, achievements have included:

- the establishment of a Safe Families Coordination Unit
- implementation of Respectful Relationships across all government schools
- extending counselling services for children and young people experiencing family violence (Tasmanian Government 2015).

Northern Territory

The Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018–2028 will be implemented over 10 years through a series of rolling action plans. The priorities of the First Action Plan will focus on:

- challenging the values, norms and attitudes and behaviours that drive family, domestic and sexual violence
- understanding the role of key early responders and building their capacity
- strengthening the specialist service sector
- building a stronger shared understanding of the needs of victims and perpetrators (Northern Territory Government 2018).

Australian Capital Territory

The Australian Capital Territory Government Response to Family Violence was released in June 2016. The government response detailed 38 separate commitments and identified the following priority actions:

- appointment of a Coordinator-General for Family Safety to provide leadership across government and community
- design and implementation of a Family Safety Hub to improve service integration and coordination
- development of a skilled and educated workforce responding to those experiencing family violence.

Significant progress has been made across government and community, with the majority of commitments fully implemented (ACT Government 2016).

Acknowledgments

This report was written by Ms Ann Hunt, Ms Amy Benson, Ms Amy Duong, Ms Anika Merkley, Dr Veronique Thouroude and Ms Maddison Howlett from the Australian Institute of Health and Welfare (AIHW), with assistance from Ms Karen Hobson, Ms Kate Riley Sandler and Ms Vanessa Prescott.

The contributions of reviewers from the AIHW, including Ms Louise York, Mr Matthew James, Dr Fadwa Al-Yaman, Mr Geoff Neideck and Mr Barry Sandison, are also acknowledged.

The contributions of funders, including the Department of Social Services, the Victorian Department of Premier and Cabinet, the New South Wales Department of Premier and Cabinet, the Department of the Prime Minister and Cabinet, and the Australian Capital Territory Justice and Community Safety Directorate are gratefully acknowledged, as is the expert advice provided by the advisory group established for the report, whose members are:

Dr Heather Nancarrow	Australia's National Research Organisation for Women's Safety
Dr Chloe Parton	Australia's National Research Organisation for Women's Safety
Mr Will Milne	Australian Bureau of Statistics
Ms Anthea Saflekis	Australian Bureau of Statistics
Ms Jane Pepper	ACT Justice & Community Safety Directorate
Dr Samantha Bricknell	Australian Institute of Criminology
Mr Anthony Morgan	Australian Institute of Criminology
Ms Kelly Hand	Australian Institute of Family Studies
Ms Lixia Qu	Australian Institute of Family Studies
Ms Alexis Diamond	Department of Social Services
Mr Adam Brooker	Attorney-General's Department
Ms Esther Bogaart	Department of the Prime Minister and Cabinet
Ms Kirsti Van Der Steen	Department of the Prime Minister and Cabinet
Ms Nikini Weragoda	Department of the Prime Minister and Cabinet
Mr Paul Slater	New South Wales Department of Premier and Cabinet
Mr Christian Stenta	Victorian Department of Premier and Cabinet
Dr Michael Salter	University of New South Wales

The authors would also like to thank the following people for their valuable input:

Prof Deb Loxton	The University of Newcastle
Ms Natalie Townsend	The University of Newcastle
Prof Stephanie Brown	Murdoch Children's Research Institute

Abbreviations

ABS	Australian Bureau of Statistics
ADFVDRN	Australian Domestic and Family Violence Death Review Network
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
AVO	apprehended domestic violence order
DCRF	National Data Collection and Reporting Framework
DVO	domestic violence order
FDSV	family, domestic and sexual violence
FGM/C	female genital mutilation and cutting
IVAWS	International Violence Against Women Survey
LGBTIQ+	lesbian, gay, bisexual, transgender, intersex and/or queer
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
NHMP	National Homicide Monitoring Program
NMDS	national minimum data set
NOSPI	The National Outcome Standards for Perpetrator Interventions
PSS	Personal Safety Survey
SHS	specialist homelessness services
SHSC	Specialist Homelessness Services Collection
UNSD	United Nations Statistical Division
WHO	World Health Organization

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**.

arranged marriage: Distinct from **forced marriage**, an arranged marriage is organised by the families of both spouses, but consent is still present, and the spouses have the right to accept or reject the marriage arrangement.

Australian Statistical Geography Standard (ASGS): A common framework defined by the Australian Bureau of Statistics for collecting and disseminating geographically classified statistics. See also **rural**.

dating violence: Violent or intimidating behaviours perpetrated by a current or previous boyfriend, girlfriend or date.

disability: A limitation, restriction, impairment, disease or disorder that has lasted, or is expected to last, for 6 months or more, and which restricts everyday activities.

domestic violence: A set of violent or intimidating behaviours usually perpetrated by current or former intimate partners, where a 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**.

domestic homicide: A homicide where a person kills a family member or other person in a domestic relationship. See also **intimate partner homicide**, **filicide**, **parricide**, **siblicide**.

elder abuse: Physical, psychological and financial harm to older people.

emotional abuse: Behaviours or actions that are perpetrated with the intent to manipulate, control, isolate or intimidate, and which cause emotional harm or fear.

family violence: Violent or intimidating behaviours against a person, perpetrated by a family member including a current or previous spouse or domestic partner. '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.

female genital mutilation/cutting: All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs, for non-medical reasons.

forced marriage: Distinct from **arranged marriage**, forced marriage is marriage without the free and full consent of one or both parties to the marriage.

filicide: A homicide where a parent or step-parent kills a child.

image-based abuse: The sharing of intimate, nude or sexual images without the consent of the person depicted.

