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**Experiences of domestic violence
among women with restrictive
long-term health conditions**

**Report for the Royal Commission into
Violence, Abuse, Neglect and Exploitation
of People with Disability**

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Summary

Women with restrictive long-term health conditions reported high levels of physical and non-physical domestic violence during the initial stages of the COVID-19 pandemic.

Among 1,705 women with a restrictive long-term health condition, 12.6 percent reported having experienced physical violence in the last three months. This figure increased to 23.0 percent when the sample was limited to women in a current relationship at the time of completing the survey. Further:

- 9.0 percent reported having experienced sexual violence (16.4 of women in a current relationship);
- 22.8 percent reported having experienced emotionally abusive, harassing and controlling behaviours (41.5 percent of women in a current relationship); and
- 14.7 percent reported experiences of coercive control (26.8 percent of women in a current relationship).

Multiple forms of both physical and non-physical violence and abuse were common. Three in four women who reported having experienced any form of physical or non-physical abuse experienced both physical or sexual violence and coercive control.

Even after controlling for a range of other individual-level risk factors associated with domestic violence, including Aboriginal and Torres Strait Islander status, pregnancy status and education level, the odds of experiencing physical or sexual violence were 3.8 times higher for women with a restrictive long-term health condition. The odds of experiencing coercive control were 3.4 times higher.

Among women with a restrictive long-term health condition who responded to our online survey about their experience of domestic violence during the COVID-19 pandemic:

1 in 8 had experienced physical violence by a current partner

1 in 10 had experienced sexual violence by a current partner

1 in 5 had experienced emotionally abusive, harassing or controlling behaviour by a current partner

1 in 7 had experienced coercive control by a current partner

Women with restrictive long-term health conditions reported high rates of domestic violence before the start of the COVID-19 pandemic.

Among women with a restrictive long-term health condition who reported physical or sexual violence within their current relationship, three in four (76%) said that the violence had also occurred prior to February 2020. Further, among women who experienced coercive control, 82.5 percent said this was not the first time it had occurred in their relationship.

Women with restrictive long-term health conditions are at increased risk of experiencing the onset or escalation of domestic violence during the COVID-19 pandemic.

After controlling for individual risk factors and the amount of time spent at home, social isolation and financial stress, women with a restrictive long-term health condition were more likely to experience:

- the onset of physical or sexual violence (OR=1.9) or coercive control (OR=2.5) in previously non-abusive relationships; and
- the escalation of physical or sexual violence (OR=2.4) or emotionally abusive, harassing and controlling behaviour (OR=2.5) in relationships with a prior history of violence.

3 in 4 women with a restrictive long-term health condition who reported they had experienced physical or sexual violence or coercive control in the last three months said either this was the first time the violence had occurred, or that the violence had increased in frequency and severity.

Experiences of domestic violence are not evenly distributed among women with restrictive long-term health conditions.

However, although having a restrictive long-term health condition was independently associated with experiences of domestic violence, the risk of experiencing violence and abuse, and of being impacted by the COVID-19 pandemic, was even higher among women with restrictive long-term health conditions with intersecting risk factors for domestic violence.

Aboriginal and Torres Strait Islander women

Aboriginal and Torres Strait Islander women with a restrictive long-term health condition were more likely to experience:

- physical or sexual violence or coercive control;
- the onset of physical or sexual violence or coercive control; and
- the escalation of physical or sexual violence

than non-Indigenous women with a restrictive long-term health condition.

Women from non-English-speaking backgrounds

Women from non-English-speaking backgrounds with a restrictive long-term health condition were more likely to experience:

- physical or sexual violence or coercive control; and
- the onset of coercive control

than women from English-speaking backgrounds who had a restrictive long-term health condition.

Women in regional and remote communities

Women in regional and remote communities with a restrictive long-term health condition were less likely to experience physical or sexual violence than women from metropolitan areas with a long-term health condition.

However, the probability of experiencing the escalation of physical or sexual violence was higher for women from regional and remote communities than for women in metropolitan areas.

Women experiencing financial stress

Women with a restrictive long-term health condition who reported moderate to extreme levels of financial stress during the COVID-19 pandemic were more likely to experience the onset of physical or sexual violence or coercive control than women who reported lower levels of financial stress.

Women who reported extreme levels of financial stress were also more likely to experience the escalation of physical or sexual violence and emotionally abusive, harassing or controlling behaviours, although the relationship was not as straightforward.

Introduction

This report responds to a notice to give information by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability. In August 2020, the Royal Commission asked the Australian Institute of Criminology (AIC) to provide information regarding:

- the nature of domestic violence experienced by women with disability during the COVID-19 pandemic;
- whether women with disability are at increased risk of experiencing the onset or escalation of domestic violence during the COVID-19 pandemic compared to women without disability;
- whether the experiences of domestic violence differ for certain groups of women with disability, including women who:
 - are Aboriginal or Torres Strait Islander
 - come from a non-English-speaking (NES) background
 - are experiencing financial hardship
 - live in a regional or remote area;
- what can be reasonably concluded from the data in respect of the prevalence of domestic violence for women with disability, before and during the COVID-19 pandemic.

Methods

This study was conducted using data from an online survey of 15,000 women aged 18 years and over which examined the impact of the COVID-19 pandemic on their experiences of domestic violence (see Boxall, Morgan & Brown 2020). The survey, conducted in May 2020, asked respondents about their experience of domestic violence in the three months since February 2020, when COVID-19 first started impacting Australia.

The survey was conducted by i-Link Research Solutions. The survey was sent to female members of the research company's online panel aged 18 years or over. Proportional quota sampling, a non-probability sampling method, was used. The overall completion rate for the survey was 13.7 percent, which compares favourably to online panels generally (Pennay et al. 2018), and to other recent online surveys about family and domestic violence (eg Miller et al. 2016). Further information on the survey methodology, key definitions, sampling strategy, safety protocols and limitations of the survey is provided in the technical appendix to the Statistical Bulletin (Boxall, Morgan & Brown 2020).

While the data were subsequently weighted by age and jurisdiction using data from the Australian Bureau of Statistics to reflect the spread of the population, we use the unweighted data, given our primary interest is in the relationship between variables. In addition, because the focus of this analysis is on understanding the relative risk of women with restrictive long-term health conditions experiencing domestic violence, 46 extreme outliers—where there was evidence of possible pattern responses to questions about respondent characteristics—were removed from the sample. Further, one woman was removed from the sample because she did not provide information about her sociodemographic characteristics. This left a final sample of 14,953 women who were included in the analysis.

Definitions

Domestic violence is defined for this report as physical violence, sexual violence and emotionally abusive, harassing or controlling behaviour involving intimate partners. This includes attempted violence and face-to-face threats. The focus of this paper is on domestic violence between current partners, which refers to physical and sexual violence and emotionally abusive, harassing or controlling behaviour that occurs within a current relationship. This includes relationships where the respondent was or was not cohabiting with her partner (eg dating partners, boyfriend/girlfriend). The decision was made to restrict the definition to current relationships because the amount of time spent at home with a partner in the three months prior to the survey could not be reliably estimated. Importantly, around four in five police recorded assaults by an intimate partner are committed by the victim's current partner (Australian Bureau of Statistics 2020). Further, there is evidence from the United Kingdom that violence involving a current partner has increased during the pandemic, whereas violence by former partners has decreased (due to changes in mobility; Ivandic & Kirchmaier 2020).

We distinguish between physical and sexual violence and coercive control throughout this report. Physical or sexual violence includes a range of behaviours. Respondents were recorded as having experienced physical or sexual violence if they answered yes to one or more questions about these behaviours. Coercive control involves the micro-regulation of women's lives (Stark 2007). This can involve a range of behaviours perpetrators use as a means of controlling their partner, including frequent belittling and derogatory comments, monitoring of their whereabouts, interfering with their relationships and financial abuse. In this study, coercive control is defined as experiencing three or more emotionally abusive, harassing or controlling behaviours, indicating a pattern of behaviour. For further detail of the definitions used, see the technical appendix of the Statistical Bulletin (Boxall, Morgan & Brown 2020).

For this report, women were identified as having a restrictive long-term health condition if they met the following criteria:

- they self-reported that they had a health condition that had lasted or was expected to last six months or longer; and
- because of this health condition they required assistance to undertake everyday activities.

This is consistent with the definition of disability used by the Australian Bureau of Statistics (2017). We did not, however, ask about specific health conditions or the degree of activity limitation. The remainder of this report refers to a restrictive long-term health condition as an indicator of disability.

Limitations

Limitations associated with the survey design, method and data are reported at length in the technical appendix of the Statistical Bulletin (Boxall, Morgan & Brown 2020). There are additional limitations to the current study that should also be acknowledged. First, because the length of the survey was designed to maximise the safety of respondents, follow-up questions about the nature of health conditions experienced by respondents, and their impacts, were not asked.

Second, the survey is cross-sectional in design, meaning that it is not possible to identify the direction of any observed correlations between the health status of women and domestic violence experiences. In particular, it may be that women develop a restrictive long-term health condition as a result of the domestic violence they experienced, as opposed to being at increased risk due to a pre-existing condition. Similarly, we are cautious not to draw conclusions about the causal impact of COVID-19 on domestic violence. Third, there may be unmeasured confounding factors that are relevant to women's experiences of violence. We could not, for example, ask about changes in alcohol or other drug use.

Finally, although women were recruited into the study using proportional quota sampling methods (based on age and jurisdiction), the findings from this study should not be interpreted as providing an estimate of the prevalence of domestic violence among women with a restrictive long-term health condition in the general population. The recruitment strategy was intended to ensure the final sample reflected the spread of the Australian female population (by age and jurisdiction), rather than women with a restrictive long-term health condition in Australia. This is important because there are differences between the general female population and women with a restrictive long-term health condition, including that on average the latter population are older. Older women were under-sampled among respondents to the survey (although we control for age in our analysis), but are also less likely to use the internet and therefore be a member on the online research panel (Australian Bureau of Statistics 2018). Further, some women with a restrictive long-term health condition may have been unable to participate in the survey because of the nature or impact of their health condition or disability. Taken together, this means that the sample of women with a restrictive long-term health condition included in the survey may not be representative of the broader population.

Sample characteristics

Approximately one in 10 women who participated in the survey reported that they had a restrictive long-term health condition (11.4%, $n=1,705$). As shown in Table 1, the average age of women with a restrictive long-term health condition was 49.5 years, and approximately half of the sample was over the age of 45 years at the time of completing the survey (60.2%). One in 10 women with a restrictive health condition identified as being Aboriginal and/or Torres Strait Islander (10.3%), and one in five (22.7%) said that they spoke a language other than English most of the time at home (ie were from an NES background).

The majority of respondents had completed Year 12 or equivalent or higher, with 31.1 percent reporting that they had a university qualification. One in three (32.1%) respondents said their usual place of residence was in a regional or remote area, while 67.9 percent were living in a major city.