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**.

intimate partner homicide: A homicide where the victim and offender have a current or former intimate relationship, including same-sex and extramarital relationships.

intimate partner violence: Violent or intimidating behaviours perpetrated by a current or cohabiting partner, boyfriend, girlfriend or date. See also **domestic violence**.

Magellan case: A case addressed by the Family Court of Australia where 1 (or both) parties have raised serious allegations of sexual abuse or physical abuse of children in a parenting dispute.

non-Indigenous: People who have not indicated that they of **Aboriginal or Torres Strait Islander** descent.

parricide: A homicide where a child kills a parent or step-parent.

partner violence: Violent or intimidating behaviours perpetrated by a current or former cohabiting partner. See also **domestic violence**, **dating violence** and **intimate partner violence**.

physical abuse: Any deliberate physical injury inflicted upon another person. In the PSS, physical abuse refers only to incidents that occurred before the age of 15.

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, or threats of such acts.

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), 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.

rural: Geographic areas outside urban areas such as towns and cities. In this report, 'rural and remote' encompasses all areas outside Australia's *Major cities*, according to the **Australian Statistical Geographical Standard**. The 5 Remoteness Areas are *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*.

sexual abuse: A sexual act carried out against a person's will through the use of physical force, intimidation or coercion. In the PSS sexual abuse involves 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 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, previous partners, other people known to the victim, or strangers.

siblicide: A homicide where one sibling kills another.

socioeconomic disadvantage: When a person has, compared with others, poorer access to material and social resources, and a reduced ability to participate in society.

specialist homelessness service: Assistance provided specifically to people who are experiencing homelessness or who are at risk of homelessness.

stalking: Persistent unwanted behaviours, such as following or making unwanted contact, that cause fear or distress.

substantiations: ‘Substantiations of notifications’ refer to child protection notifications made to relevant authorities, which were investigated; 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.

victimisation rate: The number of victims per 100,000 of the Estimated Resident Population (ERP).

vulnerable groups: Population groups that are more likely to experience (or to have experienced) family, domestic and sexual violence, or that face additional barriers in coping with and recovering from family, domestic and sexual violence.

References

1800RESPECT 2016. About 1800RESPECT. Canberra: Department of Social Services. Viewed 23 January 2019, <https://www.1800respect.org.au/about-1800respect/>.

ABS (Australian Bureau of Statistics) 2006. Personal safety, Australia, 2005 (reissue). ABS cat. no. 4906.0. Canberra: ABS.

ABS 2008. Information paper: an introduction to Socio-Economic Indexes for Areas (SEIFA). ABS cat. no. 2039.0. Canberra: ABS.

ABS 2013a. Defining the data challenge for family, domestic and sexual violence, 2013. ABS cat. no. 4529.0. Canberra: ABS.

ABS 2013b. Personal safety, Australia, 2012. ABS cat. no. 4906.0. Canberra: ABS.

ABS 2014. Foundation for a National Data Collection and Reporting Framework for family, domestic and sexual violence. ABS cat. no. 4529.0.00.003. Canberra: ABS.

ABS 2016a. Disability, ageing and carers, Australia: summary of findings, 2015. ABS cat. no. 4430.0. Canberra: ABS.

ABS 2016b. National Aboriginal and Torres Strait Islander Social Survey, 2014–15. ABS cat. no. 4714.0. Canberra: ABS.

ABS 2016c. National Aboriginal and Torres Strait Islander Social Survey, 2014–15, TableBuilder. ABS cat. no. 4714.0. Findings based on use of ABS TableBuilder data. Canberra: ABS.

ABS 2016d. National Aboriginal and Torres Strait Islander Social Survey: user guide, 2014–15. ABS cat. no. 4720.0. Canberra: ABS.

ABS 2017a. 2016 Census of Population and Housing. ABS cat. no. 2900.0. TableBuilder. Findings based on use of ABS TableBuilder data. Canberra: ABS.

ABS 2017b. Personal Safety Survey, Australia: user guide, 2016. 4906.0.55.003. Canberra: ABS.

ABS 2017c. Personal safety, Australia, 2016. ABS cat. no. 4906.0. Canberra: ABS.

ABS 2018a. Personal Safety Survey, 2016, TableBuilder. ABS cat. no. 4906.0. Findings based on use of ABS TableBuilder data. Canberra: ABS.

ABS 2018b. Recorded crime—victims, Australia, 2017. ABS cat. no. 4510.0. Canberra: ABS.

ABS 2019a. Criminal courts, Australia, 2017–18. ABS cat. no. 4513.0. Canberra: ABS.

ABS 2019b. Recorded crime—offenders, 2017–18. ABS cat. no. 4519.0. Canberra: ABS.

ABS 2019c. Regional population growth, Australia, 2017–18. ABS cat. no. 3218.0. Canberra: ABS.

ACT Community Services Directorate 2018. Annual report 2017–18. Canberra: ACT Community Services Directorate.

ACT Government 2016. ACT Government response to family violence. Canberra: ACT Government.

ACYP (Office of the Advocate for Children and Young People) 2018. Report on consultations with socially excluded children and young people 2018. Sydney: ACYP.

ADFVDRN (Australian Domestic and Family Violence Death Review Network) 2018. Australian Domestic and Family Violence Death Review Network data report 2018. Sydney: ADFVDRN.

AHRC (Australian Human Rights Commission) 2015. Resilient individuals: sexual orientation, gender identity & intersex rights: national consultation report 2015. Sydney: AHRC.

- AHRC 2018. Everyone's business: fourth national survey on sexual harassment in Australian workplaces. Sydney: AHRC.
- AIFS (Australian Institute of Family Studies) 2019. Child protection and Aboriginal and Torres Strait Islander children. Melbourne: AIFS.
- AIHW (Australian Institute of Health and Welfare) 2017. Child protection Australia 2015–16. Child welfare series no. 66. Cat. no. CWS 60. Canberra: AIHW.
- AIHW 2018a. Australia's mothers and babies 2016: in brief. Perinatal statistics series no. 34. Cat. no. PER 97. Canberra: AIHW.
- AIHW 2018b. Family, domestic and sexual violence in Australia, 2018. Cat. no. FDV 2. Canberra: AIHW.
- AIHW 2018c. Specialist homelessness services annual report 2016–17. Cat. no. WEB 217. Canberra: AIHW.
- AIHW 2018d. Trends in hospitalised injury, Australia 1999–00 to 2014–15. Injury research and statistics series no. 110. Cat. no. INJCAT 190. Canberra: AIHW.
- AIHW 2018e. Young people in child protection and under youth justice supervision: 1 July 2013 to 30 June 2017. Data linkage series no. 24. Cat. no. CSI 26. Canberra: AIHW.
- AIHW 2019a. Alcohol and other drug use in regional and remote Australia: consumption, harms and access to treatment 2016–17. Cat. no. HSE 212. Canberra: AIHW.
- AIHW 2019b. Child protection Australia 2017–18. Child welfare series no. 70. Cat. no. CWS 65. Canberra: AIHW.
- AIHW 2019c. Towards estimating the prevalence of female genital mutilation/cutting in Australia. Cat. no. PHE 230. Canberra: AIHW.
- AIHW 2019d. Specialist homelessness services annual report 2017–18. Cat. No. HOU 299. Canberra: AIHW.
- AIHW (forthcoming 2019). Australian Burden of Disease Study: impact and causes of illness and death in Australia, 2015. Canberra: AIHW.
- ANROWS (Australia's National Research Organisation for Women's Safety) 2018. Research summary: the impacts of domestic and family violence on children. Sydney: ANROWS.
- Australian Law Reform Commission 2017. Elder abuse—a national legal response: final report. ALRC report 131. Sydney: Australian Law Reform Commission.
- Ayre J, Lum On M, Webster K, Gourley M & Moon L 2016. Examination of the burden of disease of intimate partner violence against women in 2011: final report. Sydney: ANROWS.
- BOCSAR (Bureau of Crime Statistics and Research) 2018. Domestic violence statistics for NSW. Sydney: BOCSAR.
- Brain Injury Australia, Monash University, Domestic Violence Victoria, No to Violence & Centre for Excellence in Child and Family Welfare 2018. The prevalence of acquired brain injury among victims and perpetrators of family violence. Sydney: Brain Injury Australia.
- Brown S, Gartland D, Woolhouse H & Giallo R 2015. Maternal Health Study policy brief 2: health consequences of family violence: translating evidence from the Maternal Health Study to inform policy and practice. Melbourne: Murdoch Children's Research Institute.
- Brown T, Bricknell S, Bryant W, Lyneham S, Tyson D & Arias PF 2019. Filicide offenders. Canberra: Australian Institute of Criminology.
- Bruton C & Tyson D 2018. Leaving violent men: A study of women's experiences of separation in Victoria, Australia. Australian & New Zealand Journal of Criminology 51(3):339–54.