Table 1: Sociodemographic characteristics of women with a restrictive long-term health condition

	All women with a restrictive long-term health condition (n=1,705)		Women with a restrictive long-term health condition who were in a current relationship at time of survey (n=935)	
	n	%	n	%
Age				
18–24	150	8.8	87	9.3
25–34	268	15.7	182	19.5
35–44	261	15.3	159	17.0
45–54	298	17.5	169	18.1
55+	728	42.7	338	36.2
Average age (years)	49.5			46.9
Aboriginal and/or Torres Strait Islander	176	10.3 ^a	140	15.0 ^b
Non-English-speaking background ^c	387	22.7	258	27.6
Highest level of education completed				
Year 9 or below	82	4.8	31	3.3
Year 10/11 or equivalent	257	15.1	140	15.0
Year 12 or equivalent	242	14.2	126	13.5
Vocational certificate	593	34.8	310	33.2
University	531	31.1	328	35.1
Usual place of residence^d				
Major city	1,158	67.9	646	69.1
Regional/remote area	547	32.1	289	30.9

a: Denominator includes 11 respondents who did not want to disclose this information

b: Denominator includes 7 respondents who did not want to disclose this information

c: Defined as someone who said that they did not speak English most of the time at home

d: Regional classification calculated using the respondent's postcode and concordance with the Australian Statistical Geography Standard (Australian Bureau of Statistics 2018)

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Overall, 54.8 percent (n=935) of women with a restrictive long-term health condition reported that they were in a current relationship at the time of completing the survey. Among these women:

- 90.4 percent had cohabited with their partner at least some of the time over the last 12 months;
- 54.4 percent had at least one child with their partner (average 1.1 children);
- 45.1 percent had at least one child living with them, either full time or part time (average 0.73 children); and
- 13.2 percent said they were pregnant at the time of completing the survey.

Findings

What is the nature of domestic violence experienced by women with disability during the COVID-19 pandemic?

Among women with a restrictive long-term health condition, 12.6 percent reported having experienced physical violence in the three months prior to the survey. This figure increased to 23.0 percent when the sample was limited to women in a current relationship at the time of completing the survey. Further:

- 9.0 percent reported having experienced sexual violence (16.4% of women who were in a relationship);
- 22.8 percent reported having experienced emotionally abusive, harassing and controlling behaviours (41.5% of women who were in a relationship); and
- 14.7 percent reported having experienced coercive control (26.8% of women who were in a relationship).

Information about the specific forms of violence and abuse experienced by women with a restrictive long-term health condition in the three months prior to the survey is presented in Tables 2 and 3. Among women with restrictive long-term health conditions who reported they experienced physical or sexual violence in the last three months, the most common forms of violence experienced were pushing, grabbing or shoving (76.9%); sexual violence (66.5%); and throwing something, slapping, biting, kicking or hitting with a fist (65.8%; Table 2). Four in five women reported experiencing multiple forms of violence during this period (83.1%). The average number of different physical and sexual violent behaviours reported by women was 3.3.

Table 2: Physical and sexual violence experienced by women with a restrictive long-term health condition in the last three months (%)

	Overall prevalence among women with a restrictive long-term health condition (n=1,705)	Prevalence among respondents who experienced physical or sexual violence (n=250) ^a
Pushed, grabbed or shoved the respondent	11.4	76.9
Forced the respondent to take part in sexual activity against their will	9.6	66.5
Threw something at the respondent that could hurt them, or slapped, bit, kicked or hit them with a fist	9.4	65.8
Choked/strangled the respondent or grabbed them around the neck	8.6	60.9
Hit the respondent with something that could hurt them, beat them, stabbed them with a knife or shot them with a gun	8.2	59.1
Physically assaulted the respondent or hurt them in any other way	9.2	63.6
At least one form of physical or sexual violence	14.7	
More than one form of physical or sexual violence	12.1	83.1
Average number of types of physical or sexual violence experienced		3.3

a: Limited to women who reported experiencing physical or sexual violence in the three months prior to the survey

Note: Includes threatened behaviours and face-to-face threats of physical or sexual violence

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Among women who experienced emotionally abusive, harassing or controlling behaviour in the three months prior to the survey (n=388), the most common forms of abuse reported were being constantly humiliated or belittled by their partner (58.8%), their partner monitoring their time and whereabouts (55.9%) and jealousy or suspicion about their friends (52.8%). Further, 44.9 percent of women said their partner had stopped them from helping themselves (eg going to medical appointments) and 43.8 percent reported that their partner had restricted their access to household amenities like the internet, their phone or a car.

Four in five of this group (80.4%) reported that they had experienced more than one form of emotionally abusive, harassing or controlling behaviour in the three months prior to the survey, with victims reporting an average of 6.1 different types of emotional abuse, harassing or controlling behaviours (Table 3).

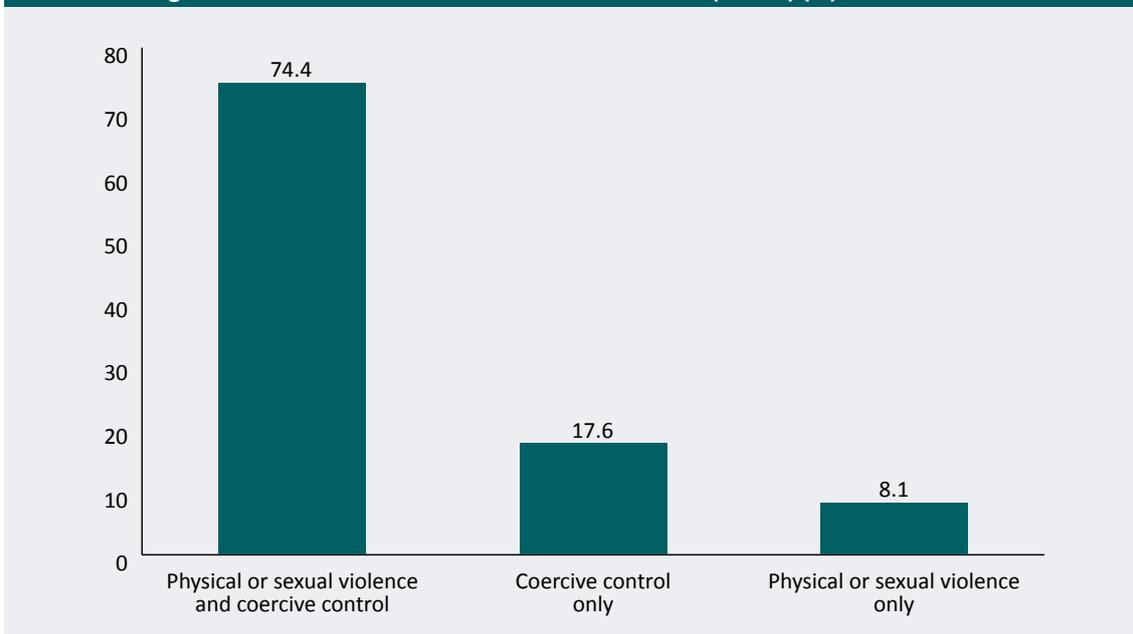
Table 3: Emotionally abusive, harassing or controlling behaviours experienced by women with restrictive long-term health conditions in the last three months (%)		
	Overall prevalence among respondents (n=1,705)	Prevalence among respondents who experienced emotionally abusive, harassing or controlling behaviour (n=388)^a
Constantly insulted the respondent to make them feel ashamed, belittled or humiliated; or shouted, yelled or verbally abused the respondent to intimidate them	13.4	58.8
Monitored the respondent’s time and made them account for their whereabouts	12.8	55.9
Was jealous or suspicious of the respondent’s friends	12.0	52.8
Used the respondent’s/shared money or made important financial decisions without talking to them	11.9	52.1
Interfered with the respondent’s relationships with other family members	11.5	50.5
Accused the respondent of having an affair	10.4	45.6
Tried to keep the respondent from doing things to help themselves	10.2	44.9
Restricted the respondent’s use of their phone, the internet or the family car	10.0	43.8
Threatened to hurt themselves	9.7	42.5
Stalked the respondent online or in person	9.6	42.3
Threatened or abused respondent online or through the use of technology (eg mobile phone)	9.3	41.0
Threatened to hurt the respondent’s family, friends, children and/or pets	9.0	39.4
Damaged, destroyed or stole the respondent’s property	8.6	37.9
At least one form of emotionally abusive, harassing or controlling behaviour	22.8	
More than one form of emotionally abusive, harassing or controlling behaviour	18.3	80.4
Three or more forms of emotionally abusive, harassing or controlling behaviour (coercive control)	14.7	64.7
Average number of emotionally abusive, harassing or controlling behaviours	1.4	6.1

a: Limited to women who were in a cohabiting relationship and reported experiencing emotionally abusive, harassing or controlling behaviour in the three months prior to the survey

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

As shown in Tables 2 and 3, many women with a long-term health-condition reported experiencing multiple forms of physical or sexual violence and emotionally abusive, harassing or controlling behaviour in the last three months. However, consistent with the findings from Boxall, Morgan and Brown (2020), it was also common for women to report experiencing both coercive control and physical or sexual violence (Figure 1). Among women with a restrictive long-term health condition who experienced either physical or sexual violence or coercive control in the three months prior to the survey ($n=273$), 74.4 percent reported experiencing both forms of abuse. By comparison, experiencing physical or sexual violence (8.1%) or coercive control (17.6%) in isolation was less common.

Figure 1: Co-occurrence of physical or sexual violence and coercive control among women with a restrictive long-term health condition in the last three months ($n=273$) (%)



Note: Limited to women who were in a current relationship and reported experiencing physical or sexual violence or coercive control in the three months prior to the survey. Percentage totals may not equal 100 due to rounding

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

These results suggest that high rates of self-reported physical and non-physical domestic violence were experienced by women with a restrictive long-term health condition during the COVID-19 pandemic. However, these findings may be influenced by the presence of other factors. Certainly, Table 1 shows a high level of overlap between health status and other factors that research has shown are positively associated with domestic violence victimisation, including Aboriginal and Torres Strait Islander status and language spoken most of the time at home.

To determine whether the presence of a restrictive long-term health condition was independently associated with domestic violence experiences after controlling for other confounding factors, a series of logistic regression models were estimated. Following a similar approach to hierarchical regression, multiple logistic regression models were estimated for each outcome of interest, each including different blocks of independent variables (see Table A1). The presence of a restrictive long-term health condition was included as an independent variable in each model:

- Model 1 also included a control for age, to account for sampling bias (ie under-representation of older women).
- Model 2 also included controls for static sociodemographic risk factors including age, Indigenous status, language spoken most of the time at home (English or non-English), usual place of residence (metropolitan or regional/remote), pregnancy status and the number of children living at home with the respondent at least some of the time, along with prior emotionally abusive, harassing and controlling behaviours.