- Bryant W & Bricknell S 2017. Homicide in Australia 2012–2013 to 2013–14: National Homicide Monitoring Program Report. Canberra: AIC.
- Campo M & Tayton S 2015a. Domestic and family violence in regional, rural and remote communities: an overview of key issues. Melbourne: Australian Institute of Family Studies.
- Campo M & Tayton S 2015b. Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities. Melbourne: AIFS.
- Chung D, Fisher C, Zufferey C & Thiara RK 2018. Preventing sexual violence against young women from African backgrounds. Trends & issues in crime and criminal justice no. 540. Canberra: Australian Institute of Criminology.
- Closing the Gap Clearinghouse 2016. Family violence prevention programs in Indigenous communities. Resource sheet no. 37 produced by the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare and Australian Institute of Family Studies.
- COAG (Council of Australian Governments) 2011. The National Plan to Reduce Violence against Women and their Children. Canberra: Department of Social Services.
- COAG 2016. Third Action Plan 2016–19 of the National Plan to Reduce Violence against Women and their Children 2010–2022. Canberra: Department of Social Services.
- Coles J, Lee A, Taft A, Mazza D & Loxton D 2018. Childhood sexual abuse and its association with adult physical and mental health: results from a national cohort of young Australian women. *Journal of Interpersonal Violence* 30(11):1929–44.
- Cortis N, Blaxland M, Breckenridge J, valentine k, Mahoney N, Chung D et al. 2018. National Survey of Workers in the Domestic, Family and Sexual Violence Sectors. Sydney: Social Policy Research Centre and Gendered Violence Research Network.
- Council on Federal Financial Relations 2018. National Housing and Homelessness Agreement. Canberra: Council on Federal Financial Relations.
- Courts Administration Authority of South Australia 2018. Intervention Order statistics. Adelaide: Courts Administration Authority of South Australia. Viewed 8 November 2018, <http://www.courts.sa.gov.au/OurCourts/CourtsAdministrationAuthority/statistics/Pages/Intervention-Order-Statistics.aspx>.
- Crime Statistics Agency 2018. Family violence data portal. Melbourne: Crime Statistics Agency.
- Dillon G, Hussain R & Loxton D 2015. Intimate partner violence in the young cohort of the Australian longitudinal study on women's health: urban/rural comparison and demographic associations. *Advances in Mental Health* 13(1):18–29.
- Douglas H & Fitzgerald R 2018. The domestic violence protection order system as entry to the criminal justice system for Aboriginal and Torres Strait Islander people. *International Journal for Crime, Justice and Social Democracy* 7(3):41–57.
- Dowling C, Morgan A, Hulme S, Manning M & Wong G 2018. Protection orders for domestic violence: A systematic review. Trends & issues in crime and criminal justice No. 551. Canberra: Australian Institute of Criminology.
- DSS (Department of Social Services) 2018. National Outcome Standards for Perpetrator Interventions: baseline report, 2015–16. Canberra: DSS.
- Family Court of Australia 2018. Family Court of Australia annual report 17/18. Canberra: Family Court of Australia.
- Fitz-Gibbon K, Elliott K & Maher J 2018. Investigating adolescent family violence in Victoria: understanding experiences and practitioner perspectives. Melbourne: Monash Gender and Family Violence Program.

- Freeman K 2018. Domestic and family violence by juvenile offenders: offender, victim and incident characteristics. Sydney: NSW Bureau of Crime Statistics and Research.
- Frohman C, Dowse L & Didi A 2015. Preventing violence against women and girls with disabilities: integrating a human rights perspective. Hobart: Women With Disabilities Australia.
- Gartland D, Woolhouse H, Mensah FK, Hegarty K, Hiscock H & Brown S 2014. The case for early intervention to reduce the impact of intimate partner abuse on child outcomes: results of an Australian cohort of first-time mothers. *Birth* 41(4):374–83.
- GBD 2016 Risk Factors Collaborators 2017. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Global Health Metrics* 390:10100: 1345-1422.
- Gear C, Koziol-McLain J, Wilson D & Clark F 2016. Developing a response to family violence in primary health care: the New Zealand experience. *BMC Family Practice* 17:115.
- Goh D & Holmes J 2013. New South Wales recorded crime statistics 2013. Sydney: NSW Bureau of Crime Statistics and Research.
- Government of Western Australia 2015. Freedom from fear: working towards the elimination of family and domestic violence in Western Australia. Perth: Government of Western Australia.
- IDC ICoHTaS (Interdepartmental Committee on Human Trafficking and Slavery) 2016. Trafficking in persons: the Australian Government response (1 July 2015 – 30 June 2016). Canberra: Commonwealth of Australia.
- Joosten M, Vradtsidis F & Dow B 2017. Understanding elder abuse: a scoping study. Melbourne: University of Melbourne and the National Ageing Research Institute.
- Kaspiew R, Carson R, Dunstan J, De Maio J, Moore S, Moloney L et al. 2015. Experiences of separated parents study. Melbourne: Australian Institute of Family Studies.
- Kaspiew, R., Carson, R., & Rhoades, H. 2015. Elder abuse: Understanding issues, frameworks and responses. Melbourne: AIFS
- Kaspiew R, Horsfall B, Qu L, Nicholson JMV, Humphreys C, Diemer K et al. 2017. Domestic and family violence and parenting: mixed method insights into impact and support needs: final report. ANROWS Horizons 04/2017. Sydney: ANROWS.
- Khomami N 2017. #MeToo: how a hashtag became a rallying cry against sexual harassment. *The Guardian*. 21 October.
- KPMG 2016. The cost of violence against women and their children in Australia. Sydney: Department of Social Services.
- KPMG Australia & Just Reinvest NSW Inc. 2018. Maranguka Justice Reinvestment Project: impact assessment. NSW: Just Reinvest NSW.
- Loxton D, Powers J, Schofield M, Hussain R & Hosking S 2009. Inadequate cervical cancer screening among mid-aged Australian women who have experienced partner violence. *Preventive Medicine* 48(2):184–8.
- Loxton D, Schofield M, Hussain R & Mishra G 2006. History of domestic violence and physical health in midlife. *Violence Against Women* 12(8):715–31.
- Loxton D, Townsend N, Dolja-Gore X, Forder P & Coles J 2018. Adverse childhood experiences and health-care costs in adult life. *Journal of Child Sexual Abuse* 4:1–15.
- Lyneham S & Bricknell S 2018. When saying no is not an option: forced marriage in Australia and New Zealand. Research report 11. Canberra: Australian Institute of Criminology.

Lyneham S, Dowling C & Bricknell S 2019. Estimating the dark figure of human trafficking and slavery victimisation in Australia. Statistical Bulletins No. 16. Canberra: Australian Institute of Criminology.

Magistrates Court of Tasmania 2018. Annual report 2017/2018. Hobart: Magistrates Court of Tasmania.

Middleton W 2012. Ongoing incestuous abuse during adulthood. *Journal of Trauma & Dissociation* 14(3):251–72.

National Advocacy Group on Women on Temporary Visas Experiencing Violence 2018. Path to nowhere report: women on temporary visas experiencing violence and their children. Sydney: Domestic Violence New South Wales.

National Council to Reduce Violence against Women and their Children 2009. The cost of violence against women and their children. Canberra: Department of Social Services.

Noffsinger S 2015. What stalking victims need to restore their mental and somatic health. *Current Psychiatry* 14(6):43–7.

Noonan P, Taylor A & Burke J 2017. Links between alcohol consumption and domestic and sexual violence against women: key findings and future directions. Sydney: ANROWS.

Northern Territory Government 2018. Domestic, Family and Sexual Violence Reduction Framework 2018–2028. Darwin: Northern Territory Government.

NSW Bureau of Crime Statistics and Research 2018. NSW Recorded Crime Statistics July 2013 to June 2018. Sydney.

NSW Domestic Violence Death Review Team 2017. NSW Domestic Violence Death Review Team report 2015–2017. Sydney: NSW Domestic Violence Death Review Team.

NSW Government: Women NSW 2017. NSW Domestic and Family Violence Blueprint for Reform 2016–2021: annual report card—year one. Sydney: NSW Government.

NSW Ombudsman 2018. Abuse and neglect of vulnerable adults in NSW—the need for action. Sydney: NSW Ombudsman

Office of the eSafety Commissioner 2018. Annual report 2017–18. Canberra: Office of the eSafety Commissioner.

Olding R & Ralston N 2013. Bourke tops list: more dangerous than any country in the world. *Sydney Morning Herald*. February 2.

Our Watch, ANROWS & VicHealth 2015. Change the story: a shared framework for the primary prevention of violence against women and their children in Australia. Melbourne: OurWatch.

Ovenden G, Salter M, Denson JUN, Robinson K, Noonan K, Bansel P et al. 2019. Gay, Bisexual, Transgender, Intersex and Queer Men's Attitudes and Experiences of Intimate Partner Violence and Sexual Assault, Sexualities and Genders Research. Sydney: Western Sydney University and ACON.

Productivity Commission 2019. Report on Government Services 2019. Canberra: Productivity Commission, <https://www.pc.gov.au/research/ongoing/report-on-government-services>.

Quadara A & Wall L 2012. What is effective primary prevention in sexual assault? Melbourne: Australian Institute of Family Studies.

Queensland Centre for Domestic and Family Violence Research 2018. Domestic and family violence and its relationship to child protection. Mackay: Queensland Department of Child Safety, Youth and Women.

Queensland Courts 2018. Queensland Courts' domestic and family violence (DFV) statistics. Viewed 8 November 2018, <https://www.courts.qld.gov.au/court-users/researchers-and-public/stats>.