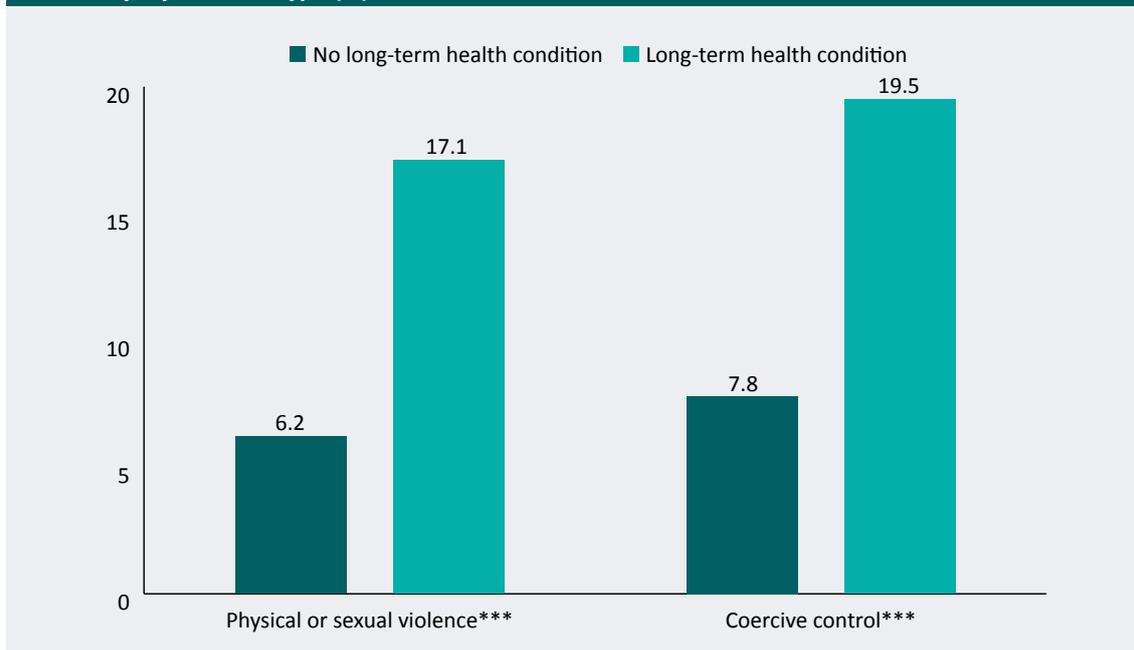
The benefit of estimating multiple models for the same outcome is that it allows us to identify any relative changes in model fit and the strength of the association between the presence of a restrictive long-term health condition and violence when additional variables are taken into account. Models were compared using a likelihood ratio test. Model fit was assessed on the basis of model adequacy and fit using the Hosmer–Lemeshow goodness of fit test, Cragg–Uhler (Nagelkerke) R^2 and the area under the receiver operating characteristic curve (AUROC). Variables were selected for inclusion in models if they were correlated with domestic violence outcomes at the bivariate level ($p < 0.1$).

The health status of women was independently associated with experiences of physical or sexual violence and coercive control in the last three months, across both Model 1 (OR=6.9, $p < 0.001$; OR=5.9, $p < 0.001$ respectively) and Model 2 (OR=3.8, $p < 0.001$; OR=3.4, $p < 0.001$ respectively). After controlling for a number of individual-level risk factors associated with domestic violence in Model 2, women with a restrictive long-term health condition had almost four times the odds of experiencing physical or sexual violence in the last three months, and three times the odds of experiencing coercive control, compared to women who did not have a restrictive long-term health condition.

We then estimated the average predicted probability of the outcome of interest being observed—in this case, the experience of physical or sexual violence or coercive control in the three months prior to the survey—when a certain characteristic was present, controlling for the other variables in the model (ie other sociodemographic characteristics). Predicted probabilities for adjacent groups were compared using a chi-square test, while intergroup comparisons were conducted using pairwise comparisons with a Bonferroni correction.

As shown in Figure 2, the predicted probability of women with a restrictive long-term health condition experiencing physical or sexual violence in the last three months was 17.1 percent, significantly higher than 6.2 percent for women who did not have a restrictive long-term health condition. Similarly, the predicted probability of women with a restrictive long-term health condition experiencing coercive control in the three months prior to the survey was 19.5 percent, compared to 7.8 percent for women who did not have a restrictive long-term health condition. These differences were statistically significant.

Figure 2: Predicted probability of domestic violence by a current partner in the three months prior to the survey, by violence type (%)



***statistically significant at $p < 0.001$

Note: Predicted probabilities based on Model 2, which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status and education level

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

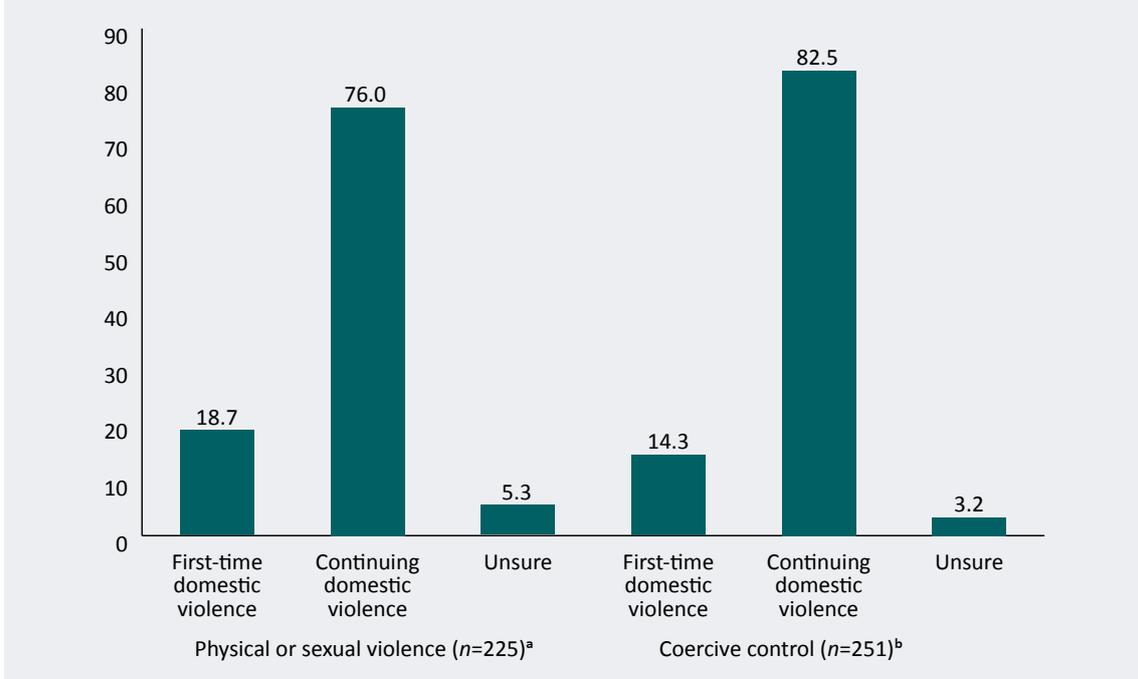
Are women with disability at increased risk of experiencing the onset or escalation of domestic violence during the COVID-19 pandemic compared to women without disability?

The two clearest measures of the impact of the COVID-19 pandemic on experiences of domestic violence among Australian women are:

- first-time or onset of physical or sexual violence or coercive controlling behaviours within previously non-violent relationships; and
- escalation in the frequency or severity of domestic violence within relationships where domestic violence was already present before the pandemic.

Among women with a restrictive long-term health condition who reported they had experienced physical or sexual violence in the three months prior to the survey, one in five (18.7%) said that this was the first time their partner had been violent towards them. Similarly, 14.3 percent of women who had experienced coercive control said that this was the first time they had experienced emotionally abusive, harassing or controlling behaviour within their relationship (Figure 3). Conversely, this means that 76 percent of women with a restrictive long-term health condition and in a current relationship who experienced physical or sexual violence in the three months prior to the survey had experienced violence by their partner prior to February 2020. It also means that 82.5 percent of respondents who experienced coercive control during the pandemic had also experienced it prior to the pandemic.

Figure 3: Prior domestic violence among women with a restrictive long-term health condition, by type of violence experienced in the last three months (%)



a: Total includes 12 women who were unsure whether they had experienced physical or sexual violence prior to February 2020

b: Total includes 8 women who were unsure whether they had experienced emotionally abusive, harassing or controlling behaviour prior to February 2020

Note: Limited to women who were in a current relationship and reported that they had experienced domestic violence in the three months prior to the survey

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Further, among women who said that their partner had been physically or sexually violent towards them prior to February 2020, 49.1 percent said the violence had increased in frequency or severity over the last three months, relative to the six-month period prior to February 2020. Another 36.7 percent said the violence had stayed about the same, and 14.3 percent reported a decrease. Nearly half of women who had experienced prior emotionally abusive, harassing or controlling behaviours said the abuse had increased in the last three months (45.4%), while another 42.1 percent said it had stayed about the same and 12.6 percent said it had decreased.

Taken together, these findings indicate that, during the initial stages of the COVID-19 pandemic in Australia, among women with a restrictive long-term health condition who completed the survey and experienced physical or sexual violence or coercive control in the last three months, three in four (72.9%) experienced the onset or escalation of physical or sexual violence, and 71.3 percent experienced the onset or escalation of emotionally abusive, harassing and controlling behaviours.

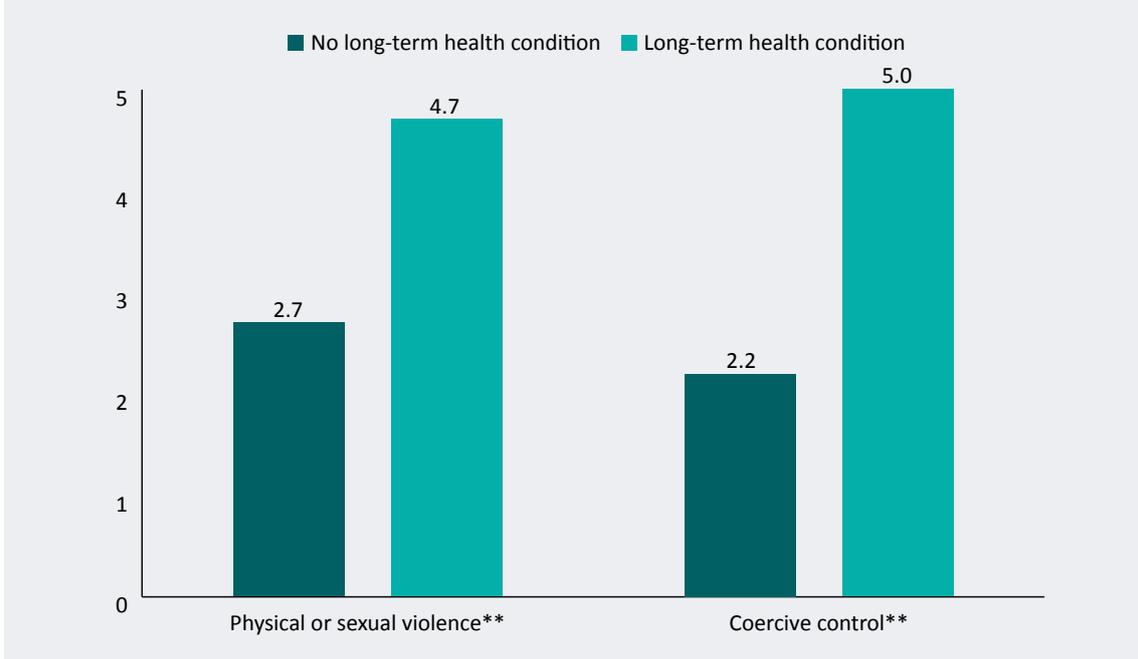
A series of logistic regression models were then estimated to examine whether the presence of a restrictive long-term health condition was a significant predictor of the onset or escalation of violence and abuse, controlling for other factors (see Table A1). In addition to the two models described in the previous section, a third model included additional controls for dynamic risk factors likely to be influenced by the COVID-19 pandemic:

- financial stress: Level of financial stress experienced by the respondent in the last three months, on a scale from 1 (no stress) to 5 (extreme levels of stress).
- time spent with partner: average number of days per week the respondent spent with their partner at home (0–7) in the last three months; and
- social isolation: average frequency of contact the respondent had with people that they do not live with on a regular basis in the last three months.

The health status of women was independently associated with the onset of physical or sexual violence in the last three months in Model 1 (OR=3.1, $p<0.001$), Model 2 (OR=2.1, $p<0.001$), and Model 3 (OR=1.9, $p<0.01$). After controlling for a number of other individual-level risk factors associated with domestic violence, as well as impacts associated with the COVID-19 pandemic (ie social isolation, time spent with partner and financial stress), women with a restrictive long-term health condition had twice the odds of experiencing the onset of physical or sexual violence, compared with women who did not have a restrictive long-term health condition. Further, as shown in Figure 4, the predicted probability of women with a restrictive long-term health condition experiencing the onset of physical or sexual violence in the last three months was 4.6 percent, significantly higher than 2.7 percent for women who did not have a restrictive long-term health condition.

Similar results were found for the onset of coercive controlling behaviours in the last three months. Again, having a restrictive long-term health condition was independently associated with onset of coercive control across all three models (Model 1, OR=3.8, $p<0.001$; Model 2, OR=3.0, $p<0.001$; Model 3, OR=2.5, $p<0.01$). After controlling for a number of other individual-level risk factors and the impact of the COVID-19 pandemic, women with a restrictive long-term health condition had 2.5 times the odds of experiencing the onset of coercive controlling behaviours compared with women who did not have a long-term health condition. The predicted probability of women with a restrictive long-term health condition experiencing coercive control in the last three months was 5.0 percent, significantly higher than for women who did not have a restrictive long-term health condition (2.2%).

Figure 4: Predicted probability of the onset of domestic violence by a current partner in the three months prior to the survey, by violence type (%)



**statistically significant at $p < 0.01$

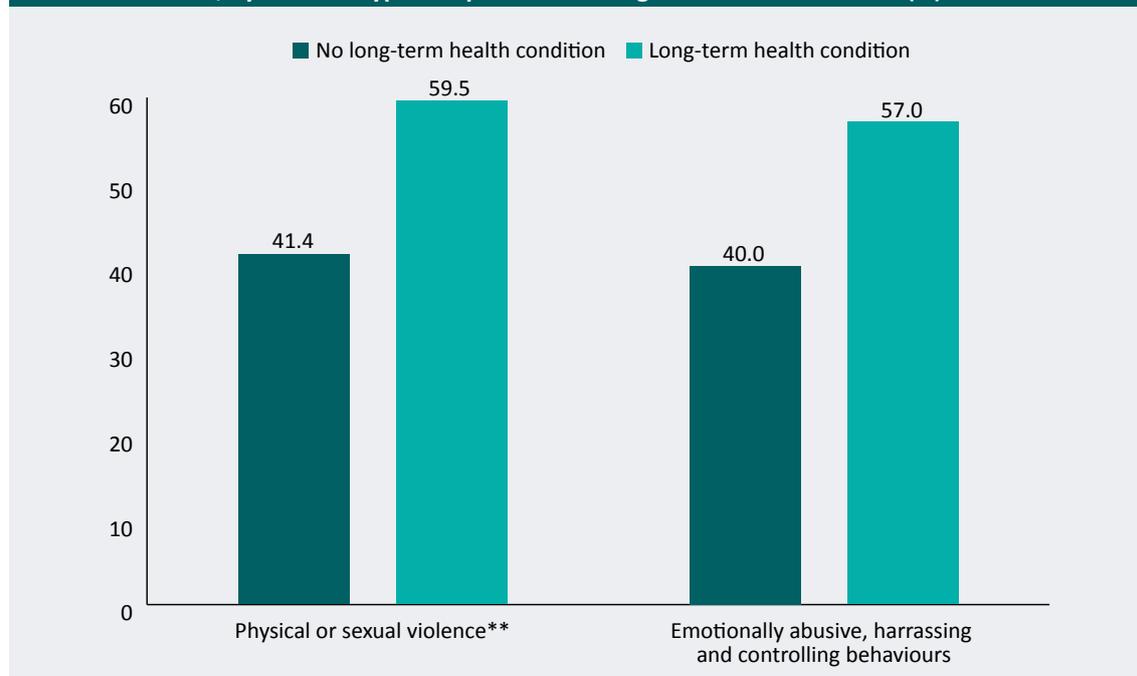
Note: Predicted probabilities for physical or sexual violence based on Model 3, which includes controls for age; health status; Aboriginal or Torres Strait Islander status; language spoken most of the time at home; usual place of residence; number of children living at home with the respondent; pregnancy status; education level; prior emotionally abusive, harassing and controlling behaviours; time spent with partner; social isolation; and financial stress over last three months. Predicted probabilities for coercive control based on Model 3, which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status, education level, time spent with partner, social isolation and financial stress over last three months

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Among respondents who had experienced violence prior to the pandemic, having a restrictive long-term health condition was independently associated with the escalation of physical or sexual violence in the last three months across Model 1 (OR=5.6, $p < 0.001$), Model 2 (OR=2.8, $p < 0.001$), and Model 3 (OR=2.5, $p < 0.01$). After controlling for a number of other individual-level risk factors associated with domestic violence, as well as impacts associated with the COVID-19 pandemic, women with a restrictive long-term health condition had almost three times the odds of experiencing an escalation in violence, compared with other women. Further, as shown in Figure 5, the predicted probability of women with a restrictive long-term health condition experiencing the onset of physical or sexual violence in the last three months was 59.5 percent, significantly higher than the 41.4 percent probability for women who did not have a restrictive long-term health condition.

Similar results were found for the escalation of emotionally abusive, harassing and controlling behaviours. Again, having a restrictive long-term health condition was independently associated with experiencing an escalation of coercive control across all three models (Model 1: OR=4.7, $p<0.001$; Model 2: OR=2.7, $p<0.001$; Model 3: OR=2.4, $p<0.001$). After controlling for a number of other individual-level risk factors and the impact of the COVID-19 pandemic, women with a restrictive long-term health condition had 2.4 times the odds of experiencing the escalation of emotionally abusive, harassing and controlling behaviours compared with other women. The predicted probability of women with a restrictive long-term health condition experiencing an escalation in the frequency or severity of coercive control in the last three months was 57.0 percent, significantly higher than the 40.0 percent probability for women who did not have a restrictive long-term health condition.

Figure 5: Predicted probability of the escalation of physical or sexual violence or coercive control among women who had experienced prior domestic violence, by type of violence experienced in the last three months, by violence type and presence of long-term health condition (%)



**statistically significant at $p<0.01$

Note: Predicted probabilities for physical or sexual violence based on Model 3, which includes controls for age; health status; Aboriginal or Torres Strait Islander status; language spoken most of the time at home; usual place of residence; number of children living at home with the respondent; pregnancy status; education level; prior emotionally abusive, harassing and controlling behaviours; time spent with partner; social isolation; and financial stress over last three months. Predicted probabilities for coercive control based on Model 3, which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status, education level, time spent with partner, social isolation and financial stress over last three months

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Does the experience of domestic violence differ for certain groups of women with disability?

So far, the analysis has focused on describing the experiences of women with a restrictive long-term health condition and their relative risk of experiencing domestic violence during the COVID-19 pandemic, controlling for the presence of other factors that may increase the likelihood of violence. The findings indicate that, at the aggregate level, women with a restrictive long-term health condition were more likely than other women to have experienced domestic violence. Relatedly, the finding that the health status of women was positively correlated with the onset and escalation of domestic violence after controlling for other risk factors suggests that women with a restrictive long-term health condition have been disproportionately impacted by the COVID-19 pandemic. However, even among vulnerable communities, the risk of domestic violence is not evenly distributed, and may be concentrated among certain groups where co-occurring (intersecting) risk factors are present.

To explore the impact of co-occurring vulnerabilities on domestic violence experiences during the initial stages of the COVID-19 pandemic, we estimated the average predicted probability, adjusted for covariates, for interactions between restrictive long-term health conditions and:

- Aboriginal and Torres Strait Islander status;
- language spoken most of the time at home;
- usual place of residence; and
- level of financial stress over the last three months.

Critically, this stage of the analysis was limited to women with a restrictive long-term health condition. As such, it explores the additive or cumulative impact of intersecting vulnerabilities, rather than comparisons to the general population.