- Queensland University of Technology 2019. First national study of child maltreatment. Brisbane: QUT. Viewed 8 April 2019, <https://www.qut.edu.au/research/article?id=141348>.
- Renzetti CM & Larkin VM 2009. Economic stress and domestic violence. Harrisburg PA: The National Online Resource Center on Violence Against Women National Resource Center on Domestic Violence (NRCDV).
- Salter M 2013. Grace's story: prolonged incestuous abuse from childhood into adulthood. *Violence Against Women* 19(2):146–65.
- Salter M 2014. Multi-perpetrator domestic violence. *Trauma, Violence, & Abuse* 15(2):102–12.
- Schofield MJ & Mishra GD 2003. Validity of Self-Report Screening Scale for Elder Abuse: Women's Health Australia Study. *Gerontologist* 43(1):110–120.
- Schofield MJ & Mishra GD 2004. Three year health outcomes among older women at risk of elder abuse: Women's Health Australia. *Quality of Life Research* 13(6):1043–53.
- Schofield MJ, Powers JR & Loxton D 2013. Mortality and disability outcomes of self-reported elder abuse: a 12-year prospective investigation. *Journal of the American Geriatrics Society* 61(5):679–85.
- Secretary-General of the United Nations 2006. In-depth study on all forms of violence against women. New York: United Nations Division for the Advancement of Women.
- Segrave M 2017. Temporary migration and family violence: an analysis of victimisation, support and vulnerability. Melbourne: Monash University.
- Senate Legal and Constitutional Affairs References Committee, Parliament of Australia 2018. The practice of dowry and the incidence of dowry abuse in Australia. Canberra: Parliament of Australia, Viewed 18 December 2018, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/DowryAbuse.
- Singh S & Sidhu J 2018. Coercive control of money, dowry and remittances among Indian migrant women in Australia. *South Asian Diaspora* December 1–16.
- Secretariat of National Voice for our Children (SNAICC), National Family Violence Prevention Legal Services Forum (NFVPLS) & National Aboriginal and Torres Strait Islander Legal Services (NATSILS) 2017. Strong families, safe kids: family violence response and prevention for Aboriginal and Torres Strait Islander children and families. Melbourne: NATSILS, SNAICC, NFVPLS.
- Special Taskforce on Domestic and Family Violence in Queensland 2015. Not now, not ever: putting an end to domestic and family violence in Queensland. Brisbane: Queensland Government.
- South Australia: Office for Women 2011. A right to safety: the next phase of South Australia's Women's Safety Strategy 2011–2022. Adelaide: South Australian Government.
- State of Victoria 2016. Royal Commission into Family Violence: Summary and Recommendations. Parliamentary Paper No 132 (2014–16). Melbourne State of Victoria
- Szalacha LA, Hughes TL, McNair R & Loxton D 2017. Mental health, sexual identity, and interpersonal violence: findings from the Australian longitudinal women's health study. *BMC Women's Health* 17:94.
- Tasmanian Government 2015. Safe Homes, Safe Families: Tasmania's Family Violence Action Plan 2015–2020. Hobart: Tasmanian Government.
- Taylor A, Ibrahim N, Wakefield S & Finn K 2015. Domestic and family violence protection orders in Australia: an investigation of information sharing and enforcement. Sydney: ANROWS.

- UN (United Nations) 2006. Convention on the Rights of Persons with Disabilities. New York: UN.
- UNICEF (United Nations Children's Fund) 2016. Female genital mutilation/cutting: a global concern. New York: UNICEF.
- UNICEF 2018. Child marriage: latest trends and future prospects. New York UNICEF.
- US Department of State 2018. Trafficking in persons report. Washington DC: US Department of State.
- VicHealth 2017. Violence against women in Australia: an overview of research and approaches to primary prevention. Melbourne Victorian Health Promotion Foundation.
- Victorian Government 2017. Rolling Action Plan 2017–2020. Melbourne: Victorian Government.
- Voce I & Boxall H 2018. Who reports domestic violence to police? A review of the evidence. Canberra: Australian Institute of Criminology.
- Weatherburn D 2011. Personal stress, financial stress and violence against women. Contemporary issues in crime and justice no. 151. Sydney: NSW Bureau of Crime Statistics and Research.
- Webster K, Diemer K, Honey N, Mannix S, Mickle J, Morgan J et al. 2018. Australians' attitudes to violence against women and gender equality: findings from the 2017 National Community Attitudes towards Violence and Women Survey (NCAS). Sydney: ANROWS.
- Weetra D, Glover K, Buckskin M, Kit JA, Leane C, Mitchell A et al. 2016. Stressful events, social health issues and psychological distress in Aboriginal women having a baby in South Australia: implications for antenatal care. BMC Pregnancy and Childbirth 16:88.
- WHO (World Health Organisation) 2008. Eliminating Female genital mutilation: an integrated statement. Geneva: WHO. Viewed 29 April 2019, https://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf.
- WHO (World Health Organisation) & London School of Hygiene and Tropical Medicine 2010. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva: WHO.
- WHO (World Health Organization) 2011. Intimate partner violence during pregnancy. Geneva: WHO. Viewed 17 December 2018, http://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf.
- WHO (ed.) 2018a. Care of girls and women living with female genital mutilation: a clinical handbook. Geneva: WHO.
- WHO 2018b. Elder abuse: fact sheet. Geneva: WHO. Viewed 28 September 2018, <http://www.who.int/news-room/fact-sheets/detail/elder-abuse>.
- WHO, London School of Hygiene and Tropical Medicine & South African Medical Research Council 2013. Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: WHO.
- Willness CR, Steel P & Lee K 2007. A meta-analysis of the antecedents and consequences of workplace sexual harassment. Personnel Psychology 60:127–62.

List of figures

Figure 1.1:	Family, domestic and sexual violence	3
Figure 1.2:	Key data sources for reporting on family, domestic and sexual violence	6
Figure 1.3:	National data sources used in this report for monitoring family, domestic and sexual violence in Australia	7
Figure 2.1:	Proportions of women and men aged 18 and over who experienced physical, sexual and partner violence in the 12 months prior to the 2005, 2012 and 2016 surveys	10
Figure 2.2:	Women and men aged 18 and over who had experienced dating violence, cohabiting partner violence, or any intimate partner violence since the age of 15 ...	11
Figure 2.3:	Women who moved out of home during temporary separation from their most recently violent previous partner, by places stayed during 1 or more temporary separations, 2016	13
Figure 2.4:	Emotionally abusive behaviours experienced by adults aged 18 and over from their most recently emotionally abusive previous partner, by sex, 2016.	15
Figure 3.1:	Proportion and total number of assault victims who were victims of family and domestic violence-related assault, selected states and territories, 2017.	20
Figure 3.2:	Recorded sexual assault rates for females and males, all ages, 2010–2017	22
Figure 3.3:	Proportion and number of civil cases finalised in the Magistrates' court involving a family or domestic violence protection order, by state or territory, 2017–18	24
Figure 3.4:	Proportion of family orders cases in which a 'Notice of Child Abuse, Family Violence or Risk of Family Violence' form was filed, 2013–14 to 2017–18	25
Figure 3.5:	Cases involving serious allegations of child abuse in the Family Court of Australia (Magellan cases), 2013–14 to 2017–18	26
Figure 3.6:	Assault hospitalisations, adults aged 15 and over, by perpetrator, by sex, 2016–17	29
Figure 3.7:	Rate of hospitalisations for family or domestic violence assaults, by relationship to perpetrator, by age, by sex, 2016–17	30
Figure 3.8:	Age-standardised rate of assault hospitalisations where the perpetrator was a spouse or partner, by sex, 2002–13 to 2016–17	31
Figure 3.9:	Assault hospitalisations where perpetrator was spouse or domestic partner, adults aged 15 and over, by type of assault, by sex, 2016–17	31
Figure 3.10:	Physical assault hospitalisations where perpetrator was spouse or partner, adults aged 15 and over, by type of injury, by sex, 2016–17	32
Figure 3.11:	Physical assault hospitalisations where perpetrator was spouse or partner, females aged 15 and over, by type of injury, by pregnancy status, 2016–17	34

Figure 3.12:	Recipients who received Centrelink crisis payments on the grounds of experiencing family and domestic violence, by housing status, by sex, 2012–13 to 2017–18	35
Figure 3.13:	Rate of clients seeking specialist homelessness services as a result of family or domestic violence, by sex, 2011–12 to 2017–18.	37
Figure 3.14:	Clients seeking specialist homelessness services as a result of family or domestic violence, by age, by sex, 2017–18	38
Figure 4.1:	Burden of disease due to partner violence, women aged 15 and over, 2015.	48
Figure 4.2:	Number and rates of burden (DALY per 1,000 women) attributable to partner violence, by age, 2003 and 2015.	49
Figure 4.3:	Domestic homicide victims, by type of homicide, by sex of victim, 2014–15 to 2015–16 (per cent)	51
Figure 4.4:	Intimate partner homicides with an identifiable history of domestic violence, July 2010–June 2014.	52
Figure 4.5:	Intimate partner homicides by location of homicide, by sex of victim and perpetrator, July 2010 to June 2014	53
Figure 4.6:	Intimate partner homicides, by perpetrator’s use of alcohol and other substances at the time of homicide, by sex of victim and perpetrator, July 2010 to June 2014 . . .	55
Figure 5.1:	Women and men who experienced sexual harassment from any person, by type of sexual harassment, 2016	63
Figure 5.2:	Proportion of women and men who had experienced stalking, by sex of perpetrator, 2016	66
Figure 5.3:	Women who experienced stalking since the age of 15, by perpetrator of the most recent incident by a male, 2016	67
Figure 5.4:	Women and men whose most recent incident of stalking since the age of 15 was perpetrated by a current or previous intimate partner, by behaviours experienced, 2016	68
Figure 6.1:	Hospitalisations for abuse by a family member, children aged 0–14, by method of abuse, by sex, 2016–17	73
Figure 6.2:	Hospitalisations for abuse by a family member, children aged 0–14, by body region injured, by sex, 2016–17	74
Figure 6.3:	Children aged under 18 who were the subject of substantiations (excluding New South Wales), rate per 1,000 children, 2013–14 to 2017–18.	76
Figure 6.4:	Number of children who were the subjects of substantiations, by abuse type, by sex, 2017–18.	76
Figure 6.5:	Young people who had received child protection services, had been under youth justice supervision, or both, 1 July 2013 – 30 June 2017	77