Aboriginal and Torres Strait Islander women

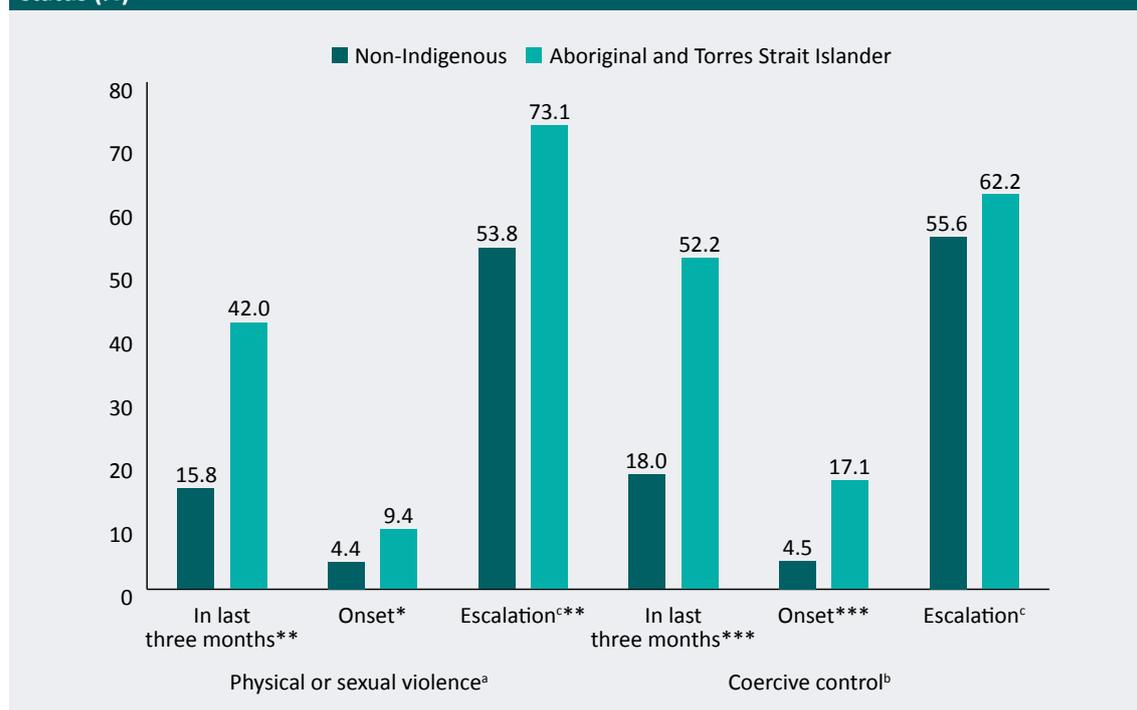
As shown in Figure 6, after controlling for other individual-level risk factors, the predicted probability of Aboriginal and Torres Strait Islander women with a restrictive long-term health condition experiencing physical or sexual violence in the last three months was 42.0 percent, significantly higher than 15.8 percent for non-Indigenous women who had a restrictive long-term health condition. The predicted probability of experiencing coercive control in the last three months was also significantly higher for Aboriginal and Torres Strait Islander women with a restrictive long-term health condition, relative to non-Indigenous women with a long-term health-condition (52.2% vs 18.0%).

Further, the predicted probability of Aboriginal and Torres Strait Islander women with a restrictive long-term health condition experiencing the onset or escalation of domestic violence was also significantly higher than that of non-Indigenous women with a restrictive long-term health condition. Specifically, among women with long-term health conditions, Indigenous women had higher predicted probabilities than non-Indigenous women of experiencing:

- the onset of physical or sexual violence (9.4% vs 4.4%);
- the onset of coercive controlling behaviours (17.1% vs 4.5%); and
- the escalation of physical or sexual violence (73.1% vs 53.8%).

Although the predicted probability of Aboriginal and Torres Strait Islander women experiencing the escalation of emotionally abusive, harassing and controlling behaviours was higher than for non-Indigenous women with a restrictive long-term health condition (62.2% vs 55.6%), this difference was not statistically significant.

Figure 6: Predicted probability of domestic violence by a current partner among women with a restrictive long-term health condition, by violence type and Aboriginal and Torres Strait Islander status (%)



*statistically significant at $p < 0.05$, **statistically significant at $p < 0.01$, ***statistically significant at $p < 0.001$

a: Predicted probabilities based on logistic regression model which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status and education level. Models predicting onset and escalation also included prior emotionally abusive, harassing and controlling behaviours; time spent at home with partner; social isolation; and financial stress

b: Predicted probabilities based on logistic regression model which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status and education level. Models predicting onset and escalation also included time spent at home with partner, social isolation and financial stress

c: Limited to women who said they had experienced domestic violence in the last three months and prior to February 2020

Note: Women who did not want to say whether they were Aboriginal or Torres Strait Islander were included in the analysis but are not reported

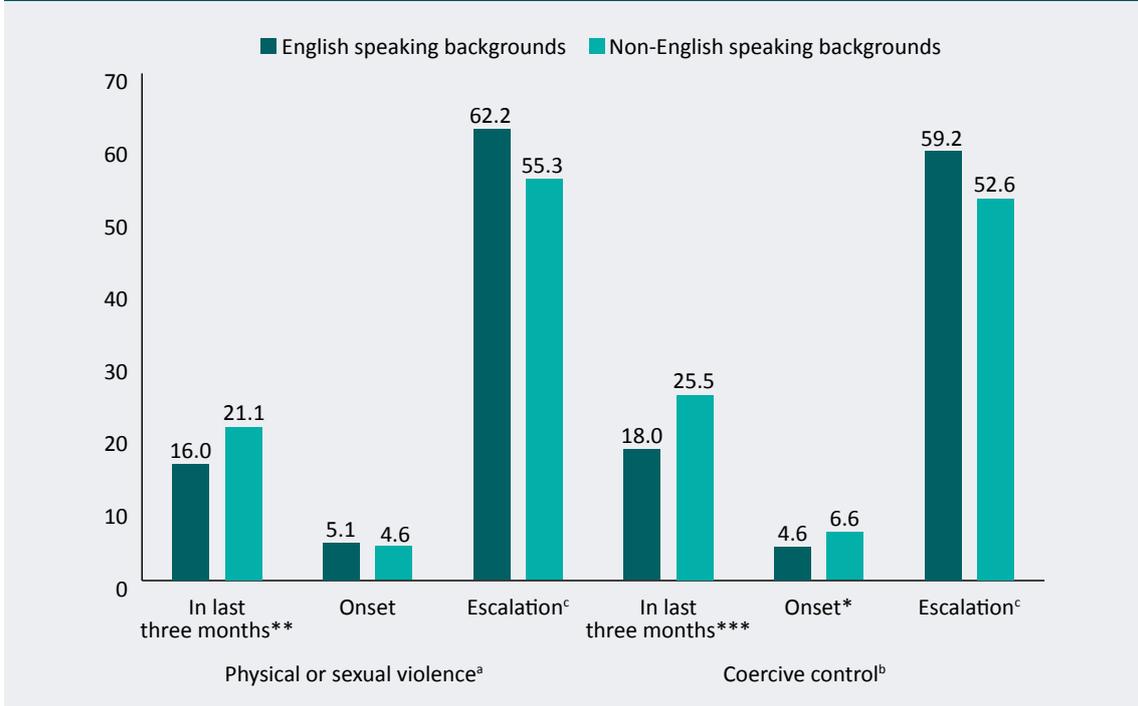
Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Women from non-English-speaking backgrounds

The predicted probability of women from NES backgrounds with a restrictive long-term health condition experiencing physical or sexual violence was 21.1 percent and 25.5 percent for coercive control (Figure 7). This was significantly higher than the predicted probabilities for women from English-speaking backgrounds with a restrictive long-term health condition (16.0% and 18.0% respectively). Further, the predicted probability of women from NES backgrounds experiencing the onset of coercive controlling behaviours during the initial stages of the COVID-19 pandemic was 6.6 percent compared to 4.6 percent for women from English-speaking backgrounds with a restrictive long-term health condition. These differences were statistically significant.

However, there were no statistically significant differences in the predicted probabilities for women from NES backgrounds with restrictive long-term health conditions and for women from English-speaking backgrounds for onset of physical or sexual violence (5.1% vs 4.6%), the escalation of physical or sexual violence (62.2% vs 55.3%) or escalation of emotionally abusive, harassing and controlling behaviours (59.2% vs 52.6%).

Figure 7: Predicted probability of domestic violence by a current partner among women with a restrictive long-term health condition, by violence type and language spoken most of the time at home (%)



*statistically significant at $p < 0.05$, **statistically significant at $p < 0.01$, ***statistically significant at $p < 0.001$

a: Predicted probabilities based on logistic regression model which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status and education level. Models predicting onset and escalation also included prior emotionally abusive, harassing and controlling behaviours; time spent at home with partner; social isolation; and financial stress

b: Predicted probabilities based on logistic regression model which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status and education level. Models predicting onset and escalation also included time spent at home with partner, social isolation and financial stress

c: Limited to women who said they had experienced domestic violence in the last three months and prior to February 2020

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

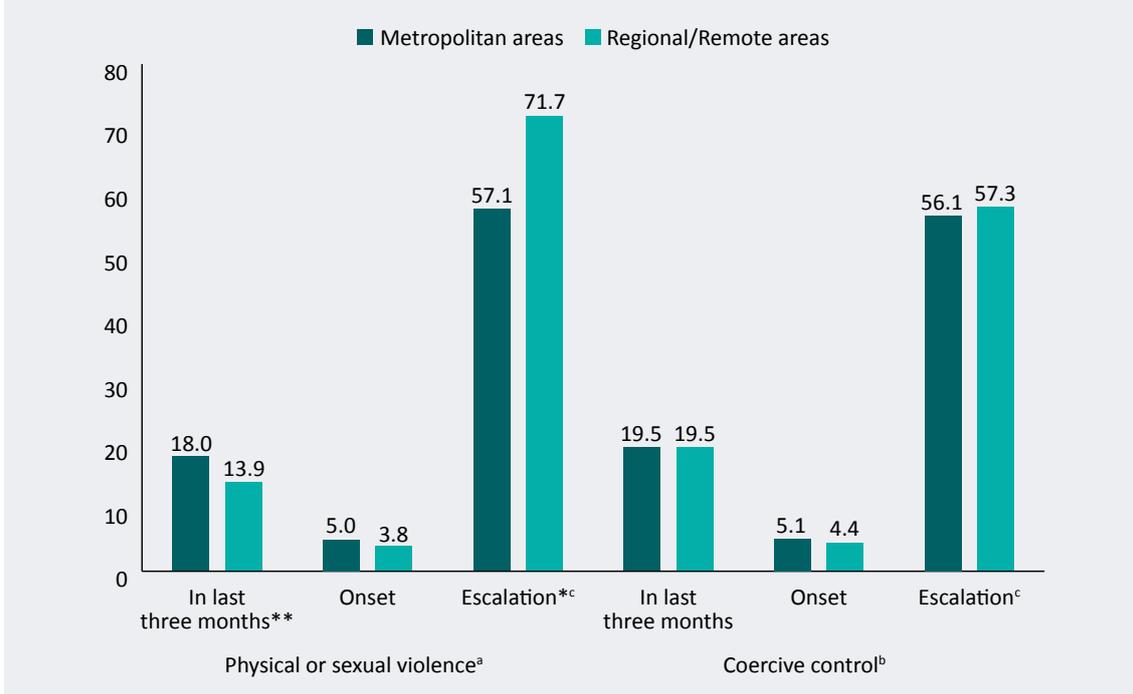
Women from regional and remote communities

The predicted probability of women from regional and remote communities with a restrictive long-term health condition experiencing physical or sexual violence in the last three months was 13.9 percent, significantly lower than the predicted probability for women from metropolitan areas with a restrictive long-term health condition (18.0%; Figure 8). However, the predicted probability of women from regional and remote communities experiencing the *escalation* of physical and sexual violence was significantly higher than for women in metropolitan areas (71.7% vs 57.1%).

There were no statistically significant differences in the predicted probabilities for women from regional/remote communities with restrictive long-term health conditions and for women from metropolitan areas with a restrictive long-term health condition for any of the other outcomes of interest:

- experience of coercive controlling behaviours in the last three months (19.5%);
- onset of physical or sexual violence (3.8% vs 5.0%) or coercive control (4.4% vs 5.1%); and
- escalation of emotionally abusive, harassing and controlling behaviours (57.3 vs 56.1%).

Figure 8: Predicted probability of domestic violence by a current partner among women with a restrictive long-term health condition, by violence type and usual place of residence (%)



*statistically significant at $p < 0.05$, **statistically significant at $p < 0.01$, ***statistically significant at $p < 0.001$

a: Predicted probabilities based on logistic regression model which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status and education level. Models predicting onset and escalation also included prior emotionally abusive, harassing and controlling behaviours; time spent at home with partner; social isolation; and financial stress.

b: Predicted probabilities based on logistic regression model which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status and education level. Models predicting onset and escalation also included time spent at home with partner, social isolation and financial stress.

c: Limited to women who said they had experienced domestic violence in the last three months and prior to February 2020.

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

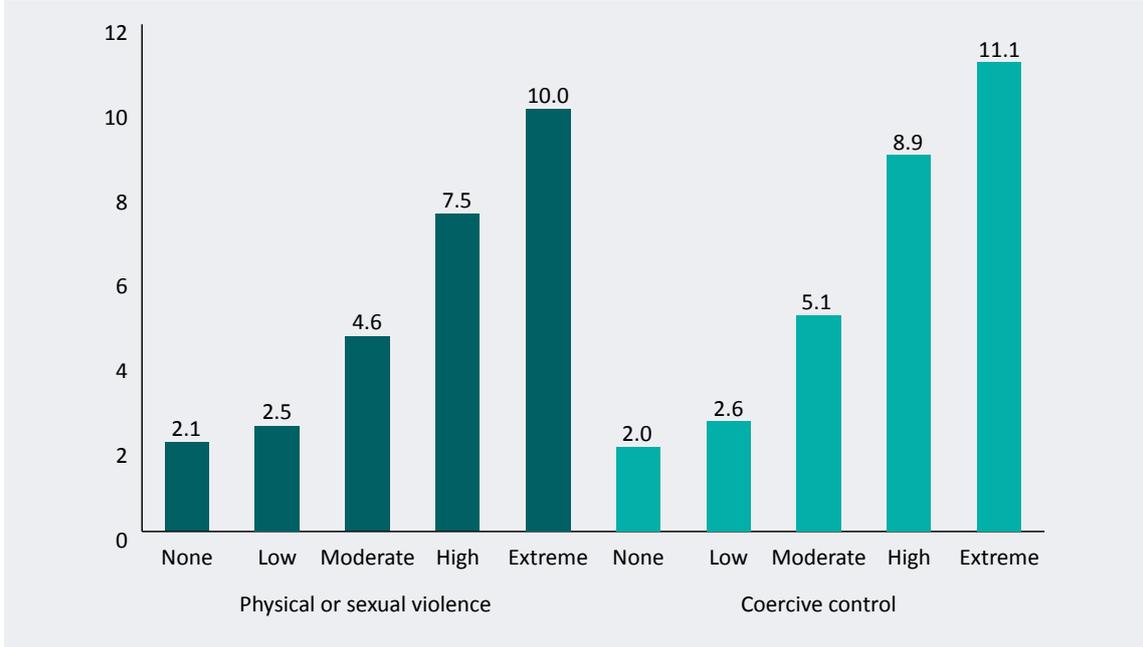
Women experiencing financial stress

Because financial hardship was measured using a five-point Likert scale, adjacent comparisons of predictive margins were undertaken to determine whether there were statistically significant differences in domestic violence reported by women with restrictive long-term health conditions who experienced different levels of financial stress.

The predicted probability of experiencing the onset of physical or sexual violence was higher for women with a restrictive long-term health condition who reported extreme (10.0%), high (7.5%) and moderate (4.6%) levels of financial stress than for women who reported low (2.5%) or no (2.1%) financial stress (Figure 9). A similar pattern emerged when the analysis focused on the onset of coercive controlling behaviours. The predicted probability of experiencing the onset of coercive control was higher for women with a restrictive long-term health condition who reported extreme (11.1%), high (8.9%) and moderate (5.1%) levels of financial stress than for women who reported low (2.6%) or no (2.0%) financial stress.

What this suggests is that, among women with restrictive long-term health conditions, higher levels of financial stress were associated with an increased probability of the onset of physical or non-physical forms of domestic violence.

Figure 9: Predicted probability of onset of domestic violence by a current partner among women with a restrictive long-term health condition, by level of financial stress and violence type (%)



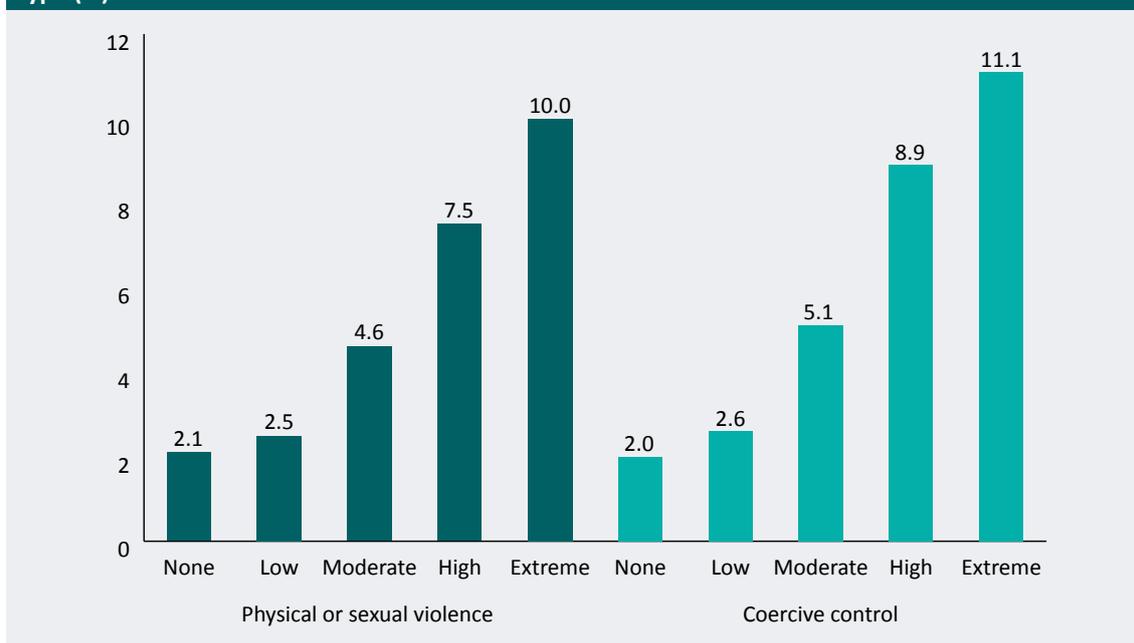
Note: Predicted probabilities based on logistic regression model which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status, education level, time spent at home with partner, social isolation and financial stress. Model for physical or sexual violence also included a control for prior emotionally abusive, harassing and controlling behaviours

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

In comparison, when looking at the escalation of physical or non-physical violence, there was less evidence of inter-group differences between the different levels of self-reported financial stress experienced by women with restrictive long-term health conditions (Figure 10). The exception was for those women who reported extreme levels of financial stress. The predicted probability of women with a restrictive long-term health condition who reported extreme levels of financial stress experiencing the escalation of coercive control (72.1%) was higher than for women who reported lower levels of financial stress. There was also a significant difference in the predicted probability of experiencing the escalation of physical or sexual violence between women who reported extreme levels of financial stress (72.0%) and those women reporting moderate (50.8%) and no (31.0%) financial stress.

Taken together, these findings indicate that financial stress among women with a long-term health condition may have increased the risk of onset of domestic violence among previously non-abusive relationships, but had less impact on the escalation of behaviours within historically abusive relationships. Importantly, women at higher levels of financial stress were also more likely to report an increase in their level of financial stress, compared with the six-month period prior to February 2020.

Figure 10: Predicted probability of escalation of domestic violence by a current partner among women with a restrictive long-term health condition, by level of financial stress and violence type (%)



Note: Predicted probabilities based on logistic regression model which includes controls for age, health status, Aboriginal or Torres Strait Islander status, language spoken most of the time at home, usual place of residence, number of children living at home with the respondent, pregnancy status, education level, time spent at home with partner, social isolation and financial stress. Model for physical or sexual violence also included a control for prior emotionally abusive, harassing and controlling behaviours. Sample limited to women who said they had experienced domestic violence in the last three months and prior to February 2020

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Conclusion

Women with a restrictive long-term health condition experienced a range of physical and non-physical forms of domestic violence during the initial stages of the COVID-19 pandemic, and the co-occurrence of both physical or sexual violence and coercive control was common. The majority of women who experienced recent physical or sexual violence and coercive control had experienced violence by their partner prior to the start of the pandemic. Multivariate logistic regression demonstrated that women with a restrictive long-term health condition were more likely to have experienced both physical and non-physical violence, even after controlling for a range of individual-level risk factors associated with domestic violence.

Although we are cautious about drawing causal inferences about the impact of COVID-19 on the experience of domestic violence from a cross-section survey, it is significant that three in four women with a restrictive long-term health condition who reported physical or sexual violence or coercive control in the last three months said either this was the first time it had happened in their relationship, or that the violence had escalated in frequency or severity relative to the six-month period prior to February 2020. Certainly, after controlling for other individual-level risk factors, as well as social isolation, financial stress and time spent at home with their partner, women with restrictive long-term health conditions were significantly more likely to experience the onset or escalation of domestic violence during the initial stages of the COVID-19 pandemic.

However, the analysis also found that risk of domestic violence was not evenly distributed among women with a restrictive long-term health condition. In particular, among women with a restrictive long-term health condition, Aboriginal and Torres Strait Islander women and women from NES backgrounds were more likely to have experienced recent physical or sexual violence and coercive control relative to non-Indigenous women and women from English-speaking backgrounds. The likelihood of experiencing the onset or escalation of violence also varied between women with restrictive long-term health conditions who were Aboriginal or Torres Strait Islander, from NES backgrounds, living in regional or remote areas and experiencing higher levels of financial stress during the COVID-19 pandemic.

Overall, the results from these secondary analyses of a large online survey of Australian women about their experience of domestic violence during the initial stages of the COVID-19 pandemic highlight the vulnerability of women with restrictive long-term health conditions to experiencing violence and abuse. Women with a restrictive long-term health condition were more likely than other women to have experienced recent physical or sexual violence or coercive control by a current partner. They were also more likely to have been negatively impacted by the COVID-19 pandemic. Finally, the risk of experiencing violence and abuse, and of being impacted by the COVID-19 pandemic, was even higher among women with restrictive long-term health conditions with intersecting risk factors for domestic violence.