Figure 6.6:	The burden of disease due to child abuse and neglect, 2015	80
Figure 6.7:	Women who experienced intimate partner violence, sexual violence or emotional abuse in the 12 months before the survey, by age group, 2016.	82
Figure 6.8:	Sexual assault victimisation rate for female and male victims, by age group, by sex, 2017.	83
Figure 6.9:	Women and men who experienced sexual harassment in the 12 months before the survey, by age group, 2016.	83
Figure 6.10:	Women who experienced stalking by a male in the 12 months before the survey, by age group, 2016.	84
Figure 6.11:	Calls to elder abuse telephone helplines, by state, 2017–18	86
Figure 6.12:	Relationship of reported elder abuse perpetrators to reported victims, as reported to elder abuse helplines, by state, 2017–18	87
Figure 6.13:	Proportion of victims reported to elder abuse helplines, by age, where known, by state, 2017–18	88
Figure 6.14:	Sex, where known, of elder abuse victims reported to elder abuse helplines, by state, 2017–18	89
Figure 6.15:	Sex, where known, of elder abuse perpetrators reported to elder abuse helplines, by state, 2017–18	89
Figure 6.16:	Reports to elder abuse helplines, by type of abuse, by state, 2017–18	90
Figure 6.17:	Proportion of people who experienced emotional abuse from a current or previous partner since the age of 15, by disability status, by sex, 2016.	93
Figure 6.18:	Relationship to all perpetrators of sexual violence experienced since age 15, people with disability, by sex, 2016	94
Figure 6.19:	Assault hospitalisations where perpetrator was spouse or partner, adults aged 15 and over, by remoteness of usual place of residence, by sex, 2016–17.	102
Figure 6.20:	Proportion of people who experienced current and/or previous partner violence since the age of 15, by sex, by socioeconomic area	103
Figure 6.21:	Assault hospitalisations where perpetrator was spouse or partner, adults aged 15 and over, by socioeconomic area of usual place of residence, by sex, 2016–17.	104
Figure 6.22:	Age-specific attributable DALY rate due to domestic violence (per 1,000 women), by socioeconomic group, 2015.	105
Figure 7.1:	Aboriginal and Torres Strait Islander victims of assault, by perpetrator type, by sex of victim, selected states and territories, 2017	109
Figure 7.2:	Indigenous defendants of family violence offences finalised in the criminal courts, by method of finalisation, selected states and territories, 2017–18.	112

Figure 7.3:	Rate of hospitalisations for family violence assaults among Indigenous Australians, by relationship to perpetrator, by sex, 2016–17	113
Figure 7.4:	Physical assault hospitalisations among Indigenous Australians where the perpetrator was a spouse or partner, adults aged 15 and over, by type of injury, by sex, 2016–17.....	114
Figure 7.5:	Family violence assault hospitalisations of Indigenous Australians aged 15 and over in 2016–17 (rate per 1,000).....	115
Figure 7.6:	Indigenous domestic homicide victims, by type of homicide and sex of victim, 2014–15 to 2015–16	117


List of tables

Table 3.1:	Defendants finalised for 1 or more family and domestic violence offence in the magistrates' court, states and territories, 2016–17 and 2017–18	27
Table 3.2:	Proportion and number of clients affected by family violence seeking services through Relationships Australia, selected states and territories, by sex, 2017–18. . .	39
Table 4.1:	Employment status of the victim at the time of homicide	54
Table 5.1:	Community knowledge of violence against women, 1995–2017	59
Table 6.1:	Telephone calls to elder abuse helplines, by selected identity of caller, by state, 2017–18	86
Table 6.2:	Proportion of elder abuse cases reported to helplines that are directly attributable to family and domestic violence, by state, 2017–18	87

Related publications

The following AIHW publications might also be of interest:

- AIHW 2019. Family, domestic and sexual violence in Australia: continuing the national story, 2019—in brief. Cat. no. FDV 4. Canberra: AIHW.
- AIHW 2019. Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over—in brief. Cat no. IHW 207. Canberra: AIHW.
- AIHW 2018. Family, domestic and sexual violence in Australia, 2018. Cat. no. FDV 2. Canberra: AIHW.
- AIHW 2016. Family violence prevention programs in Indigenous communities. Cat. no. IHW 173. Canberra: AIHW.



Family, domestic and sexual violence is a major health and welfare issue. It affects people of all ages and from all backgrounds, but mainly women and children. This report explores the impact of family, domestic and sexual violence among vulnerable groups, including children, older people, people with disability, LGBTIQ+ people, and Indigenous Australians. It also looks at what is being done to fill important data gaps.

aihw.gov.au



Stronger evidence,
better decisions,
improved health and welfare