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Appendix A: Logistic regression models

Table A1: Control variables included in logistic regression models, by outcome

Outcome	Model 1	Model 2	Model 3
	Health status Age	Health status Age	
Experiences of physical or sexual violence or coercive control in last three months		Indigenous status Language spoken most of the time at home Residential location Pregnancy status Number of children living at home with respondent Highest level of education completed	

Table A1: Control variables included in logistic regression models, by outcome			
Outcome	Model 1	Model 2	Model 3
Onset of physical or sexual in last three months Escalation of physical or sexual violence in last three months	Health status Age	Health status Age	Health status Age
		Indigenous status	Indigenous status
		Language spoken most of the time at home	Language spoken most of the time at home
		Usual place of residence	Usual place of residence
		Pregnancy status	Pregnancy status
		Number of children living at home with respondent	Number of children living at home with respondent
		Highest level of education completed	Highest level of education completed
		Prior experiences of emotionally abusive, harassing and controlling behaviours	Prior experiences of emotionally abusive, harassing and controlling behaviours
			Financial stress in last three months
			Time spent at home with partner
		Social isolation in last three months	
Onset of coercive controlling behaviours in last three months Escalation of emotionally abusive, harassing and controlling behaviours in last three months	Health status Age	Health status Age	Health status Age
		Indigenous status	Indigenous status
		Language spoken most of the time at home	Language spoken most of the time at home
		Usual place of residence	Usual place of residence
		Pregnancy status	Pregnancy status
		Number of children living at home with respondent	Number of children living at home with respondent
		Highest level of education completed	Highest level of education completed
			Financial stress in last three months
			Time spent at home with partner
			Social isolation in last three months

Table A2: Logistic regression model predicting experience of physical or sexual violence by a current partner in the three months prior to the survey (n=8,391)

	Model 1 ^a		Model 2 ^b	
	AOR	95% CI	AOR	95% CI
Restrictive long-term health condition (vs none)				
Yes	6.9*	5.67–8.37	3.8*	3.08–4.75
Age group (vs 18–24)				
25–34	0.6*	0.48–0.77	0.5*	0.40–0.68
35–44	0.4*	0.30–0.49	0.3*	0.23–0.40
45–54	0.2*	0.14–0.26	0.2*	0.14–0.27
55+	0.1*	0.04–0.08	0.1*	0.05–0.11
Language spoken most of the time at home (vs English-speaking background)				
Non-English-speaking backgrounds	–	–	1.5*	1.22–1.82
Indigenous status (vs non-Indigenous)				
Aboriginal and/or Torres Strait Islander	–	–	4.9*	3.76–6.47
Would rather not say	–	–	3.1**	1.39–6.92
Pregnancy status (vs not pregnant)				
Pregnant	–	–	3.5*	2.62–4.69
Not sure	–	–	2.7**	1.45–5.19
Usual place of residence (vs metropolitan area)				
Regional/remote	–	–	0.7**	0.55–0.88
Highest level of education achieved (vs Year 9 or lower)				
Year 10/11 or equivalent	–	–	0.5	0.23–1.04
Year 12 or equivalent	–	–	0.3**	0.15–0.66
Vocational qualification	–	–	0.5	0.24–1.02
University (undergraduate and postgraduate)	–	–	0.4**	0.18–0.78
Number of children living at home with respondent (vs none)				
1 or 2 children	–	–	1.5*	1.21–1.84
3 or more	–	–	1.3	0.91–1.78

**statistically significant at $p < 0.01$, *statistically significant at $p < 0.05$

a: Likelihood–ratio test $\chi^2(5)=536.86$ $p < 0.001$; AUROC=0.78; Nagelkerke $R^2=0.157$

b: Likelihood–ratio test $\chi^2(17)=857.81$, $p < 0.001$; AUROC=0.803; Nagelkerke $R^2=0.226$

Note: Limited to women who were in current relationship at the time of completing the survey. AOR=adjusted odds ratio, AUROC=area under the receiver operating characteristic curve, CI=confidence interval

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Table A3: Logistic regression model predicting experience of coercive control by a current partner in the three months prior to the survey (n=8,391)

	Model 1 ^a		Model 2 ^b	
	AOR	95% CI	AOR	95% CI
Restrictive long-term health condition (vs none)				
Yes	5.9*	4.95–7.10	3.4*	2.77–4.16
Age group (vs 18–24)				
25–34	0.6*	0.52–0.81	0.6*	0.46–0.76
35–44	0.4*	0.33–0.53	0.4*	0.27–0.46
45–54	0.3*	0.21–0.35	0.3*	0.21–0.38
55+	0.1*	0.06–0.12	0.1*	0.07–0.14
Language spoken most of the time at home (vs English-speaking background)				
Non-English-speaking backgrounds	–	–	1.7*	1.40–2.02
Indigenous status (vs non-Indigenous)				
Aboriginal and Torres Strait Islander	–	–	6.2*	4.76–8.16
Would rather not say	–	–	1.7	0.75–4.06
Pregnancy status (vs not pregnant)				
Pregnant	–	–	2.7*	2.00–3.64
Not sure	–	–	2.6**	1.46–4.60
Usual place of residence (vs metropolitan area)				
Regional/remote	–	–	1	0.82–1.23
Highest level of education achieved (vs Year 9 or lower)				
Year 10/11 or equivalent	–	–	0.8	0.37–1.55
Year 12 or equivalent	–	–	0.5	0.24–1.00
Vocational qualification	–	–	0.6	0.31–1.25
University (undergraduate and postgraduate)	–	–	0.5***	0.25–0.99
Number of children living at home with respondent (vs none)				
1 or 2	–	–	1.4**	1.16–1.70
3 or more	–	–	1.3	0.95–1.72

***statistically significant at $p < 0.001$, **statistically significant at $p < 0.01$, *statistically significant at $p < 0.05$

a: Likelihood–ratio test $\chi^2(5)=532.24$, $p < 0.001$; AUROC=0.75; Nagelkerke $R^2=0.131$

b: Likelihood–ratio test $\chi^2(17)=804.69$, $p < 0.001$; AUROC=0.78; Nagelkerke $R^2=0.197$

Note: AOR=adjusted odds ratio, AUROC=area under the receiver operating characteristic curve, CI=confidence interval

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Table A4: Logistic regression model predicting onset of physical or sexual violence by a current partner in the three months prior to the survey (n=7,759)						
	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Restrictive long-term health condition (vs none)						
Yes	3.1*	2.18–4.43	2.1*	1.39–3.05	1.9**	1.28–2.85
Age group (vs 18–24)						
25–34	0.7***	0.46–0.95	0.6**	0.39–0.85	0.6***	0.41–0.91
35–44	0.4*	0.27–0.59	0.3*	0.21–0.52	0.4*	0.24–0.61
45–54	0.2*	0.11–0.29	0.2*	0.09–0.27	0.2*	0.11–0.34
55+	0.1*	0.04–0.12	0.1*	0.04–0.13	0.1*	0.06–0.20
Language spoken most of the time at home (vs English-speaking background)						
Non-English-speaking background	–	–	1.3	0.92–1.78	1.1	0.81–1.59
Indigenous status (vs non-Indigenous)						
Aboriginal and/or Torres Strait Islander	–	–	2.5**	1.50–4.29	2.3**	1.32–3.88
Would rather not say	–	–	5.7**	2.06–15.77	5.4**	1.95–14.90
Pregnancy status (vs not pregnant)						
Yes	–	–	1.6	0.84–3.20	1.7	0.86–3.45
Not sure	–	–	1.4	0.51–3.93	1.3	0.47–3.77
Usual place of residence (vs metropolitan area)						
Regional/remote	–	–	0.7***	0.47–0.99	0.7	0.47–1.03
Highest level of education achieved (vs Year 9 or lower)						
Year 10/11 or equivalent	–	–	1.0	0.21–4.73	0.9	0.19–4.27
Year 12 or equivalent	–	–	0.4	0.09–2.09	0.4	0.08–1.84
Vocational qualification	–	–	0.7	0.16–3.30	0.6	0.13–2.79
University (undergraduate and postgraduate)	–	–	0.7	0.15–3.08	0.7	0.14–3.00
Number of children living at home with respondent (vs none)						
1 or 2	–	–	1.3	0.98–1.83	1.3	0.96–1.83
3 or more	–	–	0.6	0.32–1.26	0.6	0.30–1.22
Prior emotionally abusive, harassing or controlling behaviours (vs none)						
Yes	–	–	9.6*	7.00–13.13	7.8*	5.64–10.76
Unsure	–	–	6.7*	3.99–11.33	5.2*	3.07–8.85
Frequency of contact with people they do not live with (vs none)						
Less than once a week	–	–	–	–	1.6	0.84–3.24
Weekly	–	–	–	–	1.6	0.79–3.23
More than weekly	–	–	–	–	1.0	0.50–1.93

Table A4: Logistic regression model predicting onset of physical or sexual violence by a current partner in the three months prior to the survey (n=7,759)

	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Financial stress (vs none)						
Low	–	–	–	–	1.3	0.65–2.49
Moderate	–	–	–	–	2.4**	1.32–4.24
High	–	–	–	–	4.2*	2.35–7.55
Extreme	–	–	–	–	5.7*	3.01–10.85
Average number of days spent at home with partner per week (vs 0–2 days)						
3–5 days	–	–	–	–	1.3	0.94–1.87
6–7 days	–	–	–	–	0.8	0.56–1.17

***statistically significant at $p < 0.001$, **statistically significant at $p < 0.01$, *statistically significant at $p < 0.05$

a: Likelihood–ratio test $\chi^2(5)=175.78$ $p < 0.001$; AUROC=0.74; Nagelkerke $R^2=0.086$

b: Likelihood–ratio test $\chi^2(19)=417.49$, $p < 0.001$; AUROC=0.83; Nagelkerke $R^2=0.205$

c: Likelihood–ratio test $\chi^2(28)=497.18$, $p < 0.001$; AUROC=0.86; Nagelkerke $R^2=0.244$

Note: Limited to women who experienced physical or sexual violence in the last three months but did not experience historical violence prior to February 2020. AOR=adjusted odds ratio, AUROC=area under the receiver operating characteristic curve, CI=confidence interval

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Table A5: Logistic regression model predicting onset of coercive controlling behaviours by a current partner in the three months prior to the survey (n=7,068)

	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Restrictive long-term health condition (vs none)						
Yes	3.8*	2.58–5.62	3.0*	1.98–4.58	2.5*	1.65–3.87
Age group (vs 18–24)						
25–34	0.7***	0.45–0.96	0.6*	0.40–0.91	0.7	0.44–1.03
35–44	0.3*	0.18–0.44	0.3*	0.17–0.46	0.3*	0.21–0.58
45–54	0.1*	0.07–0.24	0.2*	0.08–0.29	0.2*	0.11–0.39
55+	0.1*	0.03–0.11	0.1*	0.04–0.15	0.1*	0.06–0.27
Language spoken most of the time at home (vs English-speaking background)						
Non-English-speaking background	–	–	2.0*	1.43–2.78	1.6	1.14–2.28
Indigenous status (vs non-Indigenous)						
Aboriginal and/or Torres Strait Islander	–	–	6.3*	3.93–9.98	5.6*	3.48–9.14
Would rather not say	–	–	2.9	0.95–8.95	2.5	0.81–7.78

Table A5: Logistic regression model predicting onset of coercive controlling behaviours by a current partner in the three months prior to the survey (n=7,068)

	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Pregnancy status (vs not pregnant)						
Yes	–	–	1.1	0.45–2.56	1.1	0.45–2.72
Not sure	–	–	3.5**	1.40–8.58	3.1***	1.23–7.94
Usual place of residence (vs metropolitan area)						
Regional/remote	–	–	0.8	0.53–1.26	0.8	0.55–1.30
Highest level of education achieved (vs Year 9 or lower)						
Year 10/11 or equivalent	–	–	0.75	0.15–3.67	0.7	0.15–3.81
Year 12 or equivalent	–	–	0.48	0.10–2.33	0.5	0.11–2.66
Vocational qualification	–	–	0.60	0.13–2.80	0.6	0.12–2.79
University (undergraduate and postgraduate)	–	–	0.59	0.13–2.71	0.7	0.15–3.46
Number of children living at home with respondent (vs none)						
1 or 2	–	–	1.3	0.93–1.88	1.4	0.99–2.04
3 or more	–	–	0.6	0.27–1.36	0.6	0.27–1.42
Frequency of contact with people they do not live with (vs none)						
Less than once a week	–	–	–	–	1.2	0.64–2.16
Weekly	–	–	–	–	1.0	0.50–1.83
More than weekly	–	–	–	–	0.5***	0.28–0.95
Financial stress (vs none)						
Low	–	–	–	–	1.4	0.65–2.87
Moderate	–	–	–	–	2.8**	1.49–5.41
High	–	–	–	–	5.6*	2.91–10.59
Extreme	–	–	–	–	7.3*	3.57–15.07
Average number of days spent at home with partner per week (vs 0–2 days)						
3–5 days	–	–	–	–	0.9	0.62–1.34
6–7 days	–	–	–	–	0.8	0.52–1.13

***statistically significant at $p < 0.001$, **statistically significant at $p < 0.01$, *statistically significant at $p < 0.05$

a: Likelihood–ratio test $\chi^2(5)=175.98$ $p < 0.001$; AUROC=0.77; Nagelkerke $R^2=0.106$

b: Likelihood–ratio test $\chi^2(17)=259.26$, $p < 0.001$; AUROC=0.81; Nagelkerke $R^2=0.156$

c: Likelihood–ratio test $\chi^2(26)=348.93$, $p < 0.001$; AUROC=0.85; Nagelkerke $R^2=0.201$

Note: Limited to women who experienced coercive control in the last three months but did not experience historical violence prior to February 2020. AOR=adjusted odds ratio, AUROC=area under the receiver operating characteristic curve, CI=confidence interval

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Table A6: Logistic regression model predicting escalation of physical or sexual violence by a current partner in the three months prior to the survey (n=368)						
	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Restrictive long-term health condition (vs none)						
Yes	5.6*	3.54–8.87	2.8	1.59–4.92	2.5	1.41–4.61
Age group (vs 18–24)						
25–34	1.8	0.96–3.22	1.6	0.83–3.03	1.5	0.77–2.94
35–44	1.2	0.62–2.37	0.7	0.34–1.54	1.0	0.43–2.12
45–54	1.7	0.79–3.54	1.3	0.55–2.93	1.4	0.57–3.35
55+	0.3	0.09–1.03	0.5	0.18–1.42	0.6	0.17–2.15
Language spoken most of the time at home (vs English-speaking background)						
Non-English-speaking background	–	–	0.8	0.42–1.41	0.7	0.37–1.30
Indigenous status (vs non-Indigenous)						
Aboriginal and/or Torres Strait Islander	–	–	2.7**	1.40–5.34	2.7**	1.34–5.43
Pregnancy status (vs not pregnant)						
Yes	–	–	2.6	1.26–5.30	3.1**	1.43–6.71
Not sure	–	–	1.4	0.25–7.63	0.9	0.15–5.88
Usual place of residence (vs metropolitan area)						
Regional/remote	–	–	2.1***	1.03–4.08	2.2***	1.08–4.50
Highest level of education achieved (vs Year 9 or lower)						
Year 10/11 or equivalent	–	–	1.2	0.19–7.98	1.2	0.19–7.80
Year 12 or equivalent	–	–	2.1	0.34–12.65	2.1	0.35–12.62
Vocational qualification	–	–	2.0	0.36–11.36	1.9	0.36–10.40
University (undergraduate and postgraduate)	–	–	1.9	0.35–10.59	1.9	0.37–10.39
Number of children living at home with respondent (vs none)						
1 or 2	–	–	1.2	0.67–2.08	1.1	0.62–2.06
3 or more	–	–	1.6	0.71–3.71	1.5	0.61–3.52
Prior emotionally abusive, harassing or controlling behaviours (vs none)						
Yes	–	–	1.4	0.56–3.35	1.2	0.46–3.02
Unsure	–	–	1.4	0.29–6.35	1.2	0.25–5.98
Frequency of contact with people they do not live with (vs none)						
Less than once a week	–	–	–	–	0.5	0.17–1.33
Weekly	–	–	–	–	0.7	0.23–2.24
More than weekly	–	–	–	–	0.7	0.23–1.83

Table A6: Logistic regression model predicting escalation of physical or sexual violence by a current partner in the three months prior to the survey (n=368)

	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Financial stress (vs none)						
Low	–	–	–	–	2.8	0.52–15.16
Moderate	–	–	–	–	2.7	0.55–13.60
High	–	–	–	–	4.4	0.90–21.04
Extreme	–	–	–	–	7.9***	1.63–38.26
Average number of days spent at home with partner per week (vs 0–2 days)						
3–5 days	–	–	–	–	1.1	0.58–1.93
6–7 days	–	–	–	–	1.3	0.65–2.58

***statistically significant at $p < 0.001$, **statistically significant at $p < 0.01$, *statistically significant at $p < 0.05$

a: Likelihood–ratio test $\chi^2(5)=77.06$ $p < 0.001$; AUROC=0.75; Nagelkerke $R^2=0.151$

b: Likelihood–ratio test $\chi^2(18)=107.60$, $p < 0.001$; AUROC=0.78; Nagelkerke $R^2=0.211$

c: Likelihood–ratio test $\chi^2(28)=124.97$, $p < 0.001$; AUROC=0.81; Nagelkerke $R^2=0.245$

Note: Limited to women who were in a current relationship had experienced physical or sexual violence in the last three months, and prior to February 2020. Women who said they would rather not say what their Indigenous status was were excluded from the model due to small numbers. AOR=adjusted odds ratio, AUROC=area under the receiver operating characteristic curve, CI=confidence interval

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

Table A7: Logistic regression model predicting escalation of emotionally abusive, harassing and controlling behaviours by a current partner in the three months prior to the survey (n=546)

	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Restrictive long-term health condition (vs none)						
Yes	4.7*	3.25–6.92	2.7*	1.71–4.19	2.4*	1.51–3.84
Age group (vs 18–24)						
25–34	1.2	0.70–2.01	1.0	0.60–1.83	1.1	0.59–1.87
35–44	0.8	0.47–1.43	0.6	0.33–1.14	0.7	0.39–1.43
45–54	0.8	0.41–1.37	0.7	0.35–1.33	0.7	0.36–1.49
55+	0.4***	0.17–0.79	0.5	0.24–1.18	0.6	0.26–1.37
Language spoken most of the time at home (vs English-speaking background)						
Non-English-speaking background	–	–	0.8	0.49–1.31	0.7	0.43–1.20
Indigenous status (vs non-Indigenous)						
Aboriginal and/or Torres Strait Islander	–	–	1.3	0.75–2.32	1.4	0.77–2.53
Pregnancy status (vs not pregnant)						
Yes	–	–	4.4*	2.31–8.55	5.2	2.60–10.33
Not sure	–	–	2.5	0.65–9.42	2.5	0.61–10.04

Table A7: Logistic regression model predicting escalation of emotionally abusive, harassing and controlling behaviours by a current partner in the three months prior to the survey (n=546)						
	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	AOR	95% CI	AOR	95% CI	AOR	95% CI
Usual place of residence (vs metropolitan area)						
Regional/remote	–	–	0.9	0.56–1.48	0.9	0.57–1.56
Highest level of education achieved (vs Year 9 or lower)						
Year 10/11 or equivalent	–	–	2.7	0.42–17.43	2.0	0.33–12.77
Year 12 or equivalent	–	–	6.3	1.0–40.29	5.8	0.94–35.63
Vocational qualification	–	–	4.4	0.72–26.58	4.1	0.71–23.80
University (undergraduate and postgraduate)	–	–	6.7***	1.12–40.45	6.9***	1.20–39.93
Number of children living at home with respondent (vs none)						
1 or 2	–	–	1.3	0.84–2.00	1.3	0.83–2.03
3 or more	–	–	1.8	0.93–3.31	1.7	0.88–3.38
Frequency of contact with people they do not live with (vs none)						
Less than once a week	–	–	–	–	0.5	0.21–1.05
Weekly	–	–	–	–	0.4***	0.16–0.91
More than weekly	–	–	–	–	0.5	0.20–1.01
Financial stress (vs none)						
Low	–	–	–	–	2.4	0.73–8.10
Moderate	–	–	–	–	2.1	0.70–6.18
High	–	–	–	–	2.1	0.72–6.25
Extreme	–	–	–	–	5.4***	1.78–16.43
Average number of days spent at home with partner per week (vs 0–2 days)						
3–5 days	–	–	–	–	1.0	0.59–1.58
6–7 days	–	–	–	–	1.6	0.96–2.78

***statistically significant at $p < 0.001$, *statistically significant at $p < 0.05$

a: Likelihood–ratio test $\chi^2(5)=87.40$ $p < 0.001$; AUROC=0.71; Nagelkerke $R^2=0.116$

b: Likelihood–ratio test $\chi^2(16)=136.70$, $p < 0.001$; AUROC=0.75; Nagelkerke $R^2=0.182$

c: Likelihood–ratio test $\chi^2(28)=162.76$, $p < 0.001$; AUROC=0.79; Nagelkerke $R^2=0.216$

Note: Limited to women who were in a current relationship and had experienced coercive control in the last three months, and emotionally abusive, harassing and controlling behaviours prior to February 2020. Women who said they would rather not say what their Indigenous status was were excluded from the model due to small numbers. AOR=adjusted odds ratio, AUROC=area under the receiver operating characteristic curve, CI=confidence interval

Source: Impact of COVID-19 on domestic violence survey, AIC [computer file]

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